

A CASE STUDY ON DUSHTA VRANA

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ABSTRACT

Introduction: Vrana is defined as the destruction/ discontinuity in the body tissues or part of the body. Vranas are divided into two types broadly Nija vrana and Aganthuja vrana. Vranas can be compared with that of non-healing ulcer, which is usually associated with underlying disorders such as Diabetes mellitus, leprosy and peripheral vascular diseases etc. Non-healing ulcers present serious problems for both patients and their families. Vrana is termed as dusta vrana when observed with the signs of Ativivrita (broad based), Bhairava (uglylooking), Putipuyamansa (purulent pus discharge), Gandha (foul smell), Vedana (pain), Dirghakalanubandhi (chronic in nature). Here a sincere effort is made to evaluate the clinical changes in a patient with dusta vrana after administration of internal and external medications. **Methodology:** Detail study of dushta vrana from Ayurvedic treatises, Research Journals, and electronic databases done. A Patient suffering from dushta vrana is administered internal and external medications.

The changes are observed and noted. **Result:** With Ayurvedic treatment protocol, the chronic case of dushta vrana was successfully managed with shamana and vrana ropana chikitsa. **Discussion:** Dushtavrana is a condition with association of multiple local and systemic complications with antibiotic resistance. Treatment modalities involve correction of systemic derangements with shaman aushadhis and local management of vrana with Jaluka(leech)

along with Vrana ropaka dravyas, which should be regularly followed for stipulated duration of time until pacification of signs, and symptoms with complete healing of vrana without any recurrence of lesions.

KEYWORDS: Dushta vrana, non-healing ulcers, Jaloukaavacharana, Shaman.

INTRODUCTION

Vrana is defined as the destruction/ discontinuity in the body tissues or part of the body.^[1] Vranas are divided into two types broadly Nija vrana and Aganthuja vrana.^[2] Management of Vrana (wounds/ulcers) has been dealt since the period of Veda to current era. Nonhealing ulcer present serious problems for patients and their families due its ill effect on financial and emotional status because of its close associated with underlying disorders such as Diabetes mellitus (DM), leprosy and peripheral vascular diseases etc. in Ayurveda, The features of dushta vrana varies according to the predominant dosha present in it.^[3] Susruta has described specific types of wounds, which by any external or internal factors have reduced to a condition where healing is delayed or absent under dusta vrana. The signs of Dushta Vrana (chronic wounds) mentioned in the classics are Ativivrita (broad based), Bhairava (ugly looking), Putipuyamansa (purulent pus discharge), Gandha (foul smell), Vedana (pain), Dirghakalanubandhi (chronic in nature).^[4] Acharya Sushruta mentioned sixty treatment modalities to treat Vrana.^[5]

It is estimated that 1 to 2% of the population will experience a chronic wound during their life time in developed countries.^[6] Dramatic increases in the ageing population will increase these numbers as the wound closure is negatively associated with age.^[7] Here we present a case of Dushta Varna treated successfully with Ayurvedic protocol.

Aim of study: To evaluate the effect of internal and external treatment in a case of Dushta vrana.

Methodology: Detail study of dushta vrana from Ayurvedic treatises, Research Journals, and electronic databases done. A patient suffering from dushta vrana administered with internal and external medications with logical analysis and the changes are observed and noted.

CASE REPORT

A 60 year old obese female approached kayachikitsa OPD of ALNRMAMCH Koppa, with History of non-healing ulcer over the medial aspect of right lower limb, associated with

swelling, sloughy discharge from the ulcer site with burning Sensation and Swelling around the ulcer along with pain since 1 and half month.

History of present illness

Patient is a known case of Diabetes and Hypertension on regular oral medications, was said to have observed with a minor prick at the medial aspect of right shin region while walking in the fields which she ignored initially, during a time period of two days she gradually developed redness over right lower limb from foot till lower 2/3rd of leg and it changed to a blister form at the medial aspect of the mid 1/3rd of the leg. Patient had consulted nearby allopathic clinic where she was treated with oral antibiotics and analgesics for 7 days and the blister was punctured by doctor after which patient got some relief. Gradually the whole area turned into ulcer, which was not healing and was increasing in circumference so she discontinued the treatment and took some treatment with naati vaidya for the period of 2weeks. As the clinical condition worsened with non-healing ulcer associated with sluffy discharge associated with severe pain and burning sensation, hence she approached ALNRMAMCH for further treatment.

