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MANAGEMENT OF CHARMAKEELA (SENTINEL TAG) WITH KSHARASUTRA THERAPY: A CLINICAL CASE REPORT

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ABSTRACT

A sentinel tag is a fibrous skin projection commonly observed at the distal end of a chronic fissure-in-ano. It develops as a protective response, with the skin enlarging and appearing to “guard” the fissure. These tags may be associated with low-grade infection, lymphatic edema, perianal hematoma, or abscess formation, leading to discomfort and increasing the risk of recurrence. In *Ayurveda*, such lesions correspond to *Charmakeela*, described as firm, elevated, nail-like growths resulting from vitiation of *Vata* and *Kapha doshas*, causing abnormal tissue proliferation (*khara, kathina, sthira vridhhi*). Conventional management typically involves surgical excision of the sentinel tag along with fissure treatment; however, this approach may lead to bleeding, scarring, or incomplete healing. *Ayurveda* advocates para-surgical interventions such as *Ksharasutra* therapy, which provides controlled tissue necrosis, inherent antibacterial properties, and a markedly reduced risk of recurrence.

Key words : Sentinel tag, Chronic fissure-in-ano, *Charmakeela*, *Ksharasutra* therapy, Para-surgical management, Recurrence prevention

INTRODUCTION

Fissure-in-ano (*Parikartika*) is an ulcer located along the longitudinal axis of the lower anal canal, most commonly in the posterior midline, though anterior fissures can occur, particularly in middle-aged females due to reduced pelvic floor support. Though typically small and superficial, these ulcers cause significant pain and discomfort. Fissures are classified as acute or chronic, with chronic fissures often exhibiting raised edges exposing the internal anal sphincter fibers.

A sentinel pile (*Charmakeela*) is a skin tag that develops at the distal end of a chronic fissure, representing a protective response of the skin. These tags may cause local discomfort, itching, low-grade infection, or complications such as perianal hematoma and abscess formation. Common contributing factors include constipation, diarrhea, trauma, and sexually transmitted infections. Diagnosis is primarily clinical, with acute fissures appearing as fresh lacerations and chronic fissures demonstrating hypertrophied papillae and associated sentinel tags.

In *Ayurveda*, *Parikartika* is described as a condition with burning and cutting pain at *Guda*, often resulting from vitiated *Vata* and *Kapha doshas* or as a complication of procedures like *Basti* and *Virechana*. Chronic fissures account for 30–40% of anorectal disorders, particularly in individuals with hard, constipated stools. Conventional surgical approaches such as Lord's anal dilatation, fissurectomy, and sphincterotomy have limitations, including recurrence and risk of incontinence.

Ksharasutra therapy has emerged as a minimally invasive and effective alternative, leveraging its *Ksharana* and *Kshanana* properties for controlled tissue removal, antibacterial action, and reduced recurrence. This case study evaluates the efficacy of *Ksharasutra* in the management of *Charmakeela* associated with chronic fissure-in-ano.

CASE REPORT

A 45-year-old male patient, Hindu by religion, visited the Shalya Tantra ARC OPD of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, presenting with complaints of mass per rectum for the past six months, associated with mild pain, burning sensation and itching.

HISTORY OF PRESENT ILLNESS

The patient is a 45-year-old male, not a known case of diabetes mellitus or hypertension. He was apparently healthy until six months ago when he developed difficulty in passing stools, associated with pain and bleeding per rectum. Since the last two weeks, he has also noticed a mass protruding per rectum, associated with mild pain, burning sensation, and itching around the anal region. He initially sought treatment at a nearby hospital, but his symptoms did not improve, hence he presented to SDM Hospital, Hassan, Shalya Tantra ARC OPD for further evaluation and management.

HISTORY OF PAST ILLNESS

There is no past history of any allergies, diabetes mellitus, hypertension, tuberculosis, or other any systemic disorders.

MEDICAL HISTORY

Nothing relevant.

