



Ksharkarmaas A Management of Charmakeela(Warts) – A Review

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Abstract: Anything resembling a nail or bound to the skin is called *charmakeela* in Ayurveda. *Charmakeela* is a condition that has existed since ancient times and requires more attention for cosmetic reasons. *Acharya Sushruta* mentions *Charmakeela* as a *kshudraroga*. The pathogenesis of this disease is caused by vitiation of *vyanavata* and *kapha* over the skin, resulting in the formation of a hard, hard nail-like structure known as *Charmakeela*. They exhibit different characteristics depending on the dominant *dosha*. *Vata* dominant *Charmakila* (Warts) are *ruksha* and *ruja*; *Pitta* dominant *Charmakila* (Warts) are *Krishna varna*; and *Kapha* dominant *Charmakila* (Warts) are *kwacha varna*, *snigdha*, and *granthi*. *Sushruta Samhita*, *AstangaHridaya*, *MadhavNidana*, *Yogratnakara*, and *Bhavapraksha* all mention *Charamkeela*. Based on the signs and symptoms described in the classics, *Charmakeela* can be compared to Warts. Warts, also known as *verrucae*, are a common skin condition caused by the Human Papillomavirus (HPV). *Sushruta* mentioned *Charmakeela* while describing the indication of *KsharKar main SushrutaSamhitha*. *Kshara* is composed of several drugs in their most concentrated and subtle forms; it has *kshanana* and *shodana* properties and uses *tikshnaguna*, which aids in the external desquamation of warts. Because of their cleansing and antiseptic properties, *Kshara* aids in the *Ropana* (healing process). The aim is *Ksharkarma* as a management of *Charmakeela*(Warts) – A Review. Material collected from many Ayurvedic texts, such as the *Samhita*, online resources, journal papers, and books, are available. It can be concluded that *Kshar Karma* is an effective ayurvedic treatment for *charmakeela* that has no side effects. Because it does not leave scars or cause recurrence, this non-invasive indigenous therapeutic technique is more effective in treating *Charmakeela*.

Keywords: Ayurveda, *Acharya Sushruta*, *Charamkeela*, warts, *Ksharkarma*, *Agnikarma*

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I. INTRODUCTION

Sushruta mentions *Charmakeela* as a *Kshudraroga*, an often-seen clinical phenomenon in general practise¹. It is a very old state that requires treatment primarily for cosmetic reasons and to avoid social stigma. *Sushruta* mentions *Pratisaraniyakshara* as one of the therapeutic options for *Charmakeela*. *Kshara* has *Kshanana* and *Ksharana* characteristics (selective destroying of the abnormal tissue)². *Kshara* is also a fast thinker. *Bhedana* (incision), *Chedana* (excision), *Lekhana karma* (scraping), and one of the *Anushastras* are among its roles³⁻⁴. Compared to existing treatments, there is a need to identify a medicine less irritating, safe, and is cost-efficient in treating warts. In *Ksharapakavidhi Adhyaya*, *Sushruta* mentions 23 medicines⁵, one of which is *Kadali*, from which *Kshara* can be prepared⁶, which is easily available and inexpensive. Also, using *Kshara* is a one-of-a-kind procedure that is simple to implement and takes little time. *Sushruta* mentioned *Charmakeela* while describing the indication of *Pratisaraniya Kshara* in *Sushruta Samhitha*. *Kshara* comprises various medications in their purest and most delicate forms; it has *khana* and *shodan* characteristics, as well as using *andtikshnaguna*, which help in the external desquamation of warts. Because of their cleansing and antiseptic properties, *Kshara* aids in the *Ropana* (healing process). In current science, *charmakeela* is

linked to warts (*Verruca vulgaris*). Warts are skin and mucosal growths produced by the human papillomavirus (HPV). Currently, there are over 100 different types of HPV. Common warts, genital warts, flat warts, and deep palmoplantar warts (*Myrmecia*) are the most common clinical indications of HPV infection; less common signs include localized epithelial hyperplasia (Heck disease), epidermodysplasiaverruciformis, and plantar cysts⁷. As a result, patients must remove the *Charmakeela* while avoiding damage at the site at the beginning, such as discoloration or scarring. Treatment methods range from traditional folk treatments to advanced contemporary procedures, but the most important reality is that there isn't any solution. Because of the possibility of scarring and recurrence, surgical removal is not recommended; curettage and diathermy produce outcomes but are generally accompanied by discomfort and scarring. *Kshara* is an alkaline ash made from medicinal plants that are acidic. Some procedures, such as *asksharkarma* and *ksharsutra*, which can be translated as chemical cauterization, are carried out with the help of *kshara*. It is the most effective sharp and secondary instrument for excision, incision, and scraping. *Kshara Karma* is versatile because it can treat places difficult to reach using conventional methods. In addition, *Kshara Karma* is useful as a surgical instrument substitute because it is safe for people terrified of surgery.



