

## AYURVEDIC MANAGEMENT OF DUSHTA VRANA WITH RESPECT TO INFECTED WOUND BY SWARJIKADYAM TAILAM – A CASE STUDY

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### ABSTRACT

Shalyatantra is a specialized branch of Ayurveda in which surgical medicinal and parasurgical like *Agnikarma*, *Ksharkarma*, *Jaloukavacharana* etc. are described for management of various diseases. Vrana Means destruction, break, rupture and discontinuity of skin. Dushta Vrana is one of the Vrana which need treatment for healing. In the present case 40 yr old female patient had a complaint of infected wound over medial malleolus of left lower limb and for this treated the patient by superficial surgical debridement and dressing with swarjikadyam tailam and parallel oral antibiotics and antipyretics drug given. It was observed that after a period of 20 days the wound size markedly reduced with a normal skin colouration and Dushta vrana converted to Shuddha vrana.

**KEYWORDS:** Dushtavrana, Shuddhavrana, Superficial Debridment, Swarjikadyam tailam.

### INTRODUCTION

Shalyatantra is a specialized branch of Ayurveda in which surgical, medicinal and parasurgical like *Agnikarma*, *Ksharkarma*, *Jaloukavacharana* etc. are described for management of various diseases. Vrana is one of them which have been managed by human being from very beginning of civilization. Under this circumstances the first thing which the man came across was the injury by different sources which cause wound. In practice, Dushta Vrana is the most common encountered problem faced by a medical practitioner. Even though healing of Vrana is a natural process of the body, the Vrana should be protected from

Dosha dushti & from various microorganisms which may hamper the natural course of Wound healing.

All the chronic and non healing ulcers remains with Slough, foul smell, discharge which are considered as a dushta *Vrana*. *Vrana* is so called as it cover the site and the scar even after healing does not disappear till the person lives. Acharya sushruta described details about *Vrana* in sushrut Samhita<sup>[1]</sup>

व्रणगात्रविचूर्णने, व्रणयति इतिव्रणः । सु. चि 1/6

*Vrana* Means destruction, break, rupture and discontinuity of skin. In Ayurveda *Vrana* is described various different types according to different acharyas.

According to Acharya sushruta *Vrana* described mainly in 2 types<sup>[1]</sup>

- 1) Neej *Vrana*
- 2) Aagantuja *Vrana*

Neej *Vrana* also classified into 16 types -15 doshaja +1 shuddha *Vrana*

Aagantuja *Vrana* also classified into 6 types.

Dushta *Vrana* is one of the *Vrana* which need treatment for healing. Dushta means degraded, damaged, spoiled, injured, deprived etc. Due to Doshadushti, lack of immunity, personal hygiene, Air pollution, lack of proper treatment of *Vrana* and many other causes *vrana* converted in to *Dushta Vrana*. It is necessary to remove dushti by the virtue of shodhan, krimighna, stravhara, dahaprashman and vran ropak drug.

In *dushta Vrana*, *shodhan chikitsa* is important and *Swarjikadyam tailam*<sup>[2]</sup> is effective alternative formulation. which containing *Swarjik kshar*, *saindhav*, *dantimul*, *chitrakmul*, *yuthika*, *nal*, *nili*, *apamargabeej*, *til tail*, *gomutra*. In which active principle of drug get more useful in the management of *dushtavrana* by their *shodhan effect*.

### Case report

This is a case of a 40 yr old female patient having a complaint of infected wound present over the medial malleolus of the left lower limb and came to SSAM and H for management.

### Chief complaint

Infected wound present over the medial malleolus of left lower limb since 15 days

Pus discharge from wound since 7 days Foul smelling since 7 days

Pain since 7 days

Intermittent fever since 7 days

### **History of present illness**

A 40 yr old female patient is from the sadharan desha. She has a history of injury in left lower limb 20 days ago. For this she took primary treatment from their nearby clinic but patient does not complete the dose of medicine and avoid regular dressing. Due to this wound become infected 15 days ago and starts discharge from wound and experiencing the foul smelling, pain and intermittent fever since 7 days. So the management of above complaint she came to OPD of Shalyatantra department of SSAM and H.

### **Past history**

She had no history of diabetes mellitus, hypertension, bronchial asthma and hypothyroidism or hyperthyroidism.

She had no any surgical history. She had no any allergic history.

### **Family history**

Mother of the patient is known case of hypertension and on regular medication since 20 yr. (Tab Telmisartan 40 mg OD).

### **Personal history**

Name –XYZ Age-40 year Sex- female

Marital status- Married Occupation- Worker

Addiction – No Bowel –Regular Appetite –Good

### **General examination**

Blood pressure-130/80 mm hg.

Pulse- 98/min.

Peripheral oxygen saturation (SpO<sub>2</sub>)- 96% on room atmosphere.

