

**A COMPREHENSIVE REVIEW ON THE MANAGEMENT OF
SADHYO VRANA W.S.R. TO TRAUMATIC INJURY**

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ABSTRACT

Sadhyo Vrana, as described in Ayurveda, refers to an acute wound that develops instantly following trauma. It corresponds to modern traumatic injuries caused by mechanical, physical, or accidental factors. An injury is the adverse effect of a physical force upon a person. The force involved in most injuries is mechanical. The incidence of wound trauma is very large globally. The number of patients with wounds presenting to the emergency department and to the general practitioners is more as compared to any other health problem. Occasionally, patients with minor and superficial injuries turn into major complications. Complicated wounds are the major cause of absences at the working place and hospitalizations. Proper management of Sadhyo Vrana is essential to prevent complications like infection, delayed healing, chronic ulceration, and scarring. This review aims to analyze classical Ayurvedic concepts alongside contemporary surgical and wound management principles to establish an integrative approach for better outcomes in the management of

traumatic injuries.

KEYWORDS: Sadhyo Vrana, wound, traumatic wound, accidental injury, wound healing etc.

INTRODUCTION

Trauma is one of the leading causes of morbidity worldwide, and the resulting wounds require immediate attention. In Ayurvedic literature, the term Sadhyo Vrana (sudden wound) has been explained by Acharya Sushruta as an injury produced by external factors such as sharp instruments, accidents, bites, burns, or blunt trauma. These injuries often demand emergency management, which involves both local and systemic measures.

The incidence of wounds as a health problem is sharply rising. The exact figures are lacking from many countries, but it is not an uncommon condition. India accounts for over 20% of the world's trauma related death.^[1] India has a high injury specific mortality rate, with around 2.1 deaths per 1,000 live birth.^[2] In 2022, there were 4,61,312 road accidents, resulting in 1,68,491 deaths and injuries to 4,43,366 persons.^[3] India reported over 150,000 traumatic brain injuries related deaths and nearly 500,000 injuries annually.^[4]

Sadyo vrana are those which occur suddenly due to trauma/injury.^[5] As per Acharya Sushruta, Sadyo vrana or accidental caused are of innumerable shape and size. So that as per shape, size, severity and weapon used, Sadyo vrana is explained in infinite number considering in six type i.e. chhinna, bhinna, viddha, kshataja, pichchita and ghrishta.^[6&7]

While modern medicine relies on surgical debridement, antisepsis, antibiotics, and advanced wound care dressings, Ayurveda emphasizes Shodhana (cleansing), Ropana (healing), and Rasayana (rejuvenation) therapies. An integrative review of these methods can provide holistic strategies for managing traumatic wounds.

AYURVEDIC CONCEPTUALIZATION OF SADHYO VARANA

Etymology & Definition

Sadhyo Vrana is defined as a wound that occurs suddenly due to external trauma (Aagantuja Nidana).

"सद्यो व्रणः तादात्म्यं विना अचानकं घटितः सः ।"

(अ.सू. ३२.६ / १)

Sadyo vrana are those which occur suddenly due to trauma/injury.

"बध्ना विना अचानकं घटितः सः ।"

(च.□ □.२ ५ /७)

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Etiology (Nidana)

- ९
- (□ □ □ 2/4)

[illegible]

Shapes of traumatic wounds

- आयत (□ □ □ □ broad)
- □ □ □ □ □ □ (□ □ □ □ quadrangular)
- □ □ □ □ □ □ (triangular)
- □ □ □ □ □ □ (□ □ □ circular)
- □ □ □ □ □ □ □ □ □ □ (semi-lunar)
- □ □ □ □ □ □ (extensive)
- □ □ □ □ □ (□ □ □ □ -□ □ □ crooked)
- □ □ □ □ (□ □ □ □) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
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Importance of shape of traumatic wound

[illegible]

Types

1.

