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EFFICACY OF AGNIKARMA IN JALARBUDA WITH SPECIAL REFERENCE TO MUCOCELE, A CASE STUDY

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ABSTRACT

Oral mucocele of the lips is a common ailment in patients who are habituated to lip biting or by trauma to lip mucosa. The treatment of choice is excision or marsupialization under local anaesthesia. But these interventions come with complications like injury to adjacent salivary ducts, which further develop new lesions. Thus, this case study was undertaken to evaluate the effectiveness of *Dhahan karma* in oral mucocele as a minimal invasive procedure. A 24 years old health seeker with no significant medical history, reported with the chief complaints of a painless swelling, over the inner aspect of lower lip for 4 months. The lesion was diagnosed as a retention mucocele of the lower lip based on the history and clinical findings. It was treated with *Dhahan karma* without anaesthesia. Patient was observed post operatively for 7 days. The lesion had regressed in size gradually without any post-operative discomfort or complication. A follow up after 2 months shows no recurrence, no visible scar/ fibrosis at the site of lesion. The incidence of mucocele in the general population is 0.4-0.9%.

INTRODUCTION

Jalarbuda is one among the eleven *oshthgatha roga* explained by *Acharya vagbhata*. It is a water bubble like growth in lip caused by vitiation of *Vata* and *Kapha Dosha.*[1] *Ayurvedic* treatise has advocated use of various procedures to treat the *Jalarbuda.* The treatment of *Jalarbuda* has been explained in two stages; in *Uttana Avastha* (Superficially situated/ small

size) *Bhedana* (Incision and Drainage)is advocated, followed by *Pratisarana* (Application) of *Priyangu, Rodhra, Triphala, Makshik*, in *Avaghada avastha* (Deeply situated/ large size) *Ksharakarma* or *Agnikarma* is advised.[2]

According to Astang Sangraha treatment of *Jalarbuda* has been explained in two stages In small mucocele *Bhedana* followed by *Pratisarana* with *Trikatu, Kutaki, Tejovatai, Yavakshar, Sajjikshar, Saindhava, Kasis choorna* along with *Madhu.*

In *avaghada avastha* (Deeply situated) and large in size *Ksharkarma* or *Agnikarma* to be followed by *Ropan kriya.* The medicated oil prepared with *Haridra, Madhuk, Lodhra, Malatiphala, Harenuka, and Tagar*. (Haridradi Tail)[3] is advised to be used after dahan karma.

Vagbhata has mentioned *Agnikarma* one of the measure to treat the *Jalarbuda.*[2] *Sushruta* described *Agnikarma* as a para-surgical procedure and mentioned it, superior amongst all para-surgical procedures. *Agnikarma* introduces heat in the affected area. This heat because of the specific properties (*guna*), is helpful to break the *Kapha* thus reducing *Shotha* and ultimately *Vata dosha* gets pacified.[4]

Mucocele often present as discrete, painless, smooth-surfaced swellings that can range from a few millimeters to a few centimeters in diameter. Superficial lesions frequently have a characteristic blue hue. Deeper lesions can be more diffuse, covered by normal-appearing mucosa without the distinctive blue color. The lesions vary in size over time; superficial mucoceles are frequently traumatized, causing them to drain and deflate. Mucoceles that continue to be traumatized are most likely to recur and may develop surface ulceration. Although the development of a bluish lesion after trauma is highly suggestive of a mucocele, other lesions (Including salivary gland neoplasms, soft tissue neoplasms, vascular malformations, and vesiculo-bullous diseases) should be considered in the differential diagnosis.

Disease review

Mucocele

Mucocele often present as discrete, painless, smooth-surfaced cystic swellings caused by the accumulation of saliva at the site of a traumatized or obstructed minor salivary gland duct.

Site

Mucous retention cysts are more commonly found on the upper lip, palate, buccal mucosa, floor of the mouth and the lower lip.

Types

Mucoceles can be classified histologically as

1. Extravasation Mucocele
2. Retention Type Mucocele

1. Extravasation mucocele

The formation of an extravasation mucocele is believed to be the result of trauma to a minor salivary gland excretory duct. Laceration of the duct results in pooling of saliva in the adjacent sub-mucosal tissue and consequent swelling.

2. The retention type mucocele

The retention type mucocele is caused by obstruction of a minor salivary gland duct often by sialolith, periductal scaring, or tumour. The blockage of salivary flow results in the accumulation of saliva and dilation of the duct.

Treatment

Surgical Excision.

Jalarbuda

Hetu[5]

No separate and specific Nidana of Jalarbuda have been mentioned in Ayurvedic texts. So, the general causative factors of Mukharogas can be considered as the causes of Jalarbuda.

1) Dietary factors- fish, buffalo meat, pork which are heavy to digest; ash gourd, radish, soup of black gram, curds, milk and milk products, sour gruel, sugarcane juice and molasses consumed in excessive proportion, consumption of excessive hot and spicy food items,
2) Sleeping in prone position (*Avakshayya*),
3) Improper brushing habits,
4) Improper conduct of therapies-

Such as *Dhoompana* (Inhaling medicated fumes), *Vamana* (Emesis), *Gandusha* (Gargling with medicated decoctions) and *Raktamokshana* (Blood-letting) can cause disease of oral cavity.

5) Habit of lip chewing, trauma, infection or other

Samprapti

Hetu

↓

Malasanchiti in Different parts of *Mukha*

↓

Vitiation of *Kapha* & *Vata Doshas*.

↓

Prakupita Vata and *Kapha* produce

Swelling resembling the bubble of water

on the inner side of the lips, known as *Jalarbuda*.[6]

Mucocele (***Jalarbuda***) - A Case Study

A 24years old male patient visited to OPD of Shalakyatantra Department

G. A. C and Hospital, Nanded, on 05/06/2024 with

C/O- heaviness in lower lip with cystic swelling on lower lip – Since 2 Months.

