



Case Study

MANAGEMENT OF PERINEAL AND PERIANAL WARTS THROUGH AYURVEDA: A CASE REPORT

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ABSTRACT

Warts are the commonest benign, viral condition found in day to day practice and it is more common in young females. In Ayurveda warts may be compared with *Charmakeel*. As per *Acharya Sushruta Agnikarma* has been described as superior para-surgical procedures among all the measures used in Ayurveda, as the disease treated by it usually did not relapse. In present case report 33 years old female patient visited in Outpatient department (OPD) of Shalya Tantra having complaints of numerous growths in perineal and peri-anal region with itching and occasional pain since 6 months. The swelling was gradually increasing in size with local itching and discomfort. So the case was diagnosed as external genital warts and *Chedana* (excision) of the warts with cautery was planned. Orally two tablets (500mg each) *Triphala Guggulu* thrice in a day with lukewarm water was advised for one month. Daily cleaning with *Panchavalakal Kwath* and dressing with *Thumari Taila* was performed till complete healing of the post-operative wound. Within 3 weeks wound was healed completely. Follow-up was done up to 10 months and patient had no any complaints or recurrence of warts. This case demonstrates that warts can be managed through Ayurveda without any complications, no recurrence and cost-effectively.

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INTRODUCTION

External genital warts, also known as Condyloma Acuminata (CA), are common, benign, viral infections of the skin and adjacent mucous membranes and mode of transmission is probably through direct contact, but autoinoculation is possible.^[1] It is estimated that anywhere between 500,000 to one million new cases are diagnosed each year in the United States alone, with clinically apparent warts presenting in approximately one percent of the sexually active population.^[2] The incidence of warts is highest in young women.^[3] 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*. 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*, it appears blackish in colour.^[4]

These warts should be treated earlier or else the risks of amputative surgical management or malignant transformation results. In contemporary science, electrically or surgically by cryosurgery, keratolytic ointment application etc.^[5] These treatment options are centered upon removal of warts rather than elimination of underlying viral infection. Hence there is chance for the genital warts to recur after treatment especially in three months. As per *Acharya*

Sushruta, Charmakeela is one type of *Arsha*, for the treatment of *Arsha* various options including the internal administration of drugs, external application and para-surgical procedures like *Shastrakarma, Ksharakarma* and *Agnikarma* are explained.^[6] Rather giving up a symptomatic relief *Ayurveda* aims in curing the disease from the root cause and establishing sound body with rarest chance of recurrence. Here a particular case study is taken for discussion explaining the successful treatment schedule for warts by *Agnikarma* and internal medication.

Case Presentation

A 33 years old female patient came to Outpatient Department (OPD) of *Shalya Tantra* with complaints of numerous small growths, itching and occasional pain in genital region which hampers daily routine of the patient as it causes discomfort to her. She was apparently normal before 6 months, gradually she noticed small numerous growths in and left untreated for 6 months. She is a housewife, belonging to middle socio-economic status and her husband is businessman. She has history of hypothyroidism since 15 years and taking medications for the same. Her menstrual cycle was normal, bleeding lasting for 4-5 days with an inter-menstrual duration of 28-30 days not associated with pain affecting routine work, per-vaginal passage of clots etc. Occasionally par vaginal whitish discharge was present. Regarding her obstetric history, she is G1 P1 L1 with full term normal delivery.

On examination, the general condition of the patient was stable. Systemic examination was found to be normal with no abnormalities detected. On local examination, multiple, non-

tender, growth of varying sizes was found in perineal and perianal region. Hence, based on clinical findings the case was diagnosed as *Charmakeela*. She was advised to admit in patient department (IPD) of *Shalya Tantra* for the further management. All the haematological, biochemical and serological reports were done prior to surgery and found within normal limit.

Treatment Protocol

Pre-operative: Informed written consent was taken prior procedure with explained prognosis and result. Injection tetanus toxoid 0.5ml intramuscular was given. Injection Xylocaine intra-dermal sensitivity test was done. Patient was kept nil by mouth 6 hours prior to surgery. Local part preparation was done.

Operative: Under aseptic precautions, patient was taken to operation theatre; spinal anesthesia was given in sitting position followed by lithotomy position. Painting with povidone-iodine solution and draping with sterile cut sheet was done. All the warts were catch-hold one by one with the help of artery forceps and removed with the help of electro-cautery. Proper haemostasis was achieved. After removal of warts *Haridra Churna* was applied. Wound was packed with dry gauze pieces.

