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Case Study

## Title of Article:

## A Clinical Management of Sebaceous Cyst with *Dashang Lepa* and *Chitrakadi Vati*

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### ABSTRACT

A sebaceous cyst is a very common type of slow-growing, non-cancerous elevation beneath the skin. Patients have a more cosmetic concerns than morbidity and mortality. It appears smooth to touch, varies in size, and is generally round in shape. They are generally mobile masses consisting of fluids and fibrous tissues, fatty (keratinous) substances, somewhat viscous, serosanguineous fluid (purulent and bloody material). They are most commonly found on the face, necks, torso, and in hairy areas. In cases of long duration, they could result in hair loss on the skin surface that is immediately above the cyst. Everyone seeks medical care due to cosmetic reasons. There are no medicines yet other than surgical removal. In Ayurveda, sebaceous cysts correlate with the *Medoj Granthi* based on characteristic similarities. A patient with a sebaceous cyst visited the outpatient department of *Kaumarbhritya*. He was managed by treatment and during follow-up. There was a reduction in the swelling and related signs and symptoms. The present study is the case report of *Medoj Granthi* (sebaceous cyst) managed through *Dashangalepa* (local application) and internal medications like *Chitrakadivati*.

**Keywords:** *Medojgranthi*, Sebaceous cyst, *Dashangalepa*, *Chitrakadivati*.

### INTRODUCTION

These are small, slow-growing, non-cancerous elevations beneath the skin. They are smooth to the touch, vary in size, and are generally round in shape. They are generally mobile masses consisting of fluids and fibrous tissues, fatty (keratinous) substances, somewhat viscous, serosanguineous fluid (purulent and bloody material). They are most commonly found on the face, neck, and torso, also common in hairy areas too. Whereas in cases of

long duration they could result in hair loss on the skin surface immediately above the cyst.

Sebaceous cysts often don't need treatment. But it causes discomfort to the patient, especially cosmetically. A doctor can remove a cyst if it's painful or infected or if the appearance is a concern. According to Ayurveda, *Meda* keeps the body smooth, unctuous. When vitiated *vatadi doshas* further vitiate the *Mamsa*, *Rakta*, *Kapha*, and *Meda dhatus*, they form a tubercle-like swelling of the skin, which is called *Granthi*. The *Granthi*s occurring in *Meda*

*Dhatu* are smooth, movable, large, less painful, increases with the growth of the body and decreases with the emaciation of the body, and sometimes causes itching. When they rupture they ooze *meda* hence called *medogranthi* [1]. In *Medoja Granthi*, prime vitiation is of *Kapha* and *Meda* as stated by Aacharya Sushruta. As per the classics, *Vaman* is the best treatment for *Kaphaj Vikara*. It can be conducted for the management of various *Kaphaj Vikara* in Ayurveda. Here, the case of a five-year-old child was being presented with *medojagranthi* which was well treated with *Dashangalepa* as a local application. It can be concluded from the above case study that the *Dashangalepa* application is effective in *medojagranthi* (sebaceous cyst). As this is a single case report, it has to be tried in a large sample size for its scientific validation.

**Case report:** A five-year-old male child visited the outpatient department of Kaumarbhritya with chief complaints of swelling above the end of the left eyebrow for 8 months, associated with mild pain and itching for the last 3 months.

**History of present illness:** The patient was asymptomatic before 8 months. He gradually developed swelling above the end of the left eyebrow associated with intermittent mild pain, itching. The patient was in discomfort due to the cyst present on the face, cosmetically. He was advised surgery by a general surgeon for the same. Hence he decided to take ayurvedic treatment. Most of the *Nidans* were found in the dietary history of the patient like excessive consumption of *Drava* (liquid), *Snigdha* (oily), and *Guru* (heavy) *Ahara*, *Pishtanna*, *Kshir* (milk and milk products), and occasionally *Viruddhaahara* that are mentioned by Aacharya Charaka. [2] *ViharajNidana* is *Vyayam* (heavy exercise) and *Atisantap* (anger), after consumption of food, sleeping in the daytime, *Shitashnasevan* (alternately hot and cold), No relevant past family, medical and surgical history was found. (shown in fig1,2,3). The patient came in OPD in *VyaktaAvasta* (symptomatic stage) of the *Shatkriyakala*. He presented with symptoms like swelling above the end of the left eyebrow associated with intermittent mild pain, itching. Because of the dominance of *Meda* and *KaphaVatadosha*, it was diagnosed as *Medajagranthi* (sebaceous cyst).

