



Case Study

CONSERVATIVE AYURVEDIC MANAGEMENT OF RAKTAJ GRANTHI (ORAL PYOGENIC GRANULOMA)

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ABSTRACT

In Ayurveda, *Granthi* is defined as the *Grathita* (rounded), *Vrutta* (firm), and elevated *Sopha*, which occurs due to vitiation of *Doshas* affecting *Mamsa* and *Rakta* associated with *Meda dhatu*. The literal meaning of *Granthi* is “knot” or “lump”. Various types of *Granthi* are explained by many *Acharyas*, but only *Acharya Vagbhata* and *Sharangdhara* have mentioned about *Raktaj granthi*. *Raktaj granthi* occurs when *Vatadi doshas* vitiate the *Rakta*. Later, when this is invaded by *Janthus*, they take *Ashraya* in *Mamsa* and *Sira*. *Raktaj granthi* is characterized by *Suptata* along with *Pittaj granthi lakshanas*, which resemble oral pyogenic granuloma. In contemporary science, Oral pyogenic granuloma is treated with invasive treatment. Usually, invasive treatment requires long time to recover, painful and very expensive. Hence management of a case of *Raktaj granthi* was done following the Ayurvedic line of treatment. The patient was successfully cured within 15 days of treatment, without any reoccurrence noted after follow-up on 60th day. This case demonstrates the efficacy of non-surgical Ayurvedic management in *Raktaj granthi* (oral pyogenic granuloma).


INTRODUCTION

As per classics, “*Dosha dhatu he mala mulam hi sariram*,” which means the body is made up of *Dosha*, *Dhatu*, and *Mala*. Their normal state is responsible for health and abnormal state leads to *Vyadhij avastha* (disease).^[1] Likewise, in *Raktaj granthi*, Excessive intake of *Kshara*, *Amla*, roasted food, alcoholic beverages ^[2] lead to the vitiated *Vatadi dosha*, causes *Dusti* in *Rakta*, *Mamsa*, and *Meda* and disturb the normalcy of *Dhatu*s, leading to *Rogas*. According to contemporary science, *Raktaj granthi*'s *Lakshanas* closely resemble pyogenic granuloma.^[1]

Pyogenic granuloma is a common inflammatory hyperplastic condition characterized by a painless, non-neoplastic, nodular growth or tumour like growth, having red to purple colour, bleeding easily, smooth and pedunculated.

It most frequently occurs at gingiva in young adults due to chronic oral irritants, trauma, poor oral hygiene, etc.^[3] Management includes surgical excision to the periosteum, Nd: YAG Laser, cryosurgery, intralesional injection of ethanol or corticosteroid and sclerotherapy.^[4]

According to *Ashtanga Sangraha*, *Urdwajatrugata granthi* can be managed with *Kavala*, *Gandusha*, *Shirovirechana*, and *Dhumpana*.^[5] For *Vimlapanartha* drugs like *Madhuka*, *Vacha*, *Ghrita*, *Vasa*, *Taila*, etc can be used for *Raktaj granthi* *Jaloukavacharana*, *Sheeta upachar* and *chikitsa* told for *Vataj* and *Kaphaj granthi* can be administered. In *Vataj granthi*, the *Apakva avastha* is managed with *Snehana* using *Taila* and/or *Ghrita*, followed by *Lepa* prepared from *Himsra*, *Katuki*, *Amruta*, and *Bharangi*. *Swedana* in the form of *Upanaha* with *Vatahara Dravyas* supports reduction of *Dosha* and alleviation of *Sotha*. In the *Pakva Avastha*, *Bhedana* and *Visravana* of the *Granthi* contents are performed, followed by *Praksalana* with *Bilva*, *Arka*, or *Pancavalkala Kwatha*, and *Vrana Sodhana* and *Ropana* using medicated *Taila*. In *Kaphaja Granthi*, the *Apakva Avastha* is treated with *Dosha Sodhana*, *Swdana*, *Vimlapana* with instruments like *Angustha Loha* or *Danda* and *Lepa* with *Bharangi*,

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Aragyadha, and *Arka*. During the *Pakva Avastha*, *Bhedana* and *Visravna* are carried out, followed by management according to *Vrana Sodhana* and *Ropana* principles. [5] For gum and teeth disorders *Pratisarana*, *Kavala* and *Gandusha* with the drugs prepared with

Kashay tikta rasa can be administered. Hence this case study is planned with non-surgical Ayurvedic management, successfully treated without any reoccurrence noted.

