



## CASE STUDY

### CLINICAL EFFICACY OF AGNIKARMA IN NAIL BED CHARMAKILA: A CLASSICAL AYURVEDIC CASE REPORT

**Dr. Dilip kumar Verma<sup>1</sup>,**

**Dr Bhawana Joshi<sup>2</sup>**

1. Professor, Department of Kaya Chikitsa, GS Ayurveda Medical College & Hospital, Hapur, U.P., India
2. Assistant Professor, Department of Rachana Sharira, GS Ayurveda Medical College & Hospital, Hapur, U.P., India

## ABSTRACT

*Kshudra Rogas* in *Ayurveda* lists *Charmakila* as one of the conditions, which medically appears to be verruca vulgaris or periungual warts induced by HPV. These lesions are found around the nail beds and are hard to treat because the area is sensitive and such lesions tend to return after cryotherapy, electrocautery, and laser therapy. By using the *Agnikarma* therapy, *Ayurveda* offers para-surgical healing where copper *Shalaka* and similar heated instruments are applied to the wound. The case highlights the pain-free management of a nail bed wart in a 35-year-old male named Rudra who is a store assistant at GS *Ayurveda* Medical College and Hospital. For more than 7 months, the lesion in the right foot little finger and right toe remained, giving me trouble and making it hard to do everyday activities. Diagnosis depended on the signs found in classical *Charmakila* texts, and a plan for an *Agnikarma* treatment was set for three consecutive weeks. The survey was accomplished through standard steps. To treat the lesion, first, the area is properly cleaned and prepared, then it is heated with heated metal and covered afterward for protection. The pain was reduced mostly after the first session, and by the third session, the lesion looked much better and was totally healed. Over the 4th follow-up, no issues with recurrence, infection, or scarring were found. This case points out how *Agnikarma* is important and effective in treating *Charmakila*, especially on areas like the nail bed where function is vital. This also helps revive classical *Ayurveda* for use in modern healthcare as a reasonable and backed-by-studies treatment method.

**Keywords:** *Agnikarma, Charmakila, Kshudra Roga, Ayurveda*

## INTRODUCTION

In the *Sushruta Samhita*, which is an *Ayurvedic* text, the overgrowth of *Kshudra Rogas* skin disease mentioned as *Charmakila* is often a result of heightened *Vata* and *Kapha Doshas* in one place<sup>1</sup>. Most of the time, they go along with warts caused by viruses, mainly those caused by human papillomavirus (HPV)<sup>2</sup>.

Newer procedures such as freeze-and-cut or laser treatment tend to lead to many recurrences. Hence, *Ayurveda* recommends the thermal method *Agnikarma*, which is considered an effective, one-time solution, especially for tough and stuck lesions such as *Charmakila*<sup>3</sup>. *Ayurveda* also has *Agnikarma*, a practice where heat is used to treat various health conditions and diseases. *Agnikarma* is considered the main treatment for *Vata* and *Kapha* dominance, because it is said to work like a permanent cure and stop recurrence of diseases. Sealing of tissues is done with special tools called *Shalaka*, *Tamra*, and *Loha*, which also calm any upset *Doshas*. *Agnikarma* uses modern principles in various kinds of thermotherapy treatments. By generating heat to a part of the body, the proteins solidify in tissues, the tissue is broken down, pain nerves are reduced, and the supply of blood in the area is boosted. One more thing, burns from heat cause the immune system to get involved and help modify tissue in the body. The *Sushruta Samhita* classifies *Charmakila* as found in *Kshudra Rogas* and mostly occurs when *Vata* and *Kapha* are out of balance in certain regions in the body. Apart from warts, HPV can bring about other dangerous changes that may turn into cancer. Although modern treatments are used, there still can be a high chance of cancer coming back. Again, *Ayurveda* suggests that *Agnikarma* can cure deep-rooted and unmovable lesions such as *Charmakila* after one session. Treatment with *Agnikarma* improved the situation for 35-year-old Rudra, who worked at GS *Ayurveda* Medical College & Hospital. There was an obvious painful lesion on the right toe and the little finger of the patient. In most cases, the treatment was based on traditional *Ayurveda* and used to relieve pain, change the lesion, and remove them. Our goal in this case is to highlight the fact that localized benign dermatology lesions can be treated effectively and safely by *Agnikarma*. By linking *Ayurvedic* principles with the results from modern science, it helps to shape evidence-based integrative medicine.

