WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 22, 723-729. Case Study ISSN 2277–7105

ROLE OF *CHHEDANA* AND *AGNIKARMA* IN THE MANAGEMENT OF *RAKTAJA GRANTHI* (PYOGENIC GRANULOMA): A CASE REPORT

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Article Received on 14 Oct. 2026,
Article Revised on 04 Nov. 2026,
Article Published on 16 Nov. 2026

https://doi.org/10.5281/zenodo.24277163

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How to cite this Article: [1]*Dr. Urvisha C. Vasoya, [2]Dr. Rajesh Kumar Sharma, [3]Dr. Harshit S. Shah, [4]Dr. Pranit R. Nachan, [5]Dr. Radhika S. Bhuva, [6]Dr. Yukta A. Vala. (2026). Role of Chhedana And Agnikarma In The Management Of Raktaja Granthi (Pyogenic Granuloma): A Case Report. World Journal of Pharmaceutical Research, 15(22), 723–729

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ABSTRACT

Introduction: 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 meaning of granthi is “knot” or “lump”. Various types of Granthi are explained by many Acharyas, but only Acharya Vagbhata and Sharanghdhara have mentioned about *Raktaj Granthi*. *Raktaj Granthi* occurs when *Vatadi Doshas* vitiate the *Rakta*. *Raktaja Granthi* is a localized pathological growth predominantly involving *Rakta* and *Mamsa Dhatu*. Pyogenic Granuloma, a benign vascular proliferative lesion characterized by rapid growth and recurrent bleeding, can be correlated with *Raktaja Granthi* based on its clinical features. **Aim and objectives:** To describe presentation of *Raktaja Granthi* and parasurgical procedure for its management. **Materials and methods:** A 40-year-old female patient presented with a nodular growth over the left thumb associated with bleeding, watery discharge, and pain for 2–3 months. The lesion was

managed by *Chhedana Karma* followed by *Agnikarma*. Result and Conclusion: Complete healing was achieved without recurrence during follow-up. This case highlights the effectiveness of the Ayurvedic parasurgical approach in the management of vascular proliferative lesions.

KEYWORDS: *Raktaja Granthi*, Pyogenic Granuloma, *Chhedana, Agnikarma.*

INTRODUCTION

Granthi is one of the important surgical conditions described in Ayurvedic classics.

वातादयो मांसमसृक् च दुष्टाः सन्दूष्य मेदश्च कफानुविद्धम् |
वृत्तोन्नतं विग्रथितं तु शोफं कुर्वन्त्यतो ग्रन्थिरिति प्रदिष्टः || (Su. Ni. 11/3)

According to Acharya Sushruta, *Vatadi Doshas* with a predominance of *Kapha* afflict *Mamsa*, *Rakta* and *Meda* leads to the formation of *Granthi*. Which is *Vrutta, Unnat* and *Kathin*.[1]

According to Acharya Susruta, there are 5 types of *Granthi*; *Vataja, Pittaja, Khaphaja, Medoja, Siraja*. Acharya Vagbhata describe 4 more types which is *Raktaja, Mamsaja, Asthija, Vrana Granthi*.

Among its various types, *Raktaja Granthi* arises predominantly due to the vitiation of *Rakta Dosha* and is characterized by reddish discoloration, vascularity, tenderness and a tendency to bleed.

दोषैर्दुष्टेऽसृजि ग्रन्थिर्भवेन्मूर्च्छत्सु जन्तुषु|
सिरामांसं च संश्रित्य सस्वापः पित्तलक्षणः||(AH.U.29/5-6)

The *Rakta* is aggrevated due to vitiated *Vata*, *Pitta* and *Kapha Dosha* and it causes formation of *Raktaja Granthi. Jantu* (microbes) colonize in the *Granthi* and involve the *Sira* (vasculatures) and *Mamsa*; it leads to numbness in that part. Features are similar to those of *Pittaja Granthi*.[2]

Pyogenic Granuloma is a common benign vascular lesion of the skin and mucous membranes. It usually develops following repeated trauma, irritation, infection, or hormonal influences. Most are small, raised, pedunculated, soft and red nodular lesions. The lesion typically presents as a rapidly growing erythematous papule or nodule that bleeds easily because of its rich vascular supply.[3] Because of this similar clinical features it is also correlate with *Raktaj Granthi*.

