

## MANAGEMENT OF EXTRAGENITAL CUTANEOUS WARTS THROUGH SIDDHA MEDICINE-A CASE REPORT

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### ABSTRACT

Extragenital cutaneous warts are benign epidermal tumors caused by human papillomaviruses (HPV) and it appears in various forms on different sites of the body. According to Siddha system of medicine warts can be diagnosed as *marul*. **Case report:** 58yrs old female with painful warts on her right thumb and little fingers treated with *Parangipattai Chooranam* internally and *kaalaani kalimbu* externally and advised to apply *kungiliya vennai* to heal ulcer without scar in followup visits confirmed the nonrecurrence of the disease. **Conclusion:** *Kaalaani kalimbu* can be considered as minimal and cost-effective in the management of Extragenital cutaneous warts but further investigations in controlled studies should be carried out to

create evidence.

**KEYWORDS:** Warts, *Marul*, *Kaalani kalimbu*, Siddha Medicine, *Parangipattai Chooranam*, *Kungiliya vennai*.

### INTRODUCTION

Extragenital cutaneous warts are benign epidermal tumors caused by human papillomaviruses (HPV) and appear in various forms on different sites of the body. It include common warts (*verruca Vulgaris*), plane or flat warts, *Myrmecia*, plantar warts, coalesced mosaic warts, filiform warts, periungual warts, anogenital warts (*venereal or condyloma acuminata*), oral warts and respiratory papillomas.<sup>[1]</sup>

Depending on the wart type and site involved, the clinical presentation is highly varied. Usually warts represent itself as self-limiting condition, a wait-and-see approach may be justified. However, treatment is always indicated if the lesions become painful or give rise to

psychological discomfort. In contemporary science, Destructive treatment methods involve chemical or physical removal of diseased tissue and nondestructive methods consist of antimitotic and antiviral agents aimed at inhibiting viral proliferation in keratinocytes were done.<sup>[2]</sup> Viral activity likely depends on the immune status and response of the infected individual. Recurrence after clinical cure is often due to latent virus versus reinfection.<sup>[3]</sup>

As per Siddha classics, warts can be compared with *Marul*. It results from the vitiation of *Vatha Kapam* leading to the development of nail-like projections. These growths are associated with or without Pain. For the treatment of *Marul* internally *Parangipattai Chooranam* and *Kaalaani Kalimbu* were used as external applications. *Kaalaani kalimbu* (Zigma Herbal Remedies, Tamil Nadu) is a traditional Siddha cream widely used for warts and corns. There was a reports on its effect in common warts and in filiform warts.<sup>[4]</sup> In this article, we report extragenital cutaneous warts case that was successfully treated in seven days with the applications of *kaalaani kalimbu*. Other concerns with Warts like with the hyper-pigmentation, high rate of wart recurrence, and scar formation were also not formed after treatment.

### Case description

A 58-year-old female presented to us in September 2018 with a prominent, hyperkeratotic, round, firm, non-tender growth located on the ventral surface of the right thumb Finger and in little fingers which consisted of 1 nodule of 4-5 mm in diameter (Figure-a) and another of 2mm in diameter which looked gray-black with a roughened surface and demarcated from surrounding normal tissue. She had extreme pain around it. The morphological features were characteristic of the common wart (*verruca Vulgaris*). She is a typist by profession and this pain affected her day-to-day activities very much. There was a one-year-old history associated with the lesion and was being unsuccessfully treated with topical preparation, she is a known diabetic (Insulin Dependent).

We decided to treat her with *Parangipattai chooram* internally and externally with topical *Kaalaani Kalimbu* on OPD basis. The patient was first instructed to clean the warts area with hot water and allow it to dry. Under our supervision, on the first day, the *kaalaani kalimbu* has applied topically on the affected area with the applicator attached to the lid-stick of the medication container. The medication was kept intact for a contact period of one-hour following which the it was washed off. She felt slight burning initially then advised to apply as same at home everyday.

On 3rd day of application she felt epidermal erosion and tolerable pain in the affected area, on 7 th day lesion was completely uprooted leaving behind the normally appearing tissue (Figure b) then advised to continue to apply *kungiliya vennai* till the site looked healthy and normal with no scar formation (Figure C). The patient neither had treatment complications nor reoccurrence next 2years of the observation period.



Fig. a

Fig. b

Fig. c

## DISCUSSION

*Kaalanni kalimbu* is very effective in removing hard skins, corns, skin tags, filiform warts.<sup>[4]</sup> The ingredients of *Kaalanni Kalimbu* are limestone, arsenic trisulphuratum, copper sulfate, mercuric perchloride, lead sulphidum and bee wax. Limestone present in *Kaalanni kalimbu* makes it caustic and erosive. The application duration was dependent on the thickness of the tissue involved. Warts were removed completely in 3-5 daily applications of *Kaalannikalimbu*. Since the patient felt a slight burning sensation after application, *kungiliya vennai* were advised to apply after removal of warts. These types of infections are prone to frequent recurrence and found to be exacerbating in a reduced state of general immunity. Hence *Parangipattai Chooranam* is given to increase immunity and to prevent recurrent infection. These medicines are very cost effective also further detailed study has to be done with a larger sample size to justify the mechanism of action and to optimize the dose.

## CONCLUSION

Siddha Medicine *Parangipatti Chooranam* internally and *Kaalani kalimbu* externally could effective in removing extragenital cutaneous warts and provides a complete cure for the symptoms and prevent recurrence for the observed period of two years.

## Ethics

Consent of the patient was collected for publishing the details of treatment.

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**CONFLICT OF INTEREST**

The authors declare that there is no conflict of interest regarding the publication of this paper.

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