

**CASE OF MANAGEMENT OF BED SORES WITH APPLICATION OF
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ABSTRACT

The word "Vrana" refers to harm or destruction of a body part or tissue that, when healed, produces a scar. Vrana was one of the main illnesses that humans had to deal with since the dawn of civilization. The concept of vrana (wound) and vrana ropan (wound healing) were both mentioned in numerous ancient Indian literary works. Along with these numerous classifications, the acharya divided vrana into two primary sections, Nija and Aagantuja vrana. Ayurvedic treaties also listed Nidan, Samprapti, Rupa, Lakshanas, and vrana pareeksha, as well as treatment procedures for vrana. Vrana's healing process is a natural one that begins as soon as an injury occurs. Vrana was described by Acharya Sushruta in many locations and within various Sushrut Samhita contexts. In terms of academia, patient care, and the development of better methods and medications for simpler and more efficient

treatment, the vrana is a significant topic. The Sushruta Samhita provides a detailed description of wound care. In Chikitsasthanam, he recommended sixty upakrama (methods) for healing wounds in a variety of circumstances called as shashtiupakram. In order to compare the ropan technique with wound healing with the foundation of Lakshanas of vrana, we have attempted to describe and assemble a comprehensive description of vrana in this review paper.

INTRODUCTION

Sushruta in particular has discussed the different kinds of Vrana and how to treat them in Ayurveda, which is crucial for any surgical surgery. By lowering the barriers to wound healing to a certain extent, the remarkable advancements in surgery in a variety of specialties in recent years have significantly decreased the frequency of wound infection. The care of wounds remains a subject of conjecture. The usual healing process is slowed when vitiated Doshas interfere with the natural healing process of Vrana, causing it to become Dushta. Effective pain management and improved wound healing with fewer scars are every surgeon's top priorities.

Numerous Ayurvedic classics have stressed the need of treating wounds brought on by vitiated doshas or trauma. An outstanding surgeon in his period, Sushruta was far ahead of his time in developing and putting into practice the lovely idea of vrana ropana (wound healing). The Shalya chikitsa makes it abundantly evident that the vrana, or wound, is the most important surgical entity and that a surgeon's ability to effectively treat it is the fundamental skill that determines the success of surgery. The inflammation and healing issues associated with various surgical conditions must always be addressed. While the first stages of wound healing exhibit some variances and involve several cellular and molecular phases until the healing process is finished, the final stages of wound healing are nearly identical.^[1] Finding a better solution to go over the past problems has been a continuous process since the beginning of time. While the ultimate goal of any surgeon is to create the ideal conditions for the wound to heal properly, exposure to infection and the extension of the inflammatory phase are the main factors that delay the healing process. There are numerous ways to provide favorable conditions for wound healing, including the use of antibiotics and antiseptic treatments to fight infection and inflammation, as well as various agents to remove dead or slough tissues to minimize the inflammatory phase and speed up the healing process.

AIMS AND OBJECTIVES

To assess the clinical efficacy of the Panchatikta Ghrita, Haridra Churna for wound healing.

MATERIALS AND METHODS

An innovative compound Panchatikta ghrita of 5 reputed drugs having healing properties, described in the Sushruta samhita, was prepared with ghrita kalpana in the pharmacy of our institute. Among the three formulation the following seven drugs were selected for this study.^[2]

NIMBA (azadiracta indica) PATOLA (Luffa acutangula) GUDUCHI (Tinospora Cordifolia) VASA (Adhatoda vasica) VYAGHRI(Solanum xanthocarpum) Ghrita (Ghee) HARIDRA.

Drug preparation

After identification of the raw drugs at the Pharmacognosy Laboratory, trial drug “panchatikta ghrita” was prepared as per the classical reference of ghrita paka kalpana.^[3]

Criteria for assessment

The subjective parameters of pain, tenderness and objective parameters of size, color, floor, margin, discharge, granulation tissue and swelling were recorded on the basis of the score adopted with grading (0, 1, 2 and 3). After completion of treatment, assessment of scar was done on the basis of gradation (0, 1, 2 and 3). Criteria for assessment of total effect of therapy are given in Table 2

Table 1: Pharmacodynamic properties of drug.

Drug	Rasa	Guna	Virya	Vipaka	Karma
Panch tikta ghrita					
Harida	Tikta,katu	Laghu,ruksha	Ushna	katu	Kaphpittaghna

Table 2: Criteria for assessment of total effect of therapy.

Sr no	Result	Criteria
1	Cured	100% relief in the signs and symptoms along with complete healing of wound within 21 days improvement
2	Marked	76-99% relief in signs and symptoms along with complete healing of wound within 21-30 days
3	Improvement	26-75% relief in signs and symptoms along with complete healing of wound in more than 30 days
4	No improvement	Up to 25% relief in signs and symptoms without any progress toward healing of wound

CASE REPORT

A 54-year-old female patient had two bed sores (non-healing ulcers) on the back of her right and left gluteal regions, together with pus discharge that had been present for 30 days. She saw a doctor and received treatment with povidone iodine ointment for dressing, but nothing changed. A pus-filled discharge infected the ulcer. She sought advice from a general surgeon and a plastic surgeon after her wound became infected and deepened daily. They suggested debridement and wound correction by closing the upper skin tag, but after a while, the wound became internally infected, which resulted in a recurrence of bed sores. The patient has had SLE for the past 23 years and is hemiplegic; she had no history of diabetes mellitus or

hypertension. Additionally, the patient's disease did not significantly correlate with family history.

