

Role Of Tamra Shalaka Agnikarma In The Management Of Xanthelasma: A Case Study

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Abstract

Background: Xanthelasma palpebrarum is a benign, slowly progressive lipid disorder presenting as yellowish plaques over the eyelids. It is primarily a cosmetic concern and is associated with lipid metabolism disturbances. In Ayurveda, it can be correlated with Medo-dhatu vikara and Kapha-Meda dushti. Agnikarma, a para-surgical procedure described by Sushruta, is effective in conditions of Kapha-Meda origin, where scraping and cauterizing actions are required. Tamra Shalaka (copper probe) is used due to its Ushna and Lekhana properties. **Aim:** To evaluate the effect of Tamra Shalaka Agnikarma in the management of Xanthelasma without recurrence or scarring.

Case Description: A 40-year-old female patient presented with bilateral yellowish plaques above the inner canthus of the upper eyelids for 3 years. No prior treatment was taken. A single sitting of Agnikarma using a red-hot Tamra Shalaka was performed under aseptic conditions. Post-procedure, ghruta was applied for soothing and healing. No internal or topical medication was given.

Results: Complete resolution of lesions occurred within 10 days without scarring or recurrence during 3 months of follow-up.

Conclusion: Tamra Shalaka Agnikarma proved to be an effective, safe, and minimally invasive approach for managing Xanthelasma with excellent cosmetic results.

Keywords: Xanthelasma, Agnikarma, Tamra Shalaka, Medo-dhatu vikara, Ayurveda, Para-surgical therapy

Introduction

Xanthelasma palpebrarum is the most common cutaneous xanthoma characterized by soft, yellowish plaques usually located near the inner canthus of the upper eyelids [1]. It represents localized lipid deposition within macrophages in the dermis. Though benign, it poses a significant cosmetic concern. Modern treatments such as trichloroacetic acid application, electrocautery, laser therapy, and surgical excision are associated with recurrence, pigmentary changes, and scarring [2]. In Ayurveda, the condition resembles a Medo-dhatu vikara, involving vitiation of Kapha and Meda leading to local sanchaya (accumulation). Agnikarma (therapeutic cauterization) described by Sushruta is indicated in disorders dominated by Kapha and Meda dosha due to its Ushna, Tikshna, and Lekhana properties [3]. Among the various Dahanopakaranas, Tamra Shalaka (copper rod) is preferred for its ability to penetrate moderately deep tissues, producing scraping and curative effects [4].

Case Presentation

A 40-year-old female patient presented with soft, yellowish, slightly raised plaques above the inner

canthus of both upper eyelids for the past 3 years. There was no associated pain, itching, or discharge. The lesion size was approximately 0.5 cm × 0.3 cm bilaterally. She had no history of dyslipidemia, diabetes, or any prior treatment. On local examination, lesions were smooth, non-tender, and well-demarcated.

Procedure (Agnikarma)

The procedure was carried out under aseptic precautions. The Tamra Shalaka was heated until red-hot (Rakta Tapta) and applied gently over the xanthelasma lesion until mild discoloration and shrinkage occurred. The procedure was completed in a single sitting. Immediate post-procedure application of ghruta was done to reduce burning sensation and facilitate healing. No internal or external medication was prescribed. The patient was advised to avoid rubbing or applying any cosmetics to the area.

Results

Post-procedure, mild redness and burning were noted for one day which subsided spontaneously. Complete healing occurred within 10 days without scarring or pigmentation. During a 3-month follow-

up, there was no recurrence or residual lesion observed. Cosmetic satisfaction was excellent.

Discussion

In Xanthelasma, localized accumulation of lipids within macrophages leads to yellowish plaques. Ayurveda describes similar pathogenesis under Medo-dhatu dushti where Kapha and Meda vitiation causes srotorodha and localized deposition [3]. Agnikarma, by virtue of its Ushna, Tikshna, and Lekhana guna, liquefies accumulated Meda and eliminates local sanchaya [4].

Tamra Shalaka is specifically mentioned for conditions requiring Lekhana (scraping) and Ropana (healing) actions. The metallic ions of copper possess antimicrobial and tissue-healing properties [5]. Thus, Agnikarma using Tamra Shalaka provides controlled thermal cauterization, ensuring complete lesion removal and minimal recurrence.

Modern correlation can be made with electrocautery and laser ablation techniques; however, Agnikarma offers a simpler, cost-effective, and natural alternative without the use of synthetic energy sources or chemicals [6].

Conclusion

A single sitting of Tamra Shalaka Agnikarma proved effective in completely resolving xanthelasma lesions without scarring or recurrence. It is a safe, minimally invasive, and cosmetically satisfactory Ayurvedic para-surgical therapy suitable for similar Kapha-Meda predominant skin disorders.

References

1. James WD, et al. Diseases of the Eyelids. In: Andrews' Diseases of the Skin, 13th Ed. 2019.
2. Rohrich RJ, et al. Xanthelasma: Review and Treatment Options. *Plast Reconstr Surg.* 2002;110(4):1315-1320.
3. Sushruta Samhita, Chikitsa Sthana 9/8-9, Chaukhambha Sanskrit Sansthan, Varanasi.
4. Sushruta Samhita, Sutra Sthana 12/10-13 - Agnikarma Vidhi Adhyaya.
5. Pandey G, et al. Therapeutic potentials of Copper in Ayurveda and Modern Science. *J Res Ayurveda.* 2017;38(2):125-130.
6. Taneja N, et al. Management of Xanthelasma Palpebrarum: Comparative Evaluation of Different Modalities. *J Cutan Aesthet Surg.* 2018;11(1):11-15.