Past medical history

- DIABETIC since 3 yrs METFORMIN HYDROCHLORIDE 1-0-1(500mg) (B/f)
- HTN since 6 yrs ATENOLOL 50mg 1-0-0(A/F)

Menstrual history

- Menopause at 50yrs
- Menarchy at 12 yrs
- P2A0L2

Personal history

- BOWEL- constipated /once in 2days(irregular)
- MICTURITION- 4-5/day 2-3/night
- APPETITE –reduced
- DIET-mixed
- SLEEP-disturbed 1 & half month

Systemic examinations

CVS, RS, PA- NAD

CNS- HMF normal, no neuro sensory deficits noted.

Local examination

Inspection

- Area: right leg below knee
- Number of ulcers-02
- Position- 1st ulcers over the antero-medial aspect of right lower limb about 10 cm above the medial malleolus
- 2nd ulcer over posterior aspect of right lower limb about 10cm from the heel
- Size and Shape
 - 1st wound 7x 6cm at medial aspect of right leg
 - 2nd wound 5 x 6cm on posterior aspect lateral to calf muscle
- FLOOR –unhealthy hyper granulated with hardened slough
- MARGINS-elevated irregular edges
- DISCHARGE-Sero- purulent
- Surrounding area of skin–shiny and inflamed

Palpation

- TENDERNESS- present
- EDEMA-pitting edema present at whole circumference of right leg, lower 2/3.
- TEMPERATURE- Local rise of temperature around the ulcer
- No LYMPHADENOPATHY
- PULSATION- Dorsalis Pedis pulse was feebly felt (may be due to swelling), Anterior and posterior Tibial- feeble, popliteal pulsation normal.

Treatment

Table no. 1

Treatment plan (During IP *7days)			
Internal medication			
Sl. N0.	Drug	Dose	Anupana
1.	Kaishora Guggulu	2tab Twice a Day B/F	Luke Warm Water
2	Rakthamrutha Kwath	20ml Twice a Day B/F	60 ml Luke Warm Water
3	Chandarprabha Vati	1tab Twice a Day A/F	Luke Warm Water
4	Trivruth Choornam	4gm Once Before Food	Luke Warm Water

External application			
1	Panchavalkala + Manjista + Yashtimadhu Qwatha Dhara	Luke warm dhara	Twice To Right Leg daily
2	Scraping Off Infected Granulation and Packing the Wound with Murivenna (2 nd Day onwards)		Once daily/SOS
3	Jaloukavacharana	5 jaloukas	On the 4 th day (01/08/2022)

Table no. 2

Discharge medications			
Internal medications			
Sl no.	Drug	Dose	Anupana
1	Cap grab	1tab twice a day A/F	luke warm water
2	Rakthamrutha Kwatha	20ml twice a day B/F	60 ml luke warm water
3	Kaishora Guggulu	2tab twice a day B/F	luke warm water
External therapy			
	Murivenna	Local application	
	Panchavalkala Qwatha Churna	For wash	

Assessment of wound

Table no. 3

Assessment Parameters	Before Treatment	During Treatment	After Treatment	After 15days Follow Up
Itching	Severe	Mild	Absent	Absent
Discharge	Present	Reduced	Absent	Absent
Foul Smell	Present	Reduced	Absent	Absent
Wound Size	1 st wound 9''x6'' 2 nd wound 5''x4''	1 st wound 6''x4'' & 2 nd wound 3''x2''	1 st wound 2''x1'' 2 nd wound healed	NIL
Discoloration	whitish dense	fresh granulation	crust formation	Skin Formation

RESULT

With Ayurvedic treatment protocol, the chronic case of dushta vrana was managed successfully with administration of shamana and vrana ropana chikitsa including jaloukavacharana.