Table 1: Correlation of Raktaja Granthi with oral pyogenic granuloma

Laksanas	Pyogenic Granuloma (Modern View)	Raktaja Granthi (Ayurvedic Correlation)
<i>Granthi</i>	Raised, nodular growth on gingiva	<i>Granthi</i> manifested as localized swelling in <i>Mukha-pradeśa</i>
<i>Raga</i>	Bright red to reddish-pink	<i>Rakta-varna</i> due to vitiated <i>Rakta</i>
<i>Raktasrava</i>	Easily bleeds on manipulation	Characteristic bleeding on touch
<i>Vedana</i>	Usually painless or mild tenderness	<i>Alpa vedana</i> on manipulation

MATERIALS AND METHODS

Case Report

A 24-year-old male patient visited the *Shalaky Tantra* OPD with complaint of painless, mass-like growth on lower gingiva which was reddish in colour, nodular, raised, measuring 4-5mm in diameter (roughly circular) with no evident ulceration or discharge in the surrounding gingiva. It bled on touch or while eating hard food substances like dried fruits or nuts. The lesion had been present for three months which was gradually increasing in size along with weight loss. He had previously visited an allopathic hospital at ENT OPD where he was advised for excision of lesion. However, he refused for surgical intervention and asked for conservative management. Hence, he visited the *Shalaky* ENT OPD for further line of management.

Associated complaint: Gastritis

Aggravating factors: *Ushna*, *Amla*, *Vidahi anna pana*, *Adhyasana* and *Ratrijagrana*.

Relieving factor: When bleeding occurred from lesion, cold water gargling help in haemostasis.

History of past illness: The patient had history of recurrent Aphthous ulcers in mouth since childhood. For which he consulted multiple physicians but usually reoccurrence was noted.

Patient Consent

Written consent was taken by patient for publication purpose for this case study. Patient has willingly agreed for sharing his photos for publication before and after relevant to case study.

Family history: No family history of such lesions was ever noted.

Personal history

Bowel: Constipated

Appetite: Increased

Micturition: Clear

Sleep: Sound

Socioeconomic Status: Upper middle class

Nature of Work: Mild to moderate strenuous activity

Diet: Vegetarian

Marital Status: Unmarried

Addiction: Tea 2 to 3 times a day.

Vyayama: *Madyama*

Kostha: *Krura kostha*

Predominant *rasa:* *Amla, lavana* and *katu rasa*

Dosha: *rakta pitta*

Dusya: *rakta, mamsa*

Agni: *Mandagni*

Srotas involved: *Annavahasrotas, raktvahasrotas* and *Mamsavshasrotas*

Srotodusti prakara: *Sira granthi*

Vihara: *Ratrijagrana* and not brushing teeth twice daily

Ashtavidha pariksha

Nadi: 78 per minute

Mala: *Badha* (constipated)

Mutra: *Prakrita*

Jihva: *Lipta*

Sparsha: *Anushnasheeta*

Drik: *Prakrita*

Akruti: *Prakrita*

Assessment criteria

General Examination

CVS: S1 and S2 heard

RS: WNL

CNS: Conscious and oriented

Lymph node: Not enlarged

Local Examination

Finding: A localised raised lesion or swelling on lower gingiva.

Shape: Nodular

Colour: Reddish

Location: Lower gingiva

Number: Single only
 Discharge: Absent
 On palpation: It was firm, non-tender, soft to touch
 Investigation: Panoramic radiograph mandible was done which show no bone involvement.

CBC and ESR test were prescribed to rule out any infective and inflammatory pathology. CBC and ESR were within the normal limit. Hb was 14.8 g/dl.



Figure1: Panoramic radiograph mandible

Diagnosis: On the basis of sign and symptoms expressed by patient, *Raktaj granthi* (pyogenic granuloma) was diagnosed as the symptoms was closely resembling with classical *Lakshanas* of *Raktaj granthi*.

Management

1. *Triphala* + *Yasti* + *Saindhava*+ *Haridra* 5gm each for gargling 4 times daily for 15 days.
2. *Prathisarana* with *Avipatikara churna* + *Triphala churna* in equal quantity twice daily for 15 days.

Internal Medication

1. Stomotab capsule 1 BD for local application.
2. *Haridrakhanda* + *Sitopladi* + *Talisadi churna* 20gm each 1 tsf twice daily with honey for 15 days.
3. *Kamadugdha rasa* 1 BD before food for 15 days.

Pathya ahaar: Coconut water, cucumber, green leafy vegetable, citrus fruits like *Amalaki*.

Pathya vihaara: *Anuloma viloma* twice daily for 15 minutes.

