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CASE REPORT

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A single case study of Charmakila (warts) treated with Agnikarma

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ABSTRACT

Warts are widespread in the worldwide population. Although the frequency is unknown, warts are estimated to affect approximately 7-12% of the population. In school-aged children, the prevalence is 10-20%. An increased frequency also is seen among immunosuppressed patients and meat handles[1] and it is more common in both men and women. Charmakila which is more common skin disease, mentioned under Kshudra Rogas in our classics. There are many treatments in other sciences where rate of recurrence is more. This article highlights the treatment of Charmakila by the Ayurvedic line of treatment i.e., Agnikarma followed by Lekhana and Ropana Dravya application.

Key words: Warts, Charmakila, Kshudra Rogas, Agnikarma, Lekhana, Ropana.

INTRODUCTION

Acharya Sushrutha has mentioned Charmakila under Kshudra Roga^[2] and explained in Nidana Sthana under Arshas. While explaining Anya Sthana of Arshas, he says due to aggravation of Vyana Vata associating with Kapha give rise to sprouts like eruptions in the exterior skin which is immovable is called as Charmakila or Arshas of twacha/skin.[3] Charaka explained Charmakila as Adhimansa.[4] Acharya Vagbhata explained Charmakila under Arshas.[5] Warts are patches of hyperkeratotic overgrown skin. Such overgrowth of skin is often stimulated by virus. [6] That are caused by the human

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papillomavirus (HPV). There are many types of warts among that common warts appear on fingers, near the fingernails or on the hands. There are various treatment in recent advancements like Freezing (Cryothreapy), Cantharidin, Laser surgery, Salicylic acid etc.^[7] where there is more recurrence rate of using these treatments. According to Ayurveda, classical method of treating Charmakila with Anushastra Karma i.e., Agnikarma followed by Lekhana and Ropana is having good result.

CASE REPORT

A 16 years old female patient visited Shalyatantra OPD of SKAMCH & RC, Bengaluru, presented with complaints of overgrown skin patches on lateral aspect of left thumb since 1 month along with pain since 2 weeks.

H/O present illness

Patient was apparently healthy before 1 month. Gradually she developed overgrown skin patches over lateral aspect of left thumb which increased its size from 1 month due to this she was feeling uncomfortable to do routine work, associated with pricking like of pain since 2 weeks, she took painkiller but still pain did not reduced. So patient approached S.K.A.M.C.H & R C, Bengaluru for the same.

Purva Vyadhi Vruttanta

N/K/C/O Diabetes Mellitus, Hypertension, Thyroid dysfunction and Bronchial Asthama /other systemic disorders.

Koutumbika Vruttanta

All family members are said to be healthy.

Vayaktika Vruttanta

- Diet Ati Madhura, Seethaahaara.
- Appetite Good
- Sleep 6-7 hours at night, sound.
 - o 1 hour at day time.
- Micturition 4-5 times during day and 1 time during night.
- Bowel regular, once in a day.
- Habits Milk twice a day.

Gynecological History/Obstetric History

Gynecological history

Menstrual cycle: Regular, Flow-5 days, cycle-28 days.

Menarche: @ 15 years

Rogi Pareeksha

General examination

- Built and nourishment Moderate
- Temp 98.6 F
- Pulse 76 bpm
- Heart rate 76 bpm
- B.P 140/80 mm of Hg
- Respiration 16 cycles/min
- Height 163cm
- Weight 50kg
- Gait Normal
- Tongue Slightly coated
- Pallor absent
- Icterus absent

- Cyanosis absent
- Edema absent
- Lymphadenopathy absent

Systemic Examination

- Cardiovascular system examination S1, S2 heard, no added sounds.
- Respiratory system examination Normal vesicular breathing sound heard, no added sounds.
- Per Abdomen examination Soft, non-tender.
- Central nervous system examination Higher mental functions, Sensory, Motor, reflexes and Coordination intact.

Local Examination

On Inspection

- Size: ~1.5cm in length,~1.5cm in breadth, 0.5cm in depth
- Shape : Spherical
- Number : 1
- Position: Lateral aspect of Left thumb
- Discharge : Absent
- Surrounding area: Redness present
- Colour : Reddish pale
- Distribution : Localized
- Morphology : Monomorphic

On Palpation

- Tenderness : Slightly present
- Sensation : Intact
- Reducibility : Irreducible
- Compressibility : Non compressible
- Bleed on touch : Absent
- Consistency : Hard
- Surface : Rough
- Temperature : Not raised

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CHIKISTA

- Agni Karma
- Lekhana and Ropana

Purvakarma

- Informed oral consent was taken.
- Patient was made to sit comfortably on a chair.
- Part painted with betadine solution.

Pradhana Karma

- Agni Karma is done by using Shalaka till we get Samyak Twakdagdha Lakshana^[8] and Jatyadi Taila dressing is done.
- It is done for 4 sittings for once in 7 days.

Paschat Karma

Patient is advised to apply Madhu daily for 4 weeks.

OBSERVATION



1st Day - Before Treatment



1nd sitting of Agni Karma



2nd sitting of *Agni Karma*



3rd sitting of Agni Karma



4th sitting of Agni Karma

RESULTS



After treatment

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DISCUSSION

Acharyas had mentioned Agni Karma as a main treatment to treat Charmakila which has very good effect and change of recurrence is very less. Acharya Sushruta had mentioned the Agnikarma as supreme in all the para surgical procedures. A separate chapter in Sutrasthana with details about every aspect of Agnikarma denotes its importance in treatment and Aaropaharaniya^[9] referred Aani in Upayantra,[10] Anushastra.[11] Also he indicates Agnikarma in Charmakila and if there is pain in Twak.[12] Acharya Charaka gives detailed description of Agnikarma under 36 Upakramas of Vrana.[13] Acharya Vaqbhata gives detailed description of Agnikarma in 30th chapter of Sutrasthana of Ashtana Hridaya. By seeing all the explanation of Acharya's, Agnikarma increases metabolism, blood circulation, decreased pain, stimulates nerves, relaxed muscles, decreased inflammation and removal hyperkaratotic tissue. Using of Madhu for application helps in dead tissues acts as Lekhana and also helps in healing. Using of Jatyadi Taila for dressing helps in healing of wound created after Agnikarma.

CONCUSION

Agnikarma from ancient period this procedure performed in different place with different name. Nowadays modern science used cautery like instruments which is nothing but modified form of Agnikarma only. The technique and equipment's have become advance nowadays but the basic principles are still the same. After agnikarma there is very less chance of recurrence of disease, which is cost effective, less time consumption, safe, easily tolerable, more over can be done on outpatient department basis. Hence study shows Agnikarma therapy is very helpful in management of Charmakila.

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