CASE REPORT

Management of Mashaka (Elevated Mole) and Tilkalaka (Non-elevated Mole) by Agnikarma – A case report.

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ABSTRACT:
Agnikarma is the one of the minor surgical procedure described in Ayurveda which is done by the application of agni, heat. Mashaka is painless, hard black eruption on the skin and Tilkalaka is the black, painless, tila like non-elevated mark on the skin. Both can be compared with mole clinically in modern science. In the case patient of 26 years female came with complain of black lesion in nose. Lesion was diagnosed with Mashaka with Tilkalaka (Mole) on clinical basis. Agnikarma was done for both black mass. After 4 weeks both lesion was healed up with no any complain of bleeding, infection, pain and scar. Through this case it can be concluded that mole can be successfully removed through Agnikarma. In the same way it can be developed for cosmetically purpose.

Keyword: Ayurveda, Agnikarma, Mashaka, Tilkalaka, Mole

Introduction

Agnikarma is a Para surgical procedure where actual heat is transmitted in to the tissues to nullify the disease. In the classical text it is said that chance of reoccurrence of disease is nill which is treated with Agnikarma. It can cures the disease which are not treated with medicine, surgery and kshar Karma.1 It is described in various Samhita in Ayurveda and can be done for various disease.2

Mashaka and Tilkalaka are also fall under Kshudra roga. Mashaka can be defined as hard, painless, black and elevated eruption on the body (skin) resembling the masha pulse in shape. It is caused by the aggravation of vata dosha.3 Tilkalaka is the condition in which there is black, painless, sprouts, resembling tila (sesame seed) on the skin.4 In is formed due to soshana(drying up) of vata, pitta and Kapha dosha.5 We can only call mass as Mashaka when they are raised.6 Mashaka and Tilkalaka both can be compared with mole in the modern science clinically.

Mole is a pigmented nevus. Pigmentation is due to melanin. This lesion contains excess amount of melanin, derived from melanocytes.7 The pigmented cell, melanocytes migrate from the neural crest to the basal epidermis during embryogenesis. It is called naevus when Melanocytes aggregate in the dermis or at the dermo-epidermal junction.8

For both Masaka and Tilkalaka agnikarma is indicated in Astanga Hridaya.9

A case reports

A 26 years lady came in our hospital with complain of lesion in face since birth. It was gradually increasing. There was no history of swelling, fever, pain. There was no any aggravating and elevating factors. Patient was not gone for
any medical intervention for the lesion till now. There was no history of carcinoma in her family. She want to remove it cosmetically.

On examination mass was non tender, soft in consistency, immovable, regular margin, was of about 0.5 mm diameter and 0.3 mm in height in left side of base of a nose and other was on the right side of tip of nose of about 0.5mm. The color of the both lesion was black. [Fig.1]

On the basis of clinical examination it was diagnosed as Mashaka (Elevated mole) with Tilakalaka (Non-elevated mole).

Material and methods

Material required: Gas stove, Panchadhatu shalaka, Aloevera, Trifala kasaya, Haridra churna and Yestimadhu churna,

Treatment plan: Agnikarma was planned for the patient.

Methods:

First of all patient counselled about the procedure and consent was taken. After that, she was kept in sitting position. Then painting was done with trifala kasaya at the site of lesion. Panchadhatu shalaka was heated on the gas stove. Shalaka was heated till it become red hot. Then it was applied on the lesion. Immediately Aloevera was applied after it. It was repeated up to smakyak laksan seen. After the procedure the mixture of haridra powder and yestimadhu powder was applied on the lesion. Then it was covered with gauze piece. Patient was advised not to wet the lesion till 24 hour and remove the gauze piece and left it open.

Results and Discussion:

Agnikarma is one of the different type of procedure explained in Ayurveda texts. In this process heat is used so it is specially done in the vataj kaphaj vyadih as it has action of Ushna, Tikshna, Sukshma, Vyavayi, Vikasi and Pachana. Here we has done agnikarma on Masaka and Tilakalaka. Mashaka is vataj vyadih and Tilakalaka is tridosaj vyadih.

Dr. Ven Haff said, metabolism of local tissue is improved where the heat burns. It provides additional heat to the dhatwagni and removes the shrotabarodh. Activation of dhatwagni will helps to improve metabolism and circulation so that will helps in new tissue formation. Yestimadhu (Glycyrrhiza glabra Linn.) sita virya, dahasamaka and swothhara in action. Research also indicate the anti-inflammatory, wound healing and antilucer properties of Yestimadhu. Similarly, Haridra (Curcuma longa Linn.) is pittasamaka, swothhara and vranaropana in action. So that mixture of both helps to reduce burning sensation, inflammation and helps to heal the wound. In the case, lesion was removed after 2 weeks and scars was gone after 4 weeks. [Fig 2]

Conclusion:

Agnikarma is the procedure where there is use of agni. Here in the case we used agnikarma for Masaka and Tilakalaka. Only in one setting both Masaka and Tilakalaka were removed successfully with no scar. So from the case it can be concluded that agnikarma can be used for cosmetic purpose.

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