



## Case Report

### CHHEDANA (EXCISION) AND ADJUVANT AYURVEDIC REMEDIES IN THE MANAGEMENT OF ANAL WARTS (CONDYLOMA ACUMINATA): A SINGLE CASE REPORT

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#### ABSTRACT:

Anal warts are the commonest benign, viral condition found in day-to-day practice in ano-rectal surgeries. Anogenital warts (Condyloma acuminata) caused by Human Papilloma Virus (HPV) infection and associated with squamous intra-epithelium lesions and squamous cell carcinoma. It occurs in the perianal area or in the squamous epithelium of distal anal canal. Many methods of treating condyloma acuminata have been employed such as topical application of podophyllin ointment which has many disadvantages like skin burns, requires multiple visits and systemic toxicity. As per *Acharya Sushruta*, *Agnikarma* has been described as one of the superior para-surgical procedure as the diseases treated by it, usually have no recurrence. In this present case report 47 years old male patient visited in OPD of *Shalya Tantra* having complaints of growth at perianal region with occasionally itching since last 8-9 years. Growth is gradually increasing in size and causing discomfort, pain and burning in ano during defaecation since last 6-7 months. Clinical appearance of the lesion makes the diagnosis obvious but the histopathological report reveals Condyloma acuminata. So, *Chhedana* (Surgical Excision) with cautery was planned after patient got negative report for HPV DNA test. Growth lesion was completely excised under spinal anaesthesia. Clinically it mimics with carcinoma so repeat histopathologic examination was done after complete excision which showed invasive squamous cell carcinoma in situ. So, the patient was referred to higher centre

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to oncologist for further evaluation and management. After thorough examination by oncologist, it excluded the possibility of malignancy by haematological investigations and CT scan of thorax, abdomen and pelvis, which were found normal. This case was managed post operatively with 2 tablets (500 mg each) *Triphala Guggulu* thrice in a day after meal for 1.5 months and daily sitz bath with *Panchavalkala Kwatha* and dressing with *Jatyadi taila* was performed till complete healing of post operative wound. Within 4 weeks wound was healed completely and no complaints of any recurrence or stenosis or stricture was found. This case demonstrates that condyloma acuminata can be managed through Ayurveda without any complications and is cost-effective.

**Keywords :** Anal wart, Ayurveda, *Charmakeela*, *Chhedana*, Condyloma acuminata

## INTRODUCTION

Condyloma acuminata (CA) are intraepithelial benign tumours that are caused by infection with human papilloma virus (HPV).<sup>[1]</sup> These are typically raised pale lesions that arise externally or internally in the anal canal as well as in the genital areas. In a sexually active population, the prevalence of DNA of the human papillomavirus is around 50%. Carcinomatous degeneration is possible if they persist for a very long time.<sup>[2]</sup> It can be compared with the *Charmakeela* in Ayurveda. In which, aggravated *Vyana Vayu*, combined with the aggravated Kapha and produce hard growth on the skin. The clinical features are described on the basis of dominant *Doshas*.<sup>[3]</sup> Spontaneous remission is common in warts localised elsewhere, but generally not with CA. It is thus not recommended to wait before starting treatment even if the signs are minimal. Podophyllin is most effective if the lesions are few and small, but large areas should not be treated and excessive amounts should not be applied as this substance producing systemic side effects. Cryosurgery, electrosurgery, curettage and laser treatment can be performed under local anaesthesia. Various interferons (alpha, gamma) are currently undergoing clinical trials and promise to give an alternative treatment for HPV infections, which are resistant to other treatment.<sup>[4]</sup> Excision

is required when medical treatment fails. All excised tissue should be submitted for histopathological examination to exclude malignancy.<sup>[5]</sup>

*Acharya* Sushruta has described the *charmakeela* as one type of *Arsha* and for the management of *Arsha*, *Bheshaja* (Internal medications and external application of drug) and para-surgical procedures like *Agnikarma*, *Kshara karma* and *Shastrakarma* are explained.<sup>[6]</sup> *Agnikarma* is said to be superior among all para-surgical procedures in many indications a like different kinds of musculoskeletal disorders and skin lesion.<sup>[7]</sup> Ayurveda treatment aims to cure the diseases from root cause with less recurrence rather than giving only symptomatic relief. So, in this case report, Condyloma Acuminata was managed by *Bheshaja* and *Agnikarma*.

