

Efficacy of Agnikarma (Cauterization) in the Management of Mashaka (Elevated Mole): A Case Study

Journal of Pharmacology and
Pharmacotherapeutics
16(1) 119–123, 2025
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DOI: 10.1177/0976500X241294109
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Jagrati Gautam¹ , Bhushan Mhaikar¹, Sonia Mandal², Pratyendra Pal³ and Priyal Bansal⁴

Abstract

Introduction: A mole or naevus is a lesion that can exist from birth. While some moles are present at birth, others become apparent later in life. The two main symptoms associated with moles are black spots and potential disfigurement. In *Ayurveda*, an elevated mole is comparable to a condition known as *Mashaka*. *Mashaka* is described as a firm, painless, black, and raised eruption on the skin, typically caused by an aggravated *Vata Dosha* (humor). Modern medical practice commonly manages moles through surgical excision and radioactive procedures to prevent potential malignancy or aesthetic concerns. However, in the *Ayurvedic* tradition, *Mashaka* is treated using the *Agnikarma* (cauterization) procedure. This approach is efficient as it soothes the *Vata-Kapha Doshas* (humors).

Materials and Methods: *Agnikarma* (cauterization) is a minor surgical treatment that involves the application of heat (*Agni*) for therapeutic purposes aimed at reducing and eliminating the lesion. In this case study, a patient complained of a lesion on the right side of the nose. The lesion was diagnosed as *Mashaka* based on the ABCDE criteria for melanoma assessment, which considers Asymmetry, Border irregularity, Color variation, Diameter, and Evolution of the lesion. An *Agnikarma* procedure (cauterization) was carried out in a single sitting for this lesion.

Results: After four weeks, the lesion had healed without complaints of bleeding, wound infection, pain, or scarring.

Discussion: The case study demonstrates the efficacy of *Agnikarma* (cauterization), highlighting its scope as a treatment option for similar conditions, providing a safe and satisfactory outcome for the patient.

Keywords

Agnikarma, Ayurveda, Kshudra Roga, Mashaka, mole, naevus

Received 22 July 2024; revised 18 September 2024; accepted 04 October 2024

Introduction

A pigmented naevus, or mole, is a lesion rich in melanin produced by melanocytes.¹ 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 dermo-epidermal junction.² Moles are commonly found on the face, limbs, and mucocutaneous junctions like the mouth and nose, typically measuring 1–3 mm.³ They are usually smooth and soft but can also be warty and protrude. In *Ayurvedic* texts, moles are described under *Kshudra Rogas* (minor diseases). *Acharya Sushruta* described *Mashaka* (elevated mole) as a firm, painless, black, raised eruption caused by *Vata* aggravation, resembling a *Masha* (urad) pulse.⁴ *Acharya Vagbhata* refers to black, painless skin sprouts similar to *Tilakalaka* (nonelevated mole), which, when elevated, are called *Mashaka* (elevated mole).⁵ *Agnikarma* (cauterization) is considered superior to other parasurgical

techniques by *Acharya Sushruta*.⁶ It treats various *Kshudra Rogas* (minor diseases), including *Mashaka* (elevated mole).⁷

¹Department of Samhita and Siddhant, Mahatma Gandhi Ayurved College Hospital and Research Centre, Datta Meghe Institute of Higher Education and Research (D.M.I.H.E.R.), Salod, Wardha, Maharashtra, India

²Department of Panchakarma, Mahatma Gandhi Ayurved College Hospital and Research Centre, Datta Meghe Institute of Higher Education and Research (D.M.I.H.E.R.), Salod, Wardha, Maharashtra, India

³Department of Samhita and Siddhant, Om Ayurvedic Medical College and Hospital, Betul, Madhya Pradesh, India

⁴Department of Dravyaguna, Mahatma Gandhi Ayurved College Hospital and Research Centre, Datta Meghe Institute of Higher Education and Research (D.M.I.H.E.R.), Salod, Wardha, Maharashtra, India

Corresponding author:

Jagrati Gautam, Department of Samhita and Siddhant, Mahatma Gandhi Ayurved College Hospital and Research Centre, Datta Meghe Institute of Higher Education and Research (D.M.I.H.E.R.), Salod, Wardha, Maharashtra 442107, India.

E-mail: jagratiayurv@gmail.com



Case Report

Patient Information

A 25-year-old female patient visited the *Shalya* (Surgery) outpatient department (OPD) of our *Ayurvedic* college with a complaint of a black, raised lesion on the right side of her nose that had been present since birth.

