



Case Report



An Integrative Ayurvedic Approach In Management Of Shashtrakruta (Post-Operative) Complicated Gudajacharmakeela Arsha(Anal Warts) – A Rare Case Report

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Abstract: *Charmakeela Arsha* (Anal warts) are small growths in and around the anal region caused by the human papillomavirus (HPV). The patient, the age 39-years female, came to O.P.D. of shalyatantra complaining of *baddhamalapravrutti* (hard stools), *sarakta malappravrutti* (bleeding per rectum on and off), *Guda pradeshi Mamsankura prachiti* (feeling of mass at anal region), *sashoola malappravrutti* (pain during and after defecation) since six months. Clinically diagnosed patient as a case of *Charmakeela Arsha* (anal warts) with internal piles and sentinel tag. *Chedana* (Excision) of anal warts and Sentinel tag by *Agnikarma* (electric cautery) was performed with ligation haemorrhoidectomy under spinal anaesthesia. It is challenging to manage post-operative wound healing with simple ointments. So there is a need to intervene in the ayurvedic ointments and treatment of post-operative wounds to heal them faster with no complications. After the operative procedure, the patient was managed with Ayurvedic protocols like *laghu ahara*, *deepana*, *panchana*, *Virecheniya dravya*, and *Vranaropaka* ointment for 15 days. The patient was assessed by Subjective and Objective parameters like the Numerical pain Scale, WHO are bleeding Scale, and *Vrana Pariksha* based on signs and Symptoms. The patient showed improvement in signs and Symptoms on the 15th Day. After two months of follow-up, the patient recovered well, and no recurrence or complaint was observed. Hence, such a study is more important for better wound healing and pain management. Instead of taking more extended oral therapies or anaesthetic blocks in post-operative management, the short procedure, like the present study, can save time. This case proved the efficacy of ayurvedic management in *Shashtrakruta Charmakeela Arsha*.

Keywords: Anal Warts, *Charmakeela*, *Shashtrakutasadyavrana*, *Changeri Ghrwuta*, *Ajamoda Choorna*

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I. INTRODUCTION

Nowadays, people primarily consume oily, junk food, spicy, and fast food items. It directly relates to improper digestion and causes constipation. Hence in Ayurveda, there is a unique role of *pathya* (healthy) and *apathya* (unhealthy) *aharaja* and *viharaja* factors. That disturbance in the digestive system may lead to anorectal problems such as piles, fissures etc. Anal warts are small growths that appear in and around the anal region. The Human Papilloma Virus causes them. The Human Papilloma Virus was before assumed to be a commonly transmitted sexual disease¹. Though, penetrative sexual contact is not required to transfer the virus, which may be due to skin or mucosal contact. 2 More than 120 viruses in the HPV (Papillomaviridae) family have a preference for the mucosal epithelium. Six and 11 HPV subtypes transmit the most common warts (90 per cent). They occasionally co-occur with HPV subtypes 16, 18, 31, 33, and 35³. Anal warts usually take three to eight weeks from infection to the first clinical manifestation.⁴ Moisture-filled lesions may be solitary or numerous. The lesions rarely cause significant symptoms. However, they are occasionally accompanied by uneasiness in the anal region or itching in the anal area. The infections due to HPV may last for a long duration of time. Also, the disease caused due to HPV gets treated within two years with a sound immune system, and the infection recovery within five years is 90%.^{5,6} Visual inspection, including anoscopy, is used to make a clinical diagnosis of anorectal warts. Hypertrophied papillae and rectal mucosa are examples of lesions that can be seen in the anal canal. Treatment should be done as it is diagnosed because of complications such as carcinoma, necrosis, sepsis etc. Treatment modalities include topical application, electric cautery, cryotherapy, and invasive surgical excision.⁷ According to *Sushruta*, *Charmakeela* is a type of *Kshudraroga*.⁸ The *Samprapti* of *charmakeela* includes *dust* of *VyanaVayu* with *Kapha* on *twacha*, which developed into a complex nail-like structure called *charmakeela*. *Charmakila* is of three different types according to *dosha*. *Vata*, *Kapha* and *Pitta* or *rakta*.⁹ *Acharya Sushruta* mentioned *Chedana*, *Agnikarma*, and *Pratisarniya Kshara* in the management of *Charmakeela*.¹⁰ *Acharya Sushruta* also said application of *ksharasutra* for ligation of *charmakeela*. Due to a complicated condition (Figure 1), the patient was advised to do *Chedana karma* by *Agni karma* under suitable anaesthesia. In post-operative management, NSAIDS, antibiotics, steroids and other drugs act symptomatically, which have side effects and hazardous effects on C.N.S. (Table 3). Hence, there is a need for proper Ayurvedic medicines in post-operative management with good results and no side effects. Instead of taking more extended oral therapies or anaesthetic blocks in post-operative management, the short procedure, like the present study, can save time. Considering *agnimandya* in the pathogenesis of the anorectal disease, the patient was given *laghu ahara*, *deepana*, and *panchana dravya* to improve the digestive system. For hard stools, *virechaniya dravya* (laxative) was given (Table 1). Also, for wound healing, instead of betadine ointment, *Changeri ghruta Pichu* was applied locally. This ayurvedic management is the best treatment for

