AYURVEDIC MANAGEMENT OF VRANASHOPHA W.S.R
CELLULITIS: A CASE REPORT

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ABSTRACT
Acharya sushruta has mentioned a detail description of inflammatory swelling under the heading of Vranashopha. According to the clinical features of vranashopha it can be correlated with cellulitis. Cellulitis a non suppurative inflammation spredind along the subcutaneous and connective tissue planes and accrose the intercellular spaces. Cellulitis can cause mild discomfort to severe toxaemia, which can lead to death. In such condition, only systemic drugs are helpful to eradicate the acute problem.[¹] A case of 47 yrs female patient who presented features of vranashopha (Cellulitis) was treated by siravyadh, pralepa and triphala guggul. In this way we hypothesize that drugs, which could reduced local swelling, tissue damage and helpful in managment of inflammation. **Aim:**- Ayurvedic Management of vranashopha (cellulitis). **Conclusion:**- This treatment reduce all cardinal features of inflammation in the patients of cellulitis. These it can be proven as potent anti-inflammatory medicine. No adevers reaction was found after management of vranashopha.

KEYWORDS:- Vranashopha, Siravyadh, Pralepa, Trihala guggula.

INTRODUCTION
Vranashopha is the most encountered condition in Shalyatantra which has to be treated as early as possible to avoid further surgical intervention and complication. Vranashopha is characterized by Ekdeshiyashotha, Twakvivarnata and Osha- Chosha-Paridaha like vedana.[²] Vranashopha has three distinct avasthas namely Ama, Pachyamana and Pakwa
avastha. In Ayurveda cellulitis is co-related with vranshopha. Vranashopha is prodromal symptom or earlier stage of vrana.\textsuperscript{[3]} Cellulitis is an acute in condition of the subcutaneous tissue and dermis commonly found complicating a wound, ulcer. Consequently, it represents an important healthcare issue with substantial resource and financial implications for the majority of acute trusts.

As per Ayurveda saptokrama are mentioned as line of treatment for Vranashopha\textsuperscript{[3]} Therefore management of cellulitis should be aimed to give quick relief and avoid the further complications like sepsis, osteomyelitis, lymphangitis, endocarditis, meningitis. It is poorly localised inflammation of skin and subcutaneous tissues but infection may lead to life threatening complications when it is associated with blood, bone, heart or brain infection. Cellulitis is commonly caused by Streptococci, Staphylococci or clostridia organisms.\textsuperscript{[4]} Though there are several systemic antimicrobial drugs are available for management of the problem but these are not sufficient to eradicate the acute problem completely and have their own limitations. In that way, Siravedh, external (local) application of some herbal drug formulation over cellulitis and triphala guggul can also prove better to manage the disease.

In management of cellulitis siravedh plays very important role. Siravedh not only minimises local inflammation, infection, oedema, redness, and temperature rapidly but also avoids further complications. So for this study siravedh method is used to analyse the therapeutic effect in management of cellulitis.

Pralepa it self have raktaprasadana and shothahara properties. Sushrutacharya has also mentioned Pralepa in the treatment of Vranashopha. Shophanirvapan lepa is a combination of five bark drug indicated in wide range of therapeutics in Ayurveda. These are the barks of five trees ie. Vat (Ficus benghalensis L.), Udumbara (Ficus racemosa L.), pimple (Ficus religiosa), pimpari (Ficus religiosa) and vet (salix caprea). Barks of these trees are dried in shade and are used for different formulations. Shophanirvapan lepa have kashayaras, shothahar, vranaropana properties.\textsuperscript{[5]} It also possesses antibacterial property.

The basic principle of Vranshopa management is to prevent onset of paka i.e suppuration. To achieve the upashaya from Vranshopa eleven important treatment modalities has been mentioned in Sushruta samhita in the context of Shasthi Upakrama. In these upakrama, first eleven are described for vranashopha. The upakramas like Pralepa and visravana (siravyadh) are used commonly in Aam and Pachyamana avastha among these treatment
modalities. Logical conditions, especially as Vranashotha and inflammatory condition.

**MATERIAL AND METHODS**

*Case details: Patient information:*- In the present case report, a 47 years aged female came to SMBT shalyatantra OPD in 2021 with complaints of swelling at right foot below ankle joint since 4 days, difficulty in walking, redness, pain and rise local temperature since 2 days.

*Present history:*- There was history of trauma before 6 days at right foot below ankle joint region due to fall at ground. When he came to OPD, swelling present with redness, tenderness warmth and no pus collection.

