

**EFFECTIVE MANAGEMENT OF LOBULAR CAPILLARY HEMANGIOMA
THROUGH KSHARA KARMA – A CASE REPORT**¹Anupama K Honnaik, ²Anil B. Chandanshive, ³Ashwini Kumbar¹Assistant Professor, Department of PG Studies in Shalya Tantra, LKR Ayurvedic Mahavidyalaya and Hospital, Gadhinglaj, Kolhapur, Maharashtra, India²Associate Professor, Department of PG Studies in Kriyasharira, LKR Ayurvedic Mahavidyalaya and Hospital, Gadhinglaj, Kolhapur, Maharashtra, India³Associate Professor, Department of Shalakyatantra, KLE Ayurveda College and Hospital, Chikkodi, Belagavi, Karnataka, IndiaCorresponding Author: manushri7@gmail.com<https://doi.org/10.46607/iamj1512102024>

(Published Online: October 2024)

Open Access

© International Ayurvedic Medical Journal, India 2024

Article Received: 08/09/2024 - Peer Reviewed: 29/09/2024 - Accepted for Publication: 13/10/2024.

**ABSTRACT**

Lobular capillary hemangioma is a benign vascular tumour that arises in tissues such as the skin and mucous membranes. The ratio of males to females was 1: 1.2, resulting from an imbalance in angiogenic factors, which leads to a rapid proliferation of capillaries of a neovascular, friable, and lobulated character. Skin presentation is rare and most observed with a history of trauma. Reactive granulation will result in erosion, ulceration, and bleeding. Ulceration, bleeding, and cosmetic appearance demand its treatment, which is only the excision. Different therapies have variable degrees of success and variable rates of recurrence. This clinical condition is well explained in *Ayurveda* under *Arbuda* and *Dustavrana*. In the present case, a 14-year-old female patient diagnosed with an ulcerated lobular capillary hemangioma was successfully treated with complete excision and *Kshara karma with Tikshna Apamarga pratisaraniya Kshara* followed by *vrana chikitsa*. A follow-up study has revealed no recurrence after two years.

Keywords: Lobular capillary hemangioma, *Arbuda*, *Dushta Vrana*, *Tikshna Apamarga pratisaraniya Kshara*.

INTRODUCTION

Hemangiomas are the most common tumours of infancy and are characterised by a proliferating and involuting phase. Lobular capillary hemangioma, or pyogenic granuloma, is a benign vascular tumour that arises in the skin and mucous membranes. The malformations have a typical endothelial cell growth cycle that affects the veins, the capillaries or the lymphatics and do not involute. Hemangiomas usually appear soon after birth, typically increase during the first year of life, and then involute during the childhood years (up to 12 years). The lesion grossly appears as a solitary, red, pedunculated papule that is very brittle. It may present as a sessile plaque, exophytic growth with a surface often undergoing ulceration and bleeding. History of trauma, medication, and pregnancy are predisposing factors. Amelanotic melanoma, Squamous cell carcinoma, angiosarcoma, irritated melanocytic nevi, and warts are the same conditions which mimic the disorder. Lobular capillary hemangioma is diagnosed based on the history of trauma and classical clinical findings. But histologic examination is warranted after complete excision. These lesions have no malignant potential. However, since they do not regress spontaneously and may bleed, ulcerate, or be cosmetically disfiguring, they may necessitate treatment. Cryotherapy, electrocautery or chemical cautery with silver nitrate, laser therapy and partial resection by shave excision may lead to recurrence in the future; hence, complete primary excision is preferred¹. *Raktaja granthi* is compared with hemangioma, but in the present case, as it was elevated, discharging, chronic and ulcerative, it is compared with *Dustavrana*, which is explained by Acharya Sushruta and Kshara karma is indicated in such type of *Dustavrana* in 60 measures of management of chronic non-healing ulcer². *Kshara* has properties like *Dusta mamsa himsana, pachana, rakta shambhana, and chedana*, so it is selected for the present case. After complete surgical excision under local anaesthesia, the *Kshara karma* wound is managed with *Jatyadi taila* locally and *Cap Grab* and *Asanadi Kashaya* for one month.

