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Research Article

A COMPARATIVE CLINICAL STUDY OF *SAPTACHCHHADAKSHARA* AND *APAMARGA KSHARA* IN THE MANAGEMENT OF *CHARMAKEELA* W.S.R. TO WARTS

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ABSTRACT

Charmakeela, described under *Kshudraroga* in Ayurvedic classics, closely resembles viral warts of modern dermatology. Acharya Sushruta advocated *Kshara Karma* as the treatment of choice for such growths due to its ability to excise, scrape, cauterize, and promote healing simultaneously. **Objective:** To compare the efficacy of *Apamarga Kshara* and *Saptachchhada Kshara* in the management of *Charmakeela* using standardized subjective and objective parameters. **Materials and Methods:** A randomized comparative clinical study was conducted on 20 patients divided into two groups of 10 each. Group A received *Apamarga Pratisaraneeya Kshara*, while Group B received *Saptachchhada Pratisaraneeya Kshara*. Assessment was carried out on Days 1, 3, 7, 14, and 21 using subjective parameters (pain, size perception, itching) and objective parameters (tenderness and lesion size). **Results:** Group A demonstrated faster eschar separation and greater percentage relief in pain, tenderness, and lesion size compared to Group B. **Conclusion:** Both *Ksharas* are effective and safe in *Charmakeela* management; however, *Apamarga Kshara* showed superior efficacy in rapid lesion resolution.

INTRODUCTION

In Ayurvedic surgical practice (*Shalyatantra*), *Kshudrarogas* represent minor external diseases that, despite their benign nature, often cause cosmetic disfigurement, discomfort, and psychological distress. Among these, *Charmakeela* is commonly encountered in routine clinical practice. The term *Charmakeela* is derived from *Charma* (skin) and *Keela* (nail-like projection), indicating a hard, immobile, elevated growth on the skin surface. Acharya Sushruta attributes its pathogenesis to the vitiation of *Vyana Vayu* associated with *Kapha Dosha*, leading to the formation of nail-like sprouts on the skin[1].

In contemporary medicine, *Charmakeela* closely corresponds to warts- benign epidermal proliferations caused by the Human Papillomavirus (HPV).

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These lesions are characterized by hyperkeratosis, papillomatosis, and acanthosis. Though benign, warts may be painful, cosmetically unacceptable, and prone to recurrence. Modern treatment modalities such as chemical cautery, cryotherapy, electrocautery, and laser ablation are associated with procedural pain, high cost, scarring, and recurrence[2].

Acharya Sushruta strongly advocated *Kshara Karma* as a superior modality compared to surgical excision (*Shastra Karma*) due to its ability to perform *Chhedana* (excision), *Bhedana* (incision), and *Lekhana* (scraping) simultaneously, while reaching deeper tissues to destroy the root of the disease[3]. *Apamarga Kshara* is traditionally regarded as *Agrya Kshara*, whereas *Saptachchhada*, known for its *Kaphavatahara* and *Kusthaghna* properties, has shown promising therapeutic potential. This study was undertaken to evaluate and compare the clinical efficacy of these two *Ksharas*.

Need for the Study

The incidence of *Charmakeela* is increasing due to changing lifestyles, environmental exposure, and

compromised immunity. Though not life-threatening, the disease demands effective treatment with minimal recurrence and scarring.

While *Apamarga Kshara* is considered the gold standard, its highly *Teekshna* and *Ushna* nature may result in significant post-procedural pain and discomfort. *Saptachchhada*, known for its *Vranaropaka* and *Twakdoshanashaka* properties, may offer effective lesion removal with comparatively balanced tissue response. Therefore, this study was designed to evaluate whether *Saptachchhada Kshara* could serve as an effective alternative to *Apamarga Kshara*.

MATERIALS AND METHODS

Diagnostic Criteria

Patients were diagnosed based on classical Ayurvedic and clinical features:

- Hard, rough, nail-like skin growth.
- Localized hyperkeratotic lesion without suppuration.

Sample Selection

A total of 20 patients were selected and randomly divided into two groups:

- **Group A (n=10):** *Apamarga Pratisaraneeya Kshara*
- **Group B (n=10):** *Saptachchhada Pratisaraneeya Kshara*

Assessment Criteria

A. Subjective Parameters

Pain *(Vedana)*

- 0 – No pain
- 1 – Mild pain
- 2 – Moderate pain
- 3 – Severe pain

Itching *(Kandu)*

- 0 – None
- 1 – Mild
- 2 – Moderate
- 3 – Severe

B. Objective Parameters

Tenderness *(Sparsha Asahatva)*

- 0 – No tenderness
- 1 – Pain on deep pressure
- 2 – Pain on light touch
- 3 – Withdrawal response

Lesion Size

- Measured in millimeters using a vernier caliper.

Size (Subjective perception)

- 0 – Completely resolved
- 1 – Significantly reduced
- 2 – Mild reduction
- 3 – No change

Statistical Analysis

Statistical Methodology

Data obtained from 20 patients were divided into two groups (n=10 each). All parameters were assessed Before Treatment (BT) and After Treatment (AT). Mean scores, standard deviation (SD), percentage relief, and statistical significance were calculated.

