

EXTERNAL APPLICATION OF *PURAN GHRITA* IN *DUSHTA VRANA* – A CASE STUDY*¹Vd. Apurva Nagraj Mundargi and ²Vd. Rajkumar R. Bobade¹PG Sch Swasthavritta, ²HOD of Swasthavritta and Yoga
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ABSTRACT

This article highlights the various advantages and indications of *Ghrita*, an unctuous substance in Ayurveda, as described in *Charaka*, one of the oldest *Ayurvedic* texts. *Ghrita* is recognized for its support of fatty tissue, *Oja* (vital essence crucial for life and immunity), memory, intelligence, and reproductive and digestive functions. Notably, it is believed to reduce *Vata* and *Pitta* while elevating *Kapha*. *Vagabhatta*, the author of *Ashtanga Hridaya* and *Ashtanga Sangraha*, endorsed the usefulness of *Ghrita* for patients with tumors, nasal problems, ulcers, and worms. *Ghrita* is characterized by its unctuous and penetrating qualities, light digestibility, sweet flavor, cold potency, and sweet aftertaste. These attributes make it an excellent lubricating medium for both internal and external applications. Its *Sanskarohigunantaradhanam*^[7] effect contributes to its uniqueness as a drug. After a year of preparation, *Ghrita* transforms into *Purana Ghrita*, possessing qualities such as *katu rasa*, *katu vipaka*, and indications in various conditions like *madamurcha*, *apasmara*, *unmada*, *garavisha*, *jwara*, *karnashula*, *yonishula*, *sheerashulanashaka*, and *udar roga*. Additionally, it exhibits *vrana shodhaka* and *ropaka* characteristics. The abstract concludes by presenting a case study of a 55-year-old male patient with a history of type 2 Diabetes Mellitus for 10 years, who presented with a non-healing diabetic wound for 6 months. The patient was managed using *Ayurvedic* internal and external interventions for *dushta vrana* (chronic non-healing wound).

INTRODUCTION

Chronic wounds, particularly those associated with diabetes, present a significant healthcare challenge. Diabetes adversely affects wound healing by reducing the influx of oxygen, leading to slower tissue repair. Additionally, the destruction of nerves caused by elevated blood sugar levels diminishes pain sensitivity. Consequently, patients may fail to detect changes in their wounds, infections, or blisters, which can lead to complications.

Understanding the significance of wound care and the healing process in diabetic patients is crucial for developing effective treatment strategies. This context sets the stage for exploring various perspectives on the time period of *Purana Ghrita*, as elucidated by different *Acharyas* in traditional *Ayurvedic* texts.

Various Aspects on time period of *Purana Ghrita* by Various *Acharyas*

1. *Bhavamishra*: *Bhavamishra* defines *Purana Ghrita* as one-year-old clarified butter.^[1]
2. *Yogaratanakara*: According to *Yogaratanakara*, *Purana Ghrita* refers to clarified butter that is ten years old, while *Ghrita* aged 100 years is termed as *Kumbha Ghrita*.^[5]
3. *Chakradutta*: *Chakradutta* associates *Purana Ghrita*

with a ten-year aging period, which is alternatively known as *Kumbha Ghrita*. After ten years, the *Ghrita* is termed as *Prapurana Ghrita*.

4. *Ashtanga Hridaya Arundutta Tika*: In the *Ashtanga Hridaya* with *Arundutta Tika*, *Purana Ghrita* is specified as fifteen years old.^[3]
5. *Sushruta*: *Sushruta* categorizes *Purana Ghrita* as being between one to ten years old. *Ghrita* aged from eleven to one hundred years is termed as *Kumbha Ghrita*, and *Ghrita* exceeding one hundred years is referred to as *Maha Ghrita*.^[6]

These diverse perspectives on the time period of *Purana Ghrita* highlight the variations in *Ayurvedic* texts and the importance of considering different sources in traditional medicine. The association of clarified butter with specific time periods suggests a nuanced understanding of its properties and applications in *Ayurveda*, possibly influencing therapeutic interventions for various health conditions, including wound care.

