

Management of Recurrent Epidermal Cyst with *Apamarga Ksharasutra*- A Case Report

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ABSTRACT:

Epidermal cysts are slow-growing, painless masses that elevate the skin. Traumatic epidermal cysts occur often on exposed sites such as the palms, fingers and soles. These cysts were reported more frequently on the palms than soles. The surgical management is excision and removal of cyst which is known to cause reoccurrence. In *Ayurveda* it can be correlated to *granthi*. In this case study, a 45-year-old female patient reported with complaints of lump in the middle of right palm which was recurrent and was diagnosed as epidermal cyst. Ligation with *apamarga ksharasutra* therapy was done for 1 month and follow up was taken for 1 year. No reoccurrence of cyst along with relief in clinical manifestations was the outcome.

Key words: *Apamarga ksharasutra*, Epidermal cyst, *Granthi*.

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INTRODUCTION:

Epidermoid inclusion cysts can arise from any type of trauma or surgical operation because epidermal parts are implanted in the dermis. [1] Any skin puncture, laceration, or incision has the potential to implant epidermal elements into the dermis and subcutaneous tissue, where continuing production of keratin and other epidermal products generates a thick-walled cyst filled with white cheesy material. They are typically observed in people whose hands have experienced numerous minor hand traumas. The formation of palmoplantar epidermoid cysts may also be influenced by eccrine duct obstruction, UV exposure, and human papillomavirus (HPV) infection. The surgical management that is excision and

removal of cyst is known to cause reoccurrence. [2] To reduce the recurrence there is a need for a minimal invasive uncomplicated technique. [3][4]

Cyst can be considered under *granthi* as it is well defined, localised and raised from skin surface. *Granthi* is a *chedya* (Excision) and *bhedya* (Incision) *vyadhi*. *Kshara* sutra application is a minimally invasive para-surgical method. The primary characteristic of *ksharasutra* is its ability to cut and heal at the same time. *Apamarga ksharasutra* is widely used standard thread and due to its unique features, such as *chedya* (cutting), *bhedya* (piercing) it can be used to manage the *granthi*. [5]

CASE REPORT:

A 45-year-old female patient, who is a teacher by occupation came to OPD, Salyatantra, Govt. ayurveda College, Tripunithura, Kerala on 22/10/2022 presenting with a lump in the right palm for the past 6 months.

She had a thorn prick in the middle of right palm at on 28/11/2020 and noticed a lump in right palm after 3months of thorn prick which was small at the onset and was gradually increasing in size. Lump was movable and painful. She underwent excision and removal of cyst but recurred after 9 months on 28/10/2021. So again, underwent excision and removal of cyst and noted recurrence after 6 months on 15/04/2022 for which she managed with external application. But the swelling was not reduced and was associated with pain.

On examination of lump on 22/10/2022, site- in the middle of 3rd metacarpel of the right palm with small wound on the proximal end of the lump, shape- globular, size- 4 cm in diameter, smooth surface, no redness over the lump (Fig-1). Histopathology report shows epidermal cyst.

THERAPEUTIC INTERVENTION:

Internal medication-

The list of internal medicines with duration are mentioned in table 1.

External procedure: Ligation with *apamarga ksharasuthra*

Ksharasuthra applied on 23/10/2022, was changed on 5 days interval on 28/10/2022, 03/11/2022, 08/11/2022, 13/11/2022, 18/11/2022

Ksharasuthra cut through on 22/11/2022

Pre-procedure:

Performed investigations like CT, BT, BRE, RBS and examination of hand performed Sensitivity -2%xylocaine -intradermal-0.5ml -forearm was taken

Procedure:

Local anaesthesia was done with 2% xylocaine injection

A malleable copper probe was introduced into the wound present at the proximal end of the epidermal cyst and probe was brought out to the other end of the cyst by piercing vertically.

Apamarga ksharasutra of suitable length was passed through eye of the probe and the probe pulled out, to position the thread inside the cyst.

The two ends of the *ksharasutra* were tied outside.

Post procedure:

A surgical pad with *jathyadi ghritha* was applied over the site and bandaged

Treatment period: 1month

Ksharasutra was changed within an interval of 5 days

Total number of *ksharasutra* applied was 5

After the cut through of *ksharasutra* wound was dressed with *jathyadi ghritha* for the next 2 weeks.

Follow-Up

Patient was called for follow-up after 1 year on 25/10/2023 There was recurrence of cyst and wound was completely healed (Fig-3).

Table 1- List of internal medicines with duration:

Duration	Medicines	Dose
23/10/2022- 23/11/2022	<i>Guggulutikthaka kashaya panam</i>	90 ml bd after food
23/10/2022- 23/11/2022	<i>Kaishora guggulu</i>	2-0-2 after food

CLINICAL IMAGES



Fig-1: Before treatment



Fig-2: ksharasutra in Situ



Fig-3: After treatment

RESULTS AND DISCUSSION:

Patient had reoccurrence of cyst 2 times even after surgical excision, therefore instead of surgical excision, para surgical procedure of *ksharasutra* therapy was adopted for excision of cyst by ligation. [6]

Ligation with *apamarga ksharsuthra* shows effective result in the management of recurrent epidermal cyst in a period of 1month. Patient got complete relief from the symptoms and the wound got completely healed.

Here we adopted *ksharasutra* therapy for the management of *granthi* which is a *chedya bhedyā vyādhi*. [7] *Ksharasutra* has its unique features such as *chedya*(cutting), *bhedyā*(piercing). [8] *Kshara* also owns *sodhana* (cleansing) and *ropana* (healing) properties. [9] Administration of *guggulutikthaka kashaya panam* and *kaishora guggulu* [10] also enhanced the healing property.

Pharmacologically, *Guggulu* has anti-inflammatory, immunomodulatory, and anti-lipidemic properties hence it helps in healing the wound. *Kshara* plays major role in preventing the recurrence. *Kshara* is the substances that detoxifies the *Dosha* (body humour), *Dhatu* (tissues), and *Mala* (excreta) or the material that eliminates vitiated material from skin, flesh, etc. (*Dusta Tvagmamsadi*) [11]. *Kshara* possess caustic

qualities aid in the removal of undesirable tissue. It functions as a sclerosing agent locally. *Kshara* possesses the qualities of *Bhedana*, *Lekhana*, and *Chedhana* in addition to *Vrana Shodana* (wound purification) and *Ropana* (healing). [12]

CONCLUSION:

Apamarga Ksharasutra was found effective in epidermal cyst without recurrence. The application of *apamarga ksharasutra* can be practiced for further cases for excision of cyst and to prevent recurrence of epidermal cyst.

Declaration Of Patient Consent:

Obtained the appropriate patient consent form. In the form, the patient has given her consent for her 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.

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