

Management of *Charmakeela* (Anal Warts) with *Agnikarma* by electrocautery- along with Adjuvant Ayurvedic Remedies: A Case Report

Krishna R Chandran^{1*}, Pashmina B Joshi², T S Dudhamal³

¹MS Scholar, ² Reader, ³ Professor and HOD, Dept. of Shalya Tantra, Institute of Teaching and Research in Ayurveda (INI), Jamnagar, Gujarat, India.

ABSTRACT

Anal warts are the commonest benign viral conditions caused by a variant of papilloma virus. These are often transmitted by sexual contact hence it may be associated with sexually transmitted diseases and also noticed in patients whose immune response have been depressed with steroids or other form of chemotherapy. Available treatment options includes local application of 25% podophyllin cream, surgical excision of warts, intralesional injection of interferon alpha 2b but it can cause skin reaction, systemic side effects, and recurrence rate is also high. In Ayurveda it can be correlated with *Charmakeela*. In present case study, 50 years old male patient came to Shalya Tantra OPD with complaints of fleshy hard growth at perianal region which was gradually increasing in size and number along with complaint of occasional itching at affected site since last 9 months. He had also complaint of discomfort and burning pain in ano since last 15 days. Final diagnosis was made on the basis of clinical examination and histopathological report as condyloma acuminata. *Triphala Guggulu* 500mg TDS/AF, *Eranda Brista Haritaki* 5gm HS with warm water as oral medications and sitz bath with warm water made up of 10 gm *Shuddha Tankana* for one and half month were administered in post-operative period along with local dressing by ointment containing Aloe vera, Turmeric extract, Honey, Cow ghee, *Karanja* oil. As per *Acharya* Susrutha, *Agnikarma* is superior among para-surgical procedure as the disease treated by it, usually have no recurrence. Wound was completely healed within 6 weeks without any complaint for 9 month of follow-up period. This case demonstrates that condyloma acuminatum can be managed through *Agnikarma* by electrocautery as complete excision along with adjuvant *Ayurvedic* remedies without any complications and recurrence.

KEYWORDS: *Agnikarma*, Anal warts, Condyloma acuminata, Electrocautery.

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*Corresponding Author:

Dr. Krishna R Chandran

MS Scholar, Dept. of Shalya Tantra, Institute of Teaching and Research in Ayurveda (INI), Jamnagar, Gujarat, India

E-mail : krishnarchandran1992@gmail.com

INTRODUCTION:

Condyloma acuminata is a common sexually transmitted disease caused by papilloma virus that is autoinoculable, filterable and transmissible. It vary from pinhead-size lesions to projecting cauliflower like masses.

It is rarely a serious medical problem, but frequently causes emotional distress to patient, can transform to squamous cell carcinoma and its marked tendency to recur.

[¹] The global pooled prevalence is 31% for any HPV and 21% for high HPV. [²] The causes

of condyloma acuminata in the anorectal and urogenital regions is a sexual mode of transmission at birth and by close contact with infected individuals. It occurs mainly in male homosexual patients but can be seen in heterosexual men, women, children and immunosuppressed patients. Chronicity may lead to carcinomatous changes. [3] It can be correlated with *Charmakeela* in Ayurveda, in which aggravated *Vyana Vayu* combined with aggravated *Kapha* and produce hard growth on the skin. Their clinical features are described on the basis of dominant *Doshah*. [4] Many methods of treating condyloma acuminata are available in allopathy science which includes topical application of caustic agents such as podophyllin or bichloroacetic or trichloroacetic acid, imiquimoid 5% cream, electrocoagulation, Cidofovir topical 1%, cryotherapy, surgical excision, laser therapy and interferon. [5] *Acharya* Sushruta has described the *Charmakeela* as one type of *Arsha*, which can be treated with four types of treatment modalities such as *Bheshaja* (internal medications and external application of drug), *Ksharakarma* (therapeutic application of caustic material), *Agnikarma* (thermal cautery) and *Shastrakarma* (surgical procedure). [6] As per *Acharya* Sushruta, *Agnikarma* "*Ksharatagnirgariyan Kriayas Vykyathaha*" that is superior para-surgical procedure as the disease treated by it, usually have no recurrence. [7] So, in this case report, *Agnikarma* was carried out through electrocautery to minimise bleeding, chance of recurrence and complications along with adjuvant *Ayurvedic* remedies without any complications and recurrence.

