

GENITAL WARTS- A CASE REPORT

Bawane Vishnu*¹, Pawaskar Mayur², Ansari Zishan Ahmad³

1. Professor and HOD, Department of Prasutitantra Strirog, B. R. Harne Ayurvedic Medical college, Karav, Vangani, Thane, M. S., India
2. Associate professor, Department of Shalyatantra, D. Y. Patil School of Ayurveda Deemed to be University Nerul, Navi Mumbai, Ph: 9004215670, Email: mayur.pawaskar@dypatil.edu
3. Final Year P. G. Scholar, Department of Shalyatantra, D. Y. Patil School of Ayurveda Deemed to be University, Nerul, Navi Mumbai, Ph: 9616930375, Email: ansarizishan95@gmail.com

*Corresponding Author: Contact: 9324737097; Email: drvcbawane@gmail.com

ABSTRACT

Verrucae, sometimes referred to as warts, are frequent benign viral (HPV) infections of the skin and surrounding mucous membranes. Transmission by direct touch is most likely, however autoinoculation is a possibility. From an ayurvedic perspective, a disease and *Charmakila* may be connected. In *Arsha nidan*, Acharya Sushruta describes *Charmakila*.

A single case study of a 37 years old female patient suffering from genital warts since 1-2 years. Patient had complaints of multiple skin tags near vulva. After taking detailed history of the patient, we decided to treat with the application of *Apamarg kshara pratisaran*.

Apamarg kshara was applied once, patient was called for a daily follow up.

This case study showed that application of *Apamarg kshara* in genital warts provided significant relief.

Keywords: Warts, *Charmakila*, *Apamarg kshara*.

INTRODUCTION

Verrucae, sometimes referred to as warts, are frequent benign viral (HPV) infections of the skin and surrounding mucous membranes. Transmission by direct touch is most likely, however autoinoculation is a possibility¹. The majority of benign papillomas and warts are caused by a broad group of DNA cancer viruses called human papillomaviruses (HPVs), which have about 100 genotypes and infect the skin or mucosa's epithelia. 'Low-risk' HPV strains such as HPV-6 or HPV-11 are frequently responsible for benign genital warts like condylomata acuminata².

According to allopathy medicine there are different types of warts which differs in shape, size and site. These are:

1. **Common warts**³: These warts are well-circumscribed from the skin around them and have steeply sloping "church spire" papillomatosis as a defining feature. Although the ridges are longer, the dermis is not penetrated any deeper by the bottoms of the ridges.
2. **Deep palmoplantar warts**³: The area around the wart is well-defined from the skin around it. Beyond the dermis, ridges continue.
3. **Flat warts**³: The distinctive characteristics of flat warts are orthokeratosis, no or minimum papillomatosis, a uniformly thickened granular layer, and vacuolization of cells in the granular and upper malpighian layers. It is known as "bird's eye."
4. **Epidermodysplasia verruciformis**⁴: Patients with EDV have lesions that resemble pityriasis versicolor and flat warts that can be seen under a microscope as a stratum corneum with a basketweave look.
5. **Anogenital warts**⁴: The papillomatosis is rounded more gently than it is with ordinary warts. Normally, there is some degree of cytoplasmic vacuolization in the higher sections of mucosal epithelia. One can identify mitotic figures.

Management of warts:

1. **Local destructive and cytotoxic THERAPY**⁵: following daily application of salicylic acid/

lactic acid/ collodion (1:1:4) for up to 12 weeks, skin warts disappear in two-third patients. Cryotherapy may be utilized for chronically persistent or recurrent verrucae. In addition, curettage, electrocautery or laser therapy may be appropriate modalities.

2. **Immunomodifiers**⁶: Interferons have been used topically, intralesionally or systematically, though controlled trials in patients with genital warts have failed to demonstrate consistent efficacy.
3. **Antiviral agents**⁶: Cidofovir is an acyclic nucleoside phosphonate with broad-spectrum activity against DNA viruses.

