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Ajagallika treated with Pratisaraneeya Kshara Karma - A Case Report

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ABSTRACT

Kshudra Rogas are less severe diseases explained in Ayurvedic classics by different *Acharyas*. It is called *Kshudra* due to *alpadosha* (mild cause), *alpalinga* (mild symptoms) and *alpachikitsa* (mild treatment).^[1] *Ajagallika* is one among the *Kshudrarogas* mentioned in Ayurvedic Classics.^[2] It usually occurs in children.^[3] But it can also occur in adults.^[4] In the present study *Ajagallika* was treated with *Pratisaraneeya Ksharakarma* which is the line of treatment mentioned for *Ajagallika* in the text *Chakradatta*.^[5]

Key words: *Kshudraroga, Ajagallika, Pratisaraneeya ksharakarma.*

INTRODUCTION

Kshudra Roga are called *kshudra* as they are of lesser severity in comparison to *Mahavyadhi* or *vyadhi* or it may be simply a nomenclature traditionally accepted by previous authors.^[6] It is called *Kshudra* due to *alpadosha* (mild cause), *alpalinga* (mild symptoms) and *alpachikitsa* (mild treatment).^[7] *Ajagallika* is one among the *Kshudra Rogas* mentioned in Ayurvedic Classics.^[8] It usually occurs in children.^[9] But it can also occur in adults.^[10] *Ajagallika* is characterized by *snigdha* (glossy), *savarna* (homogeneous in colour), *grathitha* (knotty), *niruja* (painless) *mudgasannibha* (like green gram) *shopha* (localized elevation) caused due to *kapha* and *vatadosha*.^[11] The treatment

mentioned in Ayurvedic classics for *Ajagallika* includes *Jalaukavacharana* (leech application), application of *kalka* (paste) of *shukti*, *swarjika* and *yavakshara* or *kalka* of *shyama*, *langalaka*, *patha* in *amaavastha* (initial stages) and in *pakwaavastha* (later stages) treatment is like that of *Vrana*.^[12] *Chakradatta* text also explains *kantakavedhana*, *vrushamuladilepa* and *kshara* application as the treatment for *ajagallika*.^[13] In the present case the *ajagallika* presentation is *kathina* (hard). *Pratisaraneeya kshara karma* is the line of treatment mentioned in *Chakradatta* for such presentation. Hence *Pratisaraneeyakshara karma* treatment has been adopted in this case.

CASE REPORT

A 32 year old male patient visited Shalya Tantra OPD of SKAMCH & RC with the complaints of multiple nodular growth in the neck region since 8 years and complaints of itching and occasional mild discharge from the nodular growth since 3 years.

H/O present illness

Patient was apparently normal 8 years ago. Patient gradually developed nodular growth in the nape of the neck. It gradually increased in size and number. It was asymptomatic, so patient didn't take any treatment. From past 3 years patient experiences

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itching and occasional mild discharge from the nodular growth.

Patient took treatment in local clinic and hospital where they prescribed local applicants. Patient did not find any relief. Hence he approached SKAMCH & RC for further treatment.

Purvavyadhi Vrutanta

- Patient is not a known case of Hypertension / Diabetes Mellitus / Thyroid disorders / other systemic disorders
- Patient is not on any regular medications/ dietary supplements

Chikitsa Vrutanta

- In the year 2017, Patient consulted a doctor in a local clinic in Yelahanka, Bengaluru. There he was prescribed Betnovate ointment for local application. Patient found no improvement.
- In the year 2018, Patient consulted dermatologist in a hospital in Yashwanthpur, Bengaluru. There he was prescribed RetinA ointment for local application. Patient found no improvement.

Kautumbika Vrutanta

All other family members are said to be healthy

Occupational History

Patient works as manager in a private company. He works second shift (4pm to 2am) since past 10 years.

