



# “AGNIKARMA” A BOON IN THE MANAGEMENT OF TWAKARSHA (CHARMAKEELA) – A CASE STUDY

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## ABSTRACT

*Charmakeela* is one of the *Kshudra roga* mentioned by *Acharya Sushruta* which is a common entity encountered in clinical practice. It is a condition which is prevalent since ancient times which needs intervention considering the cosmetical consequences. Numerous treatment options are elaborated in Ayurveda classics for *Charmakeela* such as *Agni karma*, *Kshara karma*, *Chedana Karma* etc. Amongst these *Agnikarma* has been widely practised because of its non-recurrence property. It is an ideal therapy which is indicated in *Stanika vikara*'s predominant of *vata* and *Kapha Dosha*, as well as used conventionally for its cutting & coagulation property. In the present Case report, A 65-year-old Female Patient approached our OPD with complaints of blackish-coloured growth over the Left Parieto-temporal region gradually increasing in size over the last 2 years. This case was diagnosed as *Twakarsha (Charmakeela)* and excision was planned by means of *Agnikarma*. The excised mass was sent for Histopathological studies that suggested a *Seborrheic Keratosis* which is a non-cancerous skin condition that requires surgical intervention.

## Keywords

*Twakarsha*, *Charmakeela*, *Seborrheic Keratosis*, *Agnikarma*, *Excision*.

## Introduction

Ayurveda described a number of diseases under the heading of *Kshudra roga*, *Kshudra* word comes from *Kshud+Rak*, meaning minute, diminutive, tiny, very small and little. These diseases are called *Kshudra* as they are of lesser severity in comparison to *Mahavyadhis* or *Vyadhis* and do not result in any complications or cause threat to life. Diseases like *Nyaccha*, *Vyanga*, *Indralupta*, *Tilkalak*, *Charmakeela* etc. are not causing any painful discomfort but still their impact on body and mind is such that the individual suffers from a state of distress. Now a days, the occurrence of *Kshudra roga* is very high and external features related to skin and hair build status of a person which makes them more conscious.

*Charmakeela* is one of the *Kshudra roga's*<sup>1</sup> mentioned by *Acharya Sushruta* which is common entity encountered in clinical practice. The Word *Keela* means that which pricks like nail and takes the shape of *keela* (nail) or Binding on *Charma* (skin) is called *Charmakeela*. It causes cosmetic distress and results in considerable distress to the patient when they are seen on face and exposed part of the skin. *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 were named as *charmakeela* or *charma arsha*<sup>2</sup>.

Seborrheic keratosis is a common type of benign epidermal tumour that is prevalent throughout middle-aged and elderly individuals. The lesions are usually asymptomatic, but may be itchy. These lesions usually begin as well-circumscribed, dull, flat, tan, or brown patches. As they grow, they become more papular, waxy, elevated appearance.

Numerous treatment options are elaborated in Ayurveda classics for *Charmakeela* such as *Agnikarma*<sup>3</sup>, *Kshara karma*<sup>4</sup>, *Chedana Karma*<sup>5</sup> etc. *Agnikarma* is an ideal therapy which is indicated in *Stanika vikara's* predominant of *vata* and *Kapha Dosha*, as well as used conventionally for its cutting & coagulation property and for the non-recurrence of the Disease<sup>6</sup>. *Charmakeela* is detailed as an *Adhimaamasa vikara* (disease due to excess muscle tissue) along with description of *Arshas* (haemorrhoids) and enumerated as one among the *Kshudraroga* (diseases of minor category). Therefore, the patient needs to get rid of the *Charmakeela* without any disfiguration like discoloration or scar etc. Hence an attempt is made here to manage *charmakeela* through complete excision by *Agnikarma* maintaining the integrity of skin at the site of onset, with minimal bleeding and post operative distress.

## Case Report

A 65-year-old Female visited Shalyatantra OPD on 27<sup>th</sup> June 2022, with Chief Complaints of blackish-coloured growth, increasing in size gradually, at the Left Parieto-temporal region over the last 2 years.

### *Anubandhi Vedana*

Itching and Mild Pain Occasionally

### *Vedana Vruttanta*

- Patient was apparently well before 2 years; she noticed a lesion in the left Parieto-temporal region which is associated with Itching and mild pain occasionally. Later a growth developed at that region which gradually increased in size.
- There was no obvious family history and past surgical history in relation to the Present condition.
- Patient had no history of DM & HTN.

