

AGNIKARMA IN MANAGEMENT OF MAMSAJA GRANTHI (EYELID CYST): A
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ABSTRACT

Mamsaja Granthi, a localized glandular swelling, often presents clinically as a cystic lesion and is commonly associated with vitiation of *Kapha* and *Rakta*, *Mamsa*, *Meda Dhatus* along with local tissue overgrowth. *Agnikarma*, an ancient para-surgical procedure described in *Ayurveda*, is indicated in firm, localized swellings and has been found to be effective in cystic lesions. This paper presents a single case study of a 45-year-old female patient with a persistent cyst in the right upper eyelid, successfully managed with *Agnikarma*. Marked improvement was observed with complete resolution of the lesion within 21 days and no recurrence even after 14 months. The case demonstrates the potential of *Agnikarma* as a minimally invasive, cost-effective approach for such ophthalmic cystic swellings.

KEYWORDS: *Agnikarma*, *Mamsaja Granthi*, Eyelid cyst, *Ayurveda*, Para-surgical procedures.**INTRODUCTION**

Acharya Sushruta, the father of surgery, has made exceptional and timeless contributions to both surgical science and medical practice. His scientific approach to diagnosis and treatment continues to fascinate modern researchers. Among the many innovative concepts described in his classical text, the introduction and clinical application of *Agnikarma* remain particularly noteworthy. *Agnikarma* is classified as a para-surgical intervention and is further categorized under *anushastra*^[1] as well as *upayantra*^[2], highlighting its significance in ancient surgical practice.

Mamsaja Granthi is a pathological condition resulting from vitiation of *Doshas*, especially *Kapha*, affecting *Rakta*, *Mamsa*, *Meda Dhatus*, leading to localized swelling or cyst formation. Classical texts describe such *granthi* as *vritta* (round), *unnata* (elevated), firm, localized, glandular masses or cystic swellings.^[3] These clinical features often correlate with modern descriptions of benign soft-tissue cysts or nodular growths.

Agnikarma, a specialized thermal para-surgical modality, is indicated in various conditions associated with severe pain, induration, or localized pathological growth. *Sushruta* specifically recommends its use for conditions involving *Twak*, *Mamsa*, *Sira*, *Snayu* and *Sandhi*.^[4] The controlled use of heat promotes localized tissue destruction, reduces swelling, improves circulation, and facilitates natural healing with minimal or no recurrence.

The present article highlights the effective use of *Agnikarma* in the management of a *Mamsaja Granthi* (eyelid cyst), demonstrating its efficacy and relevance in contemporary clinical practice.

CASE DESCRIPTION**Patient Information**

The patient was a 45-year-old female who presented with a persistent cystic swelling over the right upper eyelid for the past nine months (from October 2023 to June 2024). She reported mild pain during opening and closing of the eye for the last three months. Her medical history revealed hypertension for five years and a past history of

Raktarsha (internal haemorrhoids), for which she had undergone surgical treatment twelve years earlier.

Ashtavidha Parikshan

Nadi - Vata-pittaj (70/min)
Mala - Malavibandha
Mutra - Niyantrit
Jivha - Saam
Drika - Prakrit
Sparsha - Samshitoshna
Shabda - Spashta
Aakriti – Madhyama

Dashvidha Parikshan

Prakriti - Vata-pittaj
Vikriti - Kaphapittaj
Sara - Avara
Samhanana - Madhyama
Pramana - Madhyama
Satmya - Madhyama
Satwa - Pravara
Vaya - 45 yrs
Ahara Shakti - Madhyama
Vyayama Shakti – Madhyama

Nidana (Dietary and Lifestyle History)

Long-term exposure to causative factors was noted

- Non-vegetarian diet 3 times weekly since 20-25 years.
- Tobacco (3 g/day) and Mishri (4 times/day) consumption since 20 years.
- *Vidahi Annapana* (Hot & spicy food) 2 times weekly since 20 years.
- *Paryushita Annapana* (Reheated and leftover food intake) 4 times weekly since 15 years.
- *Diwaswapa* (Regular daytime sleep) (2 hrs daily) since 20 yrs.
- *Shita Atyambupana* (Excessive cold water intake throughout the day).

