



Agnikarma in Charmakeela: A Case Study Demonstrating the Efficacy of Tamra Shalaka

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ABSTRACT

Charmakeela is described in *Ayurvedic* classical texts as a ***Kshudra Roga*** characterized by hard, nail-like projections on the skin due to the vitiation of ***Vata and Kapha Dosha***. In modern dermatology, the clinical presentation closely resembles **cutaneous warts**, benign epidermal proliferations caused by infection with the **Human Papillomavirus (HPV)**. Warts affect nearly **7–12% of the general population**, with higher prevalence among children and immunocompromised individuals.^[1] Various conventional treatment methods such as cryotherapy, electrocautery, and chemical cauterization are commonly used, but recurrence of lesions is frequently observed.

Agnikarma, a para-surgical procedure mentioned in *Ayurveda*, involves therapeutic cauterization using heated metallic instruments such as ***Tamra Shalaka (copper probe)***. This technique is particularly recommended for conditions involving ***Kapha-Vata predominance*** and is believed to reduce recurrence by providing deeper tissue cauterization. From a biomedical perspective, ***Agnikarma*** results in controlled thermal destruction of pathological tissue, which may eliminate infected cells and prevent regrowth.

The present case study evaluates the effectiveness of ***Tamra Shalaka Agnikarma*** in the management of *Charmakeela*. The procedure resulted in successful removal of the lesion with satisfactory healing and no complications. The findings suggest that ***Agnikarma*** is a **safe, cost-effective, and efficient treatment modality** for *Charmakeela*, although larger clinical studies are required to validate these results.

Keywords: *Charmakeela*, Warts, *Kshudra Roga*, *Agnikarma*, *Tamra Shalaka*, *Ropana*.

INTRODUCTION

In *Ayurvedic* literature, ***Charmakeela*** is classified under ***Kshudra Rogas***, which represent minor yet clinically significant disorders.^[2] According to classical descriptions, the condition manifests as small, hard, elevated skin projections resembling nails. ***Acharya Sushruta*** described *Charmakeela* under *Arsha Sthana*, explaining that vitiation of ***Kapha Dosha*** leads to immovable, sprout-like skin eruptions known as *Twakgata Arshas*.^[3] ***Acharya***

Charaka referred to a similar condition as *Adhimamsa*, indicating abnormal tissue growth over the skin.^[4] *Acharya Vagbhata* also included *Charmakeela* under the category of *Arshas*.^[5]

From a modern medical perspective, *Charmakeela* can be correlated with **cutaneous warts**, which are benign hyperkeratotic lesions caused by infection with the **Human Papillomavirus (HPV)**.^[6] Warts commonly occur on the hands, fingers, soles of the feet, and occasionally other areas of the body. Based on their clinical appearance and location, warts are categorized into three primary types:

1. **Common warts**, which may appear on any body surface
2. **Plantar warts**, typically found on the soles of the feet
3. **Genital warts**, located in the genital or perianal regions.^[7]

Several therapeutic approaches are used in modern dermatology for wart management, including **topical salicylic acid, cryotherapy with liquid nitrogen, electrocautery, laser therapy, surgical excision, and immunotherapy**. Although these treatments can remove lesions effectively, recurrence remains a frequent challenge.^[8]

Ayurveda recommends *Anushastra Karma* procedures for conditions involving abnormal tissue growth. Among them, *Agnikarma* is considered particularly effective for diseases caused by **Kapha and Vata Dosha**. Classical texts highlight that lesions treated with *Agnikarma* have **lower chances of recurrence** due to the complete destruction of abnormal tissue.^[9]

The present study aims to demonstrate the effectiveness of *Tamra Shalaka Agnikarma* in the management of *Charmakeela* through a clinical case report.

CASE REPORT

A **24-year-old male patient** presented to the **Shalyatantra outpatient department** with complaints of an overgrown skin lesion on the lower back that had been present for **two years**. The patient also reported **occasional itching for the past six months**, causing mild discomfort.

History of Present Illness

The patient was apparently healthy two years prior to presentation. Gradually, a small skin growth developed on the lower back and progressively increased in size over time. During the last six months, intermittent itching occurred at the lesion site. Due to gradual enlargement and discomfort, the patient sought medical consultation.

Past Medical History

The patient had no history of **diabetes mellitus, hypertension, or other systemic illnesses**.

Family History

No similar condition was reported among family members.

