

Efficacy of *Agnikarma* (Cauterization) in the Management of Mashaka (Elevated Mole): a case study.

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Abstract:

Mashaka is a type of Kshudra Roga described by Acharya Sushruta, characterized by a raised, firm, small, rounded, smooth swelling resembling a masa (black gram) त्वकगते मषको नाम कु षं स्यात् । स तु सूक्ष्म क्मोन्नतः श्याववर्णो भवतत ॥ (सु. नि. १३/४१)

It occurs due to Vata- Kapha dosha dushti along with Twak-dhatu involvement.

⁴Acharya Vagbhata refers to black, painless skin sprouts similar to *Tilakalaka* (nonelevated mole), which, when elevated, are called *Mashaka* (elevated mole). A pigmented naevus, or mole, is a lesion rich in melanin produced by melanocytes. These cells move from the neural crest to the basal epidermis during development. A naevus is formed when melanocytes group in the dermis or at the dermoepidermal junction. Moles are commonly found on the face, limbs, and mucocutaneous junctions like the mouth and nose, typically measuring 1–3 mm. They are usually

smooth and soft but can also be warty and protrude.

Agnikarma (cauterization) is considered superior to other parasurgical techniques by *Acharya Sushrut*. It treats various *Kshudra Rogas* (minor diseases), including *Mashaka* (elevated mole).⁷

*Dahan Upakaran

तन्त्र तिप्पल्यजाशकृ द्धोदन्त शरशालाकास्त्वगतानां... (सु.सू. १२/४)

In Twakagat disorders instruments for *Agnikarma* include- Pippali, Stools of goat, Godant (tooth of the cow) and Shalaka.).

*Classical Reference Introduction:

शस्त्रानुशस्त्रेभ्यः झारः प्रधानतमः , छेद्यमेधलेख्यकर्णात् त्रिदोषघ्नत्वाद्दशेषतियावचारणाच्च ॥ (सु.सू. ११/३)

According to Ayurveda, amongst all the Anushastras Jalauka is the pradhana, Agni is pradhantar and Kshara is the pradhanatam.

***How is Agnikarra better than other Anushastras?**

झारादतितशयान् तियासु व्याख्यातः , तदृशधानां रोगार्णाम-
िुनभावाग्देषजशस्तस्तारैरसाध्यानां तत्साध्यत्वाच्च ॥ (सु.सू.
१२/३)

Agnikarma is considered better than *Ksharakarma*, because -

- 1) There will be no recurrence of the disease
- 2) *Aushadha*, *shastra* and *Ksharakarma* sometimes fails to cure but *Agnikarma* have never.

Keywords :*Agnikarma*, *Ayurveda*, *Kshudra Roga*, *Mashaka*, mole, naevus

CASE PRESENTATION

Patient Details:

- Name: XYZ
- Age/Sex: 16 years/Female
- Date of Consultation:30/05/2025

Chief complaints:

Single, circular, hard lesion at the near right Nasal Alae (since birth)

History of present illness:

Patient is having a single hard black coloured lesion near right Nasal Alae since birth and now its size is increasing in last few years hence the patient came to *Shalyatantra* OPD on 30/05/2025 for its management. She had not received any medical treatment for the lesion and sought its removal for cosmetic reasons. The patient did not have diabetes, hypertension, or any chronic illnesses, and there was no family history of carcinoma.

History of past illness: NAD

No H/O DM or HTN.

Physical and General Examination

The patient's general and systemic examination results were with no abnormalities detected in vital signs, cardio-vascular, respiratory, gastrointestinal, and neurological systems.

Diagnostic Assessment:

The patient's lesion was evaluated using the ABCDEs of melanoma assessment criteria (Table 1) and *Ayurvedic* textual references.

Table 1. ABCDE of Melanoma Assessment Criteria.

Sl. No.	Feature	Melanoma	Moles
1.	A—Asymmetry	One half of the mole or lesion does not match the <u>other half</u> in shape.	Symmetrical. The two halves will match if a line is drawn through the center.
2.	B—Border	There are ragged, uneven, notched, or blurry edges. There's a chance the pigment will get to nearby skin.	Edges are smooth and even.
3.	C—Color	The color is not uniform. Brown or black shades might be present, occasionally accompanied by pink, red, white, or blue patches.	Uniform color, typically a single shade of brown/black.
4.	D—Diameter	Even though melanomas can be smaller, the spot is more than 6 mm wide or around the size of a pencil eraser.	Usually smaller than <u>6mm across</u> .
5.	E—Evolving	The mole is evolving in elevation, color, shape, and size. There may also be the observation of new symptoms including bleeding, itching, or crusting.	Moles stay the same over time. No significant changes in size, shape, or color.

