Intralesional Apamarga Ksharodoka Injection in the Management of Infraorbital Wart (Charmakeela): A Case Report

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***Abstract*—Cutaneous warts are benign proliferative lesions caused by infection with the Human Papilloma Virus (HPV), commonly types 2 and 4[1].They commonly present as hyperkeratotic papules or pedunculated lesions and may involve cosmetically sensitive areas such as the face. Conventional treatment modalities include cryotherapy, electrocautery, laser ablation and surgical excision, but recurrence and scarring remain common problems. This case report describes a 45-year-old male patient presenting with a pedunculated wart in the infraorbital region below the left eye. The lesion was treated with intralesional injection of *Apamarga Ksharodoka* under aseptic precautions. Progressive necrosis and shrinkage of the lesion were observed, followed by complete sloughing within five days. Healing occurred with minimal scar formation and no complications during follow-up. Intralesional *Ksharodoka* injection appears to be a safe, cost-effective and minimally invasive para-surgical procedure for the management of *Charmakeela*[2], especially in cosmetically sensitive areas.**

***Keywords*—*Charmakeela*; Wart; *Ksharodoka; Kshara Karma*; Intralesional Injection; Minimal invasive.**

I. INTRODUCTION

Warts (verrucae) are benign epidermal proliferations caused by infection with the Human Papilloma Virus (HPV), commonly types 2 and 4. The virus infects keratinocytes in the basal layer of the epidermis, resulting in hyperproliferation and formation of papillary lesions. Warts may occur on the hands, feet, face and genital region. Facial warts are particularly concerning due to cosmetic implications and the psychological distress they may cause. Conventional dermatological treatments include cryotherapy, electrocautery, curettage, laser ablation and topical keratolytic agents. Despite the availability of these modalities, recurrence, procedural discomfort and scar formation remain significant limitations.

In Ayurveda, lesions resembling warts are described under *Charmakeela*. *Acharya Sushruta* explains that *Charmakeela* occurs due to vitiation of *Vata* and *Kapha Dosha* leading to nail-like projections on the skin[2].

"व्यानस्तु प्रकुपितः श्लेष्माणं परिगृह्य बहिः स्थिराणि कीलवदर्शांसि निर्वर्तयति, तानि चर्मकीलान्यर्शांसीत्याचक्षते ॥ १९॥"

Ayurvedic management includes Shastrakarma (surgical excision), Agnikarma (thermal cauterization) and Kshara Karma (chemical cauterization). Among these, Kshara therapy is considered highly effective for removal of abnormal tissue growth.

Kshara Karma is considered a highly effective para-surgical procedure capable of destroying abnormal tissue growth[3].

" शस्त्रानुशस्त्रेभ्यः क्षारः प्रधानतमः।"

"तत्र प्रतिसारणीयः कुष्ठकिटिभदद्रुमण्डलकिलासभगन्दरार्बुदार्शीदुष्टव्रणनाडी चर्मकील-"!![4]

Apamarga (Achyranthes aspera) is commonly used in preparation of *Kshara* due to its potent alkaline and tissue-destructive properties. The present case report highlights the successful management of an infraorbital wart using intralesional *Apamarga Ksharodoka* injection.

Case Report

A 45-year-old male patient presented to the

Shalyatantra outpatient department with complaints of a small pedunculated wart below the right lower eyelid for approximately 3 year. The lesion gradually increased in size but was not associated with pain, itching, discharge or bleeding.

Past History
No history of diabetes mellitus, hypertension or systemic illness

Clinical Examination
Site: Infraorbital region below the right eye
Number: Multiple
Size: Approximately 2–5 mm
Shape: Pedunculated
Color: Dark brown
Consistency: Firm
Tenderness: Absent
Based on clinical presentation the lesion was diagnosed as cutaneous wart (*Charmakeela*).

Intervention and Procedure
Apamarga Kshara was mixed with distilled water to prepare *Ksharodoka*. Approximately 2.5 g of *Apamarga Kshara* was dissolved in 10 ml distilled water and kept undisturbed for 15 minutes. The clear supernatant solution obtained was used for intralesional injection.

After obtaining written informed consent, the patient was placed in a comfortable position. The lesion and surrounding area were cleaned with antiseptic solution. *Apamarga Ksharodoka* was drawn into an insulin syringe fitted with a 26-gauge needle. Approximately 0.1 ml of Ksharodoka was injected intralesionally at the base of the wart. Mild burning sensation was experienced during the procedure which subsided spontaneously within a few minutes.

Observation
Day 1 – Wart became darker and indurated
Day 3 – Progressive necrosis and shrinkage observed
Day 5 – Wart sloughed off
Day 7 – Complete healing with minimal scar formation.

