



## Management of Dusta Vrana- A Case Study

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### ABSTRACT

*A case of post amputation chronic wound was treated with Ayurvedic oral medicines and daily dressing with kapardika bhasma, sukti and Jatyaditaila. Before dressing parishek was done with panchavalkala kwatha. Dressing and parishek was done continuously for 45 days. Significant relief was obtained after 45 days of daily dressing. This case highlights the fact that chronic wounds can also be managed by Ayurvedic procedures even though they are more challenging to treat.*

**Keywords:** Chronic wounds, panchawalkala kwath, kapardita bhasma, sukti, jatyaditaila, panchatika ghrita guggulu, gandhakr asayana

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### INTRODUCTION

Breakdown in the skin or other body tissues caused by injury or surgical incision is termed as wound, and chronic wounds are defined as wounds that fail to heal through the normal phase of wound healing on proper time and in proper manner. In chronic wounds there is prolonged and excessive inflammation followed by Prolonged infection and this may be the reason in the failure of these wounds to heal [1]. If the challenges in the treatment of chronic wounds are understood and addressed properly there will be better outcome in the healing process of the wound which will improve the patient's quality of life and the work will be done with reduced cost. Proper assessment is important for proper healing of the wound. Wound healing can be delayed by infection or bacterial presence, maceration, pressure, trauma, necrosis and edema. There are some factors affecting wound healing like age, body type, chronic disease, immunosuppression and radiation therapy, nutritional status, vascular insufficiency etc. So the management of the wound is done by keeping all the above factors in mind. In modern science there are different management methods of wounds including various drugs and surgical process. Now a days it is a big challenge for the other science to treat chronic wounds with less invasive method and with less cost for the patient which will improve the quality of life. In Ayurveda, wound can be co-related to vrana. Acharya Sushruta mentioned that wound appear on skin will be healed soon but self-appeared on other Dhatu else skin as Mamsa (muscle) Shira are difficult to treat [2]. In Sushruta Samhita chikitsa sthanashastiupra krama [3] is mentioned by Acharya Sushruta for the management of chronic wounds. Vrana can be dushta or shuddha. Here in this case study, we have managed to treat dushtavrana by Ayurvedic method. Oral Ayurvedic medicines and some parasurgical methods were used in the treatment of this chronic wound. This case study shows the efficacy of Ayurvedic medicines and proves that chronic wounds in which amputation is advised by modern science can be managed by Ayurveda.

### CASE REPORT

**Patient information:** -A 88 years old lady reported with relatives for chronic wound on both the foot after amputation of 3 digits with complaints of Lots of sloughs with infected suture line on the wound and experienced of pain on and off. with previous conservative wound care for regular wound dressing with antiseptic solution (povidone iodine 5%) and antifungal powder for last 6 months from a nearby clinic she did not get satisfactory response with day by day worsening wound condition, she was already underwent for amputation of ulcerated toes with a view to prevent further sepsis she was again advised for higher

level of amputation. As per history of patient she was having traumatic history of femur neck fracture and already surgical management was done before one year for that condition with no any other specific medical history. Pain, Difficulties in walking and Pus discharge with infected suture and discoloration were clinically noted with history of same duration of time.

**Past illness:** - There was no history of DM, HTN and any other systemic disease.

- Diet: - Vegetarian
- Appetite: - loss of appetite
- Sleep: - Disturbed
- Micturition:-4 to 5 time /day
- Bowel: - Normal
- Occupation: -House wife

**ROGI PARIKSHA:-**

- Built: - normal
- Temperature: - 98.6 f
- Pulse: - 76/min
- Tongue: - coated
- Pallor: - absent
- Icterus: - absent
- Cyanosis: - absent
- Edema: - absent
- Lymphadenopathy: - absent

**Case Management**

Within 45 days, the case was managed by initial wound toileting with betadine solution once followed by applying Parishek with panchvalkal kwath [4] till suddhaavastha achieved, Pachana -Anulomana with aampachanvati (regularize the digestion and motions of Dosha), Avasadana (debridement) on day 1<sup>st</sup>, jatyadi Taila (local application of medicated oil) for ropana purpose , avachurnan of kapardika bhasma and shukti, Kavalika (wound packing with sterile gauze piece), Vrana Bandhana (wound bandaging) etc. principles of wound management [1-4].

The case management followed consequent cascade (case timeline).

**Treatment**

**External treatment: -**

**Day 1 to Day 7**- Adequate wound debridement and cleaning with betadine and peroxide as per need in starting dressing, then prakshan was done with panchvalkal kwath. After that, dressing was done with Kapardika Bhasma, Sukti and Jatyadi taila.

**Day 7 to Day 21**- wound Prakshan with Panchvalkal kwath then dressing with kapardika bhasma, sukti and jatyaditaila. Daily dressing was done with the above medicine for 14 days.

**Day 21 to Day 45** – Suddhavranalakshana was achieved by 21 days so kapardika bhasma and shukti stopped and wound prakshan with panchvalkalkwath then dressing with jatyadi taila continued. Daily dressing was done with the above medicine for till the healing of wound.

**Internal medicines:-**

1-PanchatiktaGhritaGuggulu 2tabs BD for 45 days

2-Gandhakrasayan 2tabs BD for 45 days

3-Aam pachanvati 2 tabs BD for 45 days

**Outcome**

With the step wise management of the case, complete wound healing was achieved in 45 days.

**Wound healing progress:** On first consultation the patient was having chronic wound in both foot with infected suture line and pus discharge pus cavity was present near the base of left great toe with blackish discolouration and in suture line in right foot. With regular dressing with kapardikabhasma and jatyadi Taila it was recovered with cessation of exudates. By the 21 days of regular treatment, she achieved the features of Shuddha Vrana (clean wounds) like Jihvatalab (red coloured wound floor due to healthy granulation), Mridu (soft), Swacchha (cleaned wound) so ropana was promoted in further treatment till complete healing. Complete wound healing took 45 days

**Follow Up**

On consequent follow ups of each fortnight post to the broad healing of wound, patient has been testified symptom free and has not developed any inconvenient effects since last 1 year.

## DISCUSSION

### Mode of action of panchvalkala kwatha:-

Panchavalkala kwatha is an effective formula from the ancient Ayurvedic text to treat different kinds of wounds. The name panchvalkala suggest that this medicine is a combination of five drugs. It has antiseptic and anti-inflammatory properties. It also possesses anti-microbial anti-bacterial and anti-fungal actions.

### Mode of action of Panchatikta Ghrita Guggulu:-

It is a combination of 5 bitter herbs blended in ghee that help fight infections, act on vitiated tridoshas and purifiers blood. It also has antitoxin and antipruritic properties that go deep into the tissues. Guggulu does lekhan karma and it also acts as an analgesic.

### Mode of action of Gandhak Rasayan:-

It is herbomineral preparation and is raktashodhak, vranaropak and twachya. It is also a good rasayan which helps to improve one's immunity (Capacity to fight against diseases) [5,6].

#### Timeline of wound healing



Figure No 1(Right foot): progressive healing of right foot



Figure 2 left foot: Progressive healing of left foot

**CONCLUSION**

This case study highlighted the fact that the classical treatments mentioned in ayurvedic texts is definitely working in the management of vrana without giving any adverse effects. This is a single case study and so there is a need to conduct more studies including classical ways of vranachikitsa to form a concrete-based conclusion.

**CONFLICT OF INTEREST:** - There is no any conflict of interest as such.

**DECLARATION**

Here we declare that the study is fairly carried out without hampering patient's identity. Patient and her relatives were informed about the procedure before starting the treatment and proper consent was taken.

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