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RESEARCH ARTICLE

AGNIKARMA IN PAPHILLOMA: A CASE REPORT.

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Abstract

Acharya Sushruta has described various surgical procedures along with some para-surgical measures. In *Ayurvedic* system of medicine, *Agnikarma* is a therapeutic measure which has got worldwide popularity because of its simple administration and efficacy in variety of disorders. It is a unique form of therapy performed with the help of *agni* which has been described to be superior than *kshar-karma*, as the disease treated by *agnikarma* do not relapse and moreover these incurable by medicines (*bheshaja*), operations (*shastra*), and caustics (*kshara*) yield to it. Apart from several other diseases, *agnikarma* is also indicated in *charmakeela*.

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Introduction:-

Warts are caused by infection of the epidermis with human papillomavirus (HPV). Different HPV types may preferentially infect either cornified stratified squamous epithelium of skin or uncornified mucous membranes. The appearance of the lesion is influenced not only by viral type but also by environmental and host factors¹. Risk factors for cutaneous viral warts include immune-suppression, close contact with affected people, and activities such as nail biting and walking barefoot². In general, cutaneous viral warts are uncommon in infancy, common in childhood, and decreasingly less common from the second decade onwards. Clinically, several subtypes of warts can be distinguished. *Verruca vulgaris*, the most common, manifests as hyperkeratotic papules, often on the hands³. Plantar warts appear as thick hyperkeratotic plaques, particularly beneath pressure points on the soles of the feet, and they may be painful⁴.

Warts are tumours created under the direction of an infecting virus. There are more than 70 types of human papilloma viruses (HPV), the common wart virus. Each type prefers a different area of the body. Thus, the virus that grows a wart on the finger will not grow a wart on the bottom of the foot. Warts are more common in people with less mature immune systems. This is why children and adolescents are more susceptible⁵. Most warts resolve spontaneously and a large proportion of the remainder respond to simple recommended treatment⁶. Medical treatment and management includes salicylic acid, cryotherapy, imiquimod, bleomycin, diphencyprone, curettage and cautery, carbon dioxide lasers, pulsed dye lasers, photodynamic therapy, immunomodulation⁷.

In *Ayurveda*, the etiopathogenesis, symptoms resembles with *Charmakeela*. *Vyana vayu* getting aggravated and associated with *kapha* gives rise to peg like, immovable sprouts in the exterior skin; these are called as *charmakeela* or *arsha* (of skin). In these sprouts (*charmakeela*), pricking pain is produced by *vata*; tumor like growth and color are same as of skin are produced by *kapha*; dryness, black color, smoothness and profound hardness are produced by *pitta* and *rakta* together⁸. Treatments mentioned in *Sushruta Samhita* for *charmakeela* are:

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1. Kshar karma⁹
2. Agnikarma¹⁰
3. Chedankarma¹¹

Indications:-

Agnikarma should be done in conditions such as presence of very severe pain in the skin, muscles, veins, ligaments, bony joints, and bones, caused by *vata* aggravation, muscles with new growths, ulcers, tumor, hemorrhoids, malignant tumor, anal fistula, glands in the neck region, filariasis, warts on the skin, moles, hernia, tearing of the joints, and veins, sinus ulcer and profuse haemorrhage¹².

Contraindications:-

Agnikarma can be done in all seasons except *sharad* (autumn) and *Grishma* (summer) *ritu*, but in case of emergency, it can be done in any season, by providing favorable temperature artificially and counters measures. *Pitta-prakriti*, *raktapitta rogi*, *atisari*, *vrani*, children, old aged, coward, lean and thin patients, pregnancy, retained foreign body; bleeding disorders are also rest of the contraindications¹³.

Case study:-

A 19 years old male patient of lower middle class comes to the hospital with the complaint of a spreading growth over the dorsum aspect of left middle finger since last one year. The patient used to scrap it again and again, and the painless growth was simultaneously increasing in size. Then he comes to the *Harawala* hospital in *shalya department* for better management.

The systemic, general examination of the patient and the local examination of the dorsum aspect of the left middle finger in which *agnikarma* procedure is to be performed and routine blood investigations of the patient before the procedures are as follows:

Systemic examination:-

CNS	Well oriented
CVS	Both S1, S2 clear with no added sound
Respiratory	CTA B, no R/R/W
Abdomen	NAD

General examination:-

BP	122/82 mm of Hg
Pulse	80/min, Regular
Respiration rate	20/min
Temperature	Afebrile
Lymphadenopathy	Absent
Body weight	45kg

Local examination: (dorsum aspect of left middle finger):-

Shape	Rough keratotic papules, epidermis with papillomatosis, hyperkeratosis and parakeratosis, with elongated rete ridges often curving towards the centre of the wart.
Size	One cm in diameter
Surface	Firm, rough keratic papules and nodules
Number	Single
Temperature	Normal
Tenderness	Non-tender

Blood Investigations:-

Haemoglobin	14.7gm/dl
TLC	9300/cumm
DLC – Polymorphs	75
Lymphocytes	21
Eosinophils	02

Monocytes	02
Basophils	00
ESR	7 mm/hr
CT	5:10 min
BT	3 min
Platelet count	2.55 lacs/cumm
TRBC count	4.65 lacs/cumm
MCV	93.3FL
MCHC	33.9PG
PCV	43.4%
RBS	70.2 mg/dl
HIV I	Non-reactive
HIV II	Non-reactive
HBsAG	Non-reactive

Ensuring the normal general and systemic examination, blood examination and careful analysis of the *charmakeela* and its *kapha –vata* predominance and its recurrence, *agnikarma* was planned for the patient. Patient was counseled and given explanation about the procedure. Written consent was taken.