Vayaktika Vrutanta

Diet	Mixed food diet, takes chicken/ mutton occasionally. Patient is habituated intake of chapathi and roti daily.
Appetite	Good
Sleep	Patient sleeps from 3am to 10am
Micturition	5-6 times during day; 0-1 time during night
Bowel	Regular, once /day, soft in consistency
Habits	Tea– 2 times/day

Addictions	Cigarette- 1/day, since 10 years Beer- occasionally (approximately 1 unit), since 10 years
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General Examination

Tongue	Uncoated
Pulse	76 beats/ min
B.P	120/90 mm of Hg
Temperature	98.6° F
Respiratory rate	18 cycles/min
Height	168cm
Weight	60kgs
BMI	21.3
Built	Moderately built
Nourishment	well nourished
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Lymphadenopathy	Absent
Edema	Absent

Ashtasthana Pareeksha

Nadi	76 beats per minute
Mutra	5-6 times during day; 0-1 time during night
Mala	Regular, once /day, soft in consistency

Jihwa	Alipta
Shabda	Prakruta
Sparsha	Anushnasheeta
Druk	Prakruta
Akruthi	Madhyama

Dashavidha Pareeksha

Prakruti	Vata Kaphaja
Vikruti	Hetu - Aharaja - Rukshaahara, Akalabhajana Viharaja - Diwaswapna, Ratrijagarana Manasika - Chinta Dosha - Vata, Kapha Dushya - Rasa, Rakta Prakruti - Vatakaphaja Kaala - Adanakaala Bala - Avara
Saara	Madhyama
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Vyamishra
Satwa	Madhyama
Aharashakti	Abyavaranashakti - Madhyama Jaranashakti - Madhyama
Vyayama Shakti	Madhyama
Vaya	Madhyama

SYSTEMIC EXAMINATION**Cardio Vascular System Examination****Inspection**

- No distended blood vessels over neck.
- No scar marks on chest

Palpation

- Apex beat felt at left 5th intercostal space, medial to the midclavicular line.

Percussion

- Cardiac dullness on left side 3rd to 6th intercostal space

Auscultation

S1, S2 heard, no added sounds.

Respiratory System Examination**Inspection**

- Size and shape of the chest - Normal
- Chest movements - Symmetrical
- Respiratory rate - 18/min

Palpation

- Trachea - Centrally placed

Percussion

- Resonant over the lung field except cardiac dullness

Auscultation

- Normal vesicular breath sounds heard.

Per Abdomen Examination**Inspection**

- Shape of abdomen - Normal, scaphoid, No distention.
- Umbilicus - Inverted, centrally placed
- No visible peristalsis.
- No scar marks noted

Palpation

- Soft
- Non tender
- No Organomegaly

Central Nervous System Examination

- **Higher Mental Functions** - Intact
- Patient is conscious, oriented and co-ordinated to time, place and person
- **Cranial nerves examination** - Intact

- **Sensory nervous system** - Intact
- **Motor nervous system** - Intact

Local Examination

Inspection

- Morphology - Monomorphic
- Configuration - Polycyclic
- Distribution - Localized, Nuchal
- Lesion Type - Nodular
- Number - Multiple
- Shape - Irregular
- Size - largest one measuring approximately 0.5cm diameter
- Position - nape of the neck
- Texture - Umbilicated
- Colour - Pale
- Edge - Distinct
- Discharge - sero-purulent discharge
- Surrounding Skin - Normal

Palpation

- Tenderness - Mild Tenderness
- Sensation - Intact
- Reducibility - Irreducible
- Compressibility - Non Compressible
- Bleed On Touch - Absent
- Consistency - Hard
- Local Raise In Temperature - Absent

Investigations

Hb -14.9g%

WBC - 9230 cells/cumm

DC - within normal limits

RBC - 5.76 millions/cumm

PCV, MCV, MCH, MCHC, RDW - within normal limits

Platelet - 2.29 lakhs/cumm

ESR - 8mm/hr

RBS - 95 mg/dL

CT - 6' 10"

BT - 2' 35"

HIV 1 & 2 - Non reactive

HbSAg - Non reactive

Histopathological Report

Impression - Suggestive of plasma cell granuloma with chronic granulation

ROGA PAREEKSHA

Nidana

- Aharaja- Ruksha, Akalabhojana
- Viharaja- Ratrijagarana, Diwaswapna
- Manasika- Chinta

Poorvarupa

- Could not be elicited

Rupa

- Snigdha, Savarna, Grathitha, Niruja, Mudgasannibhauttitha in Greevapradesha with Kandu and Alpasrava

Samprapti

Nidana → Vata Kapha Prakopa → Causes dushana of Rasa, Rakta → Sthana Samshraya in Twak → Snigdha, Savarna, Grathitha, Niruja, Mudga Sannibha Uttitha in Greeva Pradesha → Ajagallika.

