



MANAGEMENT OF CHARMAKEELA (SCALP WART) WITH KSHARA AND AGNIKARMA – A CASE REPORT

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ABSTRACT

Background: Warts are caused by the Human papilloma Virus (HPV) which enters the skin through small cuts or cracks. It will make the skin cells to grow faster and leading to the formation of benign skin lesion characterized by rough, raised finger like projection over the skin surface. Ayurveda correlates it with *Charmakeela*. Acharya Sushruta and *vagbhta* mentioned it under *Kshudra Roga* and are caused due to the vitiation of *Vyana Vata* and *Kapha* doshas. Sushruta mentioned *Ksharakarma* and *Agnikarma* in the treatment of *Charmakeela*. In contemporary science, the treatment includes topical keratolytics, cryotherapy, electrocautery and laser therapy. **Clinical findings:** In the present case report, a 29-year-old male patient was presented to the Shalakya OPD with small painless growth over the scalp since 1 year which was gradually increasing in size and it is associated with irritation, mild burning sensation and itching while combing hairs. Based on the detail history and thorough local examination it was diagnosed as Scalp wart. **Intervention:** By considering the broad base of the wart *Ksharakarma* was performed first because performing *Agnikarma* first may leads to more pain and bleeding. 3 sittings of *Apamarga kshara* application and one sitting of *Agnikarma* with *Panchaloha shalaka* was performed. **Outcome:** After 51 days of treatment Significant reduction in wart size was observed after 3 sittings of *Ksharakarma*. Complete removal from the base was achieved following one sitting of *Agnikarma*. Healthy granulation tissue developed, and complete healed skin was observed after *Agnikarma*. No complications such as infection, scarring etc were noted, and no recurrence was observed during follow-up. **Conclusion:** The present case study suggest staged approach of *Apamarga Kshara* application followed by *Agnikarma* leads to controlled wart size reduction and base destruction. This ordered para-surgical intervention proved safe, effective and beneficial in preventing recurrence of scalp wart.

KEYWORDS: *Agnikarma*, *Apamarga kshara*, Case report, *Charmakeela*, *Panchaloha Shalaka*, Scalp Wart.

1. INTRODUCTION

Warts are benign skin growths caused by the human papillomavirus (HPV), a DNA virus with many subtypes, affecting about 7-12% of the total population, mainly young adults are affected.^[1] If scratched or picked, viral particles may spread to another area of skin. Charmakeela and wart are having similar pathophysiology and presentation hence *Charmakeela* and wart are corelated.

Charmakeela is described under *Kshudra rogas* by Acharya Sushruta.^[2] This is caused due to vitiation of *vyana vata and kapha dosha*.^[3] Ayurveda mentions the use of various therapeutic intervention for the management of *Kshudra rogas*, among which parasurgical procedures such as *Kshara karma*^[4] and *Agnikarma*^[5] are particularly useful in localized, firm, and recurrent lesions where *shamana chikitsa* alone is insufficient.

A male patient of age 29 years presented with small painless growth over the scalp since 1 year associated with irritation, mild burning sensation and itching while combing hairs. On examination hard, elevated, rough skin lesion was seen over scalp. No significant medical or family or traumatic history was reported. There was no known genetic predisposition.

In classics *Charmakeela* is mentioned as indications for *Kshara karma* and *Agnikarma*. Considering the safety, cost-effective, and easily applicable treatment. The present case study was undertaken to evaluate the effectiveness of *Kshara karma* followed by *Agnikarma* in the management of chronic wart.

2. CASE REPORT

History of present illness: This is a case report of 29 years male patient presented with a small growth over the scalp since 1 year, which was gradually progressive in size. The lesion was associated with irritation, mild burning sensation and itching while combing the hairs. There was no history of bleeding or discharge, except occasional discomfort. The patient had taken prior allopathic treatment and got symptomatic relief. So for further management he came to ENT OPD Bangaluru.

Past History: No history of systemic disease like Hypertension, Diabetes mellitus, Thyroid dysfunction, no history of abrasion or trauma to scalp.

