

MEDOJA GRANTHI – A REVIEW ARTICLE

¹*Dr. Manisha, ²Dr. Sachin Gupta, ³Dr. Saurabh Sharma and ⁴Dr. Kainat Ansari

¹M.S. (Ayu – Shalya Tantra), PG Scholar Final Year, ²M.S. (Ayu – Shalya Tantra), Professor and HOD, ³M.S. (Ayu – Shalya Tantra), Assistant Professor, ⁴M.S. (Ayu – Shalya Tantra), Assistant Professor, Department of Shalya Tantra – Patanjali Bhartiya Ayurvedigyan Evam Anusandhan Sansthan, Haridwar, Uttarakhand.

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***Corresponding Author**

Dr. Manisha

M.S. (Ayu - Shalya Tantra),
PG Scholar Final Year,
Assistant Professor,
Department of Shalya
Tantra - Patanjali Bhartiya
Ayurvedigyan Evam
Anusandhan Sansthan,
Haridwar, Uttarakhand.

ABSTRACT

Background: Lipoma is a benign tumor made of fat tissue. Usually seen in neck, upper back, shoulder, abdomen, buttock. Usually it is seen between 40 – 60 years. Lipoma can be correlated in Ayurveda to *Granthi* based on its characteristic feature. Due to vitiated *Vatadi dosha*, *Rakta*, *Meda*, *Mamsa* there will be formation of nodular or glandular swelling which is round, soft in nature is called as *Granthi*. Its pathology can be seen in two stages *Pakva* and *Apakva avastha*. In *Apakva avastha*, *Shodana* is the line of treatment. If it is predominant of *Meda* (fat) and excision- *Chedana* is line of treatment in *Pakva avastha* followed by *Dahana karma*.

KEYWORDS: *Granthi*, *Medoja granthi*, Lipoma.

INTRODUCTION

According to *Ayurveda*, the equilibrium state of *Manasika Doshas* and *Sharirika Doshas* leads to a healthy state of mind and body. As we moved into rapid modernization, the life style of an individual has become more sedentary along with lack of exercise and there is increased popularity of fast foods leading to impairment of metabolism in an individual making him prone to series of disease called a life style disorder such as excess of fat in body which further cause many diseases. *Medoja granthi* is one of them.

MEDOJA GRANTHI: CONCEPTUAL REVIEW

According to *Acharya Sushruta* due to vitiation of *Vata dosha*, *Mamsa* and *Rakta Dhatu* get vitiated which further vitiate *Meda* and *Kapha* leading to round and elevated growth in the body tissue is termed as *Granthi*.

The *granthi* which occur in *Meda Dhatu* are smooth, movable, increases with the growth of the body and decreases with the emaciation of the body, large, less painful and sometimes causes itching. When it ruptures, oozes ghee (clarified butter like discharge) is called *Medoja granthi*.

According to the clinical features the *Medoja granthi* is comparable with lipoma in modern medical science.

Types of *granthi* according to different *Acharyas*

Types	Sushruta	Charak	Vagbhatta	Madhavakara	Sharangdhara
<i>Vataja granthi</i>	+	+	+	+	+
<i>Pittaja granthi</i>	+	+	+	+	+
<i>Kaphaja granthi</i>	+	+	+	+	+
<i>Raktaja granthi</i>	-	-	-	+	+
<i>Siraja granthi</i>	+	+	+	+	+
<i>Medoja granthi</i>	+	+	+	+	+
<i>Vranaja granthi</i>	-	-	-	+	+
<i>Asthij granthi</i>	-	-	-	+	+
<i>Mamsaja granthi</i>	-	+	-	+	+

Doshas and their aggravating factors to cause the disease

<i>Vataja</i>	Excessive intake of katu (pungent), tikta (bitter), Kashaya (astringent), ruksha ahara (dry food) and nerve wrecking conditions.
<i>Pittaja</i>	Excessive intake of amla (sour), lavana (salty), fried food and excessive anger.
<i>Kaphaja</i>	Excessive intake of madhura (sweet), snigdha (oily) food and sedentary lifestyle.
<i>Raktaja</i>	Excessive intake of amla (acids), kshara (alkali) containing food, fried and roasted foods, alcoholic beverages. Excessive anger or severe emotional upset and hot climate etc.
<i>Mamsa</i>	Excessive intake of non veg food like meat, fish, milk, etc exudative foods, excessive sleep during day and overeating.
<i>Medoja</i>	Excessive intake of oily food, junk food, sweets, alcohol and lazy attitude.

