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A SINGLE CLINICAL CASE REPORT ON AYURVEDIC SURGICAL MANAGEMENT OF INFECTED SEBACEOUS CYST WITH SHASTIUPAKRAMA WITH SPECIAL REFERENCE TO CHEDANA, SEEVANAKARMA AND VISRAVANA

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ABSTRACT

Epidermoid cysts, often referred to as “sebaceous cysts” in clinical practice, are benign, slow-growing cystic lesions that commonly present as smooth, mobile, rounded swellings. Although generally associated with minimal morbidity, they may cause cosmetic concerns, discomfort, or complications such as inflammation and rupture. Surgical excision remains the definitive treatment for symptomatic or cosmetically significant lesions. In Ayurveda, an epidermoid cyst may be clinically correlated with **Kaphaja Granthi** based on similarities in its clinical characteristics. Classical features described in Kaphaja Granthi include **Pashanavat Samhanana** (firm or stone-like consistency), **Alpa Vedana or Vedana Rahita** (mild pain or absence of pain), **Savarna or Vivarna** (normal or altered skin coloration), **Sheeta** (coldness to touch), **Chirabhivruddhi** (slow and gradual growth), **Kanduyukta** (associated itching), and **Shukla Ghana Srava** (thick, whitish discharge). These features may show clinical correspondence with epidermoid cysts, particularly their firm consistency, slow growth, minimal or absent pain, normal or altered

overlying skin coloration, occasional itching, and the presence of thick, whitish keratinous material, particularly following rupture or surgical opening. The observed similarities support a possible clinical correlation between epidermoid cyst and **Kaphaja Granthi**. However, this correlation should be interpreted on the basis of individual clinical features rather than as a direct equivalence between the two conditions.

KEYWORDS: Sebaceous cyst, Kaphaja Granthi, Chedana Karma.

INTRODUCTION

Sebaceous cysts are common, benign swellings that develop slowly beneath the skin.[1] Although the term "sebaceous cyst" is frequently used in clinical practice, many of these lesions are more accurately described as epidermoid or epidermal inclusion cysts.[1,2] They usually appear as smooth, round, mobile swellings and may contain thick, whitish, keratin-like material.[3] These cysts are commonly seen on the face, scalp, neck, trunk, and other areas of the body containing hair follicles.

Most sebaceous cysts do not cause serious health problems and may remain painless for a long time. However, patients often seek treatment because of cosmetic concerns, gradual enlargement, local discomfort, or recurrent inflammation. If the cyst becomes infected or ruptures, it may cause pain, redness, swelling, and discharge. In longstanding cases, pressure from the cyst may also lead to hair loss in the skin overlying the swelling. Complete removal of the cyst along with its wall is generally preferred because drainage alone may not prevent recurrence.[4]

In Ayurveda, a localized, rounded, slowly growing, and mobile swelling can be clinically correlated with the concept of *Granthi*.[5] Based on features such as consistency, mobility, tenderness, colour, duration, and nature of the contents, a sebaceous cyst may be compared with either *Kaphaja Granthi* or *Medoja Granthi*.[6] *Kaphaja Granthi* is generally described as a slowly progressing swelling that may be associated with mild pain, itching, firmness, or thick discharge.[7] *Medoja Granthi* is commonly associated with a soft, smooth, mobile, and unctuous swelling containing fatty material. However, this correlation is made only after considering the complete clinical presentation of the patient.[8]

Ayurvedic surgical management of such swellings may include *Chedana Karma*, or excision of the lesion, followed by *Seevana Karma*, or suturing of the wound.[9,10] The present article

reports a case of a mildly painful cystic swelling located over the posterior aspect of the right shoulder in the subscapular region. The lesion was managed by Ayurvedic surgical excision followed by wound closure. This case is presented to describe the clinical features of the swelling, discuss its possible correlation with *Granthi*, and highlight the application of Ayurvedic surgical principles in its management.

CASE PRESENTATION

A 62-year-old male presented to our OPD with a complaint of swelling over the upper back region for the past 2 weeks, associated with pain, itching, and discomfort for 1 week. The patient had been apparently asymptomatic until 8–9 months prior to presentation, following which he gradually developed pain, itching, and discomfort over the upper back. There was no known history of diabetes mellitus, hypertension, or thyroid dysfunction. In view of the above complaints, the patient approached our hospital for further evaluation and management.