Family history – Nothing significant

CLINICAL FINDINGS

Personal history

Diet – Mixed
Appetite – Good
Sleep – sound
Bowel – Regular
Habits – Milk twice a day.

Ashta sthana pareeksha

Nadi – Vata-pittaja, *Mutra*- Prakrita, *Mala*- Prakrita, *Jihwa* - Lipta, *Shabda* – Prakrita, *Sparsha* – Prakrita, *Drik* – Prakrita, *Akriti* – Madhyama.

General and systemic examination - No abnormality detected.

Local examination

Inspection

Number – 1
Shape - Irregular, small finger like projections
Size – 7mm – length and 4mm – width
Location – Scalp – Crown
Discharge – absent
Colour – Brown

Palpation

Consistency – Firm
Tenderness – Absent
Temperature – not raised
Mobility – mobile with skin
Bleeding on touch – Absent



Image 1: wart site before treatment.

Diagnostic Assessment

Haemoglobin – 15.5g/dL
Total Red Blood cells – 5.6 mil/cmm
Total Leucocyte count – 6700cells/cumm
Platelet count – 2.71 lakhs/cumm
Differential Leucocyte count: Neutrophils – 55%
Lymphocytes – 42%
Monocytes – 02%
Eosinophils – 01%
Basophils – 0
Clotting time – 4 minutes 10 seconds
Bleeding time – 2 mins 20 seconds
HIV Test – Negative
Hepatitis B test - Negative

Blood sugar: Random blood sugar – 80 mg/dl

Fasting blood sugar – 120mg/dl

Post prandial blood sugar – 127 mg/dl

Differential Diagnosis

Molluscum contagiosum – It is characterised by Smooth, shiny, dome shaped with central dent, often multiple, self – limiting. Hence excluded, as the lesion was rough, elevated, without central dent, single and chronic.

Seborrheic keratosis - smooth, often greasy appearance, multiples lesions. Hence excluded as lesion was rough, not greasy and single.

Diagnosis – Scalp wart.

Intervention

Patient underwent a *Anushastra* procedure (para surgical procedure). The details of it are mentioned in Table no 01

Table no 01: Timeline of the treatment.

Date	Intervention	Frequency	Rationale	Results observed
1/12/2025 – 21/12/2025	<i>Apamarga kshara pratisarana</i> (NKCA Pharmacy Batch NO. LK-2-19)	once in week, for 3 weeks	It causes protein denaturation, cellular dehydration, and destruction of keratinized tissue, resulting in coagulative necrosis of the abnormal cells.	After 3 sittings of <i>kshara</i> - Length of wart reduced from 7mm to 4mm and breadth reduced from 4mm to 3 mm
21/12/2025	<i>Agnikarma</i> with <i>pachaloha shalaka</i>	One sitting	Complete removal of the wart tissue from the base was achieved	Immediately after <i>Agnikarma</i> – Small bleeding spots are seen.

Intervention SOP***Apamarga kshara***

Assessment of the lesion was done. Aseptic precautions are taken, the scalp wart and surrounding area is cleaned with *Triphala Kashaya*. Surrounding area covered with cloth to avoid contact with healthy tissue. The sufficient *Apamarga kshara* was applied with glass rod, left for 100 matra kala (2.4 mins). Later site was applied with *nimbu swarasa*.

**Image 2: wart site after -Kshara karma.**

Agnikarma Informed consent of the patient was taken and procedure was explained. The area of the wart was cleaned with antiseptic solution. *Panchadhatu shalaka* is heated to red hot. Using it heat strokes were given over residual wart tissue site for 2- 3 seconds then *Samyak dagdha lakshana* were appeared. Immediately aloe vera and *Haridra* was applied over the site.

**Image 3: Wart site after Agnikarma.****Follow up and Outcome**

There was significant reduction in the size of the wart after 3 sittings of the *Apamarga kshara* application. (Image2) Complete destruction of the wart tissue from the base was observed and small bleeding spots are seen

after *Agnikarma*. (Image3) Complete healed area was observed at wart site during follow up on 21/1/2026. (Image4) And no other complications and no recurrence was seen during further follow up.

