

AYURVEDIC MANAGEMENT OF GENITAL WARTS -A CASE STUDY

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ABSTRACT

Charmakeela are small, usually painless growths on the skin. Most of the time they are harmless, warts are caused by a virus called human papillomavirus (HPV). The appearance of *Charmakeela* can differ based on the type of wart and where it is located on the body, In Ayurveda diagnosis is based on clinical examination and usually straight forward by visual inspection. The treatment of *Charmakeela* has to be done with endurance and careful selection of procedure according to the type and site of disease: otherwise, it may lead to cosmetic dearrangement or recurrence of the disease include pain, interference with function, cosmetic embarrassment, and risk of malignancy regarding the management of this disease. Different types of treatment procedures are explained in contemporary science. In *Ayurveda* also, various treatment principles explained like administration of drugs internally, external application of drugs and parasurgical procedures like *Ksharakarma* (chemical cauterization) and *Agnikarma* (thermal cauterization). These indigenous treatment methods are minimal invasive procedures which do not cause the scar formation, no recurrence and found to be more beneficial in the treatments of *Charmakeela*. Most *Charmakeela* are well defined, with skin thickening. Very few go on to develop hyperplasia or malignancy (found most often with genital warts). Try to explore different modalities for management of *Charmakeela* in *Ayurvedic* science.

Keywords: *Agnikarma, Charmakeela, Ksharakarma*

INTRODUCTION

Charmakeela caused by aggravation of *vyana vata* along with *kapha* produces firm and nail like growths on the body ^[1]. It mainly involves *vata dosha* along with *kapha pitta* and *rakta*. The outstanding feature of *Charmakeela* is

pronounced roughness. It is one among the *Kshudrarogas*.

Warts, also known as *verrucae*, are common, benign, viral (HPV) infections of the skin and adjacent mucous membranes and mode of

transmission is probably through direct contact, but autoinoculation is possible^[2]. According to *Ayurveda*, this ailment can be compared with *Charmakeela*. The pathogenesis of this disease due to vitiation of *Vata* along with *Kapha* over the skin causes the development of hard nail structures called *Charmakeela*^[3,4]. The incidence of warts is highest in children and young adults.

In *Ayurveda*, the features are described on the basis of domination of the *Doshas*. In *Vata* dominated *Charmakeela*, patient feels pricking type of pain, in *Kapha* domination it appears like nodule without changing the colour of the skin and in *Pitta* dominated *Charmakeela* due to vitiation of *Rakta* (blood), it appears blackish in color, dry, oily and hard in nature^[5]

- ▶ In practice, the treatment of warts is likely to require an individualized approach and usually requires more than one therapeutic modality to achieve complete resolution. The management of warts depends on the age of the patient, the site of infection, the size, number and types of warts involved, the patient's immunological status, treatment availability and cost, and the patient's desire for therapy and ability to adhere to the treatment regimen. For children, it is desirable to have an effective and painless treatment that shows rapid results.
- ▶ According to contemporary science, the management consists mainly in destroying the warts by different methods like chemically, electrically or surgically and these can be achieved by cryosurgery, keratolytic ointments, plasters and solutions, curettage, electrodesiccation, and destructive

acids. In *Ayurveda*, it was described that the attainment of total management by using the internal drugs, external applications and *Ksharakarma* and *Agnikarma*^[6].

AIMS AND OBJECTIVES

- 1) To understand the genital warts disease in *Ayurvedic* perspective.
- 2) To assess the efficacy of *Ayurvedic* medicines in genital warts.

CASE REPORT

A 28 years old female Muslim patient, house wife by occupation visited the OPD of SKAMCH & RC, Dept of *prasooti tantra* and *stree roga* on 26 April 2016 with complaints of Severe itching ,pain & pain on touch in vulval region since 2months. Detailed history of present illness revealed that patient was said to be apparently healthy 2 months back. She suddenly noticed itching, pain and tenderness in vulval region due to which she was unable to do her routine work. Few days i.e 1week later she noticed gradual appearance of small growth in vulval region, which gradually had spread all around vulva & size of the growth was also increased along with that she also noticed white discharge p/v. Hence patient consulted a modern hospital in Chintamani on 13/3/16 and she was prescribed some medications (details of which are not available) and she took medications for about 15days, while taking those medications she used to get temporarily slight relief from itching i.e. for 2days but there was no significant change found in reduction of pain ,tenderness & growths. As these complaints started disturbing her daily

activities, she consulted a doctor in OPD of SKAMCH & RC, Bangalore.

