

EFFECT OF ASITA MUSHKAKA KSHARA SUTRA IN THE MANAGEMENT OF CHARMAKEELA (SEBORRHOEIC KERATOSIS): A CASE STUDY

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ABSTRACT

Seborrhoeic keratosis is a common benign epidermal tumor often found in elderly individuals, typically presenting as well-demarcated, pigmented, verrucous plaques. In Ayurveda, a condition closely resembling Seborrhoeic keratosis is *Charmakeela*, which is described as a hard, nail-like outgrowth caused by vitiated *Vata*, often in association with *Kapha*, *Pitta* and *Rakta*. Conventional management of seborrhoeic keratosis involves cryotherapy, curettage, laser ablation, or surgical excision, all of which may be associated with recurrence, cosmetic concerns, and adverse effects. In search of safer, cost-effective, and minimally invasive alternatives, Ayurveda provides a time-tested method in the form of *Kshara Sutra*, which combines excision and healing properties.

INTRODUCTION

Seborrhoeic keratosis is one of the most common benign skin lesions, primarily affecting middle-aged and elderly individuals. Characterized by their sharply demarcated, pigmented, and often verrucous surface, these lesions appear as superficial growths that seem to be "stuck on" to the skin.^[1] They can vary in color from light tan to dark brown or black and are typically found on the face, trunk, and extremities, although they can occur almost anywhere on the body except the palms and soles.

The exact etiology of seborrhoeic keratosis remains unclear, though it is generally considered to be related to genetic predisposition and age-associated epidermal changes. Ultraviolet (UV) radiation exposure, friction, and other environmental factors may play a contributory

role, though the lesions are not premalignant. Histologically, they exhibit proliferation of immature keratinocytes and pseudohorn cyst formation. While seborrhoeic keratoses are medically benign, they are often cosmetically distressing to patients and may become pruritic, inflamed, or secondarily infected, especially if irritated or traumatized.

Conventional treatment modalities include cryotherapy, curettage, electrosurgery, laser ablation, and surgical excision. These approaches primarily aim at removal for cosmetic or symptomatic relief. However, recurrence and cosmetic concerns such as hypopigmentation or scarring may limit their appeal. Moreover, patients seeking minimally invasive, cost-effective, and natural treatments are increasingly turning to traditional methods.

In the Ayurvedic classics, *Charmakeela* is a condition that clinically correlates with several types of benign skin outgrowths, including *seborrhoeic keratosis*, *cutaneous horns*, and *warts*. *Susruta*, in the *Susruta Samhita*, has described *Charmakeela* under the broad context of *Arsa Nidana*—highlighting that abnormal, hard growths protruding from the skin due to localized vitiation of *Vata*, *Kapha*, *Pitta* or *Rakta* may assume forms like *Charmakeela*^[2], often likened to nail- or thorn-like structures. In this condition predominance of *Pitta* and *Rakta* causing its appearance to be dry, black or white and extremely hard.

Among the para-surgical measures described in Ayurveda, *Kshara Sutra* therapy is a unique and evidence-based intervention primarily indicated for *Bhagandara* (fistula-in-ano), *Arsa* (hemorrhoids), and *Nadi Vrana* (sinuses). This therapy involves the use of a specially prepared medicated thread that exhibits cutting (*Chedana*), excising (*Bhedana*), cauterizing (*Dāhaka*) and healing (*Ropaṇa*) actions due to the synergistic effect of its ingredients. One such novel thread is the *Asita Mushkaka Kṣhara Sutra*, formulated using *Elaeodendron glaucum* along with *Snuhi* latex and *Haridra* powder.

CASE REPORT

A 45-year-old male patient Chidambaram presented to the OPD of Shalya tantra with OP no. 52198. He presented with complaint of a dark, rough, elevated mass on the posterior aspect of left arm for the past 10 year.

History of present illness

Patient was apparently asymptomatic before 10 years, gradually he experienced enlarging, pigmented, rough, and slight lesion over the posterior aspect of left arm which gradually

developed into mass. Initially asymptomatic, he later experienced mild occasional itching without pain, discharge, or bleeding. The patient denied any systemic symptoms such as fever, weight loss, fatigue, or similar lesions elsewhere on the body. No history of trauma, ulceration, or systemic symptoms. The lesion caused cosmetic concern and discomfort due to friction with clothing. So, he consulted OPD of Shalya tantra department, Sri Venkateswara Ayurvedic Hospital, Tirupati. As per the description in *Susruta Samhita*, the mass was diagnosed as *Charmakeela*.

History of past illness

The patient has no known history of major illnesses such as diabetes mellitus, hypertension, tuberculosis, thyroid disorders, or any dermatological conditions. There is no history of previous surgeries, trauma, or similar skin lesions in the past.

History of treatment and surgery

The patient has not undergone any prior surgical procedures or received specific treatment for the present lesion or any similar condition in the past. No history of topical applications, cryotherapy, electrocautery, or biopsy for the current growth.