**Local Examination****On Inspection**


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Site	- Left Parieto-Temporal Region of Scalp
Size	- 5 X 4 X 2 Cms
Shape	- Spherical
Number	- One
Discharge	- Absent
Surface	- Multiple Ridges Present
Surrounding Area	- Non Inflammed
Colour	- Black

**On Palpation**


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Tenderness	- Absent
Sensation	- Intact
Reducibility	- Irreducible
Compressibility	- Non-Compressible
Bleeds On Touch	- Absent
Consistency	- Firm
Surface	- Rough Irregular
Temperature	- Not Raised
Regional Lymph Nodes	- Not Enlarged



## Differential Diagnosis

	Inclusion	Exclusion
<b>Granthi</b>	<i>Granthi</i> is a growth, a swelling with a knotted appearance	<i>Granthi</i> is encapsulated
<b>Vrana Granthi</b>	Itching present occasionally	No H/O previous wound
<b>Arbuda</b>	<i>Arbuda</i> is a localized growth in any part of the body – ‘ <i>gātrapradesie kvacideva dosha</i> ’ and initially it grows slowly and silently - <i>chiravrddhi, apāka</i>	<i>Arbuda</i> has deep roots ( <i>analpamulam</i> )
<b>Twakarsha (Charmakeela)</b>	It will be present in any part of body.  ‘ <i>sthiraani</i> ’ Firm in consistency  ‘ <i>rouskshyam krshntvam</i> ’ - roughness and blackish discolouration	

### Diagnosis

*Twakarsha (Charmakeela)*

### Treatment Plan

*Chedana by Agnikarma*

### Investigations

Before taking the patient for the procedure, the following haematological investigations were performed,

<b>Hemoglobin</b>	- 12.34%
<b>Bleeding Time</b>	- 1 min 50 sec
<b>Clotting Time</b>	- 3 min 25 sec
<b>Random blood sugar</b>	- 114.2 mg/dl
<b>HIV</b>	- Negative
<b>HBsAg</b>	- Negative

Xray Skull were performed to check whether the mass is attached to the subjacent bone.

**X-ray Skull AP & Lateral view** - Abnormal radio-opacity noted in left parieto-temporal region.  
Bone of the skull vault appear normal.

To rule out the malignancy, FNAC was done because the age factor of patient and the long history of complaint more than 2 years with abnormal ridges in the surface were present.

**FNAC** - Repeat Aspirates shows eosinophilic proteinaceous material and no other cells seen

### Chikitsa

Prior to Procedure, Patient was explained about the operative procedure clearly and written consent was taken.

#### *Purva Karma*

- Patient was explained about the operative procedure clearly and written consent was taken.
- Part preparation was done. (Fig.1)
- Inj. Tetanus toxoid 0.5cc Intramuscular administered.
- Test dose of Inj. Xylocaine 2% 0.2cc Intradermally administered.

#### *Pradhana Karma*

- After taking Patient to the operation theatre, made to adopt right lateral recumbent position and the mass in left parieto-temporal region was exposed.
- The part was painted with povidone iodine (betadine) solution followed by spirit and the part was draped by using sterile cut sheets
- Inj. Xylocaine with adrenaline 2% infiltrated at the base of the mass.
- Red hot *Panchaloha Shalaka* was used to excise the mass at the base and cauterized with the same to arrest bleeding. (Fig.2)
- Perfect haemostasis was achieved.
- Betadine-soaked Gauze is kept over the wound and dressing is done. (Fig.3)

#### *Paschat Karma*

- Patient was shifted to the ward and kept on observation till 4 hours.
- Excised mass is sent for Histopathological studies. (Fig.4)

### Oral Medications:

- Tab. *Triphala Guggulu* 1 BD with Warm water for 2 weeks.
- Tab. *Gandhaka rasayana* 1 BD with Warm water for 2 weeks.

## Follow Up and Outcome

- On the next day of Procedure, wound was healthy. (Fig.5 and 6)
- Alternate day dressing was done with *Jathyadi Ghrita*.

