

## JALOUKAVACHARANA IN THE MANAGEMENT OF CONJUNCTIVAL PYOGENIC GRANULOMA (VARTHMARBUDHA) : A SINGLE CASE STUDY

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### ABSTRACT

**Introduction:** Conjunctival Pyogenic Granuloma is the most prevalent benign vascular growth appearing as a smooth, red, sessile/pedunculated lesion on the palpebral conjunctiva. The patient's eye is irritated by the growth in the palpebral region, which interferes with daily activities. On a very slight trauma, these lesions frequently bleed. Based on the symptoms, pyogenic granuloma can be correlated with *Vartma Arbudha*. **Case:** A 29-year-old male patient presented to our OPD with a complaint of mild irritation in the left eye with a painless lesion grown in size over 5-6 days. On examination, a non-tender, mobile, thick red polypoidal papule with irregular margins measuring about 5-6 mm in length over the palpebral conjunctiva of the lower eyelid was examined. Based on complaints and examination findings, the patient was diagnosed with Pyogenic Granuloma of the lower palpebral conjunctiva (*Vartma Arbudha*). **Treatment:** *Vartma Arbudha* is caused by the vitiation of *Rakta* and *Tridosha*. Hence, *Raktamokshana* by *Jalouka* was adopted, orally with *Kanchanara Guggulu*, and *Ophthocare* Eye drops for instillation in the affected eye. **Result:** After the therapy, a noticeable reduction in the lesion size was seen, and symptomatic relief from irritation and discomfort was observed within one week. **Discussion:** *Vartma Arbudha* is a *Rakta Pitta Pradhana Sannipataja Vyadhi*. *Raktamokshana* is considered the best among the vitiated *Rakta* and *Pitta* treatment modalities. *Jaloukavacharana*, one among *Raktamokshana* mainly indicated in *Pittaja Vyadhi*, eliminates vitiated blood from the application region. *Kanchanara Guggulu* has the *Shothahara* property, which

reduces swelling. Ophthacare eye drops have a smoothening effect on the eye, reducing asthenopic symptoms. **Conclusion:** The adoption of *Jaloukavacharana* along with oral shothahara dravyas helps in better management of Pyogenic granuloma.

**Keywords:** Pyogenic Granuloma, *Varthma Arbudha*, *Jalaukavacharana*, *Kanchanara Guggulu*, Ophthacare Eyedrops, Benign Tumor, Palpebral Conjunctiva, Warfarin, Heparin.

## INTRODUCTION

Pyogenic Granuloma (PG) is the most common, acquired, benign vascular proliferation of skin and mucous membranes. Conjunctival Pyogenic Granulomas are common following trauma, burst chalazion or ill-fitting prosthesis.<sup>1</sup> This lesion's name is a double misnomer. First, "pyogenic" is defined as involving or relating to the production of pus; second, "granuloma" is defined as a mass of granulation tissue. An underlying bacterial infection does not cause this condition and usually lacks giant cells. Pyogenic granulomas have also been referred to as lobular capillary hemangiomas.<sup>2</sup> Most commonly, these lesions are seen over the palpebral or bulbar conjunctiva.<sup>1</sup> Classically Conjunctival Pyogenic Granuloma presents with Vascular, Bright red, lobular pedunculated masses. Due to intralesional fibrosis, in some rare cases, it might present with a tan colour.<sup>3</sup> Treatment options include excision, topical steroid therapy, intralesional Steroid injection, Topical beta-blocker therapy, Electrocautery, Radiosurgery, Cryosurgery, Sclerotherapy, or laser treatment.<sup>4</sup>

Conjunctival Pyogenic Granuloma can be correlated to Vartma Arbudha based on similar symptoms. *Acharya Sushrutha* considered *Vartmarbudha* as *Sannipataja Vartmagata Roga* with clinical features *Vartma Antarastham* (grown over the Inner aspect of eyelid i.e., Palpebral Conjunctiva), *Vishama* (Irregular in shape), *Granthibhuta* (Cystic Growth), *Avedana* (Painless/ Non-Tender), *Saraktam* (Hyperemic), *Avalambitam* (Pedunculated).<sup>5</sup> *Acharya Vagbhata* explained it as *Mamsa Pindabha* (Lobular), *Shvyathu* (Swelling), *Grathita* (Thickened), *Aruja* (Painless),

*Sasraihi Syat Doshaihi Vishama* ( Due to vitiation of all three *dosha* as well as *Rakta*), and *Bahyataha chala* (Mobile).<sup>6</sup> Treatment explained classically is *Chedana karma* as explained in the *Chedyarogapratisheidiya Adhyaya* by *Acharya Sushruta*.<sup>7</sup>

The treatment modality for Pyogenic Granuloma is Excision, Curettage, and Cauterization, an invasive technique; laser ablation, Cryotherapy, Sclerotherapy, and diathermy are considered very costly. Hence, the following study was conducted to find a cheaper, noninvasive, simple treatment modality for Pyogenic Granuloma.

