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GRANTHI ROGA IN AYURVEDA A REVIEW WITH SPECIAL REFERENCE TO LIPOMA

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ABSTRACT

Granthi Roga occupies a well-defined place in classical Ayurvedic surgical literature as a localized, encapsulated swelling arising from the vitiation of Doṣa acting upon Dhātu, most often Meda (fat tissue), with obstruction of the Srotas (micro-channels). Among its subtypes, Medoja Granthi — a slow-growing, soft, mobile, painless swelling dominated by Kapha and Meda with a variable Vāta contribution — is widely correlated by contemporary scholars with the modern clinical entity of lipoma. This review draws together the classical description of Granthi found in the Bṛhattrayī, the pathogenesis (Samprāpti) of Medoja Granthi, its clinical resemblance to lipoma, and the dual Ayurvedic management strategy of Śodhana/Śamana (internal) and Śalya/para-surgical care such as Agnikarma, Kṣārasūtra and Lepa. The aim is to place a centuries-old nosological category in dialogue with present-day surgical practice.

01 INTRODUCTION

A lump beneath the skin is one of the oldest reasons a person has ever sought a healer's opinion — and Ayurveda built an entire diagnostic vocabulary around exactly that moment.

The word *Granthi* derives from a Sanskrit root meaning *knot* — an apt image for a swelling that Ayurvedic surgeons understood as tissue literally tying itself into a nodule. Both Charaka and Suśruta, writing during the Samhita period, described Granthi in

detail: its causes (Nidāna), the sequence by which it forms (Samprāpti), its clinical signs (Lakṣaṇa), and its treatment (Chikitsa). Later compilers — Vāgbhaṭa, Mādhava, Chakradatta, and the authors of Bhaiṣajya Ratnāvalī and Yoga Ratnākara — continued to refine the picture across the medieval period, and 19th–20th century commentators were the first to explicitly equate the fat-dominant variety of Granthi with the modern lipoma.

A lipoma, in contemporary surgical terms, is a benign tumour of mature adipocytes — soft, mobile, slow-growing and usually painless — and is one of the most common soft-tissue swellings encountered in clinical practice. That two independent traditions, separated by millennia and by their entire conceptual apparatus, converge on such a similar clinical picture is precisely what makes Granthi–lipoma correlation a rewarding subject for review.

02 The Classical Concept of Granthi

Ayurvedic texts define Granthi as a circumscribed, elevated swelling formed when vitiated Doṣa — usually in combination rather than alone — become lodged in a Dhātu (bodily tissue) and obstruct the Srotas carrying nourishment to and from that tissue. The trapped, stagnant tissue then organizes itself into a firm, rounded mass, distinguished in the texts from the more diffuse, acute swelling called Śotha (oedema) and from malignant, invasive growths described separately as Arbuda.

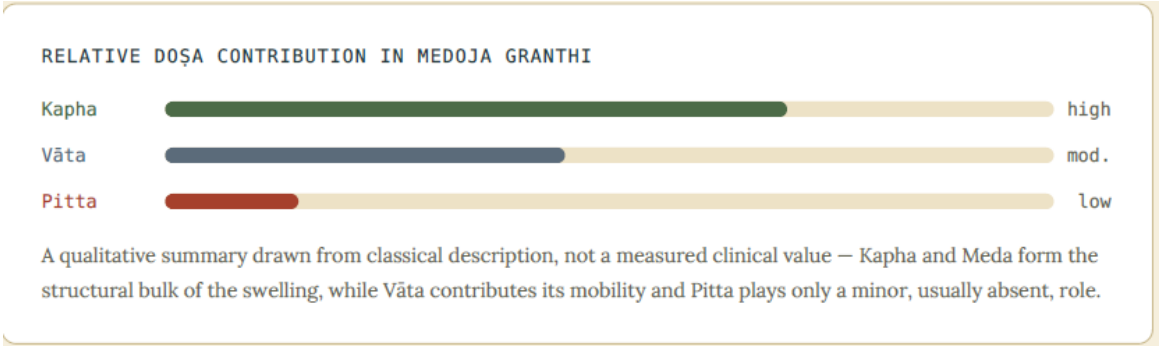
Granthi is understood not as one disease but as a shared pathological pattern — a "knot" that different combinations of Doṣa and Dhātu can produce in different tissues, giving rise to several named subtypes.

Classification by dominant Doṣa and Dhātu

TYPE OF GRANTHI	DOMINANT FACTOR	CLASSICAL CHARACTER
Vātaja Granthi	Vāta	Dry, rough, mobile, associated with pricking or radiating pain
Pittaja Granthi	Pitta	Warm, reddish, tends to suppurate; associated with burning sensation
Kaphaja / Medoja Granthi	Kapha + Meda	Soft, smooth, slow-growing, cold to touch, minimally painful
Raktaja Granthi	Rakta (blood)	Blackish-red, often tender; may resemble vascular or cystic swellings
Śiraja / Ābhyantara Granthi	Mixed / deep-seated	Arising from vessels or deeper planes; more variable presentation

03 Medoja Granthi - the Fat-Tissue Knot

Of these subtypes, **Medoja Granthi** is the one classical scholars most consistently map onto the lipoma. Meda Dhātu (adipose tissue) is, by classical physiology, Kapha-dominant, unctuous and heavy in quality — qualities that, when aggravated further by poor Agni (digestive-metabolic fire), sedentary habit, and a diet heavy in unctuous, sweet, or heavy foods, accumulate as excess, poorly metabolized fat. This accumulated Meda obstructs the Srotas locally, and Vāta — mobile by nature — often becomes entrapped within it, giving the resulting Granthi its characteristically mobile, "rollable" quality under the fingers.



