



**EXCISION FOLLOWED BY AGNIKARMA IN THE MANAGEMENT OF RECURRENT
PAPILLOMA-A RARE CASE REPORT.**

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ABSTRACT

According to *Sushruta Agnikarma* has been described as superior para-surgical procedures among all the measures used in *Ayurveda*, as the disease treated by it usually did not relapse. *Sushruta* clearly mentioned *Chedan* (excision) followed by *Agnikarma* in *Kaphaj Granthi* (one kind of benign tumor with *Kapha dosha* predominance) and *Medoj Granthi* when it is not cured by drugs. In this case report a 32 years old female patient visited in outpatient department of Shalya tantra having complaints of non inflammatory cystic swelling in left perianal region since 5 months. The swelling was gradually increasing in size associated with local itching and discomfort. Previously she was operated in private hospital for two times before 2years and biopsy report showed papiloma. But patient had again recurrence at same place so she consulted to Ayurvedic hospital for treatment to avoid recurrence. So we planned for *Chedan* (excision) of papilloma followed by *Agnikarma* where whole raw area was burnt with *Panchadhatu shalaka*. Daily cleaning with *Panchavalk Kwath* dressing with *Kasisadi Tail* was done for 7 days. Wound was completely healed after 7 days. Follow up was done up to 10 months and patient had no relapse of swelling or any complaints. This case demonstrates the advantages of *Agnikarma* in recurrence case of papilloma.

KEYWORDS: *Agnikarma, Granthi, Kasisadi Tail, Panchadhatu Shalaka, Panchavalk Kwath.*

INTRODUCTION

True papilloma is benign epithelial tumor growing exophytically in finger like fronds.^[1] It may be pedunculated or sessile having locations like neck, armpit, upper chest, groin and thigh. These are cauliflower like projections that arises from mucosal surface or over growth of all layers of skin containing sweat glands, sebaceous gland and hair follicles.^[2] Usually it causes no symptoms and benign in nature unless repeatedly irritated and sometimes due to itching. Excision with its base along with surrounding 1cm skin margin and freezing with liquid nitrogen are treatment options in modern surgery. In *Ayurveda* papilloma can be compared with *Kaphaj Granthi* having symptoms like swelling, itching, mild pain, chronic in nature.^[3] *Vagbhata* described similar symptoms like painless/ mild pain, itching, hard in consistency and with or without inflammation (*Kaphaj Granthi*)^[4] or with some additional symptoms to *Kaphaj Granthi* like, soft in consistency and big in size (*Mamsaj Granthi*). *Sushruta* has described various treatment modalities like *Vamana*,

Virechana, *Raktamokshan* (blood letting) in *Amaj granthi* that is initial stage of *Granthi*.^[5] He further advised for *Chedan* (excision) and *Agnikarma* if not cured with above measures and growth is not related to any *Marma* i.e. (nerves, any big vessel, vital parts).^[6]

***Agnikarma* importance and superiority**

Agnikarma is explained as *Anushastra* in *Ayurvedic* classics, curing different disorders as *Pradhan Karma* (chief modality) in some cases and as a *Paschatkarma* (adjuvant therapy) in some cases. Its importance lies in its action as it has potential to cure those diseases also which could not be cured by *Bheshaja, Shastra and Kshara*. *Agnikarma* is also used as ultimate haemostatic measures and it does not allow the disease to reoccur. Different materials are subjected to heat and used for therapy in different disease conditions. *Panchavalkal* [*Vaṭa* (*Ficus bengalensis* Linn), *Udumbara* (*Ficus glomerata* Roxb.), *Aśvattha* (*Ficus religiosa* Linn.), *Pāriśa/Pāriśa* (*Thespesia populenoides* L.) and *Plakṣa* (*Ficus lacor* Buch Ham.)] is mentioned in the classic for

Shodhan (Cleansing) of wounds.^[7] *Kasisadi Tail* (This formulation is having 31 ingredients including kasisa, haridra, musta manashila, hartala, kampilaka gandhaka vidanga guggulu, siktha, maricha, kushtha, tutha, gaursarshapa, rasanjana, sindur, srivasa, raktachandana, irimeda, nimbapatra, karanja, sariva, vacha, manjistha, madhuka, jatamansi, sirisa, lodhra, padmak, hareetaki) is mentioned by Sharangdhar in skin disorders for *Shodhan* (Cleansing), *Ropan* (healing) and *Savarnikaran* (Normal skin texture).^[8]

Hence in this case report excision with *Agnikarma* was tried and later wound was cleaned with *Panchavalkal* and dressing with *Kasisadi tail* showed the complete cure of papilloma without recurrence.