post-operative wounds because of no complications and no liver or kidney damage.

1.1 Case History

The patient age 39-year female, visited *Shalyatantra* O.P.D in September 2021 was having chief complaints of *Sashoolamalapravruti* (pain during and after defecation), *Gudapradeshi daha* (burning sensation at anal region), *Baddha mala pravrutti* (hard stools on and off), *Sarakta mala pravrutti* (bleeding per rectum on and off), *Makmsankrura* at *gudaPradesh* (feeling of mass at anal region) since ten months. The patient had no complaints for two years. Then, the patient started to see signs and symptoms step by step, as explained above. For that, she had taken medicines from his family general physician and got relief for some period, but again symptoms got aggravated. After a few months, symptoms worsened and hence came to our hospital for better treatment. There was no history of severe illness such as hypertension, diabetes, asthma etc.

1.2 Medical History

No history of any other diseases.

1.3 Family History

There was no related family history.

1.4 Observation

On Digital per Rectal examination reveals Anal warts and multiple sentinels (Figure 1) were visible and noted. Mild pain present. Mild spasm present. No active bleeding is present. On Proctoscopy examination revealed, internal piles at 3 O'clock and 11 O'clock positions. In a general exam, she was non-pallor, non-icteric, afebrile, and had a loss of appetite. Her B.P. (blood pressure) was 124/78 mm of Hg, and her Pulse rate was 78 per minute. *Ashtavidhapariksha* showed findings such as hard stools, *upalipta jivha* (*Nadi vatapiita* type), and *samyakamutravruti*. The patient was advised for a routine checkup before the operation for medical fitness, such as C.B.C., E.S.R., C.R.P., chest X-ray PA view, and E.C.G. was done.

1.5 Diagnosis

Gudaja Charmakeela Arsha (Anal Warts) with multiple sentinel tags and internal 2nd-degree piles (Figure 1)

1.6 Prognosis

Anal warts can be treated by electric cautery, cryotherapy, and surgical excision. Ayurveda management involved the *kshara* application, *chedana karma*, and *Ksharsutra* ligation.

1.7 Special Test And Investigations

1.7.1 Blood investigation

Her Hb count was 9.8 gm/dl, WBC count was 7400/mm³, LFT and KFT had normal findings, E.S.R. was 24 mm/1st hour, B.T. – 1 min 15 sec, C.T.- 3min 35 sec, H.I.V. and HBsAg was non-reactive, Blood group- O positive, X-ray PA view – Normal, E.C.G.- Normal.

2. MATERIALS AND METHODS

2.1 Study Setting

2.1 Treatment Protocol-

Patients will be selected from O.P.D. and I.P.D. of Mahatma Gandhi Ayurved College, Hospital and Research Centre (MGACH&RC), Salod (H), Wardha, Maharashtra.

2.2 Inform Consent

Taken from the patient according to Helsinki Declaration

2.3 Materials required

Ayurvedic medicines required for the research work were prepared in the Rasashala of Mahatma Gandhi Ayurved College, Hospital and Research Centre (MGACH&RC), Salod (H), Wardha.