These *Nidanas* contribute to *Kapha*, *Rakta* and *Mamsa* vitiation and subsequent *Srotodushti*, predisposing to cyst formation.

Poorvaroopa

Laghu unnata granthi at right upper eyelid (small cyst at right upper eyelid) since 9 months.

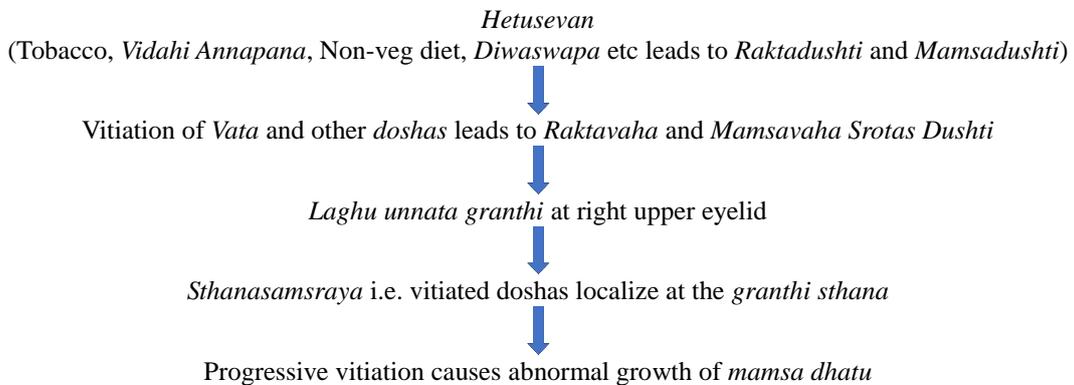
Roopa

Cystic swelling present over the right upper eyelid for the past nine months and mild pain during opening and closing of the eye for the last three months.



Fig. 1: Cyst over the Right Upper Eyelid

Samprapti



Mamsaja Granthi

Diagnosis

Mamsaja Granthi (cyst at right upper eyelid)

As per classical reference

मासलेदूषितं मासमाहरेन्नित्यमावहेत् ।

स्निग्धं महान्तं कठिनं सिरानद्दं कफाकृतिम् । (अ. सं. 3. ३४/६)

Treatment Plan

त्वङ्ग्रांससिरारुनायुसन्ध्यस्थिस्थितेऽत्युग्ररुजि वायावुच्छितकठिन सुप्तमांसे व्रणे
ग्रन्थ्यर्शोऽर्बुदभगन्दरापचीश्लीपदवर्मकीलतिलकालकान्त्रवृद्धिसन्धिसि
रा च्छेदनादिषु नाडीशोणितातिप्रवृत्तिषु चाग्नि कर्म कुर्यात् ॥ (सु. सू. १२/१०)

Agnikarma was selected as the primary therapeutic measure because the lesion was localized, firm, cystic and persistent. *Agnikarma* is specifically indicated for granthi-like presentations of *Mamsa*.

MATERIALS AND METHODS

Poorva Karma (Pre-Procedure)

- Patient evaluation including vitals and routine examination.
- The *Agnikarma* procedure was explained in detail to the patient and her relatives and written informed consent was obtained.

- Previous *Agnikarma* video and their results were also shown to the patient and her relatives to remove their fear factor about the procedure.
- Procedure performed in *Shalaky* Department OT to manage if any complications occurs.

Instruments and Materials required for *Agnikarma*

- *Tamra Dhatu Shalaka* (Copper Shalaka) designed according to size of *Mamsaja Granthi* to achieve *Samyak Mamsa Dagdha Lakshana* in less number of attempts.
- Customized to cyst dimensions
- 1) Round end width: 2 mm
- 2) Flat end width: 4 mm
- Cosmetic forcep
- Cotton
- Ice cubes for loss of sensation.

