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ROPANA EFFECT OF HEMIGRAPHIS COLORATA IN POST KSHARASUTRA ULCER"- A CASE STUDY

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ABSTRACT

Ksharasutra[1] therapy is an established para-surgical procedure in Ayurveda, commonly employed in the management of *Bhagandara* (fistula-in-ano). A residual ulcer after post *Ksharasutra* requires appropriate wound management. Hemigraphis colorata also known as *Murikootti* possesses *Ropana* property that facilitate wound healing through its antibacterial,[6,7] anti-inflammatory[2] and antioxidant[2,3] actions. The wound contraction and epithelialisation are faster[4,5] in *Murikootti*. These pharmacological and chemical actions contribute to effective ulcer healing and reduction of post-procedural complications. This case study evaluates the effect of *Murikootty Swarasa Varthi* in the management of Post-*Ksharasutra* ulcer.

INTRODUCTION

Bhagandara is considered one among the *Ashta Mahagada* in Ayurveda due to its chronicity and recurrence. *Ksharasutra* therapy is widely practiced because of its minimal recurrence rate and effective tract eradication. However, after

complete cut through of the tract, a raw ulcer remains which may take time to heal and can produce pain, burning sensation, and discharge.

Management of Post *Ksharasutra* ulcer requires drugs having wound healing properties. Hemigraphis colorata,[8,9] commonly known as *Murikootti*, is a medicinal herb widely used in traditional Ayurvedic practice for wound healing. *Murikootti* possesses *Krimighna* and *Ropana* properties, which contribute to effective ulcer management. The plant is rich in phytoconstituents such as flavonoids, tannins, phenolic compounds, and antioxidants, which contribute to its anti-inflammatory and antibacterial actions.

A 52-year-old male patient presented with pain, discharge, and non-healing ulcer following *Ksharasutra* therapy for complex trans-sphinteric fistula (St. James Grade 4). Daily dressing with *Murikootti Swarasa Varthi* was done for 21 days. Assessment was based on pain, discharge and size of ulcer. Significant improvement was observed with reduction in pain, discharge, and healing of ulcer. The study suggests that *Murikootti Swarasa Varthi* is effective in promoting wound healing in post *Ksharasutra* ulcer.

MATERIALS AND METHODS

CASE REPORT

A 52-year-old male patient, a known case of hypertension since 2 years, reported at *Shalyatantra* OPD complained of pain and recurrent perianal sepsis around the anal region since one year. Initially, the patient had intermittent pain and swelling associated with occasional pus discharge, for which he underwent conservative management and obtained temporary relief. However, the symptoms showed recurrence. On further evaluation, a fistulous tract was identified six months ago, associated with persistent pus discharge and discomfort in the perianal region. Symptoms aggravated during sitting and defecation, causing difficulty in daily activities.

Local Examination

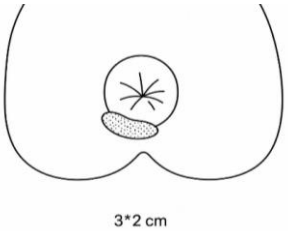

Figure 1: Schematic Representation Of Ulcer.

- 3x2 cm ulcer present in the posterior perianal region.

- Oval ulcer with well-defined margins.
- Minimal fresh bleeding present.
- No purulent discharge noted.

Investigation: MR- FISTULOGRAM PLAIN (Dated on 26/10/25)

Complex trans-sphincteric perianal fistula (St. James Grade 4) with internal opening at 6 o'clock position 1 cm above the anal verge, demonstrating trans-sphincteric course involving both internal and external sphincters, forming infra-levator collection in the right ischioanal fossa, levator ani muscle involvement but no significant supra-levator extension of the collection. Three secondary tracts arise from a common bifurcation point (after a vertical descend of the tract for 6 cm) with a single cutaneous opening in the right gluteal region approximately 8 cm from the anal verge. No acute abscess formation is identified on diffusion-weighted imaging.

Management

According to Acharya Sushruta, the treatment of *Bhagandara* includes *Kshara Karma*, *Agni Karma*, and *Shastra Karma*, depending on the stage and severity of the disease.

In the present case, *Ksharasutra Chikitsa* was initially adopted for the management of *Bhagandara*. A couple of fenestrations were created along the course of the 10 cm fistulous tract, and *Ksharasutra* ligation was performed at each segment. After complete cut-through of the tract, the residual Post-*Ksharasutra* ulcer was managed with *Murikootti Swarasa Varthi*. Sterile gauze soaked in *Murikootti Swarasa* was locally applied to the ulcer to promote wound healing. Regular dressings were carried out under aseptic precautions. The ulcer showed reduction in pain and progressive healing without recurrence. Along with local treatment, the patient was advised to maintain proper local hygiene, take regular sitz baths, and follow appropriate *Pathya Ahara* and *Vihara* during the follow-up period.

Intervention

Treatment

Daily dressing with *Murikootti Swarasa Varthi* after sitz bath for 21 days.

