A PILOT STUDY ON THE EFFECT OF SNUHI KSHAR IN THE MANAGEMENT OF CHARMAKEELA W.S.R. TO NONGENITAL WARTS

1Dr. Kapil Sharma, 2Dr. Preeti Sharma, 3Dr. Rajni Bala and 4*Dr. Vikas Chandra Gupta

1M.O., UAU, Haridwar.
2Vivek College of Ayurveda Science, Bijnor.
3Associate Professor, Himalaiyee Ayurvedic Medical College and Hospital, Dehradun.
4Lecturer, Lalit Hari State Ayurvedic College, Pilibhit.

ABSTRACT
Warts are a skin condition in which abnormal skin growths appear. While it can be unsightly, it can also be quite painful and can prevent you from moving comfortably. Warts are widespread in the worldwide population. Although the frequency is unknown, warts are estimated to affect approximately 7-12% of the population. In school-aged children, the prevalence is 10-20%. An increased frequency also is seen among immune-suppressed patients and meat handlers. According to Ayurveda, this ailment can be compared with Charmakeela. The pathogenesis of this disease due to vitiation of Vata along with Kapha over the skin causes the development of hard nail structures called Charmakeela. Snuhi (Euphorbia neriifolia), also called Sehund, is an Ayurvedic herb used for the treatment of swelling, for purgation, cough, rhinitis and piles. Snuhi Kshara is an alkaline Ayurvedic medicine, in powder form. Kshara, being a caustic chemical and alkaline in nature, useful as the substitute of surgical instruments. It is a milder procedure compared to surgery and thermal cautery. It is the superior most among the sharp and subsidiary instruments because of performing excision, incision and scraping.

KEYWORDS: Warts are a skin Snuhi Kshara Ayurvedic medicine, incision and scraping.
INTRODUCTION
Warts are caused by human Papilloma Virus (HPV) infection; there are over 100 HPV subtypes. HPV infection of keratinocytes causes koilocytosis (viral transformation of the keratinocyte) and proliferation. Trauma and maceration facilitate initial epidermal inoculation. Spread may then occur by autoinoculation. Local and systemic immune factors appear to influence spread, immunosuppressed patients (especially those with HIV infection or a kidney transplant) are at particular risk of developing generalized lesions that are difficult to treat. Humoral immunity provides resistance to HPV infection; cellular immunity helps established infection to regress. Common warts are caused by HPV infection of keratinocytes. HPV infection may be clinical, subclinical, or latent. Common warts are most frequently caused by HPV types 1, 2, 4, 27, 57 and 63. But other HPV types may also be involved in the pathogenesis. Butcher warts are due to repetitive trauma to hands and are classically associated with HPV type 7, but can also be caused by HPV types 2, 4 and 27. Certain factors seem to contribute to the risk of developing common warts. Water immersion (e.g., swimming or regular dishwashing) is a risk factor. People in occupations involving the handling of meat or fish show a 50% prevalence for those who have direct contact with meat. Nail biters have an increased risk of developing periungual warts. Immuno-compromised patients are more susceptible to the condition and tend to have more lesions, and occasionally increased lesion size and different morphology to immune-competent individuals. Approximately 65% of warts disappear spontaneously within 2 years. When warts resolve by on their own, no scarring is seen. However, scarring can occur as a result of different treatment methods. Growth of periungual or subungual warts may result in permanent nail dystrophy.

In Ayurveda, the features are described on the basis of domination of the Doshas. In Vata dominated Charmakeela, patient feels pricking type of pain, in Kapha domination it appears like nodule without changing the color of the skin and in Pitta dominated Charmakeela due to vitiation of Rakta (blood), it appears blackish in color, dry, oily and hard in nature. Sushruta has basically mentioned four types of treatments, i.e., Bheshaja (medicines), Ksharakarma (Application of alkali preparation), Agnikarma (Cauterization) and Shastrakarma (Surgery) as Chikitsopakarma for Asrha (piles) in Sushruta Samhitha Sutra Sthana and he has given more emphasis on Ksharakarma which also holds good for treatment of Charmakeela.
MATERIAL AND METHODS

Sample, Size & Grouping

It is single blind pre – test and post – test design open level where in minimum 10 patients of either sex fulfilling the inclusion criteria will be selected for the study.

Inclusive criteria

- Patients having sign and symptoms of Charmakeela as well as Warts.
- Patients between the age group of 10-40 years.

Exclusive criteria

- Warts having broad base
- Deeply seated Warts
- Genital Warts
- Warts having carcinomatous appearance
- Warts associated with any other skin manifestations.
- HIV
- Diabetes
- STD’s
- Other systemic illness

Criteria of diagnosis

- The symptomatology of Charmakeela mentioned in classics like and signs and symptoms of warts will be the criteria of diagnosis.

