

KSHARASUTRA MANAGEMENT OF CHARMAKILA W.S.R TO ACQUIRED DIGITAL FIBROKERATOMA – A CASE STUDY

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ABSTRACT

INTRODUCTION: Acquired digital fibrokeratomas are a benign soft tissue tumor with typical appearance and anatomical locations. This lesion generally occurs in middle aged males with common sites of occurrence in the digits of upper or lower extremities. It is commonly correlated with *Charmakila* in *Ayurveda*. *Vyana Vayu* and *Kapha Dosh*a are responsible for its origin. **CASE PRESENTATION:** A 33-year-old man came to Shalya (Surgery) OPD of Gopabandhu Ayurveda Mahavidyalaya and Hospital, Puri, Odisha, India, complaining with abnormal slow growing lesion at palmar surface of middle phalanx of middle finger of right hand diagnosed as acquired

digital fibrokeratoma by physical, clinical and histological examination. The base of lesion was trans-fixed and ligated by *Ksharasutra* and the resulting wound was dressed with *Jatyadi Ghrita*. The skin eventually healed, and the patient had a good outcome. **CONCLUSION:** This case is of interest because of the rarity of digital fibrokeratoma. *Ksharasutra* treatment was preferred to minimize the recurrence rate of curettage and surgical excision.

KEYWORDS: Acquired digital fibrokeratoma; *Charmakila*; *Ksharasutra*.

INTRODUCTION

Acquired digital fibrokeratoma is a rare solitary benign fibrous tumor that usually occurs in adults. These tumours are commonly originated at the fingers and toes. The size of the tumour is generally small, approximately 3 to 5 mm in length. But sometimes it may be larger up to 3 to 4 centimeters. Clinical examination reveals a solitary, round, firm, skin colored lesion less than 1 centimeter in diameter with either a sessile, dome-shaped or pedunculated base.^[1] Acquired digital fibrokeratoma can be correlated with *Charmakila* in *Ayurvedic* medical sciences. *Ayurveda* describes about *Charmakila* very briefly. The provoked *Vyāna Vāyu* along with the *Kapha Dosha* producing firm and finger with nail-like growths externally which are known as *Charmakila Arsha*. *Acharya Dalhana* mentions the site may be outside the anal verge or at other places of body. *Charmakila* is classified into three types. *Vataj* manifested as *Toda* (pricking pain); *Kaphaj* manifested as *Savarnatva* (similar colour) and *Granthitva* (knottiness), *Pittaj* and *Raktaj* manifested as *Ruksha* (roughness), *Krishna* (blackness), *Shlakshna* (glossiness). The outstanding feature of *Charmakila* is pronounced roughness.^[2]

Histology of Acquired digital fibrokeratoma shows polypoid lesion with variably hyperplastic epidermis covering a dermal proliferation composed of dense collagen fibres and variable amounts of mature fibroblasts, small blood vessels and elastic tissue, thickened collagen in dermis is oriented predominantly in the vertical direction, stellate stromal cells may be present, covered by variably acanthotic epidermis with hyperkeratotic orthokeratosis, lesion merges with adjacent normal dermis, neural structures are absent or inconspicuous and lacks adnexal structures.^[3]

CASE REPORT

We describe a case of 33-year-old man with a 7-year history of slow growing lesion on palmar surface of middle phalanx of middle finger of right hand came to Shalya (Surgery) OPD of Gopabandhu Ayurveda Mahavidyalaya and Hospital, Puri, Odisha, India. The lesion was projected like extra finger with nail at tip. Its length was approximately 1 centimeter and diameter about 5mm. The colour of lesion was like normal skin and it was slightly mobile in all direction, not adherent to underneath bone and pedunculated. The growth was mildly painful and gradually increasing in size which made difficulty in his daily work. The patient had no history of injury prior to the onset of the lesion. The lesion was diagnosed as acquired

digital fibrokeratoma by physical and clinical examination. We described about *Ksharasutra* to the patient and consent was taken.

Under local anesthesia, intradermal infiltration of 2% Lignocaine solution at the base of lesion *Ksharasutra* was transfixed and ligated and part of the lesion excised distal from the ligation. The excised part was sent for histological study. The created fresh wound dressed with *Jatyadi Ghrita*. Daily dressing was done and the stump of lesion was mobilized. After 3 days the stump of lesion was sloughed out and wound was dressed with *Jatyadi Ghrita*. After 10 days the wound was healed without any scar.

DISCUSSION

There are different types of treatment options described in modern medical science for Acquired digital fibrokeratoma like cryotherapy, shave excision, curettage and cutter. The surgical excision is the mainstay of effective treatment. These treatment procedures may have disadvantage like recurrence of disease.^[4]

Acharya Sushruta recommends *Chedana*^[5] (excision), *Agnikarma*^[6] (cauterization), *Kshara Karma* (applying caustic alkali) in the management of *Charmakila*. He also recommends *Pratisaraneeya kshara* (local application of caustic alkali) for management of *Charmakila*.^[7] *Ksharasutra* acts as chemical cauterization and mechanically strangulate the blood vessels which results local gangrene of the tissues or ischemic necrosis and debridement of unhealthy tissues.^[8] The mass sloughed out within 5 days of application. Healing of the created wound takes 10 days. *Ksharasutra* treatment has minimal recurrence rate. The *Jatyadi Ghrita* has analgesic and wound healing properties.^[9]

CONCLUSION

Acquired digital fibrokeratoma is a benign tumor with no risk of malignant transformation. Surgical excision is with a risk of pain, bleeding, infection and recurrence. *Ksharasutra* treatment is a simple, safe, cost-effective para-surgical procedure. The recurrence rate is minimal and there are no surgical complications. Excellent functional recovery is expected after *Ksharasutra* trans-fixation and ligation in acquired digital fibrokeratoma.

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