Surgical excision remains the standard treatment; however, recurrence is common if the lesion is not completely eradicated. Ayurveda offers an effective treatment through *Chhedana Karma* followed by *Agnikarma*, which ensures complete removal, hemostasis and prevention of recurrence.

CASE REPORT

Chief complaints

A 40-year-old female patient who was non-diabetic, non-hypertensive attended the *Shalya Tantra* Outpatient Department with OPD no. 8757 having complaints of:

- Nodular growth over the left thumb since 2–3 months.
- Occasional bleeding from the lesion, especially after minor trauma.
- Serous discharge from the growth since 5 days.
- Intermittent pain and discomfort during daily activities.
- Gradual increase in size of the lesion.

There was no history of tuberculosis, bleeding disorders or any major systemic illness. No significant family history was reported.

History of present illness

According to the patient, the lesion started as a small reddish papule over the left thumb approximately three months prior to presentation. It gradually increased in size and became prone to bleeding even on minimal touch. Episodes of watery discharge and mild pain were also noted. Due to recurrent bleeding and difficulty in performing routine work, the patient was come at our hospital for further treatment.

History of past illness

The patient had no past history.

Family history

Patient had no family history of *Raktaja Granthi*.

General Examination

- Blood Pressure: 126/82 mmHg
- Pulse Rate: 78/min
- Respiratory Rate: 18/min
- Temp: 98 F

- General condition: Stable

Systemic examination

CNS: Conscious and well oriented RS: BLAE clear

CVS: S1 S2 heard **Local Examination** Inspection:

Inspection evealed a solitary reddish nodular growth over the left thumb measuring approximately 1.5 × 1 cm. The lesion appeared pedunculated with a smooth surface and showed evidence of recent bleeding.

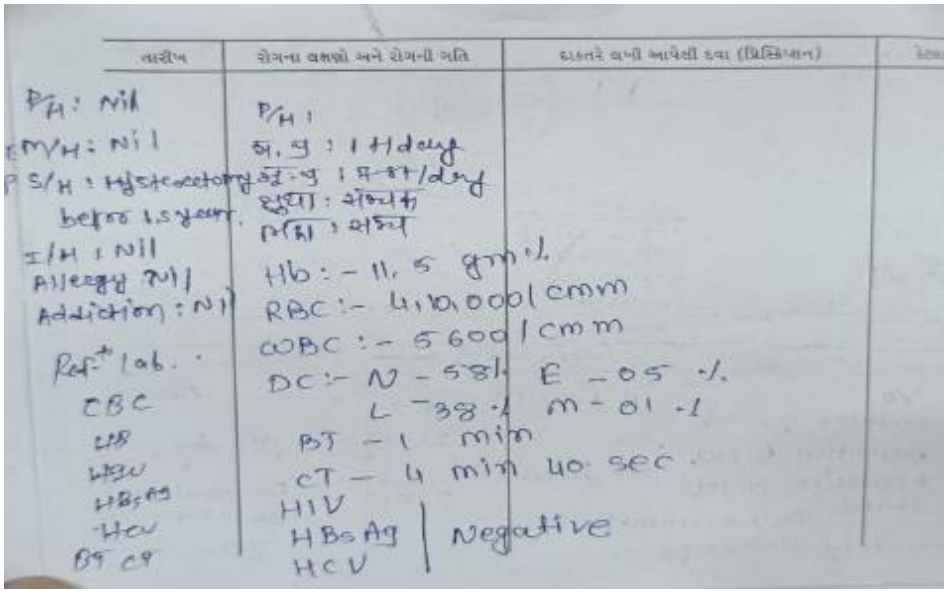
Palpation

- Local temperature: Not raised
- Tenderness: Mildly present
- Consistency: Soft to firm
- Bleeding on touch: Present
- Discharge: Minimal serous discharge
- Surrounding skin: Mild erythema
- Regional lymph nodes: Not enlarged

Final diagnosis

Raktaja Granthi (Pyogenic Granuloma).

