Carmakila: An effective management by \textit{kshara karma}

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\section*{ABSTRACT}

Epidermal nevi are hamartomas that are characterized by hyperplasia of epidermis and adnexal structures. These nevi may be classified into a number of distinct variants, which are based on clinical morphology, extent of involvement, and the predominant epidermal structure in the lesion. Variants include verrucous epidermal nevus, nevus sebaceous, nevus comedonicus, eccrine nevus, apocrine nevus, Becker’s nevus, and white sponge nevus. A 22-year-old girl approached us with complaints of blackish-colored hard growth, increasing in size over the right post-auricular region since 5 years. \textit{Ksharakarma} is a procedure that involves the most important surgical, para-surgical, and critical-care procedures like incision, excision, scraping, and hemostatic locally (\textit{pratisaraneeya}) and generally (\textit{panneya}). \textit{Pratisaraneeya kshara} is prepared with herbo-mineral medicines having an average pH of 13, possessing penetrating, corrosive, scraping, and healing properties, and are evidently indicated for external application in \textit{charmakila}. For the present case, \textit{kshara karma} was preferred for application as the lesion was bigger in size and the results were appreciable clinically.

\textbf{Key words:} Agnikarma, anu shastra, charmakila, ksharakarma, shuddha vrana, teekshna pratisaraneeya kshara

\section*{INTRODUCTION}

Verrucous epidermal nevi consists of hyperplasia of the epidermis and typically appear as verrucous papules that coalesce to form well-demarcated, skin-colored to brown, papillomatous plaques. Most lesions are present at birth or develop during early infancy; they enlarge slowly during childhood, and generally reach a stable size at adolescence. Lesions may be localized or diffuse. Linear configurations are common, especially on the limbs, and may follow skin tension lines, or Blaschko’s lines.\cite{1}

Histology of verrucous epidermal nevi shows hyperkeratosis, acanthosis, and papillomatosis. Verrucous epidermal nevi, especially if extensive, may be associated with the epidermal nevus syndrome, a disease complex consisting of various developmental abnormalities of the skin and eyes, as well as the central nervous, skeletal, cardiovascular, and urogenital systems. Rarely, malignant transformation may be seen.

Nevus sebaceous not only includes many of the surface findings of verrucous epidermal nevus, but also contains malformations of the dermis, most prominently, hyperplasia and mal-positioning of the sebaceous glands. These nevi almost always occur on the scalp or face and are present at birth as yellow, hairless, thin plaques. At puberty, in response to androgens, they tend to become raised and verrucous. Histopathological changes consist of enlarged sebaceous lobules and apocrine glands, slight epidermal changes, and a decreased number of malformed and disoriented follicular units.

Epidermal nevi affects approximately 1 in 1,000 people.\cite{2}

Ayurveda mentions about \textit{charmakila} briefly. The manifestation is brought about by the provoked \textit{vīṇa vīṇu} taking along the \textit{kapha dosha} producing firm and nail-like growths externally which are known as \textit{charmakila arsha}. Few commentators mention the site as outside the anal verge and few opine it to be in other places also. \textit{Charmakila} is classified into three types. The pricking pain is due to \textit{vata}; similar color and knottiness are due to \textit{kapha}, while roughness, blackness, and glossiness are due to \textit{pitta} and \textit{rakta}. The outstanding feature of \textit{charmakila} is pronounced...
roughness. Other authors however do not make any classification.\[3\]

**CASE REPORT**

We describe the case of a 22-year-old woman with a 5-year history of verrucous plaque on the posterior area of the right ear pinna extending into the scalp. Lesions were well-circumscribed, 3 cm × 12 cm, oval, characterized by flat, slightly elevated black-colored papules, and were smooth, slightly hyperkeratotic ranging from few to hundreds in number [Figure 1].