#### General Examination:

**Dashvidha pariksha:** *Prakriti* (Constitutional status) was *kapha* dominant *pittaj*, In *Vikriti* (abnormal status) most of the *Nidanas* were found in the dietary history of the patient like excessive consumption of *Drava*, *Snigdha* and *Guru Ahara*, *Pishtanna*, *Kshir*, and occasionally *Viruddhaahara*, therefore *Rakta*, *Mamsa* and *Meda* like *dushyas* were

present, *Sara* (Status of tissues and its systems), *Samhanana* (Compactness of the body) was *madhyama* and *Pramana* was *Samapramana*. He was *Avarasatmya* as he took very selective *Ahara* that was *Kaphvardhaka*. *Satva* of the child was *madhyama* because he tolerated the cyst for the last 6 months. *Ahara Shakti* (Digestion capacity) was medium/ avg, *Vyayam Shakti* (physical capacity) normal since he was playing outdoor games daily for 1-2 hrs. *Vaya* (age factor) is *Balavastha*.

**Ashtavidha pariksha:** *Naḍi* (pulse) was *Kapha-Pittaja*. There was no complaint concerning *Mutra* (urine). Frequency and color were normal. *Mala* (stool) was normal, once a day. *Jihva* (Tongue) was *niram*. *Shabda* (speech) was normal, *Sparsha* (touch) was soft and movable. *Druk* (eyes) were normal. *Akruti* (appearance) was normal (*madhyama*).

#### Srotasa examination:

*Raktavaha Srotas* examination- no specific *dushti lakshana* were found.

*Mamsavaha Srotas*- Goes to sleep immediately after the meals.

*Medovaha srotas* examination- excessive sweating present but no *medovaha dushti lakshana* like the oily appearance of the body, dryness of the palates, obesity, edema, thirst were found.

**Local examination:** A small, rounded elevation above the end of the left eyebrow present, On palpation soft palpable swelling, movable in nature, intermediate mild pain present.

**Table 1: Correlation between Medogranthi and Sebaceous cyst**

Properties	Medojgranthi	Sebaceous cyst
Fat involvement	Yes	Yes
Movability	Yes (Ch Chi 12/81)	Yes
Consistency	Soft(komal)	Yes
Increase and decrease with body	Yes	Yes
Pain	Mild/painless (Bhvprakash chi 8/17)	Sometimes mild pain
Itching	Present	Sometime present
Does it burst	Yes	Yes

**Treatment plan:** The patient was advised to take *chitrakadivati* 125mg twice daily with lukewarm water before food for four weeks orally and *dashangalepa* 10gm mixed with lukewarm water twice daily for four weeks to apply locally.

**Drug Preparation:** Both medicines were prepared in the Pharmacy of Gujrat Ayurveda University, Institute of Teaching Research in Ayurveda, Jamnagar.

**Method of application:**

This *lepa churna* is prepared by mixing *Vastragalit churna* (cloth sieved powder) of all the ten drugs in *sama bhaga* (equal proportion). The powders of all drugs should be very fine so that they can form a uniform paste & granules from the powder should not hurt skin where it is applied. *Lepa* is made by adding a sufficient quantity of lukewarm water.<sup>[3]</sup>

**Table 2: Enlisted ingredients of *DashangaLepa* (BR 57/19)**

Official name	Botanical name / English name	Part used	Quantity
<i>Shirish</i>	<i>Albizia lebeckBenth</i>	Stem Bark	1 part
<i>Madhuyasthi</i>	<i>Glycyrrhiza glabra Linn.</i>	Root	1 part
<i>Tagar</i>	<i>Valeriana wallichii DC.</i>	Root/ Rhizome	1 part
<i>Swetachandan</i>	<i>Santalum album Linn</i>	Heartwood	1 part
<i>Ela</i>	<i>Eletteriacardamomum Linn. Maton</i>	Seed	1 part
<i>Mamsi (Jatamamsi)</i>	<i>NardostachysJatamansi Dc.</i>	Root/ Rhizome	1 part
<i>Haridra</i>	<i>Curcuma longa</i>	Rhizome	1 part
<i>Daruharidra</i>	<i>Berberis aristata DC</i>	Stem	1 part
<i>Kushtha</i>	<i>Saussurea lappa DC.</i>	Root	1 part
<i>Bala (Hriversa)</i>	<i>Pavonia odorata Willd.</i>	Root	1 part
<i>Ghrita</i>	Cow ghrita		1 part

