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Management of charmakila (warts) with agnikarma – a single case study

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Abstract
Warts are common cutaneous lesions affecting people worldwide. The estimated prevalence of warts is between 7% and 12% of the population, with the incidence among school-age children ranging from 10% to 20%. Immunocompromised individuals and meat handlers also show a higher frequency of occurrence [1]. Both men and women are equally affected.
In Ayurvedic classics, Charmakila is described under Kshudra Rogas and is considered analogous to viral warts. Although many modern treatments exist such as salicylic acid, cantharidin, laser surgery, and Cryotherapy they often have high recurrence rates.
This case study highlights the Ayurvedic management of Charmakila using Agnikarma (thermal cauterization), Lekhana, and Ropana Dravya application, demonstrating effective results with minimal recurrence.

Keywords: Warts, Charmakila, Kshudra Rogas, Agnikarma, Lekhana, Ropana

Introduction
Charmakila was mentioned by Acharya Sushruta under Kshudra Roga [2] and explained under Arshas in Nidana Sthana. He describes Charmakila (also termed Arshas of Twacha) as a hard, elevated lesion arising due to the aggravation of Vyana Vata in association with Kapha, leading to sprout-like eruptions on the skin [3].
Acharya Charaka described Charmakila as Adhimansa [4], while Acharya Vagbhata also elucidated it under Arshas [5].
Clinically, warts are hyperkeratotic, elevated patches of skin caused by the Human Papilloma Virus (HPV) [6]. Common sites include the hands, fingers, and periungual regions. Although several modern treatments exist, such as salicylic acid, cantharidin, laser ablation, and cryotherapy, recurrence remains a major concern [7].
Ayurveda offers Agnikarma, a para-surgical method involving controlled thermal cauterization, followed by Lekhana and Ropana, providing a simple, cost-effective, and recurrence-free management option for Charmakila.

Case Report
A 38-year-old Female patient visited the Shalyatantra OPD of Yashwant Ayurveda College & Research Center presenting with complaints of an overgrown skin lesion on the lateral aspect of the left thumb for 1 month, associated with pain for the last 2 weeks.

History of Present Illness
The patient was apparently healthy 1 month prior. Gradually, a small overgrowth appeared on the lateral aspect of the left thumb, which increased in size and caused discomfort during routine activities. Pain of pricking nature developed 2 weeks later. The patient had taken analgesics with minimal relief and therefore sought Ayurvedic management.

Past History (Purva Vyadhi Vruttanta)
No history of Diabetes Mellitus, Hypertension, Thyroid disorder, Bronchial Asthma, or other systemic illnesses.

Family History (Koutumbika Vruttanta)
All family members are healthy.

Personal History (Vayaktika Vruttanta)
- **Diet:** Ati Madhura, Seetha Ahara
- **Appetite:** Good
- **Sleep:** 6–7 hours at night (sound); 1-hour daytime nap
- **Micturition:** 4–5 times/day, once/night Bowel: Regular, once daily
- **Habits:** Consumes milk twice daily

Gynecological History
- **Menstrual Cycle:** Regular, 28-day cycle
- **Flow:** 5 days Menarche: At 15 years

Rogi Pareeksha General Examination

Table 1: General Clinical Examination Parameters and Observations

Parameter	Observation
Built & Nourishment	Moderate
Temperature	98.6°F
Pulse	76 bpm
Blood Pressure	140/80 mmHg
Respiration	16/min
Height	163 cm
Weight	50 kg
Tongue	Slightly coated
Pallor, Icterus, Cyanosis, Edema, Lymphadenopathy	Absent
Gait	Normal

Systemic Examination
- **CVS:** S1, S2 heard; no added sounds
- **RS:** Normal vesicular breath sounds; no added sounds
- **Abdomen:** Soft, non-tender
- **CNS:** Normal higher functions, reflexes, and coordination

Local Examination on Inspection
- **Size:** ~1.5 cm × 1.5 cm × 0.5 cm
- **Shape:** Spherical
- **Number:** 1
- **Site:** 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
- **Consistency:** Hard
- **Surface:** Rough
- **Temperature:** Normal
- **Compressibility:** Non-compressible
- **Reducibility:** Irreducible
- **Bleeding on touch:** Absent

Chikitsa (Treatment)
Line of Treatment
- Agnikarma
- Lekhana and Ropana

Purvakarma (Pre-procedure)
- Informed oral consent obtained.
- Patient seated comfortably.
- Affected part painted with Betadine solution.

Pradhana Karma (Main Procedure)
- Agnikarma performed using Shalaka till Samyak Twakdagdha Lakshana was achieved [8].
- Dressing done with Jatyadi Taila.
- Procedure repeated for 4 sittings at weekly intervals.

Paschat Karma (Post-procedure)
Patient advised to apply Madhu daily for 4 weeks.

Discussion
Acharyas have described Agnikarma as the prime treatment for Charmakila with excellent results and minimal recurrence. Acharya Sushruta regarded Agnikarma as the most important among all Anushastra Karmas. He discussed its significance in Sutrasthana with detailed methodology [9–12]. Acharya Charaka also elaborated on Agnikarma in the 36 Upakramas of Vrana [13].
Therapeutically, Agnikarma enhances local blood circulation, relieves pain, reduces inflammation, and removes hyperkeratotic tissue. Madhu acts as a Lekhana Dravya promoting debridement and healing, while Jatyadi Taila supports wound healing and tissue regeneration. The combined approach of Agnikarma with Lekhana and Ropana yields effective, safe, and recurrence-free management of Charmakila.

Conclusion
Agnikarma is an ancient parasurgical procedure still relevant today. Modern cautery techniques are essentially refined forms of Agnikarma. It is safe, minimally invasive, cost-effective, and suitable for outpatient practice. This case demonstrates that Agnikarma provides excellent results in managing Charmakila (warts), with minimal recurrence and rapid healing.
Hence, Agnikarma is a highly effective therapy for Charmakila in Ayurvedic practice.

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