

MEDOGRANTHI WITH SPECIAL REFERENCE TO LIPOMA: A REVIEW ARTICLE

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ABSTRACT

Medogranthi is made up of two words as Meda and Granthi. According to Ayurveda when vatadi dosha further vitiate the mamsa, rakta, kapha and meda dhatu they form an upright tubercle like appearance or swelling that's why it is called as Granthi.^[1] Number of granthi varies according to different acharyas. One of them is Medogranthi. The treatment for granthi is also mentioned by our acharyas. Medogranthi resembles lipoma in various manners, hence this review article is being done to study the Medogranthi and its nearest correlation lipoma.

KEYWORDS: Granthi, Medogranthi, Lipoma.

INTRODUCTION

Which keeps body smooth, unctuous is called as Meda. When vitiated vatadi doshas further vitiate the Mamsa, Rakta, Kapha and Meda dhatus they form an upright tubercle like swelling, it is called 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 ruptures oozes meda, is called medogranthi.^[2]

It is nearest correlation to lipoma. A lipoma is one of the commonest and most benign of all tumours. It is composed of fat cells of adult type.^[3] The first description of oral lipomas was given by Roux in 1848 in a review of alveolar mass; he referred it as a "yellow epulis."^[4] Lipomas are seen in males more than female (9:1).^[5] The prevalence of lipomas has been cited as affecting 1% of the population, while its incidence, which is possibly underreported, is 2.1 per 1000 individuals per year.^[6]

Conceptual Study

Table 1: Types of granthi according to various acharya.^[7,8,9,10]

	Sushruta	Charaka	Madhavakara	Sharangdhara	Vagbhat
Vataja granthi	+	+	+	+	+
Pittaja granthi	+	+	+	+	+
Kaphaja granthi	+	+	+	+	+
Raktaja granthi	-	-	-	+	+
Siraja granthi	+	+	+	+	+
Medo granthi	+	+	+	+	+
Vranaja granthi	-	-	-	+	+
Asthij granthi	-	-	-	+	+
Mamsaja granthi	-	+	-	+	+

Table 2: Dosha and their aggravating factors.^[11]

<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), and fried food and excessive anger.
<i>Kaphaja</i>	Excessive intake of madhura(sweet), snigdha(oily) food and desk bound life style.
<i>Raktaja</i>	Excessive intake of amla(acids), kshara(alkali) containing food, fried and roasted foods, alcoholic beverages. Excessive anger or severe emotional upset, scorching heat and hot climate etc.
<i>Mamsa</i>	Excessive intake of food like meat, fish, milk, etc exudative foods, excessive sleep during day and overeating
<i>Medoja</i>	Excessive intake of oily food, sweets, alcohol and lazy attitude

Clinical features of Medogranthi^[12]

- Smooth
- Movable
- Glossy
- Large
- Less painful
- Sometimes itching
- On rupture fat simulating oil cake is discharged

cotton cloth, then rubbed frequently with a hot iron rod without producing burn. Or it should be incised first, fat taken out and cauterized. Or incised and washed with urine and treated with cleansing application of the paste of sesamum mixed with suvarchika, orpiment, rock salt, plenty of honey, and ghee and added predominantly with yavakshara.

Treatment for Medogranthi^[13]

The treatment of *granthi* is also vividly mentioned by *Sushruta* as in *medo granthi* apply *Tila Kalka Lepa* (paste of black sesame) and cover it with double folded

Correlation between Medogranthi and Lipoma**Table 3.**

Properties	Medogranthi	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>Bhavprakash</i>)	Painless/occasionally painfull
Itching	Present	Absent
Does it Burst	Yes	No

Lipoma

Lipoma is one kind of benign tumour as per modern surgery that resembles with the granthi in general and *medogranthi* as per *Ayurveda*. Lipomas are usually soft, well-circumscribed masses featuring a yellow cut surface. They mostly have a thin capsule. Lipomas are composed of lobules of uniform, mature adipose tissue. Lipomas are diffusely positive for S-100 protein, but this is not specific for lipomas.^[14] Classic benign lipomas often show chromosomal rearrangements of 12q14-15, 6p and 13q.9.^[15]

- Angiolipomas being highly vascular is commonly tender.
- Trunk is the most common site; nape of neck and limbs are next common.
- Clinically lipoma can be single, multiple or diffuse.

Clinical features of lipoma^[16]

- 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.

Types of Lipoma^[17]**Table 4:**

Superficial subcutaneous lipomas	Most common type of lipoma, lie just below the surface of the skin. Most occur in trunk, thigh, and forearm, although they may be found anywhere in the body where fat is located.
Angiolipoma	Painful subcutaneous nodules having all other features of typical lipoma
Angiolipomyomas	Acquired, solitary, asymptomatic acral nodules, characterized histologically by well-circumscribed subcutaneous tumours composed of smooth muscle cells, blood vessels, connective tissue, and fat.
Chondroid lipoma	Are deep-seated, firm, yellow tumours that characteristically occur on the legs of women.
Corpus callosum	Lipoma is a rare congenital brain condition that may or may not present with symptoms. This occurs in the corpus callosum, also known as the calossal commissure, which is a wide, flat bundle of neural fibres beneath the cortex in the human brain.
Hibernomas	Lipomas of brown fat
Intra dermal spindle cell lipomas	Are distinct in that they most commonly affect women and have a wide distribution, occurring with relatively equal frequency on the head and neck, trunk, and upper and lower extremities
Neural fibro lipoma	Overgrowth of fibrofatty tissue along a nerve trunk which often leads to nerve compression
Pleomorphic lipoma	Spindle-cell lipomas, occur for the most part on the backs and neck of elderly men and are characterized by floret giant cells with overlapping nuclei
Spindle cell lipoma	Are asymptomatic, slow-growing, subcutaneous tumours that have a predilection for the posterior back, neck, and shoulders of older men

Treatment

Treatment options are non-excisional and excisional techniques. Non-excisional techniques are steroid injections, which results in fat atrophy, and liposuction, which destroys the adipose tissue. The most common option of treatment of lipomas is simple excision. During excision, surgeon should be sure to remove the tumour with capsule to prevent recurrence. After excision local recurrence percentage is less than 5%. The infiltrated lipomas have higher recurrence percentage than small solitary lipomas.^[18]

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 *Medogranthi* 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 *medogranthi* 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. *Acharya Sushruta* has mentioned that in some parts of the body aggravated doshas vitiate muscle and thus produce round firm, with mild pain, large, deep rooted, slowly developing, non- suppurating and, swollen fleshy mass, is known as *Arbuda*. But further while mentioning the types he explains that the *lakshanas* of *arbuda* are like that of *granthi*.^[19] But there is difference in *samprapti* of the both *medogranthi* and *medojarbuda*. Hence, it should be widely reviewed on various perspectives the correlation of medogranthi to the modern swelling type.

The age of onset for a lipoma varies, it is typically first seen in patients between the ages of 40 to 60,^[20] Treatment used for lipoma is complete excision normally a first choice. Other treatment modalities like liposuction, steroid injection, laser lipolysis, ultrasound associated lipolysis etc. Treatment as per Ayurveda needs to be observed and evaluated, so that an economical and easy approachable treatment can be found for Medogranthi or Lipoma.

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