CASE REPORT:

In present case study, 50 years old male patient came to Shalya Tantra OPD with complaints of fleshy hard growth at perianal region which was gradually increasing in size and number along with complaint of

occasional itching at affected site since 9 months. He had also felt discomfort and burning pain in ano for last 15 days. Symptoms get aggravated during sitting and walking. Patient had history of taking tablet Combiflam occasionally for the same as medicinal history. There was no any relevant surgical and family history.

On local examination, inspection reveals large crop of papillomatous growth around perianal region from 2 to 5 O'clock and 7 to 11 O'clock (Fig-1). On digital examination moderate tenderness was present and no other abnormalities were detected. Thus, it was diagnosed as *Charmakeela*. All the haematological, biochemical and serological investigations were done prior to procedure and were found within normal limits. Under local anaesthesia lignocaine 2% with adrenaline (1:200,000) small part of lesion from 11 O'clock was excised and sent for histopathological examination. Histopathological findings revealed it as a condyloma acuminata. Thus, complete excision was planned through *Agnikarma* by electrocautery followed by the use of Ayurvedic medication as internal medicine.

THERAPEUTIC INTERVENTION:

Pre-Operative: Prior to surgery, complete information was given to patient and informed written consent was taken. Injection Tetanus Toxoid 0.5 ml intramuscular (I/M) was given and Inj. Xylocaine 0.1 ml intradermally (I/D) for sensitivity was done. Patient was kept NBM (nil by mouth) for 6 hours prior to surgery. Part preparation was done and glycerine enema was given prior to surgery.

Operative: Patient was taken to OT with normal vitals with due precautions. Spinal anaesthesia was given in sitting position followed by lithotomy position. Painting was done with Betadine solution 10 % and followed by spirit. Draping was done with sterile cut sheet. Blood loss was minimized

by infiltrating around 5 ml locally with local anaesthesia (Inj. Xylocaine 2% with adrenaline). Then wart at 7 O'clock was caught with Babcock forceps and excised with the help of electrocautery-Agnikarma. Same procedure was carried out for complete excision of wart circumferentially (Fig-2). Proper haemostasis was achieved and wound was packed. Patient was shifted to ward with normal vitals

Post-Operative: Patient was advised to take sitz bath with *Suddha Tankana* (Purified Borax) twice a day for 15 minutes followed by sterile dressing with ointment contains *Kumari* (*Aloe vera* (L.) *Burm.f.*), *Haridra* extract (*Curcuma longa* L.), *Madhu* (Honey), *Go-Ghrita* (Cow ghee), *Karanja* oil (*Pongamia pinnata* (L.)*Pierre*), excipients). As oral medication *Triphala Guggulu* (each 500 mg)

two tablet thrice a day with luke warm water after meal and 5 gm of *Eranda Brista Haritaki* bed time with warm water. Patient was advised to maintain hygiene, avoid strenuous activity to 1-2 weeks, and resume sexual activity, use condoms prophylactically till complete healing of post-operative wound.

FOLLOW UP AND OUTCOME:

Patient got relief from itching, pain, discomfort and burning sensation at perianal region after excision of warts with electrocautery *Agnikarma* within six weeks of treatment (Fig-3 to 5). Follow up was taken up to 9 months. There was no any recurrence, stenosis, stricture and complications were found in follow up period upto 9 months.



