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Expert Opinion Article

Role Of Agnikarma In Management Of Cutaneous Horn W.S.R To Charmakeela Review Article

Dr. Sandesh Chokhar[1*], Dr. Jyoti Chopade[2], Dr. Rutika Jitendra Thite[3]

[1]MD (Kayachikitsa) Associate Professor, Department of Kayachikitsa, Swami Vivekanand Nursing Homes Ayurved Mahavidyalaya, Rahuri, Maharashtra, India
[2]MD (Kayachikitsa) Associate Professor, Department of Kayachikitsa, Swami Vivekanand Nursing Homes Ayurved Mahavidyalaya, Rahuri, Maharashtra, India
[3*]PG Scholar (Diploma in dermatology -Ayurveda)

***Corresponding Author** - Dr. Rutika Jitendra Thite.
Email - thiterutika123@gmail.com

Abstract
Background: Cutaneous horn (cornu cutaneum) is a conical hyperkeratotic projection that may overlie benign, premalignant, or malignant lesions—most commonly actinic keratosis and squamous cell carcinoma (SCC). Correct diagnosis requires histopathologic evaluation of the base of the horn. In Ayurveda, analogous exophytic, keratotic lesions are described as Charmakila under Kshudra Rogas, with Agnikarma (thermo-cauterization) recommended as a prime parasurgical intervention.
Objective: To synthesize classical Ayurvedic foundations of Agnikarma, its probable mechanisms, and contemporary clinical evidence relevant to cutaneous horn and Charmakila, and to identify best-practice considerations that align with modern dermatologic standards.
Methods: Narrative review of dermatology sources on cutaneous horn and Ayurveda Reviews on Agnikarma for Charmakila/warts.
Results: Dermatologic reviews report malignancy beneath cutaneous horns in ~16–30% of cases, emphasizing biopsy/excision of the base. Ayurveda reviews conceptualize Agnikarma as targeted thermal cauterization with analgesic and anti-recurrence claims; case reports document favorable outcomes for warts/Charmakila. Mechanism (Ayurveda: pacification of Vata–Kapha; biomedicine: protein denaturation, nociceptive gate control) support its role for localized keratotic lesions.
Conclusions: Agnikarma serve as a complementary modality for select benign keratotic lesions and for postoperative hemostasis; however, when managing cutaneous horns, mandatory histopathology of the base and oncologic pathways must guide care. Integrative protocols can be designed to align Agnikarma with surgical standards (proper excision, margins, sterility, informed consent), while prospective studies are needed to validate efficacy and recurrence rates against conventional methods.

Keywords: Agnikarma, Charmakila, Cutaneous Horn, Thermal Cauterization, Ayurveda, Warts, Squamous Cell Carcinoma, Kshudra Roga.

Introduction

Cutaneous horn is a clinical term describing a dense, conical hyperkeratotic protrusion composed of compact keratin, lacking a bony core. Its significance lies not in the horn itself but in the underlying lesion, which may range from benign (e.g., seborrheic keratosis, verruca) to premalignant (actinic keratosis) and malignant (SCC). Accurate management therefore requires biopsy/excision of the horn including its base.

In Ayurvedic nosology, Charmakila is described under Kshudra Rogas with dosha involvement (Vata–Kapha predominance) leading to hard, nail-like outgrowths. Among parasurgical measures, Agnikarma is emphasized for localized lesions and pain states. This review examines how Agnikarma maps to modern cauterization concepts and its potential role direct or adjunctive in the context of cutaneous horn.

Cutaneous Horn: Clinical Overview

Epidemiology & Risk: Although uncommon, cutaneous horns occur more often in older adults and on sun-exposed sites; men have higher malignant risk. Reported malignancy rates beneath the horn vary (~16–30%).

Etiology: Underlying lesions include actinic keratosis, SCC, keratoacanthoma, seborrheic keratosis, viral warts (HPV), and others. Sun damage and keratin retention are implicated in pathogenesis.

Diagnosis & Management: The gold standard is excisional biopsy with histopathology of the base to rule out malignancy; definitive treatment typically involves complete excision with margins if malignant features are present.

Charmakila in Ayurveda

Classical texts describe Charmakila as sprout-like, hard, elevated lesions due to Vata–Kapha vitiation. Contemporary Ayurveda reviews associate Charmakila with clinical warts.

Agnikarma: Foundations and Mechanisms

Classical Basis: Agnikarma (thermo-cauterization) is regarded as superior for certain localized lesions due to lower recurrence in Ayurveda literature, applied using heated metallic instruments (shalaka). It is indicated in disorders of skin, vessels, ligaments, joints, and bones.

Biomedically Plausible Mechanisms:

Protein denaturation / coagulation at the target site, analogous to electrocautery/laser principles. Modern Parallels: Electrocautery, radiofrequency ablation, diode laser, and infrared coagulation share principles of localized thermal therapy, supporting integrative relevance.

Evidence Landscape: Agnikarma for Keratotic Lesions (Warts/Charmakila)

Reviews: Multiple Ayurveda reviews summarize Agnikarma's indications and technique, noting putative reduced recurrence in localized lesions.

Integrative Clinical Protocol (Proposed) Indications (Integrative Use):

Benign horn bases (e.g., verruca/seborrheic keratosis) confirmed by histology:

Agnikarma may be considered for residual keratotic tissue, hemostasis, or recurrence-prone verrucae—after definitive excision/biopsy.

Agnikarma adjunct for benign residuals/pain control in suitable sites Sterility, consent, photography, and follow-up (recurrence monitoring).

Safety & Documentation: Record instrument specs, temperature range, number of touches, burn grade (Samyak Dagdha), analgesia, asepsis, and post-procedure care; align with institutional SOPs.

Discussion

Agnikarma offers a minimally invasive, cost-conscious modality aligned with modern cautery concepts. For cutaneous horn, the primary determinant is the base pathology; thus, Agnikarma's role is complementary. The Ayurveda literature suggests low recurrence in localized lesions; modern dermatology stresses rigorous histology and excision for oncologic safety. Bridging these paradigms requires prospective trials (standardized endpoints: clearance, recurrence at 6–12 months, cosmetic outcomes, pain scores).

Conclusion

Agnikarma can be integrated judiciously into care pathways for benign keratotic lesions and postoperative hemostasis. In cutaneous horn, histopathology-first protocols are non-negotiable. It is safe minimally invasive and cosmatically satisfactory Ayurvedic para surgical therapy suitable for Charmakeela and similar skin conditions.

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