[Redacted]

[Redacted]

(37 . [Redacted] 26/1)

1. Grista
2. Avakrtta
3. Vichinna
4. Pravilambi
5. Patita
6. Viddha

8. Vidalita

Ancient physicians said that accidental wounds are of innumerable shapes; all those are classified into six in brief. (By Susruta)

1. Chinnnam (cut)
2. Bhinnam (punctured)
3. Vidha (punctured)
4. Kshata (crushed)
5. Pichitam (contused)
6. Grista (lacerated)

1. Chinnam (5)

- A. Grista,
B. Avakrutta,
C. Vichinna,
D. Vilambitha,
E. Pathitha
2. Vidham (8)
- A. Anuvidham,
B. Uthundditham,
C. Athividdham,
D. Nividdham,
E. Anubhinna,
F. Bhinnouthundi
G. Athibhinna.

B. Avranam

..()

- i. Chinna vranam (excised wound)
- ii. Bhinna Vrana (stab wound)
- iii. Viddha Vrana (punctured wound)
- iv. Kshata Vrana (deep incised wound)
- v. Pichita Vrana (crushed and lacerated wound)
- vi. Grustam (abrasion)

5)

1. **Grista (Abrasion)** is that which exudes lasika alone or mixed with little of blood associated with burning sensation.
2. **Avagrtha (deep stab wound)** is severe than grista.
3. **Vichinna (Wound with very deep incision)** is still more severe than avagratha
4. **Pravilambi (semi amputated)** is that in which only the bone remains in the place.
5. **Patita (a wound with complete amputation)** is that in which the injured part has fallen off from the body.
6. **Viddha (Punctured wound)** is a wound with small orifice caused by a foreign body anywhere on the body except the koshta.

- ## Visesa Lakshana's

[illegible]

Koshta bhinna lakshana

[illegible]

[illegible]

Amasaya bhinna lakshana

If the blood accumulation is in the amasaya (stomach) the person vomits blood (haematemesis), has profound flatulence and excruciating pain.

[illegible]

3. Viddha sadyovrana (punctured wound)

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When a pointed weapon hits the body or an organ, the vrana so caused is called viddha vrana there is no perforation or rupture of internal organs the effected part wound of entry will have inverted wound margins and the wound of exit will have everted or projected wound margin. binna vranas and viddha differ in the context that there is damage to internal viscera in bhinna which is absent in viddha type. In this skin, muscles and bones only are injured.

4. Kshata sadyovrana(deep incised wounds)

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Wound which has neither cut the body part (chinna):greatly dividing into parts)nor the body part is punctured(bhinna), actually, but having the symptoms of both, the wound being irregular (in shape and level) should be understood as kshatavrana (crushed wound). In this the anatomical and structural arrangement of tissues is somewhat damaged, the injury having a zigzag and deep appearance. usually happens with knives, axe, sickles etc.

5. Pichhita sadyovrana (lacerated wounds)

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These are crushed wounds happening in train accidents, running over by the wheels of heavy vehicles, very severe attack with axe, heavy rods etc. any part of the body with local bone crushed between the folds of adoor or by a blow becomes extended and covered with blood and marrow is called a *piccita* (thrashed) wound /ulcer. The affected muscles and underlying bone loose their anatomical position and continuation. There are chances of multiple and open fracture in this case. fortunately bleeding is less in these injuries because the cut end of blood vessels are closed, because of crushing sepsis and gas gangrene are very common.

6. Ghrusta sadyovrana (abrasions and bruises)

[illegible]

Any part of the body losing its skin, either by assault or otherwise(rubbing on hard surface/rough surface etc) accompanied with watery exudation is described as grista Vrana

Sadyovrana Chikitsa

(□ □ □ □ 2/85)

[illegible]

Sapthahika chikitsa/sapthavitha chikitsa for sadhyovrana

(AH US 26/13)

1) Sechana/parisheka

[illegible]

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(Ah Ut 26/)

[illegible]

2. Skandana- promoting clotting

4. Dahana- burning/ cauterization.

[illegible]

Samanya chikitsa for non-bleeding type

[illegible]

The sadyovrana which has been displaced should be replaced in its usual site. sutured and anointed with medicated oil, if the ear, (pinna) is displaced, it should be sutured (at the proper place) and should also be filled with medicated oil.

