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Case Report

Complete Resolution of Charmakeela with Special Reference to Chronic Myrmecia Wart using Anushastra Karma – A Case Report

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Abstract

Plantar warts caused by human papillomavirus (HPV) are common, painful, and often recurrent, particularly the deep-seated Myrmecia variant. Myrmecia, a specific type of deep palmar or plantar wart, characterized by its occurrence mostly in the deep layers of the epidermis and predominantly affect pressure points on the palms and soles. In *Ayurveda*, warts are correlated with *Charmakeela*, a condition described under *Kshudra Roga* and managed with procedures such as *Chedana karma*, *Agnikarma* and *Kshara karma*. A 23-year-old male presented with multiple, bilateral, painful plantar warts of one-year duration, resistant to prior topical keratolytic therapy. On examination lesions were deep-rooted, hyperkeratotic, tender, and associated with thrombosed capillaries, significantly impairing ambulation and occupational functioning. Based on clinical features, the condition was diagnosed as *charmakeela* with special reference to myrmecia warts. The patient underwent *agnikarma* (electrocautery-assisted excision) in two sittings at a 15-day interval under local anesthesia. Post-operative wound management included *kshara taila(alkali oil)* application, *shamana auṣhadhis* were administered to enhance immunity. Pain, tenderness, and lesion size significantly reduced after the first sitting, and complete resolution of lesions with restoration of normal skin texture was achieved following the second sitting. No recurrence or adverse events were noted during one year of follow-up. This case demonstrates Ayurvedic approach combining *agnikarma*, post-operative *kṣhara taila* application, and *shamana aushadhis* can effectively manage chronic, deep-rooted myrmecia warts with sustained outcomes. The concept of *charmakeela* offers a reliable Ayurvedic framework for understanding and treating recalcitrant plantar warts.

Keywords: *Agnikarma, Charmakeela, Chedana karma, Kshara taila application,* Palmo-plantar wart.

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Introduction

Plantar warts are caused by the human papillomavirus (HPV)(1), Plantar warts are also known as Myrmecia wart, is a deeper lesion like an iceberg, where only a small part is clinically visible, while most of the lesion is found in the deeper layers of the epidermis. These lesions appear as rough hyperkeratotic papules or plaques that may occur singly or in clusters(3), Some lesions may regress spontaneously, while chronic lesions may spread to adjacent areas through viral proliferation in keratinocytes(4). Because of their deep-seated nature, plantar warts often respond poorly to topical therapies(5).

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It is estimated that 40% of the population is infected with HPV, and in 7% to 12%, a wart develops. Plantar warts exhibit an annual incidence of 14% in the general population. and the virus is contagious. Transmission is by direct contact: Touching a wart or someone else's wart, or skin-to-skin contact. Indirect Contact: Sharing items like towels, razors, or shoes, or walking barefoot in public areas where the virus is present (e.g., locker rooms, around swimming pools). plantar warts can be associated with considerable pain during weight bearing, and cosmetic-related stress and embarrassment. In this case, lesions are deep and painful which made the patient distress and hampered his daily activities. Myrmecia warts are difficult to diagnose and persist despite multiple treatments.

In *Ayurveda*, warts are correlated to *Charmakeela, Charmakeela* is one among the *kshudra roga* mentioned by *Acharya Sushrutha*. This disease is mainly caused due to Vata and kapha, further involves the *pitta* and *raktha* and gives the symptoms like skin(*charma*) lesion which pricks like a nail(*keela*) and *snigdhatha*(moist), *savarnatha(*same colour of the skin), *grathitwa*(hard) and *saraktha vrana*(ulcer with bloody discharge)

later(6). These symptoms clearly relate with the Myrmecia warts and treatments explained in Ayurveda are *Chedana karma, Agnikarma* and *Shastra karma* followed by *shamanoushadhis*. In this case report all these treatments are adopted systematically to resolve the lesions and to prevent the recurrence.

