

A PILOT STUDY ON LIPOMA WITH AYURVEDIC TREATMENT

Dr. Chhavi*¹, Dr. Prabhat Dixit² and Dr. Hemant Toshikhane³¹Final Year PG Scholar, Department of Shalya Tantra, Parul Institute of Ayurveda, Parul University. Vadodara, Gujarat.²Final Year PG Scholar, Department of Shalya Tantra, Parul Institute of Ayurveda, Parul University. Vadodara, Gujarat.³Professor, Shalya Tantra Department, Parul Institute of Ayurveda, Parul University. Vadodara, Gujarat.***Corresponding Author: Dr. Chhavi**

Dr. Chhavi, Final Year PG Scholar, Department of Shalya Tantra, Parul Institute of Ayurveda, Parul University. Vadodara, Gujarat.

Article Received on 20/05/2019

Article Revised on 10/06/2019

Article Accepted on 01/07/2019

ABSTRACT

Lipomas are the commonest benign tumour of mature type of fat cells. Prevalence is 2.1 per 100 people. They are slowly growing and merely need an excision. The lipoma is nearest to the medogranthi mentioned in ayurvedic texts. These are often excised because of cosmetic reasons. Now a days everyone tries to get treatment from Ayurveda to avoid surgery, so a pilot study has been done to see the effect of ayurvedic procedure on the lipoma. A pilot study on 3 patients has been done to see the primary effect of the procedure as mentioned in Sushruta Samhita as dahan by agnitapta loha shalaka (burning by hot iron rod). The results found were encouraging and need for more evaluation in large sample size.

KEYWORDS: Lipoma, Ayurveda, Agnitapta Loha Shalaka.**INTRODUCTION**

A lipoma is composed of mature adipocytes and uniform nuclei that are identical to those seen in normal adult fat. The fat in Lipoma is considered unavailable for general metabolism. It is the most common benign tumor (karyotype 12 q change).

Prevalence is 2.1 per 100 people. It is called as universal tumor (ubiquitous tumor) as it can occur anywhere in the body except brain. It is commonly less than 5 cm; but can attain large size. Multiple lipomas are 15% common: Common in males (6:1). Common in Back, shoulders, and upper arm can be symmetrical.^[1]

CLINICAL PRESENTATION

Localized swelling, which is lobular (surface), nontender. Often fluctuant like feel but not (because fat in body temperature remains soft). It is usually nontransilluminant. Mobile, with edges slipping between the palpating finger (slip sign). Lipomas may be pedunculated at times. Pain in lipoma may be due to element or compression to nerves or adjacent structures. angioliipomas being highly vascular only tender. Trunk is the main common site; nape of neck and Limbs a next common. Clinically lipoma can be single, multiple or diffuse.² subcutaneous type of lipoma is more common. Hence, sub-cutaneous lipoma was taken for this study.

Case Presentation**Table 1:**

	Patient 1	Patient 2	Patient 3
Age	52yrs	60 yrs	45 yrs
Gender	Female	Female	Male
Site	Upper limb	Abdomen	Nape of neck
Number	1	1	1
Size	2.6×1 cm	5×2.2 cm	4.7×1.6 cm
Colour	Normal skin	Normal skin	Normal skin
Consistency	Soft, doughy	Soft, doughy	Soft, doughy
Palpability	Palpable	Palpable	Palpable
Tenderness	Non tender	Non tender	Non tender
Slip sign	Positive	Positive	Positive
Trans illumination	Negative	Negative	Negative

Family history	Absent	Present	Absent
Diet habit	Vegetarian	Vegetarian	Vegetarian
Built	58kg	62kg	67kg

Treatment: Non excisional type of treatment has been used in the study as mentioned in Sushruta Samhita. As a paste made from sesame to be placed over the lipoma cover it with 2 layer of cotton cloth than rubbing should be done with hot iron rod preventing from the burn.^[3]

MATERIALS AND METHODS

Materials used: Freshly made black sesame paste (*krishna tila kalka*), dry cotton cloth, infrared thermometer.

Methods

- Written informed consent was taken from the patient.
- Their identity was kept secret.

Images of Procedure



Step 1: patient given supine position.



Step 2: paste of black sesame applied.



Step 3: covered with 2 layers of cotton cloth.



Step 4: Iron rod heated on burner.



Step 5: Rubbing with hot iron rod.



Step 6: After procedure.

Assessment Criteria

- Size of the lipoma before and after the treatment.