Sheetali and *Bhramari pranayama*, *Kavala* and regular *Dhantadhavana* twice daily.

Apathya ahaara: Avoid taking *Ushan amla katu vidahi ahaar* like coffee, tea, spicy food, junk food, eating hard substances, and *Adhyasana*.

Apathya vihaara: *Ratri jagrana*

RESULTS

As the patient was *Sukumar*, so patient refused for *Agnikarma* and other *Shastrakarma*. Hence, we planned a conservative line of management. The patient had started getting significant improvement after course of treatment. During *Prathisarana* with *Avipathikar churna*, patient experience bleeding (*Raktasrava*) and pain due to *Chedana* effect of *Avipathikar churna*, which subsided without any intervention. *Dushit raktasraav* (impure blood-letting) leads to regression in the nodular growth. On 10th day the lesion was reduced in size. On 15th day, patient had no nodular growth on lower gingiva without any associated discomfort like pain, inflammation and side effect of drug. Usually, reoccurrence rate is high in pyogenic granuloma hence patient was called on 60th day for follow up, where no reoccurrence was noted as shown in the table number 2.

Table 2: Progression of the result

Day	Lesion Size (mm)	Bleeding	Pain	Colour	Remarks
0 th	5mm	+	None	Red	Baseline
10 th	2mm	Mld	None	Pale Red	Regression
15 th	0mm	Nil	None	Normal Mucosa	Healed
60 th	0mm	Nil	None	Normal	No recurrence

OBSERVATION



Figure 2: Intraoral photograph showing a gingival pyogenic granuloma on 0th day



Figure 3: On 10th day follow-up

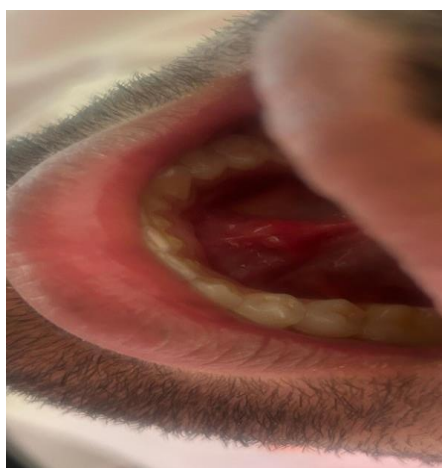


Figure 4: On 15th day follow-up



Figure 5: On 60th day follow-up

DISCUSSION

The presence of a nodular lesion on lower gingiva, having no pain and associated with bleeding on touch correlates with the *Lakshanas* of *Raktaja Granthi*, a condition described in *Ayurvedic samhitas* as originating from vitiation of *Rakta* and *Pitta* lead to localised granthi formation. The principle of *Bhedana* followed by *Vishravana* is the line of treatment for *Raktaj granthi*. After that *Vrana sodhana ropana* should be achieved. The nodular growth started regressing due to *Pratisarana* with *Avipathikar* and *Triphala churna*. *Avipathikar churna* contains *Trivrit* as a main ingredient which having *Laghu*, *Tikshna* and *Ruksha guna* by virtue of it has *Bhedana*, *Rechana* and *sothahara* in properties. [6] *Pratisaran* causes *Gharsan* (friction) in nodular growth and resulted in mild bleeding and reduction of the lesion. In the meanwhile, gargling combination with *Triphala*, *Yashti*, *Haridra* and *Saindhava* promoted *Vrana ropana*. *Haridra* has antibacterial properties; *Saindhava* is also known for its *Vrana ropana* properties [7]. *Triphala* is antibacterial, analgesic, antimicrobial, anti-inflammatory and antineoplastic property and immunomodulator in

action.[8] *Stomatab* capsule contains *Gairika* which is known for its *Pitta samana*, *vrana ropana* and *Raktastambhana* effects. *Bakula* has anti-inflammatory and wound healing properties.[9] *Kamadugdha rasa* acts as *Pitta-shamana* and helped in relieving *Amlapitta* symptoms.[10] *Nidana parivarjana* played a major role in reversing the pathogenesis as well as reoccurrence of disease. Conservative management through Ayurveda had not only completely cured the patient without reoccurrence but also reduces the financial burden on patient.

CONCLUSION

According to *Acharya Vagbhata*, *Raktaj granthi* is considered to be *Sadya*. [5] The above case study of *Raktaj granthi* (pyogenic granuloma) was successfully treated with *Shamana aushadhi*, including both *Abhyantara* and *Bahya* therapy, following Ayurvedic line of management without any reoccurrence noted. Larger clinical trials and histopathological report are required to validate these findings.

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