METHODOLOGY

Preparation of Vranalep^[4]

Fine powder of all ingredients are taken and mixed thoroughly. Before application of medicine, Vranalepa is mixed with panchatikta Ghrita. For 5gms of Vranalepa, and 3ml of Ghrita is required to make it into a Kalka / paste form.

Application

The wound is cleaned with normal saline. After drying with sterile gauze, Vranalepa is applied over the wound, followed by sterile pads as absorbent layer. The dressing is secured with bandages without compromising the circulation. The dressing is removed in the evening and the wound is cleaned again with normal saline.

Local examination

Location: Posterior at gluteal region bilaterally

Size: wound on right side-5x5x3cm

Wound on the left side -5x2x3.5cm

RESULT

Within 21 days, the incision began to heal well, forming a normal-colored scar without any complications. This demonstrated the compound drug's vaikritapaham characteristic, and the treatment continues for an additional two years to ensure perfect healing. Applying panchatikta ghruta, haridra locally produced positive results by reducing the size of the wound and accelerating its recovery. It also showed to be cosmetically beneficial with minimal scarring.

DISCUSSION

Every attempt has been made to maintain the wound's cleanliness throughout its various healing phases in accordance with the wound management approach. This type of cleansing is known as Vrana Shodhana. The perfect debriding agent should be able to perform debridement efficiently without causing any unintended side effects or harming the surrounding healthy tissue of a polluted lesion. Among the Shasti Upakrama are the bandhanas of Lepana and Vrana. For the simplicity of treating various illnesses, such as Lepa

Kalpana, Upanaha, Malahara Kalpana, etc., many external application types are mentioned. The herbo-mineral preparation for external application is called Lepa Kalpana.^[5] Sharangadhara Samhita, Sushruta Samhita, and Vagbhata Samhita are the primary Ayurvedic texts that discuss Lepa Kalpana. The fundamental idea behind Lepa is that, depending on the needs or demands of a specific disease condition, wet drugs are ground into a fine paste and dry drugs are ground into a fine powder and combined with any liquid media, such as Swarasa, Kwatha, Ghrita, Taila, Godugdha, Gomutra, Jala, etc. Lepana is Shophagna in nature and performs Shodhana, Utsadana, and Ropana. The formulation used for this study is Vrana Lepa, who is referenced in Lepa Yoga Prakarana in Sahasrayoga.

Wound healing is completed in three phases: Inflammatory, proliferative and remodeling. Other stages of wound healing include Granulation, collagen maturation and scar formation, which occur simultaneously but independently of one another. Since a wound cannot be cured if it is not shuddha, ropana is always connected to shodhana.^[6] Early, delayed, or irreversible stages of wound healing can be attributed to a variety of illnesses and wound types. Even though there has been a lot of advancement in wound care in recent years, Vrana (WOUND) treatment has been a major health concern since Sushruta's time. Numerous operations are carried out for different stages of Vrana's recovery. Among these, ropana treatments are used to cure Shuddha Vrana, whereas excessive purification, inflammatory changes, vitiated doshas, and the location of Vrana are used to control Dushta Vrana. Sushruta describes wounds in the treatment of a number of illnesses, including abscesses and inflammatory edema. In general, Sushruta listed sixty distinct ways to control Vrana.

In the form of seven distinct kinds of upakrama (administration) of sophra, he explains nearly every fundamental premise of vranaupakrama. Sushruta's approach to management is primarily divided into two categories: management of vrana (wound) and management of vrani (wounded). The conversion of Dushta Vrana into Shuddha Vrana is the subject of forty of the sixty operations that are stated in the top four categories. These consist of interventions for nonhealing wounds, vitiated dosha control, inflammation management, and surgery. This idea, which was thoroughly explained in the Sushruta Samhita, is quite similar to wound bed preparation in modern treatment.

CONCLUSION

In conclusion, we can state that the process of repair was not complicated by microbial infection during panchatikta ghrita treatment. Therefore, there was no disruption to the

patient's overall health. Locally, the area was cool, painless, and of its natural hue; the temperature stayed normal; and the neurological, gastrointestinal, and circulatory systems all continued to operate normally. We may infer that the action of vana lepa on the wound demonstrates the great effect on cell proliferation, which aids in the uncomplicated wound healing of cells. Another update effect that was not observed in the povidone iodine group was skin-like pigmentation. Throughout the course of treatment, no adverse effects were noticed. Therefore, based on this clinical investigation, it can be said that the medications panchatikta ghruta, neem churna, and haridra churna are highly effective in "vana ropana" with fine scarring and no negative side effects. Therefore, it might be suggested as an economical, simple to make, and successful wound-healing therapy.

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