Because Cutaneous warts have high prevalence and cause significant morbidity. Understanding the mechanisms by which warts evade the immune system(7). There are no direct references of Myrmecia warts in Ayurveda but the clinical features explained in the *samhithas* completely correlates with the *Charmakeela*. Hence in this case *shastra karma* is adopted to achieve the removal of the lesions and *Kshara taila* is being in the post wound management. *shamanoushadhis* are advised to treat the immune system to completely eradicate the disease.

Case History

A male patient aged about 23 years visited to the out patient department of Shalya Tantra, Sushrutha Ayurvedic Medical College and Hospital, Bengaluru, in January 2024. He complained of multiple painful lesions on the plantar surface of both feet for one year. The lesions gradually increased in number and were associated with pain during standing and walking. The patient also reported itching when the lesions were exposed to moisture.

The patient had previously used salicylic acid preparations and corn caps but experienced no improvement. He also attempted to scrape the lesions using blades, which aggravated the pain and spreading of the lesions. The patient started finding it difficult to wear shoes which was essential for his job.

Family history revealed that the patient's father having similar lesions on the legs since 5 years. No systemic illness or immunocompromised condition was reported.

Clinical Findings

Inspection

- Location: Bilateral plantar aspect, predominantly ball of the foot and great toe
- Number: Multiple
- Shape: Round to irregular
- Colour: Light yellow
- Surface: Rough, hyperkeratotic
- Black dots: Present (thrombosed capillaries)
- Tenderness: Present
- Borders: Well-defined
- Callus formation: Present

Palpation

- Tenderness: ++
- Consistency: Hard
- Depth: Deep-rooted lesions
- Central capillaries visible
- Hyperkeratotic overgrowth.

Diagnostic Assessment

Diagnosis was established through detailed clinical examination, revealing deeply embedded plantar lesions with hyperkeratosis, callus formation, black dots, and marked tenderness. No systemic illness or immunosuppressive condition was identified.

- Deeply rooted, tender warts, hyperkeratotic surface, presence of thrombosed capillaries. The condition was diagnosed as *Charmakeela* with special reference to Myrmecia wart.

Therapeutic interventions

In Ayurveda, *Charmakeela* is *chedya vyadhi*, It should be treated by *chedana*, so the deep-rooted warts need excision.

Table 1: Treatment plan

Treatment	Dose/Procedure	Date and Duration
Agnikarma	Electrocautery-assisted excision	17/01/2024, Two sittings, 15 days apart
Kshara karma	Local application over wound	02/02/2024, Application for 7 days using the ear buds, only over the affected parts- quantity sufficient.
Tab. *Gandhaka rasayana*	250mg	03/02/24, One tablet after food morning and night for 15 day
Tab. *Arogyavardhini vati*	250mg,	03/02/24, One tablet after food morning and night for 15 day

Pre operative procedure

1. Informed consent was taken
2. Inj. Xylocaine test dose was given
3. Inj. TT 0.5cc IM stat was given

Operative procedure

The patient was placed in the supine position and the operative area was cleaned and draped. Local anaesthesia was infiltrated around the lesions. *Chedana Karma* was performed using electrocautery (*Agnikarma*) to excise and cauterize the lesions. Only the lesions were cauterised without damaging the normal surrounding or deeper tissues. Only kertain tissue was burnt and formed the eschar using cautery in the first sitting(To prevent open wound). In the second sitting few left eschar was removed using the surgical blade and performed the excision using cautery till the deeper layer. Hemostasis was achieved during the procedure. Bandaging was done to cover operated site for 2 days.

Post operative advises

- No analgesics were given in the post operative period as patient did not complained of pain**.**
- Kshara taila application over the operated site.
- Soft footwear.
- Maintain hygiene- Washing of feet after removal of shoes, washing of footwear weekly and drying under sun.
- Tab. Gandhaka rasayana and Tab. Arogyavardhini vati were given.
- A second sitting of *Agnikarma* was performed after fifteen days to remove residual deeper tissue.

