

“A Case Study on Surgical Management of *Medoja Granthi vis-à-vis Lipoma*”

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ABSTRACT

Lipomas are common benign soft tissue tumours composed primarily mature adipose tissue, Presents typically as soft, painless, subcutaneous nodules, While lipomas are generally asymptomatic, surgical intervention is sought by patients when they lead to discomfort, cosmetic concerns, or functional impairment. In Ayurveda, lipomas are correlated with the *Medoja Granthi* based on characteristic similarities, In classics acharya Sushruta mentioned that due to vitiation of Vata Dosha, Mamsa and Rakta Dhatu gets vitiated which further vitiate Meda and Kapha leading to round and elevated growth in the body tissue is termed as Granthi¹, The management of *Medoja Granthi* is the incision and total excision as mentioned by acharya Sushruta. Acharya Charaka in Shotha Chikitsa mentioned that the *Ganthi* should be removed along with capsule which indicated the capsulated sac of *Granthi*², In this case report, a 23 year old female patient visited opd of shalya tantra JSSAMC Mysore with the complaints of cystic swelling in the right flank, On the basis of clinical findings and X-ray report diagnosis was made as lipoma and excision was done under local anesthesia (2% lignocaine hydrochloride). After excision there was 3 x 2 cm encapsulated lipoma was noted. Pre-operative assessment, precise surgical technique and post-operative care are highlighted as essential management components. This report serves as a valuable reference for healthcare professionals caring for patients with lipomatous lesions, contributing to understanding soft tissue tumour management.

Keywords: *Medoja granthi*, lipoma, *chedana karma*, *seevana karma*.

INTRODUCTION

In classics acharya Sushruta mentioned that due to vitiation of Vata Dosha, Mamsa and Rakta Dhatu gets vitiated which further vitiate *Meda* and *Kapha* leading to round and elevated growth in the body tissue is termed as *Granthi*. Six types of *Granthi* viz *Vataja*, *Pittaja*, *Kaphaja*, *Raktaj*, *Mamsaja*, and *Medoja* have been described in classic. The treatment of *Granthi* is also vividly mentioned by *Sushruta* where *Granthi* should be treated as *Shopha* in initial stage and later on some local application of medicament in *Vataja* type of *Granthi*. In *Pittaja* predominant *Ganthi* leech application and in *Kapha* predominant excision of *Granthi*, while in *Medoja Granthi* that should be total excision³, In addition *Granthi* is included in *Chedhya* and *Bhedhya* diseases indicated by *Sushruta* so the *Granthi* is a surgical disease and need to be excision⁴ Hence in view of *Sushruta* a *Medoja Grnathi* is *Meda* (Fat) predominant and the choice of treatment is total *chedhana* (excision).

Lipomas are the most common soft-tissue tumours, composed of well differentiated adipocyte cells⁴. These are non-malignant, slow growing, circumscribed, lobulated masses enclosed by a thin, fibrous capsule. Lipomas are of mainly three types viz. encapsulated, diffuse and multiple, Most common variety is encapsulated lipoma in which overactive fat cell are arranged in lobules separated by fibrous septa and enclosed in a delicate capsule. The consistency of lipoma is soft but does not fluctuate⁵. The tumour can grow at any site of the body having fatty tissue, They are usually asymptomatic, but may cause discomfort or pain with direct pressure. Removal of It typically done for

symptomatic or cosmetic reasons,

Lipomas can be distributed in any organ throughout the body, but most are subcutaneous in location and commonest in the neck and trunk.

CASE REPORT

A 23 year old female visited OPD of Shalya Tantra JSSAMC Mysore with complaints of swelling in right flank, which was 3 x 2 cm in size on examination, the patient gave a history of noticing the swelling when it was small and progressed gradually to its present size over the last eight months, it was painless and not associated with any other symptoms, patient worried about the gradual growth in the size of the tumour and cosmetic disfigurement while wearing saree.

