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Case Report

Effective short term Siddha treatment of filiform warts using Rasaganthi Mezhugu

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ABSTRACT

Filiform wart is a non-cancerous, contagious and outwardly growing skin lesion caused by the Human Papillomavirus (HPV). It is characterized by slender, finger-like projections from the squamous epithelium, a condition known as papillomatosis. These lesions are most commonly observed on the neck, eyelids, and fingers. If left untreated, filiform warts may spread to other parts of the body. The virus prompts the skin to produce an excess of keratin leading to the formation of long, narrow growths. Conventional treatments for warts include immunotherapy, laser therapy, phytotherapy, and topical medications. However, these methods are often time-consuming, expensive and may require multiple or repeated sessions due to recurrence. Warts may reappear if HPV remains in the surrounding skin. In the Siddha system of medicine, warts are referred to as Marul, classified under Thol Noikal (skin disorders). One effective remedy recommended is Rasagandhi Mezhugu (RGM), traditionally used for treating various skin ailments. A recent case study documented the successful treatment of a 36-year-old male patient with 19 filiform warts on his neck. He was administered 500 mg of RGM internally for 15 consecutive days following the intake of curd rice. No external applications were used. Within two weeks, the hyperkeratinized projections began to shrink, detach and completely disappear. The treatment reported no adverse effects and no recurrence of the warts till date. This case highlights the therapeutic potential of Rasagandhi Mezhugu in managing filiform warts caused by HPV. The outcome demonstrates its efficacy and safety as a natural alternative for wart treatment.

Keywords: Filiform wart, Rasagandhi Mezhugu, Siddha treatment, Human Papillomavirus

INTRODUCTION

Warts are skin disorders characterized by the outward (exophytic) proliferation of epithelial cells within the epidermal layer. They are typically diagnosed based on their clinical appearance and morphological features on the skin. Morphologically, warts are categorized into five main types: palmoplantar, periungual, filiform, verruca plana, and common warts. Filiform warts are distinguished by their long, slender, finger-like projections and are most commonly found on the neck. Although painless, they tend to spread rapidly to other areas of the body. Common symptoms associated with filiform warts include itching, irritation, minor bleeding, and tenderness. Scientific research has identified over 100 different genotypes of the Human Papillomavirus (HPV), the virus responsible for causing these skin growths. Most common genotype for this wart is represented by HPV 1, 2, 4–7.[1,2] Around 3.5% of adults are affected by common warts.[2] It may be present in hands, finger, eye lid, face and neck.[3] HPV spreads through closer skin-to-skin contac.[4] However, it can also be transmitted indirectly via contaminated objects. The likelihood of infection increases when the skin is moist, damaged, or broken. Self-inoculation is another common route of transmission, occurring through actions such as scratching, nail-biting, sucking fingers, shaving the face,

or biting existing warts. The visible signs of HPV infection, such as warts or verrucae, may take weeks or even months to appear. In many cases, individuals remain unaware of their infection due to the absence of immediate symptoms. One of the major challenges in wart management is its tendency to recur, making treatment difficult. Beyond physical discomfort, warts can also cause psychological and social distress due to their impact on a person's appearance.

While surgical removal provides short-term relief, warts often reappear, highlighting the need for alternative and sustainable treatments. Throughout history, plants have played a significant role in healthcare. According to the World Health Organization, a substantial portion of the global population relies on medicinal plants, especially in areas with limited access to modern healthcare.

In India, there is a growing appreciation for the Siddha system of medicine, with more people incorporating its remedies into their daily lives. Within Siddha, skin conditions are collectively referred to as Thol Noikal. Since warts can be visually identified based on their distinct morphological features, laboratory tests are typically unnecessary for diagnosis.

CASE REPORT

At our Siddha clinic, we treated a 36-year-old male patient presenting with multiple filiform warts located in the neck and beard regions. These long, narrow, papillary projections measured approximately 1–2 mm in six areas and 2–3 mm in thirteen different locations on the neck. Some portions of the affected skin also showed hyperkeratinization. Diagnosis was made based on clinical examination and physical findings. The patient had a history of recurrent wart infections. In previous attempts to manage the condition, he resorted to cutting the warts with scissors, which caused pain and bleeding. This led to significant discomfort and impacted his quality of life, including difficulties attending office meetings and experiencing family-related stress. He had tried various treatments in the past, all of which were unsuccessful.