रक्तं स्कन्दयते हिमम् । तथा सम्पाद्येद्द्रुम दाहः सङ्कोचयेत् सिरः ॥
(सु. सू. १४/४१)

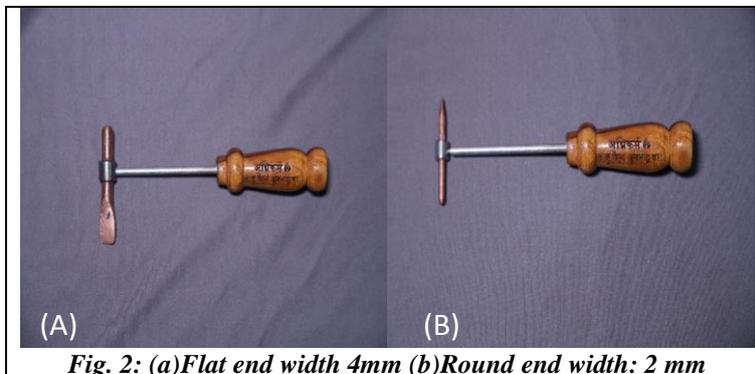


Fig. 2: (a) Flat end width 4mm (b) Round end width: 2 mm

Pradhana Karma (Procedure) (Date of *Agnikarma* - 16/06/2024)

- The heated *Shalaka* was applied precisely over the cyst.
- Controlled thermal application was performed to achieve *Samyak Mamsa Dagdha Lakshana*, which was identified by the appearance of *kapota varnata* (bluish discoloration), mild swelling with minimal

discomfort, localized tissue contraction and dryness at the intervention site.^[5]

कपोतवर्णताऽल्पश्वयथुवेदना शुष्कसङ्कुचितव्रणता च मांसदग्धे ॥ (सु. सू. १२/८)



Fig. 3: After *Agnikarma* (*Samyak Mamsa Dagdha Lakshana*)

Paschata Karma (Post-Procedure)

सङ्क्षेपतः क्रियायोगो निदानपरिवर्जनम्॥ (सु. उ. १/२७)

Therapeutic approach lies in the avoidance and elimination of the causative factors responsible for the diseases.

Table no. 1: Internal Medications (For 21 Days after Agnikarma).

Duration	Drug	Dose and Frequency	Aushadha sevan kala	Route of Administration
For 21 days after Agnikarma	<i>Amritadi Guggulu</i>	250 mg, one tablet twice a day	<i>Adhobhakta</i> (after meal)	Oral
	<i>Kaishor Guggulu</i>	250 mg, one tablet twice a day	<i>Adhobhakta</i> (after meal)	Oral
	<i>Triphala Guggulu</i>	250 mg, one tablet twice a day	<i>Adhobhakta</i> (after meal)	Oral
	<i>Sookshma Triphala</i>	250 mg, one tablet twice a day	<i>Adhobhakta</i> (after meal)	Oral
	<i>Gandhak Rasayana</i>	250 mg, one tablet twice a day	<i>Adhobhakta</i> (after meal)	Oral

Local Application

Mahatiktaka Ghrita applied to promote healing and maintain tissue purification.

Diet and Lifestyle Modifications

Pathya

- Light diet
- Moong dal-based preparations (*Mudga Yusha*)

- Good sleep and regulated routine

Apathya

- *Vidahi Annapana* (Hot, spicy food)
- Tobacco and related products
- *Diwaswapa* (Daytime sleeping)
- *Atyambupana* (Excess water intake)

OBSERVATIONS AND RESULTS



Fig. 4: 7 Days after Agnikarma.

Fig. 5: 10 Days after Agnikarma.

Fig. 6: 21 Days after Agnikarma.

