

A STUDY ON REACTIVE LYMPH NODE IN AYURVEDA WITH SPECIAL REFERENCE TO FNAC EXAMINATION- A CASE STUDY**¹Dr. Hemen Kalita and ²Dr. Satyajit pathak**

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ABSTRACT

Reactive lymph node is a benign neoplasm that have an aberrant size, number or consistency. Ayurvedic classics does not have a description of a Reactive lymph node like disease but in context of many disease like arbuda, granthi, apachi, gandamala etc. the same may be correlated. So, identification of reactive lymph node like disorder in Ayurveda with respect to cytomorphology is essential. For the study, a certain case of Reactive lymph node was studied at Govt. Ayurvedic College, Guwahati-14. In the study the subjective parameters as per Ayurveda were collected in a specially designed proforma and the same was evaluated for Fine needle aspiration cytology study. The cytology study shows possibilities of reactive lymph node which was later diagnosed by virtue of some clinical parameters mentioned in Ayurveda.

KEYWORDS: Reactive Lymph Node, Fine Needle Aspiration

Cytology.

INTRODUCTION

Reactive lymph node are the benign neoplasm of the immune system of the body. Lymph nodes undergo reactive changes in response to a wide variety of stimuli which include microbial infections, drugs, environmental pollutants, tissue injury, immune-complexes and malignant neoplasms.^[1] The treatment of reactive lymph node in conventional treatment are mainly treated by antibiotics but they have there noted adverse effect. So, an alternative

treatment like Ayurveda is highly important but description of Reactive lymph node could not be found in Ayurvedic classics and the same may be correlated in context of many diseases like arbuda, granthi, apachi, gandamala etc. Fine needle aspiration cytology (FNAC) is an important cytological examination used commonly for the diagnosis of lump in the body. Owing to the gravity of the situation an effective study on Reactive lymph node like disorder in Ayurveda is highly essential with the help of cytological study to give an evidence based alternate treatment to the patients which is the need of hour.

CASE EXAMINATION

Case note - A 9yrs old female, of Pandu area in Guwahati, Assam having Lab sl No-3887. Regd No-29155 Date-11/11/21 came to central laboratory of Govt Ayurvedic college and hospital for FNAC examination as advised in an opd of the hospital. The patient was having a freely movable lump in the right side of nape of neck since 1.5 month. There was no history of fever, decreased appetite etc. No history of other co morbid diseases and surgical interventions in the past were found. Familial and treatment history were not significant. On general examination of the patient the following information were recorded his general condition was thin built, of wt. 30kg. BP-110/70mmhg P/R-80min R/R-25min, pallor, icterus, clubbing, cyanosis, oedema, dehydration were examined and found absent, JVP was not raised. Systemic examination of respiratory, cardiovascular, CNS, GI system, urogenital, musculo skeletal system were carried out and no abnormally was detected. On examination of lymph node it was found that a solitary lump was present on right side of nape of neck of size 15mm ×10mm which was found to be freely movable, non tender, firm in consistency and regular border. The surface of the lymph node was smooth and was of the same colour to that of the skin. When the Ayurvedic methods of diagnosis were looked into for the diagnosis of the diseases, the following findings were observed. The growth was mahan (large), mamsa pinda (solid growth) located in gala pradesha having the same colour to that of skin (ananya varna), untata and bigrathita (protruded and knotty swelling), alpa ruja (less pain) apaka (do not suppurate) chira bridhaya (growing slowly).^[2,3,4] So, as per Ayurveda the lump was diagnosed as Granthi roga. On the same case, sample was taken for FNAC study.

RESULT

The procedure of FNAC was explained to the patient in his own language including its reliability, limitation. Consent was taken for the same and sample was collected under strict aseptic condition using needles size of 0.8×38mm /21×1/2 and a syringe. Smears prepared

were air dried which was followed by M.G.G stain and were examined under microscope. M.G.G staining shows proliferation of lymphoid cells which is different generation comprising of centroblast, centrocytes, plasma cells etc. Smear also shows few tingible body macrophages and dendritic reticulum cells. The smear was provisionally diagnosed as Reactive lymph node by FNAC examination.

DISCUSSION

The case was studied under some clinical Ayurvedic parameters mentioned in the classic for a differential diagnosis.

The FNAC study of the case show's proliferation of the different generation of lymphoid cells. The cellular proliferation that is seen in the cytomorphology study may be due to involvement of vata dosha. Vayu have the karma of sanjog and vibhag so aggravated vayu can cause excessive proliferation of cells.^[5] Lymphoid cells observed here are form a lymph node. Palpable lymph nodes in this case can be considered as mamsa dhatu of gala pradesha as per Ayurveda. The logic behind this is that similar diseases are mentioned in mamsapradoshaja vikara.^[6] Different generation of lymphocytes found in the FNAC examination can be considered as mamsa dhatu but they are apachit form of dhatu (not fully matured). The logic behind the consideration of apachit dhatu is because, centroblast and centrocytes are all immature type of lymphoid cells. Their maximum appearance in a lymphoid tissue indicates the lack of maturation of lymphoid cells. The possibility of apachit dhatu may be due to dhatwagni manda in the respective sites. So, the present case which is diagnosed as granthi in Ayurveda when studied under cytomorphological examination reveals cellular proliferation due to aggravated vata dosha and it comprises of apachit mamsa dhatu.

CONCLUSION

In this case, which was clinically diagnosed as granthi as per ayurvedic parameters, was later provisionally diagnosed as Reactive lymph node as per FNAC study. The cellular proliferation that is seen in cytomorphological study can be due to involvement of vata Dosha. Lymph node involved in the case may be considered as apachit mamsa dhatu due to dhatwagni Manda.

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