Table no 1: Complete Ayurvedic treatment protocol					
Treatment Given	Ayurvedic Drugs taken	Dose	Route	Anupana	Duration
LaghuAhara (Soft Diet)	soji, manda, vilepi Avoid guru Ahara	-----	Oral	With lukewarm water	Three days (Post-operative Day 0 to day 2)
Dipana, Pachana	Ajamodadi Choorna	1 gm Twice a day Before food 8 AM and 6 PM	Oral	Honey	14 days
VirechaniyaDravya (laxatives)	Gandharva Haritaki Choorna	7 gm At night time After food	Oral	Warm water	14 days
Vedanashamaka	Triphala Guggulu	Two tab Twice a day After food	Oral	Warm water	14 days
Vranadhavana (cleaning of the wound)	Triphala kwatha	5 ml Twice a day After sitz bath	Local application	-----	14 days
Vranaropana (wound healing) and removing Vranavastu	Changeri Ghruta pichu	Local application Twice a day After sitz bath	Local application (Rectally)	-----	14 days

2.2 Methodology

Table no 2: Showing method of application of Changeri Ghruta Pichu	
Methods	Changeri Ghruta Pichu application (Shashtakrutasadyavarana)
Purvakarma	Selection of patients- symptomatic findings, relevant investigations and structured written consent TriphalaKwatha was prepared Changeri Ghruta Pichu was prepared.
Pradhana Karma	Under all aseptic precautions, VranaDhavana was done with TriphalaKwathand sterile draping was done. Changeri Ghruta Pichu was gently pushed into the anal canal with the help of a finger. Dressing Done

Paschat Karma

Lukewarm water Sitz Bath- Twice a day, *Gandharva Haritaki Choorna* 7gm at night with lukewarm water
Follow up on the 7th, 15th, and 45th Day and assessments were done.

2.3 Timeline with follow-up

Table no 3: Timeline of Treatment given		
Date/ Follow-up	Procedure	Medications
13/10/2021	Admitted to Surgery Ward under observation	<i>Triphala Gugulu</i> 2 tablets twice a day after food
14/10/2021	All routine blood investigation, Chest X-ray, and E.C.G. were done and was in the normal range.	Physician Fitness has taken for surgery
16/10/2021	Excision of anal warts and multiple sentinel tags with the help of electric cautery and <i>Ksharsutra</i> Ligation, and open haemorrhoidectomy	Performed under Spinal Anesthesia
17/10/2021 (Post-operative Day 1)	<i>VranaDhavana</i> done with <i>Changeri Ghruta Pichu</i> and sterile draping done <i>Changeri Ghruta Pichu</i> was gently pushed into the anal canal with the help of a finger	<i>Ajamodadi Choorna</i> 1 gm Twice a day before food, <i>Gandharva Haritaki Choorna</i> 7 gm at night time After food, <i>Triphala Gugulu</i> 2 tablets twice a day after food. Daily dressing with <i>Changeri Ghruta Pichu</i> followed by <i>tripphala kwatha Dhavana</i>
23/10/2021 (Post-operative Day 7)	Post- Operative wound was healthy and healing with no discharge, mild pain	Continue same medication
31/10/2021 (Post-operative Day 15)	Post- Operative wound was healed partially, and healthy granulation tissue was present with no discharge, no pain	Continue same medication
30/11/2021 (Post-operative Day 45)	Post- Operative wound was healed entirely wound with minor scar formation	Follow <i>pathya</i> and <i>apathya</i>

2.4 Assessment Criteria

2.4.1 Subjective Parameter

Table no 4: Showing Subjective parameters according to signs and symptoms					
Parameters	Gradation				
	0	I	2	3	4
<i>Sarakt mala pravrutti</i> (Bleeding Scale) According to WHO	Absent	Bleeding in small quantity	Mild loss of blood	Severe (blood transfusion required)	Heavy Blood loss
<i>Sparshaasatva</i> (Tenderness)	No tenderness	Tenderness to palpation with a grimace	The grimace on my face after applying pressure	Empathy with withdrawal (jump sign)	Jump sign with no noxious stimuli
<i>Gudadaha</i> (Burning Sensation)	No burning	Localized and sometimes feeling of burning sensation	Moderate and sometimes feeling of burning sensation	More localized and often burning	Continuous burning
<i>Malabaddhata</i> (Constipation)	Absent	Present			

Table no 5: Showing Parameters for examination of the wound				
<i>Vrana Pariksha</i>	Gradation			
	0	I	2	3
<i>Shula</i>	Absent	Very mild	Medium	Maximum
<i>Aaraktata</i>	Absent	Present		
<i>Strava</i>	No discharge	<i>Lasika strava</i>	<i>Lasika strava and rakta strava</i>	<i>Puya strava</i>
<i>Vrana Osthā</i>	No Gaping	Gaping seen		

<i>Sthanika Aushnya</i>	Absent	Present
<i>Kathinya</i> (Induration)	Absent	Present
<i>Jwara</i> (fever)	98.8° F & below	above 98.8° F

2.4.1 Objective Parameter

Table no 6: Showing Objective parameters					
Parameters	Gradation				
	0	1	2	3	4
<i>Vranaropaka</i> -(Wound Healing) Southampton Wound Grading System	Healed wound	Healing is partial, and granulation tissue present	Damage is apparent without discharge	Wound present and discharge present	
<i>GudaShoola</i> -(Pain) Numerical Rating Scale	No pain	Occasional pain did not require treatment	Constant dull ache pain required treatment	Severe constant pain but did not show relief even after treatment.	

