

EFFECT OF APAMARGA PRATISARANEYYA KSHARA ON CUTANEOUS PAPILOMA ON FACE – A RARE CASE STUDY

Neharu mandoli¹ Vishwanath S² Anjali Bharadwaj³ Shailaja S V⁴

¹PG Scholar, ²Assistant Professor, ³Professor, ⁴Professor and H.O.D Department of Shalyatantra;

Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, Vijayanagar, Bengaluru, Karnataka, India

ABSTRACT

Among the benign lesions cutaneous papilloma is an often ignored condition in the man due to chance of lesion turning in to malignancy is rare. Cutaneous papillomas are common lesions of the epidermis on the face which are a result of infection with human papillomavirus (HPV). As a facial lesion, it raises concern because of its clinical appearance, which may mimic cancerous lesion with its cosmetic importance and complete relief the condition. We are presenting a case of cutaneous papilloma presenting as facial lesion treated with *Apamarga pratisaraneeya Kshara* on OPD basis.

Key words: Cutaneous papilloma, *Kshara*, *Apamarga pratisaraneeya Kshara*, Basal cell papilloma

INTRODUCTION

Cutaneous papilloma is a simple over growth of all layers of the skin; the surface is covered with epithelium in the form of squamous, transitional, or columnar according to the site of the tumour. These may be either of the squamous cell type and basal cell type which are a result of infection with human papillomavirus (HPV). Squamous cell papillomas present since birth (congenital papilloma) to old age (soft papilloma, Keratin horns).^[1]

Basal cell papillomas are raised brownish to black patchy lesions. Commonly seen in middle or old age, which are also called Senile or seborrheic wart. These occur on face, arm, arm pit and trunk. They have distinct edge and rough surface (papilliferous surface) and size varies from few millimetres to 2.3

cms in diameter. It is slightly harder and stiffer than normal skin. Papillomas are usually excised for cosmetic reason².

Since it is a facial lesion it raises concern because of its clinical appearance, cosmetic importance.

Case Report:

A - 66 years-old married Hindu male reported to the department of Shalyatantra of Sri Kalabyraveswara swamy Ayurvedic medical College & Hospital, Vijayanagar- Bengaluru with a chief complaint of a raised brownish black patch lesion over left cheek since 5 years. History regarding the patchy lesion revealed that it was first seen five years prior as a slow- growing non-tender papule. The present lesion was papilliferous in nature, brownish black in colour with distinct edge,

rough surface, 2.3 cms in diameter size, and situated on left cheek. Another small papule with a papilliferous surface, with a size of 1.5 cm was seen on scalp. Past medical, surgical and personal history was non-contributory. The regional lymph nodes were palpable and non-tender. Provisional diagnosis of the cutaneous papilloma was made.

Management: *Apamarga pratisaraneeya kshara* application.

a. Pre-operative Procedure:

- Patient selected for the procedure were asked to breakfast one hour prior to the procedure.
- Part preparation was done
- Informed consent was taken

Collection of required materials for procedure:

- *Apamarga pratisaraneeya Kshara*
- Dressing trolley
- Operation table
- Light source
- Surgeon's Gloves
- Stainless steel spoon or spatula (scratched handle)
- Cotton swabs.
- Gauze piece.
- B P handle
- Surgical blade no-11 (1)

Result: Lesion was completely healed without leaving scar with greyish discoloration over *kshara* applied area.

- Disposable syringe - 5 ml. (1)
- Lemon fruit
- Lemon fruit squeezer.

b. Operative procedure:

The patient was taken on supine position under local anaesthesia, the region was painted and draped then scraped with surgical blade no – 11. Then *Apamarga Kshara* was applied, the healthy skin was covered with cotton pads to prevent spilling of *Kshara* on it and observed for

1.20 minutes till lesion turning in to *Pakwa jumbuphala varna* (Greyish black). Later *Prakshalana* with normal saline then lime juice and *Madhu lepan* was done [3]. The scraped tissue was sent for the histopathological diagnosis the result was basal cell papilloma. A one- year follow-up was done, and there was no evidence of recurrence of the lesion.

c. Post-operative procedure:

- Patient was kept nil by mouth for one hour after the Procedure.
- From next day onwards patient was advised for *Madhu lepana* once daily on the *kshara* applied site.
- Internally Tab.*Triphala Guggulu* 500mg 2 and Tab *Gandhaka rasayana 2* after food twice a day with warm water for 7 days.



Figure.1 Before treatment



Figure 2. Apamarga Kshara applied



Figure 3. After treatment (10 weeks)

DISCUSSION

Cutaneous papilloma is a simple over growth of all layers of the skin^[4], these may be either of the squamous cell type and basal cell type which are a result of infection with human papillomavirus (HPV). Basal cell papillomas are raised brownish to black patchy lesions. Commonly seen in middle or old age, which are also called Senile or seborrheic wart. As a facial lesion, it raises concern because of its clinical appearance of cancerous lesion.

Kshara is a caustic, alkaline in nature obtained from the ashes of medicinal plants which was prepared as explained by Acharya Sushruta in Sutra sthana of Sushuta Samhita.^[5]

Acharya Sushrutha while describing the preparation of *Kshara*, emphasized the procedure of *Kshara Karma* that, the effect of *Kshara Karma* is praised to such an extent that it can replace the Shastra and *Anushashtra karma* as it does the functions of *Chedana*, *Bhedana* and *Lekhana karmas* without using Shastras.⁶

Kshara can be externally used in *kushita*, *kitibha*, *kilasa*, *bhagandara*, *arbuda*, *nadivrana*, *charmakeela*, *tilakalak*, *vidradhi* etc⁷. It is versatile, because even such places that are difficult in approach by ordinary measures can be treated by *Kshara karma*. *Kshara Karma* is useful as the substitute of surgical instruments, because it can be used safely on the patients who are afraid of surgery.

Kshara is a substance which does *ksharana* and *kshanana*^[8]. Here *ksharana* means to remove vitiated *doshas* and *kshanana* means that removes *dushta tvak mamsaadi dhatu*. *Kshara* properties are *trido-shaghna*, exclusive property of doing *ksharana*, *kshanana*, *shodhana* and subsequently *ropana*.

As *Madhu* is *Varnya* and it does *lekhana*, *shodhan*, *sandhana* and *ropan*^[9]. *Triphalu guggulu* is *vedan hara* along with *Gandhaka rasayana* also does *vran ropana*. Treatment can be done on OPD basis without interfering with patient daily activity with cost effect and rare recurrence.

CONCLUSION

Kshara corrects *dosha dushti* and does *chaalana* of *dusta tvaka mamsaadi dhatu*. So we can conclude that *Khara pratisarana* is best line of management in cutaneous papilloma. It can be taken as research in large number of cases to standardize efficacy of *kshara* application on cutaneous papilloma.

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CORRESPONDING AUTHOR

Dr. Neharu Mandoli

Department of Shalyatantra

Sri Kalabyraveswara Swamy Ayurvedic-
Medical College, Hospital and Research
Centre, Vijayanagar, Bengaluru, Karnataka,
India

Email: drneharu.m@gmail.com

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