Personal history

- Diet : Mixed
- Appetite : Good
- Bowel : Regular
- Micturition : 4-5 times/day
- Sleep : Sound
- Addictions : Nil

General examination

- General Condition : Fair
- Nutritional status : Well nourished
- Pallor : Absent
- Lymphadenopathy : Absent
- Oedema : Absent

Examination of wart

- Number : 1
- Circumference of the base : 1-1.5 cms
- colour : Reddishblack
- surface : Dry, Rough
- size : 2-3 cm
- shape : Round and even
- Site : Posterior aspect of left arm
- Pain : Absent
- Consistency: Hard

Vitals

- BP : 130/80 mm of Hg
- Temperature : Afebrile, 98.7°F
- Pulse : 82bpm
- Respiratory rate : 18/min

Systemic Examination

- Central Nervous System : Intact, Conscious, well oriented to time, place and person.
- Cardiovascular System : S1 S2 M0
- Respiratory System : Equal air entry to B/L lung fields, NBVS +
- Per Abdomen : Soft, no organomegaly, no tenderness present

Investigations

- CBP, Random blood sugar, HIV, HBsAg, were carried out before the treatment for fitness of the patient. Reports were normal.

Diagnosis

- *Charmakeela* (Seborrhoeic keratosis)

TREATMENT METHODOLOGY

Procedure: *Kshara Sutra* ligation

Purva Karma

- Patient was told to sit in comfortable position.

- The area was painted with Betadine solution followed by spirit.
- All the necessary instruments, Kshara Sutra, etc. made ready.

Pradhana Karma

- The base of the lesion was ligated firmly with *Asita Mushkaka Kshara Sutra* using sterile technique, ensuring complete strangulation of the blood supply.

Paschat Karma

- *Vranashodana Taila Pichu* and bandaged

Follow up

- Signs & symptoms and size of *charmakeela* was assessed every 1 week till the *Kshara Sutra* gets cut through.

Oral medications

- Tab. *Kanchanara Guggulu* (2-0-2) A/F
- *Vrana shodana taila* E/A
- *Arshakutar ras* (1-0-1) A/F

Observation and Outcome

- **Day 1–3:** Mild discomfort and pain at the site; no signs of infection or excessive inflammation.
- **Day 5:** The mass detached spontaneously at the ligation site, leaving a shallow, clean ulcer.
- **Day 6-8:** The wound showed progressive healing with healthy granulation tissue and epithelialization.
- **Day 10:** Complete healing with minimal scar formation. The patient reported satisfaction and no recurrence or complication on follow-up up to 2 months.



Figure 1 Charmakeela on arm



Figure 2 Base of charmakeela

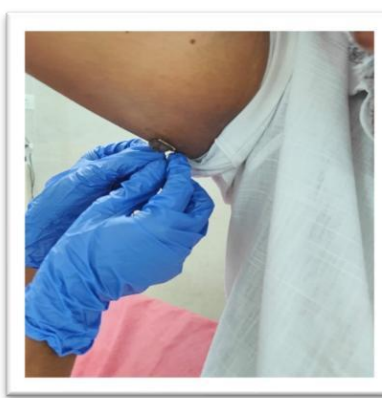


Figure 3 Ligation of the base of charmakeela



Figure 4 Showing the ligated area



Figure 5 first follow up on 5th day



Figure 6 Fall of the mass on 5th day



Figure 7 completely healed on 10th day

DISCUSSION

In this case, ligation of the base using *Asita Mushkaka Kshara Sutra* was performed under aseptic conditions. The ligated mass underwent ischemic necrosis and sloughed off within 5 days. The wound healed completely without secondary infection or scarring. This outcome emphasizes the potential of this technique as a minimally invasive and sutra-based parasurgical alternative for benign skin tumors.

ASSESSMENT CRITERIA**a. Assessment of Pain^[3]**

0 – No pain

1 – Mild - Nagging, annoying, but doesn't interfere with most daily activities

2 – Moderate - Interferes significantly with daily activities

3 – Severe - Disabling; unable to perform daily activities

b. Assessment of Discharge^[4]

0 - No discharge (Wound tissues dry)

1 - Mild discharge (Wound tissues moist, drainage involves 25% of dressing)

2 - Moderate discharge (Wound tissues saturated, drainage involves 25%-75% of wound dressing)

3 - Large discharge (wound tissues bathed in fluid, drainage involves 75% of dressing)

c. Assessment of Itching sensation^[5]

0 - No pain

1 - Mild - Nagging, annoying, but doesn't interfere with most daily activities

2 - Moderate - Interferes significantly with daily activities

3 - Severe - Disabling; unable to perform daily activities

Probable mode of action

- **Effective Lesion Removal:** The *Katu-Tikta Rasa*, *Tikshna Guna*, and *Bhedana-Lekhana* properties of *Asita Mushkaka Kshara Sutra* enabled precise corrosion and sloughing of the keratotic growth within 5 days, without surgical excision.
- **Fast Healing with Minimal Scarring:** Due to its *Vraṇasodhana* and *Vraṇaropaṇa* actions, post-ligation healing was rapid and scar-free, ensuring good cosmetic outcomes.
- **Infection and Itch Control:** The *Krimighna* and *Kandughna* properties of *Asita Mushkaka Kshara Sutra*, supported by ingredients like *Haridra* and *Snuhi*, helped prevent secondary infection and reduced itching at the lesion site.
- **Ayurvedic Justification:** *Susruta's* description of *Charmakeela* under *Arsa Nidana* supports the use of *Kshara*-based treatments, validating this approach as both traditional and effective in modern dermatologic practice.

CONCLUSION

The present case study highlights the effective role of *Asita Mushkaka Kshara Sutra* in the management of *Charmakeela* (Seborrheic Keratosis). The ligation technique led to the spontaneous sloughing of the lesion within 5 days, with complete healing and no complications. This outcome suggests that *Kshara Sutra* offers a safe, minimally invasive, and cosmetically acceptable alternative to conventional surgical methods, aligning well with Ayurvedic principles and modern minor surgical needs.

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