



MANAGEMENT OF SUBUNGUAL WART BY AGNIKARMA: A CASE STUDY

Pratibha Sarmah

BAMS, MD(AYU) Senior Research Fellow, Central Ayurveda Research Institute, Guwahati, Assam.

Corresponding Author: dreamlifeayurveda@gmail.com<https://doi.org/10.46607/iamj15p9032025>

(Published Online: March 2025)

Open Access

© International Ayurvedic Medical Journal, India 2025

Article Received: 11/02/2024 - Peer Reviewed: 28/02/2025 - Accepted for Publication: 13/03/2025.



ABSTRACT

Nail abnormalities, or onychodystrophy, can be caused by various pathologies, including fungal and non-fungal infections. A subungual wart is a clinical presentation that might sometimes look like a fungal infection in the nailbed; misdiagnosis may delay the treatment outcome, hampering the quality of the patient's life. Wart infections are caused by the human papillomavirus (HPV) and are most commonly found on the hands, feet, and elbows [1]. Less frequently, HPV can infect subungually or beneath the nail plate. These warts can initially manifest as small lesions and multiply, leading to more extensive, hyperkeratotic growths called verruca vulgaris [2]. As the size of the periungual wart increases, it can progressively deform the shape of the nail plate, causing pain and discomfort [3]. Warts in Ayurveda can be correlated to 'Charmakeela', a *Kshudra Roga* mentioned by Acharya Sushruta. *Charmakeela* (warts) is mainly confined to the body surface, and it is bothersome due to its common occurrence in hands, with a higher incidence of 7-10% of the population with a recurrence rate of 48% and poor cosmetic aspects. Warts are more common in children and adolescents. Currently available treatment modalities in contemporary science include Cryosurgery, Laser surgery, Electrosurgery, Bleomycin, Curettage and Topical Keratolytic applications. Despite having different treatment modalities for warts, a promising therapy to cure and prevent its recurrence is still an essential goal to be accomplished [4]. *Charmakeela* occurs in *twacha* due to vitiated *vata* and *kapha dosas*. Since *Agnikarma*, a para-surgical procedure in Ayurveda has *ushna guna*, it acts against the qualities of *vata* and *kapha dosha*, thereby curing the pathogenesis of warts and preventing the recurrence. Hence, Acharya Sushruta has advocated *Agnikarma* as one of the treatment modalities for *Char-*

makeela[5]. In this paper, a documented case illustrates the successful management of a chronic subungual wart with the help of Agnikarma treatment.

Keywords: Warts, Subungual, Charmakeela, Kshudra roga, Agnikarma.

INTRODUCTION

A 19-year-old, college-going male patient attended the OPD on 19/01/2023 with complaints of pain, rough edges in the distal end of the nail plate, disruption of nail growth in the right thumb, causing difficulty in writing and gripping objects due to pain for 1-2 years. According to history, the lesion started as a small, rough, raised patch around 3 mm in size near the distal end of the nail with mild itching, which later progressively grew proximally, affecting the growth of the nail and causing rough skin texture with increased pain in activity. The patient took treatment from different doctors and was treated in the line of antifungal treatment for 1 year, considering having tinea unguium. There was no improvement with antifungal medications. On the fungal scrape test of the lesion, there was no fungal growth. The patient also had the habit of nail biting since childhood. The clinical presentation of the lesion and his personal history suggested the diagnosis of a subungual wart (*Charmakeela*).

CLINICAL FINDINGS

There was no similar skin lesion in other family members. The patient's blood pressure was 116/76 mm hg, pulse rate 70/min, respiratory rate 22/min, no pallor, and body temperature 98.6°F. Bowel and Bladder habits were regular, and appetite was medium.

There was no similar kind of skin lesion anywhere else in his body. The affected area looked dull, rough, and raised, augmenting the nail growth. There was pain in palpation. Due to the hardness of the skin, the patient had the habit of cutting the hyperkeratotic skin with a blade by himself.

On detail history, he revealed he had habit of nail biting since childhood.

