



Jaloukavacharana in the management of Conjunctival Pyogenic Granuloma (Varthmarbudha) - A Single Case Study

Bhandare AT^{1*}, Hiremath VR², Shashikala DK³, Kulkarni A⁴, Gururaj N⁵

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- ^{1*} Anushruth T Bhandare, Post Graduate Scholar, Dept of Shalakya Tantra, Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College and Hospital, Koppal, Karnataka, India.
- ² Veerayya R Hiremath, Professor and HOD, Dept of Shalakya Tantra, Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College and Hospital, Koppal, Karnataka, India.
- ³ Shashikala DK, Associate Professor, Dept of Shalakya Tantra, Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College and Hospital, Koppal, Karnataka, India.
- ⁴ Anita Kulkarni, Associate Professor, Dept of Shalakya Tantra, Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College and Hospital, Koppal, Karnataka, India.
- ⁵ Gururaj N, Associate Professor, Dept of Shalakya Tantra, Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College and Hospital, Koppal, Karnataka, India.

Introduction: Conjunctival Pyogenic Granuloma is the most prevalent benign vascular growth appearing as a smooth, red, sessile/pedunculated lesion on the palpebral conjunctiva. The patient's eye is irritated by the growth in the palpebral region, which interferes with daily activities. On a very slight trauma, these lesions frequently bleed. Based on the symptoms pyogenic granuloma can be correlated with Vartma Arbudha.

Case: A 29-year-old male patient presented to our OPD with a complaint of mild irritation in the left eye with a painless lesion grown in size over 5-6 days. On examination, a non-tender, mobile, thick red polypoidal papule with irregular margins measuring about 5-6 mm in length over the palpebral conjunctiva of the lower eyelid was examined. Based on complaints and examination findings, the patient was diagnosed with Pyogenic Granuloma of the lower palpebral conjunctiva (Vartma Arbudha).


Treatment: Vartma Arbudha is caused by the vitiation of Rakta and Tridosha. Hence, Raktamokshana by Jalouka was adopted with Kanchanara Guggulu orally and Ophthocare Eye drops For instillation in the affected eye.

Result: After the therapy, a noticeable reduction in the size of the lesion was seen with symptomatic relief from irritation and discomfort within one week.

Discussion: Vartma Arbudha is a Rakta Pitta Pradhana Sannipataja Vyadhi. Raktamokshana is considered to be the best among the treatment modalities of vitiated Rakta and Pitta. Jaloukavacharana, one among Raktamokshana mainly indicated in Pittaja Vyadhi, eliminates vitiated blood from the application region. Kanchanara Guggulu has the Shothahara property reducing the swelling. Ophthocare eye drops give a smoothening effect to the eye reducing the asthenopic symptoms.

Conclusion: The adoption of Jaloukavacharana along with oral shothahara dravyas helps in better management of Pyogenic granuloma.

Keywords: Pyogenic Granuloma, Vartma Arbudha, Jaloukavacharana, Kanchanara Guggulu, Ophthocare Eyedrops, Benign Tumor, Palpebral Conjunctiva, Warfarin, Heparin

Corresponding Author	How to Cite this Article	To Browse
Anushruth T Bhandare, Post Graduate Scholar, Dept of Shalakya Tantra, Shree Jagadguru Gavisiddeshwara Ayurvedic Medical College and Hospital, Koppal, Karnataka, India. Email: anushruth.bhandare@gmail.com	Bhandare AT, Hiremath VR, Shashikala DK, Kulkarni A, Gururaj N, Jaloukavacharana in the management of Conjunctival Pyogenic Granuloma (Varthmarbudha) - A Single Case Study. J Ayu Int Med Sci. 2025;10(2):382-385. Available From https://jaims.in/jaims/article/view/3058/	