History- No history of any systemic diseases

Occupation- Student

General examination

Blood pressure- 130/80 mm of Hg Bleeding Time- 3.7 min

Pulse Rate- 78/min Clotting Time- 4.2 min

Temperature- Afebrile HIV- Negative

Weight- 52kg HBsAg - Negative

Hb - 13.5 g/dl VDRL - Negative

BSL Random- 142 mg/dl

O/E

A non-tender, dome shaped, pinkish and translucent, cystic swelling near left angle of mouth, on mucosal surface present at lower lip measuring about 1 cm.

Treatment

Dahankarma followed by *Haridradi Tailam Pratisarana*.

Procedure

1) The patient had been asked to rinse his mouth prior to the procedure with normal saline.
2) Betadine painting of lower lip was done.
3) Patient lie down in supine position and face covered with sterile eye towel.
4) Then *Loha Dhatu Shalaka*[7] heated on naked flame for 5 minutes.
5) The hot Shalaka then applied on tip of mucocele till *Samyaka Dahan Lakshana* seen.[8]
6) This procedure is done with no anaesthesia. Patient doesn't feel pain, when *Shalaka* is applied on tip of swelling, then it gets bursted and mucous secretions emerged out. Mucosa over swelling wiped out using sterile gauze.
7) When patient feels pain and *Samayak Dahan Lakshanas*[8] are seen, *Dahana* should be stopped.
8) *Haridradi Tail* applied uniformly all over the lesion with gloved fingertip with at most care to avoid spillage.

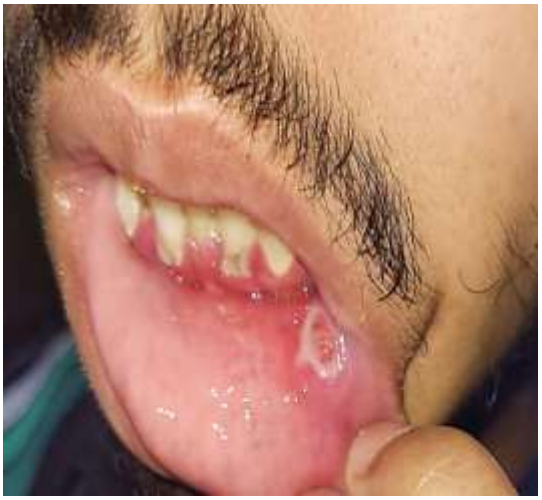
Advice

1) The patient advised to perform Pratisaran[9] of *Haridyradi Tail* thrice daily for 7 days as *Ropan karma* of lesion.
2) The patient advised to avoid contact of water with *Dagdha Vrana* for at least 24 hours.

Pre-Operative-

Intra-Operative

Post-operative 1st follow-up
On 3rd day (08/06/2024)



Post-operative 2nd follow-up
On 8th day (13/06/2024)

Agnikarma samyaka dahan karma

Haemostasis, emergence of crackling sound, Colour of area converted to grey resembling pigeon, are the end points for *Dahan Karma.*

DISCUSSION

According to Acharya *Sushruta*, patients treated with *Dahankarma* procedure never suffers from the same disease again, i.e., it never reccurs. Thus, *Dahankarma* cures the disease completely. Hence *Dahankarma* is said to be superior to any other therapeutic procedure like oral medicine, *Kasharakarma* or even surgery. Heating the tissues by rise in temperature can cause increased metabolic activity, increased blood flow by dilation of local blood vessels, stimulation of neural receptors in the skin or tissues. As a result of above activities there is increase in demand of oxygen and increased output of waste products. It attracts humeral immune response and the healing of tissues occurs rapidly.

Jalarbuda is caused by *Vata* and *Kapha Dosha* according to *Ayurveda*. *Agnikarma* is most beneficial for *VataKaphaja* disorders, hence with the help of *Dahankarma* Symptoms of localized *Dosha* got relieved. *Jalarbuda* is treated with *Dahankarma* can be explained as there is poor sensation at the tip of swelling hence no anaesthesia is required. Heat transmitted by the tip of *Dahan Shalaka* causes bursting of sac, and some fluid comes out. Remaining fluid transmit heat further to the sac boundaries and thermally cauterize it. When heat is transmitted to perilesional tissues, pain is felt. This is stoppage point for cauterization. Cauterization of surrounding tissues causes haemostasis, hence bleeding stops. Cauterization

attracts humeral immune response, contact of saliva prevents secondary infections and enhances healing.

Haridradi Tail posseses properties of *Tridoshghna, Mrudukar* and *Vranaropan,* which help the condition by decreasing inflammation, healing of lesions, softening the scar tissue and protect buccal mucosa, thus further irritation and damage from various organisms and toxins get avoided. *Tikta* and *Kashayrasa* of the *Haridradi Tail* achieves Daha prashmana and *Vranaropana* and *Sandhankar* respectively. *Yashtimadhu, Haridra is Tridosha shamaka. Yashtimadhu, Haridra, Lodhra, Nirgundi* have properties of *Vranshodhan, Vranropan. Lodhra is Raktsthambhak due to Kashaya Rasa. Veerya* of *Haridra, Nirgundi, Tagar, and Malatiphal is Ushna* hence, these act as *Shothagna*. *Nirgundi, Tagar* have properties of *Vedana Sthapana.*

CONCLUSION

Dahankarma is easy and effective para-surgical procedure to treat Jalarbuda. It gives Analgesic, Hemostatic and Antiseptic effect together, hence can be recommended as easy, safe and effective measure of treatment.

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