**Image 4: Wart site after 1 month of follow up.**

3. DISCUSSION

Apamarga kshara application

According to *Ayurveda Charmakeela* is managed mainly by the *kshara* and *Agnikarma*. Application of *Apamarga Kshara* over wart acts through its strong alkaline and tissue-scraping properties described in *Ayurveda*. *Charmakeela* is considered to occur due to vitiation of *Vata* and *Kapha dosha* along with involvement of *Mamsa* and *Rakta dhatu*, leading to localized hard, elevated growths on the skin. *Apamarga Kshara* possesses properties such as *Chedana* (cutting), *Bhedana* (penetrating), *Lekhana* (scraping), and *ksharana* (corrosive action).^[6] Because of its *Teekshna* (sharp) and *Ushna* (hot) qualities, it penetrates into the abnormal tissue and performs *Lekhana* of excess *Mamsa dhatu*, gradually destroying the pathological growth. The *Kshara* causes *paka* (local chemical cauterization) of the lesion, leading to *mamsa vilayana* (dissolution of abnormal tissue). From a modern perspective, *Apamarga Kshara* acts as a strong alkaline chemical cauterizing agent. When applied to a wart-like lesion, it induces liquefaction necrosis of hyperkeratotic and virus infected tissue.^[7] Since many warts are associated with infection by Human papillomavirus, destruction of the infected epithelial cells also helps eliminate the viral reservoir locally.

Agnikarma

Agnikarma is described by *Acharyas* as an important therapeutic procedure for the management of *CharmaKeela*. *Sushruta* considers *agnikarma* superior to other parasurgical procedure because of its ability to prevent recurrence.^[8] In this particular case, the wart had a broad base; therefore, *Kshara* application was initially selected to reduce the lesion, followed by *Agnikarma* for further management. From an Ayurvedic perspective, *Agnikarma* is considered highly effective in disorders predominately involving *Vata* and *Kapha doshas*. The properties of *Agni* such as *Ushna*, *Sukshma*, *Tikshna*, and *Ashukari* counteract the qualities of *Vata* and *Kapha*. Through these actions, *Agnikarma* helps in removing *Srotovarodha* and enhances the nourishment and circulation of *Rasa* and *Rakta dhatu* at the affected site. Regarding its effect on *Dhatu*s, the heat produced during *Agnikarma* stimulates *Dhatvagni*, thereby improving metabolic activity at the tissue level. This enhanced metabolism aids in the digestion and elimination of *Ama dosha*. From a modern scientific viewpoint, as explained by Dr. Venhanff, the application of controlled heat to local tissues increases metabolic activity in the treated area. This results in a greater demand for oxygen and nutrients, which promotes improved blood supply and facilitates the removal of metabolic waste products.^[9] Consequently, these processes accelerate tissue repair and healing.

Limitations- This case report is limited to single patient. The absence of objective diagnostic tools and histopathological test affect accurate diagnosis. It takes

long time to cure compared to conventional science treatment.

4. CONCLUSION

Warts are benign proliferative lesions of the skin commonly associated with viral infection. In this case report 29 years old male patient with the history of small swelling over scalp since 1 year was managed with the *Ayurvedic* para-surgical procedures such as *Apamarga kshara* application and *Agnikarma*. Complete removal of the wart from the base was achieved. The healed skin over that site was seen after 51 days of treatment. These para-surgical procedures are safe, affordable, helps in fast recovery and remove the unhealthy tissue from the base and prevent reappearance.

5. Patient Perspective: During the course of *Apamarga kshara* application, patient reported mild burning sensation. And during *Agnikarma*, patient reported sharp pain over the wart site. Over all patient was satisfied with the treatment and got relief from the disease and was willing for the follow up.

6. Declaration of Patient Consent: The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

7. Conflict of interest: The authors declare no conflict of interest.

Author Contribution

Conceptualization and clinical management: Dr. MBY

Data collection and literature search: Dr. SS

Dr. PN Writing – original draft preparation: Dr. SS

Reviewing & editing: Dr. MBY

Approval of final manuscript: All authors

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