## Histopathological Test Report

**IMPRESSION** - FEATURES FAVOURS SEBORRHOEIC KERATOSIS

## Result and Discussion

According to *Acharya Sushruta*, *Prakupita Vyana Vata* along with aggravated *Kapha* give rises to Immovable sprouts on the skin, which are termed as *Charmakeela* or *Twakaraha* with classical symptoms of growth being *Unatta* (raised), *Sthira* (firm), *Roukshya* (rough), *Krishna* (dark in colour). These kinds of growths have major impact on the social status of the patient due to its cosmetic interference and are commonly seen in day-to-day practice with a worldwide incidence of approximately 10% of the population. These growths should be excised with optimal care but however these growths should always be excluded for malignancy by investigations such as FNAC & histopathological study post excision. Out of various management options for *Charmakeela* mentioned in classics, *Agnikarma* is finest method of all, owing to its multiple advantages. *Agnikarma* is a para-surgical procedure and in this case, it is mainly utilised for excision and to avoid the recurrence of disease. Keeping this goal in mind the growth was burnt after excision. As *Agnikarma* is proven ultimate measure for haemostasis according to Ayurveda.

Post procedure *Jatyadi Ghrita* was used for dressing and healing is observed. Orally tablet *Triphala guggulu* and *Gandhaka Rasayana vati* was used with its proven anti-inflammatory, antiseptic and analgesic properties. Hence *Agnikarma*, Physical heat from red hot *Panchaloha Shalaka* is transferred as therapeutic heat by producing Cutting and coagulation action simultaneously.

## Conclusion

Excision of tumours is a tedious expensive procedure whereas *Agnikarma* is less painful compared to surgical excision, with no chance of reoccurrence due to its cutting and coagulation property which makes the procedure easy for the practicing surgeon and economic for the patient. *Acharya Sushruta* mentioned *Agnikarma* as superior to *Bheshaja*, *Shastra* and *Ksharakarma* as the diseases treated with *Agnikarma* will not reoccur. So, *Agnikarma* is a boon for the management of *Charmakeela*.

## Patient Consent

Taken

## Financial support and Sponsorship

Nil

## Conflict of interest

No



Fig.1: Pre-operative



Fig.2: Operative



Fig.3: Post operative



Fig.4: Excised mass



Fig. 5: Wound on next day

Fig. 5: Wound on 3<sup>rd</sup> day

## References:

1. Sushruta; Sushruta Samhita; with the Nibandhasangraha Vyakya of Sri Dalhanacharya; edited by Vaidhya Jadavji trikamji; Chaukhambha Sanskrit Sansthan; Varanasi, Reprint edition 2019; Nidana sthana Chapter No 13; Page No 318; (Su.Ni.13/3).
2. Sushruta; Sushruta Samhita; with the Nibandhasangraha Vyakya of Sri Dalhanacharya; edited by Vaidhya Jadavji trikamji; Chaukhambha Sanskrit Sansthan; Varanasi, Reprint edition 2019; Nidana sthana Chapter No 2; Page No 275; (Su.Ni.2/18).
3. Sushruta; Sushruta Samhita; with the Nibandhasangraha Vyakya of Sri Dalhanacharya; edited by Vaidhya Jadavji trikamji; Chaukhambha Sanskrit Sansthan; Varanasi, Reprint edition 2019; sutra sthana Chapter No 12; Page No 52; (Su.Su.12/10).
4. Sushruta; Sushruta Samhita; with the Nibandhasangraha Vyakya of Sri Dalhanacharya; edited by Vaidhya Jadavji trikamji; Chaukhambha Sanskrit Sansthan; Varanasi, Reprint edition 2019; sutra sthana Chapter No 11; Page No 46; (Su.Su.11/7).
5. Sushruta; Sushruta Samhita; with the Nibandhasangraha Vyakya of Sri Dalhanacharya; edited by Vaidhya Jadavji trikamji; Chaukhambha Sanskrit Sansthan; Varanasi, Reprint edition 2019; sutra sthana Chapter No 25; Page No 117; (Su.Su.25/3).

6. Sushruta; Sushruta Samhita; with the Nibandhasangraha Vyakya of Sri Dalhanacharya; edited by Vaidhya Jadavji trikamji; Chaukhambha Sanskrit Sansthan; Varanasi, Reprint edition 2019; sutra sthana Chapter No 12; Page No 51; (Su.Su.12/3).