PERSONAL HISTORY

Diet - Vegetarian

Appetite - Good

Bowel - Hard stools

Micturition - Regular

Sleep – Sound

GENERAL EXAMINATION

General Condition: Fair

Nutritional Status: Well nourished

Pallor: Absent

Icterus: Absent

Cyanosis: Absent

Clubbing: Absent

Lymphadenopathy: Absent

Oedema: Absent

VITALS

BP: 130/80 mmHg

Temperature: Afebrile (97.2°F)

Pulse: 80 bpm, regular

Respiratory Rate: 19beats/min

SYSTEMIC EXAMINATION

Central Nervous System : Conscious and oriented to time, place, and person. CNS intact.

Cardiovascular System : S1S2 heard, no murmurs.

Respiratory System : Equal air entry in bilateral lung fields; normal breath sounds present.

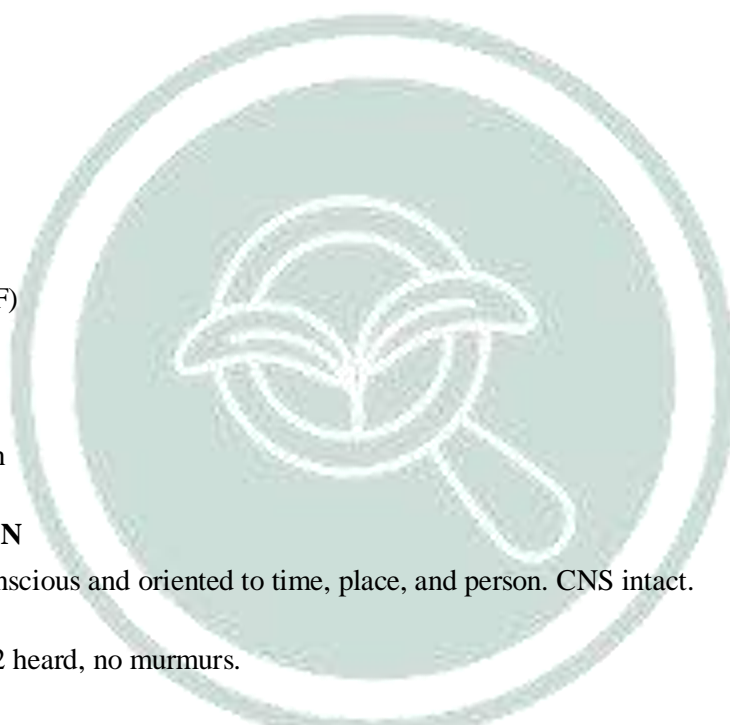
Per Abdomen : Soft; no organomegaly. Tenderness present in the right iliac and hypogastric regions.

PER RECTAL EXAMINATION

Inspection: Healed fissure with a sentinel tag at the 6 o'clock position

Digital Rectal Examination: Normal anal sphincter tonicity.

Proctoscopy: Anal mucosal congestion present from 12-6 o'clock position .



INVESTIGATIONS

Routine hematological investigations, random blood sugar, HIV, VDRL, and Hepatitis-B surface antigen tests were conducted prior to treatment to assess fitness. All reports were within normal limits.

DIAGNOSIS

Charmakeela / Sentinel tag at the 6 o'clock position.

TREATMENT METHOD

Procedure - *ksharasutra* application for sentinel tag ligation

Purva Karma

- The patient was positioned in lithotomy posture.
- The perianal region was cleansed with Betadine solution and draped.
- All required instruments, including the Ksharasutra set, were prepared.

Pradhana Karma

- Apamarga Ksharasutra was applied at the base of the sentinel tag using artery forceps.

Paschat Karma

- Yashtimadhu Taila Pichu was placed locally.
- The patient was instructed to take sitz baths with Triphala Kashaya twice daily.

Follow-up

- Weekly follow-up visits were done until the Ksharasutra completely cut through.
- Symptoms and the size of the sentinel pile were assessed during each visit.

Oral Medications

- Tab Nimbadi Guggulu: 2-0-2 after food
- Sukumara Ghrita: 10 ml twice daily (6 a.m. and 6 p.m.)
- Tab Anuloma DS: 2 tablets before food

Figure1- Sentinel tag at 6 o'clock



Figure 2-sentinel tag ligation using ksharasutra



Figure 3-Follow up after 1 week



RESULT

- The Charmakeela was completely cut through within 1 week, with minimal wound.
- The patient was free from pain and mild burning sensation was present.
- Significant symptomatic relief was observed, and overall quality of life improved.

