AYUSHDHARA
ISSN: 2393-9583 (P)/ 2393-9591 (O)
An International Journal of Research in AYUSH and Allied Systems

Case Study

COST - EFFECTIVE MANAGEMENT OF SEBORRHEIC KERATOSIS USING SIDDHA MEDICINE

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Article info
Article History:
Received: 01-10-2024
Accepted: 30-10-2024
Published: 20-11-2024

KEYWORDS:
Kallani Kalimbu, Marul, Seborrheic Keratosis, Siddha medicine.

ABSTRACT

Seborrheic Keratosis (SK), commonly known as seborrheic warts or basal cell papilloma, is a prevalent benign skin tumor that is often removed for cosmetic reasons due to its appearance. These lesions can manifest in various forms and locations on the body, making them a common concern for many individuals seeking dermatological care. Within the Siddha system of medicine, such skin growths are classified as "*Marul*." This case report discusses the successful treatment of a 30-year-old male patient diagnosed with SK on the scalp. The patient underwent a comprehensive four-day regimen of *Kallani Kalimbu*, a Siddha-based topical preparation rich in natural ingredients. Remarkably, this treatment resulted in the complete resolution of the lesion, with no visible scarring and no recurrence noted during follow-up visits over the course of several months. This case underscores the potential effectiveness of *Kallani Kalimbu* as a minimally invasive and cost-effective therapeutic option for managing SK. While these findings are promising, further studies involving larger controlled trials are essential to validate the efficacy and safety of *Kallani Kalimbu* for SK and similar skin conditions. Expanding the evidence base through rigorous research could facilitate the integration of traditional Siddha practices into contemporary dermatological treatment protocols, thereby enhancing the overall management of benign skin lesions and improving patient outcomes.

INTRODUCTION

Seborrheic keratosis, commonly referred to as seborrheic wart or basal cell papilloma[1], is among the most prevalent dermatological conditions and is classified as the most frequent type of skin tumor.[5] Typically benign, these lesions are often removed for aesthetic reasons. Seborrheic keratosis (SK) can develop on various areas of the body, predominantly appearing on the face, neck, and trunk, while the palms and soles are usually unaffected[1] SKs are generally asymptomatic and manifest as papules, macules, or plaques. Their coloration can range from tan to black, and they often present a well-defined, verrucous, "stuck-on" appearance. The texture of these lesions can vary, appearing waxy, keratinous, scaly, or greasy, and may become rough over time[3].

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Quick Response Code
https://doi.org/10.47070/ayushdhara.v11i5.1762

Statistically, SKs are more common in males, and there is a notable correlation between the condition and increasing age. While they are most frequently seen in older adults, instances have been reported in younger populations, including adolescents and young adults.[2]

Traditional methods for treating SKs include cryosurgery, shave excision, electrodessication, curettage, topical treatments, and laser therapies. Although generally considered safe, these methods can sometimes lead to side effects such as post-procedure skin discoloration, scarring, and recurrence of lesions[4]. A new promising approach utilizing nanosecond-pulsed electric field technology is emerging, noted for its reduced side effects. However, existing treatments can cause localized pain, incur high costs, and necessitate prolonged treatment periods before visible improvements are evident. Moreover, there are concerns regarding the potential for hypo- or hyperpigmentation, a high likelihood of wart recurrence, and the formation of scars[5].

According to Siddha medicine, warts can be equated with *Marul*, arising from the imbalance of the

Vata and *Kapha* humors, resulting in the formation of nail-like projections[6]. *Kallani Kalimbu*, a traditional Siddha ointment produced by Zigma Herbal Remedies in Tamil Nadu, is frequently employed to treat warts and corn. Each gram of *Kallani Kalimbu* consists of 167 mg of limestone, 167mg of arsenic trisulfide, 167mg of beeswax, 167mg of copper sulfate, 167mg of mercuric perchlorate, and 165mg of lead sulfide. Despite its common use and associated claims, there is currently no scientific evidence to substantiate its effectiveness. Although a couple of reports have documented its impact on common and filiform warts, research on its efficacy for seborrheic keratosis is lacking. This article presents a case study of a patient with seborrheic keratosis who was treated successfully with *Kallani Kalimbu* within a four-day period, with no adverse effects such as hyperpigmentation, recurrence of warts, or scarring observed

Case Report

A 30-year-old male presented with a 4-year history of seborrheic keratosis on his scalp. Although the lesion had been gradually increasing in size, it had not caused him significant discomfort, and he had not sought treatment for its removal. The patient had no history of diabetes or hypertension and was not on any medication.The lesion did not resolve spontaneously, prompting his visit to Chendur Siddha Clinic. Information consent was obtained from the patient for the publication of this case report.

Investigation

Clinical Examination

On examination, the lesion displayed the typical characteristics of seborrheic keratosis, featuring a dull, waxy, and verrucous surface that created a “stuck-on” appearance. It appeared as a solitary lesion with a color range from light to dark brown, which is commonly associated with this condition (Fig. 1).