Results

Significant improvement was observed following the first sitting of Agnikarma, with reduction in pain, hardness, and tenderness.
After the second sitting and subsequent Kṣāra Taila application, complete resolution of lesions was achieved.
Follow-up assessments demonstrated no pain, no tenderness, restoration of normal skin texture, no recurrence for one year.
Objective Findings: Lesion size reduced from 2–3 cm to nil, surface changed from rough, hyperkeratotic to smooth and normal, black dots and callus completely resolved.

Table 2: Clinical Assessment Criteria

Parameter	Scale Used	Grading	References
Pain	Visual Analog Scale (VAS)	0 = No pain, 1–3 = Mild pain, 4–6 = Moderate pain, 7–10 = Severe pain	8
Lesion Size	Clinical measurement	0 = No lesion, 1 = <0.5 cm, 2 = 0.5–1 cm, 3 = 1–2 cm, 4 = >2 cm	9
Tenderness	Tenderness grading scale	0 = No tenderness, 1 = Mild tenderness, 2 = Moderate tenderness, 3 = Severe tenderness	10
Surface	Clinical wart surface grading	0 = Normal skin, 1 = Slight roughness, 2 = Moderate hyperkeratosis, 3 = Severe hyperkeratosis	11

Table 3: Clinical Outcome Assessment

Parameter	Before Treatment	After First Sitting	After Second Sitting	Follow-up (1 year)
Pain (VAS)	5	2	0	0
Lesion Size	3	1	0	0
Tenderness	3	1	0	0
Surface	3	1	0	0

Figures 1: Clinical presentation of *Charmakeela* (Myrmecia wart) on the plantar surface before treatment (Patient himself has scraped the lesions using blade).

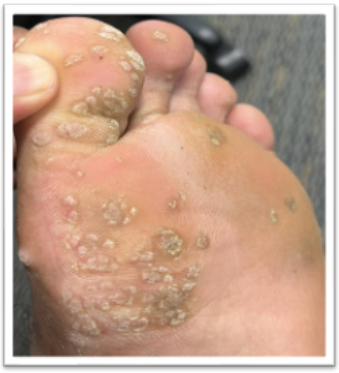


Figure 2: Lesions 2 days after the first sitting of *Agnikarma*

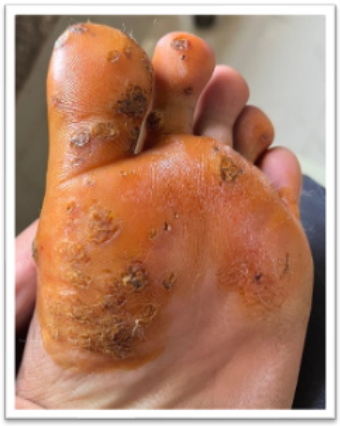


Figure 3: Healing stage following the second sitting of *Agnikarma* with *Kshara Taila* application.

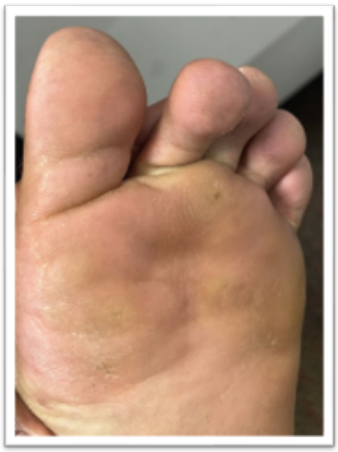
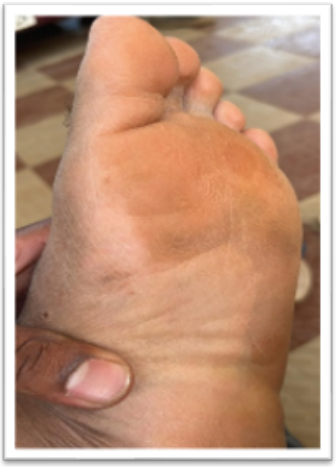


Figure 4: Complete resolution of lesion with restoration of normal skin texture during follow-up.