Filiform warts measuring 1–2 mm in length were observed at six distinct locations on the patient's neck, as shown in Figure 1. Filiform warts measuring 2–3 mm were present at thirteen different sites on the neck, also illustrated in Figure 1. Areas of hyperkeratinized skin were noted between the warts, accompanied by irritation and mild itching in the affected regions (Figure 1).

Figure 1: Warts present in neck and beard (first day visit).

Treatment

According to traditional Siddha literature, Marul (warts) typically requires prolonged treatment for complete resolution. However, in this case, a significantly faster therapeutic response was achieved through the internal administration of Rasagandhi Mezhugu (RGM) at a daily dose of 500 mg. Notable improvement was observed within 15 days of starting the treatment.

RGM was selected based on its well-established pharmacological properties which include blood purification, anti-proliferative activity (inhibiting abnormal epithelial cell growth), immunomodulatory effects and the ability to eliminate Ratha Thaadhu Kirumigal (blood-borne pathogens). Additionally, it is recognized in Siddha medicine for its efficacy in managing HPV-related infections.[5]

The RGM capsules administered in this case were commercially procured from S.K.M. Siddha and Ayurveda Company (India) Limited, based in Erode, Tamil Nadu. The ingredients of RGM have 38 herbal drugs and 8 metals. Table 1and 2 indicate detailed ingredients of RGM.[6]

Table 1: Herbal ingredients of RGM.

Siddha name	Scientific name
Chukku	*Zingiberofficinale Roscoe*
Omam	*Trachyspermumammi L.*
Arisanam	*Curcuma longa L.*
Vaivilangam	*EmbeliaribesBurm.f.*
Vasambu	*Acoruscalamus L.*
Kiraambu	*Cinnamomumzeylanicum (Bl.)*
Parangipattai	*Cucurbitapepo L.*
Serankottai	*Semecarpusanarcadium L.*
Kadukkaithole	*Terminaliachebula Retz.*

Continued.

Siddha name	Scientific name
Karumseeragam	*Nigella sativa L.*
Kaattuseeragam	*Centratherumanthelminticum L.*
Siruthekku	*PremnaherbaceaRoxb.*
Thaaleesapathiri	*Taxusbaccata L.*
Thiraatchai	*Vitisvinifera L.*
Thippilli	*Piper longum L.*
Citraraththai	*Alpiniaspeciosa L.*
Kostam	*Saussurealappa Clarke*
Valuluvaiarisi	*CelastruspaniculatusWilld.*
Perumseeragam	*Foeniculumvulgare Miller.*
Elaarisi	*Elatariacardamomum L.*
Jadhikkai	*MyristicafragransHoutt.*
Kolaham	*Piper nigrum L.*
Bojana kudori	*Cuminumcyminum L.*
Karbogaarisi	*Psoraleacorylifolia L.*
Maasikkai	*Quercusinfectoriaoliver*
Thippilimoolam	*Piper longum L.*
Sooral kizhangu	*Calamusrotang L.*
Vidamutti	*Strychnosnux –vomica L.*
Illam	*Strychnospotatorum L.*
Neermullividhai	*AsteracanthalongifoliaL.Nees*
Yellu	*Sesamumindicum L.*
Kopparaithenkai	*Cocosnucifera L.*
Kollu	*Dolichosbiflorus L.*
Siruchinniver	*AcalyphafruticosaForsk.*
Mutchanganver	*Azimatetracantha Lam*
Amukkara kizhangu	*Withaniasomnifera L.*
Aaakaasagaruda kizhangu	*CorallocarpusepigaeusRotrl*
Kodiveliverpattai	*Plumbagorosea L.*
Kozhimuttai	*Gallus domesticus L.*
Panaivellam	*Borassusflabellifer*

Table 2: Metal ingredients of RGM.

Metal	Mineral origin
Soodham	Mercury
Gandhagam	Sulphur
Rasa karpooram	Hydragyrum subchloride
Pathrathalagam	Trisulphuret of Arsenic
Kaantham	Iron ore
Mayil Thutham	Cupric sulphate
Paalthutham	Carbonate with Zinc sulphate
Singi pashanam	Galena sulphide of Lead

The presence of potent and efficacious ingredients in the RGM capsule contributed to its therapeutic effectiveness. In this case, the dosage was limited to once in a day considering the patient's specific condition and response to treatment: adjuvant as curd rice for 15 days.