Fig1: Wart at the left side of the back



Fig 2: Wart at perianal region.

I.1. Importance of Kshar karma

It has a spicy, hot, sharp, and digestive flavor. It has seared cauterizing, digesting, and splitting properties. In addition, it has cleaning, heating, absorbent, and scraping properties outside. *Teekshna Apamarga Kshara* has a pH of 13.5. There are two kinds: *Pratisaaraneeya Kshara* - External use and *Paneeya Kshara* is in charge of internal treatment.

Table 1 : Properties (Guna) of Kshara⁸

1) Rasa	Katu(Pradhan Rasa)
2) Virya	Ushna
3) Varna	Shukla
4) Guna	Saumya, Teekshna, Agneya
5) Doshaghna	Tridoshaghna
6) Karma	Dahana, Pachana, Darana, Vilayana, Shodhana

Table 2 : Qualities of Kshara

Sr. No.	Good Qualities ⁹	Bad Qualities ¹⁰
1.	Na-atitikshna	Atimridu
2.	Na-atimrudu	Atishweta
3.	Na-atishukla	Atiushnatva
4.	Slakshnatva	Atitikshnatva
5.	Picchila	Atipicchila
6.	Avishyanda	Ativisarpita
7.	Sheeghrakaaritva	Atisandrata
8.	Shiva	Apakvata
9.		Hinadravyata

1.2. KsharDosh

According to Sushruta and Vagbhata¹¹, Atimrudhu (too soft), Atishweta (too white), Atiushna (too hot), Atitikshan (too intense), Atipicchila (too slimy), Atisarpita (too dense), Apakva (ineffectively made), Heendravayata (of inferior raw material).

1.3. Advantages of Kshar Karma

Mild postoperative discomfort, no bleeding, short hospitalization, and no chance of recurrence. No development of a stricture (if the correct procedure is followed), Kshara Karma entails treating the entire pile mass in a single sitting.

1.4. Kshara in Various Forms

- **Kshara Varti**-This can be used for hollow pathological sites such as fistula, cavities, etc.
- **Kshara Tail**-It is very effective for its use against earache, Discharge from the ear, and Deafness.
- **Kshara Pichu**- This is used in vaginal granulation tissue and slough.
- **Kshara Sutra** has a wide application in fistulas, internal piles, warts, and Pilonidal sinus.
- **Ksharodak Injection**- Subcutaneous intralesional injection is one of the modalities of Pratisaraneeyaksharakarma.

Table 3: Types of Kshar

Based on administration ¹²	1. Pratisaraneeya (External application)
	2. Paneeya (Oral administration)
Based on concentration ¹²	1. Mrudu
	2. Madhyam
	3. Teekshna

1.5. Preparation of Kshara

Because relying on market preparation is problematic, using Kshara begins with the preparation procedure. As a result, the surgeon must be familiar with the Pratisaraniya Kshara preparation¹³.

1.5.1. Kshar Nirman Vidhi

Preparation of Pratisaraneeya Kshara: The maneuver of Acharya Sushruta is perfect for preparing Pratisaraneeya Kshara. The physician who constructs the Kshara should take a clean bath early in the morning of an auspicious day during the Sharad Ritu (fall season). As a result, the surgeon must be conversant with Pratisaraniya Kshara's preparation. He should fast that day and travel to the hills to hunt for middle-aged, pest-free plants. Panchangas plants should be harvested, dried, and cut into little pieces. They are then burned with limestone. Tilanalais used to keep the plant's scattered parts from burning. Once the limestone and Bhasma Sharkara residue has cooled, the ash should be removed. After thoroughly mixing the recovered ash with six times its volume of water or cow's urine, it should be filtered twenty-one times with a piece of cloth in a large jar. The

filter (Ksharo-Daka) is maintained on Mandagni and regularly stirred until reduced to one-third of its original volume. Mridu Kshara here Prativapa combines eight Palas with Shankhanabhi or Shukti. Meanwhile, the warmth should be kept on, and the Prativapa should be combined. It should be checked to ensure it is neither too liquid nor too dry. Madhyama Kshara is the resulting response. The Madhyama Kshara should be boiled again in this thick solution, known as Teekshna Kshara, with various medicinal herbs such as Danti, Chitraka, Ativisha, and others.