In conclusion, combining the insights from *Ayurvedic* teachings on *Purana Ghrita* with modern medical knowledge can contribute to a holistic approach to healthcare, addressing both chronic wounds in diabetic patients and exploring potential applications of traditional remedies.

CASE REPORT ANALYSIS

Patient History

Age/Gender: 53-year-old male.

Chief Complaint: Foul-smelling, non-healing wound on the dorsal side of the left foot with associated edema, pain, and burning sensation persisting for 6 months.

Medical History: Known case of type 2 Diabetes Mellitus for 10 years.

Clinical Presentation

- The patient was normal 1 month before the onset of symptoms.
- He noticed a spontaneous small opening on the dorsal aspect of the left foot with mild discharge, which gradually increased to a big blister.
- The wound was painful.
- There is no history of external injury before the wound appeared.

Treatment History

- Previously sought allopathic treatment for type 2 Diabetes Mellitus.

Local Examination

Location	Size	Discharge	Smell	Surrounding
Dorsum aspect of left foot, Superomedial aspect	3cm (Horizontal) * 2cm (Vertical)	Purulent	Foul	Edematous

General Examination

Gait: Limping gait

Vitals: Normal

Srotas Examination: Mutravaha strotas – Nocturia 2-3

- Local physician's treatment involved daily dressing with Betadine.
- Recurrent use of antibiotics and steroids was prescribed, but the wound did not show signs of improvement.
- Due to the lack of improvement, amputation was suggested, but the patient was unwilling.

History of Previous Medicines

History/Diagnosis: Type 2 DM since Oct 21 HTN on treatment Dy: Peripheral Neuropathy. Updated Medication

1. Tab. Glucobay M 50/500mg 0-1-0 for 14 Day(s)
2. Tab. Trajenta Duo (2.5/500) 1-0-1 for 14 Day(s)
3. Tab. Ecosprin AV 75/10mg 0-0-1 for 14 Month(s)
4. Tab. Maxgalin ER 75mg 0-0-1 for 14 Month(s)
5. Liq. Cremaffin Plus Sugar free 0 Day(s)

times.



Lab Investigations: BSL Readings from 27th July 2022 to 13th November 2022



Sugar reading - N H Kundaram						
Date	fasting	After Meal		Date	fasting	After Meal
13-11-2022	122					
12-11-2022	135			31-08-2022	109	
08-11-2022	122			30-08-2022	95	
07-11-2022	134			27-08-2022	117	128
06-11-2022	131			26-08-2022	115	
05-11-2022	132	175		25-08-2022	85	142
31-10-2022		150		24-08-2022	120	
30-10-2022		160		23-08-2022	120	
18-10-2022	119			21-08-2022	112	
17-10-2022	121			20-08-2022	102	
16-10-2022	105			19-08-2022	89	
14-10-2022	126			18-08-2022	101	
13-10-2022	127			17-08-2022	86	
10-10-2022		156		16-08-2022	91	
09-10-2022		140		14-08-2022	78	150
29-10-2022	124			13-08-2022	98	
27-10-2022	125			12-08-2022	101	
24-10-2022	107	140		11-08-2022	113	
23-10-2022	120			09-08-2022	86	137
22-10-2022	116			08-08-2022	111	
20-10-2022	110			07-08-2022	108	
19-10-2022	139			04-08-2022	98	
18/10/22	98			04-08-2022		163
15-10-2022	120			03-08-2022		152
13-09-2022	119			02-Aug	106	
12-09-2022	106	138		01-Aug		170
10-09-2022	111			31-Jul	140	
09-09-2022	124			29-Jul		136
03-09-2022	120			28-Jul	128	
02-09-2022	119	135		28-Jul		150
01-09-2022	119			27-Jul	126	



Before Treatment





July '22 – Blister formation before starting the treatment. Blackish discoloration on 2nd toe.

