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MANAGEMENT OF INFECTED PEDUNCULATED LIPOMA W.S.R. TO MEDAJA GRANTHI BY APAMARGA KSHARASUTRA LIGATION

Dr. Riturekha Das[1], Dr. Tapan Kumar Nayak, MS (Ayu) IMS BHU[2]
MS Scholar[1], Lecturer[2]
Gopabandhu Ayurveda Mahavidyalaya, Puri

ABSTRACT
A lipoma is the most common benign tumor arising from adipose (fat) tissue and is often considered a universal or widely occurring tumor due to its high prevalence. Contemporary medicine recognizes various types of lipomas, including the rare pedunculated lipoma, which is typically managed through surgical excision. In Ayurvedic literature, lipoma can be correlated with Medaja Granthi. Among the Ayurvedic treatment modalities, Ksharasutra therapy is regarded as a minimally invasive and well-established procedure with a comparatively low rate. In this case study, a pedunculated lipoma was successfully and safely removed in the outpatient department using an Ayurvedic Ksharasutra treatment without the need for stitches or antibiotics.of recurrence.

INTROUCTION

Pedunculated lipoma may be clinically correlated with Medoja Granthi described in Sushruta Samhita, where the etiopathogenesis, symptomatology, and detailed management of different types of Granthi are comprehensively explained. Ayurveda advocates various treatment modalities for Medoja Granthi, including Agnikarma (thermal cauterization), surgical excision, and Ksharasutra ligation.
In the present case, Ksharasutra ligation was selected for the removal of the pedunculated lipoma, as the patient declined conventional surgical excision. This Ayurvedic intervention for Medoja Granthi proved to be an effective and minimally invasive therapeutic procedure in routine clinical practice.

A swelling called a Granthi can be either hard or soft. The word meaning of Granthi is a lump or knot. According to Acharya Sushruta, the vitiated Vata dosha also vitiates the Mamsa, Rakta, Kapha, and Medo Dhatu, causing a circular, raised development in the body tissue known as Granthi . Six different types of Granthi, including Vataj, Pittaj, Kaphaj, Raktaj, Mamsaj, and Medaj Granthi, were listed by Acharya Sushruta. Medaj Granthi is one of them, and is huge or little in size, smooth, less unpleasant, and occasionally itches.

CASE REPORT

A 42 year old female patient attend the opd of shalya tantra department, Gopabandhu Ayurvedic Mahaviyalaya, Puri with a complaint of a huge infected swelling which was gradually increasing on her perineal region since 5months . In addition, she expressed concern about some pain and itching in that area. The patient came to our hospital in search of better care after she had previously taken medication from a general practicioner without experiencing any relief. She
had no relevant family history, medical history, or any comorbidities like diabetes or hypertension.

CLINICAL EXMINATION

It revealed a single, soft, non-tender and doughy mass in the right labium majus that measured about 6cms in its widest dimensions.

GENERAL EXAMINATION

BP- 124/92 mmHg
Pulse- 86/ min
RR- 16/min
Spo2- 98%

TREATMENT

After the pedunculated lipoma diagnosis was confirmed, it was decided to transfix and ligate with ksharasutra at the lipoma's base. Prior to that, the patient's written consent was obtained. Inj. Tetanus Toxoid 0.5cc IM was given as a prophylactic measure.CBC (complete blood count), BT (bleeding time), CT (clotting time), HBsAG (Hepatitis B surface antigen), HIV (human immunodeficiency virus), Blood sugar etc. Routine biochemical blood investigations were done and found to be within normal limits. A test for Xylocaine