DISCUSSION

In this study, weekly assessments were conducted to evaluate the efficacy of Ksharasutra therapy by monitoring postoperative pain, wound discharge, and the duration required for complete wound healing.

Table 1: Criteria for Assessment**Pain**

Grade	Description
0	Patient free from pain
1	Pain during defecation, bearable, does not require analgesics
2	Pain during defecation, continuous, relieved by oral analgesics
3	Unbearable, continuous pain, relieved only by injectable analgesics

Oozing

Grade	Description
0	Dry gauze piece after 24 hours of dressing
1	Spot of blood on gauze piece after 24 hours of dressing
2	Partially wet gauze piece with blood after 24 hours of dressing
3	Completely wet gauze piece with blood after 24 hours of dressing

Wound Healing

Grade	Description
0	Completely healed wound with healthy scar
1	Partially healed wound with healthy granulation tissue
2	Clean wound without slough or discharge
3	Wound with discharge

PROBABLE MODE OF ACTION

Ksharasutra is prepared using Apamarga Kshara (*Achyranthus aspera* L.), Snuhi Ksheera (latex of *Euphorbia nerifolia* L.), and Haridra Churna (powder of *Curcuma longa* L.) following the standard method described in the Ayurvedic Pharmacopoeia of India. Apamarga Kshara has Chedana (excision), Bhedana (incision), Ksharana (debridement), Stambhana (haemostatic), Shodhana (purification), and Ropana (healing) properties. Its excision and incision effects help remove the sentinel pile, while its purifying property promotes wound health. Snuhi Ksheera is slightly acidic and has antibacterial activity, which prevents secondary infection. Haridra exhibits anti-inflammatory and antibacterial properties, aiding in clean, healthy wound formation and faster healing.

CONCLUSION

Although surgical management remains the standard treatment, it is associated with higher morbidity, greater costs, prolonged recovery, and postoperative complications. Ksharasutra therapy is a minimally invasive, cost-effective procedure that can be performed as an outpatient intervention. Ksharasutra ligation of the sentinel pile is safe, effective, and a reliable alternative to surgery. Hence, Ksharasutra plays an important role in the management of Charmakeela.

REFERENCES

1. Bang, M. S., Redkar, P. P., & Kangad, R. N. (2022). Ayurveda importance of Kshara Karma: properties and indications of Kshara. *International Journal of AYUSH*, 11(2).
2. Deshpande, P. J., & Diwakar, N. (2022). Standardization of Ksharasutra: role of Snuhi latex, Apamarga Kshara, and Haridra powder in cutting and healing. *World Journal of Pharmaceutical Research*, 11(1), 18310.
3. Shekokar, K. A., Shekokar, A. V., Kause, K., Chaware, A., & Badade, N. (2024). Use of Apamarga Kshara, Snuhi Ksheera, and Haridra Churna as dressing in postoperative wound healing (pilonidal sinus). *African Journal of Biomedical Research*, 27(3), 1718–1723. <https://doi.org/10.53555/AJBR.v27i3.4447>

4. Pawar, A. A., (D.Y. Patil University). (2021). Comparative clinical study of Kumari Haridra Ksharasutra vs Apamarga Ksharasutra in fistula-in-ano. International Journal of AYUSH.
5. AYU. (2014). Comparative study: Ksharasutra suturing vs Lord's anal dilatation in fissure-in-ano. AYU (An International Quarterly Journal of Research in Ayurveda).
6. AYUHOM. (2021). Therapeutic aspects of Apamarga Kshara: its mineral content and role in Ksharasutra. AYUHOM.
7. Barode, S., Sherkhane, R., & Mahanta, V. (2021). Application of Snuhi Ksheer + Haridra and Teekshna Apamarga Kshara in hemorrhoids. International Journal of AYUSH Case Reports, 5(4), 352–358.
8. CCRAS (Central Council for Research in Ayurvedic Sciences). (2024). Drug Development: Ksharasutra in Ano-Rectal Disorders. In CCRAS R&D Contributions.
9. Review paper, Ksharasutra preparation and mechanism: chhedana, bhedana, lekhana, tridoshaghna, vranashodhana, vranaropana. IRJAY, Vol. 5, No. 2, 2022.

