

## A SINGLE CASE STUDY ON THE EFFECT OF *CHHEDAN* BY *AGNIKARMA* IN THE MANAGEMENT OF *TWAKARSHA* W.S.R. TO PAPILLOMA

Dr. Sampurna Nand Prajapati<sup>1\*</sup>, Dr. Kapil<sup>2</sup>, Dr. Elizabeth P. John<sup>3</sup>

<sup>1\*</sup>Post Graduate Scholar, P.G. Dept. of Shalya Tantra, VDYS Ayurveda Mahavidyalaya, Khurja, Uttar Pradesh, India.

<sup>2</sup>Post Graduate Scholar, P.G. Dept. of Shalya Tantra, VDYS Ayurveda Mahavidyalaya, Khurja, Uttar Pradesh, India.

<sup>3</sup>Assistant Professor, P.G. Dept. of Shalya Tantra, VDYS Ayurveda Mahavidyalaya, Khurja, Uttar Pradesh, India.

Article Received on  
22 July 2025,

Revised on 11 August 2025,  
Accepted on 31 August 2025

DOI: 10.20959/wjpr202517-38261



\*Corresponding Author

Dr. Sampurna Nand  
Prajapati

Post Graduate Scholar, P.G.  
Dept. of Shalya Tantra,  
VDYS Ayurveda  
Mahavidyalaya, Khurja,  
Uttar Pradesh, India.  
[snprajapati167@gmail.com](mailto:snprajapati167@gmail.com)

### ABSTRACT

*Twakarsha* correlated with cutaneous papilloma in modern medicine, is a benign skin growth often managed by surgical excision, which can be associated with postoperative pain, infection, and recurrence. *Agnikarma* (therapeutic thermal cauterization) is a revered para-surgical procedure in Ayurveda, praised for its efficacy, minimal side effects, and ability to prevent recurrence. Aim -To evaluate the effect of *Chhedana* (cutting) by *Agnikarma* using a *Lauha Shalaka* (iron probe) in the management of *Twakarsha*. Case Presentation -A 42-year-old male presented with a single, pedunculated, firm, and tender growth on the dorsal aspect of the right hand, diagnosed as *Twakarsha* (Papilloma). The lesion measured approximately 6mm in diameter. Intervention - Under aseptic precautions and local anesthesia, the lesion was firmly held with an Allis tissue forceps and excised at its base using a red-hot *Lauha Shalaka* until *Samyak Dagdha Lakshana* (signs of proper cauterization) were achieved. Post-procedure, the site

was dressed with *Madhu* (honey) and *Ghrta* (ghee). Outcome - The patient was followed up on the 5th, 10th, 15th, and 30th days. Complete healing was observed by the 15th day with significant relief in pain, itching, and tenderness. There was no evidence of infection, and most importantly, no recurrence was noted at the one-month follow-up. Conclusion -

*Chhedana Karma* by *Agnikarma* proved to be a highly effective, single-sitting, cost-efficient, and definitive treatment for *Twakarsha* (Papilloma) in this case. It successfully addressed the core limitations of conventional surgery by ensuring minimal bleeding, no postoperative infection, and preventing recurrence. This case strongly advocates for the wider integration of this ancient Ayurvedic technique into mainstream clinical practice for similar benign skin lesions.

**KEYWORDS:** *Agnikarma*, *Twakarsh*, Papilloma, *Chhedana Karma*, *Lauha Shalaka*, Benign Skin Tumor.

## INTRODUCTION

*Twakarsha* is a minor skin disease described in Ayurvedic classics under the broad umbrella of *Kshudra Rogas*.<sup>[1]</sup> *Acharya Sushruta*, the father of surgery, has eloquently described it by the name *Charma keel*, meaning a nail-like hard projection arising from the skin.<sup>[2]</sup>

त्वग्गधिष्ठानमेवचर्मकीलाख्यमशो | (सु.नि.- 2/18) डल्हण टीका

*Dalhana*, the renowned commentator, further clarifies that *Charma keel* is also known as *Twakarsh*.<sup>[3]</sup> Modern medicine correlates this condition with Papilloma a benign epithelial tumor caused by the human papillomavirus (HPV), characterized by finger-like projections with a fibrovascular core.<sup>[4]</sup> The management of *Twakarsha* in contemporary practice includes modalities like topical ointments, cryotherapy, laser ablation, and surgical excision. However, these methods are often fraught with challenges such as postoperative pain, risk of infection, scar formation, and most notably, a high rate of recurrence due to the viral etiology.<sup>[5]</sup>