When the extremity has been completely severed then the wise physician should burn the wound by fire, then apply oil and apply kosa of bandage and take, measures for healing the wound.

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Both Ayurveda and modern medicine emphasize early wound cleansing, removal of necrotic material, and closure of wound edges.

Ayurvedic dressings use herbal preparations with proven antimicrobial and wound-healing properties, while modern medicine employs antiseptics, antibiotics, and synthetic dressings.

Rasayana therapy in Ayurveda corresponds to nutritional and immune-boosting supplements in modern care.

Integrated approaches (e.g., herbal formulations with modern surgical techniques) can enhance healing, minimize infection, and reduce scarring.

- Delayed Presentation – patients often come late with contaminated wounds.
- Antibiotic Resistance – a growing concern in trauma care.
- Limited Awareness of Ayurvedic Wound Management in modern practice.
- Need for Evidence-Based Integration – scientific validation of Ayurvedic formulations for wider acceptance.

CONCLUSION

REFERENCES

1. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8603298>
2. https://www.researchgate.net/publication/328772028_Unintentional_injuries_among_children_aged_1-5_years_understanding_the_burden_risk_factors_and_severity_in_urban_slums_of_south_ern_India.
3. Road accidents in india 2022, Ministry of road transport and highways (Transport research wing)
4. Vigneshwar Raj Veerappan, Reducing the neurotrauma burden in india – A national mobilization, World neurosurgery, September 2022.
5. अ.० १२६ /१ , page no. 741, Kaviraaja Atrideva Gupta, Edited by Vaidya Yadunandana Upadhyaya, Edited with hindi commentary of Vidyotini, Astanga Hrdayam of Maharsi Vagbhata, Published by Chaukhambha Prakashan, Varanasi, 2020 Edition.
6. ० १० १२ /४ , page no. 175, Kaviraaja Atrideva Gupta, Edited by Vaidya Yadunandana Upadhyaya, Edited with hindi commentary of Vidyotini, Astanga Hrdayam of Maharsi Vagbhata, Published by Chaukhambha Prakashan, Varanasi, 2020 Edition.
7. ० १० १२ /८ -९), page no. 175-176, Kaviraaja Atrideva Gupta, Edited by Vaidya Yadunandana Upadhyaya, Edited with hindi commentary of Vidyotini, Astanga Hrdayam of Maharsi Vagbhata, Published by Chaukhambha Prakashan, Varanasi, 2020 Edition.
8. Bailey & Love's, Short Practice Of Surgery, Volume 1, International Student Edition, 28th Edition, Published in 2023, By CRC Press, Taylor & Francis Group.
9. Manipal Manual of Surgery by K. Rajgopal Shenoy & Anitha Shenoy (Nileshwar), 4th Edition, Published in 2014, By CBS Publishers & Distributors Pvt. Ltd.
10. Shabda Kosh, Vaidyak Shabda Sindu Kosh, Government press Mumbai Maharashtra, print 1999.

11. Dr. Sandeep T. Nikam, Study of Karpoor Ghrita and Povidine Iodine in Sadyo Vrana, Published in International Journal of Ayurvedic Medicine, 2015.
12. Dr. Syeed Mohammed Jalaludheen, Outline of Salyatantra, Published by Chaukhambha Sanskrit Sansthan, Varanasi, Edition 2018.
13. Outline of Shalyatantar By Dr. Syeed Mohammed Jalaludheen, Published by Chaukhambha sanskrit sansthan, Varanasi, 2018.