



Case Study

MANAGEMENT OF PYOGENIC GRANULOMA ON EYELID THROUGH CHEMICAL CAUTERIZATION (KSHARA KARMA)

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ABSTRACT

Pyogenic granuloma is an acquired benign vascular proliferation. Clinical features are rapid painless, red polypoid papule or nodule growth on skin or mucus. Both surgical and non-surgical treatments are advised for pyogenic granuloma. *Arsha vartma* is one among *Netraroga* explained in *Vartmagataroga's* according to *Acharya Sushruta Arsha vartma tridoshaja chedana Sadhya vyadhi*, is characterized by the eruption of a small, rough, lesion in lid margin which resembles *Ervaru beeja* (size of the lesion is similar to Cucumber Melos seed) and mild pain. *Acharya Vagbhata* included few other clinical features like burning sensation, bleeding and cure even after removal. **Objective:** to see the effect of *Tilanala kshara* in pyogenic granuloma. **Methods:** A 32 years old male patient visited our OPD of *Shalaky Tantra*, SJGAMC, Koppal, with complaints of painless slow growing mass on right upper eyelid near lid margin, occasionally bleeding with trauma since 20 days. Patient was diagnosed as Pyogenic granuloma (*Arsha vartma*). Patient was treated with 1 sitting of *Tilanala Kshara Pratisarana* and *Jathyadhi ghritha ointment* for 7 days. **Result:** complete resolution of pyogenic granuloma was seen in 7 days **Conclusion:** *Chedana, Bhedana, Lekhana Dahana karma* of *Kshara* have effect on pyogenic granuloma and prevent the recurrence.

INTRODUCTION

Pyogenic granuloma is an acquired benign vascular proliferation, most commonly seen on skin or subcutaneous tissue. It is also called lobular capillary hemangioma^[1] subtypes including dermal, subcutaneous, intravenous, eruptive and associated with satellites. Pathology of pyogenic granuloma is not clear, angiogenesis-related dysregulation is hypothesized in its development^[2]. Ocular pyogenic granulomas are rare. Usually, occurs on eyelids, conjunctiva and cornea. Symptoms include rapidly growing, painless, red polypoid papule or nodule with an average size of 6.5mm, reaching its maximum in a few weeks^[3]. The lesion bleeds with trauma. Treatment modalities are surgical and non-surgical approaches.

Surgical approaches can include excision, curettage and cauterization. Non-surgical management includes cryotherapy with liquid nitrogen, laser ablation, sclerotherapy, topical imiquimod, diathermy, radiation, steroids and bleomycin injection^[4]. Complete excision with suturing has lower rate of recurrence^[5]. In cosmetic area shave excision or curettage followed by electrocautery is used but these modalities have more recurrence rate^[6]. On the basis of signs and symptoms of pyogenic granuloma can be compared with *Arsh vartma*. *Acharya's* have diverse perspectives on *Arsha vartma*. Clinical features of *Arsha vartma* are the formation of lesion which may appear as *Sukshma* (small), *Khara* (rough), *Eravaru beeja Pratima* (size similar to cucumber melos seeds) in lid margin with mild pain^[7], *Rakta varna* (reddish), *Stabda* (rigid), *Raktasrava* (bleeding from lesion) with burning sensation and recur even after surgical removal^[8]. Treatment modalities are excising the lesion using a surgical technique^[9]. Considering the cosmetic aspect and to prevent recurrence of pyogenic granuloma in this case *Tilanala Kshara karma* (chemical cauterization) was done.

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CASE REPORT

Patient Information

A 32-year-old male patient visited our outpatient department of *Shalakyta tantra*, SJGAMC, Koppal, Karnataka, India with complaints of a painless slow-growing mass on the right upper eyelid near the lid margin, occasionally bleeding with trauma for 20 days.

Past history: The patient has no history of ocular surgeries, trauma or any eye infection.

Clinical Findings

Ashtavidha pariksha (eight-fold examination)

Nadi (pulse) was *Pitta-Kapha*. *Mutra* (urine) and *Mala* (feces) were normal. *Jihva* (tongue) was non-

coated. *Sparsha* (touch) was warm. *Shabdha* (voice) was normal. *Drik* (eyes)- nodule was present on the eyelid and he was moderately built.

