



UNDERSTANDING OF DOSHAJA GRANTHI AS CYSTIC SWELLING AND ITS MANAGEMENT

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ABSTRACT

Granthi is a wide term used to denote a hard or soft rounded swelling in *Shalyatantra*. Cystic swellings can be considered under the term of *Granthiroga*. An attempt is made to understand *doshaja granthi* as different types of cystic swellings according to their clinical presentation. So suitable treatments can be advised in those condition after understanding the predominant *doshas* and the *avasthabheda lakshanas*.

INTRODUCTION

Granthi is a term that derived from the root word *grathitha* which means 'knotted'. Because of different *nidana*, *doshas* undergo *prakopa* with predominancy of *vata* and *kapha* and inturn undergo *sthanasamsraya* in *rakta*, *mamsadi dhatus* giving rise to a round elevated hard swelling called *granthi*. Among different types of *granthi*, *doshaja granthi* includes *vatika*, *paithika*, and *kaphaja granthi*. Description of *doshaja granthi* clearly mentions that these types of swellings contain fluids and once it excise, there will be discharge of fluids which differs in colour and consistancy according to *doshabheda*. So such fluid containing swellings can be considered as cystic swellings.

Vataja granthi and haemorrhagic cyst

According to *Acharya Sushruta* in *vataja granthi* there will be different kinds of *vedanavishesha*, *krishnavarnata*, *amridutwa*, *bastirivatata* and when it excise there will be *achcha rudhira sruti*. Such swellings which are very painful in nature, having blackish appearance and exhibit clear bloody discharge once it reptures or when it undergoes excision, can be correlated with haemorrhagic cyst. Similiar features of *vataja granthi* can also be seen in some types of lymphatic cysts.



Figure 1: Vataja granthi

Pittaja granthi and infected cysts

In *pittaja granthi*, there will be different kinds of *dahavishesha*, it will undergo *paka* rapidly and giving rise to *sapeeta ushna raktasruthi* when it opens out. These features can be seen in swellings like sebaceous cyst since they are easily get infected. Once get infected, they undergo inflammatory changes followed by suppuration and opens out with discharge of pus and blood with yellowish discoloration.

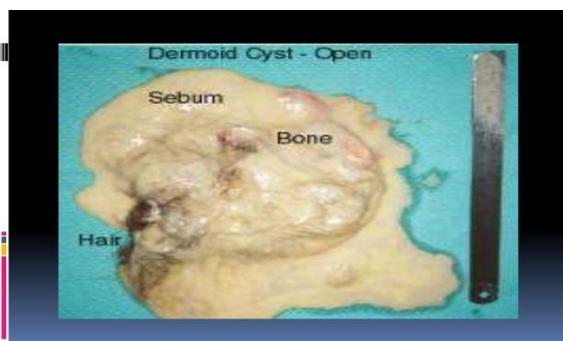
PITTAJA GRANTHI



swellings like dermoid cyst. They are slow growing in size, rarely get infected and contain whitish pultaceous materials which give rise to thick whitish discharge on excision and hence can be understood as cystic swellings.

Kaphaja granthi and hard cystic swellings which show less tendency towards suppuration

Kaphaja granthi lakshanas include *seetatwam, avivarnatwam, atikandu, chirabhivridhi, pashanavat samhananatwam* and *sukla-ghana pooyasravam* on excision. Similiar features can be seen in hard cystic



MANAGEMENT OF DOSHAJA GRANTHI AND CYSTIC SWELLINGS

Treatment of *doshaja granthi* should be decided on the basis of *ama-pakwavasta* of the *granthi*. In the *amavasta*, treatment of *vranasopha* can be adopted. In *pakwavasta*, *bhedana* and *visravana* followed by *vranahara chikitsa* is advised. So in the early stages of cystic swelling *apatarpanadi virechanatha chikitsa* can be adopted according to the *doshabheda* and *yukti* of the *vaidya*. If the cystic swelling attain suppuration, incision and drainage (*bhedana* & *visravana*) should be done followed by wound healing. For *granthi* which neither subside nor undergo *paka*, complete excision and *agnikarma* is the line of treatment in *Ayurveda*.