PAST HISTORY:

No H/O DM/HTN/hypo-hyperthyroidism or any other major medical or surgical history.

FAMILY HISTORY:

Husband is suffering from genital warts since 8months & is on medications.

MENSTRUAL / OBSTETRIC HISTORY:

Menarche - 14 yrs.

M/C - 2-3 / 28-30 days/bleeding- bright red in colour, moderate (2-3 pads/day), without foul smell, without clots.

Married life -7 years.

OH – P2 L2 A0D0/P1- Male 6years FTND (Hospital).

P2 - Female 3 years FTND (Hospital).

Contraceptive history- Tubectomised 3 years back.

GENERAL EXAMINATION

- Built - Moderate
- Nourishment - Moderate
- Temperature - 98.4 F
- Respiratory rate -20/min
- Pulse rate – 76 bpm
- B.P - 110/70 mm of hg
- Height – 152 cms
- Weight - 52 Kg
- BMI – 22.5
- Pallor - Absent
- Edema - Absent
- Clubbing - Absent
- Cyanosis - Absent
- Icterus - Absent
- Lymphadenopathy - Absent
- Tongue - Uncoated

SYSTEMIC EXAMINATION

CVS:- S1 S2 Normal

CNS:- Well oriented, conscious.

RS: -Normal vesicular breathing, no added sounds

P/A:- Soft, no tenderness, no organomegaly

❖ **Breast examination- Normal**

❖ **Inspection of Vulva -**

- ✓ Pubic hair - Moderate
 - ✓ Redness, swelling-Present
 - ✓ Ulcerations - Absent
 - ✓ External urethral meatus – Normal
 - ✓ Big wart was evidenced around vaginal orifice
 - ✓ Evidence of pruritus present
 - ✓ Multiple warts were present
 - ✓ Cervix- Erosion +
 - ✓ Size- Hypertrophied
 - ✓ External OS- Multiparous
- ❖ **Discharge per vagina–**
- ✓ Colour – White discharge
 - ✓ Consistency - Mucoid
 - ✓ Foul smell - Absent
 - ✓ Amount – Moderate

ASHTA VIDHA PARIKSHA:

Nadi -76 bpm

Mootra- 5-6 times/ day

Mala - Once a day.

Jihwa- Alipta

Shabda - Avisesha

Sparsha - Anushna sheeta

Druk - Avisesha

Aakruti – Madhyama

ASHTA VIDHA PARIKSHA:

- *Prakruti* - Vata + Pitta
- *Vikruti* - Hetu - Aharaja – katu, Lavana, amla rasa pradhana, snigdha bho-

jana, vidaahi ahara, guru bhojana (5-6days non veg in a week), paryushita bhojana, shushka mamsa.

- Viharaja - Ati vyavaya, Divaswapna, purusha prasanga
- Doshha - Vata, Kapha
- Dushya - Twak, Raktha & Mamsa
- Desha - Sadharana
- Sara - Madhyama
- Samhanana - Madhyama