General examination

On examination *Sharirika Prakriti* of the patient was *Pitta-Kaphaja*. Pulse was 78bpm, blood pressure was 120/70 mm of Hg, and respiratory rate was 20cpm, abdomen was soft and non-tender. Respiratory, cardiovascular and central nervous system functioning were normal.

Local examination: Clinical findings of anterior segment of eye are mentioned in Table. 1.

Table 1: Clinical finding

	Right	Left
Visual acuity	6/6	6/6
Eyelid	Non-tender purple-red polypoidal lesion, 5*4mm was present near the lid margin	Normal
Eyelashes	Trichiasis	Normal
Conjunctiva	Normal	Normal
Cornea	Normal	Normal
Sclera	Normal	Normal
Pupil	Normal	Normal

Differential Diagnosis: Molluscum contagiosum, ruptured chalazion granuloma, pyogenic granuloma.

Diagnosis: Based on history and clinical presentation, the patient was diagnosed with Pyogenic granuloma (*Arsha Vartma*).

Treatment Intervention

After receiving written informed consent from the patient, treatment was done. First day (30-01-2024) *Tilanala kshara* application was done. After *kshara* application *jathyadhi ghrita* was given for external application. The treatment protocol is shown in Table.2

Table.2 Treatment Protocol

Sl.No	Treatment	Duration
1	<i>Tilanala kshara Pratisarana</i>	1 sitting
2	<i>Jathyadhi ghrita</i> ointment	7 days

Time Line

The timeline of the treatment is depicted in Figure 1

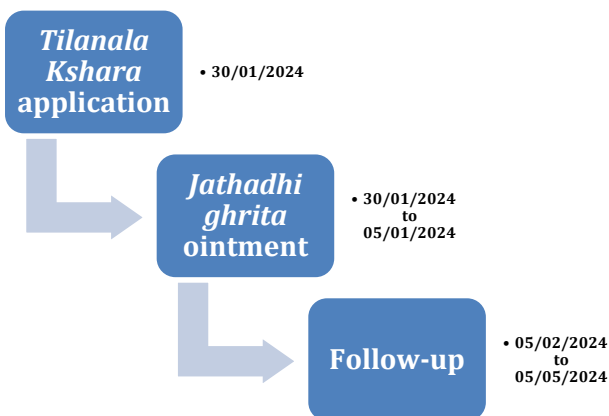


Figure 1: Timeline of the treatment

Kshara Karma Procedure

Purvakarma (Pre-Procedure)

- Explained about procedure and consent was taken
- Material collection- *Tilanala kshara*, *Kshara* applicator, *Nimbu swarasa* and cotton.
- The patient was made to lie in a supine position.

Pradhanakarma (Procedure)

- Eyelid was wiped with gauze.
- Patient was asked to close eyelid.

- Application of *Tilanala Kshara* with applicator.
- *Kshara* was kept for 1min.
- *Kshara* was removed when its colour changer into *Jambuphala varna*.
- After removal of *Kshara*, *Nimbu swarasa* was applied over that to neutralize the *Kshara*.

Paschat karma: (Post-Procedure)

- *Jathyadhi ghritha* ointment applied over the burnt area.

OBSERVATION AND RESULTS

Observation and results shown in Figure. 2

1 st day before treatment.	• Tender Purple-red polypoidal lesion, 5*4mm was present near lid margin. Figure.4
1 st day after Ksharakarma	• lesion turned into blackish in color. Figure.6
3rd day	• Necrosis started; Progressive shrinking of lesion, half of the size was reduced. Figure.7
7th day	• No lesion, scar mark was present. Figure.8
21 st day	• Complete resolution of lesion without scar mark, Skin became normal. Figure.9
After 3 months	• No recurrence was seen.