Clinical features of *Medoja granthi*

- Smooth
- Movable

- Glossy
- Less painful
- Sometimes itching
- When it ruptures, oozes ghee (clarified butter like discharge)

Correlation between *Medoja granthi* and Lipoma

Properties	Medojagranthi	Lipoma
Fat involvement	Yes	Yes
Movability	Yes (<i>charaka</i>)	Yes
Consistency	Soft (<i>komal</i>)	Soft
Increase and decrease with body	Yes	Slowly growing/ did decrease with emaciation of the body
Pain	Mild / painless (<i>Bhavaprakash</i>)	Painless/occasionally painful
Itching	Present	Absent
Does it Burst	Yes	No

TREATMENT

Treatment is described as per two stages- *Pakva* and *Apakva avastha*.

- *Apakva vastha*: *Daha karma* after *lepa* of *tilakalka* with two layered cloth.
- *Prakshalana* with *gomutra* and *kalka of tila*, *Sauvarchika*, *haratala*.
- *Shodhana* with *saindhava*, *ksaudrapragadhakshara*.
- *Ropana* with *dvikaranja*, *gunja*, *vamsa*, *ingudi*, and *gomutra siddha taila*.
- *Chedana* is line of treatment in *Pakva avastha* followed by *Dahana karma*.

LIPOMA

The exact aetiology of lipoma/multiple lipomatosis is not known. Some incidences suggest that it may be due to obesity, alcoholism, heredity, trauma or sedentary type of life style.

Lipomas are the most common soft-tissue tumour and usually are solitary lesion. Approximately 5% to 8% of patient of lipoma have multiple tumour i.e. multiple lipoma. Multiple lipomas are 3 times as common in man as women. It may occur anywhere in the body, but mostly seen in the subcutaneous tissue of trunk, nape of neck and limbs. These tumors can occur at any age, but are most common in middle age, often appearing in people from 40 to 60 years old. Lipomas are usually relatively small with diameters of about 1–3 cm, but in rare cases they can grow over several years into "giant lipomas" that are 10–20 cm across and weight up to 4–5 kg. Lipomas may affect many cutaneous and non-cutaneous sites

including dermal, subcutaneous and subfascial tissues along with intramuscular, synovial, bone, nervous or retroperitoneal sites.

ETIOLOGY

The precise cause of lipoma is unknown. There also are several genetic syndromes that feature lipomas as a clinical manifestation. Multiple lipomas are present in 5% - 10% of effected patients and are usually associated with familial lipomatosis or numerous other genetic disorders. The incidence of lipoma is increased in patients with obesity, hyperlipidemia and diabetes mellitus.

CLINICAL FEATURES

- Localised swelling, which is lobular (surface), nontender.
- Semi fluctuant (because fat in body temperature remains in semiliquid).
- Mobile, with edges slipping between the palpating fingers (slip sign).
- Skin is free. Lipomas may be pedunculated at times.
- Pain in lipoma may be due to neural element or compression to nerves or adjacent structures.
- Trunk is the most common site; nape of neck and limbs are next common.
- Clinically lipoma can be single, multiple or diffuse.

TREATMENT

Usually, treatment of lipoma is not necessary, unless they become painful or restrict movement. They are usually removed for cosmetic reasons if they grow very large or for histopathology to verify that they are not a more dangerous type of tumour such as a liposarcoma. Lipomas are normally removed by simple excision. The removal can often be done under local anaesthesia but the tumour may require general anaesthesia. Liposuction is another option if the lipoma is soft and has a small connective tissue component. Liposuction typically results in less scarring but may lead to infection of the tumour. However, with large lipomas, it may fail to remove the entire tumour, which can lead to regrowth. New methods under development are supposed to remove the lipomas without scarring. One is, removal by injecting compounds that trigger lipolysis, such as steroids.

DISCUSSION AND CONCLUSION

Reviewing various *Ayurvedic* texts and contemporary science of medicine, including articles and journals it is observed that there are some similarities in *Medoja granthi* and lipoma. And

some dissimilarities also. In *Ayurvedic* texts it is mentioned that there is itching, pain in medogranthi and it bursts but in lipoma there is no itching present neither it bursts. The differences in the two may be because the term *Medoja granthi* is a wide term and not focused for lipoma only. As there are other swellings also which can be correlated with this such as sebaceous cyst as it sometime causes itching, may be painful when inflamed and may bursts sometimes.

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