



ISSN 2456-3110

Vol 7 · Issue 8

September 2022

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Kshara Karma in diseases of Shalaky Tantra - Case Series

Raju SN

Assistant Professor, Department of PG and PhD Studies in Shalaky Tantra, Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College, Koppal, Karnataka, India.

ABSTRACT

Kshara Karma is one of the *Anushastra Karmas* popularly understood as Para surgical procedures. It's an outstanding contribution of *Acharya Sushruta*. The surgical disorders which are mentioned in the *Shalakyatantra* are also can be managed with the *Kshara Karma* with ease and comfort for both surgeon and patients. In the clinical practice of *Shalaky Tantra*, there is a need of adopting this procedure for effective management of disorders such as *Jalarbuda*, *Upajihwa*, *Adhijihwa*, *Upakusha*, *Dantavaidharbha*, *Rohini*, *Nasarsha*, *Karnarsha*, and *Pakshmakopa*. This procedure is simple, safe, effective with minimal or no complications, and easily acceptable to the patients. Long-term follow-up is essential to know its results. The patients get clinically meaningful improvement by *Kshara Karma* along with internal medicines and dietary restrictions. Adopting the *Kshara Karma* followed by internal medicines will prevent recurrence/relapse with a high cure rate with no adverse effects.

Key words: *Kshara Karma*, *Shalaky Tantra*, *Anushastra Karmas*.

INTRODUCTION

Kshara^[1] is a caustic, alkaline in nature obtained from the ashes of medicinal plants. It is a milder procedure compared to surgery and thermal cautery.^[2] It is superior among the sharp and subsidiary instruments because of performing excision, incision, and scraping. It is versatile because even such places that are difficult to approach by ordinary measures can be treated by *Kshara Karma*. *Kshara Karma* is useful as a substitute for surgical instruments because it can be used safely on patients who are afraid of surgery. Many

diseases are mentioned in *Shalakyatantra* where *Kshara Karma* is the first line of management such as *Jalarbuda*, *Upajihwa*, *Adhijihwa*, *Upakusha*, *Dantavaidharbha*, *Rohini*, *Nasarsha*, *Karnarsha*, and *Pakshmakopa*. Using *Apamarga kshara* the following cases like *Jalarbuda* (Mucocele) *Nasarsha* (nasal polyp) Aural keloid, and Gingival hyperplasia have been treated, and patients got a high rate of cure with no reoccurrence.

METHODOLOGY

Literary review method of preparation and clinical use of *Pratisaraniya Kshara* in clinical practice are described in the present article.

Classification^[3]

- Based on administration;
 - Pratisaaraneeyakshara* - external application
 - Paneeyakshara* - internal administration
- Based on concentration - mild, moderate, and highly

Preparation^[4]

- The *Panchanga* (whole plant) of *Apamarga* (*achyranthes aspera*) 5 kgs should be collected, dried up, and burnt.

Address for correspondence:

Dr. Raju SN

Assistant Professor, Department of PG and PhD Studies in Shalaky Tantra, Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College, Koppal, Karnataka, India.

E-mail: gonchigarraju@gmail.com

Submission Date: 17/07/2022 Accepted Date: 22/08/2022

Access this article online

Quick Response Code



Website: www.jaims.in

Published by Maharshi Charaka
Ayurveda Organization, Vijayapur,
Karnataka (Regd) under the license
CC-by-NC-SA

- The whole ash of 500 gms was collected and mixed with 6 times (approx 3 liters) of water and supernatant water is filtered 21 times.
- The filtrate is clean and clear like the color of cow's urine and it is kept on mild fire and the liquid evaporates to 1/3rd of its original quantity.
- This is known as *Mridu* or mild concentrate *Kshara*.
- Then add 50 gms of red hot *shukti* (limestone) to the filtrate solution and continuously stirred well until it evaporates to 1/3rd of its original quantity.
- This is known as *Madhyama* or moderate *Kshara*.
- This should be further heated up by adding 5 gms of *Chitraka Kalka* (*plumbago zeylanica*).
- This thick solution is obtained which is known as *Pratisaraneeya Teekshana* or highly concentrated *Kshara*.
- It will be collected and stored in an airtight container.

Indications

1. *Paneeeya Kshara* - Mild concentrate *Kshara* is used internally in worms, indigestion, urinary calculus, skin diseases, obesity, etc.
2. *Pratisaraneeya Kshara* - Highly concentrated *Kshara* is used for external applications in *Urdhwa Jatrugatha Vikaras*.