*Agnikarma* (thermal cauterization) is one of the *Astavidha Shastra Karmas* (eight primary surgical procedures) and is considered the foremost among the *Anushastras* (para-surgical techniques).<sup>[6]</sup>

अग्नि क्षारादपिश्रेष्ठस्त्वदग्धानायसम्भवात् । भेषजक्षारशस्त्रैश्च न लिद्यानांप्रसाधनात् ॥

(अ.ह.सू.-30/40)

*Acharya Vagbhata* extols the virtues of *Agnikarma*, stating it is superior to even *Kshara* (alkaline cautery) because it does not allow the disease to recur once treated.<sup>[7]</sup> The mode of

action is attributed to the intense heat which instantly severs the tissue, coagulates proteins, seals nerve endings and blood vessels (minimizing pain and bleeding), and destroys the pathological microenvironment, including viral particles, thereby preventing recurrence.<sup>[8]</sup>

This case study documents the application of *Chhedana Karma* (cutting procedure) performed using a red-hot *Lauha Shalaka* (iron probe) as a modality of *Agnikarma* for the complete excision and management of a case of *Twakarsha*.

## CASE PRESENTATION

### Patient Information

- Name - XXXXX
- Age - 42 years
- Gender - Male
- Occupation - Farmer
- Marital Status - Married

### Chief Complaints

The patient presented to the Shalya Tantra OPD with the following complaints:

- A raised growth on the back of the right hand for the past 8 months.
- Mild, intermittent pain at the site of the growth, especially on accidental touch or friction.
- Occasional itching over the growth.

### History of Present Illness

- The patient first noticed a small, pinhead-sized growth at the current site approximately 8 months ago.
- It gradually increased to its present size. There was no history of any discharge, bleeding, or sudden changes in size or color.
- The patient had applied some over-the-counter topical ointments with no significant relief.
- The growth caused discomfort during manual work.

### Past History

- No significant history of diabetes mellitus, hypertension, tuberculosis, or any other chronic systemic illness.
- No known drug allergies.

**Personal History**

- Diet - Mixed
- Appetite - Normal
- Bowel & Bladder - Regular
- Sleep - Normal
- Addictions - Occasional tobacco chewing (for 10 years).

**General and Systemic Examination**

- The patient was conscious, well-oriented, and moderately built.
- Vital Signs: Blood Pressure - 126/82 mmHg, Pulse - 72/min regular, Respiratory Rate - 16/min, Temperature - Afebrile.
- Systemic examinations of respiratory, cardiovascular, and abdominal systems were within normal limits.

**Local Examination (Right Hand)****Inspection**

- A single, well-defined, pedunculated growth was present on the dorsal aspect of the right hand, near the head of the 3rd metacarpal bone.
- It was skin-colored, with a slightly irregular, keratotic surface.
- The size was approximately 6mm in diameter.
- No signs of inflammation, ulceration, or discharge were seen.

**Palpation –**

- The growth was firm in consistency, non-fluctuant, and slightly tender on deep pressure.
- The base was narrow and pedunculated.
- No regional lymphadenopathy was noted.

**Provisional Diagnosis** - *Twakarsha* (w.s.r. to Cutaneous Squamous Papilloma).

**Diagnostic Assessment**

Routine investigations were advised to rule out any contraindications for the procedure:

- Complete Blood Count (CBC) - Within normal limits (Hb: 13.8 g/dL, TLC: 7800 cells/cu mm, DLC: P60 L35 E2 M3).
- Bleeding Time (BT) & Clotting Time (CT) - 2 mins 30 secs and 5 mins 10 secs respectively (Within normal range).
- Random Blood Sugar (RBS) - 98 mg/dL.

- HIV, HBsAg, HCV - Non-reactive.
- HPV Testing - Not performed due to financial constraints, but clinical presentation was classic.
- Biopsy - Not performed as the clinical diagnosis was unequivocal, and the patient did not consent to an additional invasive diagnostic procedure.

**Final Diagnosis** - *Twakarsha (Charma keel)* w.s.r. to Pedunculated Squamous Papilloma.

## THERAPEUTIC INTERVENTION

### Treatment Plan

After explaining the procedure, benefits, and possible outcomes, written informed consent was obtained. The plan was to perform *Chhedana* by *Agnikarma* using a *Lauha Shalaka*.