DISCUSSION

Dushtavrana is a condition with association of multiple Local and Systemic complications mostly having antibiotic resistance also. Treatment modalities involve correction of systemic

derangements with shamana aushadhis and local management of vrana with jalukavacharana and vrana ropana chikitsa. This when followed for stipulated duration of time or until pacification of signs and symptoms result in complete healing of vrana without recurrence of lesions.

In this case, patient presented with vikrutha Pitta-Kaphaja sama Avastha. So, our management protocol involved internal use of Amapachaka, Agnidipaka and vranaropaka dravyas with specific emphasis on Pitta- Kapha Shamana. Externally vrana shodhana and ropana chikitsa was followed. Here the treatment is planned according to sushruta's shasti upakrama mentioned under vrana chikitsa.

Patient had increased kleda with other ama lakshanas with pitta involvement. Sushruta have advised use of mrudu virechana dravyas in case of chala doshas (wide spread) with chronic origin. Paka is cardinal sign for vitiated Pitta and Virechana is best treatment modality. Hence Initial treatment involved administration of trivrit churna for the purpose of amapachana and agnideepana followed by shodhana of chala doshas.

Kaishora Guggulu^[8], Chandraprabha vati^[9] and Tab.Grab^[10] are having properties of Vrana Shodhana (antimicrobial), Vrana Lekhana (scraping), Rukshana (wound cleaning and drying action), Agnivardhana (digestive) and Ropana (wound healing). These properties are further enhanced when administered with rakta shodhaka kashayas. The Ingredients of Rakthamrutha kwatha are Mahamanjishtadi kwatha, Musta, Aragwadha, Trivrit, Katiki, Ativisha, Ushira, Bakuchi. All of which are having wound healing and anti-inflammatory properties, acting as rakta shodhaka i.e cleansing blood and enhancing circulation. These formulations also help to restore normal wound healing by stimulating dhatupariposhan (tissue metabolism).

In Dushta vrana it is judicious to make it free from damaged and dead tissue so as to arrest further damage to the tissues. This procedure has been mentioned under vrana shodhana by sushruta following this scrapping of the dead tissue was done whenever required. Panchavalkala Kwath^[11] was used with Manjishtadi churna, for its lekhana, vrana shodhana, Vranaropana, & Shothahara properties, for the purpose of Vranapakshalana.

Sushruta mentioned Raktavisravana^[12] in the cases of Dushtarakta. Jalaukavacharna is a type of Rakta Visravana specifically mention for pitta dosha involvement. This helps to remove Dushta Rakta and pitha dosha which is responsible for inflammatory conditions.^[13] With the

advancements of science and technology the mechanism of leech how it work have started to be clarified. After the leech bite, the tissues and blood vessels allow access to the hyaluronidase and collagenase enzymes; action of histamine like molecules leads to vasodilatation; platelet inhibition. Hence, the therapeutic benefits are not only from the amount of blood removed during the bite, but also from the saliva which contain anticoagulants and vasodilators.

Taila application is advised when vranas have raised granulations, very little unctuousness and discharge which is a sign of changing from sama to nirama state.^[14] Here we opted Murivenna, as the ingredients possess Katu and Tiktha Rasa (drugs like Palandu, Kumari and Vasuka possess Madhura Rasa) / Katuvipaka / Laghu, Tikshna, Snigdha and Ruksha Guna and all drugs have Vranashodhana, Vranaropana, Vedanasthapanam and Shothahara properties.^[15]