Fig. 7: 14 months after Agnikarma (08/08/2025)

The patient showed a noticeable reduction in swelling and pain within 3–7 days following the procedure. By 10–21 days, the area demonstrated a dry, contracted wound with steady and progressive healing, ultimately leading to complete resolution by Day 21. At the 14-month follow-up, the eyelid exhibited normal anatomical appearance with no scar thickening or recurrence of the cyst. The healing progression was marked by a decrease in cyst size and local inflammation by Day 7, followed by continued healing with scar contraction and complete flattening between Days 10 and 21, confirming the long-term efficacy of the intervention.

DISCUSSION

Mamsaja Granthi develops due to prolonged exposure to *nidana* leading to vitiation of *Kapha* and *Rakta*, resulting in localized tissue thickening and cystic swelling. Classical Ayurvedic descriptions characterize such *granthis* as firm, elevated, and well-circumscribed masses, predominantly involving the *Rakta*, *Mamsa*, and *Meda Dhatus*. *Agnikarma*, indicated in disorders of *Twak*, *Mamsa*, *Sira*, and *Snayu*, offers a therapeutically precise approach for such conditions. The controlled application of heat facilitates localized tissue destruction, reduces hypertrophic growth, improves microcirculation, enhances lymphatic drainage, and boosts local metabolic activity. These mechanisms collectively help alleviate *srotorodha*, promote rapid resolution of the swelling, and prevent recurrence.

क्षारदग्निर्गरीयान् क्रियासु व्याख्यातः,

तद्ग्रन्थानां रोगाणामपुनर्भावाद्देवजशस्त्रक्षारैस्साध्यानां तत्साध्यत्वाच्च ॥
(सु. सू. १२/३)

The use of a copper *shalaka* further strengthens the therapeutic effect, as it ensures accurate heat delivery with minimal collateral tissue involvement and also exhibits inherent antibacterial properties, contributing to a safer and more efficient procedure. Classical references state that *Agnikarma* is superior to *Ksharakarma* because diseases treated with properly administered therapeutic heat do not recur,^[6] provided *Samyak Dagdha Lakshanas* are achieved. Supportive internal medications such as *Guggulu* compounds aid in detoxification, correct *Kapha-Meda dushti*, and promote faster tissue healing, complementing the local procedure.

In the present case, early reduction in pain and swelling was observed within the first week, with complete resolution by Day 21. Long-term follow-up at 14 months revealed no recurrence, validating the classical claim regarding the durability of *Agnikarma* outcomes. The rapid healing, minimal discomfort, and restoration of normal eyelid structure reflect both the precision of the technique and its suitability for small, localized, *Kapha*-predominant swellings such as *Mamsaja Granthi*. Compared to conventional surgical approaches like incision and curettage, which may involve bleeding, suturing, postoperative scarring, and potential recurrence, *Agnikarma* offers distinct advantages as it is minimally invasive, requires no sutures, causes

negligible bleeding, provides high patient comfort, and demonstrates no recurrence.

Overall, this case underscores the efficacy and clinical relevance of *Agnikarma* as a safe, cost-effective, and recurrence-preventive modality for managing *Mamsaja Granthi*, aligning both with classical Ayurvedic principles and contemporary patient-centered outcomes.

CONCLUSION

According to *Acharya Sushruta*, *Agnikarma* is an *apunarbhava chikitsa*, signifying its effectiveness in preventing recurrence when performed with proper technique. As demonstrated in this case, *Agnikarma* proved to be a cost-effective, safe, and minimally invasive intervention for *Mamsaja Granthi* of the eyelid. The patient experienced rapid symptomatic relief, complete resolution of the cyst, and sustained results with no recurrence even after 14 months. Given its precision, minimal tissue trauma, and reliability, *Agnikarma* stands as a promising traditional modality that may be effectively integrated into modern ophthalmic practice. Further clinical studies with larger sample sizes are recommended to substantiate these findings and strengthen the evidence base for wider clinical application.

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