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A Case Report On Kaphaja Granthi Wsr To Pilar Cyst - A Successful Approach Through Ayurvedic Surgical Principles.

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ABSTRACT:
Pilar cysts are also called as Trichilemmal cysts, it commonly found on the scalp. We report a case of 43years old lady with painless swellings over occipital region in scalp since 3months, diagnosed as Pilar cyst. X-ray and CT-Head reports too revealed as Pilar cyst, which was having recurrence history for 3 times and excision had been done twice within 2 years complete excision of content is standard protocol. This type of cysts are notoriously known for their recurrence and proper excision of the cyst with accuracy and following proper methodology will play a chief role in preventing the recurrence of the cyst. In *Ayurveda*, there is excerpts regarding *Kaphaja Granthi* and the clinical presentation told under this context almost matches Pilar cyst and *Chedana karma* has been told even by *Acharyas* for the management of *Kaphaja Granthi*. Hence we have classically adopted *Chedana karma* as told by *Acharyas* and we have got promising results in this single case study.

KEY WORDS: Pilar cyst, Trichilemmal cyst, *Kaphaja granthi*, scalp, *Chedana karma*

INTRODUCTION:

Pilar cysts are also called as Trichilemmal cysts, it commonly occurs in areas of hair follicles**[1]**,which are subtype of sebaceous cysts. The cysts are characterized by smooth, round nodules with solid texture and appreciable mobility. It cannot be distinguished from epidermal cysts clinically, except that 90% of pilar cysts are found on the scalp where hair follicles are abundant. Whereas 10% occurring on face, neck, extremities and others are less common on palm, genitalia, axilla and groin[2]. Proliferating pilar cysts are progressive slow growing nodules commonly seen in middle aged women with a mean age of 65 years either solitary or multiple[3]. This can be corelated to *Kaphaja granthi* in ayurvedic classics due to *alpa vedana* and *sthiratva, chirakaritva*. As the classical approach for *Kaphaja granthi* in ayurvedic classics described as *Chedana, Bhedana, Paatana* is to be done. But improper post operative care such as negligence, improper dressing and care, hygiene may interfere in healing surgical wound and may contribute in recurrence even after proper excision.

CASE REPORT

A 43year old lady visited our hospital with complaints of multiple painless swellings over occipital region in scalp since 3 months.

HISTORY OF PRESENT ILLNESS

As per the statement given by the patient, she was apparently asymptomatic 2 year back. Initially she noticed multiple painless swelling over occipital region in scalp with occasional pain and discomfort in day today life activities. She observed gradual increase in size of swelling associated with cosmetical hindrance as per patient's words. For these complaints she approached nearby hospital and took oral medicines but did not get least relief. She underwent surgery

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twice with interval of 4 months and used to get temporary relief. Since 3 months she has been observing the same symptoms and with same complaints she approached our hospital for further management.

HISTORY OF PAST ILLNESS
History of past Surgery – 2 Pilar cyst Excision with last surgery performed 4 months back and its previous surgery 7 months from the later. No history of Trauma.
FAMILY HISTORY
No contributary factors found.
PERSONAL HISTORY:
Ahara: Vegetarian diet.
Vyasana: No addictive habbits
Mutra: 6-7 times a day *Mala*:
Once a day

ASTA STHANA PARIKSHA
- *Nadi* - 73 bpm
- *Mala* - Once a day
- *Mutra* – 6-7 times a day
- *Jihwa* - *Alipta*
- *Shabda* - *Prakruta*
- *Sparsha* - *Anushnasheeta*
- *Drik* - *Prakruta* *Akriti* - *Madhyama*

SYSTEMIC EXAMINATION:
CNS
Higher mental functions: Intact
Conscious and well oriented with time place person
Memory: Recent and remote: Intact
Intelligence: Intact
Hallucination / delusion / speech disturbance: Absent
Cranial nerve / sensory nerve / motor system: Normal
CVS
Auscultation: S1 and S2 heard, no murmur/added sound heard **RS**
Inspection: B/L symmetrical Chest
Palpation: Trachea is centrally placed, Nontender
Auscultation: B/L NVBS heard
GIT
Inspection: No scar marks, No discoloration, Symmetric with centrally placed umbilicus Palpation:
Soft, non-tender, No organomegaly
Auscultation: Normal peristaltic sound heard
Percussion: Normal resonant sound heard over abdomen
MUSCULOSKELETAL
Gait: Normal

LOCAL EXAMINATION / EXAMINATION OF CYST ON INSPECTION
Number: 3
Site: Majority of the Swellings were localised to the Parietal & Occipital region on scalp
Size: Average size varying between 2-3cm x 2-3cm x 1-1.5cm
Shape: Hemi spherical
Surface: Soft, Smooth and Shiny
Edge: Regular
ON PALPATION
Tenderness: Non-tender
Margin: Well defined
Lymph node: Not Palpable
Induration: Absent
Indentation Test: Positive

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Slip Sign: Negative
Punctum: Present
Transillumination test: Positive

INVESTIGATION
▪ Haematology- Blood routine
▪ Serology: HIV- Nonreactive
HBsAG- Nonreactive
▪ X-Ray head in AP and LAT view.
▪ FNAC: Benign Cystic Swelling.