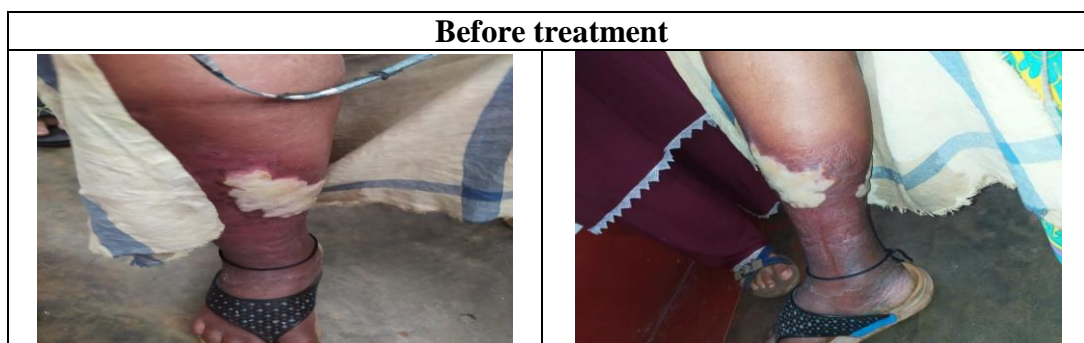
Hence, by adopting these above treatment protocols with judiciously selected medications based on state of doshas and dushtas, the dushta vrana (chronic non-healing ulcer) was successfully managed.

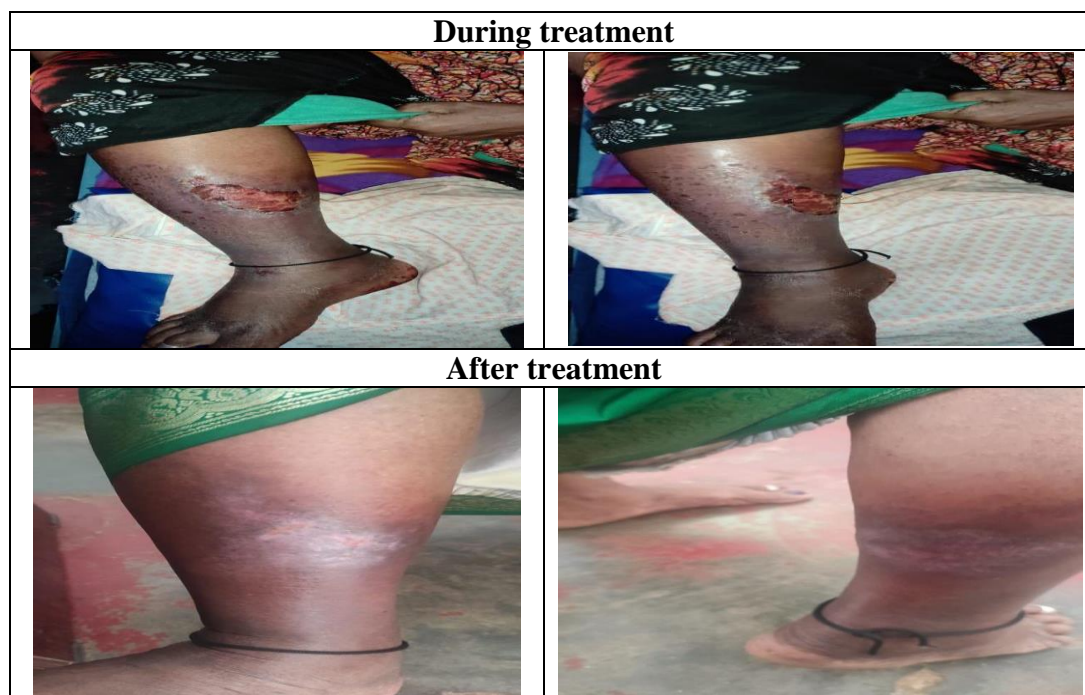
CONCLUSION

Dushta vrana manifests in various forms depending on the dosha dooshya samoorchana, chronicity and predisposing factors. Some conditions of Vrana are difficult to treat, even after advanced management protocol available in bioscience. But, by using Ayurvedic concept of Vrana management w.r.t Shashti upakramas by Acharya Sushruta, we can achieve significant results in these types of Dushta Vrana conditions. There is a lot of scope for further research in this field for betterment of patient & their hope for wellbeing.

Conflict of interest: NIL.

Annexures





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