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Introduction

Pyogenic Granuloma (PG) is the most common, acquired, benign vascular proliferation of skin and mucous membranes. Conjunctival Pyogenic Granulomas are common following trauma, burst chalazion or ill-fitting prosthesis.[1] This lesion's name is a double misnomer. First, "pyogenic" is defined as involving or relating to the production of pus; second, "granuloma" is defined as a mass of granulation tissue. This condition is not caused by an underlying bacterial infection and usually lacks giant cells. Pyogenic granulomas have also been referred to as lobular capillary hemangiomas.[2] Most commonly these lesions are seen over the palpebral or bulbar conjunctiva.[1] Classically Conjunctival Pyogenic Granuloma presents with Vascular, Bright red, lobular pedunculated masses. Due to intralesional fibrosis in some rare cases might present with a tan colour.[3] Treatment options include excision, topical steroid therapy, intralesional Steroid injection and Topical beta-blocker therapy, Electrocautery, Radiosurgery, Cryosurgery, Sclerotherapy or laser treatment.[4]

On the basis of similarity in the symptoms, Conjunctival Pyogenic Granuloma can be correlated to *Vartma Arbudha*. *Acharya Sushruta* considered *Vartmarbudha* as *Sannipataja Vartmaggata Roga* with clinical features *Vartma Antarastham* (grown over the Inner aspect of eyelid i.e., Palpebral Conjunctiva), *Vishama* (Irregular in shape), *Granthibhuta* (Cystic Growth), *Avedana* (Painless/ Non-Tender), *Saraktam* (Hyperemic), *Avalambitam* (Pedunculated).[5] *Acharya Vagbhata* explained it as *Mamsa Pindabha* (Lobular), *Shvyathu* (Swelling), *Grathita* (Thickened), *Aruja* (Painless), *Sasraih Syat Doshaihi Vishama* (Due to vitiation of all three dosha as well as Rakta), and *Bahyataha Chala* (Mobile).[6] Treatment explained classically is *Chedana Karma* as explained in the *Chedyarogapratishediya Adyaya* by *Acharya Sushruta*. [7]

The treatment modality of Pyogenic Granuloma is Excision, Curettage and Cauterization which is an invasive technique, laser ablation, Cryotherapy, Sclerotherapy, and diathermy are considered to be very costly. Hence the following study was conducted to find the cheaper, non-invasive simple treatment modality for the treatment of Pyogenic Granuloma.

Case Report

A 29-year-old male patient presented to our OPD with a complaint of irritation, discomfort, and watering in the left eye with a painless lesion grown in size over 5-6 days. 15 days before presentation a cyst ruptured with pus discharge. The new lesion started as a small lump on the palpebral conjunctiva and progressively increased in size until it protruded from the eyelids.

No previous history of systemic disorder, family history or any other relevant history

Clinical Findings

A non-tender, mobile, thick red polypoidal papule with irregular margins measuring about 5-6 mm in length over the palpebral conjunctiva of the left lower eyelid was observed (Fig.1). There was no regional lymphadenopathy and visual disturbance. Based on complaints and examination findings (Table 1), the patient was diagnosed with Pyogenic Granuloma of the palpebral conjunctiva.



Figure 1:

Table 1: Examination findings of eye

SN	Structure	Right	Left
1.	Head posture	Normal	Normal
2.	Eyebrows	Normal	Normal
3.	Eye Ball	Normal	Normal
4.	Eye Lids	Normal	Normal
5.	Eye Lashes	Normal	Normal
6.	Lacrimal Apparatus	No regurgitation	No regurgitation
7.	Conjunctiva	Normal	Papule (5-6 mm)
8.	Cornea	Normal	Normal
9.	Sclera	Normal	Normal
10.	Anterior Chamber	Normal depth, no any pigmentations	Normal depth, no any pigmentations
11.	Iris	Normal	Normal
12.	Pupil	Normal	Normal
13.	Lens	Normal	Normal
14.	Vitreous	Normal	Normal
15.	I.O.P	16 mm.hg	14 mm.hg

Diagnosis: Palpebral Conjunctival Pyogenic Granuloma (*Vartmarbudha*)

Therapeutic intervention

Vartma Arbudha is a *Rakta* and *Pitta Pradhana Tridoshaja Vyadhi*. Hence *Jaloukavacharana*, the best treatment modality for *Pitta Dushita Raktaja Vyadhi*, was considered the choice of treatment. *Jaloukavacharana* was done by applying the *Jalouka* over the affected palpebral conjunctiva near the *Arbudha* as seen in Fig. 2 and Fig. 3 to reduce the swelling and remove the *Dushita Rakta* from the site. Then the patient was advised *Kanchanara Guggulu* orally to reduce the swelling and Opthocare eye drops to reduce the conjunctival irritation and redness as shown in Table 2.

