World Journal of Pharmaceutical and Life Sciences

www.wjpls.org

Impact Factor: 8.21 Coden USA: WJPLA7

AGNIKARMA AS A MINIMALLY INVASIVE PROCEDURE FOR MUCOCELE(*JALARBUDA*) MANAGEMENT - A CASE STUDY

Dr. Aparna Chaudhari*[1], Dr. Ashwini Narnaware[2]

[1]Assistant Professor, Department of Kaumarbhritya, Shri K. R. Pandav Ayurved College, Nagpur.
[2]Assistant Professor, Department of Shalyatantra, Shri K. R. Pandav Ayurved College, Nagpur.

***Corresponding Author: Dr. Aparna Chaudhari**

Assistant Professor, Department of Kaumarbhritya, Shri K. R. Pandav Ayurved College, Nagpur.
DOI: https://doi.org/10.5281/zenodo.22276758

How to cite this Article: Dr. Aparna Chaudhari*1, Dr. Ashwini Narnaware2. (2026). Agnikarma As A Minimally Invasive Procedure For Mucocele(Jalarbuda) Management - A Case Study. World Journal of Pharmaceutical and Life Sciences, 12(9), 136–138.

Article Received on 09/08/2026 **Article Revised on 30/08/2026** **Article Published on 03/09/2026**

ABSTRACT

Oral mucocele of the lips is common ailment in patients who are habitual to lip bitting. The incidence of Mucocele in general population is 0.4-0.9%. A Mucocele is a fluid filled cyst like swelling. The clinical entity of oral mucocele can be correlate with *Jalarbuda* in *Ayurveda*. *Jalarbuda* is classified among diseases of lips (*Oshtagata Rogas*) cause by vitiation of *Vata* and *Kapha Dosha* This case study is undertaken to evaluate the effectiveness of *Dahan karma* in oral mucocele as a minimal invasive procedure. This is case report of 14year female child presented with small swelling in lip from 3 months. It was treated with *Agnikarma* without Anaesthesia. A patient was observed post- operative for 5 days, No visible scar or fibrosis seen at the site of lesion. A follow up after 1 month shows no recurrence.

KEYWORDS: *Agnikarma*, Mucocele, *Jalarbuda*, *Oshtagata Roga*.

INTRODUCTION

Mucocele is a clinical term used to describe a swelling by pooling of saliva from a severe or obstructed minor salivary gland duct.[1] Most commonly following repetitive trauma such as habitual lip biting. Mucoceles manifests as distinct, dome-shaped, Translucent nodules that fluctuate in size.[2] There were two main types based on their underlying cause 1) Extravasation Mucocele 2) Retention Mucocele.

1) Extravasation Mucocele: The most common type caused by physical trauma like lip biting that ruptures a salivary gland duct. This causes mucus to spill and pool into the surrounding connective tissues, forming a cyst – like swelling.

2) Retention mucocele: A less common type caused by a blockage or stricture of salivary duct. Instead of leaking out, the saliva accumulates and is confined within the dilated duct or a cyst.

Causes of mucocele

- Trauma to the lip or cheek
- Repeated irritation from sharp teeth,braces or dental appliaces
- Injury to minor salivary gland
- Blockage of salivary gland duct by scar tissue or thickened mucus
- Habitual lip sucking, lip chewing or cheek biting

Pathogenesis

Trauma to salivary duct
⇩
Mucus leakage into connective tissue
⇩
Inflammatory reaction
⇩
Granulation tissue wall formation
⇩
Mucocele

Jalarbuda is one among the eleven *Oshthagata Roga*

explained by *Acharya vagbhata*.[3] It is water bubble like growth due to vitiation of *Vata* And *Kapha Dosha*.[4]

Sushruta described, *Agnikarma* was important Parasurgical Procedure use for management of mucocele.[5] *Agnikarma* introduced heat in affected area this is because of specific properties is helpful to break the Kapha Thus reducing *Shoth* and ultimately *Vata Dosha* is spacified. *Agnikarma* is best among *Shastra*, *Kshar*, because it prevents reccurence.[5]

CASE STUDY

A 14years old female child patient visited to OPD of Balrog Department, Shri. K.R. Pandav Ayurved College and Hospital, Nagpur on 16/02/2026 with C/O – swelling over inner side of lower lip from 3 months, Pain from 1 month
History – No any H/O DM, HTN, Thyroid, Surgery, Other major illness
Occupation - Student

General examination
Blood pressure – 110/70 mmHg
Pulse rate - 86/min
Temperature – 98.6F
Weight – 42kg

Investigation
Hb – 10.6%
BSL – 90, HIV –Non Reactive
HBsAg- Negative
Bleeding time – 3.5 min
clotting time – 8 min

Examination of swelling
- Inspection – Position –Inner side of lower lip
- Initial palpitation – Pulsation – not present
- Tenderness – Present
- Palpitation – soft consistency
- Mobility – freely mobile
- Shape – Oval
- Surface – Smooth
- Consistency – Uniform all over
- Fluctuation – Present
- Temperature – same as whole body