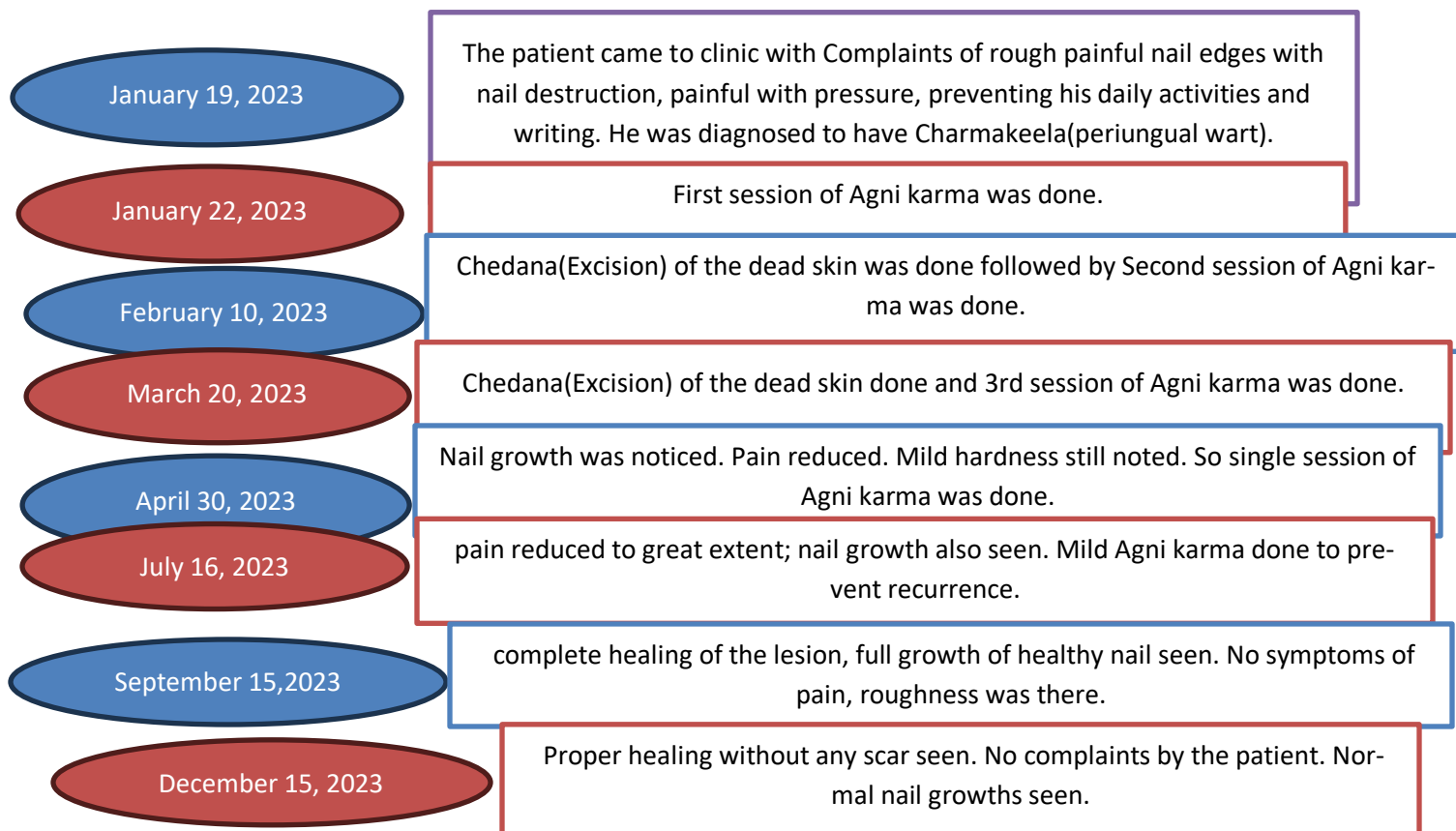
Ashtavidha pariksha

- Nadi(pulse)- 70/min
- Mutra(urine)- 6-7times/day, pale yellow.
- Mala(stool)- 1 time/day, formed.
- Jivha(tongue)-non coated(nirama)
- Shabda(voice)- normal gati, no hoarseness
- Sparsh (tactile sensation)- samasheetausna(not cold or hot)
- Drik(vision)- normal
- Akriti (body stature)- thin built.