OBSERVATION AND RESULTS

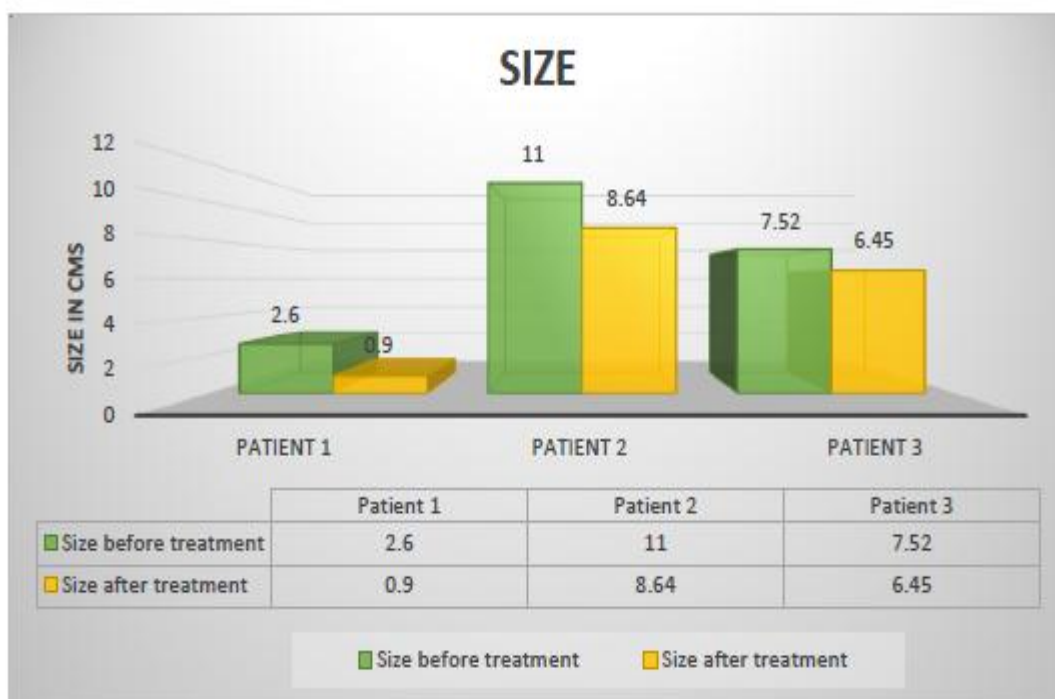
Table 2: Size Chart in centimetres.

	Size before treatment	Size after treatment	Change in size
Patient 1	2.6×1 =2.6	1.8×.5=0.9	1.7
Patient 2	5×2.2 =11	4.8×1.8 =8.64	2.36
Patient 3	4.7×1.6=7.52	4.3×1.5=6.45	1.07

Table 3: Average size.

Before treatment	After treatment	Change in size
7.04	5.33	1.71

Chart 1.



DISCUSSION AND CONCLUSION

From the above study it has been observed that there is change in size in one week of treatment period. The properties of *Tila (sesame)* is *Ushnaveerya* and *vata shamakaso* due to this property *Tila* application along with mild *Dahan* with hot iron rod may dissolve the excessive *meda* under the skin.

Average change in the size noted was 1.71cms. It was tried to keep the range of raise of temperature for skin within normal range of safe external temperature to avoid burn. An internal temperature range of 48 to 50°C as sufficient to induce skin tightening. The temperature need for the lipolysis of fat was also given in this range. External temperatures between 38 and 41°C³ were identified as safe and efficacious. Histological slides from skin biopsies demonstrated new collagen fibrils, myofibroblasts, and lipolyzed fat cells.^[4]

REFERENCES

1. S R B's Manual of Surgery by Sriram Bhat M Edition 4th, 2013; 1: 71.
2. S R B's Manual of Surgery by Sriram Bhat M. Edition 4th, 2013; 1.
3. Sushruta Samhita by Kaviraj Dr. Ambikadutta Shastri, Sushruta Samhitha edited with Ayurveda Tatva Sandipika, Varanasi: Choukambha Sanskrit Samsthan, Reprint 2015, poorvardha, chikitsasthana, 18/17; 105.
4. McBean, Jason C, and Bruce E Katz. "Laser lipolysis: an update." *The Journal of clinical and aesthetic dermatology*, 2011; 4(7): 25-34.
5. McBean JC, Katz BE. Laser lipolysis: an update. *J Clin Aesthet Dermatol*, 2011 Jul; 4(7): 25-34. PubMed PMID: 21779417; PubMed Central PMCID: PMC3140909.