

**UTILITY OF VRANA PARISHEKA F/B VRANA BASTI IN THE MANAGEMENT OF
CHRONIC NON-HEALING TRAUMATIC WOUND - A SINGLE CASE REPORT****Dr. Kaheksha A. Ali^{*1}, Dr. Shivalingappa J. Arakeri², Dr. Mohasin Kadegaon³, Dr. Ashwini Hallad⁴ and
Dr. Shruti T. G.⁵**^{1,5}PG Scholar, Department of Shalya Tantra, Taranath Government Ayurvedic Medical College, Ballari (Karnataka, India).²Professor and HOD, Department of Shalya Tantra, Taranath Government Ayurvedic Medical College, Ballari (Karnataka, India).^{3,4}Assistant Professor Department of Shalya Tantra, Taranath Government Ayurvedic Medical College, Ballari (Karnataka, India).***Corresponding Author: Dr. Kaheksha A. Ali**

PG Scholar, Department of Shalya Tantra, Taranath Government Ayurvedic Medical College, Ballari (Karnataka, India).

Article Received on 04/01/2024

Article Revised on 24/01/2024

Article Accepted on 14/02/2024

ABSTRACT

Acharya Sushruta has defined vrana as a condition wherein tissue undergoes destruction which even after complete healing leaves a scar (Vrana Vastu) over the area which stays as long as the person is alive. Vrana is the most important part of shalya tantra and our texts has emphasized a lot of wound care due to trauma or a result of vitiated dosha. Vrana which fails to heal within specific time period gets converted into dushtavrana. Here we reported a new case of non-healing traumatic wound, A case report of 64 year old male who complained of a chronic non-healing traumatic wound with pain and blackish discoloration of left leg since 3 years. The subject who approached shalyatantra OPD of TGAMC, Ballari was systematically reviewed and dushtavrana line of intervention was planned. The dushta vrana was turned to Shuddha vrana within 28 days of treatment as shown in the photographs. A dushtavrana refuses to heal or heal very slowly inspite of best efforts. To achieve approximation early healing and acceptable scar without complications it's been managed with multiple treatment modalities like Prakshalana, Dhupana for vrana-shodhanartha, vrana basti and vrana badhana for early ropana effect were followed.

KEYWORDS: Non-healing traumatic wound, Dushtavrana, vrana parisheka, Vrana basti.**INTRODUCTION**

Vrana is a condition wherein tissue undergoes destruction which even after complete healing leaves a scar which stays as long as the person is alive.^[1] Sushruta has documented different types of Vrana, like Nija and Agantuja Vrana. Nija Vrana includes all those causes where systemic involvement of body found, whereas in Agantuja Vrana, they have explained about Vrana caused by external factors mainly by trauma, chemical exposure, mechanical exposure etc.^[2] Acharya Sushruta has mentioned Shashti Upakrama to treat different types of vrana.^[3] Wound is a break in the integrity of covering epithelium, either skin or mucous membrane due to molecular death.^[4] In India recent studies estimated a prevalence rate of chronic wound at 4.5 per 1000 population, that accounts for almost 75-80% of all the vascular ulcers.^[5] Wound healing is complex phenomenon, optimal wound healing involves the following the events: rapid hemostasis; appropriate inflammation; mesenchymal cell differentiation,

proliferation, and migration to the wound site; suitable angiogenesis; prompt re-epithelialization and proper synthesis, cross-linking, and alignment of collagen to provide strength to the healing tissue.^[6] In ayurveda, chronic non-healing traumatic ulcer can be co-related with Dushta vrana. As it refuses to heal or heals very slowly inspite of best efforts.

OBJECTIVES

1. To study the effect of vranopcharas in converting dushtavrana into Shuddhavrana.

MATERIAL AND METHODS

Wound has been cleaned with normal saline and vrana prakshalana has been done with Pachavalkala akshay for 14 days to achieve shodhana of vrana. After complete shodhana, ropana karma done with Vrana basti. Kneaded black gram dough of suitable height is fixed over the wound site. Jatyadi taila of suitable temperature is poured inside the prepared wall and retained for about

25-30 min. Temperature of the taila is maintained throughout the procedure. After that mold is removed and wound has been cleaned and by dressing has been done with Jatyadi taila to promote the healing.