1.5.2. Paneeya Kshara

The collected ash should be well mixed with six times water. It was then filtered 21 times in a big vessel through a piece of cloth. The residual portion is thrown away, and the Ksharodaka should be kept on Mandagni and continuously stirred well until it remains 1/3rd. 3)

1.5.3. Ksharsutra Nirman Vidhi

Acharya Chakradatta has mentioned the Ksharsutanirmanvidhi in the Arshoadikara topic. Ksharsutra

is the medicated thread prepared by 21 Snushiksheer, kshar, and Haridra coatings on 20 No. Barbours Surgical linen thread. Coatings are done in 3 Steps as follows, 1) Step 1 – Snuhikshir (11 Coatings) 2) Step 2 –Snuhikshir + Kshar (7 Coatings) 3) Step 3 –Snuhikshir + Haridra (3 Coatings) After every coating hot air is blown to dry the thread and UV lamp Lighted for Sterilization of thread. After completing 21 coatings in 21 days, cut the thread and store it in a glass tube.

1.6. Kshara application method on Charmakeela

1.6.1. Purva Karma

The patient should be assessed thoroughly. Inform the patient about the therapeutic technique. Investigations will be carried out if necessary. The patient was asked to lie down (Rose's posture). Sterile water should be used to clean the area. Aseptic precautions should be observed.

1.6.2. Pradhana Karma

Then Kshara shall be administered to the Site for 30 seconds.

1.6.3. Paschat Karma

Wait for 15 minutes. Check for bleeding over the Kshara applied region after Pradhana Karma. Pack with a piece of gauze.

2. DISCUSSION

Filiform or digitated warts resemble threads or fingers and are most commonly found on the face, particularly near the eyelids and lips. Treatments include salicylic acid, Podophyllum tropical, bleomycin and cidofovir injections, cauterization, and LASER ablation, albeit these procedures have unfavorable side effects and a high recurrence rate. As a result, Ksharkarma, an ayurvedic way of treating Charmakeela with minimal side effects and a low recurrence rate, should

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be available. Primary care physicians must be familiar with the many cutaneous fungal infections and their differential diagnosis to ensure that appropriate therapy is selected¹⁴. As mentioned in our classical text, kshara acts by Vranashothapachanga- reduce the size of the lesion, Vilayana- having properties of ushna, tikshna, hence it can melt kaphavata bandha, Dharana- helps in bursting of wounds with large pus pockets, Vranashodhana and ropana- healing of wounds, Vrana lead Shoshana- reduce itching sensation and Sthambana- reduce bleeding¹⁵.

3. CONCLUSION

AcharyaSushruta has cited Kshara to cure several Shalakyamaladies examples of its use in Shalakyatantra include Upajihwa, Adhijihwa, Upakusha, Dantavaidharbha, three forms of Rohini, Nasarsha, Karnarsha, and Pakshmakopa. The method is simple, safe, and effective, with little or no side effects. It is also non-hazardous and easily accepted by patients. Kshara can be used as an external medication in various Urdwajatrugata disorders with varying pH levels. Kshara is not recommended for youngsters, the elderly, or the sick. There is little disruption to the patient's regular job. Kshara plays a significant function in medicine, surgery, and para-surgery. In Ayurvedic Pharmacopeia, Kshara Karma is regarded as a riches and powerful weapon. Our Acharyas' para-surgical techniques are effective, simple to apply and help avoid recurrence.

4. AUTHORS CONTRIBUTION STATEMENT

Dr. Devyani Dasar guided me through the article, Dr. Pavithrajaivarshaa GV helped collect data, and Dr. Akshay Kumar contributed to designing the manuscript and gave necessary inputs. Dr. Abhishek helped me in arranging paragraphs.

5. CONFLICT OF INTEREST

Conflict of interest declared none.

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