



# KSHARA KARMA IN TREATMENT OF WARTS – A CASE STUDY

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**Abstract-** Warts are commonly treated through various modalities such as Cryosurgery, Keratolytic ointments, curettage, and electrodesiccation in conventional medical practice. In Ayurveda, warts are associated with the concept of charmakila. Ayurvedic classical texts classify warts based on dosha dominance. Ayurvedic interventions typically include oral medications, topical application of Kshara, as well as Agni and Shastrakarma for charmakila removal. Topical application of Kshara in paste or aqueous solution forms has been documented for wart treatment. However, these methods necessitate multiple sessions and entail longer durations for wart removal. In this case study, we present the successful treatment of warts using Kshara application. Our observations indicate that the warts took between 2 to 6 days to shed off following treatment, with minor scarring and no reported adverse reactions.

**Keywords-** Charmakila, kshara, ksharodaka, wart.

**Introduction-** Wart, also referred to as Verrucae, represents a prevalent dermatological condition instigated by the Human Papillomavirus (HPV). Manifesting commonly on the hands, feet, face, legs, and external genital area, warts exhibit various forms including common, flat, plantar, anogenital, cervical, laryngeal, and other mucous membrane types. The depiction of Charmakila in Ayurvedic classical literature bears resemblance to warts, characterized by hard, rough, nail-like projections on the skin, attributed to the vitiation of vyanavayu and Kapha dosha. Charmakila types are differentiated by their dominant dosha: Vata-dominant charmakila presents with roughness and pain, Pitta-dominant ones exhibit a blackish hue, whereas Kapha-dominant types manifest as skin-coloured, oily nodules.<sup>1</sup>

The management of warts pursues their eradication through diverse methods encompassing topical keratolytics, electrofulguration, liquid nitrogen cryotherapy, and laser vaporization. Additionally, options include intralesional chemotherapeutic agents, oral immune modulators, and antivirals.<sup>2</sup> However, none of these broad-spectrum therapeutic strategies have consistently demonstrated efficacy in either wart eradication or prevention of recurrence.

Ayurveda advocates a comprehensive approach to wart treatment, which includes oral medications and external application of kshara, as well as agnikarma or shastrakarma procedures.<sup>3</sup> Kshara refers to alkaline substances derived from the ashes of medicinal herbs. Charmakila represents one of the indications for the therapeutic application of "Ksharkarma".<sup>4</sup>

Kshara, available as a powder, paste, or aqueous solution (referred to as Ksharajala or Ksharodaka), is widely employed by Ayurvedic practitioners for local application in wart management. Nonetheless, these methods necessitate multiple sessions and an extended duration for wart shedding, limiting their efficacy in smaller warts. Hence, Tikshna Apamarga Kshara was utilized in this context for wart treatment.

## Aims and Objectives:

To study the effect of Apamarga Kshara in the management of Charmakila W.S.R. to Warts.

**Materials and Methods:****Kshar Nirman Vidhi:**

The process involves burning dried pieces of medicinal plants in an earthen pot to obtain ash. After cooling, water is added in a ratio of 1:61.0, where one part ash is mixed with six parts water and thoroughly combined. The mixture is then strained through a piece of cloth 21 times until a clear liquid is obtained. Subsequently, the liquid is heated over a moderate flame until the water evaporates. Minerals are incorporated during this process to create Madhyam Kshara. Additionally, the addition of churna of ushna, tikshna dravyas results in the preparation of Tikshna Kshar.<sup>5</sup>

**Materials:**

- a. Apamarga (*Achyranthes aspera*) Kshar.
- b. Liquid carrier: Lime water used to mix with Apamarga powder to form a paste or solution while increasing its pH.
- c. Sterile applicator or cotton swab: To apply the Kshara paste or solution onto the affected area.
- d. Antiseptic solution (Betadine): Used for pre-procedural skin preparation to minimize the risk of infection.

**A Case Study-****Complaints:**

- Multiple painless warts on left side of neck
- Clustering of warts causing distress
- No associated symptoms (itching, bleeding)
- Concern about cosmetic impact.

