

Agnikarma for Ear Pinna Keloid to Avoid Recurrence: A Case Report

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ABSTRACT

Agnikarma is an Ayurvedic parasurgical procedure involving controlled heat cauterization, traditionally used for localized conditions resistant to conservative management. Keloid is a benign fibroproliferative lesion characterized by excessive collagen deposition and scar tissue extending beyond the original wound. A case of ear pinna keloid was treated with Agnikarma using a condition-specific Dahanopakarana under aseptic precautions. Madhu-Ghrita was applied immediately after the procedure and once daily for 7 days with sterile non-adherent dressing. Internal Ayurvedic Vranaropana and Pitta-Rakta Shamana medicines were administered. Pain, epithelialization, infection, and recurrence were assessed. Complete wound healing occurred within 10–14 days with minimal scarring and satisfactory cosmetic outcome. No infection or recurrence was observed during the two-month follow-up. Agnikarma followed by 7-day Madhu-Ghrita application with internal Ayurvedic support facilitated rapid, infection-free wound healing with good cosmetic outcome and no recurrence during follow-up. Further clinical studies are required to establish its broader applicability.

KEYWORDS: Agnikarma, Madhu- Ghrita, Vranaropana.

INTRODUCTION

Agnikarma is a unique para-surgical procedure described in Ayurveda that involves the therapeutic application of controlled heat to diseased tissues. It is considered one of the most effective treatment modalities for localized disorders that are unresponsive to conventional Ayurvedic therapies such as Bhesaja (medicinal treatment), Kshara Karma (chemical cauterization using alkaline substances), and Shashtra Karma (surgical intervention)^[1]. Among the para-surgical procedures, Agnikarma is regarded as superior because of its ability to provide immediate pain relief, destroy localized pathological tissue, improve local circulation, and reduce the chances of disease recurrence. According to classical Ayurvedic texts, the therapeutic heat generated during Agnikarma alleviates aggravated Vata and Kapha Dosha, removes Srotorodha (obstruction of microchannels), promotes proper tissue metabolism, and facilitates rapid healing. Depending on the nature and depth of the lesion, different metallic instruments (Shalakas) made of gold, silver, copper, iron, or Panchadhatu are heated to an appropriate temperature and applied to the affected tissue under controlled conditions. The procedure is minimally invasive, economical, simple to perform, and has been successfully employed in the management of various musculoskeletal, dermatological, ophthalmological, and surgical disorders.

Keloid is a benign fibroproliferative dermal tumour characterized by excessive deposition of extracellular matrix components, particularly type III and type I collagen, resulting from an abnormal wound-healing

response. Unlike hypertrophic scars, keloids extend beyond the original margins of the wound and continue to grow even after complete epithelialization. They commonly develop following trauma, surgery, burns, acne, ear piercing, vaccination, or other forms of skin injury, although they may occasionally occur spontaneously in genetically predisposed individuals. Clinically, keloids present as raised, firm, shiny, rubbery nodules or plaques that are often associated with pain, tenderness, pruritus, cosmetic disfigurement, and functional impairment depending on their anatomical location^[2].

Considering the tissue-destructive, haemostatic, antimicrobial, wound-healing, and anti-recurrence properties described in Ayurveda, Agnikarma may represent a promising alternative or complementary treatment for keloids. The controlled thermal energy generated during Agnikarma can precisely ablate abnormal fibrotic tissue, induce collagen remodelling, stimulate organized wound healing, and potentially reduce the excessive fibroproliferative response responsible for keloid formation. Integrating the classical principles of Ayurveda with contemporary concepts of wound healing provides a scientific rationale for evaluating the therapeutic efficacy of Agnikarma in the management of keloids.

MATERIALS AND METHODS -

A female patient of 28 years age came to ENT OPD of I.T.R.A., Jamnagar with an OPD no: 19073, with complaints of hard and firm swelling over left ear lobule since 9 to 10 months, itching was on and off and pain was present after applying pressure.