After the follow-up of 1 week, there was a noticeable reduction in size with complete relief from the irritation, discomfort and watering from the eye as seen in (fig.5).



Figure 2:



Figure 3:

Table 2: Treatment Protocol

Treatment	Duration
Jaloukavacharana	One Sitting over the lower eyelid palpebral region
Kanchanara Guggulu	2 BID for 1 week
Opthocare eyedrops	1 drops QID for 1 week

Follow-up and outcome

After one sitting of *Jaloukavacharana* therapy, due to the outflow of *Dushita Rakta* immediate reduction in the size of the *Arbudha* was observed (fig.4).



Figure 4:



Figure 5:

Discussion

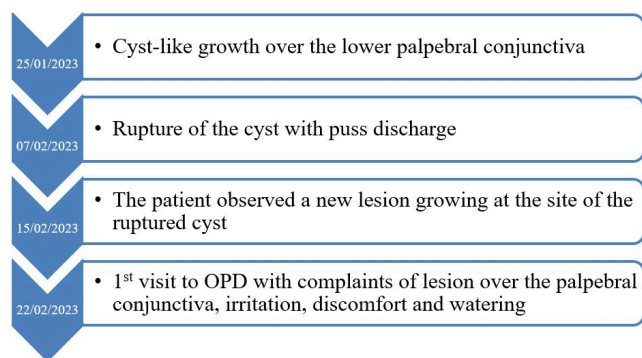
Vartmarbudha is the benign growth over the lid which is due to *Rakta Pitta Pradhana Tridosha* involvement. *Jaloukavacharana* removes the vitiated blood and *Pitta* from the application site, reducing the inflammation. *Jalouka* secretes enzymes such as hyaluronidase, eglins, and bdellins which promote tissue permeability and reduce circulatory hypoxia leading to a reduction in inflammation. Enzyme Destabilase present in the saliva of *Jalouka* has activity such as thrombolytic effects and monomerizing activity. *Jalouka* secretes the enzymes Acetylcholine, Carboxypeptidase an Inhibitor which does the vasodilatation increasing the blood flow to the area and reducing the size of the oedema.

Kanchanara Guggulu contains *Kanchanara, Guggulu, Triphala, Trikatu, Trijata,* and *Varuna*, which have the properties of *Vatakapha Shamaka, Shothahara, Lekhana* property and *Bhedhana* property.

Due to the above-mentioned action, *Kanchanara Guggulu* helps in the reduction of the *Arbudha*. *Kanchanara Guggulu* contains chemical constituents such as Oleo-resins which have anti-inflammatory action, exhibiting cytotoxic and antiproliferative activity.

Ophthacare eyedrops ingredients are *Madhu*, *Amalaki*, *Haridra*, *Tulsi*, *Satapatri*, *Vibhitaki*, *Yavani* and *Karpooora* which are all *Chakshushya* in *Karma* and have a soothing effect on the eye. This reduces the irritation, foreign body sensation, congestion and watering of the eye.

Timeline



Conclusion

Vartmarbudha which is *Pitta* and *Rakta Pradhana Sannipataja Vyadhi* where in *Chedana* procedure has been explained as the treatment modality. *Jaloukavacharana*, a non-invasive Parasurgical procedure explained in *ayurveda* mainly for *Pitta Dushita Raktaja Vyadhis*, was considered for the treatment of the disease effectively.

Jaloukavacharana and *Kanchanara Guggulu* reduced the size of the *Arbudha* in one sitting by removing the *Dushita Rakta* from the site. Within one week of the application of *Jalouka*, a notable reduction in the size of growth was noticed. There was complete relief from irritation, redness, discomfort and watering from the eye within 4-5 days of *Jaloukavacharana*, and administration of the *Kanchanara Guggulu* and Ophthacare eyedrops.

Hence, instead of opting for a surgical approach to the treatment of the Pyogenic Granuloma of conjunctiva, *Jaloukavacharana* a non-invasive simple Para surgical procedure can be opted as the best treatment modality.

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