General Post Operative Measures: Patient was advised to take sitz bath with *Panchvalkala Kwath* two times in a day and daily aseptic dressing with *Thumari Taila*. Orally two tablets (500mg each) *Triphala Guggulu* thrice in a day with lukewarm water was advised for one month. Patient was advised to maintain local hygiene, and to avoid coitus till complete healing of post-surgical wound.

Timeline

Date/Follow up	Procedure	Medications
(19/12/2019)	Patient admitted in IPD for further evaluation and management	Orally <i>Triphala Guggulu</i> (500mg each) 2 tablets thrice in a day
(20/12/2019)	Necessary haematological and biochemical examinations were performed which were within normal limit	
(24/12/2019)	Surgical removal of warts was performed	Under spinal anaesthesia
1 st post-operative day (25/12/2020)	After taking sitz bath, wound was cleaned with <i>Panchavalkal Kwath</i> and packed with <i>Apamaraga Kshara taila</i>	Patient was advised to take sitz bath with <i>Panchvalkala kwath</i> two times in a day. Daily aseptic dressing with <i>Thumari Taila</i>
8 th post-operative	Post-surgical wound was healthy, no	Continue as above

day (31/12/2020)	slough, no pain, no any discharge was found	
15 th post-operative day (07/01/2020)	Wound partially healed, healthy granulation tissue was observed	Continue as above
21 st post-operative day (14/01/2020)	Wound healed completely with minimal scar formation, no itching or any other complaints were found	Continue as above
Follow-up of 10 months	No scar mark, no any signs of recurrence, no itching	

Follow Up and Outcome: Patient got complete relief from itching and pain after removal of the warts. From the second day of surgery, wound was cleaned with *Panchvalakal Kwath* and dressing was *Thumari Taila* was started. The wound was observed and assessed daily. Wound healing was observed from the 8th post-operative day. Wound was healed completely within 3 weeks with minimal scar formation. Patient was followed up fortnightly for 8 months and no any signs of recurrence or scar marks were found.

DISCUSSION

This is a case of perineal and perianal warts that may be compared with *Charmakeela*, which is one type of *Arsha*. *Acharya Sushruta* has given four types of treatment of *Arsha*- *Aushadha*, *Kshara*, *Agni* and *Shastrakarma*. In present case *Aushadha* and *Agnikarma* has been implemented. Since the site affected was perineal and perianal region, to avoid unnecessary intra-operative pain spinal anaesthesia was given to the patient. In form of *Aushadha*, orally *Triphala guggulu* was given. *Triphala* is well known for its wound healing quality. It also soothes the inflamed mucous layer and helps in checking the further infection. *Guggulu* is one of the best-known anti-inflammatory herbs in Ayurveda.^[7] As per *Acharya Sushruta*, *Agnikarma Chikitsa* is very useful therapeutic procedure. Main advantage of *Agnikarma Chikitsa* is, there will no recurrence or minimal chances of recurrence will be there.^[8] Warts can be considered as *Twakdushti* so, *Dahanopakaran* which should be used is *Shalaka*. Electro-cautery can be considered as advanced form of *Agnikarma*.^[9] *Haridra*/turmeric powder (*Curcuma Longa* Linn.) was used to prevent infection, inflammation and for wound healing properties^[10] which is proved natural anti-inflammatory, antiseptic in Ayurveda.

Patient was advised to come for daily dressing of the wound, next day wound was observed and found healthy. The wound was

cleaned with *Panchvalkala kwath* and dressed with *Thumari Taila*. *Thumari Taila* has *Shodhan*, *Ropan*, *Lekhan* and *Savarnikaran* properties which possess early wound healing with minimal or no scar formation.^[11] *Panchvalkala Kwath* have anti-inflammatory, analgesic and antimicrobial activity thus, it prevents secondary infection in the post-surgical wound hence it promotes wound healing.^[12] These types of viral infections are prone for frequent recurrence and found to be hampering quality of life of the patient. So, patient was followed up to the 10 months after treatment and no signs of recurrence or complications was noted which indicates efficacy of treatment strategy. So it can be said that benign tumour can be managed with integrated Ayurveda interventions effectively with no recurrence.

CONCLUSION

Perineal and peri-anal warts are very common disease found in females which does not have any definite line of management in modern parlance. In such cases Ayurveda can provide cost effective, minimal invasive management which can improve quality of life of the patient with no recurrence and minimal complications. As very less studies found on management of warts it may require more work on such cases. This approach needs further investigation on greater number of patients.

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