On the basis of Clinical Examination it was diagnosed as Mucocele

MATERIAL AND METHOD

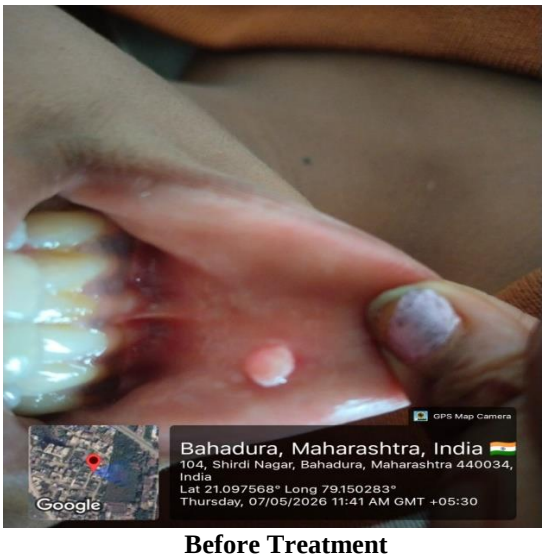
Material required – Syringe, *Tamra Shalaka*, Gas Burner, *Ghrita*

Procedure
***Agnikarma* was performed in three stages**[6]
1) *Purvakarma*
2) Pradhankarma
3) Paschatkarma

1) *Purvakarma*
- The patient advised to take breakfast.
- Informed written consent was taken.
- Sterilized gloves, *Tamra shalaka*, *Ghrita*, Kidney tray, Gas burner, Sterile gauze and Bandages all kept ready for use during *Agnikarma*.

2) *Pradhankarma*
- The patient was placed in supine position.
- Antiseptic cleaning was done.
- Marking at the site of swelling.
- Red hot *Tamra Dhatu Shalaka* applied on tip of Mucocele till *Samyaka Dahana Lakshana* seen.[7]

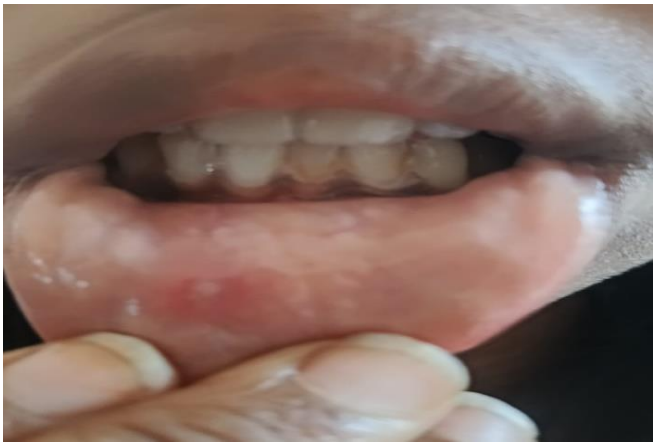
3) *Paschatkarma*
- *Ghrita* applied on *dagdha sthana* for few seconds to minimize the burning sensation.



Before Treatment

During Treatment

After Treatment on same day



Post-Operative Follow up After 8 days

DISCUSSION

Main aim of *Agnikarma* Procedure are to reduce pain, achieve hemostasis, destroy the diseased tissue and to prevent reoccurrence of the disease. According to *Acharya Sushruta*, *Agnikarma* is said to be superior to any other therapeutic procedure like oral medicine, *Ksharkarma* or even surgery. *Agnikarma* is Parasurgical Procedure done in the *Vatakaphaja Vyadhi* as it has action of *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, *Vikasi* And *Pachan*. Hence no anaesthesia is required. Heat transmitted by the tip of *Dahan Shalaka* causes bursting of sac and fluid comes out then cauterization of surrounding tissue causes haemostasis hence bleeding stop and *Samyaka Dahana Lakshana* seen.[7] It has attracts humeral immunoresponse which prevents secondary infection enhances healing. *Ghrita* Posses properties of *Sheet*, *Snehana*, *Vranropak*, *Raktaprasadan* which helps in condition by decreasing inflammation provide immediate cooling promotes faster epithelialization and tissue repair and reduces the risk of infection.

CONCLUSION

In the present case, *Agnikarma* resulted in complete resolution of the Oral Mucocele with satisfactory healing and no recurrence during the follow-up period. The finding suggest that *Agnikarma* can be considered a safe,simple and effective treatment option for Oral Mucocele within the *Ayurvedic* framework.

REFERENCES

1. Daniel J., Mohammed I. Mucocele of lingual glands of Blandin and Nuhn: A Report of 5 Cases. Saudi Dent J., 2005; 17: 154-61. [Google Scholar]
2. Shamim T. Oral Mucocele (mucus extravasation cyst) Ayub Med coll Abbottabad. 2009; 21: 169. [PubMed][Google Scholar]
3. Dr. Ganesh Krishna Garde Sarth Wagbhata, Anmol Prakashan pune, Uttarsthan Adhyaya mukharogavigyana, 415, Shlok 21- 64-65.
4. Dr. Ganesh Krishna Garde Sarth Wagbhata, Anmol Prakashan pune, Uttarsthan Adhyaya mukharogavigyana, 412, Shlok 21-10.
5. Dr.Ambikadatt Shashtri Sushrut Samhita chaukhamba Sanskrit sansthan Varanasi sustrasthan 12/3 Edition Reprint, 2022; 50-51.
6. Dr. Ambikadatt Shashtri Sushrut Samhita chaukhamba Sanskrit sansthan Varanasi sustrasthan 12/6-13 Edition Reprint, 2022; 51-52.
7. Dr. Ambikadatt Shashtri Sushrut Samhita chaukhamba Sanskrit sansthan Varanasi sustrasthan 12/16 Edition Reprint, 2022; 53.