



Case Study

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HIJJALA (*BARRINGTONIA RACEMOSA*) PASTE EXTERNAL APPLICATION IN CHARMAKEELA WITH SPECIAL REFERENCE TO COMMON WARTS: A CASE STUDY

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ABSTRACT

A case study taken up with an attempt to study the efficacy of the folklore drug in the wart shed off. A female aged 22yrs, Professional college student, complains of skin lesion over right index finger since 1.5 years. After few months it was painful to grip things using the affected finger, hence approached Shalyatantra OPD of Sri Dharmasthala Manjunatheshwara College of Ayurveda, Hospital and Research Centre, Kuthpady, Udupi for complete cure of the same. The single smooth flat soft brown lesion of 1.9 mm was diagnosed as Common wart (Palmar). Hijjala (*Barringtonia racemosa*) is Laghu(light) Ruksha(dry), Teekshna (penetrating) Ushnaveerya, (hot potency) Lekhana (scrapping effect). Hence, the case was chosen to be managed using external application of Hijjala (*Barringtonia racemosa*) seeds paste over warts daily for a period of 16 days. On 8th day there was ease to grip, reduction in pain, with 40% reduction in size of the wart. On 15th day there was complete shed off wart leaving even scar without discolouration or recurrence till date (after 1.8 yrs). The drug powder has weakly acidic pH, 20 micrometre Particle size, less water soluble, Carr's index poor flow of powder. This state that the folklore drug powder is a good at paste form with a better absorbability, weakly acidic resulting in graded excision of warts.

Keywords: Hijjala, Charmakeela, Shed of Common warts

INTRODUCTION

Charmakeela (Warts) is a disease which has troubled the humans since antiquity. Various discomfort can occur by Charmakeela (Warts) due to its location. Disability can be caused by a wart on hand, impairing the skill of an artist, musician, surgeon. Warts can indirectly contribute in reduced confidence and related depression. A wart can turn into a malignant growth too.

Charmakeela, also called as Twagarshas as explained by Sushruta Acharya is a Kshudraroga variety which presents as stiff peg like sprout on the skin due to Prakupitavyanavayu along with aggravated kapha. Based on Dosha dominance there are 3 types mentioned.¹ The treatment advised is Chedana (excision) followed by Agnikarma (Thermal Cauterisation) or Ksharakarma (Herbo mineral Caustic alkali)².

In contemporary science wart is a benign proliferation of skin and mucosa that result from infection with Papilloma virus, that infects basal layer of the epithelium, but viral replication takes place in Stratum Spinosum and Stratum Granulosum hyperkeratotic lesions caused by Human Papilloma virus. HPV infection occurs through inoculation of virus into the viable epidermis through defects in the epithelium. Warts is of 2 types, cutaneous and mucocutaneous. The cutaneous is further classified into subtypes.³ In spite of having different modalities of treatment for warts in contemporary science, many of modalities are likely to be of prolonged duration, painful or unsightly, with a recurrence of warts. Hence, a promising therapy to cure and prevent its recurrence is still a goal to be accomplished.

This drug has been tried in folklore traditional medicines as external application on wart, having an excellent result.

MATERIALS AND METHODS

Patient Information

A case study of a female aged 22 years, Professional college student, complained of skin lesion over right index finger since 1.5 years. After few months it was painful to grip pen / pencil using the affected finger, hence approached OPD for complete cure of the same.

Clinical Findings

O/E -The lesion was single, smooth surfaced, flat, soft, brown of 1.9 mm was diagnosed as Cutaneous Common wart (Palmar wart). Pain -VAS 6/10.

No burning sensation /itching/ discharge.

Diagnostic Assessment: By the Local examination of the lesion on the right index finger, it was diagnosed as Cutaneous Palmar wart -Verruca Vulgaris (Common wart) / Vatapittashonitaja Charmakeela

Local examination / Stanika pariksha

Darshana – Inspection

Site – Right index finger anteromedially in the palmar aspect of distal phalange

Number – 1, Discrete

Colour – Brown, Mild Shiny at periphery

Shape – Dome

Size – 1.9 mm

Type – Cutaneous, Common wart -Verruca Vulgaris (Palmar wart)

Sparshana -Palpation

Mild rough Surfaced, Firm consistency, Tenderness present

Investigations – Haematological -Hb 10.8, TC – 8,790, ESR – 10, RBS – 94mg/dl, Serological – HIV and HBsAg –ve

The observations were recorded before and after treatment on 1st, 8th, 15th days of application for the following

Therapeutic Intervention

The study was carried out after obtaining Institutional Ethical Clearance Involving Human Participants and an Informed consent of the patient. The paste of Hijjala (*Barringtonia racemosa*) seeds was applied externally onto the lesion, let to dry completely and washed off with hot water.

Assessment Criteria- (Table 1)

Subjective: Pain –Visual Analogue Scale

Objective: Size of wart using Digital Vernier Callipers (Physician wart Assessment) ⁴

Tenderness based on grading

Epithelialization based on grading

The procedure was followed once daily till the lesion shed off completely / till 15th day of the study.

Follow up: after 30 days

Scarring using scar evaluation scale (Table 2) scarring with average diameter

Recurrence of wart with average diameter.