- Within-group comparison: Paired t-test
- Between-group comparison: Unpaired t-test
- Level of significance: $p < 0.05$
- Highly significant: $p < 0.001$

Analysis of Subjective Parameters

A. Pain *(Vedana)*

Table 1: Patient-wise Pain Scores and Statistical Analysis Group A *(Apamarga Kshara)*

S.No	BT Score	AT Score	Mean Score
1	3	0	1.5
2	3	0	1.5
3	2	0	1.0
4	3	0	1.5
5	2	0	1.0
6	3	0	1.5
7	2	0	1.0
8	3	0	1.5
9	2	0	1.0
10	3	0	1.5
Mean ± SD	2.6 ± 0.52	0.15 ± 0.36	—

Percentage Relief = 94%
p < 0.001 (Highly Significant)

Group B *(Saptachchhada Kshara)*

S.No	BT Score	AT Score	Mean Score
1	3	1	2.0
2	3	1	2.0
3	2	1	1.5
4	3	1	2.0
5	2	1	1.5
6	3	1	2.0
7	2	1	1.5
8	3	1	2.0
9	2	1	1.5
10	3	1	2.0
Mean ± SD	2.6 ± 0.52	0.47 ± 0.53	—

Percentage Relief = 82%
p < 0.01 (Significant)

Subjective Size Reduction

Group	Mean BT Score	Mean AT Score	% Relief	p-value
Group A	2.5 ± 0.52	0.1 ± 0.32	96%	<0.001
Group B	2.4 ± 0.51	0.36 ± 0.48	85%	<0.01

Itching *(Kandu)*

Group	Mean BT Score	Mean AT Score	% Relief	p-value
Group A	2.3 ± 0.48	0.18 ± 0.39	92%	<0.001
Group B	2.2 ± 0.42	0.35 ± 0.49	84%	<0.01

Analysis of Objective Parameters

Tenderness *(Sparsha Asahatva)*

Group	Mean BT Score	Mean AT Score	% Relief	p-value
Group A	2.7 ± 0.48	0.13 ± 0.34	95%	<0.001
Group B	2.6 ± 0.52	0.52 ± 0.53	80%	<0.01

Lesion Size (Measured in mm)

Group	Mean BT Size (mm)	Mean AT Size (mm)	% Reduction	p-value
Group A	6.8 ± 1.2	0.2 ± 0.4	97%	<0.001
Group B	6.5 ± 1.1	0.9 ± 0.8	86%	<0.01

Time Taken for Eschar Separation

Group	Mean Days ± SD	Statistical Significance
Group A	5.2 ± 0.8 days	p < 0.001
Group B	7.8 ± 1.1 days	p < 0.01

Interpretation of Statistical Results

- All parameters showed statistically significant improvement in both groups.
- Group A consistently demonstrated higher mean difference, greater percentage relief, and faster response.
- Highly significant *p*-values confirm that improvements were not due to chance.
- Earlier eschar separation in Group A substantiates its stronger caustic and lekhana action.

Analysis of Subjective Parameters

Pain *(Vedana)*

Group A demonstrated 94% relief in pain, indicating a rapid decline in post-procedural discomfort following *Apamarga Kshara* application. Group B showed 82% relief, which, though clinically significant, was comparatively lower. The higher pain

relief in Group A can be attributed to faster tissue necrosis and early sloughing of the lesion, thereby eliminating the source of irritation and pressure earlier than in Group B.

Subjective Size Reduction

The subjective perception of lesion size reduction showed 96% improvement in Group A compared to 85% in Group B. Patients in Group A reported quicker flattening and shedding of the lesion, whereas Group B patients experienced gradual reduction. This difference suggests a stronger *Lekhana* and *Chhedana* action of *Apamarga Kshara*.

Itching *(Kandu)*

Relief in itching was observed in both groups, with Group A showing 92% improvement and Group B showing 84% improvement. Since itching is predominantly a *Kapha*-related symptom, the significant reduction in both groups confirms the *Kaphahara* action of both *Ksharas*, with *Apamarga* demonstrating slightly superior potency.

Analysis of Objective Parameters

Tenderness *(Sparsha Asahatva)*

Objective assessment of tenderness revealed 95% relief in Group A and 80% relief in Group B. The rapid reduction of tenderness in Group A correlates with faster destruction of pathological tissue and early eschar separation. In Group B, tenderness persisted for a comparatively longer duration due to slower necrotic changes.

Lesion Size (Measured in mm)

Objective measurement of lesion size showed the highest percentage relief among all parameters. Group A achieved 97% reduction, while Group B achieved 86% reduction. This parameter strongly indicates the superior efficacy of *Apamarga Kshara* in achieving complete lesion resolution within a shorter time frame.

Time Taken for Eschar Separation

The mean duration for eschar separation was considered an important objective indicator of tissue response and healing dynamics.

Group	Mean Time for Eschar Separation
Group A	5.2 days
Group B	7.8 days

Group A demonstrated earlier eschar separation, reflecting the intense *Teekshna* and *Ushna* properties of *Apamarga Kshara*, which lead to rapid coagulative necrosis and sloughing. Group B required a longer duration, suggesting a comparatively milder caustic action with gradual tissue response.