DIFFERENTIAL DIAGNOSIS
- Pilar cyst
- Abscess
- Lipoma
- Sebaceous Cyst
- Dermoid cyst Hemangioma

DIAGNOSIS: Pilar Cyst - *Kaphaja Granthi*

TREATMENT PLANNED
Chedana Karma - Excision of Pilar Cyst Followed by Daily dressing till Complete healing.

OPERATIVE PROCEDURE PRE-OPERATIVE
- Written consent was taken.
- Inj Xylocaine 0.3 ml SC test dose and Inj T.T 0.5 ml IM was given.
- Part preparation done.
- Patient was shifted to OT. ▪ IV fluids started prior to Surgery.

OPERATIVE
- Under all aseptic precaution, part was painted with povidone – Iodine 10% solution.
- Draping was done with hole towel.
- Local anesthesia (Inj Xylocaine) was infiltrated.
- 3 cysts were identified and selected for excision in sequential manner, Linear incision taken vertically over the swelling, Skin - Superficial fascia & Deep fascia were separated.
- Sac of the cyst identified, adhesion were cleared and excised from the base with its contents intact and without spillage to the surrounding area.
- Curettage of excised area done to remove any remnants of the sac to prevent recurrence.
- Proper haemostasis was attained.
- Closure of the wound done with Vicryl 2.0 in layers – simple interrupted.
- Approximation of skin flaps was done and skin with Simple interrupted suture. ▪ Part painted with Betadine solution and complete wound closure done with bandage.

POST OPERATIVE
- Advise for restricted head movement.
- Restricted movement of operated site. this too can result in swelling, erythema, distal edema.
- Regular wound cleaning dressing every day with Jatyadi Taila.
- Tab.Triphala guggulu (2-0-2) after food with water. ▪ Tab.Gandhaka rasayana (2-0-2) afterfood with water.

DISCUSSION:
As per Acharya Sushruta this can be compared to *Kaphaja Granthi* with the symptoms like swelling which is cold in touch (*Sheeta*), Not discolored (*Avivarna*), has slight pain but severe itching (*Rujoathikandu*), grown big like a stony appearance (*Pashanavath Samhanopanna*). Trichilemmal cysts are line by stratified squamous epithelium which is analogous to epithelium seen in isthmus of hair follicle. This isthmus act as a bridge between erecter pili muscle and sebaceous gland duct. These are the characteristic finding of benign, Non-inflamed, non-infected and non-malignant Trichilemmal cysts[4]. Patient presented with recurrent swelling, which was not resolved even on local management, so complete excision of cyst was done to prevent recurrent cyst/abscess formation. 3 cysts were excised and followed up for almost 6 months and the

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patient did not complaint of no other further recurrence of swelling. Patient was also adviced to maintain hygiene of scalp as well with proper surgical technique and post operative care might have contributed in positive outcome in this patient who didn't complain of any new swellings / recurrence of the swelling at the operated area.

CONCLUSION:

Cysts can be compared to *granthi* in Ayurvedic texts. In this surgical excision is the line of treatment i.e., *Chedhana Karma*. As per the *Yukti* of surgeon one should adopt the surgical excision here, care should be taken not to injure the underlying arteries and veins as the same said by *Acharya Sushruta – Marma, Sira, Snayu, Sandhi, Asthi Pariharana* [5]. *Acharya Sushruta* has included every topic related to surgery from the anatomical consideration to description of diseases and their surgical management including surgical instruments to be used. This has been explained prior to development of modern medical system. Hence *Acharya Sushruta* is regarded as father of surgery. Patient was very satisfied complete cure with less pain with no recurance and cosmetically invisible scar.

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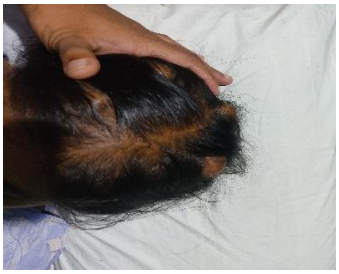
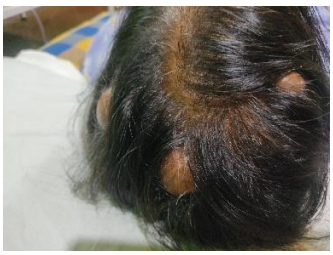
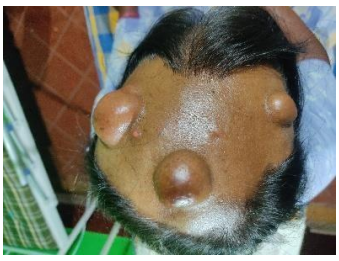


On the day of Consultation



Before Posting to Surgery



After part preparation during Examination

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After Excision And Wound closure by Suturing