Discussion

Cutaneous warts are caused by infection of keratinocytes with the human papillomavirus (HPV), which enters the epidermis through microscopic abrasions in the skin. Viral replication stimulates proliferation of infected keratinocytes, leading to hyperkeratotic papules characterized by thrombosed capillaries and thick keratinization. Myrmecia warts represent a deeper variant in which the viral proliferation extends into the deeper layers of the epidermis, making the lesions painful and often resistant to topical therapies(12).

In the present case, the lesions were chronic, deeply rooted, and associated with significant pain during weight bearing. Previous treatment with keratolytic agents failed to produce improvement, which can be attributed to the deep-seated nature of the lesion and persistence of infected keratinocytes in deeper tissue layers. Conventional topical treatments often act only on superficial keratin layers and may therefore fail to eradicate deeper viral tissue.(13)

According to *Ayurvedic* principles, warts correlate with *Charmakeela*, a condition described among *Kṣhudra Roga* by *Acharya Sushruta*. The pathology involves vitiation of *Vata* and

Kapha along with involvement of *Pitta* and *Rakta*, leading to the formation of nail-like projections on the skin. Classical management described for *Charmakeela* includes *Chedana Karma*, *Kṣhara Karma*, and *Agnikarma*.(14)

In this case, treatment was initiated with *Chedana Karma* through *Agnikarma*. The procedure facilitated complete excision of the hyperkeratotic lesion along with destruction of infected tissue. Thermal cauterization achieved through *Agnikarma* also provided effective haemostasis and minimized the risk of residual viral tissue. This approach is particularly beneficial for deep-seated lesions where simple excision may not completely eliminate the infected tissue. Classical texts emphasize that *Agnikarma* prevents recurrence by destroying pathological tissue at its root.(15)

Following excision, local application of *Kṣhara Taila* was advised as part of post-operative wound management. *Kṣhara* possesses

lekhana (scraping) and *kṣharaṇa* (corrosive) properties that help remove residual hyperkeratotic tissue and prevent regrowth of infected cells. In addition, *Kṣhara* promotes wound debridement and supports healthy granulation tissue formation, thereby enhancing wound healing.(16)

Internal medications were also administered to support systemic correction. *Gandhaka Rasayana* is known for its *krimighna*, *raktashodhaka*, and *rasayana* properties, which may help reduce microbial proliferation and improve tissue immunity. *Arogyavardhini Vaṭi* supports metabolic functions and helps maintain tissue homeostasis, which may contribute to reducing the risk of recurrence.(17)

Chronologically, the first sitting of *Agnikarma* resulted in significant reduction in pain, tenderness, and lesion size due to removal of superficial hyperkeratotic tissue and partial destruction of infected keratinocytes. The second sitting targeted the deeper residual tissue, ensuring complete eradication of the lesion. Subsequent application of *Kṣhara Taila* facilitated chemical debridement and prevented regrowth of the wart.

The complete resolution of lesions and absence of recurrence during one-year follow-up indicates that the combined approach effectively addressed both the structural lesion and the underlying pathology. This case demonstrates that an integrated approach involving *Chedana Karma*, *Agnikarma*, and *Kṣhara* therapy can be an effective therapeutic strategy for chronic deep-seated warts.

Conclusion

This case demonstrates that chronic deep-seated myrmecia warts can be effectively managed using an integrated *Ayurvedic* approach involving *Chedana Karma*, *Agnikarma*, and *Kṣhara Taila*. The treatment resulted in complete lesion removal, pain relief, and restoration of normal skin texture without recurrence during one-year follow-up.

Further clinical studies with larger sample sizes are required to validate the effectiveness of this treatment protocol and establish standardized guidelines for managing similar dermatological conditions.

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