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MANAGEMENT OF *MEDAJA GRANTHI* (PEDUNCULATED LIPOMA) BY *TANKANA KSHARASUTRA*

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ABSTRACT

INTRODUCTION: *Surgical excision is the standard treatment for pedunculated lipomas, which are benign fat tissue tumours. Medaja Granthi is corelated with this disorder. An efficient minimally invasive Para surgical technique recommended for its treatment in Ayurveda is ksharasutra ligation.*

MATERIALS AND METHODS: *In this case report, a 34-year-old male patient came with complaints of swelling at the posterior aspect of the peri anal region, which was of normal skin color, mobile, nontender without any dilated veins & elevated local temperature since 10 years and was diagnosed as Medaja Granthi. He was treated with Tankana Ksharasutra ligation locally along with Triphala Guggulu, two tablets twice a day orally with lukewarm water for 10 days, and Jatyadi Taila local application at the base for 15 days.*

RESULTS AND CONCLUSIONS: *In this case study, the pedicle of the lipoma de-sloughed completely on the 10th day of Ksharasutra ligation. Thus, Tankana Ksharasutra therapy showed promising outcomes in pedunculated lipoma treatment without any adverse effects.*

INTRODUCTION

Pedunculated lipomas are benign soft tissue tumors arising from yellow fat, commonly seen in the buttocks, upper thighs, and areas like the axillae (armpits), arms, knees, ears, and scalp and consisting of mature adipocytes and uniform nuclei. Lipoma is also called a universal tumor, as it can occur anywhere in the body except the brain.[1] Mainly there are three varieties of lipoma such as encapsulated, diffuse, and multiple lipomas. Surgical excision is the gold standard for treatment of a lipoma.[2]

In Ayurveda, pedunculated lipoma can be comparable to Medaja Granthi, and Sushruta Samhita describes the pathophysiology, clinical characteristics, and treatment of different forms of Granthi. Different methods, such as thermal cauterization, surgical excision, are suggested in Ayurveda for the management of *Medaja Granthi*.

Case Report

- Age – 34years
- Gender – male
- Occupation – private job
- Date of admission – 25/06/2025
- Date of recovery – 08/07/2025

Chief Complaints and duration

The patient was complaint of hanging painless mass at the posterior perianal region for 10 years, which was gradually increasing in size

Past History: No H/O HTN, DM or any other major illness

Clinical Findings

- Pulse – 78bpm
- BP – 128/84mm Hg
- Respiration rate – 18/min
- Hb – 15.2g/dl
- Bleeding time – 3min 30sec.
- Clotting time – 5min 30sec.
- Fbs – 95.68mg/dl

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Diagnostic Assessment

Upon physical examination, the posterior part of the perianal region showed gradually developed Mahan (big), Mrudu (soft), Snigdha (smooth), Aruja (painless), Chala (mobile), and Twak Savarna (skin-colored), Granthi (nodule with pedicle) that resembled Medaja Granthi. The 6 cm x 3 cm swelling was nontender, movable, had normal skin colour, no dilated veins, and normal local temperature. These symptoms led to the diagnosis of pedunculated lipoma in this particular case.

Preoperative Procedure

Written consent from the patient was taken before the procedure. Injection T.T. 0.5ml IM was given and plain lignocaine 2% was given subcutaneously for sensitivity test. Then the patient was posted for *Ksharasutra* ligation in the operation theatre. Vital parameters were monitored before the main procedure which were normal.

Operative Procedure

The patient was placed in the lithotomy position on the operative table. The perianal region was cleaned with betadine solution, followed by spirit under all aseptic precautions. Draping was done with a sterile cut sheet. Injection lignocaine 2% 2mL was infiltrated (locally) surrounding the base of the pedunculated lipoma. The superficial skin layer around the base was incised to facilitate firm ligation. Finally, Tankana Ksharasutra was transfixed & ligated at the base of the pedunculated lipoma. And the rest of the mass was excised, leaving a pedicle.

Postoperative Procedure

After Tankana Ksharasutra ligation, *Jatyadi Taila* was applied locally at the base of the lipoma, and the patient was instructed to keep the operated site clean. The patient was asked to visit OPD daily for follow-up.

Post de-sloughing, a superficial 01cm non-infected wound was left, which healed some days after *jatyadi taila* local application without any major dressing. The patient did not complain of significant discomfort with the treatments.

Follow-Up and Outcome

The patient was instructed to visit the outpatient department every day for clinical evaluation and follow-up. Symptoms including postoperative pain, elevated local temperature, swelling, lipoma colour changes, and desloughing process were evaluated clinically till the completion of treatment.

On the tenth day of treatment, the pedicle fully de-sloughed and all postoperative symptoms were gradually alleviated. In order to ensure full healing of the wound, Jatyadi Taila was used locally for five additional days following the peduncle's fall. During the course of treatment, no signs of sepsis, infection (pus), or haemorrhage were discovered.



Figure 1 (Before Treatment)



Figure 2 (ligation of kshara sutra)

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Figure 3 (Excision of lipoma mass)



Figure 4 (After 10days)



Figure 2 (After 20days)

DISCUSSION

The wound from a traditional surgical excision heals in 7–10 days and requires aseptic dressings along with antibiotics and postoperative oral painkillers. According to Sushruta Samhita, Visarpanadistanaroga Chikitsa Adhyaya, Ksharasutra can be used to remove Arbuda like similar structures. Ksharasutra therapy is an efficient alternative treatment for pedunculated lipoma, as demonstrated by this case report.

As per available literature, *Tankana Ksharasutra* has surgical actions like incision, excision, debridement, and scrapping, and therapeutic activities like antiseptic, and healing.

The sclerosing effect of the Kshara stops bleeding. The haridra's long-lasting anti-infective effect reduces the risk of infection. The pedunculated lipoma is mechanically strangled at its base by the pressure impact of the Ksharasutra ligation, which leads to local lipoma necrosis and, eventually, necessitates the excision of the lipoma. During follow-up, it was seen that the Ksharasutra ligation was narrowing the pedicle, which caused the knot to relax. To maintain a firm grasp at the base of the lipoma, the knot was frequently tightened.

The majority of Jatyadi taila's constituents contain Tikta, Kashaya Rasas, and Laghu, Ruksha Gunas. Jatyadi Taila is Tikta and Kashaya Rasa Pradhana, both of which are Pitta Kapha hara and have the properties of Vrana Shodhana, Ropana, Pootihara, and Vedanasthapana. Moderate to-severe burning sensation and pain were observed after *Ksharasutra* ligation due to the corrosive property of *Kshara*. Therefore, to alleviate the discomfort, *Jatyadi taila* was applied locally. This helped in reducing pain and simultaneous healing of the ulcerative lesion.

Triphala Guggulu has wound healing, antiinflammatory, and antimicrobial activities. Hence, postoperative discomfort and complications were alleviated due to the anti-inflammatory and anti-infective properties of *Triphala Guggulu*.

CONCLUSION

Though surgical excision is the choice of treatment, this single case study reveals that *Tankana Ksharasutra* therapy showed promising outcomes in the management of pedunculated lipoma without any adverse effects.

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