CASE REPORT

Basic information of Patient

Age - 64 years
Sex - Male
Religion - Hindu
Occupation - Farmer
Socio-economic status - Lower middle Class

CHIEF COMPLAINTS

Presence of wound over medial aspect of ankle joint of left leg associated with Pain, Blackish discoloration since 3 years.

HISTORY OF PRESENT ILLNESS

The subject complained of wound over medial aspect of left ankle joint associated with pain and blackish discoloration since 3 years. The subject being a farmer approached shalya tantra OPD at Taranatha Government ayurvedic medical college and Hospital, Ballari for the needful.

HISTORY OF PAST-ILLNESS

-Patient is not known case of DM2/HTN
-S/H/O Fasciotomy (3years back)

PERSONAL HISTORY

Appetite - Good
Bowel - 1 times/day
Micturition - 4-5 times /day
Sleep - Disturbed due to pain
Habbit - No H/O smoking, Alcohol and tobacco chewing

OCCUPATIONAL HISTORY

Subject work for 8-9 hours / day

EXAMINATION

Prakriti - Kapha-Vataja
BP - 130/90 mmHg
PR - 86 /min
RR - 19 /min
SpO2 - 98%

GENERAL EXAMINATION

Pallor - Present
Icterus - Absent
Cyanosis - Absent
Lymphadenopathy – Not palpable
Oedema - Pitting Oedema + (left leg and foot)

SYSTEMIC EXAMINATION

CVS - S1S2 heard, no any added sound
CNS - Concious and well orientation
RS - Normal Vescicular, breathe sound.
P/A - Soft, Normal bowel sound

No organomegaly

INVESTIGATION

Hb - 12.7g%
Tc - 6.4 cells/mm³
Platelet Count - 3 lakhcells/mm³
CT - 4 min
BT - 3 min
HIV - Non-reactive
HBsAg - Negative

LOCAL EXAMINATION

INSPECTION

SITE - Over Medial aspect of left ankle joint
SIZE - 5 CM × 9 CM
SHAPE - Nearly oval
EDGE – Punched out and Rough
FLOOR – Unhealthy pale tissue present
DISCHARGE - Sero-sanguinous Discharge
SURROUNDING AREA - Blackish Discoloration
MARGIN - Irregular
SMELL - Present

PALPATION

Tenderness - Severe
Sensation - present
Temperature - Slightly raised in temperature
Lymph Nodes – Not palpable
Peripheral Pulse -
Dorsalis Paedis – Palpable
Anterial Tibial – Not palpable due to presence of wound
Posterior tibial - Palpable
Poplital artery - Palpable

DIAGNOSIS

Chronic Non-healing traumatic ulcer - Dushtavrana.

TREATMENT GIVEN

DAYS	TREATMENT	MEDICATION
Day 1 - Day 14	Vrana Parisheka (Pancha Valkala Kashaya) Vrana Dhoopana (Guggulu, haridra, nimbapatra, sarshapa) Vrana Bandhana	Kaisora Guggulu Gandhaka Rasayana
Day 14 - Day 21	Vrana Basti (Jatyadi Taila) Vrana Bandhana (Jatyadi taila)	Kaisora Guggulu Gandhaka Rasayana
Day 21 – Day 28	Vrana Bandhana (Jatyadi taila)	Kaisora Guggulu Gandhaka Rasayana

ASSESSMENT CRITERIA

Parameters	Day 1	Day7	Day 14	Day 21	Day 28
Pain	+++	++	++	+	-
Localized oedema	+	-	-	-	-
Discharge	++	++	+	-	-
Size	5 x 9 cm	4 x 7 cm	2.5 x 5 cm	1 x 3 cm	0.5x1 cm
Hyperpigmentation (Blackish discoloration of surrounding skin)	++	++	++	++	+
Granulation tissue	unhealthy granulation present with mild slough	Granulation tissue poorly formed	Complete epithelization with poor granulation tissue	Complete epithelization with well defined granulation tissue	Completely healed

Foot note – Mild (+), Moderate (++), Severe (+++)

DISCUSSION

For Dushtavrana, vrana parisheka, vrana dhoopana, vrana basti and Bandhana measure are adopted as per Sushruta samhita.