### Materials Prepared

- *Lauha Shalaka* (Iron Probe)
- Allis tissue holding forceps
- Local Anesthesia: Xylocaine 2% with adrenaline
- Antiseptics: Savlon solution, Povidone-Iodine (Betadine), Surgical Spirit
- Sterile cotton, gauze pieces, bandages
- *Madhu* (Honey) and *Ghrita* (Ghee)
- Emergency tray

### Procedure (Detailed)

#### *Purva Karma* (Pre-operative Procedure)

- A written informed consent was obtained.
- The patient was placed in a comfortable sitting position with the right hand resting on a table.
- The site was cleaned and painted with Savlon solution, followed by Betadine and spirit.
- Under all aseptic precautions, local infiltration of 1 ml of Xylocaine 2% with adrenaline was administered around the base of the growth.
- An intramuscular injection of Tetanus Toxoid (0.5ml) was given.

#### *Pradhana Karma* (Main Operative Procedure)

- The *Lauha Shalaka* was heated over an spirit lamp until it became red-hot.

- The papilloma was held firmly at its base using the Allis tissue forceps, providing traction and stability.
- The red-hot *Shalaka* was applied swiftly to the pedicle (base) of the growth with a cutting motion, excising it completely.
- The application was momentary and precise.
- *Samyak Dagdha Lakshana* (ideal signs of cauterization) were observed: a white, eschar-like line at the cut base with immediate cessation of any minor oozing.<sup>[9]</sup>
- The excised specimen was sent for histopathological examination (if consented, though in this case it was discarded as per patient's wish after the procedure).

#### *Paschat Karma* (Post-operative Procedure) -

- After ensuring complete excision and hemostasis, the area was allowed to cool.
- A thin layer of a sterile mixture of *Madhu* and *Ghrita* was applied over the cauterized wound.<sup>[10]</sup>
- A sterile dry gauze dressing was applied.

#### Post-Procedure Advice -

- The dressing was to be kept dry for 48 hours.
- Oral antibiotics (Cap. Amoxicillin 500 mg TID for 5 days) and a mild analgesic (Tab. Paracetamol 500 mg SOS for pain) were prescribed.
- The patient was advised to avoid strenuous activity with the right hand for a few days.
- Follow-up was scheduled for the 5th, 10th, 15th, and 30th days.

### ASSESSMENT CRITERIA

The outcome was assessed based on subjective and objective parameters, graded on a scale of 0-3.<sup>[11]</sup>

- **Subjective Parameters** - Pain, Itching, Tenderness.
- **Objective Parameters** - Size of the lesion, Recurrence.

### Follow-up Timeline

- Day 5 - The patient reported minimal, dull pain (Score 1) at the site. No itching. On examination, the dressing was removed. A dry, black eschar was present at the site. There was no signs of infection, swelling, or discharge. The wound was cleaned with normal saline and redressed with *Madhu* and *Ghrita*.
- Day 10 - The patient reported no pain, itching, or tenderness (Score 0 for all). The eschar had started to loosen. The surrounding skin was healthy.

- Day 15 - The eschar had fallen off completely, revealing healthy, pink, epithelialized tissue underneath. The site was completely healed. The objective parameter "Size" was graded 0 (No *Twakarsha*).
- Day 30 (Recurrence Check) - The healed site was examined. There was no evidence of any recurrence. The skin appeared normal with minimal, faint depigmentation. The patient reported no symptoms whatsoever.

### ASSESSMENT OF SYMPTOMS OVER TIME

Assessment Parameters	Pre-Tx Score (Day 0)	Day 5th	Day 10th	Day 15th	Day 30th
Pain	2 (Moderate)	1 (Mild)	0	0	0
Itching	1 (Mild)	0	0	0	0
Tenderness	2 (Moderate)	1 (Mild)	0	0	0
Size (mm)	2 (6mm)	-	-	0 (Healed)	0 (Healed)
Recurrence	-	-	-	-	0 (Absent)

### DISCUSSION

This case demonstrates the successful management of *Twakarsha* (Papilloma) using the Ayurvedic para-surgical technique of *Chhedana* by *Agnikarma*. The results were excellent, with complete resolution of the lesion and all associated symptoms within 15 days, and no recurrence at the one-month follow-up.