Assessment scale

PAIN

G0: no pain
G1: pain that easily can be ignored
G2: pain that can be ignored but interferes the daily work activity
G3: sever pain demand continuous attention
G4: unbearable pain

SIZE

G0: no lesion
G1: radius from less than 0.25cms to 0.25cms
G2: radius from 0.26cms - 0.50cms  
G3: radius from 0.51cms – 1.0cms  
G4: radius more than 1.0cms

Study duration

1 month. Application of the Snuhi Kshar with Ghrit will be done once and then observed after 3 days. Patient will be followed up at the interval of 15 days.

Preparation Of Kshar

*Snuhi Kshar* was prepared under the direction of *Ayurvedic* classics. First we collected fresh *Snuhi* (*Euphorbia nerifolia*) stem and put it into sun light upto it became dry. Then the dried stem of *Snuhi* was converted into ash. This ash is dissolved into 6 parts of water to the *Bhasma*, stirred well and kept overnight. Next morning decant the clear liquid and filtered 21 times through a three-layered muslin cloth. The transparent filtered material is transferred into a stainless steel vessel and heated to evaporate the water. Than we collected *Kshara* deposited as flakes from the bottom of the vessel and grind it to a fine powder.

OBSERVATION AND RESULTS

% Distribution of severity of pain

<table>
<thead>
<tr>
<th>Severity</th>
<th>BT</th>
<th>F1</th>
<th>F2</th>
<th>F3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>G0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>G1</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>G2</td>
<td>9</td>
<td>45</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>G3</td>
<td>5</td>
<td>25</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>G4</td>
<td>5</td>
<td>25</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>total</td>
<td>20</td>
<td>100</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Severity of pain in this study is suggesting that there is continuous decrement in pain complaint of patient after each and every follow up. Maximum nine patients were registered under G 2 category (45%) and 5 in each G3 (25%) and G4 (25%). After first follow up, there was shifting of patients from G4 (5%) and G3 (5%) to G2 (25%), G1 (45%) and G0 (20%). Lots of patient also shifted from G2 and G1 to G0. After third follow up 95% patients are shifted to G0.
% Distribution of severity of size in group

<table>
<thead>
<tr>
<th>Severity</th>
<th>BT</th>
<th>F1</th>
<th>F2</th>
<th>F3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>G0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>G1</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>G2</td>
<td>2</td>
<td>10</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>G3</td>
<td>10</td>
<td>50</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>G4</td>
<td>7</td>
<td>35</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>100</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Maximum cases were registered under G3 (50%) followed by G4(35%). After first follow up there is remarked shifting of patients from G4 (5%) and G3 (25%) to G2(40%) and G1(25%). After the final follow up 95% cases were shifted to G0 which is no lesion group. This is showing the high significance of therapy.

COMPARISION OF SEVERITY OF PAIN AND SIZE BT AND AT

<table>
<thead>
<tr>
<th>Group</th>
<th>Comparison</th>
<th>d</th>
<th>SD</th>
<th>SE</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>BT Vs AT</td>
<td>1.4667</td>
<td>0.7432</td>
<td>0.1919</td>
<td>7.6429</td>
<td>0.01*</td>
</tr>
<tr>
<td>Size</td>
<td>BT Vs AT</td>
<td>1.9333</td>
<td>0.4577</td>
<td>0.1182</td>
<td>16.358</td>
<td>0.01*</td>
</tr>
</tbody>
</table>

* - significant ** non significant.

Although it is a pilot study even the statistical data are important for further study. In above mentioned table it is suggesting that the there is significant change in comparison of data of before treatment and after treatment.

DISCUSSION

As mentioned in Ayurveda Kshar has property of Ushana and Tikshana and it works by Pachana of Shotha, and dissolves it by Vilayana. It dissolves the bonding of Vata and Kapha in the process of Vilayana. In the present study we considered the cases of warts and corns present in the body apart from sensitive parts like genitals, eye lids, lips etc based on exclusion criteria. Pain and size of warts was the main complaint of consideration in the present study. Out if 20 patient 45% of patient were registered in mild pain whereas 25% in both moderate and unbearable pain group. At the last of third follow up 95% of patients shifted into no Pain group. It is indicated that Snuhi Kshar on application with Ghrit neutralizes the vitiated Vata and dissolve Kapha. Same results were also obtained for the size of warts. Out of 20, 35% of patients are registered in G4 and 50% under G3. After the completion of third follow up 95% of patients are shifted in G0 which is group of no lesion patients. So Kshar acts through its Ksharan Karma and dissolves the Warts. It changes the
pH of the surface which make hard for survival for microbes. Almost sterilization of wound reduces the chances of recurrences of warts. It was interesting to see that, even though the scarring was seen in few patients, the size of the scar was lesser than the lesion existed before.

**CONCLUSION**

In the management of the *Charmakeela* or warts, the procedures described concerned to *Kshara Karma* in our classical text are found to be beneficial as evident from our study. The above procedures may destroy the colonies of the virus and recurrence can be avoided.

**REFERENCES**