

# Journal of **Ayurveda and Integrated Medical Sciences**

www.jaims.in



An International Journal for Researches in Ayurveda and Allied Sciences



not of the state o

# Journal of

# **Ayurveda and Integrated Medical Sciences**

**CASE REPORT** 

May 2024

# A Case Study on Raktaja Granthi (Pyogenic Granuloma)

# Anuja Kitturkar<sup>1</sup>, Siddanagouda A. Patil<sup>2</sup>

<sup>1</sup>Assistant Professor, Department of Shalya Tantra, SBG Ayurvedic Medical College and Hospital, Belagavi, Karnataka, India.

<sup>2</sup>Professor, Department of Shalya Tantra, Ayurveda Mahavidyalaya and Hospital, Hubballi, Karnataka, India.

# ABSTRACT

Agnikarma is regarded as the best of the Anushastras because of its quick action and long-lasting cure. It is said to have the ability to cure ailments that cannot be cured by other therapeutic methods such as Surgery, Kshara, and pharmacological management. A wide number of references are available in Ayurveda literature about Granthi which lays emphasis on benign lesions. Various types of Granthi have been enlisted, and among these Raktaja granthi is a form of swelling in which the pathology is of vascular origin. Ayurveda has bestowed wide range of surgical and para surgical knowledge to the world which has been utilized in treating many of the diseases. Following is a case of Raktaja Granthi in which Agnikarma was done and the lesion was excised with ease, follow up was taken for about six months in order to see any recurrence. Observation: It was observed that within a month the site of lesion was healed without any sign of slough or discharge.

Key words: Agnikarma, Granthi, Haemangioma, Pyogenic granuloma, Raktaja Granthi.

## **INTRODUCTION**

The body is governed by dosha, dhatu and mala. Any imbalance in these leads to cause diseases. Vitiated Vatadi Doshas cause Vikruti in Mamsa, Rakta and Meda these mix up with Kapha to produce a Vrutta (firm), Unnata (Raised) and Grathita (rounded) Shotha called Granthi.[1] Acharya Vaqbhata in Ashtanga hrudaya has described Raktaja Granthi which occurs as a result of vitiation of rakta by vatadi Doshas which gives rise to swelling whose characteristics mimics of Pitta.[2]

Agnikarma has been emphasized for its effective management.[3],[4] Agnikarma discipline was at its peak

#### Address for correspondence:

#### Dr. Anuja Kitturkar

Assistant Professor, Department of Shalya Tantra, SBG Ayurvedic Medical College and Hospital, Belagavi, Karnataka,

E-mail: anujakitturkar28@gmail.com

Submission Date: 15/03/2024 Accepted Date: 22/04/2024

Access this article online **Quick Response Code** 

Website: www.jaims.in

DOI: 10.21760/jaims.9.5.54

in the ancient age due to its lack of recurrence<sup>[5]</sup> Agnikarma therapy treats incurable diseases, chronic diseases become manageable, and Tridoshaja Vyadhi can be treated with Agnikarma Chikitsa.[6]

Pyogenic granulomas is a common condition which occurs on the face, scalp, fingers and toes. [7] It has very close correlation to Raktaja Granthi mentioned in classics. Any swelling causing disfigurement of face is of cosmetic concern to the patient. Agnikarma has been practiced successfully due to its superiority and property that diseases treated with Agnikarma will not reoccur, Chedana of Raktaja Granthi by Agnikarma not only causes excision but also causes arrest of bleeding

It takes a long time to recover from invasive operations, which are invariably uncomfortable. Applications such as topical therapies depend usually on the patient interaction and necessitate extended application periods and time-consuming as well as expensive, they are not accessible in rural regions and are not affordable for the general public. For this reason, the current case study of Agnikarma in Granthi was selected.

#### **CASE REPORT**

A 60-year-old female patient approached our hospital to the Shalyatantra OPD, with registration no.6143

**ISSN: 2456-3110 CASE REPORT** May 2024

having complaints of a reddish swelling on the left nasal nares since 12 weeks, the swelling is slowly progressive in size and bleeds occasionally on scratching and it was painless in nature.

Patient is non-diabetic and known hypertensive for 4 years on medication. Patient has no significant surgical history. The swelling is of a cosmetic concern to the patient as it is increasing in size, although the patient has not taken any treatment for the same but has now approached our hospital for permanent solution.

#### **General Examination**

Patient's vitals were within normal limits.

Systemic examination showed no any abnormal findings.

#### **Local Examination**

#### Inspection

Examination revealed a single localized raised swelling.

Shape - Nodular

Color - Red in Color

Numbers - Single. Measuring about 0.5 x 0.5 cm in size

Position - Left nasal nares

Discharge - No any discharge

#### **Palpation**

- Firm on palpation
- Non tender.
- Smooth to touch

## **Investigations Done**

Hb - 11% Gram

CT - 3'50"

BT - 1'30"

Blood group - O+ve

RBS - 125mg/dl

HBsAg - Negative

HIV (1&2) - Negative

#### **Diagnosis**

Raktaja Granthi (Pyogenic granuloma) was diagnosed on the basis of symptoms expressed by the patient and clinical examination findings were correlating with the symptoms described in the Ayurveda.