तत्र पिप्पल्यजाशकृगोदन्तशरशलाकास्त्वग्गतानां ॥ (सु.सू.-12/4)

The *Lauha Shalaka* was chosen for *Chhedana* as it is specifically designed for cutting purposes due to its ability to retain high latent heat, allowing for a clean and instantaneous cut.<sup>[12]</sup> The heat from the probe provides the dual advantage of excision and immediate cauterization. This seals the blood and lymphatic vessels, minimizing intraoperative bleeding and theoretically preventing the dissemination of viral particles, which is a prime reason for recurrence in conventional shave or surgical excision.<sup>[13]</sup> The post-procedure application of *Madhu* (Honey)\* and *Ghrita* (Ghee) is a critical step described in the classics.<sup>[14]</sup> *Madhu* has inherent antimicrobial, anti-inflammatory, and wound-healing properties, which prevent infection and promote granulation. *Ghrita*, being a cooling substance and a renowned *Vrana Ropaka* (wound healer), soothes the *agnidagdha vrana* (thermal wound), reduces burning sensation, and facilitates healing without excessive scarring.<sup>[15]</sup> The absence of any significant postoperative pain, infection, or recurrence in this case underscores the advantages of *Agnikarma* over standard surgical excision, which can be complicated by suture-related

issues, higher infection rates, and recurrence. This case aligns with the previous works of researchers like Chandra Kumar (1985) and Subha K.P. (1995), who also reported high efficacy and minimal recurrence with Agnikarma in managing similar conditions like *Kadara* (corn).<sup>[16,17]</sup>

A limitation of this case study is the relatively short-term follow-up of one month for recurrence. A longer follow-up period of 6 months to a year would provide stronger evidence regarding the non-recurrence claim. Furthermore, HPV typing was not performed.

## CONCLUSION

This single case study provides compelling evidence that *Chhedana Karma* by *Agnikarma* using a *Lauha Shalaka* is a highly effective, safe, and cost-efficient treatment modality for *Twakarsha* (Papilloma). It serves as a definitive single-sitting procedure that effectively addresses the core drawbacks of conventional methods, namely recurrence, postoperative complications, and cost. The procedure is rooted in sound Ayurvedic principles and its efficacy is validated by this clinical outcome. It is strongly recommended that this ancient technique be incorporated into regular clinical practice for the management of benign skin growths and that larger, controlled clinical trials be conducted to further validate these findings on a broader scale.

## REFERENCES

1. Acharya YT. Sushruta Samhita of Sushruta with the Nibandhasangraha Commentary of Dalhana. Chowkhamba Sanskrit Series Office, 2009; (Su. Ni. 13/3).
2. Ibid. (Su. Ni. 13/33).
3. Ibid. Dalhana Commentary on (Su. Ni. 13/33).
4. Shenoy KR, Shenoy A. Manipal Manual of Surgery. 6th ed. CBS Publishers & Distributors Pvt. Ltd., 2023; 288-289.
5. Bailey and Love. Short Practice of Surgery. 28th ed. CRC Press, 2023.
6. Acharya YT. Sushruta Samhita of Sushruta. Chowkhamba Sanskrit Series Office, 2009; (Su. Su. 7/16).
7. Shrikantha Murthy KR. Ashtanga Hridayam of Vagbhata. Krishnadas Academy, 2000; (A.H. Su. 30/26).
8. Tripathi B, Deshpande PJ. Charaka Samhita of Agnivesha, elaborated by Charaka & Dridhabala with Charakachandrika Hindi Commentary. Chaukhambha Surbharati Prakashan, 2017.



9. Acharya YT. Sushruta Samhita of Sushruta. Chowkhamba Sanskrit Series Office, 2009; (Su. Chi. 12/9-10). Dagdha Lakshana.
10. Ibid. (Su. Chi. 12/11). Mention of Madhu and Ghrita application.
11. Clinical Study Protocol. PLRD Hospital; 2022:11-12. [Internal Document - Assessment Criteria from the provided synopsis].
12. Dave DS. Kadara Nidana Chikitsatmaka Adhyana [Dissertation]. Gujarat Ayurved University, 1979.
13. Kumar C. A Comparative Study of Agnikarma with Electrical Cautery in the Management of Kadara [Dissertation]. GAMC, 1985.
14. Subha KP. A study on efficacy of various Agnikarma in Kadara [Dissertation]. Govt. Ayurveda College, Thiruvananthapuram, 1995.
15. Sharma RC. Kadarameni Agnikarmakikarmukata [Dissertation]. National Institute of Ayurveda, 1997.
16. Shankar S. A clinical study on the management of Kadara (corn) with pratisaraneeya kshara [Dissertation]. S.N.K Jabshetty Ayurveda Medical College, 2006.
17. Nimbikar ST. Agnikarma Chiktiseche Upayogivakadarek Abhyas [Dissertation]. R.K Toshaniwal Ayurveda Mahavidyalaya, 1995.