Case Report

Chief Complaints: Elevated bluish-black discolored skin lesion on left knee joint over tibial tuberosity since birth associated with pain, blood mixed pus discharge, ulceration at the same lesion in the last eight months following repeated trauma with cloths.

History of present illness:

A 14-year-old female patient presented in the OPD of our hospital with a history of congenital painless small bluish-red skin lesion over the left knee joint. The lesion increased in size gradually, and she developed pain and bleeding when get irritated with clothes. For the last eight months, she noticed it as cosmetically looking ugly and pus discharge; she was taken to the dermatologist and was treated medically. Symptoms aggravated with ulceration and bleeding, so she consulted for a surgical opinion at our hospital on 19/4/2022.

Past History:

Diagnosed with melanoma and treated with steroids and ointments for five months.

Not a K/C/O DM/ HTN & IHD

Clinical Findings On the Day of Admission:

The patient was thoroughly examined locally as well as systemically. The local findings revealed a bluish-red elevated sessile lesion over the left tibial tuberosity of size 3cm in length and 3 cm in width and a secondary lesion of the same colour at 1 cm proximal to a primary lesion of size 1cm in length and width with ulceration, blood mixed thick pus discharge, foul smell. The surrounding area was expected, and the ROM of the left knee joint was normal and painless. The local temperature was raised on palpation, and tenderness was present; there was no oedema or bleeding on the touch. Popliteal artery pulsation was regular. (Figure 1)

Personal History:

Diet: Vegetarian

Appetite: Good

Bowel: Regular

Micturition: 4-5 times/day & 1 time/night

Sleep: Normal

Menstrual history: Not attained menarche.

Family History: No significant history.

General Survey:

Gait- Antalgic

Physical Examination:

B.P: 110/70 mm of Hg.

P.R: 68/min.

R. R: 20/min

Temperature: 98⁰F

Pallor, Icterus, Cyanosis, Clubbing, Edema, and Lymphadenopathy: Absent

Systemic Examination:

CNS: Conscious, well oriented, sensation and reflex-intact

CVS: Normal, no added sounds heard

RS: B/L symmetrical air entry, NVBS heard

GIT:P/A: Soft, No organomegaly

Local Examination:

Vrana parigraha: Twak, Raktha, Sira &Mamsa.

Vrana Pareeksha:

Number: 1

Site –left knee joint over tibial tuberosity

Size: — Length: 3cm, Width: 3cm

Edge and margin –Punched out, irregular bluish-red lobulated margin

Floor: Covered with reddish-yellow discharge

Base: Sessile and Indurated.

Discharge: blood mixed pus.

Surroundings: Normal

Tenderness: -Present.

Regional Lymph node: Not palpable.

Rogadishtana:

Adhakaya – Dakshina janu sandhi (Twak, rakta Mamsa, Sira)

Avastha: chira

Provisional diagnosis: Raktaja Granthi / *Dushta Vrana*

Clinical diagnosis: *Dushta Vrana*. (Infected lobular capillary hemangioma)

Prognosis: *Krichra Sadhya*

Lab Investigations: on 19/04/2022

Hb%: - 11gm %,

T.C -6800 /Cu.mm

D.C: Neutrophils: 67%, Lymphocytes: 16%, Eosinophil: 2%, Monocytes: 01%, Basophiles: 00%

ESR: 25mm/Hr.