On Local examination

INSPECTION

Parameter	**Findings**
Shape	Ovoid
Size	3 x 4 cm
Swelling	Present
Discharge	Absent
Colour	Pale white to dark brown
Punctum	Present over the swelling

PALPATION

Parameter	**Findings**
Surface & Shape	Smooth and round; margins yield to the palpating finger
Consistency	Cystic
Punctum	Blackish punctum present over the swelling
Fluctuation Test	Positive
Transillumination Test	Negative

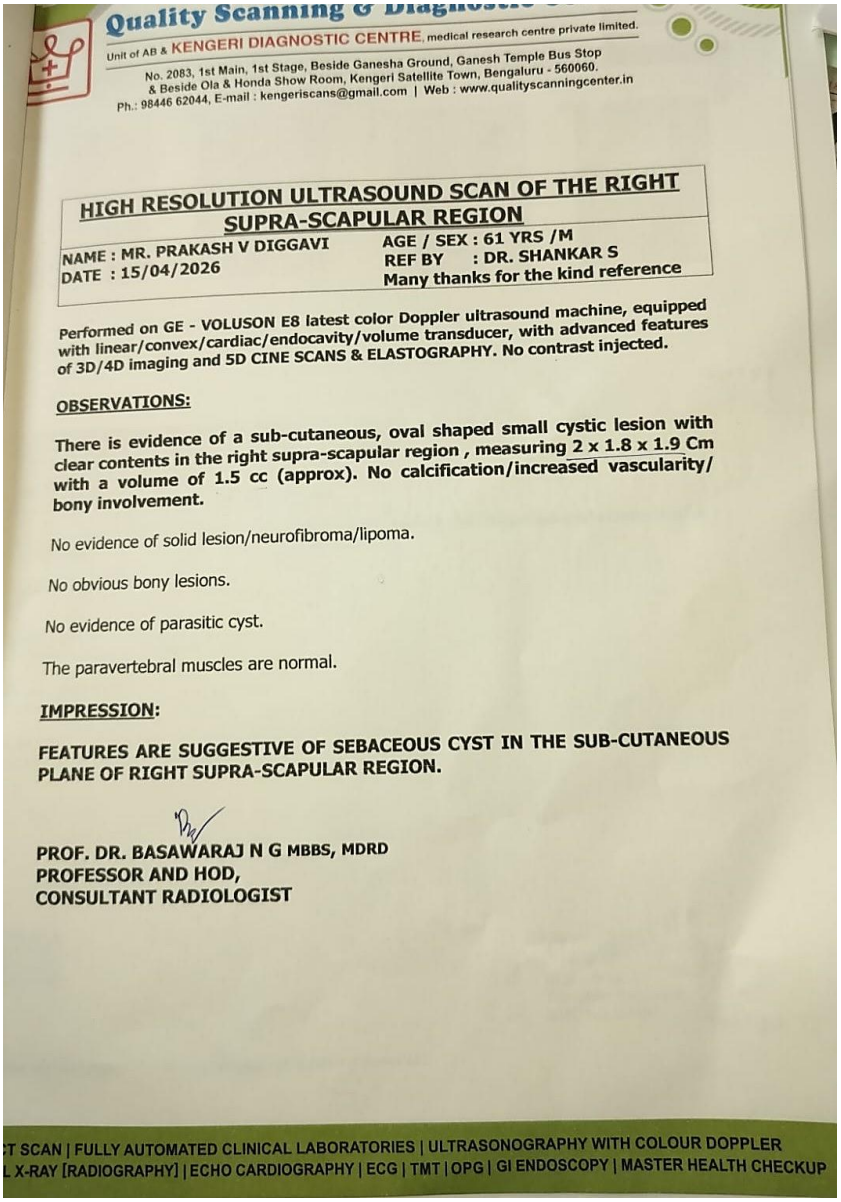
INVESTIGATIONS

Blood routine was done on 21-04-2026

HAEMATOLOGY REPORT			
HAEMOGLOBIN	14.5	gms %	Male: 13- 18 gms% Female 11-16gms%
BLEEDING TIME	2 min 30 sec	Minutes	2-6 Minutes
CLOTTING TIME	5 min 05 sec	Minutes	4-8 Minutes

BIO-CHEMISTRY REPORT			
RBS	101.8	mg/dl	Up to 140 mg/dl
URINE ANALYSIS REPORT - CHEMICAL			
RUS	Nil		Nil
SEROLOGY REPORT			
HUMAN IMMUNODEFICIENCY VIRUS	Non-reactive	NEGATIVE	
HBSAG	Negative	NEGATIVE	

Hb%, BT, CT, RBS, RUS, serology (within normal limits).