*Past history:*- Past medical and surgical history was not significant.

*Personal history:*-

Table no. 1: Details of personal history.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Parameters assessed</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Appetite</td>
<td>Moderate</td>
</tr>
<tr>
<td>2.</td>
<td>Diet</td>
<td>Mixed</td>
</tr>
<tr>
<td>3.</td>
<td>Bowel sound</td>
<td>Regular</td>
</tr>
<tr>
<td>4.</td>
<td>Urine</td>
<td>4-5 time at day</td>
</tr>
<tr>
<td>5.</td>
<td>Sleep</td>
<td>Normal but last 2 days disturb due to pain.</td>
</tr>
</tbody>
</table>

Table no. 2: General examination.

<table>
<thead>
<tr>
<th>Sl. no.</th>
<th>Parameters assessed</th>
<th>Findings</th>
<th>Sl. no.</th>
<th>Parameter assessed</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pulse</td>
<td>98/min</td>
<td>4.</td>
<td>Temperature</td>
<td>99.7F</td>
</tr>
<tr>
<td>2.</td>
<td>Blood pressure</td>
<td>140/90 mmHg</td>
<td>5.</td>
<td>Tong</td>
<td>Coated</td>
</tr>
</tbody>
</table>

*Local examination* – Right foot below ankle Local temperature ↑

Swelling +
Redness+
Tenderness +

*Investigation*

CBC = Hb - 8.7gm % TLC - 16800 cu/mm, Platlate- 2.36 lacs/cumm

**Blood sugar level: Random**= 132mg/dL

**BT** - 2 min, **CT**- 5 min 35 sec

**CRP** – 10.9 mg/dl
3H – negative

**Diagnosis assessment** - The case was diagnosed as *Varnashopha* as per signs and symptoms on the basis of clinical presentation and investigations.

**Treatment** - *Treatment protocol*: *siravyadh* (para surgical procedure), *Lepana* (local application) and *triphala guggul* (oral medication).

**Table no. 3**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Therapy</th>
<th>Medicine used</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><em>Siravyadh</em></td>
<td>Firstly informed written consent was taken. Tourniquet was applied above 5 inches to the site of cellulitis. Site disinfected with the help of spirit. With the help of scalp vein set <em>siravyadh</em> was done. From nearby prominent vein around 60 cc bloodletting was done and then scalp vein set was removed. Pressure gauze and sticking applied after the process. Single setting of <em>siravyadh</em> was done and follow-up was taken after 2 days for assessment of symptoms.</td>
</tr>
<tr>
<td>2.</td>
<td><em>Lepana</em></td>
<td><em>Shophanirvapan lep - vat</em> (ficus benghalensis l.), <em>udumbara</em> (ficus racemosa l.), <em>pimpal</em> (ficus religiosa), <em>pimparee</em> (ficus amplissima) and <em>vet</em> (salix caprea). Each drug was taken same quantity + adequate amount of water external application over vranashopha. Procedure advised for 5 days for twice a day</td>
</tr>
<tr>
<td>3.</td>
<td><em>Triphala guggul</em></td>
<td><em>Haritaki</em> (terminalia chebula), <em>bhibhitaki</em> (terminalia bellirica), <em>amalaki</em> (phyllanthus emblica) <em>pippali</em> (piper longum) and <em>guggul</em> (commiphora wightii). Oral – 250 mg – 2 tab twice a day</td>
</tr>
</tbody>
</table>

**OBSERVATION AND RESULTS**

The Observations based on clinical picture was noted before and after the course of treatment is as given in

**Table no. 4**

<table>
<thead>
<tr>
<th>Sl. no.</th>
<th>Symptoms</th>
<th>On 1(^{st}) day</th>
<th>On 3rd day</th>
<th>On 5(^{th}) day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><em>Vedana</em> (Pain)</td>
<td>Severe</td>
<td>Moderate</td>
<td>Mild</td>
</tr>
<tr>
<td>2.</td>
<td><em>Utsedh</em> (Swelling)</td>
<td>Grade 2</td>
<td>Grade 1</td>
<td>Grade 0</td>
</tr>
<tr>
<td>3.</td>
<td><em>Sthanik ushmat</em> (Warmth)</td>
<td>99.8 F</td>
<td>98.2</td>
<td>97.9</td>
</tr>
<tr>
<td>4.</td>
<td><em>Twak vivarnata</em> (Redness)</td>
<td>Dark red</td>
<td>Light red</td>
<td>Normal colour</td>
</tr>
</tbody>
</table>

**Follow up and outcomes**: Follow up was done after alternate day where clinical outcome of the therapy was assessed along with any adverse drug reactions.