Clinical Findings

The patient was examined thoroughly; a complete medical history was obtained when she arrived at OPD. The patient was understanding, punctual, and spatially aware. She had no prior history of discomfort, fever, or swelling, and no contributing or exacerbating factors existed. 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.

Physical and General Examination

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

Timeline

For the patient, *Agnikarma* (cauterization) was scheduled. The process was completed in one sitting. The first follow-up was conducted at the one-week mark, and the second follow-up occurred four weeks later.

Diagnostic Assessment

The patient's lesion was evaluated using the ABCDEs of melanoma assessment criteria (Table 1) and *Ayurvedic* textual references.⁸

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,



Figure 1. Before Treatment.

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 other half 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 6mm across.
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.

including Betadine solution for cleansing, *Yastimadhu Ghruta* (*Glycyrrhiza glabra* Linn. ghee) for postburn application, *Ghrithkumari* (aloe vera) pulp for cooling, toothed forceps, a flame source, and *Panchdhatu Shalaka* (probe). The patient was advised to follow a light, oily diet before the therapy. Routine blood tests and a tetanus shot were done. The *Agnikarma Shalaka* (probe) was heated until red hot. 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 *Yastimadhu Ghruta* (*Glycyrrhiza glabra* Linn. ghee) and left open (Figure 2). 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 *Yastimadhu Ghruta* (*Glycyrrhiza glabra* Linn. ghee) locally on the burned lesion site starting the next day and continuing until the wound is healed.⁹

Follow-Up and Outcome

At the first follow-up after seven days, the lesion site was thoroughly examined, revealing a scar.

The patient was advised to continue using *Yastimadhu Ghruta* (*Glycyrrhiza glabra* Linn. ghee) and was asked to return for the subsequent follow-up after four weeks. In the ensuing follow-up, patient and observer evaluations were conducted using the Patient and Observer Scar Assessment Scale (POSAS) (Table 2).¹⁰

The POSAS indicated that 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 (Figure 3).

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, which are associated with an imbalance in the body's *Vata* (humor) and *Kapha* (humor) elements. 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.¹¹ After the procedure, aloe vera pulp is often applied to soothe any burning sensation. Additionally, *Yastimadhu ghee* (a medicinal ghee made from the *Glycyrrhiza glabra* plant) is used for its antiseptic, anti-inflammatory, and wound-healing properties.¹² The *Panchadhatu Shalaka*, a unique metal probe, is used during *Agnikarma* to deliver therapeutic



Figure 2. After Treatment.



Figure 3. After Four Weeks (2nd Follow-Up).

Table 2. POSAS Results at Second Follow-Up.

A	Patient Scale	Score (At Second Follow-Up)
1.	Pain: No pain associated with the scar.	1
2.	Itchiness: No itchiness of the scar.	1
3.	Color: Color matches normal skin perfectly.	1
4.	Stiffness: No stiffness, scar feels like normal skin.	1
5.	Thickness: Thickness matches normal skin.	1
6.	Overall: Completely satisfied with the appearance of the scar.	1
	Total patient score	6
B	Observer Scale	Score (At Second Follow-Up)
1.	Color: No difference in pigmentation, matching normal skin.	1
2.	Stiffness: Pliability matches normal skin perfectly.	1
3.	Thickness: Thickness of the scar is the same as normal skin.	1
4.	Relief: Scar is flush with surrounding skin, no elevation or depression.	1
5.	Overall: Scar is indistinguishable from normal skin in overall appearance.	1
6.	Total Observer Score	6

Score 1 (min.) indicates No, and 10 (max.) indicates worst scar.

heat deep into the tissue, effectively reducing pain and inflammation.¹³ 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 by this case study. In this case, no scar remains; it might also be produced for cosmetic reasons. *Agnikarma* (cauterization) is a very effective treatment for *Mashaka* (elevated mole).

Abbreviations

ABCDE: Asymmetry, border, color, diameter, and evolution; **IPD:** In-patient Department; **max:** Maximum; **mm:** Millimeter; **min:** Minimum; **OPD:** Outpatient Department; **POSAS:** Patient and Observer Scar Assessment Scale; **S. NO:** Serial number.

Acknowledgments

Jagrati Gautam would like to express my sincere gratitude to my guide and all those who have contributed to this case report.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Ethical Approval

Not applicable.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Datta Meghe Institute of Higher Education and Research (D.M.I.H.E.R), Maharashtra, India.

Informed Consent – Case Reports/Clinical Images

Consent was taken from the patient before doing *Agnikarma*.

ORCID iD

Jagrati Gautam  <https://orcid.org/0000-0002-3125-3962>

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