Vrana Parisheka - Vrana parisheka with panchavalkala kashaya as shown in figure does wound debridement and as kashaya was lukewarm it also does the vasodilatation there by promoted early healing of ulcer.

Vrana Dhoopana - Dhoopana of Guggulu, haridra, nimbapatra, sarshapa being very subtle it can reach the minute channel and carry properties of all ingredients. These drugs acts as krimighna, thereby reduces bad odour. Dhoopana is proved as an antiseptic, insecticidal, anti-pyretic and anti-inflammatory.

Vrana Basti - Vrana basti is unique procedure among shashti upakramas which treats the patient by virtue of it's shodhana and Ropana action.

Kaishora Guggulu - Kaishore Guggulis a herbal remedy containing purified Guggulu and is used as antiallergic, antibacterial and for blood purifier.

Gandhaka rasayana - Gandhaka rasayana has anti inflammatory and anti infective properties, it helps in wound healing.

Jatyadi Taila - Most of the ingredients of Jatyadi Taila are having Shodhana, Ropana and Vedana Sthaapana properties, Tikta, Katu, Kashaya Rasa and Rooksha, Laghu Gunas. Kashaaya Rasa: It does Shodhana there by it might be helpful in Vrana Ropana. Tikta Rasa does Twak Maamsa Sthireekarana and Lekhana. It might help in increasing tensile strength of wound and removal of slough. Katu Rasa has Vrana Shodhana and Avasaadhana properties. Tuttha is an ingredient of Jaytadi Taila having Lekhana Karma. So it may help in removing the slough.

CONCLUSION

Chronic non-healing traumatic wound is painful and hyperpigmented ulcer which may lead to complications like septicaemia and gangrene. Even though the chronic Non-healing ulcer cannot be treated easily, the motive of the treatment is to make dushtavrana into shuddhavrana as soon as possible. Parisheka, dhoopana, Vrana Basti and Vrana Bandhana are such wonderful line of treatment modalities in ayurveda that serves the purpose. Alongwith all these procedures internal medication has been given and wound healed completely within 28 days. The line of treatment adopted in this case can also be taken as guidelines to manage other chronic Non-healing ulcer.



Day 1 – Day 14



Day 15 – Day 28

REFERENCE

1. Acharya Sushruta Sushruta Samhita, with English translation of text and Dalhana Commentry with Critical notes by Vasanta Patil, Chaukhambha prakashan, oriental distributor and publisher, New Delhi, 2nd Edition, Vol 1, Sutra Sthana, Chapter 21 verse 40.
2. Acharya Sushruta, Sushruta Samhita, by Ambikadutta Shastri, Varanasi, Choukhamba Sankrit Sansthan; Edition reprint 2019, Chikitsa sthana, 1; Chapter 1, verse 3.
3. Acharya Sushruta Sushruta Samhita, with English translation of text and Dalhana Commentry with Critical notes by Vasanta Patil, Chaukhambha prakashan, oriental distributor and publisher, New Delhi, 2nd Edition, Vol 1, Sutra Sthana, Chapter 18 verse 3.
4. SRB's Manual of surgery (ED) 6th ED, Priciple and practice of wound care by Jaypee Brothers, Medical Publishers(P), New Delhi, 2010; 11, section 1, Chapter 1, 1.
5. <https://woundsinternational.com/journal-articles/assessment-of-chronic-wound-patients-journey-in-india-a-survey-of-the-perspectives-of-healthcare-professionals-and-patients/>
6. S. Das A concised textbook of Surgery, Kolkata, SD publications, Edition 11th reprint, 2020; 1: 10–11.