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EFFECT OF ARJUNA TWAK CHURNA IN THE MANAGEMENT OF DUSHTAVRANA (INFECTED WOUND)

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ABSTRACT

Infections are repelled by the skin. Therefore, bacteria can colonise and cause damage if this defence is compromised, as in the case of wounds, mostly through interfering with natural defences such as antibacterial secretions. By accelerating the inflammatory response and tissue damage, bacterial infection significantly contributes to the slow healing of wounds. A 38-year-old male patient stated pain and a seropurulent discharge from a wound on the dorsum of his left foot. Patient was chosen for study after clinical diagnosis. Patient treated with daily dressing of *Arjuna twaka churna* up to 21 days and during the treatment assessments were conducted on days 0, 7, 15, and 21. By virtue of the qualities of *Kapha- Pittashamak*, *Hrudya*, *Rakta*

Sangrahik, Shonitsthapan, Shothaghna, Sandhaniya, and Vrana Ropana, Arjuna promotes healthy granulations and the healing of wounds. This treatment demonstrates both cost-effectiveness and result-focus.

KEYWORDS: Infected wound, *Arjuna Twak churna*, Wound.

INTRODUCTION

Wound healing is a natural process, yet many times disturbed by number of factors leading to failure of natural healing. One of those factors is presence of infection leading to worsening of wounds and failure of healing. Infected wounds where bacteria or other microorganism have colonized cause either a delay in wound healing or deterioration of the wound. In Ayurveda such wounds are called as *Dushtavrana*. Some Antibiotics have developed resistance, presence

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of life style disorders and economically poor population etc. contribute to or complicate the infected wounds. Prevalence rate of infected wounds is 4.5 %.

Arjuna has Kapha-Pittashamak, Hrudya, Rakta Sangrahik, Shonitsthapan, Shothaghna, Sandhaniya and Vrana Ropana property. According to modern medicine Arjuna has potency of antimicrobial activity against gram positive and gram negative bacterias. So Arjuna can be useful in management of Dushta Vrana.

A 38 yrs male patients complaining of wound over dorsum aspect of left foot with seropurulent discharge and pain at wound site. Patient was clinically diagnosed and selected for study.

History of present illness

The patient was asymptomatic before 15-20days. He developed small papule like swelling at wound over dorsum aspect of left foot, few days later it gets inflamed and wound formed after days due to blunt trauma. For this patient came to GAH Osmanabad for wound management.

Past history: No any other major illness like HTN, DM, IHD, KOCH'S, and BRONCHIAL ASTHMA etc.

Surgical history: No any major surgical history.

Medicinal and Allergic history: No any Medicinal and Drug allergichistory.

Personal history:

Appetite-Normal

Diet- Mixed Sleep- Normal

Micturition- Normal 4-5 times/day

Bowel- Normal 2 times/ day

Addiction-Tobacco chewing (since 12 yrs.)

Occupation- farmer

Family history: Not specific

General examination: Not any specific

Systemic examination: Not any specific

Investigatios: HB- 13.5%

RBC- 5600 million/mm³

WBC- 8900/ cu mm

PLT- 378000/ UL

Bleeding time- 1 min 35 sec

Clotting time- 4 min 10 sec

HBsAg- Non- Reactive

ICTC- Non- Reactive

RBS-80 mg/dl

Urine routine- Nil,

Microscopic- Nil

Local examination

Inspection:

- 1. Site-Dorsum aspect of left foot
- 2. Size- About (7-8 x 5-6 x 1 cm)
- 3. Shape-Somewhat Oval
- 4. Smell-Tolerable unpleasant smell
- 5. Discharge-Seropurulent discharge
- 6. Edges-Rough, irregular
- 7. Floor- Unhealthy granulation, irregular floor
- 8. Hyperpigmentation- Blackish discolouration of surrounding skin

Palpation

Edges & Margin-Tenderness

Base-slough

Arterial pulsation- Dorsalis Pedis and Post tibial palpable

LYMPH Node- not palpable

Criteria for assesment

1) Wound size

1.	Nil	0
2.	0-2.5 cm	1
3.	2.5-5 cm	2
4.	5-7.5 cm	3
5.	7.5-10 m	4

2) Discharge

1.	Absent	0
2.	Serous	1
3.	Sero-purulent	2
4.	Purulent	3
5.	Purulent with foulsmelling	4

3) Granulation tissue

1.	Wound closed/ Healthy granulation tissue	0
2.	Mild granulation	1
3.	Pale granulation	2
4.	Unhealthy Granulation	3
5.	Slough	4

4) Appearance of margin

1.	Scar formed epithelized	0
2.	Blue with entire wound	1
3.	Blue with angry red color at some place	2
4.	Red color / Slough indurated	3
5.	Inflamed margin	4

5) Pain according to VAS

1.	No Pain	0
2.	Mild Pain	1-3
3.	Moderate Pain	4-6
4.	Severe Pain	7-10

Visual analogue pain scale

Table 25: Visual analogue pain scale.

0	1	2	3	4	5	6	7	8	9	10
No pain	Doesn'to	listurbroutin	e Dis	turb	routine	e	Pati	ent ro	olls on	the bed
No pain	Mild pai	n	Mo	derat	e pain		Sev	ere P	ain	

Plan of treatmrent

- i. At first the wound was cleaned by normal saline, wherever slough was present it was currated and again cleaned by Normal Saline & dried with cotton gauze
- ii. After that *Arjuna Twak Churna* applied over wound followed by application of sterile pad as per requirement. Sterile cotton bandage applied over it to hold it in place and tied well.
- iii. Patients treated with daily dressing of *Arjuna twaka churna* up to 21 days and duringthe treatment assessment done on 0th, 7th, 15th, 21th days.

OBSERVATION AND RESULTS

Sign & Symptoms	0 th day	7 th day	15 th day	21 th day
Size	4	3	2	2
Pain	3	2	1	1
Margin	4	3	2	1
Discharge	2	2	1	0
Granulation	3	2	1	1







During treatment



After treatment

DISCUSSION

Arjuna show vrana ropana, shothahar, vedana har karma which is explained by modern researches about their anti-microbial, anti-inflammatory, tissue healing potentials. In dushta vrana, Arjuna help to remove dosh dushti and reduce symptoms as daah, raag, paak, puti strava, shotha, vedana etc and all these properties helps in healthy granulations and wound healing.

CONCLUSION

Arjuna Twak Churna application on infected wound (Dushta Vrana) has shown significant effect on wound size, wound discharge, granulation tissue, appearance of margin and pain. This therapy proves to be cost effective, result oriented and decreases chance of surgical intervention.

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