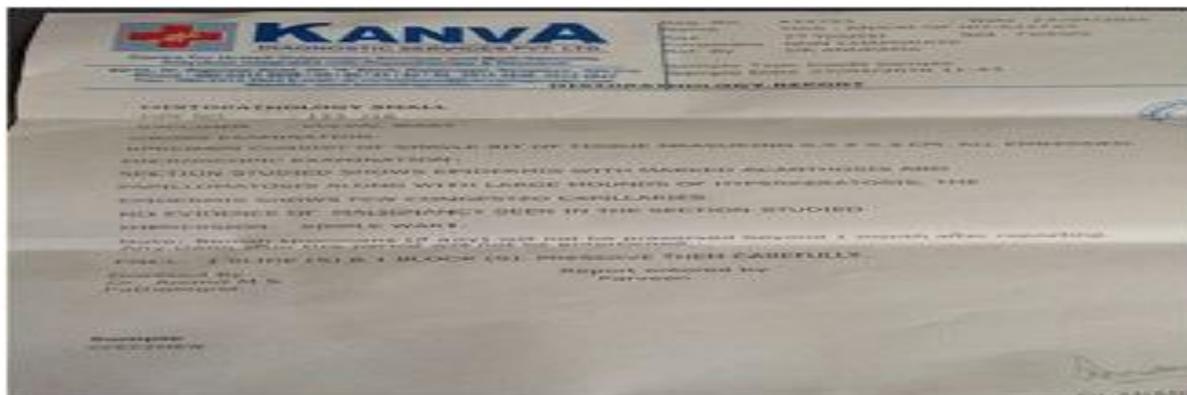
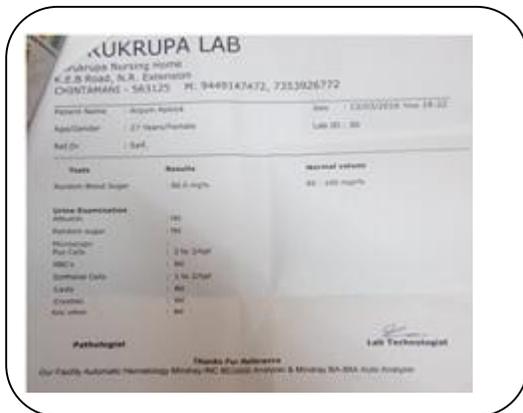
LAB INVESTIGATIONS

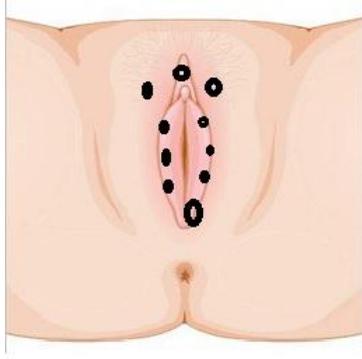
- Random blood sugar- 88mg/dl
- Urine examination – NAD
- VDRL – Non reactive
- HIV - Non reactive

- Histopathology report – (A small portion was excised & was sent)
- Specimen- Vulval wart
- Gross examination – Specimen consist of single bit of tissue measuring 0.5*0.3cm. All embedded

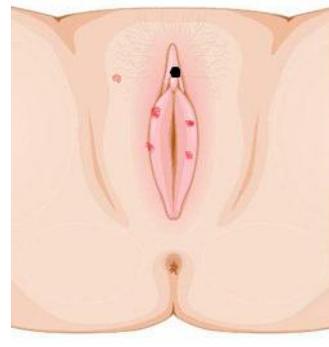
MICROSCOPIC EXAMINATION -

- Section studied shows epidermis with marked Acanthosis and papillomatosis along with large mounds of hyperkeratosis. The epidermis shows few congested capillaries.
- No evidence of malignancy seen in the section studied.
- Impression – Simple wart





BEFORE TREATMENT
No of warts-10



AFTER TREATMENT
No of warts-01

INTERVENTION

1. **Kshara karma** - *Yava kshara* mixed with *thutha* & *tankana* & applied it for 3min & removed it with lemon juice. } 7days
2. ***Maha tikta kashaya*** 2tsf BD } 1month
3. ***Tab. Nirocil*** 1tid }

Oral Medications are given for duration of 2 months.

Follow up was done every week for 1 month (7days of treatment + next 1 month following treatment).