Table 1: Assessment criteria

Grade	Physician Wart Assessment ⁷	Tenderness	Epithelialisation
0	Clear – no visible wart	No	No
1	Near clear – visible wart < 3mm	On deep palpation	<50%
2	A visible wart >= 3mm and <6mm	On moderate pressure	>50 % and not complete
3	A visible wart >= 6mm	On touch	>90% and complete

Table 2: Scar Evaluation scale

	Scar category	Points
Width	Above 2 mm	1
	Below 2mm	0
Height	Elevated / Depressed In Relation to surrounding same	1
		0
Colour	Darker than surrounding skin	1
	Same	0
Hatch marks	Present	1
	Absent	0
Overall appearance	Poor	1
	Good	0

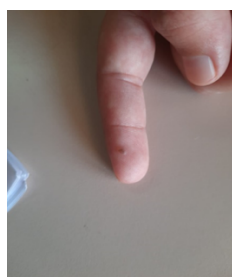
Table 3: Outcome and Follow up

Criteria	BT (11/5/23)	1st day (12/5/23)	8 th day (20/5/23)	15 th day (27/5/23)
VAS	8	8	2	0
Size	1.9 mm	1.9 mm	1.1 mm	0
Physician Wart Assessment	1	1	1	0
Tenderness	2	2	0	0
Epithelialisation	0	0	0	2
Follow up 45 th day		For scar -0 For recurrence – Absent till date (2.4 years)		

RESULT

The wart completely shed off on 15th day of application. The pain and tenderness that prevailed before the application on 1st day was reduced from 2nd day of application onwards. The size gradually reduced on the 8th day of application. There was a complete shed off wart on 15th day of study. After the wart shed off scar evaluation scale graded 0 revealing no scar formation. There was no recurrence of the wart till date (2.4 years) The Outcome of the study is depicted in (Table 3)

Patient Perspective: Patient found the procedure of external application very convenient because it was a self-application method, no surgical approach, no scar, no recurrence. On the First day of study, patient experienced mild burning sensation at the site of application, which was absent thereafter. The decrease in the size was noticed on 8th day of the study, with complete shed off on 15th day. The previously disrupted normal lines of fingerprint were found to return to normalcy indicating a sign of resolution of the wart.



Day 1



Day 8



Day 15

DISCUSSION

The disease Charmakeela has the following Sampapthi Ghatakas, Dosha – Vyana Vata and Kapha,⁵ Dushya – Twak, Srotas- Rasa and Rakta, Srotodushti – Vimargagamana , Udhbhavastana – Amapakwashaya, Vyaktastana – Twak Sarvashareera, Rogamarga – Bahya. The classical treatment for Charmakeela is Chedhana (Excision) by Shastra followed by Agnikarma (Thermal Cauterisation) or Ksharakarma (Application of herbo mineral caustic alkali), which includes successive two procedures leaving behind a Vrana requiring further treatment.⁶

The common Cutaneous presentation of warts are ^{7,8}

Common wart (*Verruca vulgaris*): Present as dome shaped papules with rough surface, firm. Colour ranging from red or brown dots, usually skin coloured. Varying in size, commonly 1 to 10 mm or larger. Can affect any site, commonly occurs over dorsum of hand and fingers. Usually present as discrete but can also occur as multiple. Palmar lesions disrupt the normal line of fingerprints. Return of fingerprints is a sign of resolution of the wart. Prevention of HPV infection depends on how do avoidance of contact with infectious lesions and reduction of susceptibility through immunization.⁹

Barringtonia racemosa of the family Lecythidaceae possesses Laghu(light) Ruksha(dry), Teekshna(penetrating) Ushnaveerya, (hot potency) properties. The seeds are Vedanastapaka (reducing pain) and perform Lekhana karma (Scraping effect). The seeds contain Saponin, Barringtonin, Baringtonic Acid, Baringtogenol.¹⁰ As a combined effect the seeds are potent in painless graded excision of the wart. It does not leave behind a wound or scar after the shed of the wart.

Analytical study of Hijjala (*Barringtonia racemosa*) Seed powder stated a Weakly acidic pH -6, 20 micrometer Particle size, slightly water soluble, Carr's index 31.2 poor flow of the powder.

Hijjala (*Barringtonia racemosa*) seeds applied in the form of paste is good, better absorbable, weakly acidic resulting in graded excision of warts.

Despite of few warts having a spontaneous resolution from 6 months to 2 years, a new drug helping early shed of wart is essential to reduce the discomfort in the patient. In spite of availability of different treatments for warts such as Keratolytic agents, Cytotoxic, Caustics, Cryotherapy, Curettage and Electrodesiccation, Laser Surgery having moderate to satisfactory results with recurrence rate 36-70%, complication of post op pain/expensive therapy, a need for a therapy effecting in uncomplicated shed off the wart without a relapse is the need of the hour.

CONCLUSION

This case study was an attempt to introduce the cost effective drug practised in folklore traditions to the society. The non-surgical debridement of wart using Hijjala (*Barringtonia racemosa*) paste application was successful in fulfilling the aims of wart treatment by providing a complete relief with no special precautions ,easy application, no scar production, no recurrence, induction of long immunity (almost 2.4 years till date), making the drug safer to be

used on cosmetically important parts of body like face and neck too .

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