

A CASE STUDY ON AGNI KARMA WITH PIPPALI IN THE MANAGEMENT OF CHARMAKEELA W.S.R. TO WART

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ABSTRACT

Warts are common viral infectious conditions having symptoms like small fleshy grainy bumps, white, pink or tan coloured, sprinkled with tiny black pinpoint, measuring about 1-10 mm and having clotted blood vessels seen in primary care and affected approximately 7% to 10% of the population. In day-to-day life, Charmakeela is a non-hazardous condition, but it causes pain, and cosmetically, it causes inconvenience and a lack of concentration in their work. In *Ayurveda*, warts are co-related with Charmakeela, mainly due to the vitiation of Vyana Vata & Kapha Dosha, which presents with pain, itching, swelling and roughness symptoms. Acharyas explained the different treatment principles for Charmakeela, such as Bheshaja, Shashtra, Kshara, and Agnikarma. As such, Bheshaja, Kshara and Shashtra Karma are done; there will be recurrence, but when treated with Agnikarma, there is no recurrence. So, Agnikarma is the choice of treatment in Charmakeela. It's a simple procedure which can be carried out at the OPD level & complications are also less & it's affordable. Dahanopakarana told in the classics are Pippali, Ajashakrit, Godanta, Shara, and Shalaka for Tvakagata yoga; this article highlights the case study for the management of Charmakeela with Pippali for Agnikarma, which showed good results and followed by Kumari Pulp local application.

Keywords: Charmakeela, Warts, Agnikarma, Pippali, Kumari Pulp

INTRODUCTION

Acharya Sushruta has mentioned Charmakeela under *Kshudra roga*¹ and explained in *Nidana kapha* give rise to sprouts like eruptions in the exterior skin which is immovable is called as *Charmakeela* or *Arsha of twacha*.² Acharya Charka explained *Charmakeela* as *Adhimamsa*.³ Acharya Vagbhata explained *Charmakeela* as *Arshas*.⁴ Warts are patches of hyperkeratotic overgrowth of skin. Such overgrowth of skin is often stimulated by Virus.⁵ That are caused by the Human Papillomavirus (HPV). Commonly three types of warts are found . (a) common warts appear on any part of the body . (b) planter warts appear on the sole of feet . (c) genital and anal warts appear on the genitalia and anal region. There are different treatment modalities are described on modern science like Cryosurgery, CO2 laser surgery, interferon injection, applying salicylic acid, liquid nitrogen and podophyllin, loop electrosurgical excision procedure⁶. Where there is more recurrence than the classical method of *Anushastra Karma* in *Charmakeela* followed by *kumari pulp* application.

CASE REPORT

A 34-year male patient visited to *Shalyatantra* OPD No-2435/23 of SDMTAMC, Terdal, presented with complain of small nodular swelling of skin at the left nape neck for 5 years with roughness and mild pain in the past 6 months.

H/O present illness

The patient was healthy five years ago. Gradually, he developed overgrown skin patches over the left nape of his neck, which gradually increased in size from 6 months. Due to this, he was feeling uncomfortable doing routine work, associated with roughness and mild pain on/off in the last six months. He took ointment for local application, which was unknown by the patient, and roughness and pain did not get reduced. So, a patient came to our hospital, *Shalyatantra* OPD no- 2435/23, for better management.

Past History: No/H/O Diabetes Mellitus 2, Hypertension, Thyroid Dysfunction and Bronchial Asthma / other systemic disorders.

Family History: All family members are said to be healthy.

Personal History:-

- Diet – mixed
- Appetite – good
- Sleep- 6-7 hours at night, sound, 1 hour at day.
- Micturition – 3-4 times during daytime and one time during night
- Bowel – regular, once in a day
- Habits – tea twice a day

Rogi pareeksha

- Build and nourishment – Moderate.
- Temp- 98.6 F
- Cyanosis – Absent
- Oedema – absent
- Lymphadenopathy – absent
- Heart rate – 76 bpm
- BP – 130/80 mm of Hg
- Respiration - 19 cycles/min
- Height - 166cm
- Weight - 60kg
- Gait – Normal
- Tongue - Slightly coated.
- Pallor - absent
- Icterus – 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 – NAD
- Central nervous system examination - Patient fully conscious and well oriented to time placed and person Sensory, Motor, reflexes and Coordination intact.

Local Examination

On Inspection

- Size: both ~2.5cm in length, ~1.5cm in breadth
- Shape: Spherical
- Number: 2
- Location: left nape of the neck
- Discharge: Absent
- Distribution: Localized
- Colour of mass: black colour
- Surrounding area : standard skin colour

On Palpation

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

CHIKITSA

METHODS:-

- Agnikarma with Pippali
- Kumari pulp for local application

Requirement

- Pippali phala
- Artery forceps 2
- Bunsen burner & matchbox
- Bed & Bed sheet
- OT cut sheet & gloves.
- Betadine & cotton , gauze piece
- Kumari pulp



Fig : 01

Purvakarma

- Informed oral consent was taken.
- The patient was made to lie in supine position.
- Part painted with Betadine solution.
- Pippali is made red hot by holding artery forceps.