PATIENT INFORMATION –

History of present illness - A 28 years female patient came to ENT OPD with presenting complaints of hard and firm swelling over left ear lobule since 9 to 10 months. She was complaining of mild pain over affected area while applying pressure also she was having itching over affected area. She was having same complaints before 2 years and done surgical excision for the same. But same symptoms recurred in 8 months. In view of the above symptoms, the patient opted for Ayurvedic management.

Presenting complaints –

Hard and firm swelling over left ear lobule since 9 – 10 months

Itching – on and off

Pain – on and off (Present after applying pressure)

Personal History –

Bowel - Normal

Appetite - Normal

Micturition - 6 to 7 times/day

Sleep – Normal

P/H/O – Ear piercing – before 3 years

P/S/O – Keloid excision – 2 years back

Addiction history – No any

Medical history – No H/O DM HTN (any systemic disorder)

Past history – History of same complaints before 2 years

Ashtavidha Pariksha –

Nadi – Natidruta nati vilambita

Mala – Prakrut

Mutra – Prakrut

Jivha – Nirama
 Shabda – Spashta
 Sparsha – Anushnasheeta
 Druka – Prakrut
 Aakriti – Madhyama

CLINICAL EXAMINATION –

Site – Left ear lobule
 Number – single (1)
 Shape – nodular
 Size – front - 0.9cm*0.6cm
 back – 0.8cm*0.6cm
 Colour – skin coloured
 Surface – shiny smooth
 Margins – extending beyond original wound margins
 No any ulceration, discharge, lymph node enlargement and inflammation was present affected site.

ASSESSMENT – According to DETROID KELOID SCALE

SR. NO.	SIGN	GRADING	SCORE	TOTAL SCORE – 9/14 GRADE OF KELOID (Acc. To DKS) – MODERATE
1.	Pruritus / itching	Intermittent /sometimes	1	
2.	Pain	Intermittent /sometimes	1	
3.	Contracture / decreased Rate of Mobility (ROM)	No contracture/ decreased ROM	0	
4.	Negative affect on QOL	Greatly affects QOL (Everyday)	2	
5.	Location	Cosmetically noticeable area (ear lobule)	2	
6.	Height	Significantly raised ($\geq 5\text{mm}$)	2	
7.	Surface area	$0.25 - 4.0\text{cm}^2$	1	

TREATMENT –

PRE-OPERATIVE PROCEDURE (Poorvakarma) –

A detailed history taking and local examination of the keloid over the ear pinna were performed, including its site, size, consistency, duration, symptoms such as pain or itching, and any previous history of trauma, piercing, or recurrence.

Routine pre-operative investigations were carried out to assess the patient's general condition and fitness for the procedure, Bleeding Time, Clotting Time, Complete Blood Count, Random Blood Sugar, HIV, HBsAg and VDRL. All investigations were found to be within normal limits, and the patient was considered suitable for the procedure. The patient was informed about the procedure, its benefits, possible complications and the possibility of recurrence, and informed consent was obtained.

The operative site was prepared using appropriate aseptic precautions.

OPERATIVE PROCEDURE (Pradhana Karma) –

The patient was positioned appropriately to expose the affected auricular pinna.

The operative field was cleaned and prepared under strict aseptic precautions.

Local anaesthesia was administered around the keloid to achieve adequate anaesthesia.

Surgical excision of the keloid was performed, removing the excessive fibrous tissue while preserving the normal architecture of the ear pinna as far as possible.

After achieving adequate haemostasis, Agnikarma was performed over the operated area using Agnikarma Shalaka. Agnikarma was carried out carefully over the relevant area to provide controlled thermal cauterization, with the intention of promoting local healing and reducing the possibility of recurrence. The procedure was performed in the Minor Operation Theatre (Minor OT) under all necessary aseptic precautions. The treated area was observed for adequate haemostasis and immediate local complications.