Nidana — contributory factors

- Sedentary lifestyle with minimal physical activity (Kapha accumulation)
- Habitual intake of heavy, unctuous, sweet, or fatty foods
- Weak or irregular Agni, leading to incomplete tissue metabolism
- Local trauma or obstruction affecting the Srotas of a region

Lakṣaṇa — clinical features described in the classics

- Slow, gradual increase in size, tracking the person's overall body fat

- Soft to firm, doughy consistency; not adherent to overlying skin
- Mobile beneath the skin; minimal or absent tenderness
- Occasional mild itching or tingling rather than true pain
- On incision, a discharge resembling ghee or whitish fatty fluid

04 Medoja Granthi and Lipoma — Side by Side

Set next to a contemporary surgical description, the overlap is striking. A lipoma is a benign neoplasm of mature adipocytes, most often single, subcutaneous, and most common over the trunk and limbs, though deeper intramuscular forms exist; it is generally soft, mobile, slow-growing and painless, features that map closely onto the classical picture of Medoja Granthi.

Medoja Granthi (Classical)	Lipoma (Modern)
Kapha and Meda predominant; Vāta secondary Soft, unctuous, cold, mobile swelling Grows in proportion to the person's overall Meda (fat) Minimal pain; occasional itching Ghee-like discharge if incised	Encapsulated mass of mature adipose cells Soft, mobile, subcutaneous; deep/intramuscular forms exist Slow-growing, often present for years before noticed Usually painless; found more often in trunk and limbs More common in adults; single lesion typical, multiple possible

Contemporary Ayurvedic scholarship is careful to note that the correlation is clinical rather than exact: classical texts do not describe every feature that modern histopathology can, and "Granthi" as a category also absorbs cystic swellings (correlated more with Kaphaja or Raktaja Granthi depending on their contents) alongside the strictly fatty Medoja variety. A definitive diagnosis in current practice therefore still rests on modern clinical and, where needed, histopathological confirmation before Ayurvedic management is planned.

05 Chikitsa — Principles of Management

Ayurvedic management of Granthi Roga is deliberately two-pronged: internal (Śamana/ Śodhana) measures to correct the underlying Doṣa–Dhātu imbalance, and external, para-surgical or surgical (Śalya) measures directed at the swelling itself. Suśruta himself favoured decisive local intervention for a well-formed Granthi, while reserving internal medicine for early, soft, or reducible swellings and for preventing recurrence.

Samana and Sodhana (Internal Management)

- **Dietary correction** — reducing heavy, unctuous and sweet foods that aggravate Kapha and Meda
- **Deepana–Pāchana** — herbs and formulations that kindle Agni and improve fat metabolism
- **Classical formulations** such as Triphalā Guggulu, Kāñchanāra Guggulu and Navaka Guggulu, traditionally used for Granthi and Meda-dominant conditions
- **Panchakarma** procedures, particularly those aimed at Kapha-Meda purification, used in select cases

Salya and Para-surgical management

- Agnikarma (therapeutic thermal cauterization) — described by Suśruta as particularly suited to Medoja Granthi, working on the principle that heat counters the cold, unctuous quality of Kapha-Meda
- Kṣārasūtra ligation — a minimally invasive thread technique, especially useful for pedunculated lesions, allowing gradual excision without open surgery
- Lepa (medicated local applications) — topical formulations intended to soften and reduce the swelling
- Raktamokshana (therapeutic bloodletting) — reserved for more advanced, vascularised or encapsulated Granthi
- Chedana / surgical excision — the classical equivalent of modern excision, for definitive removal where indicated

Modern case reports continue to test these classical tools directly against lipoma — for example, Kṣārasūtra ligation used for a pedunculated lipoma, or Agnikarma combined with internal Guggulu formulations for subcutaneous lesions — generally reporting favourable outcomes in small case series, though larger controlled trials remain limited.

06 DISCUSSION

The Granthi–lipoma correlation is a useful case study in how a pre-microscopic diagnostic system can still track a real clinical entity with reasonable fidelity, purely through careful bedside observation of consistency, mobility, growth rate and discharge. Where the classical model adds genuine value is in its management logic: rather than treating every Granthi identically, it stratifies care by the dominant Doṣa and by the maturity of the swelling, offering internal correction for early or constitutional tendencies and targeted local procedures — many of them minimally invasive — for established lesions.

The main limitation, honestly stated, is evidentiary: most of the supporting clinical literature consists of single case reports or small comparative studies rather than large randomized trials, and "Granthi" as a category is broader than lipoma alone, so correlation should not be mistaken for identity. Any suspicious, rapidly growing, painful, or deep-seated swelling still warrants standard modern clinical evaluation before an Ayurvedic diagnosis of Medoja Granthi is assumed.

07 CONCLUSION

Granthi Roga represents one of Ayurveda's more enduring diagnostic categories, and Medoja Granthi in particular offers a close, well-documented parallel to the modern lipoma — soft, mobile, slow-growing, and rooted, in both systems, in the biology of fat tissue. The classical literature's twin approach of internal correction and targeted local therapy, especially Agnikarma and Kṣārasūtra, continues to be revisited in present-day case studies as a complementary or alternative pathway to standard excision. A more rigorous, larger-scale evidence base would strengthen its place alongside, rather than instead of, contemporary surgical care.

This review is intended for academic and educational reference. It is not a substitute for professional medical evaluation — any new or enlarging swelling should be assessed by a qualified clinician before any treatment, Ayurvedic or otherwise, is undertaken.

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