II. DISCUSSION

Cutaneous warts are benign proliferative lesions caused by infection with Human Papilloma Virus (HPV)[1]. The virus induces hyperplasia of the epidermis leading to formation of hyperkeratotic papules or pedunculated lesions. Facial warts are particularly challenging due to cosmetic concerns and the risk of scar formation following destructive procedures.

According to Ayurvedic principles, *Charmakeela* develops due to vitiation of *Vata* and *Kapha Dosha*. *Kapha* contributes to abnormal tissue proliferation and thickening, while *Vata* causes projection of the lesion resembling a nail-like structure. The involvement of *Mamsa* and *Twak Dhatu* leads to localized growth over the skin surface. *Kshara* therapy counteracts *Kapha* dominance through its *Lekhana* and *Chedana* properties, thereby destroying the pathological tissue and restoring normal tissue architecture.

Apamarga Kshara possesses strong alkaline and caustic properties. When administered intralesionally as *Ksharodoka*, it produces localized tissue destruction and sterile inflammation at the base of the wart. This leads to sclerosis and necrosis of the pathological tissue followed by gradual sloughing of the lesion.

Gundeti et al. reported successful treatment of warts using intralesional *Apamarga Ksharodoka* injection where lesions shed off within 2–7 days following sclerosis at the base of the wart[5].The present case also demonstrated similar results with complete resolution within one week.

The technique offers several advantages including precise drug delivery, minimal bleeding, short procedure time and good cosmetic outcome. It can be performed easily as an outpatient procedure and requires minimal equipment, making it a cost-effective option in routine clinical practice.
Intralesional therapy ensures targeted delivery of Kshara, minimizing damage to surrounding healthy tissue—particularly important in cosmetically sensitive areas like the infraorbital region.
However, larger clinical studies are required to validate the efficacy and safety of this technique.

III. CONCLUSION

Intralesional *Apamarga Ksharodoka* injection is an effective and minimally invasive para-surgical procedure for the management of *Charmakeela* (cutaneous wart). The therapy provides rapid

resolution with minimal complications and satisfactory cosmetic results, particularly in lesions located in cosmetically sensitive areas.

Patient Consent

The authors certify that they have obtained appropriate patient consent for publication of clinical information and images. The patient understands that personal identity will remain confidential.

Conflict of Interest
The authors declare no conflict of interest.

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Nil.

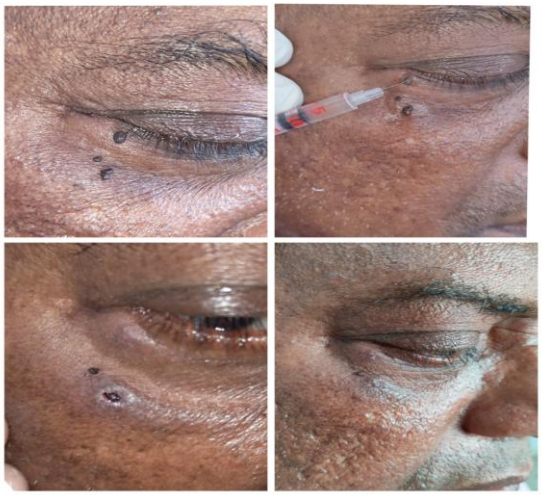

FIGURE LEGENDS
Figure 1 – Pre-treatment infraorbital wart.
Figure 2 – Intralesional injection of *Ksharodoka*.
Figure 3 – Wart showing necrosis after treatment.
Figure 4 – Complete healing after sloughing of wart.

REFERENCES

[1] Bhat Sriram M. SRB's Manual of Surgery. 6th ed. New Delhi: Jaypee Brothers Medical Publishers; 2023. Chapter 11, Swellings; p.169.
[2] Yadavji Trikamji, editor. Sushruta Samhita of Sushruta, Nidanasthana, chapter 2 (Arsha Nidana), verse 19. Varanasi: Chaukhambha Sanskrit Sansthan; 2014.
[3] Yadavji Trikamji, editor. Sushruta Samhita of Sushruta, Sutrasthana, chapter 11 (Ksharakarma Vidhi), verse 3. Varanasi: Chaukhambha Sanskrit Sansthan; 2014.
[4] Yadavji Trikamji, editor. Sushruta Samhita of Sushruta, Sutrasthana, chapter 11 (Ksharakarma Vidhi), verse 4. Varanasi: Chaukhambha Sanskrit Sansthan; 2014.
[5] Gundeti MS, Reddy RG, Jangle VM. Subcutaneous intralesional Ksharodoka injection: A novel treatment for the management of warts – A case series. J Ayurveda Integr Med. 2014;5(4):236-240.