Application of *Pratisaraneeya Teekshana Kshara*^[5]

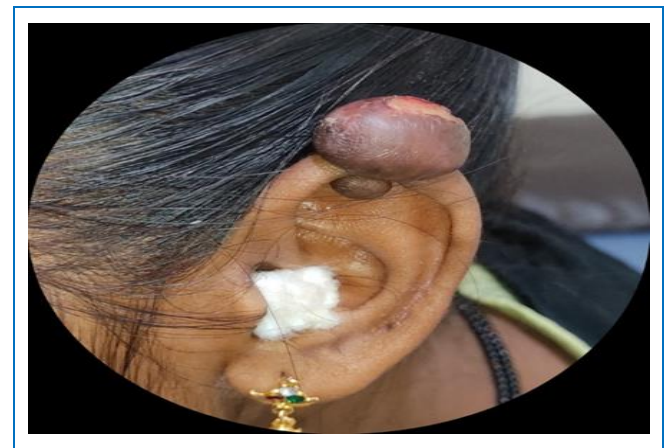
- First, explain the procedure to the patient and patient attendees.
- Obtain consent to perform the procedure.
- The area where *Kshara* has to be applied is anesthetized with local or topical spray.
- *Kshara* is applied over the mass and waited for 2 minutes or until the mass turns to the color of Reddish black (*Pakwa Jambu Phala Varna*).
- After this process, the mass must be washed with lemon juice to neutralize the *Kshara*.
- After attaining the *Samyak Dagda Lakshana Jathyadi Tail* or *Ghrta* is applied.

Advantages of *Kshara* Therapy

- Postoperative pain is mild in intensity
- No bleeding
- Minimum hospitalization - can be done under daycare
- No scope for recurrence
- The patients who are suffering from Systemic diseases are also can undergo *Kshara Karma*.

CASE - 1

A 20-year-old female patient came to the *Shalaky* outpatient department with complaints of a progressive lesion located on the right pinna which is not painful and which is recurrent after the first excision. The patient has been suffering for 2 years. She noticed slight elevation at the sight of ear piercing. The patient was diagnosed as having a "recurrent infected aural keloid" On examination, the lesion is expanding in nature. There was no vesiculation or oozing. There was no history of discharge from the mass. The patient was not having any addictions and she was nondiabetic. Her vital signs were stable, and on systemic examination, there was nothing abnormal. The mass was superficial firm and hard in consistency, tender while pressing, mobile, and 5mm × 5 mm × 4 mm in size. Initially, the keloid was removed surgically and *Apamarga Kshara* was applied over the lesion it was repeated two times and Tab *Nimbadi Guggulu* 1 tid was given orally for seven days and there was no reoccurrence noted even after four months of follow-up.





CASE - 2

A 45-year-old female patient came to the *Shalaky* outpatient department with complaints of swelling in the upper gingiva above the incisor tooth for three months and which is not painful. The patient was diagnosed as having a “gingival hyperplasia”. On examination, the lesion is expanding in nature. There was no vesiculation or oozing. There was no history of discharge from the mass. The patient was not having any addictions and she was nondiabetic. Her vital signs were stable, and on systemic examination, there was nothing abnormal. The mass was superficial firm and hard in consistency, elevated with regular borders, shiny, non-tender while pressing, non-mobile and there was no bleeding on touch. The size of the lesion was 3mm × 3 mm × 2 mm in size. Three sittings of *Apamarga Kshara* were applied and *Tab Nimbadi Guggulu* 1 tid was given orally for seven days, after three sittings of application, there was complete regression of the lesion.



CASE - 3

A 30-year-old male patient came to the *Shalaky* outpatient department with complaints of complete



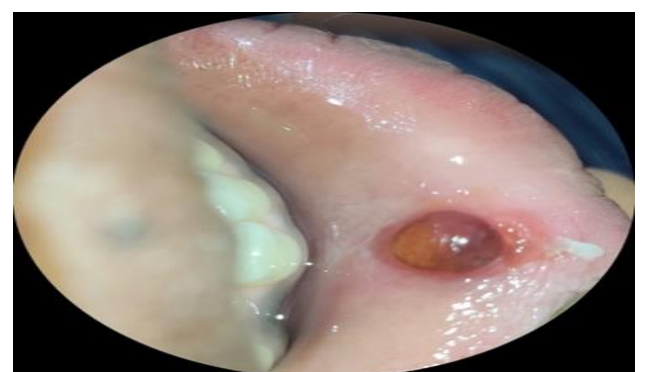
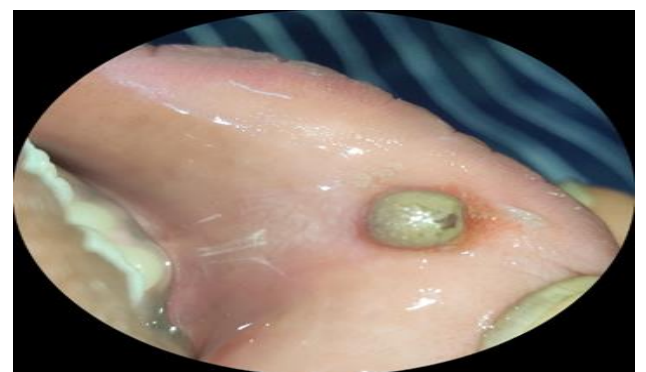
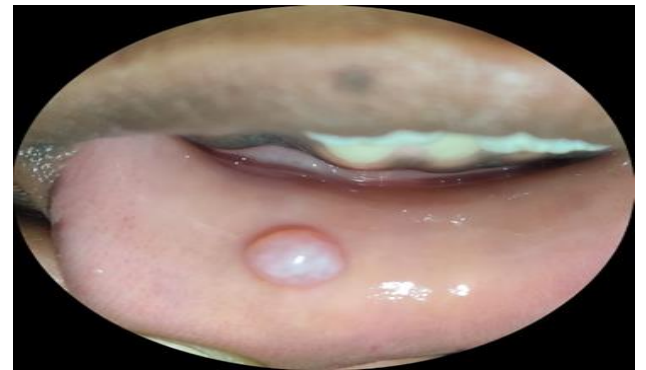
nasal block in the left nostril for three months and he was a known case of a nasal polyp where he had undergone polypectomy three years back the patient was diagnosed as having an “ethmoidal polyp”. The patient was not having any addictions and she was nondiabetic. Her vital signs were stable, and on systemic examination, there was nothing abnormal. On examination in anterior rhinoscopy, a large mass was shiny smooth, and greyish in color and soft in consistency, insensitive on probing and there was no bleeding on touch CT PNS shows a polypoidal mass in the left nostril. Four sittings of *Apamarga Kshara* were applied on the polypoidal mass with the interval of three days along with the internal oral medicines tab *Nimbadi Guggulu* 1 tid patient experienced a significant decrease in the size of the mass as well there was a decrease in the nasal block.