Management of *Vataja granthi*

In *vataja granthi*, *snehapana* with *taila* prepared out of *prasarini* and *dasamoola* is advised in the *amavasta*. Besides *yamaka*, *trivrit* and *mahasnehas* are also can be administered as per the condition. *Lepa* with *katurohini*, *Amrita*, *Bharangi*, *Bilva* and *vatahara upanahas* are also mentioned which helps in *doshashamana* in the *amavastha* itself. So in the very early stages of swellings, these treatments can be adopted. Even after the treatments if *granthi* undergoes *paka*, *bhedana* and

visravana has to be done. *Vrana prakshalana* with *arkkadi gana kwata/ bilvadigana kwata* are mentioned. *Eranda patra*, *saindhava sidha taila* for *vrana sodhana* and *taila* prepared with *rasna*, *sarala*, *yashtimadhu*, *amrita* and *vidanga* for *vrana ropana* are also mentioned for the treatment of *vataja granthi*.

Management of *Pittaja granthi*

In *pittaja granthi*, *jaloukavacharana* is the most important treatment in the *amavastha*. Along with, *kashayapana* prepared with *kakolyadi gana* adding *sarkkara*, *parisheka* with *ksheerodaka* and *lepa* with *madhuka*, *jambu*, *arjuna* are indicated. But in the suppurative stage, incision and drainage is the main line of treatment. Wound should be cleaned with *ksheerivruksha kashaya*, for *vranasodhana yashtimadhu siddha taila* and for *vranaropana*, *kakolyadi varga siddha ghrita* can be used.

Management of *Kaphaja granthi*

Sodhana chikitsa has given more importance in the *amavastha* of *kaphaja granthi*. Since it is a hard swelling, *sthanika swedana* followed by *vimlapana* is also mentioned. *Lepa* with *aragwadha*, *arkka*, *karanja*, *kakananthi* can also be indicated in this stage. If the

swelling undergo suppuration, incision and drainage followed by wound care can be adopted.

Indications of *sastra, agni, kshara karma*

Granthi which neither subside nor undergo *paka* can be excised if it is not situated in a *marma sthana*. Complete excision should be carried out without leaving any remnants, followed by *agni karma* or *kshara karma*. Otherwise there will be high chance of recurrence.

DISCUSSION AND CONCLUSION

Cystic swellings can be included under the term of *granthiroga* in relation with *doshaja granthi*. Many of the cystic swellings are painless and less commonly undergo suppuration. But it can be a source of concern and disfigurement for the patients. So excision of the cystic swellings are widely practised and importance of complete excision is also explained both in the treatment of *granthi* and cystic swelling. Conservative treatment has given more importance in the initial stage of the *doshaja granthi* for *doshasamana* and when it fails to treat the condition, *sastrakarma* is indicated. This can be followed in the management of cystic swellings also. But once the swelling get infected and undergoes suppuration, incision and drainage should be done to drain out the pus and the wound should be taken care properly.

Doshaja granthi is explained as both *aushadha sadhya* and *sastra sadhya vyadhi* in *shalyatantra*. So proper understanding of *doshaja granthi* and application of appropriate *doshaja granthi chikitsa* in cystic swellings are essential for treating such condition according to *Ayurveda*.

REFERENCES

1. Sushruta.edited by VaidyaJadavjiTrikamji and Narayana Ram “Kavyatirtha”.SushrutaSamhita with the commentariesNibhandhaSamgraha Commentary of Dalhanacharya. Varanasi Chaukhambha Orientalia Seventh edition 2002.Nidanasthanam36thchapter.verse(36)(37)pp 824pg530.
2. Sushruta.edited by VaidyaJadavjiTrikamji and Narayana Ram “Kavyatirtha”.SushrutaSamhita with the commentariesNibhandhaSamgraha Commentary of Dalhanacharya. Varanasi Chaukhambha Orientalia Seventh edition 2002.Chikitsasthanam36thchapter.verse(36)(37)pp 824pg530.
3. Bailey and Love’s Short Practice of Surgery. Edited by Norman S Williams, Christopher J K Bulstrode& P Ronan O’Connell. Twenty thirdedition 2000. Edward Arnold (Publishers) Ltd.pp1348 pg1127.