As part of the treatment protocol, the patient was advised to strictly avoid certain foods and substances known to aggravate the condition. These included non-vegetarian items, sour dishes, tamarind, salty preparations, agathi leaves (Sesbania grandiflora), bitter gourd (Momordica charantia), as well as the use of tobacco and alcohol. Rasagandhi Mezhugu (RGM) was administered orally at a dosage of 500 mg once daily, taken after the consumption of curd rice. The patient was additionally advised to wash the face frequently to minimize the risk of further infection spread. Importantly, no topical applications or external medications were used during the course of treatment. The safety of RGM has been previously established through documented toxicity studies. Prior to the initiation of

therapy, informed consent was obtained from the patient in accordance with ethical guidelines.

DISCUSSION

Figure 2 illustrates the morphological changes observed in the patient's warts after seven days of treatment. A noticeable reduction in hyperkeratinization was evident with the previously thickened skin in the neck area returning to a more normal texture. The smaller-sized warts (approximately 1 mm) had begun to shrink and dry, and the natural skin tone and appearance had started to re-emerge. Additionally, the patient reported a marked reduction in itching and overall discomfort.

Figure 2: Morphological appearance of warts (after a week).

Figure 3 presents the photographic evidence of the patient's condition after 15 days of treatment. By this stage, the warts had completely resolved including the larger 2–3 mm lesions, which had shrunk and could be easily detached from the skin without causing bleeding or pain. Notably, the skin in the previously affected areas exhibited normal epithelial regeneration with no signs of irritation or itching reported by the patient. During a recent follow-up visit, the patient showed no recurrence of warts, even after the discontinuation of medication, indicating a sustained therapeutic effect.

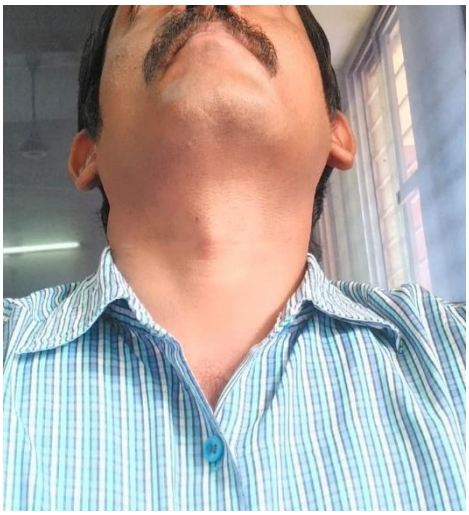

Figure 3: Photography of affected area after 15 days of treatment.

The key ingredients of Rasagandhi Mezhugu (RGM) that contribute to its therapeutic action against warts are summarized in Table 3.

Table 3: Efficient bio active compounds and pharmacological activities of drugs.

Drug	Phytochemistry and pharmacological activities
Nigella sativa	A study demonstrated that the ethanolic extract of Nigella sativa seeds inhibits endothelial cell proliferation in vitro. The seeds contain 0.5%–1.6% of yellowish volatile oil and 35.6%–41.6% of fixed oil. Traditionally, a decoction of the seeds has been used in the treatment of skin diseases, often applied in combination with sweet oils. Notably, Nigella sativa has also been reported to mitigate the adverse effects of mercury, making it beneficial in cases of mercury poisoning. Its active constituent, thymoquinone, exhibits a range of biological activities, including antibacterial, immunomodulatory and antioxidant effects[7].
Semecarpus anacardium	Semecarpus anacardium contains several bioactive compounds, including biflavonoids, phenolic compounds and bhilawanols. Preclinical and toxicity studies have indicated its potential for use as an adjunct therapy, particularly in the development of immunomodulatory agents[8].
Psoralea corylifolia	Plant extract of Psoralea corylifolia has been shown to inhibit keratinocyte replication, highlighting its potential role in managing hyperproliferative skin conditions[9].
Curcuma longa	The extract of Curcuma longa has suppresses colony-stimulating factors, contributing to its anti-inflammatory and immunomodulatory effects[9].
Alpinia galanga	The extract of Alpinia galanga promotes the expression of interferon-alpha–induced proteins and tumor necrosis factor (TNF), indicating its immunostimulatory potential[9].
Smilax china	The rhizome of Smilax china contains the flavonoid quercetin which has been shown to inhibit leukocyte migration, exhibit anti-proliferative activity and reduce epidermal thickness, supporting its potential use in treating inflammatory and hyperproliferative skin conditions[9].
Vitis vinifera	Vitis vinifera contains a variety of phenolic compounds known for their cytoprotective, antioxidant, anti-inflammatory, antiviral and antibacterial activities[10].