#### **Treatment Plan**

After detailed history taking and examining the patient we had decided to go with the *Agnikarma* which is indicated in *Granthi Roga*<sup>[8]</sup> it may also help in the *Raktastambhana*<sup>[9]</sup> which is explained by *Acharya Sushruta*. We had followed the same and successfully managed to burn the *Raktaja Granthi*.

## **Therapeutic and Surgical intervention**

# **Surgical intervention**

Under all aseptic precautions, under local anesthesia the swelling was burned with the tip of a *Panchadhatu Shalaka* which was heated over the fire flame till it becomes red hot as seen in Fig 1, until *Samyak Dagdha Lakshanas* (appropriate *Agnikarma* symptoms) appeared.<sup>[10]</sup> The lesion immediately shrunk in size as noted in Fig 2.

### Follow up and outcomes

- 1. Burning sensation at the site of *Agnikarma* was experienced for first 5 days.
- The burned lesion fell off after five days without any Bleeding
- 3. The site was completely normal thereafter as seen in Fig. 3 at one month follow up.



Figure 1

**ISSN: 2456-3110 CASE REPORT** May 2024



Figure 2



Figure 3

#### **DISCUSSION**

Pyogenic Granuloma commonly occur on the face scalp fingers and toes, it may be due to minor trauma or minor infection, the infection in turn leads to the formation of unhealthy granulation tissue that protrudes through the wound. On examination a single raised well localized red firm nodule may be seen that bleeds on touch and may or may not be tender.

The condition is of concern to the patient as it is gradually increasing in size and unusual infrequent bleeding from the site of lesion is bothersome to the patient. The dual cutting and Hemostatic action of *Agnikarma* not only makes the procedure less complicated but also reduces the financial burden on the patient. In this case of *Raktaja Granthi* it was observed that *Agnikarma* was very effective whereas modern medical science makes it complex by undertaking excision, suturing etc. hence *Agnikarma* is an exceptional treatment for *Raktaja Granthi*.

#### **CONCLUSION**

Simple, cost effective and patient friendly treatment is the need of the hour. In the management of *Granthi* various treatment principles are explained such as *Bahya* and *Abyantaraoushadi Prayoga* as well as para surgical procedures like *Agnikarma*, *Ksharakarma* etc. Amongst these *Agnikarma* is found to be most beneficial in the treatment of *Granthi*.

**Informed Consent** - Written informed consent was taken from the patient.

#### **REFERENCES**

- Susrutha, Susrutha Samhita with Nibandha Sangraha commentary by Sri Dalhanachaarya, edited by Vaidya Yadavji Trikamji Acharya, Varanasi, Chowkhambha Orientalia, 2012, 9th edition, Nidana sthana, 11/3, p-311
- Vaghbhatas Ashtanga Sangraha with Hindi commentary by Kaviraj Atrideva gupta, Choukhamba krishnadas academy, Varanasi, Volume 2, Uttartantra, 34/2, p. 316
- 3. Pandeya K. Charak Samhita. Vol I. 2001. Sutrasthan. 10/16. Choukhamba Bharati Akadami: Varanasi. p. 205.
- Shrivastav PP, Khandare K. A Review study on various Ksharsutras. International Journal of Ayurved Pharma Chemistry, 2017:6(2);22-30
- Sharma A, Sharma P. Sushrut Samhita. Vol I. 2001.
  Nidansthan.. 13/44. Chaukhamba Surbharati Prakashan:
  Varanasi; p. 987
- 6. Sharma A, Sharma P. Sushrut Samhita. Vol I. 2001. Nidansthan.. 13/44. Chaukhamba Surbharati Prakashan: Varanasi; p.986.
- 7. Bhat S. SRB's Manual of surgery. 3rd ed. Jaypee publication: New Delhi, 2009. p. 40.
- Susrutha, Susrutha Samhita with Nibandha Sangraha commentary by Sri Dalhanachaarya, edited by Vaidya Yadavji Trikamji Acharya, Varanasi, Chowkhambha Orientalia, 2012, 9th edition, Sutra sthana, 12/10, p-52
- Susrutha, Susrutha Samhita with Nibandha Sangraha commentary by Sri Dalhanachaarya, edited by Vaidya Yadavji Trikamji Acharya, Varanasi, Chowkhambha Orientalia, 2012, 9th edition, Sutra sthana, 14/39-40, p-66

\*\*\*\*\*\*\*\*\*\*

**ISSN: 2456-3110** CASE REPORT May 2024

 Susrutha, Susrutha Samhita with Nibandha Sangraha commentary by Sri Dalhanachaarya, edited by Vaidya Yadavji Trikamji Acharya, Varanasi, Chowkhambha Orientalia, 2012, 9th edition, Sutra sthana, 12/08, p-52

**How to cite this article:** Anuja Kitturkar, Siddanagouda A. Patil. A Case Study on Raktaja Granthi (Pyogenic Granuloma). J Ayurveda Integr Med Sci 2024;5:317-320. http://dx.doi.org/10.21760/jaims.9.5.54

**Source of Support:** Nil, **Conflict of Interest:** None declared.

Copyright © 2024 The Author(s); Published by Maharshi Charaka Ayurveda Organization, Vijayapur (Regd). This is an open-access article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by-nc-sa/4.0), which permits unrestricted use, distribution, and perform the work and make derivative works based on it only for non-commercial purposes, provided the original work is properly cited.