

## “A Single Clinical Case report on Management of Infected Sebaceous Cyst through Ayurvedic Surgical intervention vis-à-vis Chedhana, Visravana and Seevana Karma”.

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Cite this paper as Dr. Poornima P K M, Dr. Vineeth C P, Dr. Ganavi D, Dr. Mallanagouda B C, Dr. Vivek Gowda, Dr. Navyashree B, Dr. Anil Kumar K M, Chethan Kumar B G.(2025) “A Single Clinical Case report on Management of Infected Sebaceous Cyst through Ayurvedic Surgical intervention vis-à-vis Chedhana, Visravana and Seevana Karma”. Journal of Neonatal Surgery, 14, (32s), 10076-10079

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### ABSTRACT

A sebaceous cyst is a very common type of slow-growing, non-cancerous elevation beneath the skin. It is a retention cyst lined with true stratified squamous epithelium derived from hair follicle. It is due to blockage of the duct of sebaceous gland, causing a cystic swelling. Sebaceous glands are situated in dermis which secretes sebum through sebaceous duct which opens either directly to skin surface or in to a hair follicle. 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 most commonly found on the face, scalp and scrotum and in hairy areas. It is not seen in palms and soles as there are no sebaceous glands. 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 can correlate with the Kaphaja Granthi based on characteristic similarities<sup>1</sup>. Here we present a case of sebaceous cyst with mild pain in back of right shoulder (under the scapular region) where Chedhana and Seevana karma is done according to Ayurveda line of treatment..

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**Keywords:** Sebaceous cyst, Chedhana and Seevana karma.

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### 1. INTRODUCTION

Sebaceous glands are present in skin. These glands secrete sebum which keeps the skin soft and oily. The duct of the sebaceous gland mainly opens into the hair follicle and rarely may open directly on to the skin. If the duct or the mouth of the sebaceous gland becomes blocked, the gland becomes distended with its own secretion and forms a sebaceous cyst. This is grouped under retention cyst and such cyst is lined by superficial squamous cells most accurately called 'Epidermoid cyst'. A sebaceous cyst can be seen anywhere in the body but most commonly seen in those parts where there are plenty of sebaceous glands. Such as the scalp, face and scrotum<sup>3</sup>.

According to *Ayurveda*, *Kaphaja Granthi* is slightly discoloured and cold to touch characterised by slight pain and itching. It is having hard consistency as of stone. The growth is slow and tardy. On opening there is thick, white colour discharge. These features are seen in Sebaceous cyst, Dermoid cyst.

It is a typical cystic swelling which is spherical in shape. Its size varies from a few mm to 5cm in diameter. The surface is smooth and there is a bluish or blackish spot or Punctum which indicates the blocked opening of the duct. Such cyst is always fixed to the skin, so the overlying skin cannot be lifted off the swelling. The consistency is cystic. Due to presence of sebum there may be indentation due to pressure with fingertip.

## CASE REPORT:

A male patient of aged 53years came to our OPD (OPD No- 195983) on 4/7/2025 with complaints of swelling in the upper back region (at the level of T8- T10) in the last 1 year, associated with mild pain and burning sensation. He is N/K/C/O DM/Thyroid dysfunction. K/C/O HTN since 6years (on medication). So, he approached our OPD with the above complaints for its further management.

### On Local examination:

#### INSPECTION:

Shape and size: 6x5cm, ovoid in shape.

Swelling: Present.

Discharge: absent.

Colour: normal skin colour.

Punctum: Present over the swelling.

#### PALPATION:

It is smooth and round shape whose margin yields to the palpating finger.

Cystic swelling, with blackish punctum present over the swelling.

Fluctuation test is present.

Trans illumination test is negative.

**INVESTIGATIONS:** Blood routine was done on 4/7/2025.

Hb%, BT, CT, RBS, HIV, HbA1C (Normal limits).

#### OPERATIVE PROCEDURE:

##### Pre-OP Procedure:

Informed consent taken from patient and explained about the procedure.

Inj. TT 0.5ml given.

Inj. Xylocaine test dose given.

Part preparation, painting and draping done.

##### Operative Procedure:

Under Local Anaesthesia – LOX 2%, Using blade no 22, linear incision taken over the summit of cyst.

Careful blunt dissection was carried without injuring the sac.

The complete sac was separated from surrounding tissues and entire cyst excised in total.

Wound wash given with *Triphala Kashaya*.

Wound was kept open for 3 days and planned for secondary suturing with Vicryl 2.0

Dressing done with *Jatyadi Taila*.

##### Post OP Procedure:

Cleaning and Daily dressing was done with *Jatyadi Taila*.

Sutures removed after 10 days.

#### ORAL MEDICATIONS:

Tablet *Gandhaka rasayana* (1-0-1) after food with water.

Tablet *Triphala guggulu* (1-1-1) after food with water.

Tablet *Soothashekaras* (1-0-1) before food with water.

Capsule *GRAB* (1-0-1) after food with water.



## 2. DISCUSSION:

*Granthi* is a *Vyadhi* characterized by *Vrutta*, *Unnata*, *Grathita Shopha*. *Kaphaja Granthi* is slightly discoloured and cold to touch characterised by slight pain and itching. It is having hard consistency as of stone. The growth is slow and tardy. On

opening there is thick, white colour discharge. These features are seen in Sebaceous cyst, Dermoid cyst. Cyst is a fluid filled sac which is usually painless, but can be painful if infected. Cyst can be considered under *Granthi*, as it is a well-defined, localised, raised from the skin surface. *Granthi Chikitsa* includes *Shopha Kriya* and *Shastra Karma*<sup>5</sup>. In case if *Chedana* is incomplete there are chances of recurrence of *Granthi*. This is also true in case of cysts which are to be removed along with the sac. Hence here the cyst is performed with *Chedhana* and *Seevana karma* according to classics.

### 3. CONCLUSION:

Various surgical conditions like cysts, lipoma, benign tumors which are characterised by swelling can be considered under the umbrella of *Granthi*. Based on *lakshana* and *chikitsa* all cysts can be considered under *Granthi* but all *Granthis* cannot be considered under Cysts. The treatment principle for both *Granthi* and Cystic swellings are homogenous which includes combination of Conservative and Surgical management. The surgeon should have a clear idea of the diagnosis and the structures involved in order to prevent complications and recurrence.

Sl. NO	IMAGES-
1	<p data-bbox="411 723 930 757"><b>Figure 1 &amp; 2 Post- Operative images- DAY-1</b></p> 
2	 <p data-bbox="411 1675 802 1709"><b>Figure on 3<sup>rd</sup> Post- Operative day</b></p>



**Figure on 10<sup>th</sup> Post- Operative day & after 6 weeks**

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