Continued.

Drug	Phytochemistry and pharmacological activities
Taxusbaccata	Taxus baccata contains ascorbic acid, carotenoids, polyphenols and a diverse volatile compound profile. Phytochemical studies highlight the antiproliferative and pro-apoptotic activities of rhodoxanthin, while the red arils demonstrate significant antioxidant properties[11].
Gandhagam	Gandhagam is traditionally recognized for its efficacy in treating a wide range of skin diseases and is believed to help eliminate rasa and ratha thathu kirumigal which are associated with HPV infections in Siddha medicine.
Mirudharsinghi	Mirudharsinghi Kazhimbu has traditionally been used for the external treatment of Marul (warts) in Siddha medicine[12].

Key abstracts of the analysis from Table 3 are: 1) immuno modulator drug- *Nigella sativa*, Semecarpus anacardium, 2) antibacterial, antiviral drug- *Vitis vinifera*, 3) Eradication of ratha thathu kirumigal- Gandhagam and 4) blockage of hyperkeratinisation- *Psoralea corylifolia*.

CONCLUSION

This case report demonstrates that Rasagandhi Mezhugu (RGM) provides an effective and efficient treatment for filiform warts with a relatively short duration of medical intervention. A comprehensive review of the drug's pharmacological properties highlights its ability to control HPV infections through immunomodulatory, antibacterial and antiviral effects as well as its role in the eradication of Ratha thathu kirumigal and the inhibition of hyperkeratinized skin proliferation. A key advantage of this Siddha medicine treatment, as evidenced in this case, is the absence of wart recurrence even after the completion of therapy, underscoring its potential for sustained therapeutic benefit.

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REFERENCES

1. Al Aboud, AM, Nigam, PK. Wart. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023.
2. Rana Al-Awadhi, Nawaf Al-Mutairi, Wassim Chehadeh. Prevalence of HPV Genotypes in Adult Male Patients with Cutaneous Warts: A Cross-Sectional Study. Med Princ Pract. 2020;29(5):458-64.
3. Singh, Y. The Application of Machine Learning in Predicting Outcome of Cryotherapy and Immunotherapy for Wart Removal. Ann Dermatol. 2021;33(4):345-50.
4. Dixit R, Bhavsar C, Marfatia YS. Laboratory diagnosis of human papillomavirus virus infection in female genital tract. Indian J Sex Transm Dis AIDS. 2011;32(1):50–2.
5. Riyasdeen A, Periasamy VS, Paul P, Alshatwi AA, Akbarsha MA. Chloroform Extract of Rasagenthi Mezhugu, a Siddha Formulation, as an Evidence-Based Complementary and Alternative Medicine for HPV-Positive Cervical Cancers. Evid Based Complement Altern Med. 2012;2012:Article ID 136527, 10 pages.
6. Arun G, Dev, Aswini MJ. A Review of Rasagandhi Mezhuku for arbudas related to shalakya tantr. International Ayurvedic Medical Journal. 2015;3(1):24-3.
7. Anwar-ul Hassan Gilani, Qaiser Jabeen, Muhammad Asad Ullah Khan. A review of medicinal uses and pharmacological activities of Nigella sativa. Pak J Biol Sci. 2004;7(4):441-51.
8. Semalty M, Semalty A, Badola A, Joshi GP, Rawat MS. Semecarpus anacardium Linn.: A review. Pharmacogn Rev. 2010;4(7):88-94.
9. Ali Parsaeimehr, Martinez Chapa Sergio Omar, Roberto Parra Saldívar. Medicinal Plants Versus Skin Disorders: A Survey From Ancient to Modern Herbalism. In book, The Microbiology of Skin, Soft Tissue, Bone and Joint Infections (Vol. 2). Academic press; 2017.
10. Bogdan C, Pop A, Iurian SM, Benedec D, Moldovan ML. Research Advances in the Use of Bioactive Compounds from Vitis vinifera By-Products in Oral Care. Antioxidants (Basel). 2020;9(6):502.
11. Dumitraș DA, Bunea A, Vodnar DC, Hanganu D, Pall E, Cenariu M, et al. Phytochemical Characterization of Taxus baccata L. Aril with Emphasis on Evaluation of the Antiproliferative and Pro-Apoptotic Activity of Rhodoxanthin. Antioxidants. 2022;11:1039.
12. Thiyagarajan, R. Sirappu Maruthuvam, 1st ed. Directorate of Indian Medicine and Homeopathy; 2008.

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