Fig-1: Preoperative warts



Fig-2: Post Operative



Fig-3: Post Operative Day 3



Fig-4: Post Operative Day 10



Fig-5: Post Operative Day 36

DISCUSSION:

Agnikarma is mentioned as superior among all para-surgical procedures. So, in this case *Agnikarma* was implemented by electrocautery to minimise the chances of recurrence, deep burns and bleeding. Electrocauterization is a routine surgical procedure in which electricity is used to heat tissue for removal of abnormal tissue/growth and to attain haemostasis. It is modified method for *Agnikarma* used for *Chedhana* (excision) and cauterization.

Triphala Guggulu is a well-known Ayurvedic formulation as per the Ayurvedic Formulary of India. It consists of *Guggulu*, an oleo-gum-resin of *Commiphora wightii* as a base along with other fruit powders of *Pippali* (*Piper longum* L) and *Triphala* which includes fruits of *Amalaki* (*Phyllanthus emblica* L.), *Haritaki* (*Terminalia chebula* Retz.) and *Vibhitaki* (*Terminalia bellirica* (Gaertn.) Roxb.}. *Triphala guggulu* was first mentioned by Acharya Sharangdhara under *Vati kalpana*.^[8] Research work has proved its anti-inflammatory, anti-microbial action, *Rasayana* (Rejuvenation), wound healing and post-operative pain management. All the five mentioned contents of *Triphala Guggulu* are mostly *Tridosahara*, *Madhura Vipaka* and *Ushna Virya* which contributes to the alleviation of prominent *Vatadosha* leading to *Shotha Prashamana* action.^[9]

Tankana (Borax) which is one among the *Ksharatraya* is a salt of tetra Boric acid, an important compound of Boron, which is also known as sodium baborate.^[10] *Tankan* is having *Ushna Virya* and *Vatakaphahara* property.^[11] It also helps to maintain local hygiene of the perianal region thus prevents the chances of secondary infection. Warm sitz baths several times a day may result in relaxation of the sphincter muscles and urinary bladder and facilitated defecation as well as urination.^[12]

Eranda Brista Haritaki is a combination of *Haritaki* and *Eranda Thailam* (castor oil).

This formulation is used here for *Anulomana* (Evacuation of flatus) and it also works in *Ajirna* (Indigestion).^[13]

Sterile dressing was carried out with ointment which containing Aloe vera, Turmeric extract, Honey, Cow ghee, *Karanja* oil, excipients. Aloe vera is having anti-microbial, anti-inflammatory, helps to boost skin's immune system and helps in wound closure and the tensile strength of the wound.^[14] Turmeric topical application was found to decrease multiplicity and onset of skin tumors and it is well known for its anti-microbial activity and anti-oxidant property.^[15] Anti-bacterial activity of honey was recognized. Honey has cleansing action on wounds, stimulates tissue regeneration, reduces inflammation and having anti-oxidant property.^[16] According to Ayurveda *Madhu* application is one among *Shasthi Upakrama* for *Vrana Ropana* property and having *Tridosahara* property.^[17] *Go-Ghrita* is having wound healing property. Several types of fatty acids especially Linoleic acid plays an important chemotaxic role for microphages. It favours in autolytic debridement in the wound bed, induces granulation and accelerates healing process.^[18] *Karanja* oil is obtained from the seeds of *Pongamia Pinnata* which proves highly significant wound contraction and decreases epithelialization period.^[19] It is having *Vranasodhaka* and *Vranaprasadana* properties and it is *Vata Kapha Dosha Samana*.^[20]

In this case wide excision was done as the growth was large, so chances of stenosis, stricture were more and anal warts has high recurrence rate. Wound was healed completely within 6 weeks of regular sterile dressing and oral adjuvant medications with no recurrence, stenosis and stricture and follow-up was taken for 9 months, so this single case study proves efficacy of complete Ayurvedic regimen in Condyloma acuminata.

CONCLUSION:

This case demonstrates that condyloma acuminatum can be managed through *Agnikarma* and Ayurvedic medication without any complications and recurrence thus improving the quality of life of patient.

Consent of patient:

The consent has been taken from patient to publish the images without disclosing his identity.

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