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

Dr. S. Tamilarasan¹, Dr. Siddanagouda A. Patil²

1. P.G. Scholar, Department of Shalyatantra, Ayurveda Mahavidyalaya and Hospital, Hubballi.
2. Professor, Department of Shalyatantra, Ayurveda Mahavidyalaya and Hospital, Hubballi.

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 occurance 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 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 arsha².

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 Agni karma³, Kshara karma⁴, Chedana Karma⁵ 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 Disease⁶. 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 27th 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**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td>Left Parieto-Temporal Region of Scalp</td>
</tr>
<tr>
<td>Size</td>
<td>5 X 4 X 2 Cms</td>
</tr>
<tr>
<td>Shape</td>
<td>Spherical</td>
</tr>
<tr>
<td>Number</td>
<td>One</td>
</tr>
<tr>
<td>Discharge</td>
<td>Absent</td>
</tr>
<tr>
<td>Surface</td>
<td>Multiple Ridges Present</td>
</tr>
<tr>
<td>Surrounding Area</td>
<td>Non Inflamed</td>
</tr>
<tr>
<td>Colour</td>
<td>Black</td>
</tr>
</tbody>
</table>

**On Palpation**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenderness</td>
<td>Absent</td>
</tr>
<tr>
<td>Sensation</td>
<td>Intact</td>
</tr>
<tr>
<td>Reducibility</td>
<td>Irreducible</td>
</tr>
<tr>
<td>Compressibility</td>
<td>Non-Compressible</td>
</tr>
<tr>
<td>Bleeds On Touch</td>
<td>Absent</td>
</tr>
<tr>
<td>Consistency</td>
<td>Firm</td>
</tr>
<tr>
<td>Surface</td>
<td>Rough Irregular</td>
</tr>
<tr>
<td>Temperature</td>
<td>Not Raised</td>
</tr>
<tr>
<td>Regional Lymph Nodes</td>
<td>Not Enlarged</td>
</tr>
</tbody>
</table>
### Differential Diagnosis

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

### Diagnosis

**Twakarsha (Charmakeela)**

### Treatment Plan

**Chedana by Agnikarma**

### Investigations

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

- **Hemoglobin** - 12.34%
- **Bleeding Time** - 1 min 50 sec
- **Clotting Time** - 3 min 25 sec
- **Random blood sugar** - 114.2 mg/dl
- **HIV** - Negative
- **HBsAg** - 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 Twakarahsa 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 Ghruta 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
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