2.5 Assessment Findings (Before and After Treatment)

2.5.1 Subjective Assessment

Table no 7: Subjective parameters showing findings of before and after treatment				
Parameters	Before treatment day-0 (16/10/21)	Postoperative day-7 (23/10/21)	Postoperative day-15 (31/10/21)	Postoperative day-45 (30/11/21)
<i>Sarakta mala pravrutti</i> (Bleeding per Rectum)	2	1	0	0
<i>Sparshaasatva</i> (Tenderness)	2	1	0	0
<i>Gudadaha</i> (Burning Sensation)	3	2	1	0
<i>Malabaddhata</i> (Constipation)	1	1	0	0

Table no 8: Wound examination parameters showing findings of before and after treatment				
<i>Vrana Pariksha</i>	Before treatment day-0 (16/10/21)	Postoperative day-7 (23/10/21)	Postoperative day-15 (31/10/21)	Postoperative day-45 (30/11/21)
<i>Shula</i>	2	1	1	0
<i>Aaraktata</i>	1	0	0	0
<i>Strava</i>	0	0	0	0
<i>Vrana Oshta</i>	1	0	0	0
<i>Sthanika Aushnya</i>	1	0	0	0
<i>Kathinya</i> (Induration)	1	1	0	0
<i>Jwara</i> (Fever)	0	0	0	0

2.5.2 Objective Assessment

Table no 9: Objective parameters showing findings of before and after treatment				
Parameters	Before treatment day-0 (16/10/21)	Postoperative day-7 (23/10/21)	Postoperative day-15 (31/10/21)	Postoperative day-45 (30/11/21)
<i>Vranaropaka</i> -(Wound Healing)	3	2	1	0
<i>GudaShoola</i> -(Pain)	3	2	1	0



Fig1: Day 0- Before treatment

Fig 2: Day 45- After treatment

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Department of Pathology
CENTRAL HISTOPATHOLOGY REPOSITORY

Lab. Ref. No.	:- B/21/12055	Date of Report	:- 28-Oct-2021
Patients Name	:- [REDACTED]	Gender	:- F
Age	:- 39	Ward	:- WARD
Hospital	:- AYURVEDIC		
Department	:- SURGERY/M.F. SNUR		
Consultant I / C	:- DR. DEVTANI	Hospital Regn. No.	:- AYURVEDIC (2110250149)
Nature of Material	:- HEMORRHOIDS AND WARTS		

HISTOPATHOLOGY REPORT
Seen by Dr. :- Dr. SAMARTH SHUKLA

Received single container labelled as Hemorrhoids and warts.
Received multiple, irregular, blackish tissue pieces all together aggregating 2 x 1 x 0.5 cm.
Section from the given soft tissue piece shows histopathological features suggestive of Hemorrhoids in view of clinical details.

Prof. PATHOLOGIST
Department of Pathology
JAWAHARLAL NEHRU MEDICAL COLLEGE
Sawangi (Meghe), Wardha

+

Fig 3: Histopath report

3. DISCUSSION

Due to advancements and new techniques, there are many different modalities to treat warts like laser surgery,

electrosurgery, bleomycin, cryosurgery and topic keratolytic applications.^{11,12} The patient was diagnosed with *Gudaja Charmakeela Arsha* (Anal Warts) with multiple sentinel tags and internal 2nd-degree piles, as shown in figure 1. Due to the