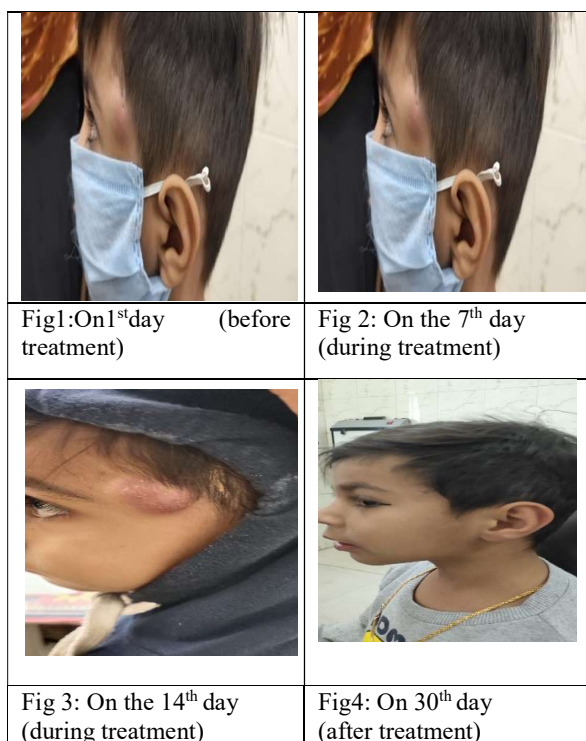
**Table No. 3 Ingredients of *Chitrakadi Vati* (Ch. Chi 15/95) enlisted in table no. 3**

Sr. no.	Official name	Botanical name / English name	Part used	Quantity
1	<i>Chitraka Moola</i>	<i>Plumbago zeylancia Linn</i>	Dried Root	1 Part
2	<i>Pippali Moola</i>	<i>Piper longum Linn</i>	Dried Root	1 Part
3	<i>Yavakshara</i>	<i>Hordeum vulgare Linn.</i>	Whole Plant	1 Part
4	<i>SwarjikaKshara</i>	-	-	1 Part
5	<i>SauvarchalLavana</i>	Black Salt	-	1 Part
6	<i>SaindhavaLavana</i>	Rock Salt -	-	1 Part
7	<i>Vida Lavana</i>	Ammonium Salt	-	1 Part
8	<i>Samudra Lavana</i>	Sea Salt	-	1 Part

## RESULT AND DISCUSSION

MedojGranthi is described by all three major classics (*Bruhatrayi*) of Ayurveda. According to Acharya Sushruta, it occurs in the 6th layer of the skin called *Rohini*.<sup>[4]</sup> Acharyas have described 2 types of *Chikitsa* for

the treatment of disease, i.e. *Shodhan* and *Shaman*.<sup>[5]</sup> According to AcharyaCharak when the disease is having *Bahudosh* the treatment should be *Shodhana* otherwise *shaman karma* is preferred.



In the above case, we ruled out Hemangioma because hemangioma is a bright red birthmark and it looks like a rubbery bump made up of extra blood vessels in the skin and the sebaceous cyst is different from it. Also in this case chronicity was not seen so shaman aushadis were chosen. *MedojGranthi* is one type of *Kaphaj Vikara* and *Nidana* was *Kaphavardhaka*. Thus for *shamana chittrakadivati* was used which is *kaphashamak* and also *agnivardhaka*, *rukshana*, and *laghana* from *shatakarma*. *Dashangalepa* acts topically & reduces the *Shopha* (edema), *Vedana* (pain), *Visha Prabhav* (venomous effects of bites) & *Jwara* (fever). *Visha*, *Visarpa*, *Jwara* all are quick manifesting diseases. In *Dashangalepa* most of the ingredients except *Madhuyashti* have *TiktaKatu Ras* & act as *Kapha-Pitta shamak* thus help to reduce *Shotha* (edema), *Kandu* (itching) & *Daha* (burning). *Pitta Dosha* & *Rakta Dhatu* are responsible for the quick manifestation of the disease and almost all the ingredients in *lepa* are *Pittashamaka* and affect *Rakatavaha srotas*. Due to its action on *Pitta* & *Rakta* the *lepa* reduces pain & swelling. The absorbent effect of *Kashaya Tikta rasa* helps in reducing *Shotha*, *lepa* has the property to easily penetrate the skin & act locally. In this case, the total treatment schedule was one month. Proper follow-up of the patient was taken at an interval of seven days during and after treatment. The cyst completely disappeared within one month and no fresh complaints were seen in the patient. (shown in fig.4).

## CONCLUSION

Based on this single case study, it can be concluded that the *Dashangalepa* application and *ChitakadiVati* internally are effective in *Medojagranthi* (sebaceous cyst). This is a single case report and for its scientific validation, it requires to be tried in more patients.

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