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Effect of *Apamarga (Achyranthes aspera)* Ksharajala over Recurrent Ganglion Cyst of Great Toe - Case Report

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ABSTRACT

Ganglion cysts are cystic swelling occurring in relation to tendon sheath or synovial sheath or joint capsule containing clear gel like fluid. They usually occur at the dorsum of wrist (Near scaphoid-lunate articulation), flexor aspect of wrist and occasionally around ankle joint. Its occurrence in the great toe is rare. The condition is managed by injecting sclerosing agent like hyaluronidase or by excision. In Ayurveda, swellings are usually compared to *Granthi* but it is difficult to correlate ganglion cyst to a particular type of *Granthi*. In this case study, a 52-year-old male patient reported to the outpatient Department of *Shalya Tantra* SDMCAH, Hassan, with repeated complaints of swelling in plantar aspect of great toe with occasional tingling and numbness every month. The swelling was diagnosed as ganglion cyst. Excision of swelling followed by *Apamarga Ksharajala* was done. No reoccurrence of cyst along with relief in clinical manifestations was the outcome. Therefore, this case report proposes an innovative treatment modality for management of ganglion cyst and the observation made here would be useful for organizing future clinical trials.

Key words: Ganglion cyst, Ayurveda, *Granthi*, *Apamarga Ksharajala*.

INTRODUCTION

Ganglion cysts are non-cancerous tissues which commonly arise close to tendons or any joints. Although it occurs in various locations, it develops more frequently in the dorsal aspect of the wrist joints. Occurrence of ganglion cysts over plantar aspect of great toe is rare. These cyst cause pain and discomfort

on walking and are usually soft or undeviating and sizing up to 1 to 3 centimetre in diameter loosely attached to sheath of the tendon or joint capsules.

In modern science aspiration and excision are described measures to manage ganglion. Aspiration is commonly practiced treatment which resolves the cyst in a few and reoccurs in some others. The surgical management that is excision of ganglion is also known to cause reoccurrence.

To reduce the recurrence there is a need for a minimal invasive uncomplicated technique. In Ayurveda, *Acharya Sushruta* has explained *Kshara Karma* a parasurgical procedure which does *Chedana* (excision), *Bhedana* (incision) and *Lekhana* (scraping). It is a unique procedure which alleviates *Tridosha* and it is considered best among *Shastra* (surgical instruments) and *Anushastra* (parasurgical instruments).^[1] Here in we report a case of a 52 years old patient of ganglion cyst over great toe managed by *Apamarga Ksharajala*.

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CASE REPORT

A male patient aged 52 years who is a known case of Type 2 diabetes mellitus approached *Shalya Tantra* OPD of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan with complaints of swelling in the plantar aspect of great toe with occasional tingling and numbness since 2 years. The patient had pain on walking but had no history of trauma.

2 years back when he approached with the same complains after thorough clinical examination the swelling was diagnosed as a ganglion cyst and the cyst was excised and the contents were sent for cytological study for the confirmation of diagnosis. Within two months the cyst reoccurred and it was managed by intralesional injection of hyaluronidase followed by fine needle aspiration.



Fig. 2: X-ray of left foot

Within a span of 2 years, the reoccurrence of cyst was around 4 to 5 times and repeated excision of cyst was done in our hospital. In first week of December 2020 the patient re-approached to OPD with the same complains and once again excision was done and he was asked to come for follow-up after 2 weeks. In the last week of December 2020, the patient once again developed the cyst. For which a novel procedure, excision followed by local application of *Pratisaraneeya Apamarga Ksharajala* was done.