Procedure on daily basis

1. Patient was advised sitz bath.
2. Ulcer area cleaned with sterile gauze.

3. *Murikootti Swarasa Varthi* inserted locally into ulcer cavity.
4. Sterile dressing applied.

OBSERVATIONS[10]

The local examination of the Post *Ksharasutra* ulcer wound on 1st day is shown in Table 1.

Table 1: Baseline Findings of Ulcer.

Parameters	Findings
Size	3x2 cm
Edge	Sloping
Floor	Healthy granulation tissue
Margins	Irregular
Position	Right Perianal region
Bleeding	Occasionally
Tenderness	Absent
Temperature	Absent

Assessment Criteria

Table 2: Treatment Outcomes.

Parameter	Before Treatment	After 21 Days
Pain	Moderate	Mild
Ulcer Size	3x2 cm	Healed

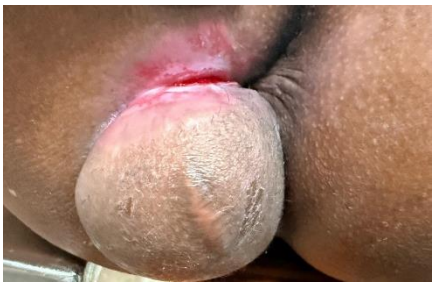

Figure 2: Ulcer before treatment.

Figure 3: Ulcer after treatment.

RESULTS

Marked improvement was observed after treatment with *Murikootti Swarasa Varthi*. Pain reduced gradually within one week. Healthy granulation tissue developed, and complete healing of ulcer occurred by the end of 21 days without complications.

DISCUSSION

In the present case, satisfactory healing of the Post-*Ksharasutra* ulcer was observed following local application of *Murikootti Swarasa Varthi*. Progressive reduction in wound discharge, healthy granulation tissue formation, and gradual epithelialization were noted

during the follow-up period. The ulcer healed without any evidence of secondary infection or other local complications. Adequate local wound care is essential after *Ksharasutra* therapy, as the residual ulcer requires an optimal environment for tissue repair. The favorable clinical outcome observed in this case suggests that *Murikootti Swarasa Varthi* was effective in supporting the healing process and postoperative wound management. Complete ulcer healing with satisfactory tissue regeneration highlights its potential utility as a local dressing agent in the management of Post-*Ksharasutra* ulcers in *Bhagandara.*

CONCLUSION

Murikootti Swarasa Varthi showed a favorable effect in the management of the post-*Ksharasutra* ulcer, with reduction in pain and discharge and satisfactory wound healing. The successful outcome observed in the present case suggests that it may serve as a safe and effective local therapeutic option for Post-*Ksharasutra* wound care. Further clinical studies with larger sample size are warranted to substantiate its role in enhancing wound healing following *Ksharasutra* therapy.

REFERENCES

1. Sushruta. Sushruta Samhita with Nibandhasangraha Commentary. Thakral KK, editor. Latest ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2024.
2. Akhil TT, Punieetha Prabhu. Evaluation of anti-oxidant, anti-inflammatory and cytotoxicity potential of *Hemigraphis colorata*. *International Journal of Pharmaceutical Sciences and Research*., 2013; 4(9): 3477-3483.
3. Asha Gangadharan, Nishath TK, Benny PJ. Evaluation of Phytochemical Analysis, Anti-Elastase activity of *Hemigraphis colorata*. *International Journal of Pharmacognosy and Phytochemical Research*., 2014; 5(4): 292-298.
4. Subramoniam A, Evans DA, Rajasekharan S, Sreekandan Nair G. Effect of *Hemigraphis colorata* (Blume) H.G. Hallier leaf on wound healing and inflammation in mice. *Indian Journal of Pharmacology*., 2001; 33: 283-285.
5. Saravanan J, Josh NH, Joshy VG, Sutar PS, Karigar AA. Wound healing activity of *Hemigraphis colorata*. *International Journal of Current Research & Review*., 2012; 1: 1-3.
6. Anitha, Vimala Thankappan, Antonisamy, Johnson Marimuthu, Jeeva Solaman. Anti-bacterial studies on *Hemigraphis colorata* (Blume) H.G. Hallier and *Elephantopus scaber* L. *Asian Pacific Journal of Tropical Medicine*., 2012; 5(1): 52-57.

7. Shameela Nasrin R, Sincy Joseph. Evaluation of Antibacterial and Antioxidant activity of *Hemigraphis colorata* (Blume) H.G. Hallier. *YMER*., 2022 May; 21(5): 1353-1359.
9. Safna MI, Visakh UV, Gangadharan A. Biological activity of hexane extract of Hemigraphis colorata, an indigenous wound healing plant. Mater Today Proc., 2020; 25(2): 294-297.
10. Sreekumar D, Bhasker S, Renuka Devi P, Mohankumar C. Wound healing potency of Hemigraphis alternata (Burm.f) T Anderson leaf extract with molecular evidence. Indian J Exp. Biol., 2021; 59(4): 245-252.
11. Prakash D, Patil A, Babar SC. Case study of Bhagandara in Ayurveda with special reference to fistula in ano. J Nat. Remedies., 2024.