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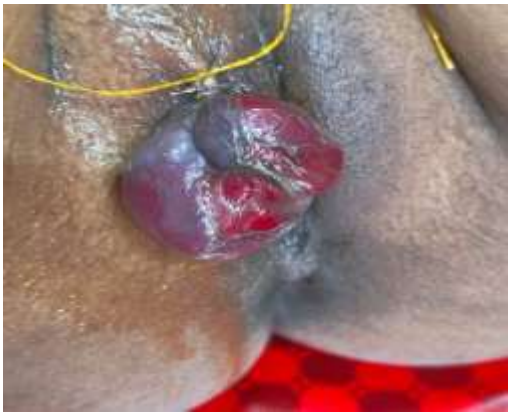
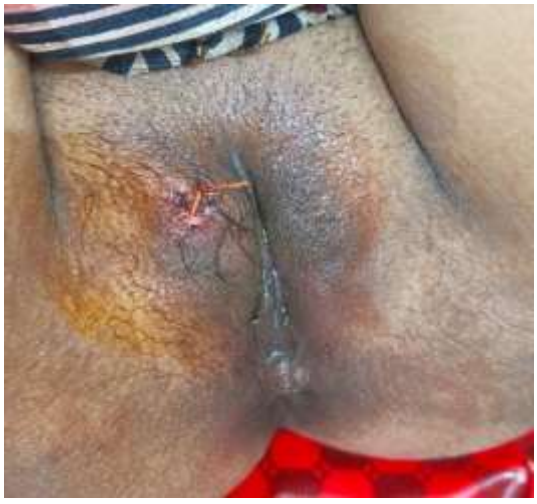
sensitivity was performed. The painting and draping of the part were done. A small incision was made vertically to secure the ksharasutra after 2% xylocaine was injected at the base of the mass. At the base of the mass, transfixion and ligation were performed. Jatyadi Ghrita (LA) and panchavalkala kwatha were used for post-operative dressing. The ligated bulk shed after 7days. No complications were reported by the patient either during or after the treatment.

RESULT

(Before ligation)



(After 2nd day of ligation)



(After 7th day of ligation)

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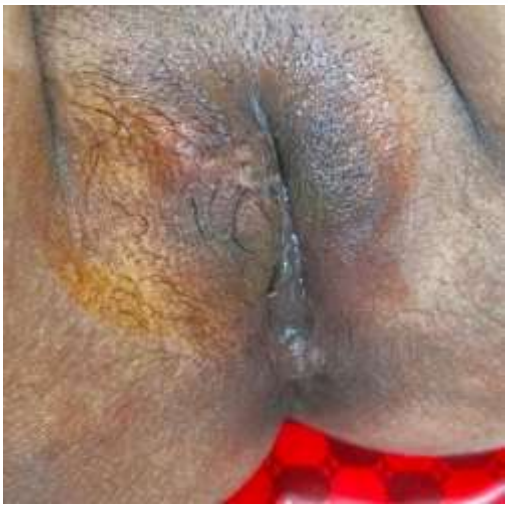

(After 15th day)

DISCUSSION

Lipomas are benign, slow-growing tumors composed of mature adipose tissue. They typically present as soft, compressible, painless subcutaneous swellings ranging from 2 to 20 cm in diameter. The present case aimed to provide a simpler alternative to conventional surgical excision of lipoma. Ksharasutra therapy has been found to be a safe, herbal approach for its management. The Ksharasutra thread possesses both cutting and healing properties. It is a medicated seton prepared by coating a surgical thread with alkaline herbal substances such as Apamarga (Achyranthes aspera), Snuhi (Euphorbia neriifolia), and Haridra (Curcuma longa). This medicated thread facilitates tissue debridement and lysis while exerting antibacterial, antifungal, and anti-inflammatory effects.

- Snuhiksheera has shodhana, ropana as well as Vedanasthapaka properties cures infection and inflammation whereas the ropana properties improves in healing.
- Apamargakshara cauterizes the unhealthy tissues by its Ksharanaguna (corrosive property and removes the debrides. It also has Sothahara, Vedanasthapana, Twakdoshahara and Vranasodhana properties.
- Haridra has Shothahara (anti-inflammatory), Rakta Shodhaka (blood purifier), Vishaghna (antimicrobial),Vrana Ropana (wound healing) and Varnya properties. It also works as an antibacterial.

Once the stump separated, the wound was dressed with Panchavalkala Kwatha, followed by the application of Yastimadhu Ghrita. Panchavalkala Kwatha possesses antimicrobial, analgesic, and anti-inflammatory properties, thereby protecting the postoperative wound from secondary infection. Yastimadhu Ghrita is known for its Ropana (healing) action, which promotes wound healing and provides a soothing effect to the affected area.

CONCLUSION

Compared to conventional surgical methods, Ksharasutra therapy is considered a minimally invasive approach. It is easy to perform, adaptable to different clinical conditions, and requires only a minor operative intervention. The procedure is relatively quick and is associated with fewer intraoperative and postoperative complications. In the present case study, Ksharasutra ligation was employed for the excision of the pedunculated lipoma, as it is a cost-effective and highly efficient treatment modality.

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