

Vranagranthi* with special reference to *Ayuricular Keloid*:*A case study****R. W. More^{*1}, Arun Shankarrao Dudhamal²**

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*** Corresponding author:** ravimore67@gmail.com; Mob. +91 9967483930**ABSTRACT:**

Auricular keloid is hypertrophic appearing scar that continue to evolve over the time without quiescent or regressive phase in the process of wound healing (1,2) treatment of auricular keloid is a unique challenge owing to complex Anatomy of auricle with 40% to 100 % (3). surgical excision alone has been repeatedly proven ineffective. Auricular keloid can be well managed by *shkarsutra* therapy a medicated thread coated with herbal product without recurrence.

KEYWORDS:keloid, *vranagranthi*, *shkarsutra* therapy

INTRODUCTION: keloids are hypertrophic appearing scar tissue formation. when injured the skin most

constantly and rapidly repair itself in order to maintain its external defence system.

The result of wound healing is the formation of tissue disruption. The rate and quality of scar formation vary among individuals and the alteration in this process may result in the development of chronic wound or an abnormal scar. As per Charak when *Dohas* accumulates at one particular site part of body becomes thick and gives hard feel is *granthi* (4)

Sushrut define it as vitiated *dohas* start pathogenesis in *mansa*, *medadhatus* along with *kapha* accumulates there at one site forming circular thick swelling. (5) *Vagbhata* also reiterate above samprati. (6) *Vranagranthi* can be correlated with keloid. As per *vagbhata vranagranthi* is not curable

condition.(7) Keloid seldom shows tendency to regress spontaneously. In addition to their variable increase in size keloid can become painful or pruritic causing functional defects or specially potential risk of uncontrolled growth and cosmetic nuisance.

Unfortunately a single therapeutic regimen has yet to be established for the treatment of auricular keloid .Common treatment includes surgical excision, occlusive dressing, compression therapy,steroidal injection(8).Surgical excision proven to be ineffective with high recurrences rate.To minimize the probability of recurrence rate we decided to apply different approach towards auricular keloid which is proven to be effective without recurrence.

MATERIAL AND METHODS :

A single female patient age 25 came to *shalakyaopd* of Seth R V Ayurved hospital Sion Mumbai. Patient has given history of ear piercing, medium size circular pedunculated swelling on posterior to helix of left ear from 8 months diagnosed as keloid. She has been advised surgical excision but patient has refused and was willing for optional therapy.

She had been advised *ksharsutra* application. Procedure was well explained to her. Under local anaesthesia a small groove was made along the base of the keloid and *ksharsutra* prepared with *ApamargaSnuhi* and *Haridra* was tied over the groove .*Ksharsutra* therapy is para surgical procedure in *Ayurveda*.*Ksharsutra* changed weekly.After three sitting of *Ksharsutra* keloid was completely excised.

DISCUSSION: Auricular keloid increase in size having potential risk of cosmetic nuisance.It is difficult to treat owing to complex anatomy of the auricle. *Kasharsutra* therapy introduced by *Sushruata*(9)is unique treatment.barbar Linen Thread was coated with *SnuhiKsheer* latex of *Euphorbia Nerifolia* ph5.6,*Apamarga ksharalkoid* extract of plant *Achyranthyasasperadey* rived from ashes of this plant yhavinygph of 6.2 and *Haridra* powder having ph6.2total 21 coating was given ph of thread 8.5 to 9.5 .*Snuhiksheer* produces debridement of tissues ,*haridra* helps in healing and antiseptic action .Thus *ksharsutra* causes simultaneous action of cutting ,debridement and wound healing.(10)after 3rd sitting of one week

wound was healed completely with no cosmetic nuisance.

CONCLUSION: Application of *ksharsutra* in auricular keloid is best treatment option available and can be substituted for surgical excision

RESULT: Auricular keloid was completely cured without recurrence with best compliance of patient after third week.

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