Investigation in Siddha Medicine

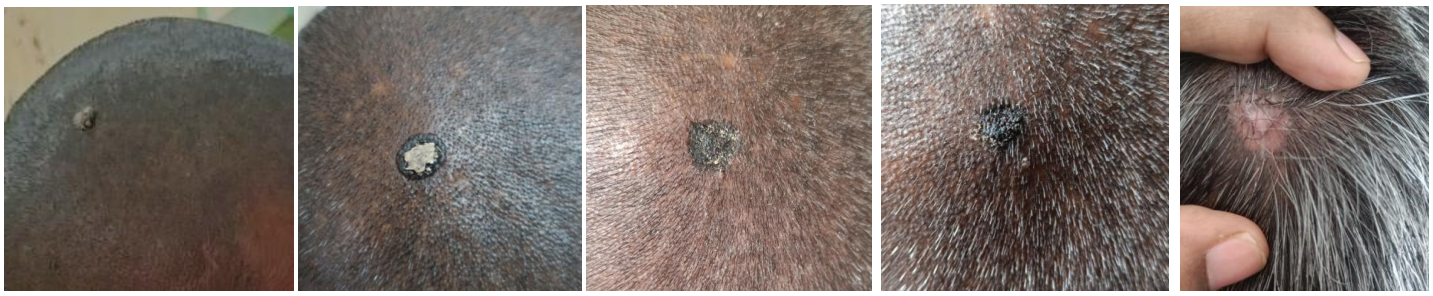
Envagaithervu (Eight-fold system of clinical assessment):

- *Naadi* (Pulse): *Vatha Kabam*
- *Naa* (Tongue): Normal
- *Niram* (Color): Grayish
- *Mozhi* (Speech): Normal
- *Vizhi* (Vision): Normal
- *Sparism* (Skin): Hard and rough grainy skin growth
- *Malam* (Nature of Motion): Normal
- *Moothiram* (Nature of Urine): Normal

Based on the clinical examination and the Siddha assessment, the patient was diagnosed with seborrheic keratosis.

Treatment

We opted to treat the seborrheic keratosis with the topical application of *Kallani Kalimbu* on an outpatient basis. On the first day, the lesion was cleaned with hot water, allowed to dry, and then *Kallani Kalimbu* was applied using the applicator provided with the ointment. The medication was left in place and washed off the following day, and this procedure was repeated for four consecutive days. By the second day, epidermal erosion had occurred, leaving a concavity at the treated site, with exposed thrombosed capillaries that appeared black in color, surrounded by an annular ring (Fig. 1). On the third visit, the patient reported tolerable pain at the treatment site, and the remaining tissue of the seborrheic keratosis had formed a black scab. By day four, the lesion resembled its appearance from the previous day but without any pain. On day 30, the site appeared healthy and normal, with no scar formation. There were no complications or recurrence during the 12-month follow-up, with the patient being monitored monthly.



Day 1 **Day 2** **Day 3** **Day 4** **Day 30**

Dietary and Lifestyle Modifications

The patient was encouraged to adopt good hygiene practices to effectively manage seborrheic dermatitis. Dietary advice included increasing the consumption of antioxidant-rich foods, such as tomatoes, Indian gooseberry (*Amla*), onions, garlic, ginger, and asafoetida. The patient was also advised to avoid junk food, fried items, and processed foods to reduce inflammation and promote overall skin health.

DISCUSSION

Kallani Kalimbu is a commonly used Siddha cream for chemical cauterization, aimed at treating conditions such as hard skin, warts, corns, and skin tags. This formulation consists of ingredients like limestone, arsenic trisulfide, copper sulfate, mercuric perchlorate, lead sulfide, and beeswax. Each application effectively eliminates a significant portion of the outer thickened skin through chemical cauterization. Importantly, no recurrence of warts was observed, which may be attributed to the formulation's heavy metals (mercury, lead, arsenic, and copper), potentially destroying the viral colonies. The only reported side effect was a mild burning sensation, which the patient tolerated well. Additionally, at a cost of INR 60 per container, *Kallani Kalimbu* presents a cost-effective alternative for the treatment of seborrheic keratosis compared to conventional methods. Further comprehensive clinical trials are needed to explore its mechanisms of action and to refine the dosage for various conditions like warts and corns, which is essential for advancing evidence-based healthcare.

CONCLUSION

Siddha medicine has demonstrated effectiveness as a minimally invasive, economical, and well-tolerated treatment for the removal of seborrheic keratosis. The procedure was straightforward, required short treatment duration, and showed no recurrence during the one-year follow-up.

Informed Consent

Informed consent was obtained from the patient for the publication of this case report. The patient was informed about the study's purpose and the use of their medical information in the manuscript.

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Cite this article as:
R.Rushmi Kruthiga. Cost-Effective Management of Seborrheic Keratosis Using Siddha Medicine. AYUSHDHARA, 2024;11(5):250-252.
https://doi.org/10.47070/ayushdhara.v11i5.1762
Source of support: Nil, Conflict of interest: None Declared

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