Local Examination Inspection :

- A single swelling of size approximately 3 x 2 cm, in right flank.
- Well circumscribed.
- No visible pulsation present.
- Superficial veins are not engorged
- Swelling moving up with abdominal movements

Palpation:

- Nontender
- No local rise in temperature
- Its smooth, soft-firm consistency with regular border.
- Slip sign was positive.
- fluctuation test negative.
- Dimple sign present.
- Swelling neither reducible, nor compressible and non pulsatile.

Investigation :

The USG of abdomen and pelvis revealed an encapsulated mass of size 3 x 2 cm in the subcutaneous plane on the right flank, eccentric nuclei consistent with the clinical diagnosis of lipoma, there was no cellular atypia or malignancy, the case was managed by chedhana and bhedhana karma Γe complete excision of Lipoma .

Procedure

Pre-operative procedure

- The patient was explained about proposed surgery, anaesthesia and anticipated complications.
- Written consent for surgery and anaesthesia was taken.
- An IV line is placed and connected to 500ml of normal saline(0.9%) just before the surgery.
- Part preparation and draping done
- Inj Tetanus toxoid 0.5ml intramuscular given
- Test dose: Inj Lignocaine with adrenaline 0.1cc given subcutaneously and observed for any hypersensitive reaction.
- Patient shifted to operation theatre

Operative procedure

- Under aseptic condition a local anaesthesia (Inj Lignocaine 2% with adrenaline) were infiltrated around the lipoma.
- A linear incision was made over the summit of the swelling, using blade NO-22.
- Tumour was separated from underlying tissues by careful and sharp dissection and taken out.

- The bleeders are identified and complete haemostasis achieved by using bipolar electrocautery.
- Wound was irrigated with povidine iodine solution followed by closure of the skin using nonabsorbable monofilament suture (Vicryl 3-0)
- Dressing was done with antibiotic ointment, and patient shifted back to the post-operative ward.

Post-operative care

- Regular wound dressing was done
- Suture removed after 15 days of surgery.

Oral medications

1. Tablet Gandaka Rasayana (1-0-1) after food with water.
2. Tablet Tripala Guggulu (1-1-1) after food with water.
3. Tablet Sutashekara Ras (1-0-1) before food with water.
4. Tablet Arogyavardhani vati (1-1-1) after food with water

Discussion

Mainly Vata and Kapha are responsible dosha and dushya Rakta, Mamsa and Meda in the pathogenesis of Granthi. Physical examination shows a palpable mass, large, the surface was smooth and lobulated, the edge was soft but not fluctuates, mobile and slip sign and dimple sign were positive. Acharya Sushrutahas described the Asthavidha Shatra Karma (Chhedana, Bhedana, Lekhana, Vyadhana, Eshana, Aharana, Sravana, Seevan) in classics. Among these Chhedana(excision) and Bhedana(incision) are indicated in Granthi. Even modern science also mentioned the complete excision of Lipoma with the capsule. After removal of *Granthi* and achieving complete haemostasis *Seevana* (suturing) was done. Vertical Mattress sutures are providing closure for both deep and superficial layers and also allow perfect eversion and vertical opposition of the superficial skin edges. *Tab Gandaka Rasayana* has got antimicrobial property, *Tab Triphala Guggulu* and *Tab Arogyavardhani Vati* relieves pain, redness, inflammation, most of the time lipomas are non-life-threatening, in rare cases lipomas can be troublesome when they grow to a size that compresses surrounding structures like nerves or vessels. Lipoma was removed by request of the patient likely for cosmetic purposes.

Conclusion

The present study reported a case of a patient with a Lipoma in right flank treated successfully with surgical excision. Sutures were removed after the 15 post-operative day and found a proper approximation of skin margins without complication, The wound healed completely within a month with minimal scar.

Lipoma before excision



Linear incision made



Dissection to remove adhesions



Wound after excision of lipoma



Vertical mattress suturing



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