Pre-operative:-

Patient was advised to have *picchila anna* (lubricated food) prior to the procedure as described by *Acharya Sushruta* since being *sheeta* and *mridu*; it mitigates the effects of aggravated *pitta* and because of its *jivaniya*, *balya*, *sandhaniya* and *guru* properties, it provides adequate strength to the patient to smoothly undergo the procedure^{14&15}. Inj. Tetanus toxoid 0.5 ml was given intramuscularly for prophylaxis and inj. Xylocaine 2% sensitivity was also done. All the materials and instruments required for the procedure were collected.

Operative:-

With full aseptic precautions, the affected part was painted thoroughly with antiseptic solutions and draped properly. Part was anesthetized by 2% xylocaine. The papilloma was excised with its broad base. Rests of the tissues of the papilloma were burnt completely by *agnikarma*. Appearance of color like that of the pigeon (ashy, dark grey), mild swelling, pain, dryness and constriction of the wound are the signs of *mamsa-dagdha* and ulcer becoming black and elevated, cessation of exudation is signs of *sira-snayu dagdha*¹⁶. As soon as signs of proper burning found i.e. has the color of *taal* -fruit, even (without depression or elevation), *agnikarma* discontinued.

Post-operative:-

Ghee and honey was anointed over the *samyak-dagdha* part for proper wound healing and the patient was advised to have proper diet. Ghee and honey provide a moist environment, which is very helpful for healthy granulation. Honey has *Vrana-ropana*, *Shodhana*, *Sandhan*, *Sukshma-srotogami*, *Kshata-rashaka* properties. Apart from these properties honey has also anti inflammatory, antioxidant, antibacterial properties, checks bleeding, restricts the availability of nutrients for micro-organism so compromise their metabolism, has ability to generate hydrogen peroxide, a well known anti-microbial agent, and helps in reduction of Inflammation, promotion of angiogenesis and formation of granulation tissue is stimulated by honey¹⁷. In follow up *jatyadi* oil anointment along with *Aarogya vardhini vati* and *Haridra khand* were prescribed to the patient and he was advised to let the affected area dry.

Discussion:-

Acharya Sushruta and *Acharya Vagbhata* have both given superior place to *Agnikarma* as compared to *Ksharakarma* as cases treated with *Agnikarma* chances of recurrences are rare. It causes coagulation and closure of bleeding vessels and thus helps in homeostasis. Diseases which are incurable by the use of medicines, sharp instruments, and alkalies will be cured by fire (thermal cautery). It also eradicates disease from its root and so considered to be superior¹⁸. Another benefit of *agnikarma* is that, as heat itself is a sterilizing agent, so it is also helpful in minimizing microorganisms load in the wound. According to an ancient Arab saying or proverb; cautery is the last mode of therapy or cautery is the final remedy. *Agnikarma* cures all the *vata-kaphaja* disorders as the *ushna guna* of *agnikarma* is opposite to that of *vata* and *kapha doshas*. According to *Ayurveda*, every *dhatu* has its own *dhatwagni* and when it becomes low, disease begins to manifest. In this condition, *agnikarma* works by giving external heat, thereby increasing the *dhatwagni* which helps to digest the aggravated *doshas* and hence cures the

disease. The local thermo therapy may increase tissue metabolism which may lead to excretion of the unwanted metabolites and toxins. The use of local heat (thermotherapy) may provide relief of pain and painful muscle spasm by acceleration of metabolic processes whereby the concentration of pain inducing toxic metabolites is reduced. This is accomplished primarily by an increase in local circulation. Acceleration of the inflammatory response to resolution may initially exacerbate discomfort, but will shorten the time course to resolution of inflammation¹⁹. The gate control theory of pain asserts that non-painful input closes the “gates” to painful input, which prevents pain sensation from travelling to the central nervous system. Therefore, stimulation by non-noxious input is able to suppress pain. This explains why pain perception is not felt by the patient during the procedure²⁰.

Conclusion:-

As per *Acharya Sushruta*, *agnikarma* is used in two manners; one for cure of the disease and another for pain management. For the cure of the disease it is used in the assistance with the surgery and for pain management it is used as a main treatment. Almost all the ancient *ayurvedic* classics have described *agnikarma* in various disorders as *pradhankarma* and in some disorders as *paschatkarma*, to cure complications. It gives best results in local involvement of *vata* in *vata-kaphaja* disorders. It is an ambulatory modality and affordable to the common person.



1. Before the procedure
2. After excision of the papilloma
3. After agnikarma
4. After one week

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