POST-OPERATIVE PROCEDURE (Paschat Karma) –

Following the procedure, the operated site was monitored for bleeding, excessive pain, swelling, infection, or other immediate complications. No complications were observed during or immediately after the procedure.

Local wound care was advised, with maintenance of cleanliness of the operated area.

Madhu (honey) and Ghrita (ghee) were applied locally in the prescribed quantities over the affected area.

The patient was advised to continue the local application for 7 consecutive days, with appropriate wound-care instructions.

Internal Ayurvedic medicines were prescribed as supportive therapy for promoting wound healing, reducing local inflammation, supporting tissue repair, and reducing the possibility of recurrence.

The patient was advised regarding appropriate Pathya–Apathya during the healing period.

Local Application of Madhu and Ghrita –

The combination of Madhu and Ghrita was used as a local dressing following Agnikarma. Madhu was used for its traditionally described Ropana, Shodhana and antimicrobial properties. Ghrita was used for its traditionally described Ropana, Daha-prashamana and tissue-soothing properties. Their combined application was intended to maintain a favourable wound environment and support the healing process after thermal cauterization.

The application was continued for 7 days as advised.

Internal Ayurvedic Medication –

Internal Ayurvedic medicines were prescribed as supportive treatment after the procedure.

The therapeutic objectives were:

Medicine	Dose	Anupana	Frequency	Time of administration
Kaishor Guggulu ^[3]	500mg	Luke warm water	BD	After food
Panchtikta Kwatha ^[4]	20ml	-	BD	After food

- Vrana Ropana – promotion of wound healing
- Shothahara – reduction of inflammation/swelling
- Raktashodhana – support of healthy tissue repair
- Rasayana – supporting tissue regeneration

- Recurrence prevention as an adjunct to local treatment

Pathya–Apathya –

The patient was counselled regarding dietary and behavioural measures during the healing period.

Pathya:

Fresh, easily digestible and nutritious food.

Adequate hydration.

Adequate protein and micronutrient intake to support wound healing.

Maintenance of proper hygiene around the operated site.

Following the prescribed wound-care and medication schedule.

Adequate rest and avoidance of unnecessary friction or pressure over the ear.

Apathya:

Avoid scratching, rubbing, picking or manipulating the operated area.

Avoid trauma or pressure to the ear.

Avoid self-application of unprescribed substances over the wound.

Avoid activities that may contaminate or injure the healing site.

Avoid missing prescribed medications and follow-up visits.

DISCUSSION –

Agnikarma prevents recurrence of keloid by preventing excessive fibroblast activity and abnormal collagen deposition.

Agnikarma also regulates the wound-healing cascade and acts as anti-recurring agent Madhu and Ghrita promote wound healing by providing Vrana Shodhana and Vrana Ropana activity.

Madhu cleanses the wound, controls infection, and regulates granulation, while Ghrita nourishes tissues, pacifies doshas, enhances epithelialization, and accelerates tissue regeneration, together ensuring rapid and complication-free wound healing.

Internally Ayurvedic medicines were given for wound healing and to avoid recurrence.

RESULT –

Wound completely healed within 15 days.

Pain and itching relieved instantly.

There were no recurrences observed for two consecutive months after treatment.

Treatment resulted in satisfactory cosmetic outcome with no disfigurement.

CONCLUSION

Keloid of left ear lobule managed successfully with Ayurvedic approach.

Treatment included

1. Agnikarma after excision of keloid under all aseptic precautions.
2. Local application of madhu and ghrita in unequal proportion for wound healing.
3. Internal medicines for wound healing and to avoid recurrence.

There were no recurrences observed for two consecutive months after treatment.

Wound healing progressed well.

PHOTOGRAPHS OF KELOID BEFORE AND AFTER AGNIKARMA –

Before treatment



After 7 days of Agnikarma



After 30 days of Agnikarma

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