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HIGH RESOLUTION ULTRASOUND SCAN OF THE RIGHT SUPRA-SCAPULAR REGION

NAME : MR. PRAKASH V DIGGAVI
DATE : 15/04/2026
AGE / SEX : 61 YRS /M
REF BY : DR. SHANKAR S
Many thanks for the kind reference

Performed on GE - VOLUSON E8 latest color Doppler ultrasound machine, equipped with linear/convex/cardiac/endocavity/volume transducer, with advanced features of 3D/4D imaging and 5D CINE SCANS & ELASTOGRAPHY. No contrast injected.

OBSERVATIONS:

There is evidence of a sub-cutaneous, oval shaped small cystic lesion with clear contents in the right supra-scapular region , measuring 2 x 1.8 x 1.9 Cm with a volume of 1.5 cc (approx). No calcification/increased vascularity/ bony involvement.

No evidence of solid lesion/neurofibroma/lipoma.

No obvious bony lesions.

No evidence of parasitic cyst.

The paravertebral muscles are normal.

IMPRESSION:

FEATURES ARE SUGGESTIVE OF SEBACEOUS CYST IN THE SUB-CUTANEOUS PLANE OF RIGHT SUPRA-SCAPULAR REGION.

PROF. DR. BASAWARAJ N G MBBS, MDRD
PROFESSOR AND HOD,
CONSULTANT RADIOLOGIST

T SCAN | FULLY AUTOMATED CLINICAL LABORATORIES | ULTRASONOGRAPHY WITH COLOUR DOPPLER
L X-RAY [RADIOGRAPHY] | ECHO CARDIOGRAPHY | ECG | TMT | OPG | GI ENDOSCOPY | MASTER HEALTH CHECKUP

UGS Report on 15/04/2026

OPERATIVEPROCEDURE

Purvakarm (Pre - OP Procedure)

Informed written consent was obtained from the patient after explaining the procedure.

Inj. Tetanus Toxoid (TT) 0.5 mL was administered.

A test dose of Inj. Xylocaine was administered.

Part preparation, painting, and sterile draping were carried out as per standard surgical protocol.

Pradhana Karma (Operative Procedure)

The patient was shifted to the operating table and positioned in the prone position.

The suprascapular region was prepared, painted, and draped under strict aseptic precautions.

The patient's vital parameters were monitored throughout the procedure, and intravenous normal saline infusion was initiated.

Local anaesthesia was achieved by infiltrating 2% Xylocaine with adrenaline around the swelling.

An elliptical incision was made over the swelling using a No. 11 surgical blade.

Intraoperatively, the cyst was found to be already ruptured. The cyst wall (sac) along with the pathological contents was carefully excised.

The wound was thoroughly irrigated with Pancha-valkala Kwatha.

Following adequate haemostasis, the subcutaneous tissue was approximated using 3-0 Vicryl sutures.

The skin was closed with 2-0 Ethilon interrupted sutures, and a corrugated drain was placed.

A sterile dressing was applied over the operative site.

The patient tolerated the procedure well and was subsequently shifted to the postoperative ward for further observation and management.

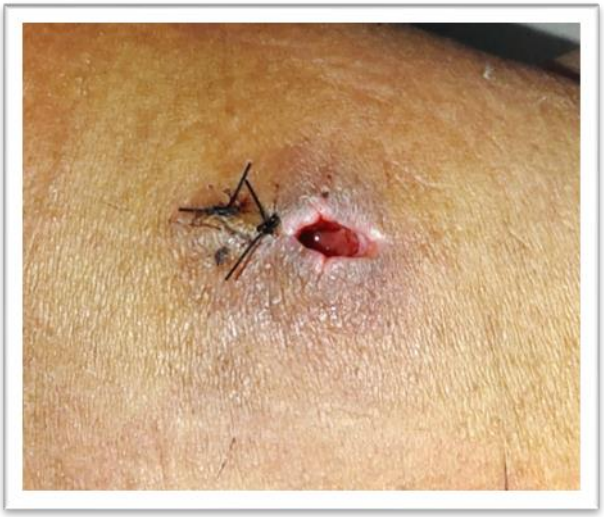
Paschat Karma (Post OP Procedure)

Corrugated drain was removed; cleaning and dressing done with Jatyadi Taila.