### Patient Information

A 29-year-old male patient presented to our OPD with a complaint of irritation, discomfort, and watering in the left eye with a painless lesion grown in size over 5-6 days. 15 days before the presentation, a cyst ruptured with pus discharge. The new lesion started as a small lump on the palpebral conjunctiva and progressively increased until it protruded from the eyelids.

No previous history of systemic disorder, family history or any other relevant history

### Clinical Findings

A non-tender, mobile, thick red polypoidal papule with irregular margins measuring about 5-6 mm in length over the palpebral conjunctiva of the left lower eyelid was observed (Fig.1). There was no regional lymphadenopathy and visual disturbance. Based on complaints and examination findings (Table 1), the patient was diagnosed with Pyogenic Granuloma of the palpebral conjunctiva.



Fig. 1

	STRUCTURE	RIGHT	LEFT
1.	Head posture	Normal	Normal
2.	Eyebrows	Normal	Normal
3.	Eyeball	Normal	Normal
4.	Eye Lids	Normal	Normal
5.	Eye Lashes	Normal	Normal
6.	Lacrimal Apparatus	No regurgitation	No regurgitation
7.	Conjunctiva	Normal	Papule (5-6 mm)
8.	Cornea	Normal	Normal
9.	Sclera	Normal	Normal
10.	Anterior Chamber	Normal depth, no pigmentations	Normal depth, no pigmentations
11.	Iris	Normal	Normal
12.	Pupil	Normal	Normal
13.	Lens	Normal	Normal
14.	Vitreous	Normal	Normal
15.	I.O.P	16 mm.hg	14 mm.hg

**Table 1: Examination findings of eye**

**Diagnosis:** Palpebral Conjunctival Pyogenic Granuloma (*Vartmarbudha*)

**Therapeutic intervention**

*Vartma Arbudha* is a *Rakta* and *Pitta Pradhana Tridoshaja Vyadhi*. Hence, *Jaloukavacharana*, the best treatment modality for *Pitta Dushita Raktaja Vyadhi*, was considered the treatment choice. *Jaloukavacharana* was done by applying the *Jalouka* over the affected palpebral conjunctiva near the *Arbudha*, as seen in Fig. 2 and 3, to reduce the swelling and remove the *dushita rakta* from the site. Then, the patient was advised to *Kanchanara Guggulu* orally to reduce the swelling and *Ophthocare* eye drops to reduce the conjunctival irritation and redness, as shown in Table 2.



Fig. 2



Fig. 3

Treatment	Duration
<i>Jaloukavacharana</i>	One Sitting over the lower eyelid palpebral region
<i>Kanchanara Guggulu</i>	2 BIDS for 1 week
Ophthocare eyedrops	1 drops QID for 1 week

**Table 2: Treatment Protocol**

### Follow-up and outcome.

After one sitting of *Jaloukavacharana* therapy, the size of the Arbudha was immediately reduced due to the out-flow of dushita rakta (Fig. 4).

After the follow-up of 1 week, there was a noticeable reduction in size with complete relief from the irritation, discomfort and watering from the eye, as seen in (fig.5).