## CASE REPORT

### **Patient Details**

- Name: XXX
- Age: 36 years
- Sex: Male
- Occupation: Store Worker
- OPD No.: 19221
- Date of Consultation: 17 March 2025
- Location: GS *Ayurveda* Medical College & Hospital, Hapur is the place where I got my education and started my career.

### **Chief Complaints**

A painful, firm lump had formed under the nail on the little toe of the right foot for the last 7 months.

- Pain and discomfort when you wear shoes
- A little lump showed up on the right toe of my foot

### **History of Present Illness**

The patient had been feeling well and doing most things as usual 7 months before. Gradually, he noticed a small spot growing under his nail, and it started to hurt a bit when he walked or did anything with his feet. Self-medication with painkillers helped him manage the pain for a while but didn't fix it completely.

### **Past Medical and Surgical History**

No history of diabetes, high blood pressure, skin problems, or having any type of surgery.

### **Personal History**

- Diet: Mixed
- Appetite: Normal
- Sleep: 6–7 hours, kept awake because of pain at the place where the toxin went in
- Bowel: Regular

- Addiction: None

### **Family History**

No similar problems have come up among the family.

### **Clinical Findings**

#### General Examination

- Pulse: 78/min
- Blood Pressure: 126/84 mmHg
- Temperature: Afebrile
- Pallor, Icterus, Lymphadenopathy: Absent

#### Local Examination

- Location: The nail bed on both the little finger on the right hand and the big toe
- Size: ~2 cm diameter
- Surface: Rough
- Consistency: Hard
- Color: Brownish black
- Tenderness: Present
- Mobility: Immobile
- Discharge: Absent

**Diagnosis (Ayurvedic):** *Charmakila*

**Diagnosis (Modern):** Nail bed wart (periungual wart)

### **INTERVENTION**

**Indication for *Agnikarma***

According to traditional scriptures, *Agnikarma* is called for in many cases. Hurting lesions of *Twak*, *Mamsa*, *Sira*, *Snayu*, *Sandhi*, and *Asthi*. Known to develop hard granules such as *Charmakila*, *Arsha*, and *Kadara*<sup>4</sup>.

### **Contraindications**

*Pitta Prakriti*, bleeding inside the body (*Antah Shonita*), patients who are young or old, and influence on *Marma*<sup>5</sup>

### **PROCEDURE**

#### **Purva Karma**

- Informed consent obtained
- Clean the skin with Betadine and *Triphala* on a daily basis
- The team ensures the instruments (*Shalaka*) are sterilized and heated with LPG gas
- *Aloe Vera* is applied

#### **Pradhana Karma**

- When the copper *Shalaka* showed signs of being well-heated, the desired process was continued
- Popping sound, a mild tightening of the skin, and a grey-black discoloration were observed
- *Aloe Vera* applied post-procedure
- Repeated once weekly for 3 sittings

#### **Paschat Karma**

- *Ghrita* applied daily
- Nothing was applied to the wound for 24 hours after surgery
- Monitored for complications: *Plusta*, *Durdagdha*, *Atidagdha*