Random blood sugar (R.B.S) - 98.0 mg/dl

Bleeding time- 3 min 05 sec

Clotting time- 2 min 15 sec

HIV & HBsAg- Negative

Table 01 : Treatment was done, and the result:

Date of Intervention	Local treatment	Systemic treatment	Observations
19/04/2022	Under local anaesthesia, the secondary lesion was excised and sent for histopathology study.	1. <i>Cap Grab 2 BD</i> 2. Tab. Lyser-D 1 BD 3.- <i>Asanadi Kwath 40ml Bd</i>	-During excision, lobulated capillaries were observed with bleeding. Kshara was applied to the excised wound to stop bleeding. (Figure 2)
20/04/2022-28/04/2022	The excisional wound was cleaned with NS, and Daily <i>Jatyadi taila</i> was applied. The wound was kept open.	1. <i>Cap Grab 2 BD</i> 2. Tab. Lyser-D 1 BD 3.- <i>Asanadi Kwath 40ml Bd</i>	Pain and discharge reduced. (Figure 3) The histology report suggests capillary hemangioma, so a complete excision is planned.
29/04/2022	Under Field block LA, complete excision is done with 0.5 cm of healthy surrounding skin. <i>Tikshna Apamarga Kshara</i> was applied, and then waited 35 seconds, and then washed with	-Pre-medication 1. Inj Xylocaine 0.2cc SC test dose 2.Inj Gentamycin 40mg IV stat	Complete excision is done. Capillary oozing was more.

	vinegar and NS. The same procedure is repeated thrice until the complete excised wound attains Pakva Jambu varna and the bleeding stops. <i>Yastimadhu ghruta</i> was applied, and dressing was done.	Postoperatively 1. <i>Cap Grab 2 BD</i> 2. 2. Tab. Lyser-D 1 SOS 3. - <i>Asanadi Kwath 40ml Bd</i>	
30/04/2022 to 18/05/2022	Alternate day dressing is done with NS and <i>Jatyadi Taila</i>	1. <i>Cap Grab 2 BD</i> 2. <i>Asanadi Kwath 40ml Bd</i>	Healthy granulation tissue is present. No bleeding No new skin lesion was seen.

DISCUSSION

The clinical presentation of the case was similar to that of melanoma initially. The histopathological test was done, and the case was confirmed as lobular capillary hemangioma. The characteristics of *Dushta Vrana* like *Utthana* (elevated), *Bhairava* (ugly look), *Putipuyasrava* (blood mixed pus discharge), *Vedana* (pain), *Amanojnyadarshana* (bad to look) was noted in the wound⁴. The selection of the treatment depends upon the *dosha dushti* and *vyadhi avastha*. *Chedana* (Excision) karma was initially applied to excise the infected lesion, and *Pratisaraniya Kshara* was applied. The wound then formed and was treated both

systemically and locally. *Kshara* does *Dusta mamsa chedana*, *pachana*, *rakta sthambana* and *vrana shodhana*. Ingredients of *Cap Grab* are *Triphala guggulu*, *Gandhaka rasayana*, *Vranapahari rasa*, *Arogyavardhini vati*, *guduchi* and *Manjishta*, which are *Vedanasthapana* properties, *tridoshaghna*, *rasayana*, *Twak doshahara*, *vrana shodhana* and *ropana*⁵. *Asanadi Kashaya* is indicated in *twak vikara* and is a proven drug for healing post-operative wounds⁶. *Jatyadi taila* is *vrana shodhaka* and *ropana taila*, which is necessary for adequately healing wounds. *Yastimadhu ghruta* does *Pittashamana* and *rakta sthambana*, so it is used for *Kshara Dagdha vrana*⁷.