Respiratory rate – 22/min.

Temp.-99.2°F

Pallor/icterus-No

Weight -58kg

Height -5.4ft.

**Systemic examination**

Respiratory system- Air entry bilateral equal (AE=BE)

Cardiovascular system – S1 S2 normal, No murmur

Central nervous system – Patient is conscious and well oriented to time, place and person

Abdominal examination- Soft and non- tender.

**Local examination**

Location: Medial malleolus of left foot.

Size: Length 6cm, width 4 cm.

Edge: Sloped and well defined.

Margin: Poorly defined at the distal ends. Thick proximally.

Floor: Sloughed.

Discharge: Purulent

Smell: Foul smell

Surrounding area: Tenderness was also present with surrounding indurations with rise in local temperature

Bleed on touch: Absent

Peripheral pulsation: Dorsalis pedis, Posterior tibial and Popliteal artery pulsation well appreciated.

**Investigation**

HB%	10.7 gm %
WBC	10500/mm <sup>3</sup>
Platelet count	3.07lacs/mm <sup>3</sup>
BSL Fasting	95 mg/dl
Post prandial	118 mg/dl
Serum creatinine	0.8 mg/dl
HIV (1 and 2)	Non-reactive
HBsAg	Non-reactive
Bleeding time	1 min.5sec.
Clotting time	4 min. 15 sec.

**X –Ray** left lower limb with ankle joint - No any abnormality seen

**Treatment**

1. However, as the patient was intermittently febrile and to prevent the further progress of the condition and sepsis, Superficial wound debridement was planned. Removal of all the dead, devitalised tissue was done with superficial wound debridement under local

anaesthesia.

2. Oral antibiotics [Tab. Amoxicillin and Clavulanic acid 625mg BD] and antipyretics [Tab. Paracetamol 650mg BD]. were administered for 3 days. Due to this systemic symptoms subsides.
3. To keep the wound site free from discharge and soaking which would otherwise hamper the healing, daily dressing with *Swarjikadyam tailam* was done for 7 days. Then alternate day dressing continue.
4. During this course drug tab. Triphala guggul 250 mg BD, and Tab. Gandhak rasayan 500mg OD were used.

## OBSERVATION AND RESULT

After continuous dressing slough present in wound decreases day by day. Healthy granulation tissue formation observed after a period of 13 days. It was observed that after a period of 20 days the wound size markedly reduced and Dushtavrana converted to Shuddha vrana.

## DISCUSSION

In Ayurvedic science the comprehensive management of all wound were exclusively described by acharya sushruta under shashti upakrama.<sup>[3]</sup> He has explained wound from its different aspect right from its definition, causes, types and their management in detail. While describing the types of *Vrana*, mentioned the term *dushta Vrana* which is having similar clinical features of chronic non-healing wound according to modern science. In the *Vrana* management along with upakrama lot of medication in different formulations for wound healing were explained.

Surgical debridement has traditionally been considered the gold standard of wound debridement. This technique utilises a surgical instrument such as scalpel, curette, etc. to remove devitalised tissue. Its advantage is that it is selective, removing mainly non-vital tissue.

स्वर्जिका सिन्धुदन्त्यग्निर्यूथिनलनीलिका ।

खरमञ्जरिबीजेषु तैलं गोमूत्रपाचितम् ॥

दुष्टव्रणप्रशमनं कफनाडीव्रणापहम् ॥

(नाडीव्रणाधिकार भै.र.3/35)<sup>4</sup>

Swarjikadyam Tailam is made using ingredients like Swarjika Kshara<sup>[5]</sup> (Alkaline substances), which have potent cleansing properties. The alkaline environment helps in cleaning the wound by removing slough, dead tissue, and pus. It forms a thin film over the wound and that allows early epithelisation of wound. Due to antimicrobial action of its content yuthika, dantimoola and gomutra, it also protect wound from invasion of microbe. It acts as anti-oxidant, anti-infective, anti-inflammatory (due to, blood purifier these all help in reduction of wound size).

Gandhak rasayan is broad spectrum ayurvedic antibiotics, anti-microbial, anti inflammatory and is blood purifier also. As per classics it acts on blood and skin, it removes toxicity from blood and promotes wound healing by controlling infection.

Triphala guggulu helps in wound healing and also reduces paaka, kled, shotha along with the remarkable reduction of pain in the wound. It acts as anti-inflammatory, anti-oxidant and immunomodulatory activity which aids in the healing and pain reduction.

**Day1****Day 2**



Day 5



Day 13



Day 15

Day 20

## CONCLUSION

The present case diagnosed as a *Dushta Vrana* and after superficial surgical debridement under local anaesthesia and post-operative wound management with *Swarjikadyam tailam* dressing showed significant improvement in wound.

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