During the course of treatment no any adverse drug reaction was reported to the patient.

**DISCUSSION**
In this single case study, before treatment patient having complaints of swelling at right foot, difficulty during walking, redness and pain. Before treatment patient having unbearable pain. Then after treatment patient complaints reduced and patient was walking properly. In assessment criteria patient gets significant relief on pain, reduced redness and swelling, at right foot. So, in present study Siravyadh, Shophanirvapan lepa and Triphala guggul is useful in Vranashotha due to its therapeutic action.

Shamana therapy involves suppression of vitiated humours (doshas) balance the Tridoshas and stable all dosha in normal state. This treatment is achieved by use of Upakramas like Visravana Pralepa and Ropan are used commonly in Aam and Pachyamana avastha among these treatment modalities logical conditions, especially as Vranashopha and ammatory condition.

If bloodletting is not done in early stages then various complications can be seen.

If disease cannot be cured by other treatments like snehan or lepa then siravyadh is treatment of choice.

Siravyadh procedur have minimises local inflammation, oedema, redness, and temperature rapidly but also avoids further complications. So for this study siravyadh method is used to analyse the therapeutic effect in management of Vranashopha.

Shophanirvapan drugs have kashaya ras, in prakshalana, shothahar, vranaropana properties. It also possesses anti-bacterial property. Pralepa itself have raktaprasadana and shothahara properties. Sushrutacharya has also mentioned Pralepa in the treatment of Vranashopha and above said properties of shophanirvapan lepa may subside the Vranashopha.

Triphala guggul druge have kashay ras, ropan, shothahar, vedanashak and also anti-
inflammatory properties.

**Importance of raktamokshan (Siravyadh)**

Ayurveda advocates five bio-purificatory methods namely vaman, virechan, basti, nasya and raktmokshan for treating various diseases, in which raktmokshana viz. bloodletting is one of the ancient and important para-surgical procedure described in Ayurveda in treatment of various skin diseases. In Ayurveda it is clearly mention that despite of all treatments. Raktmokshana is not only treatment but also prevention for various diseases. Diseases which are caused due to blood impurement i.e. raktpradoshaja vikara has raktmokshan is choice of treatment. All Rights Reserved 30 Diseases which are of them siravyadh has gained greater attention globally because of its therapeutic 1 value. In management of cellulitis siravyadh plays very important role. Siravyad not only minimises local inflammation, infection, oedema, redness, and temperature rapidly but also avoids further complications.[8] So for this study siravyadh method is used to analyse the therapeutic effect in management of cellulitis

**Importance of lepana therapy**

Lepana is best therapy because of its safety and high efficacy in the management of Vranashopha. So we can treat the disease with properties like deepana, pachana, raktaprasadah, and lepana. Sushruta has explained Pralepa with numerous herbal drugs as Pradhatama treatment of Vranashopha.[8] Vranaropana and Twakprasadana properties, it also possesses antibacterial property as well as anti-inflammatory effect. Pralepa itself bears Raktaprasadana and Shothahara properties.

**Importance of triphala guggul**

Triphala Guggul is composed of resin of guggul (Commiphora wightii), Pippali (Piper longum) and Triphala (fruits of phyllanthus emblica, Terminalia chebula and Terminalia bellirica). It is used in reduced inflammation, pain and fast wound healing.[8]

**CONCLUSION**

As per the discussion following conclusion can be put forward inflammatory swelling usually affecting Vranashotha (Cellulitis). Swelling caused by different causes are covered in the topic’ Shotha’ in Ayurveda. Acharya Sushruta explained the symptoms of Varnashopha. Vranashotha is the preliminary stage of Nija Varana. According to the signs and symptoms of Vranashotha it can be correlated with cellulitis. According to Ayurveda we can explain it as vitiation of all doshas and pittadosha being the predominant dosha and Raktadhatu with
Vata and Pitta dominance. The Srotas affected are Rasa and Raktavaha. Swelling of skin and mucus membrane is due to involvement of Rasa and Raktadhatu and excessive pain is due to Vata and redness/erythema with feverish due to Pitta. So we can treat the disease with properties like deepana, pachana, raktaprasadan, vedanasthapana, shothahar, and anti inflammatory.

Which is economically cheaper than other and having good results and taken less time duration for cure. All over results concluded that above ayurvedic management is beneficial in Vranasopha i.e cellulitis.

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Conflict of study
None

REFERENCES