Figure 2: Observation and treatment

DISCUSSION



Figure 4: Before treatment



Figure 5: During Kshara Pratiarana



Figure 6: After kshara Karma

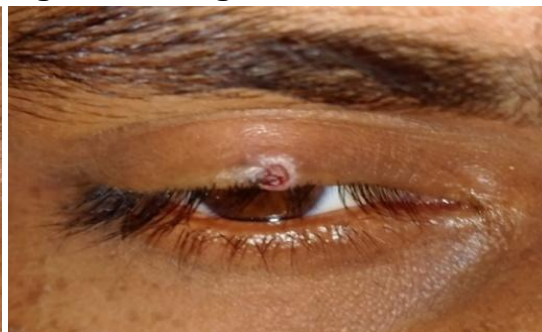


Figure 7: 3rd Follow up



Figure 8: 7th day Follow up

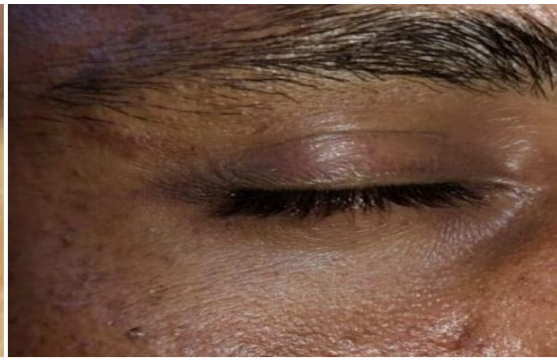


Figure 9: 21st day Follow up

DISCUSSION

Pyogenic granuloma is benign growth. *Arsha vartma* is *Tridoshaja chedana Sadhya vyadhi*. So, it should be excised by surgical or para surgical procedure. In this case, the pyogenic granuloma was occurred on the upper eyelid near the lid margin, so the surgical excision procedure may damage the surrounding tissues and lead to many complications. In shave excision, there is a chance of reoccurrence. To prevent complication in this case, plant origin chemical cautery *Tilanala Kshara* was used.

Mode of action of *Tilanala kshara*

Among *shastra* and *Anushastra*, *Kshara* is best. *Kshara* defines *Ksharanat Kshanat va kshara*^[10] means *Kshara* removes/destroys the morbidities from the skin, muscles, etc. *Kshara* is prepared from many plants, animals, and minerals.

Tilanala possesses *Kashaya Tikta rasa* (bitter and pungent taste), *Guru* (heavy), *Snigdha* (unctuousness) *guna*, *Ushna veerya* (hot potency), *Madhura vipaka* (sweet bio-transformed *Rasa*)^[11].

Vyavayi and *Sukshma* properties of *Tilanala kshara* enters into *Srotas* (minute channels) *Ushna*

Tikshna destroys the stagnant *Doshas*, *Dahana karma* of *Kshara* cauterize the tissue and *Lekhana* (Scraping) and *Chedana karma* of *Kshara* aids in the shedding of the *Pidika* and *Ropana karma* facilitates healing of the *Pidika*^[12].

Tilanala kshara by its alkalinity (PH is 10.5) used as chemical cautery in pyogenic granuloma. *Tilanala kshara* cauterizes the tissue causing it to necrotize and subsequently shed necrosed tissue. Because of its alkaline nature also acts as an anti-bacterial and anti-inflammatory, helps in rapid healing of wound by preventing subsequent infections^[13].

Mode of action of *Jatyadhi ghrita* ointment

Jathyadhi ghrita ointment contains *Jati*, *Nimba Patra*, *Patola Patra*, *Katuka*, *Darvi*, *Nisha*, *Sariva*, *Manjishta*, *Tuttha*, *Abhaya*, *Madhuka*, *Karanja*, *Sarpi* and *Sikata*. Invitro studies of *Jathyadhi ghrita* have shown antibacterial and anti-inflammatory property. It accelerates wound healing by faster re-epitheliazation, faster maturation of granulation tissue and early angiogenesis^[14].



Figure 3: Mode of action of *Tilnala kshara*

CONCLUSION

In this case study *Tilanala kshara* was found effective in pyogenic granuloma. Without any complication, complete resolution of pyogenic granuloma occurred in 7 days after application of *Tilanala kshara*. No residual scarring and No reoccurrence were observed at the 3 months of follow-up. So *Tilanala kshara* is a substitute for surgery, easy to administer, even useful in hard to treat areas. Safe, cost effective and Prevents recurrence.

Declaration of patient consent

The patient has given consent for publishing his case along with images in the journal. And clearly explained to the patient that his name and initial would not be published anywhere and would not disclose his identity to others.

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