Fig : 02

BUNSEN BURNER WITH PIPPALI HEATING
READ HOT PIPPALI READY FOR AGNI KARMA



Fig : 03

Pradhana Karma

- Agni Karma is done by using Pippali till we get *Samyak Twakdagdha Lakshana* (*Shabda pradurbhava, Daurgandya, Twak sankocha*) were seen and *kumari pulp* is locally apply after the Agnikarma .
- It is done for single sittings over the wart.



Fig : 04

Paschat Karma

- Advised to maintain local cleanliness.
- Patient is advised to apply *triphala ghruta* daily twice for 5 days.
- Follow up after 15th , 30th , 60th day there is no reoccurrence and the *Agnikarma* site completely cure and colour changes to normal skin colour after 60th days.



Fig : 05

Observation



Fig 06: Before treatment

Fig 07: After treatment

OBSERVATION AND RESULT:

Table 01 : Observation During Treatment -

Assessment criteria	Before treatment	7 th day Follow up	15 th day Follow up	30 th day Follow up	60 th day Follow up
Subjective criteria					
Pain	Mild	Mild	Mild	0	0
Burning Sensation	0	0	0	0	0
Itching	Mild	0	0	0	0

Table 02:

OBJECTIVE CRITERIA					
Tenderness	Moderate	Moderate	Mild	0	0
Discharge	0	0	0	0	0
Epithelialization	0	Mild	Mild	0	0
Scar	-	Moderate	Moderate	Mild	0
Roughness	Moderate	Moderate	Mild	Mild	0

0 = absent or nil.

OBSERVATION IN THE SITE OF THE LESION AFTER 60 DAYS:

1. The normal texture of the skin is maintained.
2. No Scaring marks.
3. Recurrence with average diameter nil.

DISCUSSION

Warts are one of the most common viral infectious conditions, having symptoms like small fleshy grainy bumps, pink or tan coloured, sprinkled with tiny black pinpoints, measuring about 1-10mm and having

clotted blood vessels seen in primary care and affecting approximately 7% to 10% of the population. Warts are usually seen in children and young adults, commonly on the fingers, hands and neck region. They appear as round or oval elevated lesions with rough surfaces composed of multiple rounded or fili-

form keratinised projections. In modern science, Cryosurgery & laser surgery are the choice of treatment for warts management. Still, we will have complications like pain, blisters and discoloured skin in the treated area & they are expensive⁷. Agnikarma from the ancient period was performed in different places and had other names. Nowadays, modern science uses cautery-like instruments, which are only a modified form of Agnikarma. The technique and equipment have advanced, but the basic principles remain unchanged. In day-to-day life, Charmakeela is in nonhazardous condition, but it causes pain, and cosmetically, it causes inconvenience and lack of concentration in their work. Warts is mentioned in Ayurveda under *Kshudra rogas* as Charmakeela.

Various references are available regarding *Charmakeela* in our classics, where the rakshasas are similar to warts, mainly due to the vitiation of *vyana vata* & *kapha dosha*⁸. Which is present with symptoms like pain, itching, swelling, and roughness^{9,10} *Acharyas* explained the different treatment principles for *Charmakeela* as *Aushadha*, *Shashtra*, *Kshara* and *Agnikarma*¹¹. *Agnikarma* is the choice of treatment in *Charmakeela*. It's a simple procedure which can be carried out at the OPD level & complications are less compared with modern treatment modalities & it's affordable. *Dahanopakarana* like *Pippali*, *Ajashakrit*, *Godanta*, *Shara*, and *Shalaka* are mentioned for *Tvakagata roga*¹²; hence, in the present study, *Pippali* is taken for *Agnikarma* in the management of *Charmakeela*. On the follow-up period of the 60th day, there was a complete absence of symptoms like mild pain, burning, itching, roughness and scar marks. On the follow-up period, on the 30th day, there was almost a reduction in all the symptoms. By the completion of the 7th day of the observation period, the wound was epithelialized entirely; as shown in the scar table, the average scar dimension on the 7th day after treatment was 2mm. The scar shows a normal texture of the skin maintained.

CONCLUSION

- It is more common in the younger age group due to the increased chances of contact transmission.
- Overall, males outnumbered females—a higher incidence among workers and students.
- The parasurgical methods described by our *Acharyas* are practical and easily practicable and can avoid recurrence.
- The *Shastra*, *Kshara* and *Agni* are the chief weapons of the lord of death; hence, the surgeon should use them with great care.

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