

THREE CASES OF CUTANEOUS WARTS TREATED WITH MOXIBUSTION

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Moxibustion is a treatment that uses thermal stimulation generated when herbal materials are burned, indirectly or directly, on the affected area or acupoint. Three cases are presented to report the efficacy of direct moxibustion on cutaneous warts. Three patients with chronic cutaneous warts received direct moxibustion made of *Artemisia argyi* (Dongbang Inc., Chungnam, Korea). Moxa burning was performed using moxa cones. Approximately 80% of a cone was burned, until patients reported feeling a burning sensation, at which time the cone was removed and another one burned. As part of this approach, patients underwent 5–19 moxibustion procedures during and after wart removal. After warts were completely eliminated, moxa burning was performed on each patient until approximately 60% of a

cone was burned or the patient felt heat sensitization but no pain. In these cases, moxibustion seemed to have an effect on cutaneous warts. A possible mechanism is that direct moxibustion likely induces tissue damage from burning and, subsequently, a wound healing effect at a different temperature level. Our reports suggest that it would be worthwhile to conduct further studies on the safety and efficacy of moxibustion on warts or to develop a medical device that uses modified moxibustion.

Key words: warts, cutaneous warts, moxibustion, case report

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INTRODUCTION

Moxibustion is a procedure that uses the heat generated by the burning of herbal preparations to stimulate specific points for treating disease.¹ It uses heat stimulation at various temperature levels, ranging from mild skin warming to tissue damage from burning. Studies have shown that possible mechanisms of moxibustion are related to the thermal effect.^{2,3}

Moxibustion can be divided into direct and indirect moxibustion depending on whether the herbal preparation is in direct contact with the skin during the operation. In direct moxibustion, a herbal preparation is placed directly on the skin.⁴

Moxibustion is used as a treatment for a wide range of conditions. There are clinical trials and systematic reviews on moxibustion in the treatment of osteoarthritis,⁵ breech presentation,⁶ and supportive cancer care.⁷ However, using moxibustion in the treatment of dermatological conditions such as cutaneous warts has not been reported until now. We

report three cases of cutaneous warts successfully resolved after direct moxibustion treatment.

MOXIBUSTION TREATMENTS

Patients received direct moxibustion using moxa cones (Figure 1) made of *Artemisia argyi* (Dongbang Inc., Chungnam, Korea). Before moxibustion treatments, patients' lesions were sterilized, and a small amount of petroleum jelly (Vaseline Jelly®; Unilever United States, Inc., Englewood Cliffs, NJ) was applied on the skin to enhance adhesion. Moxa cones were placed directly on all of the warts, and the top of the moxa cone was ignited.

When 80% of moxa cone had burned and the patient felt the burning, the moxa cone was removed with forceps and another cone was placed and ignited. We repeated this sequence 10 times on all of the lesions within a single session, until warts had shrunk or disappeared. Patients reported feeling hardly any burning or pain with the direct moxibustion on larger, more cornified lesions. With each session, wart lesions were softened, partially eliminated, or reduced.

After warts were completely eliminated, patients received direct moxibustion 5 times within each session, each involving the burning of approximately 60% of a moxa cone or burning the moxa until the patient felt heat sensitization but no pain. After the treatment, lesions were sterilized.

Case Presentation

Case 1. A 24-year-old Korean woman visited the Department of Dermatology of Korean Medicine of Kyung Hee University Hospital at Gangdong on November 10, 2014, with an 8-

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Figure 1. Cone-shaped moxa made of *Artemisia argyi* (0.1 g of wormwood, 120 mm in diameter; 180 mm in height) is used in this study.

month history of cutaneous warts on the fingers around her nails. The patient said she had first noticed the primary lesion in March 2014 and visited a dermatology clinic two months later. She was diagnosed in May 2014 with cutaneous warts and received cryotherapy with liquid nitrogen one or two times a week over a six-month period.

From November 10, 2014 to March 16, 2015, the patient received a total of 19 moxibustion treatments; the moxibustion was administered at an interval of once a week for 19 weeks (Figures 2 and 3). In addition, beginning on November 10, 2014, she began taking an herbal decoction or extract for a

diagnosed qi deficiency with damp stagnation pattern; she continued taking this therapy until December 10, 2014.