In Ayurveda, we do get references relating to warts as charmakila.\[3\] Author sushruta recommends chedana (excision), agnikarma (cauterization), kshara karma (applying caustic alkali) in the management of charmakila.\[6\] Further, there is direct indication of pratisaraneeya (to be applied) kshara for charmakila.\[9\]

**Preparation of pratisaraneeya kshara**

There are number of drugs mentioned to be used in the kshara preparation in Ayurveda. Five kilogram of dried apamarga (Adyranthes aspera) plant was burnt down to ash. 500 g ash of apamarga panchang was added with 6 times its quantity of water, kept overnight, and filtered for 21 times. Filtrate solution was boiled till 2/3rd part evaporated. To the remaining solution, red-hot lime stone, Shanksha and Shukti were added and allowed to cool. The final product was stored in glass container and used as teeksha pratisaraneeya kshara.

While the lesion was larger in size, it was decided that the teeksha pratisaraneeya kshara would be applied in two settings at two different sites on same lesion with a gap of 3 days. The kshara is allowed to stay at site for 15 min or till the patient develops a slight burning sensation [Figure 2]. Subsequently kshara was washed with lemon juice.\[6\] With the application of kshara, the hyper-keratinized tissue was corroded out, which can be best understood by the pain expressed by the patient. Finally, the lesion was washed with normal saline.

On the subsequent day, it was observed that the lesion where teeksha pratisaraneeya kshara was applied was raised with slight collection appearing like wet scab [Figure 3]. The scab was removed to see a red-colored wound at the base. Further, the wound was managed on the principles of shuddha vrana (healing ulcer) with jatyadi taila for daily dressing. The same procedure was followed for remaining lesion.

Contemplating the vata kapha prakriti of the patient, tablet gandhaka rasayana 500 mg one tablet twice a day and triphala guggulu 500 mg one tablet thrice a day, were orally administered for 10 days to hasten the healing and the course was uneventfull. Within 15 days, the wound was completely healed with minimum scar tissue [Figure 4].

**DISCUSSION**

The commonly adopted techniques in the management of verrucous epidermal nevi are

- Topical applications of chemicals (Salicylic Acid, Lactic Acid, etc.)
- Laser therapy
- Cryotherapy usually with liquid nitrogen
- Surgery – excision, curettage, electro-cautery are useful if topical agents, cryotherapy fail.

All the above-mentioned modalities are ultimately utilized with an objective of scraping, incising, and excising the lesions which are exactly performed by the properties of Pratisaraneeya kshara. To observe the efficacy of Pratisaraneeya kshara, the same was tried in the present case.

**Pratisaraneeya kshara** is prepared with herbo-mineral medicines having an average pH of 13. It possesses penetrating, corrosive, scraping, and healing properties, and is evidently indicated for external application. The benefits of this treatment are:

- Without anesthesia, one can burn the hyper-keratinized tissue till the patient exhibits pain, which is the best assessment to judge the penetration of kshara in a normal, healthy tissue.
- Further penetration of kshara can be held back by washing the wound with a sour substance like lime juice, which neutralizes the kshara.
- As the lesions are confined to the epidermis and do not result in systemic dissemination, one can definitely treat such diseases without complications and major medical aids.
- The contemporary modalities are expensive and Pratisaraneeya kshara is cost-effective.

Kshara has an important place among all surgical and parasurgical measures, due to its properties which do not come under the preview of agnikarma or jalaukacharana.

The kshara are superior to the Shashtra (sharp instruments) and their substitutes (anushastra) because of their capability to perform excision, incision, scraping, and also due to their power to alleviate provoked dosha.\[7\]

**CONCLUSION**

Epidermal nevi are due to an overgrowth of the epidermis.
Lesions are present at birth (50%) or develop during early childhood. The abnormality arises from a defect in the ectoderm, an outer layer of the embryo that gives rise to epidermis.[8] Charmakila described in Ayurveda correlates with epidermal nevi on the basis of symptomatology and the management. Pratisaraneeya kshara is a cost-effective and easily accessible treatment that can be made use of in managing such skin lesions.

REFERENCES