Dashavidha Pariksha

- Prakriti- Vata pittaja
- Vikriti- Vata kaphaja
- Sara- madhyama
- Samhanana- madhyama
- Pramana- madhyama
- Satmya- madhyama
- Satwa- Pravara
- Ahara shakti- madhyama
- Vyayam shakti- madhyama
- Vaya- madhyavastha(young age)

Timeline



Diagnostic assessment

- Examining the wart Lesion.
- Scraping off the top layer of the wart was done to check for dark, pinpoint dots, which are common in warts.
- Nail scrapping for fungal test- showed no fungal growth.

Therapeutic intervention

Purva karma (preoperative procedures)

- Patients were asked to come after having a heavy meal.
- A local antiseptic procedure was performed by cleaning with betadine solution and spirit.

Pradhana karma (operative procedures)

- Local anaesthesia with 2% Lox was given with insulin syringes in nearby areas.
- Small, sharp ending *Agnikarma shalaka* was heated in the fire till red hot.
- Quick application of *Shalaka* tip was done on affected lesion, followed by application of

Shatadhouta ghrita. By doing agnikarma *Kapota varnata* of the lesion, *Twak dagdhata* was seen.

- On subsequent visits where *Chedana*(superficial excision of burnt dead skin was required), a sterile surgical blade of size 15 was chosen to scrape off the skin before doing agnikarma.

Pashchat karma (postoperative procedures)

After doing agnikarma in the lesion, proper anointment with *shatadhouta ghrita* was done, loose bandaging was done, and the patient was kept under observation to check for any active bleeding or complication. No significant events were noted during each procedure. Mild pain and burning sensation were present after each session. The patient was asked to keep the bandage on for 24 hours and avoid water contact. On removing the bandage, the Quick Heal cream of Sri Sri Ayurveda was advised once daily until the next visit.

Oral medication

1. *Amritadi guggulu*—Two tablets twice daily after food for three months was given to prevent secondary infection.

Follow-up and outcome.

A total of 5 sessions of Agni karma were done. During each follow-up, the *Vrana*(wound) improved. Healthy skin and nail growth were noted. The case was observed for 1 year. No recurrence was noted after 1 year.



DISCUSSION

Charmakeela is one of the *Kshudra roga* mentioned by Acharya Sushruta. *Charma* means skin, and *keela* refers to growth or eruptions. In contemporary science, it can be compared with warts, which are the hyperplasia of all the layers of the epidermis with

papillomatosis and hyperkeratosis interspersed with an area of parakeratosis [6]; warts appear as hyperkeratotic papillomas with black dots which have thrombosed capillaries within the wart. Warts typically affect periungual tissues; proximal subungual growth may raise the nail plate when they involve hyponychium. Biting, picking and tearing nails are

common habits in subjects with periungual warts. The Warts develop due to infection by Human papillomaviruses. The likelihood of HPV infection increases when the skin barrier is compromised. Cuts, scrapes, or other injuries to the skin create entry points for the virus, making it easier to spread and establish an infection. For this reason, warts are more commonly seen in areas prone to minor trauma, such as the hands and feet. Individuals with defective cell-mediated immunity are mainly susceptible to papillomavirus infection, and their infections are notoriously resistant to treatment. HPV infection occurs through inoculation of the virus into the viable epidermis through defects in the epithelium. HPVs infects keratinocytes and initiates infection through microscopic lacerations in the epithelium, which provides access to basal cells. HPV can be transmitted through skin-to-skin contact.

Sushruta opines that the *Prakupita Vyana Vayu* getting aggravated and associating with *Kapha* gives rise to peg or nail-shaped, immovable sprouts in the exterior of the skin; these are called *Charmakeela* or *Charma Arsha*[7]. These sprouts (*Charmakeela*) give pricking pain because of the *Vata dosha* association. In warts, the *Prakupita Vyana Vayu* and *Kapha* show symptoms of *Toda*(pain)and *Parusha*(roughness). *Pitta dosha* association may cause *Ushnata*(burning sensation) and *Raktha varna* (redness). *Kapha dosha* can cause *Snigdhatata*(smoothness), *Savarnatha*(same colour as skin) and *Grathitwa*(Hardness).

Treatments of *Charmakeela* mentioned in classics are: (1) *Agni karma*, (2) *Kshara karma* (3) *Chedana Karma*. *Charmakeela* (*Jathumani*, *Tilakalaka* and *Mashaka*) should be treated by *Chedana* with a *Shashtra* and later with a *Kshara* or *Agni*.