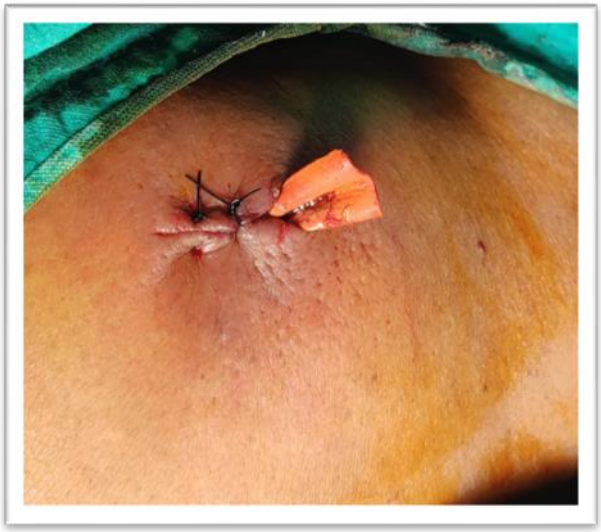
Sutures removed after 18 days.

ORAL MEDICATIONS

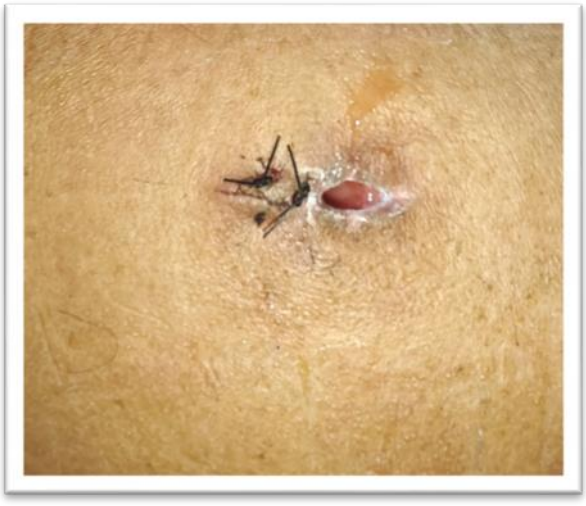
1. Tablet Gandhaka rasayana (1-1-1) after food with water.
2. Tablet Triphala guggulu (1-1-1) after food with water**.**



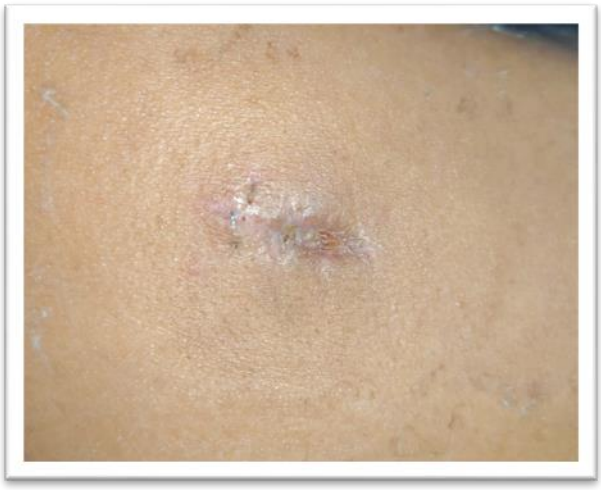
After Surgery (Fig. 1)



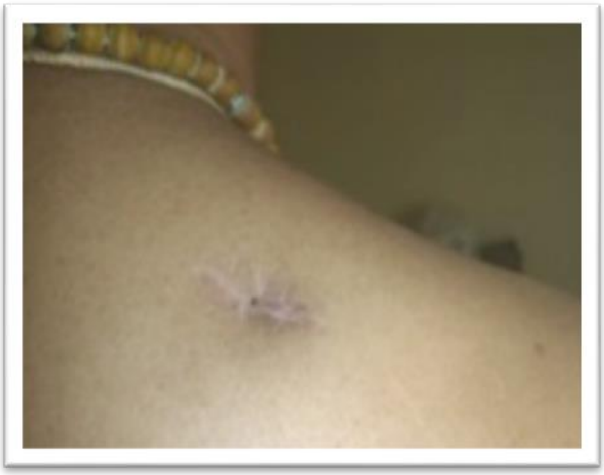
4 th Day (Fig. 2)