RESULTS

There was a considerably change in size of the warts noted below

Sl no	Date	Itching	Pain	Tenderness	White discharge	Number of warts	Size of warts
1	26/4/16	+++	+++	+++	++	10	<ul style="list-style-type: none"> ❖ Biggest wart- 4-5mm ❖ Bigger-3-3.5mm ❖ Moderate- 2-2.5mm ❖ Smallest wart- 1-1.5mm
2	27/4/16	++	++	++	++	9	<ul style="list-style-type: none"> ❖ Biggestwart 3-3.5mm ❖ Biggerwart- 2-2.5mm ❖ Moderate- 1-1.5mm ❖ Smallest wart- 0.5-1mm
3	28/4/16	++	+	+	+	7	<ul style="list-style-type: none"> ❖ Biggestwart- 1-3mm

							❖ Smallestwart-0.5mm
4	29/4/16	+	+	+	+	5	❖ Biggest wart-1-3mm ❖ Bigger-1-1.5mm ❖ Moderate-0.5-1 mm ❖ Smallest wart-disappeared
5	30/4/16	-	-	-	+	4	❖ Biggestwart-1-2.5mm ❖ Bigger-1.5mm ❖ Moderate-0.5mm ❖ Smallest wart-disappeared
6	1/5/16	-	-	-	Mild	2	❖ Biggest wart-0.5-1 mm ❖ Moderate& Smallest wart-disappeared
7	2/5/16	-	-	-	-	1	❖ Biggest wart-o.5mm ❖ Moderate& ❖ Smallestwart-disappeared

DISCUSSION

In the management of the genital warts, the procedure i.e *kshara karma* described above is beneficial. It is versatile & plays important role in preventing scar formation. Internal medications like *Maha Tiktha Kashaya* does *Pitta shamana* & has *Deepana* properties which activate *Agni*, *Tab Nirocil* having *krimighna* property helps to reduce severity of infection thus preventing recurrence. In the present study *kshara karma* i.e *yava kshara* mixed with *Tuttha* and *Tankana* are used as external application, *Pratisaraneeya kshara* is prepared with herbo-mineral medicines having an average pH of 13. It possesses penetrating, corrosive, scraping, and healing properties, and is evidently indicated for external application. The benefits of this treatment are:

- Without anesthesia, one can burn the hyper-keratinized tissue till the patient exhi-

bits pain, which is the best assessment to judge the penetration of *kshara* in a normal, healthy tissue.

- Further penetration of *kshara* can be held back by washing the wound with a sour substance like lime juice, which neutralizes the *kshara*.
- The contemporary modalities are expensive and *Pratisaraneeya kshara* is cost-effective.

Kshara has an important place among all surgical and parasurgical measures, due to its properties which do not come under the preview of *agnikarma* or *jalaukacharana*.

The *kshara* is superior to the *Shashtra* (sharp instruments) and their substitutes (*anushastra*) because of their capability to perform *Lekhana*, *Bhedana*, *Chedana* and also due to their power to alleviate provoked *Tridoshas*^[7]. *Yava kshara*^[8] having *sukshma*, *Laghu*, *Snigdha*

properties indicated in *kaphajavyadi*, *arsas*, *kapha vata roga*. *Tuttha* having *Rasayana*, *Lekhana*, *Bhedana* properties indicated in *twak vikaras* & *Tankana* having *Hrdya*, *Balya* & *vatakaphagna* indicated in *Artava janaka*, *Mudagarbha*. All the dravyas used are having *Chedana*, *Bhedana* & *Lekhana* properties which invades into the deeper tissues and does *Ksharana* of tissues & undergo necrosis.

The internal medicines like *Maha tiktha kashaya* having *Tridoshagna*, *krimighna*, *Deepana*, *Pachana* properties indicated in *Artava janakas* & *Vranaghna*, *Tab Nirocil*^[9] having *krimighna* properties indicated in URTI, Hepatitis B, Mumps. Thus, it is certain that, drugs evaluated in this study are having many advantages without complications and thus can be considered as preferable method of treatment in Genital warts.

CONCLUSION

In the present study, *Kshara karma* has been used as external treatment and *Maha tiktha kashaya* and *Tab Nirocil* internally for genital warts which are found to be very effective. There is drastic improvement in signs and symptoms. Patient is free from all the symptoms since and able to perform her daily routine activities without difficulty. Hence, *Ayurveda* gives the complete cure by not only relieving the symptoms of illness but also by increasing the defense mechanism and immunity of patient. This in turn prevents the recurrence of disease. But to prove this with greater confidence further studies are to be conducted on this as the present paper is a single case

study. Trial in a larger sample is required to generalize the outcome.

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