Blood Investigation



MANAGEMENT

Acharya Vagbhata stated that indurated, non-resolving, or chronic *Granthi* requires *Chedana Karma* and *Agnikarma*.[4]

Preoperative Procedure

- Informed consent was taken before procedure.
- Inj. T.T. was given 0.5ml intra muscularly.
- Test dose given with Inj. Lignocain Hydrochloride 2%, 0.1ml intra dermally.
- Supine position given.
- Paintaing and drapping was done to local part.

Operative Procedure (*Chhedana* and *Agnikarma*)

- The procedure was performed under strict aseptic precautions.
- Local anesthesia was administered with Inj. Lignocaine Hydrochloride 2%.
- The growth was completely excised from its base using a sterile surgical blade no.11.
- Following excision, mild bleeding was observed from the base. Hemostasis was obtained immediately.
- *Agnikarma* was performed using a heated *Panchadhatu Shalaka* over the lesion base until *Samyak Dagdha Lakshana* were achieved.

Postoperative Care

- After *Agnikarma*, immediately freshly cut Aloe Vera and *Haridra Churna* was applied.
- Sterile dressing done.
- Advice regarding local hygiene and avoidance of trauma.

Follow Up

Daily dressing was done for one week and then patient was coming once a week for one month.

RESULTS

Immediate Outcome

- Complete cessation of bleeding.
- Effective hemostasis achieved.
- No procedural complications.

OBSERVATION

Clinical Features	Follow up			
	7th Day	14th Day	21st Day	1 Month
Pain	Pain markedly reduced	No pain	No pain	No pain and recurrence
Discharge	No discharge	No discharge or bleeding	No discharge or any infection	Patient completely symptom-free.
Healing Process	Healthy granulation tissue observed	Significant wound contraction with healthy healing progressing	Complete wound healing with minimal scar formation.	Normal skin



Before treatment



Painting and drapping



Local anesthesia



After 7 days of treatment



After 14 days of treatment



After 21 days of treatment

DISCUSSION

Raktaja Granthi is predominantly a disorder of vitiated *Rakta Dosha*. The clinical features described in Ayurvedic texts, such as reddish appearance, vascularity and tendency to bleed closely resemble those of Pyogenic Granuloma. The lesion's rich capillary network is responsible for recurrent bleeding and rapid growth.

Chhedana Karma facilitates complete excision of the pathological tissue, thereby removing the gross disease burden. However, residual microscopic vascular tissue at the base may lead to recurrence. *Agnikarma* addresses this limitation by thermally destroying residual pathological tissue. The heat generated during *Agnikarma* causes coagulation of blood vessels, protein denaturation and tissue cauterization resulting in immediate hemostasis and reduced recurrence.

Acharya Sushruta has emphasized that diseases treated with *Agnikarma* are less likely to recur. The present case supports this classical principle. The combined effect of *Chhedana* and *Agnikarma* resulted in complete healing, effective control of bleeding and absence of recurrence.

CONCLUSION

The combined application of *Chhedana Karma* and *Agnikarma* proved effective in the management of *Raktaja Granthi* (Pyogenic Granuloma). *Chhedana* ensured complete removal of the lesion, while *Agnikarma* provided hemostasis, destruction of residual pathological tissue and prevention of recurrence. This Ayurvedic parasurgical approach offers a safe, economical and minimally invasive treatment option with excellent clinical outcomes.

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