“Charmakeela Jathumani Masakan Teelakalakan Utkrutya shastrana dhayat Ksharagnibhya asheshathaha” iti Bhava prakasha.

Agnikarma treatment

The tools used in the *Agnikarma* procedure include *Agnikarma shalaka*, a gas stove, surgical spirit, gloves, cotton gauze, cotton roll bandage, *shatadhouta ghrita*, and *aloe vera pulp*.

The *Agnikarma* process utilizes heat properties to activate the fire element, referred to as *Dhatwagni*. This activation aids in the digestion of *Ama*(local toxin elements, including pathogens), promoting proper digestion and leading to a state of *Niramavastha* by balancing both *Vata Dosha* and *Kapha Dosha*[8]. Fire (*agni*) plays a role in *Agnikarma* as it possesses qualities like heat (*ushna*), sharpness (*tikshna*), subtleness (*sukshma*) and quick action (*ashukari*). These qualities counteract the imbalances of *vata dosha* and *kapha dosha*.

Probable mode of action by agnikarma

- Firstly, it clarifies *Srotovarodha* by the *Ushna*, *Tikshna*, *Sukshma* and *Ashukari* qualities of *Agni* while maintaining a balanced *Vata* and *Kapha* doshas state. It causes *Twak dagdhata* of hyperkeratosis epidermis.

The papillomavirus colonies might be burned using *agnikarma* treatment.[9]

- Secondly, it improves blood circulation in the area known as *Rasa Rakta Samvahana*. This helps alleviate pain by eliminating substances that contribute to discomfort through enhanced blood flow.

- Lastly, the heat stimulates *Dhatwagni* (tissue), ensuring the metabolism of *dhatu*. It aids in the digestion of *Amadosha* in the area and provides nourishment from *Purva Dhatu*. This results in the stabilization of *Asthi* and *Majja dhatu*, offering relief from symptoms.

CONCLUSION

Agnikarma therapy that employs heat applications has shown promising results in wart treatment, with complete eradication and minimal or no recurrence. *Agnikarma* emphasises holistic healing by addressing the root cause of the disease rather than providing temporary symptomatic relief. Hence, with accurate patient assessment and adherence to protocol, *agnikarma* stands out as a reliable and sustainable treatment for cases like subungual or periungual warts(*charmakeela*). In the study of the particular case, no complications were seen in the treatment and

no recurrence of wart was noted after 1 year of treatment.

REFERENCES

1. Kline A. Subungual benign squamous papilloma: a case report. Foot Ankle J 2009;2:3.
2. Al Kline DP: Subungual benign squamous papilloma: a case report. FAOJ.2009,2:3. 10.3827/faoj.2009.0202.0003
3. Han SH, Kim SH, Jo DI: Recurrent subungual viral warts. J Wound Manag Res. 2020, 16:193-7. 10.22467/jwmr.2020.01200
4. Gupta's Textbook of Dermatology, 1st edition, 2002, Jaypee publications, Delhi, Pg:79, Pp: 186
5. Acharya Sushruta: Sushruta Samhita with commentary of Dalhana, edited by Vaidya Jadavji Trikamli Acharya, Chowkambha publication, Varanasi, reprint 2009, Sutra sthana, 12th Chapter, verse- 10, Pp-824, Pg-52.
6. David E. Elder, lever's, Histopathology of the skin, 5th edition, 1975, published by Lippincott Williams and Wilkins Philadelphia, pg: 60, Pp:1337.
7. Acharya sushruta, sushruta Samhita with nibandha sangraha commentary of Sri Dalhana Acharya and Nyaya Chandrika panjika of Gayadasacharya. Edited by Vaidya Jayadevi Trikamji, 1st edition, reprint 2014 and published by Choukambha Surabarathi prakashana, Varanasi, nidanasthana-2/18th, 19th, 20th, pg 275).
8. Sherkhane, Rahul.(2010). Critical appraisal of agnikarma and its therapeutic aspects. Internation Research journal of pharmacy. 4. 75-77. 10. 7897/2230-8407.04516
9. Kumar A. and A. Bilyan. AGNIKARMA THERAPY IN CLASSICAL AND PRESENT ERA- A CONCEPTUAL REVIEW.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Pratibha Sarmah: Management of subungual wart by agnikarma: a case study. International Ayurvedic Medical Journal {online} 2025 {cited March 2025}