Samprapti Ghataka

Dosha	Vata and Kapha
Dushya	Rasa, Rakta
Agni	Jataragni, Dhatwagni
Ama	Jataragnimandyajanya, Dhatwagnimandyajanya
Srotas	Rasavaha, Raktavaha

Srothodusthi Prakara	Sangha
Adhithana	Twacha
Udbhavasthana	Amashaya
Vyakthasthana	Twacha
Rogamarga	Bahya
Sadhyaasadyata	Kruchrasadhya

TREATMENT

Pratisaaraneeya Kshara Karma

Purva Karma

- Informed oral consent was taken.
- Patient was made to lie comfortably in prone position.
- Part preparation was done.
- Part painted with Betadine solution.
- Lekhana karma was done using pichu (gauze piece) under aseptic precautions.

Pradhana Karma

- Apamargakshara was applied by using rear end of BP handle.
- Precaution was taken not to spill the kshara on normal skin.
- Nireekshana was done until the lesions turned pakwajambuphalavarna.

Paschat Karma

- Kshara was removed using cotton swab.
- Nimbuswarasa was applied to neutralize kshara.
- Bandaging was done.

Alternate days dressing with Jayadi Taila (for 2 weeks)

Internal Medications (for 1 week)

1. Tab Triphala guggulu 2-0-2 (A/F)

2. Tab Gandhaka rasayana 1-1-1 (A/F)

Results (follow-up after 6 months)

- Lesions diminished.
- Itching and discharge subsided.
- Healed wound with scarring is noticed.



DISCUSSION

Among Shastra (sharp instruments) and Anushastra (Accessory Sharp instruments), Kshara (caustic alkali) is considered to be pradhanatama (superior most). It has guna like chedana (excision), bhedana (incision), lekhan (scarification), tridoshaghna (alleviation of three doshas).^[14] There are various drugs mentioned in classics having kshariya properties.^[15] Among them Apamarga kshara (*Achyranthes aspera*) is considered to be standard and it is used widely.

Pratisaraneeya kshara karma refers to application of kshara in the form of paste after lekshana karma. It is left until it attains pakwajambu phala varna / upto 100 matra kala. Later kshara is removed and neutralized with amla rasa dravya.^[16]

Kshara application causes the localized tissue necrosis. Later sloughing of the necrotic tissue occurs causing fresh wound.

Jatyadi taila having ingredients like Jatipatra (*Myristica fragrans*), Nimba (*Azadirachta indica*), Patola (*Trichosanthes Dioica*), Karanja (*Pongamia pinnata*), Yashtimadhu (*Glycyrrhiza glabra*), Kushta (*Saussurea lappa*), Haridra (*Curcuma longa*), madhuchista (Bee wax), Daruharidra (*Berberis aristata*), Manjista (*Rubia cordifolia*), Katuki (*Picrorhiza kurroa*), Padmaka (*Prunuscerasoides*), Lodra (*Symplocos racemosa*), Haritaki (*Terminalia chebula*), Sariva (*Hemidesmus indicus*), tuttha (copper sulphate and tila taila (Sesame oil) is having both shodhana and ropana guna helps in fast healing of wound.^[17]

Triphala guggulu is having Haritaki (*Terminalia chebula*), Vibhitaki (*Terminalia bellirica*), Amalaki (*Emblia officinalis*), Pippali (Pepper longum), Guggulu (*Commiphora wightii*) is having kaphavata shamana property it causes shoshana, ropana and acts as kledahara, thereby helping in faster healing.^[18]

Gandhaka rasayana having properties like antibacterial, antifungal properties is beneficial in this condition.^[19]

CONCLUSION

In the present study Ajagallika, one of the Kshudra Rogas was treated successfully with Pratisaraneeya Ksharakarma and Jatyadi Taila dressing along with the internal medications of Tab. Triphala guggulu and Tab. Gandhaka rasayana. Here classical line of treatment according to chikitsa sutra was adopted and good result was found. The malignancy was ruled out through Histopathological examination before the treatment. The patient responded well to the treatment. There was no re occurrence at follow up after 6 months. Based on the hetu and lakshana

kshudra roga can be diagnosed and treated, according to the treatment mentioned in Ayurvedic classics.

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