Treatment available for the condyloma acuminata has various local as well as systemic side effects and also chances of recurrence are more. So, in this case report, *Agnikarma* was performed to minimise bleeding, chance of recurrence and complications.

## Case presentation:

A 47 years old male patient came to *Shalyatantra* OPD of ITRA hospital with the complaints of growth at perianal region with occasionally itching since 8-9 years. Growth is gradually increasing in size and causing discomfort, pain and burning in ano during defecation since 6-7 months. Symptoms get aggravated during prolong travelling, sitting and walking and relieved after taking analgesic medications. There was no any surgical or medical history was found. There was no any relevant family history.

## Diagnostic criteria

On local examination, multiple growth of varying sizes was found on anal verge and perianal region with mild tenderness. (Image 1) Hence the case was diagnosed as *Charmakeela*, though the part of lesion was excised under local anaesthesia and sent for histopathological examination. All the haematological, bio-chemical and serological investigations were done prior to excision and found within normal limit. Histopathological findings suggest condyloma acuminata so the lesion was sent for further investigation to rule out HPV infection.

HPV DNA test were found negative so patient was advised to admit in IPD of *Shalyatantra* for further management.

### Methodology:

**Pre-operative:** Informed written consent of patient and his relatives were taken prior to procedure with explained prognosis and result. Injection Tetanus Toxoid 0.5 ml intramuscular was given and Inj. Xylocaine intra-dermal sensitivity test was done. Patient was kept NBM (Nill By Mouth) for 6 hours prior to surgery. Part preparation was done and proctoclysis enema was given 2 hours prior to surgery.

**Operative:** Patient was taken to operation theatre with stable vitals. Spinal anaesthesia was given in sitting position followed by lithotomy position. Painting with 10% betadine solution and spirit followed by draping with sterile cut sheet was done.

Blood loss was minimized by taking lock stitch above the dentate line at 3 and 7 O'clock position and by infiltrating the Local anaesthesia (Inj. Xylocaine with adrenaline) surrounding of warts. Then wart was hold with Babcock forceps and excised with the help of electro-cautery (Image 2). Whole growth (warts) was excised one by one. Proper haemostasis was achieved and wound was packed with gauze pieces soaked with betadine + botroclot solution and dry gauze pad. Patient shifted to ward with stable vitals.

**Post-Operative management:** Patient was advised to take daily sitz bath with *Panchavalkala Kwatha* twice in a day followed by aseptic dressing with *Jatyadi taila*. Orally 2 tablets (500 mg each) of *Triphala Guggulu* thrice in a day with lukewarm water after meal for one and half months. Patient was advised to maintain hygiene and to avoid coitus till complete healing of post-operative wound.

### Timeline:

Date	Procedure	Medication
01/06/2022	Patient visited to <i>Shalyatantra</i> OPD	Orally 2 tablets (500 mg each) of <i>Triphala Guggulu</i> thrice in a day with lukewarm water after meal
02/06/2022	Serological investigations were done which were negative	
03/06/2022	Excision of some tissues of growth under local anaesthesia for HPE	
07/06/2022	HPE report findings showed – Condyloma acuminata (Image 9)	
16/06/2022	HPV DNA test – Negative (Image 10)	
27/07/2022	Patient admitted in ipd for further evaluation and management	
28/07/2022	Necessary haematological and bio-chemical investigations were done which was found within normal limit.	
29/07/2022	Complete excision of growth was done under spinal anaesthesia and sent for repeat HPE	

Clinically, the appearance of growth mimics with carcinoma, so the excised growth was sent for repeat HPE (histopathological examination). HPE report reveals Invasive Squamous cell carcinoma in situ. (Image 11) So, the patient was referred to higher centre to oncologist for further evaluation and management. After thorough examination by Oncologist, patient was advised for repeat haematological investigations i.e.AFP, CA 19-9 & CT scan of thorax, abdomen and pelvis. All the inves-

tigations were found normal. (Image 12) So, the possibility of malignancy was excluded.