complicated condition of the patient, the emergency decision was taken to operate. The osteopath reports revealed the suggestion of haemorrhoids and warts, as shown in figure 3. The emergency surgical intervention was advised to the patient; if not done, the complication was also explained to the patient. Author *Sushruta* recommends *Chedana* (excision), *Agni karma* (cauterization), and *Ksharkarmain* management of *Charmakeela* ^{13,14}. The patient was posted for surgery as *Chedanakarma* (excision) of anal warts and multiple sentinel tags with the help of *Agnikarma* (electric cauterization) and *Ksharsutra* Ligation and open haemorrhoidectomy under spinal anaesthesia ^{15,16}. The procedure becomes uneventful. Post-operative wound care and pain management of the patient were done by Ayurvedic treatment protocol for fast recovery with no recurrence and no side effects ^{17,18}. Post-operative was advised not to take oral intake for up to 6 hours. IV fluids were given. After 6 hours, the patient was advised to have a liquid diet first. Then the patient was advised to take *Laghu Ahara* for three days for easy digestion. Then normal *Supachya Ahara* was reported after three days (Table 1). The treatment protocol (Table 1) given was *Ajamodadi Choorna* 1 gm twice a day before food, *Gandharva Haritaki Choorna* 7 gm at night time after food, *Triphala Guggulu* 2 tablets twice a day after food and daily dressing (Table 2) with *Changeri Ghruta* Pichu followed by *Triphala kwatha dhavana* (Table 3) for 14 days. *Ajamodadi churn* includes *Ajmoda*, *Shatpushpa*, *Chitraka*, *Haritki*, *Vidhara*, *Shunthi*, *Ajmoda*, *Vidang*, *Pippali* etc. *Ushna Guna* of the *churna* helped in the local digestion of *Aama*, thereby removing the obstruction to the normal movement of *Vata*. *Marich*, *Chitraka*, and *Pippali* are well-known *Deepana* and *Pachanadrugs*, which improved the *Agnimandya* and helped in *Amapachana*. ¹⁹ *Haritki* along with *kosthasuddhi* also served as *Vatanulomaka* drug *Shothaghana* property of the drugs such as *Devdaru*, *Vidhara*, *Shunthi*, *Ajmoda* helps to reduce inflammation of *Vrana* ²⁰. It also has *Vata-Kaphahara*, and *shoolagnaproperties*, which help to relieve post-operative pain at the anal region ²¹. *Gandharva Haritaki Choorna* acts as a laxative to avoid constipation. It is used for the excretion of vitiated *mala* from the body ²². Oral administration of *Triphala Guggulu* helps to heal wounds fast. It also leads to a reduction in pain associated with the wound ²³. It can be a potential drug for wound healing due to its safety and cost-effectiveness ²⁴. *Changeri* drug is used to pacify *Vata* and *Kapha dosha*. *Changeri Ghruta* is used locally to reduce pain, wound healing and inflammation ²⁵. Rubbing of *changerighruta* is indicated in *Charmakeela*. It also reduces scar formation ²⁶. *Shashtrakrutasadya Vrana* in *Gudaja Charmakeela Arsha* was successfully treated by ayurvedic management. The assessment was done by the objective (Table 4,5) and subjective parameters (Table 6) before treatment and after treatment. Follow-up was taken on the 7th, 15th, and 45th Days. On the 7th Day, there was reduced in symptoms like pain,

burning sensation, discharge, bleeding per rectum, constipation etc. (Table 7,8), and the wound was healing (Table 9). On 15th day, the injury was partially healed with healthy granulation tissue (Table 9) and with no infection, pain, bleeding per rectum, constipation, and discharge. On the 45th day follow-up, the post- Operative wound was healed entirely wound with minor scar formation (Table 9), with no pain, no hard stools, no bleeding per rectum and no other associated complaints were observed (Table 7,8). After 6 months of follow-up, the patient recovered very well, and there was no recurrence or complaint observed. The patient was advised to follow *pathya* and *apathy* for a better lifestyle ²⁷.

4. CONCLUSION

Many diseases need surgical intervention. Hence, such a study is more important for better wound healing and pain management. Instead of taking more extended oral therapies or anaesthetic blocks in post-operative management, a short procedure like the present study can save time. Proper Ayurvedic Management is a cost-effective, time-saving and successful treatment in *Shastrakruta Sadyo Vrana*. The side effects of Modern drugs can be overcome indeed by Ayurvedic medicines. This case proved the efficacy of ayurvedic management in *Shashtrakruta Charmakeela Arsha*.

5. ACKNOWLEDGEMENT

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6. AUTHOR CONTRIBUTION STATEMENT

Dr Shubham Biswas chose the rare case study and was guided by Dr Sheetal Asutkar, who taught him about surgical treatment and ayurvedic management protocol for anal warts. Dr Devyani Dasar contributed to the case writing protocol and correction in grammar. Finally, Dr Shweta Parwe finalized the manuscript.

7. ETHICAL STATEMENT

Written informed consent was taken from the patient.

8. CONFLICT OF INTEREST

Conflict of interest declared none.

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