**H/O Present illness:** A 30-year-old female patient presented to our Shalyatantra Outpatient Department (OPD). She initially noticed a single small wart near her hairline, which she thought was a harmless skin blemish. However, over time, more warts have appeared, forming a cluster on the left side of her neck. The patient expressed a desire to eliminate the warts. Consequently, we recommended Kshar application. Following routine investigations, all of which yielded normal results, written informed consent was obtained from the patient.

**Past History:**

- 1) No H/O any major illness or any previous surgery.
- 2) No H/O any drug allergy or any addiction.
- 3) No family H/O Warts.

**Asthavidha Pariksha:**

- 1) Nadi - 70/ min
- 2) Mala - Niram (Once a day)
- 3) Mutra - Samyak. (4-5 times in a day)
- 4) Jivha - Saam
- 5) Shabd - Spastha.
- 6) Sparsh - Ishat Ushna.
- 7) Drik - Prakrut.
- 8) Akriti - Madhayam.

**General Examination:**

- 1) BP – 130/80 mm of hg.
- 2) Temperature- Afebrile.
- 3) Weight – 64 kg.
- 4) CVS – S1 S2 Normal.
- 5) CNS – Conscious and Oriented.
- 6) RS – Clear.

**Investigations:**

HB- 12.7 gm %

RBS- 114 mg /dl

HIV 1&amp;2- Non reactive

HBSAG- Non-reactive

**Local examination:**

The warts exhibited varying sizes, were painless, and had a soft consistency and dark pigmentation.

**Procedure:** Local Application of Apamarga Kshar on Warts of Left Side of Neck

**Purva Karma (Pre Assessment):**

- The patient was briefed on the procedure, potential risks, and expected outcomes, and informed consent was obtained.
- Medical history was reviewed, and no contraindications to the use of Apamarga Kshar were noted.
- Examination revealed multiple painless warts clustered on the left side of the neck.
- Initially, the wart site was cleansed using betadine.

**Pradhan Karma (Main Procedure):**

- Apamarga Kshar solution was prepared by mixing powdered Apamarga kshar with Churnodak (Lime water) to form a paste.
- The paste was applied thinly and evenly onto each wart using a sterile applicator.
- Following application, a waiting period of 2-3 minutes ensued or until the appearance of a matured color resembling the ripe fruit of the *Syzygium cumini* (Pakvajambu Phalavarna). Upon attainment of this color, the kshar was gently wiped off using cotton, followed by a thorough wash with lemon juice.
- Warts were covered with a sterile dressing to protect the surrounding skin.

**Pashyat Karma (Postoperative Care):**

- Post-procedural care instructions were provided, including wound care and hygiene practices.
- The patient was advised to avoid sunlight and harsh chemicals on the treated area.
- Follow-up appointments were scheduled per day to monitor progress and address any concerns.

**Results:**

The following day, mild inflammation was observed at the base of the warts. The warts exhibited increased hardness and darkening in color. Smaller warts shed within 2 to 3 days, while slightly larger warts shed within 5 to 6 days. The patient underwent four treatment sessions. Throughout the treatment, the patient did not report any complaints.



1) Before

2) Kashar application

3) Samkyak lakshan

4) After

**Discussion-** Pratisarniya kshara, or topical kshara, is recommended for charkakila and has been effectively utilized by Ayurvedic practitioners. Kshara exhibits caustic properties that lead to the excision of undesired tissues. It functions akin to a sclerosant agent locally, inducing sterile inflammation at the base of warts.

Consequently, the wart eventually falls off. Apamarga has been traditionally employed for the preparation of kshara and is recognized for its local healing properties. It has been utilized in managing conditions such as hemorrhoids and warts, inducing sclerosis.

This approach necessitates minimal dosing and offers precise local action. Additionally, it is time-efficient with limited required sessions. Furthermore, its cost-effectiveness renders it an attractive option. This method can be effectively applied to treat small, flat warts.

**Conclusion-** The efficacy of Pratisarniya Teekshna Kshar in wart management has been demonstrated. However, to establish firm conclusions, trials with a large sample size are required.

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