Follow up and outcome: Patient got complete relief from pain, discomfort and itching at perianal region after excision of warts. Patient was followed up for 5 months at the interval of every 15 days. There was no any sign & symptoms of recurrence or any complications was found.

1st post-operative day (30/07/2022) (Image 3)	Post-operative wound was cleaned with <i>Panchvalakala kwatha</i> and packed with <i>jatyadi taila</i> .	Patient was advised to take daily sitz bath with <i>Panchavalkala Kwatha</i> twice in a day and Orally 2 tablets (500 mg each) of <i>Triphala Guggulu</i> thrice in a day with lukewarm water after meal
8th post-operative day (06/08/2022) (Image 4)	Post-operative wound was healthy, mild pain was present, slough or discharge was not present.	Continue as above
15th post-operative day (13/08/2022) (Image 5)	Wound was healthy, no pain, slough or discharge was found.	Continue as above
30th post-operative day (29/08/2022) (Image 6)	Wound was healed partially, no pain, slough or any discharge was found.	Continue as above
45th post-operative day (13/09/2022) (Image 7)	Wound was healed completely with minimal scar. No pain, itching or any complications were found	Continue as above
Follow-up of 5 months (Image 8)	Minimal scar mark present. No any sign and symptom of recurrence.	

## Discussion:

This is a case of anal wart which can be compared with the *Charmakeela* as mentioned in the topic *Arsha*. Among the four treatments modalities of *Arsha* mentioned by *Acharya Sushruta*, *Aushadha* and *Agnikarma* was implemented in this case study. In the form *Aushadha*, *Triphala Guggulu* was given orally as *Triphala* has properties of *Shothhara* (anti-inflammatory), *Rasayana* (rejuvenating), for wound healing and also helps in the post-operative pain management and *Guggulu* is *Sukshma* (Minute), *lekhaneeya* (Scraping) and *Sara* which helped in *Shodhana* and *Ropana* of post operative wound.

[8] *Triphala Guggulu* also act as an anti-inflammatory, analgesic and antibiotic drug.[9] *Panchvalkal Kwatha* was given for sitz bath having predominantly of *Kashaya Rasa*. So, it helps in *Vrana Shodhana* and *Vrana Ropana*.<sup>[10]</sup>,<sup>[11]</sup> It also helps to maintain local hygiene of the perianal region thus it prevents the chances of secondary infection. It reduced *Daha* and *Vedana* due to *Pitta Shamaka* property. It also relaxed the sphincters and urinary bladder and facilitated defecation as well as urination. As per *Acharya Sushruta*, *Agnikarma* has been described as one of the superior para-surgical procedure as the diseases treated by it, usually have no recurrence. In this case report, to minimise

the chances of recurrence, deep burns and bleeding, electro-cautery was used for *Chhedana* (excision) and cauterization which can be considered as modified form of *Agnikarma*.

Patient was advised for daily dressing. wound was cleaned with *Panchvalkala Kwatha* followed by packing with *Jatyadi Taila*. *Jatyadi Taila* possesses *Shodhana* and *Ropana* properties and helps in wound healing.<sup>[12],[13]</sup> It extended benefit to the patients by lubricating the anus and lower part of rectum. So, local inflammation was reduced and the faeces passed without much friction which minimized the chances of infection. During surgical excision, normal skin was unable to preserve as the growth was large in size so it may result in anal stenosis. Also, this type of diseases have tendency of recurrence and hamper the quality of life of the patient. So, patient was followed for 6 months after wound get healed and there was no any sign of recurrence or any complications like anal stenosis. It indicates the efficacy of the Ayurveda management. It needs further follow and to exclude the malignant changes.

## Conclusion:

These results suggest that the Ayurveda can provide cost effective and minimal invasive management which helps in improvement of quality of life of patient with no recurrence and any complications. As this is a single case report, which suggests that it require more work on such cases and same treatment strategy can be used in more number of cases for further scientific data.

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