Warts may be connected to *Charmakila*, according to Ayurveda. The *Charmakila* in *Arsha nidan* is described by Acharya Sushruta in the Sushruta Samhita *Nidan-sthan*. The outwardly stiff and nail-like growths known as *Charmakila* piles (warts) are caused by aggravated *vyana vayu* taking *kapha* along with it⁷. Pricking pain in those warts is caused by *vata*; similar colour and knottiness are caused by *kapha*; roughness, blackness, and glossiness are caused by *pitta* and blood⁷; and finally, similar colour and knottiness. A noticeable roughness is a wart's most distinguishing feature. Acharya Sushruta offered four ways to treat *arsha* in the Sushruta Samhita⁸ -

1. Drugs
2. Caustic alkali i.e. *kshara karma*
3. Cautery i.e. *agnikarma*
4. Sharp instrument

Kshara karma is a non-surgical process in ayurveda for management of *arhsa*. They are called *kshara* as they are capable of melting away or destroying

(the lesions)⁹. It is a medicine derived from combination of various herbs and is of alkaline in nature. *Kshara* is of two types- pastable and ingestible¹⁰. The pastable one is applied externally in case of warts¹¹.

PATIENT INFORMATION

In the present case study, a female patient aged 37 years came to Ayurvedic hospital having chief complaints of multiple skin growth at genital region since 1-2 years.

CLINICAL FINDINGS

The patient was hemodynamically stable having Pulse 72/min, Respiratory rate 18/min, Blood pressure- 120/80 mmHg. In general examination Pallor, Icterus, Clubbing, Cyanosis, Oedema and Lymphadenopathy were absent. On local examination of genital region, multiple warts were seen at labia majora and vulva (fig 1).

THERAPEUTIC INTERVENTION

The patient was treated with application of *Apamarg kshara*.

The patient had multiple warts over the vulva. We did *pratisaran* to a wart on the right side of vulva which is encircled in fig 1.

Periodic assessment was done to assess the prognosis of the therapy. Proper counselling, written informed consent was recorded after explanation of proposed line of treatment.

The management was completed in three steps:

1. **Purva karma (~ pre-operative procedure):** Blood pressure and pulse rate was monitored before

main procedure. Patient was placed in lithotomy position and local antiseptic care was taken. Sterile gauze piece, sterile rubber gloves were taken in instrument tray.

2. **Pradhan karma (~ operative procedure):** Right side area of labia majora near vaginal orifice was cleaned with Normal saline. *Apamarg kshar* was applied on the wart (fig 2).
3. **Paschat karma (~ post-operative procedure):** Patient was kept in lithotomy position and *Apamarg kshara* was kept applied for 100 *matra kaal* and then washed out with lemon juice.

FOLLOW UP AND OUTCOME

Patient was advised daily follow up after application of *Apamarg kshara*. On application of *Apamarg kshara* size of wart started reducing significantly in size and eventually fell off after shrinkage on 6th day (fig 3).

DISCUSSION

In dermatology clinical practice, warts are among the most prevalent, annoying, and chronic cutaneous issues, particularly in younger generations. Despite the fact that both sexes are affected by warts, more women are diagnosed than men. Genital warts should be given particular attention, and other STDs should be watched out for. An early and still popular form of treatment for warts was surgical curettage followed by cauterization. Because of the risk of scarring, surgical excision is not the optimal treatment. But after only one application of *Kshara*, the size of wart started to shrink and eventually disappeared.

Kshara is a composite of many drugs, it alleviates the three doshas. Being white in colour it is placid; even though it is placid, its strength is not incapable of carrying out cauterization, digestion and splitting etc. As it is mainly made up of the drugs having heating effect it is pungent (in taste), hot (in potency), sharp (in properties), digestive and liquefier (of granulation tissue); (used externally on ulcers) it has cleansing, healing, adsorbent, styptic and scraping properties¹².

PROBABLE MODE OF ACTION OF APAMARG KSHARA

Apamarg kshara generally contains sodium, potassium, carbonate, calcium oxide, magnesium and silica. It exerts many actions such as incision, excision, debridement, scraping and dissolution simultaneously to cure disease¹³.

The mode of action starts immediately after application of *kshara* on the tissue. *Kshara* penetrates into the skin/mucosal layer of lesion and destroys it due to chemical cauterization property of *kshara*. It coagulates the protein of tissue which in fact causes the local necrosis of mass, and ultimately, the necrosed tissue falls off. The chance of infection does not occur due to antimicrobial action of *kshara*¹³.

CONCLUSION

It can be concluded that *Apamarg kshara* application is a better choice for the management genital warts. Application of *Apamarg kshara* should be performed on large sample size to generate more data regarding its efficacy.

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CONFLICTS OF INTREST

Nil

Fig 1



Fig 2



Fig 3



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