Table 02


Figure	Description
	Figure 1 on 19/04/2022 1 st day of OPD



Figure 2 on 19/04/2022

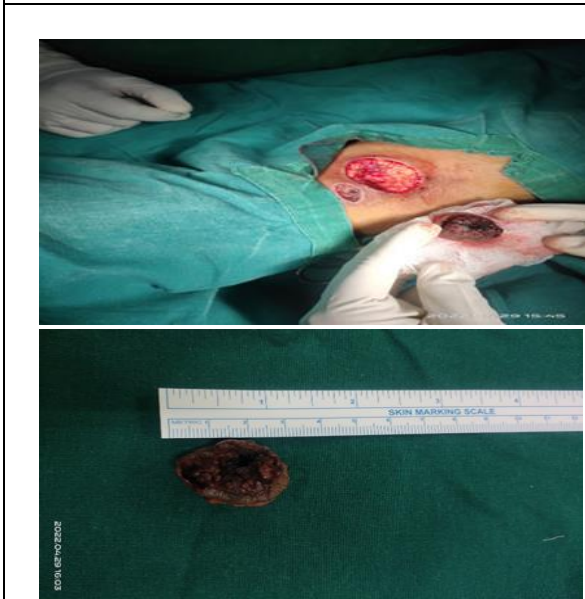
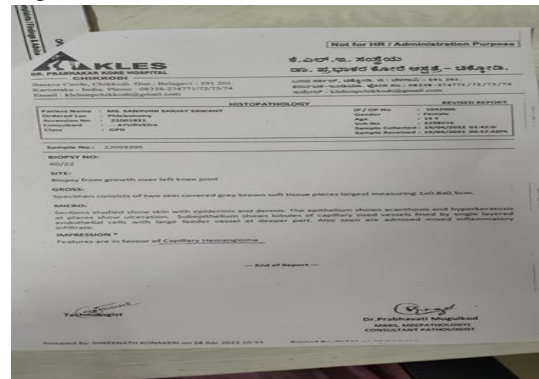


Figure 3 on 29/04/2022 Complete excision under LA and Kshara karma done.



Figure 4 On 09/05/2022, Healthy granulation tissue started.

CONCLUSION

Lobular capillary hemangiomas are friable lesions that may lead to undue anxiety for patients, parents, and healthcare providers unfamiliar with the lesions and their prognosis. Given the somewhat abrupt onset, patients may seek a dermatology clinic, surgeon,

or sometimes even an oncologist. This single case study highlighted the incidence, importance of diagnostic methods, and surgical and Para surgical procedures. Kshara Karma, a Para surgical procedure, effectively healed and prevented the recurrence of the case.

REFERENCES

1. Sarwal P, Lapumnuaypol K. Pyogenic Granuloma. [Updated 2022 Oct 23]. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; 2024 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK556077/>
2. Vaidya Yadavji Trikamji Acharya, Editor. Sushruta Samhita of Sushruta, with the Nibandhasangraha commentary of Sri Dalhanacharya, and the Nyaya-chandrika Panjika of Sri Gayadasacharya On Nidanasthana, Varanasi: Chaukhambha Surbharati Prakashan; 2017. Pp.824, Chikitsasthana; 1:89, p.404.
3. Vaidya Yadavji Trikamji Acharya, Editor. Sushruta Samhita of Sushruta, with the Nibandhasangraha commentary of Sri Dalhanacharya, and the Nyaya-chandrika Panjika of Sri Gayadasacharya On Nidanasthana, Varanasi: Chaukhambha Surbharati Prakashan; 2017. Pp.824, Sutrasthana; 11:5, p.45.
4. Vaidya Yadavji Trikamji Acharya, Editor. Sushruta Samhita of Sushruta, with the Nibandhasangraha commentary of Sri Dalhanacharya, and the Nyaya-chandrika Panjika of Sri Gayadasacharya On Nidanasthana, Varanasi: Chaukhambha Surbharati Prakashan; 2017. Pp.824, Sutrasthana; 22:7, p.108
5. <https://greenremediesindia.in/grab/>
6. Thomson Robin J; Efficacy of Asanadi kwath in post-operative wound management of inguinal hernia. (M.S dissertation); Bangalore: Rajiv Gandhi University of Health Sciences: 2008.
7. Vaidya Yadavji Trikamji Acharya, Editor. Sushruta Samhita of Sushruta, with the Nibandhasangraha commentary of Sri Dalhanacharya, and the Nyaya-chandrika Panjika of Sri Gayadasacharya On Nidanasthana, Varanasi: Chaukhambha Surbharati Prakashan; 2017. Pp.824, Chikitsasthana; 6:4, p.430

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Anupama K Honnainik et al: Effective management of lobular capillary hemangioma through Kshara Karma – a case report. International Ayurvedic Medical Journal {online} 2024 {cited October 2024} Available from: http://www.iamj.in/posts/images/upload/1898_1903.pdf