CASE - 4

A 17-year-old female patient came to the *Shalaky* outpatient department with complaints of swelling in the lower lip for three weeks and it was non-tender, mobile, and pale in color. The patient was not having any addictions and she was nondiabetic. Her vital signs were stable, and on systemic examination, there was nothing abnormal. Here three sittings of *Apamarga*

Kshara were applied on the mucocele with the interval of three days and Tab *Nimbadi Guggulu* 1 tid was given orally for seven days, after three sittings of *Kshara* application there was complete regression of the mucocele was noted.



DISCUSSION

Pratisaraneeya Teekshna Kshara was applied to the masses on different cases of *Urdhwajatrugatha Vikharas* as mentioned in the above case reports. It was observed that the mass color changed to *Pakwa Jambu Phala Varna* as described in the *Sushruta Samhita* and later Lemon juice (citric acid) was used to neutralize the *Kshara* after proper burning of mass. Due to the properties^[6] of *Kshara* like *Katu Rasa Ushnaveerya, Teekshna, and Agneyaguna* and *Tridoshahara* properties will yields to actions like *Dahana, Pachana, Darana, Vilayana, Shodhana, Ropana, and Shoshana* so by these *Karmas* the mass/growth undergoes *Shoshana*, in turn, it will lead to regression of the mass. *Pratisaraneeya teekshna kshara* causes coagulation of mass due to the effect of cauterization, necrosis of tissue followed by fibrosis, adhesion of mucosal, submucosal coat helps in prevention as well regression of size of the mass. In present-day practice, the application of *Kshara* is found to be a safe, efficacious, and cost-effective method for the management of surgical cases where there is an indication of *Kshara*. Compilation of case reports and clinical studies is needed to standardize the treatment protocol and define outcome measures. In this way, comprehensive treatment guidelines can be formulated.

CONCLUSION

Pratisaraneeya Teekshna Kshara was found effective in all the above-treated cases. Even after three follow up there was no reoccurrence and in *Nasarshas*, there was a decrease in the nasal block due to a decrease in the size of the polyp these results themselves show the positive effect of the *Kshara* and the effect of *Kshara* depends on its Ph. These case studies show that a combination of *Kshara Karma*, conservative treatment

(*Shamana Aushadhis*), diet restrictions, and lifestyle modifications administered over a period of time effectively in the treatment of different mass as well as preventing recurrence on a long-term basis due to its high rate of cure.

CONSENT OF PATIENT

Informed written consents of the patients was taken for procedure and publication of the images without disclosing the identity of a patient.

REFERENCES

1. Acharya Sushruta, Sushruta Samhita, by; Prof. K R Shrikanthamurthy, Choukambaorientalia, Reprint edition; 2012, chap 11, shloka 3; p.63.
2. Acharya Sushruta, Sushruta Samhita, by; Prof. K R Shrikanthamurthy, Choukambaorientalia, Reprint edition; 2012, chap 11, shloka 4; p.63.
3. Acharya Sushruta, Sushruta Samhita, by; Prof. K R Shrikanthamurthy, Choukambaorientalia, Reprint edition; 2012, chap 11, shloka 11; p.63.
4. Acharya Sushruta, Sushruta Samhita, by; Prof. K R Shrikanthamurthy, Choukambaorientalia, Reprint edition; 2012, chap 11, shloka 11; p.63.
5. Acharya Sushruta, Sushruta Samhita, by; Prof. K R Shrikanthamurthy, Choukambaorientalia, Reprint edition; 2012, chap 11, shloka 11; p.65
6. Acharya Sushruta, Sushruta Samhita, by; Prof. K R Shrikanthamurthy, Choukambaorientalia, Reprint edition; 2012, chap 11, shloka 5; p.63

How to cite this article: Raju SN. Kshara Karma in diseases of Shalaky Tantra - Case Series. J Ayurveda Integr Med Sci 2022;8:186-190.

Source of Support: Nil, **Conflict of Interest:** None declared.