Case 2. A 26-year-old Korean man visited Amar Clinic of Korean Medicine, on May 10, 2012, with a year-long history of cutaneous warts on the sole of his left foot. He had been applying dimethyl sulfoxide, fluorouracil (0.5%), and salicylic acid (10%) in a cutaneous solution (Verrumal, Neopharm Ltd., Petach Tiqva, Israel) daily for several months. He also had self-administered indirect moxibustion a few times before the first visit. From May 10, 2012 to October 16, 2012, the patient received a total of 16 moxibustion treatments at the clinic, at an interval of once every 10 days over a 22-week period (Figure 4).

Case 3. A 31-year-old Korean male visited Amar Clinic of Korean Medicine, on November 7, 2009, with a five-month history of cutaneous warts on the toe of the right foot with no former treatment.

From November 7, 2009 to December 5, 2009, the patient received 5 moxibustion treatments, at an interval of one treatment weekly over a five-week period (Figure 5).

DISCUSSION

As a condition entity, cutaneous warts are a common skin condition worldwide. Cutaneous warts are a manifestation of human papillomavirus (HPV) infection, and the condition

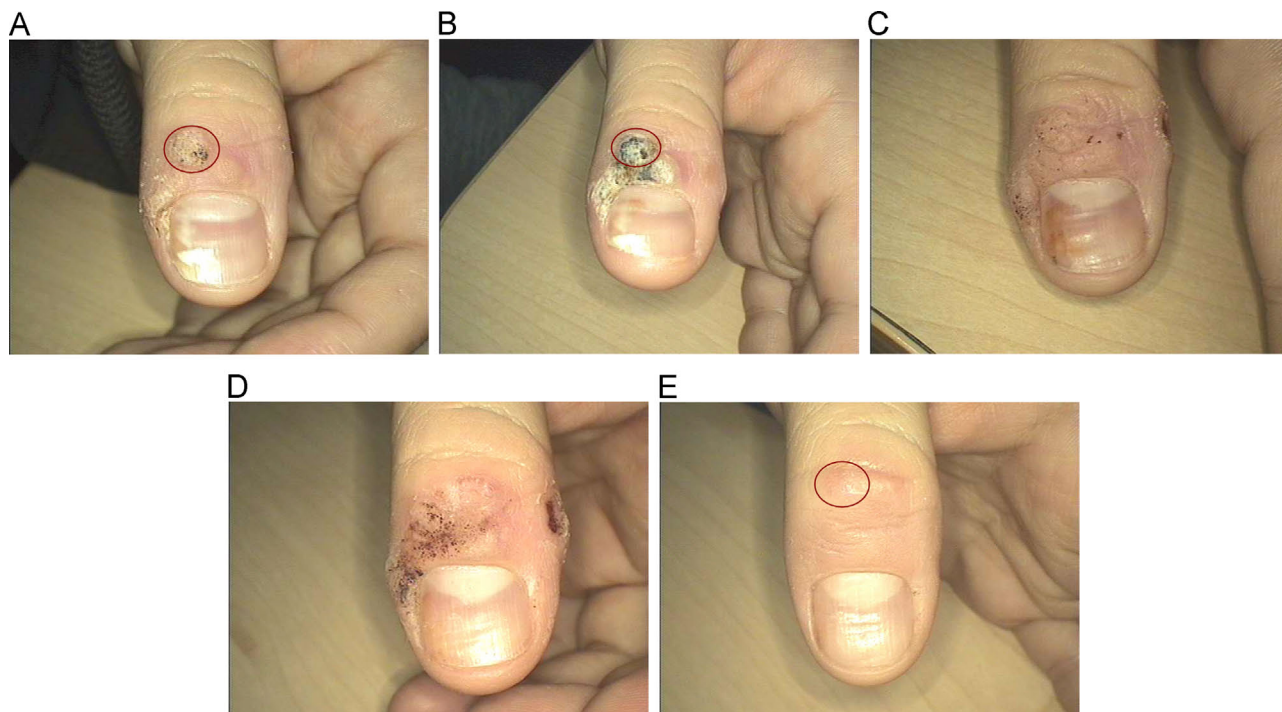


Figure 2. (A-1) November 17, 2014: White or skin-colored warts appear on every finger; there is a notable protrusion in the center of lesions. (B) November 24, 2014: After one moxibustion treatment, lesions seemed to have been burned. (C) January 19, 2015: After 10 moxibustion treatments, cornification warts on the medial side of the thumb were eliminated. (D) February 4, 2015: After 12 treatments with moxibustion, cornification warts on the lateral side of the thumb and eponychium were partially eliminated. Black dots that were small, clotted blood vessels were seen. (E) March 16, 2015: Warts disappeared after 19 moxibustion treatments.

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