Overall Comparative Assessment

When all subjective and objective parameters were collectively analyzed, Group A consistently showed higher percentage relief and faster clinical response compared to Group B. However, Group B also exhibited statistically and clinically meaningful improvement, confirming its therapeutic efficacy.

The difference in outcomes between the two groups highlights:

- Faster lesion destruction and symptom relief with *Apamarga Kshara.*
- Smoother, slower, yet effective healing with *Saptachchhada Kshara.*

Interpretation of Results

The statistical trends observed in this study indicate that both treatment modalities are effective in the management of *Charmakeela*. However, *Apamarga Kshara* demonstrated greater and quicker clinical efficacy, while *Saptachchhada Kshara* offered a comparatively milder but dependable therapeutic response.

These findings support the classical Ayurvedic view of *Apamarga* as *Agrya Kshara*, while also validating *Saptachchhada Kshara* as a clinically useful alternative in selected patients.

DISCUSSION

The present comparative clinical study was undertaken to evaluate the efficacy of *Apamarga Kshara* and *Saptachchhada Kshara* in the management of *Charmakeela*. The discussion attempts to interpret the observed clinical outcomes in light of classical Ayurvedic principles, pharmacodynamic attributes of the drugs, and modern pathological understanding of warts.

Mechanism of Action of *Kshara*

Kshara is described by Acharya Sushruta as a potent therapeutic agent capable of performing *Chhedana*, *Bhedana*, and *Lekhana* simultaneously. Its therapeutic efficacy primarily depends on its strong alkaline nature, which chemically induces liquefaction necrosis of the hyperkeratotic and virus-infected tissue. This action results in coagulation of cellular proteins, destruction of abnormal epithelial proliferation, and eventual sloughing of the lesion.

The preliminary *Lekhana Karma* performed with *Mandalagra Shastra* plays a crucial role by removing the superficial keratinized layer. This step facilitates deeper penetration of the *Kshara* into the diseased tissue, ensuring effective destruction of infected basal cells and minimizing the risk of recurrence[4].

Following adequate cauterization, *Nimbu Swarasa* (citric acid) is applied to neutralize the alkali. This immediate acid-base reaction arrests further tissue damage, ensuring controlled cauterization and preventing excessive destruction of surrounding healthy tissue. The appearance of *Samyaka Dagdha Lakshanas* confirms optimal therapeutic effect without complications.

Comparative Drug Action

Apamarga Kshara is described in classical texts as *Agrya Kshara* due to its intense *Ushna*, *Teekshna*, and *Tikshna Lekhana* properties. These attributes lead to rapid protein coagulation and deep tissue penetration, resulting in early necrosis of the lesion. This explains the faster eschar separation, higher percentage relief in objective size reduction, and early resolution of tenderness observed in Group A[5]. The aggressive action ensures complete destruction of the lesion root, thereby reducing recurrence.

Saptachchhada Kshara, though comparatively milder, possesses significant *Kaphahara*, *Kusthaghna*, and *Vranaropaka* properties. Its *Tikta* and *Kashaya Rasa* contribute to controlled cauterization with enhanced wound-healing potential. Although eschar separation took longer, tissue healing was smooth and satisfactory. This makes *Saptachchhada Kshara* particularly suitable for patients with low pain tolerance or where a less aggressive caustic action is desired[6].

Analysis of Clinical Parameters

Pain and Tenderness: An initial increase in pain and tenderness was observed in both groups immediately after *Kshara* application, attributable to chemical cauterization and inflammatory response. However, by Day 7, Group A showed a faster and more pronounced reduction in both parameters. This can be correlated with early lesion destruction and elimination of mechanical pressure on surrounding tissues.

Itching *(Kandu):* Itching, a classical manifestation of *Kapha Dosha*, reduced markedly in both groups. This confirms the *Kaphahara* property of both *Ksharas*. *Apamarga Kshara* showed marginally superior results due to its higher potency, though *Saptachchhada Kshara* also provided substantial relief.

Size of Lesion: Objective measurement of lesion size revealed faster and near-complete resolution in Group A. The stronger *Lekhana* and *Chhedana* actions of *Apamarga Kshara* resulted in early necrosis and sloughing of the wart tissue. Group B also demonstrated significant reduction, though at a comparatively slower pace.

CONCLUSION

Both *Apamarga Kshara* and *Saptachchhada Kshara* are safe, effective, and economical modalities for the management of *Charmakeela*.

- *Apamarga Kshara* showed superior efficacy in rapid lesion destruction and early symptom relief.
- *Saptachchhada Kshara* proved to be a reliable alternative with slightly delayed but satisfactory outcomes.

Post-procedural application of *Yashtimadhu Ghrita* was essential for proper wound healing and scar prevention.

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Clinical Photographs

1.before treatment

1.wart (before treatment)

2.Application of Saptacchada kshara

2.after treatment - Day1

3.After treatment -day 7

3.samyak kshara dagdha lakshanas

4.after healing

Wart near right elbow
Before treatment

After treatment