Date	Findings	Intervention	Outcome
11/09/2022	Dushta Vrana on Dorsum aspect of left foot, Supero-medial aspect Edema+++, Pain+++, Daha+++	<ol style="list-style-type: none"> Purana Ghrita + Suvarngairik for External Application Dhoopan with triphala churna sprinkled on desi cowdung cakes Triphala Churna (Dhavanartha) Tab Sukshma Triphala 2-0-2 Tab Gokhru Ghan 2-0-2 Madhuvasant Yog 1-0-0 Gandhak Rasayan 1-0-1 Nisha Amalaki 2tsf twice a day 	Day 1 of Treatment – Edges – Unnat, Wound – Yellowish, Discharge – Purulent 
23/09/2022	Edema++, Pain++, Daha++	Same as above Lekhanartha – Triphala dhavan advised thrice a day	Day 13 – Healthy Granulation seen 

Date	Findings	Intervention	Outcome
27/09/2022	Edema++, Daha+	Pain+, Same as above	Day 16 – Size of the <i>vrana</i> reduced 
28/09/2022	Edema+, Daha+	Pain+, Same as above	Day 17 – Edges – Normal, <i>Vrana</i> is dry 

Date	Findings	Intervention	Outcome
07/10/2022	Edema, Daha reduced	Pain, Only local application of Puran Ghrita + Suvarna Gairik (No dressing)	Day 26 – <i>Vrana</i> is dry 
06/11/2022	Edema, completely reduced	Pain, Daha Same as above	Day 56 – <i>Vrana</i> is healed 

Date	Findings	Intervention	Outcome
16/11/2022	Wound completely healed, Margins are normal, Colour normal	Same as above	
Till Date			

DISCUSSION

1. *Puran Ghrita*

Vrana Ropak:^[7] This suggests that Puran Ghrita aids in wound healing.

Vrana Shodhak:^[8] Indicates a cleansing effect on wounds.

2. *Triphala Dhavan*

Lekhana: Implies a scraping or fat-reducing effect.

Vrana Shodhan: Indicates wound-cleansing properties.

Removal of discharge: Suggests it helps in managing wound secretions.

Assists in wound healing (*Ropana*): Indicates a role in promoting the healing of wounds.

3. *Triphala Dhoopana*

Lekhana: Suggests a fat-reducing effect.

Vrana Shodhak: Indicates wound-cleansing properties.

Rakshokghna: Suggests a protective effect.

4. *Puran Ghrita with Suvarna Gairik*

Reduction of *Daha*: Indicates alleviation of burning sensation.

Vrana Ropak:^[9] Suggests a role in wound healing.

Reduces Edema: Indicates a reduction in swelling.

5. *Gandhaka Rasayana*

Removal of slough: Suggests a role in removing dead tissue from wounds.

Cleansing and healing of the wound: Indicates wound-cleansing and healing properties.

Indicated in *vaataraktaja vrana, kushta, prameha*:

Suggests applications in conditions related to vascular issues, skin conditions, and diabetic ulcers.

6. *Madhuvasant Yog* (Proprietary)

Described as a Rasayana, suggesting a rejuvenative or tonic effect.

The overall theme is a comprehensive approach to wound management using both internal (oral formulations) and external (topical applications) methods. Different formulations are chosen based on their specific properties, such as wound-healing, cleansing, anti-inflammatory, and protective effects. This aligns with the holistic principles of Ayurveda, which aims to balance and harmonize the body for overall well-being.

CONCLUSION

The current approach of adopting Ayurvedic interventions for maintaining the dry state of wound was helpful in managing the diabetic wound without undergoing a major amputation. *Purana Ghrita* also does the action of *Shodhana* and *Ropana*.

It removes only the unhealthy granulation tissue; hence wound size does not increase.

This poses an interest in further evaluating whether this kind of approach could give new ray of hope for managing different types of chronic non-healing ulcer.

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