Fig. 4



Fig. 5

### DISCUSSION

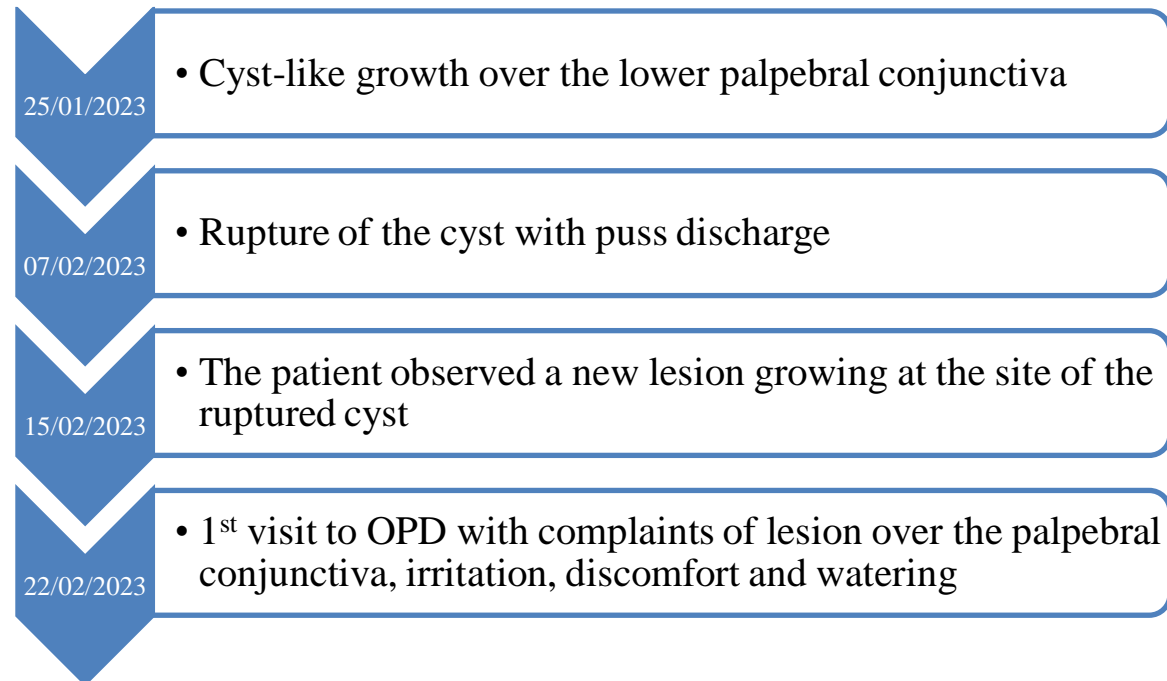
*Vartmarbudha* has benign growth over the lid due to Rakta Pitta Pradhana Tridosha's involvement. *Jaloukavacharana* removes the vitiated blood and *Pitta* from the application site, reducing the inflammation. *Jalouka* secretes enzymes such as hyaluronidase, eglins, and bdellins, which promote tissue permeabil-

ity and reduce circulatory hypoxia, reducing inflammation. Enzyme destabilase present in the saliva of *Jalouka* has thrombolytic effects and monomerising activity. *Jalouka* secretes the enzymes Acetylcholine and carboxypeptidase An Inhibitor, which does the vasodilatation, increasing the blood flow to the area and reducing the size of the oedema.

*Kanchanara Guggulu* contains *Kanchanara*, *Guggulu*, *Triphala*, *Trikatu*, *Trijata*, and *Varuna*, which have the properties of *Vatakapha Shamaka*, *Shothahara*, *Lekhana*, and *Bhedhana*. Due to the action mentioned above, *Kanchanara Guggulu* helps reduce the *Arbudha*. *Kanchanara Guggulu* contains chemical constituents such as *Oleoresins*, which have anti-inflammatory action and exhibit cytotoxic and anti-proliferative activity.

Ophthacare eyedrops' ingredients are *Madhu*, *Amalaki*, *Haridra*, *Tulsi*, *Satapatri*, *Vibhitaki*, *Yavani*, and *Karpooora*. These are all *Chakshushya* in *Karma* and have a soothing effect on the eye. They reduce *irritation*, *foreign body sensation*, *congestion*, and watering of the eye.

### Timeline



### CONCLUSION

*Vartmarbudha* is *Pitta* and *Rakta Pradhana Sannipataja Vyadhi*, where the *Chedana* procedure has been explained as the treatment modality. *Jaloukavacharana*, a non-invasive *Parasurgical* procedure explained in *Ayurveda* mainly for *Pitta Dushita Raktaja Vyadhis*, was considered for effectively treating the disease.

*Jaloukavacharana* and *Kanchanara Guggulu* reduced the size of the *Arbudha* in one sitting by removing the *Dushita Rakta* from the site. Within one week of applying *Jalauka*, a notable reduction in the size of growth was noticed. Complete relief from irritation, redness, discomfort, and water from the eye was ob-

served within 4-5 days of *Jaloukavacharana* and administration of the *Kanchanara Guggulu* and *Ophthacare* eyedrops.

Hence, instead of opting for a surgical approach to treating the *Pyogenic Granuloma* of the conjunctiva, *Jaloukavacharana*, a noninvasive simple para-surgical procedure, can be chosen as the best treatment modality.

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