10 th Day (Fig. 3)



18 th Day (Fig. 4)



After One Month (Fig. 5)

DISCUSSION

Granthi is described in classical Ayurvedic surgical texts as a *Vyadhi* (disease entity) characterized by **Vrutta** (rounded configuration), **Unnata** (elevation above the surrounding skin surface), and **Grathita Shopha** (a localized, compact or nodular swelling).[5,6] Among its clinical subtypes, *Kaphaja Granthi* is described as having mild discoloration, coldness on palpation, mild pain, and itching. The lesion is characteristically firm in consistency, described as **Ashmavat Kathina** (stone-like hardness), with a slow and indolent pattern of growth. On incision, it is described as yielding a thick, whitish material. These features demonstrate clinical similarities with benign cystic lesions encountered in contemporary surgical practice, particularly **epidermoid cysts**, which may present as slow-growing, firm, relatively painless swellings containing thick, whitish keratinous material.

The classical management of *Granthi* includes measures directed toward the associated *Shopha* as well as surgical intervention through *Shastra Karma*, depending on the clinical presentation. Among the **Ashtavidha Shastra Karma** described by Acharya Sushruta, *Chedana* refers to surgical excision or removal of the pathological tissue. The classical emphasis on adequate removal of the lesion is clinically relevant in cystic lesions, as incomplete removal of the cyst wall may predispose to recurrence. This principle is also consistent with contemporary surgical practice, where complete excision of an epidermoid cyst, including its cyst wall, is considered important for minimizing recurrence.

In the present case, the clinical features of the lesion showed similarities with the described characteristics of *Kaphaja Granthi*. Based on this clinical correlation, surgical management was undertaken by **Chedana Karma (excision)**. Following complete removal of the lesion, **Seevana Karma (suturing)** was performed for wound closure. Thus, the present case illustrates a possible clinical correlation between *Kaphaja Granthi* and an epidermoid cyst and demonstrates the applicability of classical surgical principles in the management of a benign cystic lesion.[12,13]

INTERVENTION AND OUTCOME

The lesion was managed according to the Ayurvedic surgical principles of **Chedhana Karma** followed by **Seevana Karma**. The approach aimed at complete removal of the pathological mass while facilitating appropriate wound closure and subsequent healing. The case demonstrates the practical application of Ayurvedic surgical principles in the management of a benign cystic lesion.

CONCLUSION

Various surgical conditions such as cysts, lipomas, and benign tumours, which are characterized by localized swelling, can be considered under the broader classification of Granthi.

Based on their *lakshana* (clinical features) and *chikitsa* (treatment), all cysts can be classified under Granthi; however, not all conditions classified as Granthi can be considered cysts.

व्यक्ता नोक्तास्तु ये ह्यर्था लीना ये चाप्यनिर्मलाः ।

लेशोक्ता ये च केचित्स्युस्तेषां चापि प्रसाधनम् ॥ *Sushruta Samhita Uttara Tantra*, 65/10

A physician should use **Yukti (applied clinical reasoning)** to understand and manage complex patient conditions. It helps the physician apply the principles explained in classical texts to practical clinical situations, even when some concepts are not clearly mentioned.

Yukti also helps in identifying hidden or underlying diseases and in understanding symptoms that are unclear, similar, or overlapping. It is especially useful when a disease is described only briefly or incompletely in textbooks.

Thus, **Yukti acts as a link between classical knowledge and clinical practice**, helping the physician understand the patient's condition clearly and choose an appropriate and individualized treatment plan.[14]

The treatment principles for both Granthi and cystic swellings are similar, involving a combination of conservative and surgical management approaches.

षण्मूलोऽष्टपरिग्राही पञ्चलक्षणलक्षितः |

षष्ट्या विधानैर्निर्दिष्टैश्चतुर्भिः साध्यते व्रणः || *Sushruta Samhita Chikitsa Sthana*, 1/136

A wound (*Vrana*) has **six causes, eight sites, and five clinical features**. It can be managed using **sixty therapeutic procedures under four treatment modalities**. However, **all sixty procedures are not required in every case**.[15] The physician should use **Yukti (clinical reasoning)** to choose the appropriate treatment according to the **condition of the wound and the patient**.

The final decision on managing a cyst rests with the *Shalya Tantra* specialist.

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