



AGNIKARMA AS CHEDANA IN LINGUAL ADHIMAMSA: A CASE REPORT

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ABSTRACT

Localized tissue overgrowths of the oral cavity may interfere with mastication and require careful clinical evaluation. In Ayurveda, excessive or abnormal growth of *mamsa* may be interpreted under the concept of *Adhimamsa*. Classical Ayurvedic surgical principles describe *Chedana Karma* and *Agnikarma* for selected conditions involving *mamsa* and other localized pathological structures. A 45-year-old male farmer presented with a localized *mamsa vridhhi* over the *jihwa pradesha* associated with a fissured tongue and mild difficulty in chewing for approximately since one and half years. The patient had no reported comorbidities. Ayurveda assessment included *Ashtavidha* and *Dashavidha* Pariksha. Based on the clinical presentation, the lesion was interpreted as *Adhimamsa* over *jihwa pradesha*. *Chedana* of the localized mass was performed using a Tamra Shalaka, with application of the principles of *Agnikarma*. *Ropana* was reported to be observed within four days. This case documents an Ayurvedic surgical approach to a localized tongue overgrowth interpreted as *Adhimamsa*.

KEYWORDS: *Adhimamsa, Jihwa, Chedana Karma, Agnikarma.*

INTRODUCTION

Ayurveda describes a wide range of localized pathological conditions involving *mamsa* and other body tissues, with management selected according to the nature, site, and extent of the lesion. *Shastra Karma* and *Anushastra Karma* form important components of Ayurveda surgical practice. *Chedana Karma* is employed for the removal of selected pathological tissue, while *Agnikarma* is described in classical literature as a para-surgical procedure for appropriate indications.

Localized lesions of the tongue may produce functional complaints such as difficulty during mastication and may have diverse underlying causes. Therefore, clinical evaluation is important. The present report describes a localized tissue overgrowth over the *jihwa pradesha* that was clinically interpreted as *Adhimamsa* and managed with *Chedana Karma* using *Tamra Shalaka*, with principles of *Agnikarma*.

METHODOLOGY

Patient information

A 45-year-old male from, engaged in farming as occupation, presented with a localized *mamsa vridhhi* over the *jihwa pradesha*. The patient reportedly had no comorbidities. The lesion was associated with fissuring of the tongue and mild difficulty in chewing food. The duration of symptoms was approximately one and half years.

According to the history, the patient initially consulted a general practitioner and was subsequently referred to a surgeon, where histopathology was advised. The patient did not undergo the advised biopsy because of financial constraints.

Ayurveda Clinical Assessment

Ashtavidha Pariksha: *Nadi* was documented as *Vata-Pitta pradhana*. *Mala*, *Mutra*, *Shabda*, *Sparsha*, *Druk*, and *Akruti* were documented as *prakrita*. *Jihwa* was

described as *khara*, *sputitha*, and *ishat lipta*.

Dashavidha Pariksha: *Prakruti* was documented as *Apacharaja Vata-Pitta*. *Satmya* included predominance of *katu* and *lavana rasa* in the diet and *mamsahara* twice a week. *Satva* was documented as *pravara* and *Agni* as *vishama*.

The lesion was assessed clinically through *Jihwa Pariksha* and interpreted as *Adhimamsa over jihwa pradesha*. No lymphnode enlargement elicited. CBC parameters were normal, HIV, HbsAG was negative. The lesion was movable, nontender on touch with regular surface, 1.5 cm in length and breadth. The lesion was stable and not progressively growing in nature Since the lesion was *uchrita*, *supta*, *katina* was arha for *chedana karma*.^[1] Histopathological examination was not done as patient was not affordable. Therefore, the diagnostic terminology in this report reflects an Ayurvedic clinical interpretation rather than a histopathologically confirmed modern diagnosis.

Nidana history: The available record mentions frequent tea consumption in the morning, *vishamashana*, *anashana*, *katu-rasa* predominant *ahara*, *viharaja atapa sevana*, *srama janya vihara*.

Intervention

Under aseptic condition, in supine position the patient was asked to lie down and the *chedana karma* done was without anaesthesia with *poorvakarma* using ice cube to make the *jihwa pradesha* numb. After achieving the numbness, the *Chedana* of the localized lesion with *agnitapta aarakta varna* sharp end of *Tamra Shalaka* and using blunt end till *Samyak mamsadagda lakshana* as mentioned below कपोतवर्णताऽल्पश्वयथुवेदना शुष्कसङ्कुचितव्रणता च मांसदग्धे^[2] (*sushruta Samhita sutrasthana 12/8*) was done where *raktastambana* was achieved with minimal blood loss of around 5ml. *Paschat agnikarma*

shatadoutaghrta was applied. and was advised to do *kavala* with *triphala kasaya* for 5 days. *Ropana* was achieved within 4 days. No antibiotics was required.

Outcome Assessment

Ropana was observed within 4 days following the procedure. VAS score was one on day one of the procedure. No pain or any complications further on.

RESULTS

The clinical outcome recorded in the source case was short-term *ropana* within three days after *Chedana* of the localized tongue mass. The presenting complaint included mild difficulty in chewing, and cosmetically ugly in look. *Samyak mamsa dagdha lakshana* achieved using *tamra Shalaka* and no adverse event was documented.

DISCUSSION

The present case illustrates the application of Ayurvedic surgical principles to a localized tissue overgrowth of the tongue. The lesion was interpreted clinically as *Adhimamsa* and managed through *Chedana Karma* with *Tamra Shalaka* and the therapeutic principles of *Agnikarma*.

स्फिकपायुप्रजननललाटगण्डौष्ठपृष्ठकर्णफलकोषोदरजत्रुमुखाभ्यन्तरसंस्थाः सुखरोपणीया व्रणाः।^[3] *Ropana* was achieved quickly within 4 days because the *mukhavrana* created by *agnikarma* is *sukharopaneeya* as mentioned in the above sloka from *Sushruta sutra 23/5*. In Ayurveda practice, the selection of *Shashtra* or *Anushastra Karma* is based on the characteristics of the pathological structure and the intended therapeutic action.

A notable feature of this case is the short duration of *ropana*. serial photographs, pain assessment, and shortterm follow-up are below.



DAY 1



**SAMYAK MAMSA DAGDA LAKSHANA
ON DAY 1**



DAY 3 ROPANA ACHIEVED

CONCLUSION

This case report documents the management of a localized tissue overgrowth over the *jihwa pradesha*, clinically interpreted as *Adhimamsa*, using *Chedana Karma* with *Tamra Shalaka* and principles of *Agnikarma*. Short-term *ropana* was reported within 4 days.

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