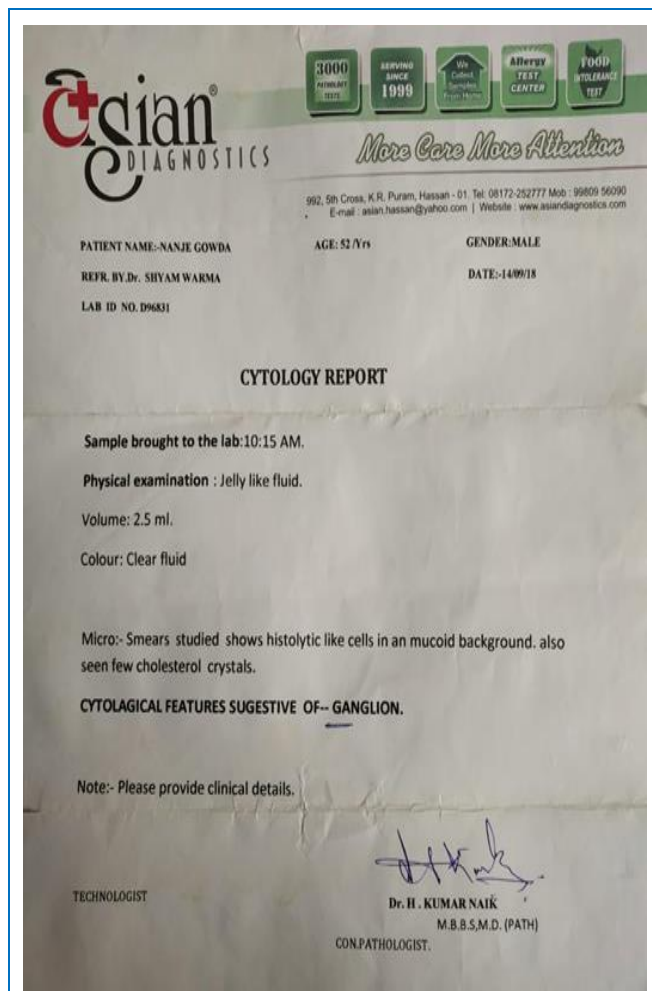


Fig. 1: Cytology report



Fig. 3: Excision of cyst

Apamarga Ksharajala Preparation^[2]

Apamarga Kshara is an alkaline substance obtained from the ash of *Apamarga*. The dried pieces of *Apamarga* herb are put in an earthen pot and burnt to ash. After cooling the ash, the ash must be dissolved in 6 parts of water and stirred. This is then filtered through a piece of clean linen for 21 times till a clear liquid is obtained. This liquid is then taken in an iron vessel and heated over moderate fire till the water evaporates, leaving a solid salty white substance that is known as *kshara*. *Ksharajala* is the supernatant solution of *Apamarga Kshara*.

Management

Excision of the cyst was done using blade number 11 and a jelly like clear, thick, sticky, colourless material was seen. Later 0.5 ml of *Pratisaraneeya Ksharajala* was locally applied. *Nimbu Swarasa* (lemon juice) was applied in the area of *Ksharajala* injected and *Pakwa Jambu Phala Varna* was observed. Dressing was done with *Ropanaghritha* (medicated ghee).



Fig. 4: Recurrence of cyst after excision.



Fig. 5: Excision followed by *Pratisaraneeya Apamarga Ksharajala* application

OBSERVATION

Features	After Excision	After excision followed by <i>Prateesaraneeya Ksharajala</i>
Collection of Fluid	Present	Absent
Fluctuation	Present	Absent
Pain	Absent	Absent

Follow-Up

Patient was called for follow-up every week. After a week there was no collection of fluid and wound was healing. After 30 days when it was observed there was no reoccurrence of cyst or collection of jelly like substance. The keratinized tissue was observed.



Fig. 6: Post application of *Pratisaraneeya Apamarga Ksharajala* on 3rd day, 7th day and 1 month.

DISCUSSION

In Ayurveda various types of *Granthi* can be correlated to swellings or lumps, however it is difficult to correlate ganglion cyst to a particular type of *Granthi*. Usually, *Granthi* are managed by *Shastrakarma*, *Ksharakarma* and *Agnikarma*.

To prevent reoccurrence of ganglion cyst, excision and local application *Pratisaraneeya Apamarga Kshara Jala* can be recommended. *Kshara* is the substance that removes vitiated material from skin, flesh etc. (*Dusta Tvagmamsadi*) or the substance which detoxifies the

Dosha (bodily humour), *Dhatu* (tissues) and *Mala* (excreta) is known as *Kshara*.^[3] *Kshara* possess caustic properties and helps in excision of unwanted tissues. It works locally as a sclerosing agent.^[4] *Kshara* has properties of *Chedhana*, *Bhedana* and *Lekhana* and also *Vrana Shodana* (purification of wound) and *Ropana* (healing) properties. It is mentioned in the classics, that the diseases which are difficult to treat can be cured by *Kshara* therapy.

CONCLUSION

In the present case, as the patient had reoccurrence of complaints several times even after repeated excision, therefore para surgical procedure of *Ksharakarma* was adopted. The local application of *Pratisaraneeya Apamarga Ksharajala* was done. This treatment was found to be effective. The technique of local application of *Apamarga Ksharajala* can be practiced for further cases and to prevent recurrence of ganglion cyst.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained the appropriate patient consent form. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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