CASE HISTORY

A 32 years female came in outpatient department of Shalya tantra having complaint of non-inflammatory cystic swelling at perianal region. Patient gave the history that it was initially Small, painless cystic swelling. and spontaneously increased in size with mild itching and discomfort during sitting posture. Patient consulted to private hospital on 13/11/2010 in Rajkot where swelling was excised and wound healed but one month later she again developed complaints of itching and swelling at same place. Symptoms were mild in nature so patient ignored that swelling for two years. The Swelling was gradually increased in size with irritation. was gradually increasing size, irritation Due to fear of malignancy she consulted to private hospital And again operated on 5/10/12. The cystic swelling was excised and biopsied where it was diagnosed as papilloma. 3 months after second surgery she developed same complaints which made the patient depressed mentally so she consulted to Ayurved hospital for treatment to avoid recurrence. On examination it was observed that there was a pedunculated and irregular multiple cystic swelling at left perianal region approximately 7 cm away from anal verge. (Figure-1) The swelling was painless, soft in consistency and without any discharge which was primarily diagnosed as keloid because of its recurrence. The routine hematological investigations were carried

out and found within normal range. (Table-1) The case was planned for excision followed by *Agnikarma* with *Panchadhatu Shalaka* as most of the symptoms mimics with *Kaphaj Granthi*.

Table-1: Hematological Investigation

T.L.C.	5.400/cumm
DLC	N- 59% L-35% E -03% M -03%
Hb%	13.4gm%
E.S.R.	14mm/hr
Total R.B.C	4.67mil/cumm
B.T.	1mt 40 sec
C.T.	3mt 55 sec
Blood group	B+ve
FBS	92mg/dl
Blood Urea	23 mg/dl
Sr. Creatnine	0.8 mg/dl
HIV	Negative
VDRL	Negative
HBsAg	Negative

METHODOLOGY

Informed written consent was taken prior procedure with explained prognosis and result. Local part was prepared. Inj. tetanus toxoid 0.5 ml intramuscular was given, Inj. xylocaine intra-dermal sensitivity test was done. Patient was laid in lithotomy position, painting was done by betadine solution and draping done by sterile cut sheet. Local anesthesia (infiltration of Xylocaine2%) was done around the base of papilloma. The whole cystic swelling was excised from base with surgical blade. Mild oozing of blood was present which subsided by applying pressure for few minutes. *Panchadhatu Shalaka* was heated up to red hot and *Agnikarma* done that is whole raw area was burnt at base formed after excision. (Figure-2) *Aloe vera* gel was applied and sprinkling of turmeric powder was done. Patient was advised to avoid water contact for 24 hours after *Agnikarma* and keep the place dry. Patient called regularly for cleaning with *Panchavalkal Kwath* and dressing with *Kasisadi Tail* for continue 7 days.



Figure-1: Multiple cystic swelling at left perianal region before treatment



Figure-2: After Agnikarma status of wound

RESULT AND DISCUSSION

Agnikarma is a para-surgical procedure and in this case it is main treatment modality to avoid the recurrence of disease. Keeping this goal in mind the whole raw area was burnt after excision of cystic lesion. As *Agnikarma* is proven ultimate measure for haemostasis according to Ayurveda oozing after the *Agnikarma* was also controlled immediately.^[9] *Aloe vera* gel was applied to relieve the burning sensation in surround skin due to *Agnikarma*.^[10] Haridra /turmeric powder (*Curcuma longa* Linn.) was used to prevent infection and inflammation and for wound healing properties^[11] which is proved natural anti-inflammatory, antiseptic in Ayurveda.^[12] Small guaze piece was applied on wound and patient was advised to come daily for dressing of wound. Next day wound was observed and found healthy. The wound was cleaned with *panchawalkal kwath* and dressed with *Kasisadi tail*. Day by day wound healing was seen without any complaints. *Panchavalkal* decoction has cleaning and

wound healing properties so it helped to keep the wound clean and promoted healing.^[13] *Kasisadi tail* is having soothing effect and *Shodhan* (cleansing), *Ropan* (healing) and *savarnikaran* (retaining normal skin texture) properties. Hence there is definite role of these adjuvant drugs in early healing of wound. After 7 days post excision and *Agnikarma* wound was almost healed with minimum scar. (Figure-3) Now patient was asked to come for follow up after every month because she had history of recurrence. The wound was clean and there was no recurrence of any symptoms till now after 9 months of follow up. (Figure-4) There is need to continuously followed up for further 2 years to see the recurrence/replace of swelling. If there will be recurrence then we again do the *Agnikarma* under local anesthesia. Hence this procedure of *Agnikarma* definitely had the advantage over plain excision that recurrence was not noted up to 9 months follow up. So it can be said that benign tumor can be managed with excision and *Agnikarma* without recurrence.



Figure-3: Status of wound after seven days



Figure-4: After follow up of 9 months

CONCLUSION

Study concluded that recurrent papilloma can be treated with *Agnikarma*. This single case study supports Ayurveda principal where it is clearly indicated that there is complete remission of disease with *Agnikarma*. This is single case report so needed further research in more number of cases for its scientific validation.

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