Personal History

- Diet: Mixed diet
- Appetite: Good
- Sleep: 6–7 hours at night, occasional daytime sleep
- Bowel habits: Regular
- Micturition: Normal frequency
- Habits: Milk consumption twice daily

GENERAL EXAMINATION

- Built and nourishment: Moderate
- Temperature: 98.6°F
- Pulse rate: 78 beats/min
- Blood pressure: 110/80 mmHg
- Respiratory rate: 18 cycles/min
- Height: 164 cm
- Weight: 55 kg

No signs of pallor, icterus, cyanosis, edema, or lymphadenopathy were observed.

Systemic Examination

Central nervous system: Conscious, oriented, normal sensory and motor functions.

Cardio vascular system: Normal heart sounds with no additional abnormalities.

Respiratory system: Normal vesicular breath sounds.

Abdominal examination: Soft, non-tender abdomen with no organomegaly.

LOCAL EXAMINATION

Inspection

- Size: Approximately **1.5 cm × 1.5 cm × 0.5 cm**
- Shape: Spherical
- Number: Single lesion
- Location: Lower back
- Discharge: Absent

Palpation

- Color: Reddish pale
- Consistency: Hard
- Surface: Rough
- Tenderness: Mild
- Bleeding on touch: Absent
- Compressibility: Non-compressible
- Temperature: Not elevated

TREATMENT (CHIKITSA)

The treatment plan included:

- *Agnikarma* using *Tamra Shalaka*
- Application of *Ropana* agents

Purva Karma (Pre-operative Preparation)

- Informed consent was obtained from the patient.
- The patient was positioned comfortably.
- The lesion area was cleaned and painted with **Betadine solution** under aseptic precautions.

Pradhana Karma (Main Procedure)

- The procedure was performed in the **minor operation theatre** under aseptic conditions.
- Local anesthesia was administered using **2% Lignocaine Hydrochloride** at the base of the lesion.
- A **heated Tamra Shalaka (copper probe)** was applied to the base of the lesion.
- Cauterization was continued until the appearance of *Samyak Dagdha Lakshana*, indicating adequate cauterization.
- Care was taken to prevent excessive or insufficient burning.

Paschat Karma (Post-operative Care)

- The cauterized wound (*Dagdha Vrana*) was treated with *Shatadahuta Ghrita* to promote healing.
- The patient was advised for follow-up visits on the **3rd and 5th postoperative days**.



Image before treatment



Image during treatment



Image during treatment



Image After treatment

DISCUSSION

Charmakeela is considered a manifestation of **Kapha and Vata Dosha imbalance**, resulting in localized abnormal tissue proliferation. *Kapha* contributes to excessive tissue growth, while *Vata* imparts hardness and elevation to the lesion. Classical Ayurvedic texts recommend **Agnikarma** as a definitive therapeutic measure for such conditions.^[9]

In modern medicine, warts arise due to infection with **Human Papillomavirus**, which stimulates excessive keratinocyte proliferation. Conventional treatment methods remove visible lesions but often fail to eliminate viral particles from deeper tissues, leading to recurrence.^[8]

Agnikarma using **Tamra Shalaka** provides controlled thermal cauterization that destroys pathological tissue at its base. From an *Ayurvedic* perspective, the heat generated during **Agnikarma** helps **pacify Kapha and Vata Dosha**, remove *Adhimamsa*, and restore normal tissue structure. From a biomedical standpoint, the procedure causes **coagulative necrosis and destruction of infected epithelial cells**, which may help eradicate HPV-affected tissue.

In this case, the lesion was successfully cauterized with minimal bleeding and satisfactory wound healing. Post-procedure application of **Shatadahuta Ghrita** supported tissue repair due to its soothing, anti-inflammatory, and wound-healing properties.

Although the results of this case are promising, the study is limited to **a single patient observation**. Therefore, larger clinical trials are required to establish the efficacy and recurrence prevention potential of **Agnikarma** in the management of *Charmakeela*.

CONCLUSION

The present case study demonstrates that **Agnikarma using Tamra Shalaka** is an effective therapeutic approach for the management of *Charmakeela*. The procedure resulted in **complete removal of the lesion, minimal complications, and satisfactory wound healing**.

Agnikarma is a **simple, economical, and minimally invasive para-surgical procedure** that can be performed in minor operative settings. The controlled thermal cauterization achieved through this technique may help destroy abnormal tissue and reduce recurrence.

However, further **large-scale clinical studies and long-term follow-up** are required to validate the effectiveness and safety of this procedure.

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