The Evaluation Details:

The mole was symmetrical, with both halves matching shape (Asymmetry). The mole's edges were smooth and even, without any irregularities (Border). The mole's color was uniform, consisting of a single shade of black (Color). The mole measured 2.5 mm in size (Diameter). There had been no change in the mole's size, shape, color, or elevation (Evolving). Based on this assessment, it has been determined that the lesion is a *Mashaka* (elevated mole) (Figure 1) and does not exhibit any signs of melanoma.

Therapeutic Intervention:

After a thorough evaluation, the patient was scheduled for an *Agnikarma* procedure (cauterization). The *Agnikarma* procedure, a traditional Ayurvedic method of cauterization, is divided into three parts: Purva Karma (Preoperative Procedure), Pradhan Karma (Operative Procedure), and Paschata Karma (Postoperative Care).

Purva Karma (Preoperative Procedure):

The *Agnikarma* (cauterization) theater was prepared with essential materials, including Betadine solution for cleansing, *Yastimadhu Ghruta* for post burn application, *Ghrithkumari* pulp for cooling, toothed forceps, a flame source, and *Panchdhatu Shalaka* (probe). Routine blood tests done and Injection tetanus 0.5ml IM given. The patient was made to lie on a minor table, the affected area was cleaned with Betadine solution, and the lesion was covered with a sterile drape.

Pradhan Karma (Operative Procedure):

The mole base was raised with toothed forceps. When *Agnikarma Shalaka* (probe) became red hot, it was directly put on the base of the mole. Immediately following the

cauterization, aloe vera pulp was administered to the lesion. After that, the process was repeated until *Samyaka Dagdha Lakshanas* (superficial burned signs) were observed.

Paschat Karma (Postoperative Care):

The lesion was covered with *Yashtimadhu Ghruta* and left open. The patient was instructed to rest in the supine position in inpatient department (IPD), while careful observation was conducted for complications. After an hour, the patient was advised to go home and not to wet the area for 24 hours. The patient was advised to apply a *Yashtimadhu Ghruta* locally on the burned lesion site starting the next day and continuing until the wound is healed.

Follow-Up and Outcome:

At the first follow-up after seven days, the lesion site was thoroughly examined and scar is revealed.

The patient was advised to continue using *Yastimadhu Ghruta* and was asked to return for the subsequent follow-up after four weeks.

At the end of 4th week the lesion site had healed perfectly, with no noticeable scar. The patient reported no discomfort or dissatisfaction, and the clinical examination confirmed that the skin at the site matched the surrounding normal skin in all evaluated aspects. The patient's complaint was resolved entirely within a month, and the lesion healed without leaving any scar

Discussion:

Agnikarma, also known as cauterization, is a traditional Ayurvedic treatment that uses heat to address various medical conditions. It is particularly effective for conditions like

elevated moles. In Ayurveda, each tissue in the body has an inherent energy, known as Dhatwagni, responsible for maintaining its health and balance. When this energy is low, diseases can develop. *Agnikarma* works by applying external heat to boost this internal energy, helping to balance the body's elements and promote healing. The heat from *Agnikarma* helps to “digest” the imbalanced elements, reducing symptoms and preventing the recurrence of the condition. It also enhances local circulation and metabolism, which supports the growth of new tissue and minimizes scarring. After the procedure, aloe vera pulp is often applied to soothe any burning sensation. Additionally, *Yastimadhu ghee* is used for its antiseptic, anti-inflammatory, and wound-healing properties. The *Panchadhatu Shalaka*, a unique metal probe, is used during *Agnikarma* to deliver therapeutic heat deep into the tissue, effectively reducing pain and inflammation. In this case, a patient's elevated mole was successfully removed with *Agnikarma* in a single session, leaving no scars.

Conclusion:

Agnikarma (cauterization) is more cost-effective than surgical excision in managing Mashaka (elevated mole). Additionally, there is no possibility of bleeding or recurrence. In managing Mashaka (elevated mole), the *Agnikarma* (cauterization) was highly successful and curative, as demonstrated in this case study. In this case, no scar remains; it might also be produced for cosmetic reasons. Hence, *Agnikarma* stands as a safe, effective & recurrence free Ayurvedic intervention for *Mashaka* (elevated mole).

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Figure 1: Before Procedure



Figure 2 : After 1 Week of Procedure



Figure 3: After 1 month of Procedure



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