

A CASE REPORT OF AGNIKARMA IN THE MANAGEMENT OF MASHAKA (MOLE)

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ABSTRACT

Mashaka a shudra rog described by acharya Sushruta in Nidan Sthan caused by Vata Dosha. It is correlated with an elevated mole or nevi. Congenital nevi are rarely cancerous so they don't harm the skin but only required removal for cosmetic purposes. Agnikarma (therapeutic heat burn) an ayurvedic procedure has a great role in treating mashaka and also there are no chances of reoccurrence too. This single case study was conducted to evaluate the efficacy of Agnikarma done with Panchdhatu Shalaka on Mashaka. The proper assessment was done before, during, and after treatment with a follow-up period of 2 weeks.

KEYWORDS: Agnikarma, Mashaka, Mole, Congenital nevi.

INTRODUCTION

Ayurveda is an ancient medical science that teaches us to live healthy, wholesome, and with a balanced body, mind and spirit. It also emphasizes curing various ailments along with maintenance of health.

Agnikarma is a very well-known parasurgical procedure described by Acharya Sushruta. Acharya Sushruta or better known as the father of surgery very well documented the effectiveness of Agnikarma in curing diseases. He considered it as a superior technique amongst all. This is because once Agnikarma is done it doesn't let the reoccurrence of that disease.^[1] As the name suggests Agnikarma means when Samyak Dagdha Vrana produced by Agni with the help of various Dravyas or it simply implies as therapeutic heat burn.

Various Acharyas have mentioned this medical technique in the ancient ayurvedic classical text for the treatment of various diseases effectively.

Acharya Sushruta mentioned 44 Shudra Rogas in Nidan Sthan and Mashaka is one of them. Acharya describes Mashaka as a fixed, painless, blackish, elevated eruption over the body that resembles the pulse Masha in shape. The main Dosha involved is Vata which gets aggravated and lets the formation of Mashaka.^[2] Acharya Vagbhata mentioned the features of Tilkalaka as painless, black eruptions present over the skin resembling Tila (sesame seed)). When these eruptions over the skin get elevated or raised they are known as Mashaka.^[3] Acharya Vagbhata and Acharya Sushruta both mentioned Agnikarma as a treatment modality in Mashaka.

Congenital melanocytic nevi are melanocytic nevi present at birth.

They consist of proliferation of benign melanocytes that may be intraepidermal, dermal, or both. The pathogenesis of congenital melanocytic nevi has not been established. A de novo mutation, perhaps in a melanocyte precursor (melanoblast), has been proposed. Melanocytes originate from the neural crest and begin to appear in fetal skin before 40 days' gestation.

Some congenital melanocytic nevi maybe just a few millimeters in size and appear clinically indistinguishable from common acquired nevi. In general, congenital melanocytic nevi are classified as small, intermediate, or medium-sized, and large or giant Some authors base the distinction between small, intermediate, and large congenital nevi on their ease of removal.^[4]

CASE REPORT

A 45 yrs old female patient came to the OPD of Shalya Tantra, Gurukul Campus, Haridwar with a complaint of having a mole on both the sides of face since birth. Both the moles were of medium size and were stagnant since birth. There was no history of swelling, itching fever, pain. No aggravating and elevating factors were associated with it.

The patient didn't take any medical intervention for it in the past. She was a non-diabetic, non-hypertensive patient. Also didn't have any history of any carcinomatous and chronic disease. All general and systemic examinations along with other investigations were found to be normal.

On local examination mass was found to be soft in consistency, non-tender fixed with regular margin, and black. It was about 4mm and 6mm in size on right and left side of the face respectively. [Fig 1], [Fig 2]



[Fig: 1 Before Treatment]



[Fig: 2 Before Treatment]

INVESTIGATIONS

CBC, Hb %, ESR, RBS, HIV I/II, HBsAg, HCV.

MATERIALS AND METHOD

Materials required: Panchadhatu Shalaka, Haridra churna, Ghritkumaripatra, Trifala kwath, Gas burner, guage piece, cotton bandage.

METHODS

After explaining the whole procedure of Agnikarma to the patient consent was taken. The patient was asked to lie in the supine position. The affected part was cleaned with Triphala kwath. Panchdhatu Shalaka was made red hot by heating on the gas stove and then dahana was done in bindu masnner (one of the dahana prakara) on the left sided mole. Same procedure was repeated for the right sided mole too. Immediately after Dahana aloe vera was applied to the patient to avoid an excess of burning sensation. Dahana was done until samyak lakshans were seen. Honey and ghrita mixture was then applied at the site of samyak dagdha and then Haridra powder was dusted over the Dagdha site and the site was closed with guage piece. The patient was advised to do the daily dressing and not to wet the site of Dagdha. Patient was then asked to visit the O.P.D. for second sitting of Agnikarma on both the moles after a week. Above steps were repeated again in the second sitting too. Follow up for 2 weeks was done after the completion of treatment.

RESULT AND DISCUSSION

Agni is Ushna so basically the use of Agnikarma is done in the treatment of Vata - Kaphaj Vyadhis. The reason behind this is that both Vata and Kapha have Sheeta Guna as a dominant Guna and Agni being Ushna works against it and cures the disease. Along with Ushna Guna

Agnikarma also posses Tikshna, Sukshma, and Laghu Guna which helps in removing the Srotoavrodh caused by Dushta Vata and Kapha. Also, it brings both Doshas into Samya Awastha from Niramawastha. In Ayurveda we also have concept of Dhatwagni which when gets disturbed or decreased let the disease to manifest. So, Agnikarma acting upon locally increases the Dhatwagni and works on aggravated Doshas bring them to equilibrium and finally cures the ailment.

As mentioned by Acharya Sushruta that Mashaka is caused by vitiated Vata so Dahana Karma by Agni can be the best way to treat it so that both aspects of treatment i.e. curative and prevention from reoccurrence is achieved.

In this case, the patient complaints were resolved and also the Dagdha site completely healed after 2 weeks. [Fig 3], [Fig 4] No added complaints were further reported by the patient and she was satisfied with the treatment.



[Fig: 3 After Treatment]



[Fig: 4 After Treatment]

CONCLUSION

According to Acharya Sushruta diseases not cured by Aoshadh, Shastra, Kshar Karma can be easily cured by Agnikarma and this is why this procedure holds a superior place to any other karma. Mashaka is caused by the vitiated Vata Dosha and Agnikarma is one of the treatment mentioned by acharyas in Ayurveda literature. Agnikarma being a simple procedure doesn't necessarily require any anesthesia, unlike modern surgery. It cost and time effective treatment where the patient after daycare observation for few hours and be discharged. So after the vivid discussion, we can conclude that Agnikarma is not only having a role in the treatment of painful diseases but is also providing Ayurveda a tool for solving cosmetics problems too.

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