#### **Before treatment**



**Fig. 01:** Condition of disease before treatment.

### Outcome and Follow-up



**Fig. 02:** 1st Sitting- Pain reduced, superficial skin sloughing observed



**Fig 03:** 2nd Sitting- Flattening of lesion



**Fig 04:** 3rd Sitting - No pain, scab formation, Lesion resolved, normal tissue appearance

- **4-Week Follow-Up:** No recurrence or residual symptoms

### DISCUSSION

In *Roganam Apunarbhava*, it is said that *Agnikarma* is used to heal and does not cause the disease again [6]. Its sharp, hot, and subtle qualities make *Ayurvedic* medicine most effective on conditions linked to *Vata-Kapha*<sup>7</sup>. In short, local *Dhatvagni* is stimulated, blood circulation improves, thermal cauterization aids in treating infection sites, and the healing process is encouraged<sup>8,9</sup>. All of *Agnikarma*'s problems were handled without the use of drugs or an operation. This treatment can be carried out in any place, and with basic tools, which explains why it is commonly used in *Ayurvedic* outpatient clinics. Unlike surgeries or cryotherapy, the method of *Agnikarma* leaves little harm on nearby tissues, this is very important for the sensitive tissues found in the nail bed. It also shows that properly assessing symptoms, selecting treatment depending on *Doshas*, and following *Ayurvedic* customs matter in this area. Because *Charmakila*, an outgrowth of the skin, does not reappear within 4 weeks and because the finger's function is restored, *Agnikarma* proves to be both reliable and safe in treating such problems. Although these results are encouraging, additional research and planned studies are still required to standardize how cauterization is handled and how patients are cared for. Using outcome measures such as how pain is relieved, the changes in skin lesions, and the frequency of *Agnikarma* treatments can show its true scientific value in dermatology.

## CONCLUSION

The results suggest that *Agnikarma*, as explained in *Ayurveda*, still benefits *Charmakila* and fits with today's medical knowledge. The therapy is readily understood, comes at a low cost, causes little pain, and is effective in preventing recurring ear infections. The results suggest that *Agnikarma*, as explained in *Ayurveda*, still benefits *Charmakila* and fits with today's medical knowledge. The therapy is readily understood, comes at a low cost, causes little pain, and is effective in preventing recurring ear infections. *Agnikarma* helps to show that *Ayurveda* has solutions for simple skin problems found at home. By following the guidelines of *Purvakarma*, *Pradhanakarma*, and *Paschatkarma*, the entire lesion was removed minimizing any discomfort for the patient and eliminating any post-procedure issues. This means that *Ayurveda*'s *Roganam Apunarbhava Chikitsa* works to clear and prevent future instances of disease. *Agnikarma* is based on *Ayurvedic* principles and uses scientific methods as well. The local tissue was cauterized, the location was made normal again, blood vessels started opening, *Dhatvagni* was boosted, and the wound-healing process began when the red-hot *Shalaka* was used. Using *Ghrita*

in the last phase of care helped the patient heal the wound and recover from a possible second infection because of the complete approach taken by *Ayurvedic* medicine.

## REFERENCES

1. Sushruta. *Sushruta Samhita*, Sutrasthana 12/10. Chaukhambha Sanskrit Sansthan, Varanasi, 2009.
2. Shenefelt PD. Non-genital warts. Medscape [Internet]. Updated 2018 Jun 5.
3. Sushruta. *Sushruta Samhita*, Sutrasthana 12/9. Chaukhambha Sanskrit Sansthan, Varanasi, 2009.
4. Dhurve SA. A critical conceptual study on Agnikarma. Int J Sci Res. 2022;11(7):1677–81.
5. Charaka. *Charaka Samhita*, Chikitsa Sthana 25/101–102. Chaukhambha Orientalia, Varanasi, 1992.
6. Ashtanga Hridaya, Sutrasthana 30. Chaukhambha Sanskrit Bhavan, 2014.
7. Sharma PV. *Dravyaguna Vigyan*. Varanasi: Chaukhambha Bharati Academy; 1992.
8. Nadkarni KM. *Indian Materia Medica*. Mumbai: Popular Prakashan; 1976.
9. Singh GD. *Madhava Nidana*. Institute of Medical Sciences, BHU; 2005.