



Case Study

A CASE REPORT ON AYURVEDIC MANAGEMENT OF DUSHTA VRANA

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ABSTRACT

Dushta vrana is a commonly encountered problem in day-to-day practice. Contemporary progress in the field of surgery has reduced the incidence of wound infection to a great extent along with the use of antibiotics. But still the management of ulcer encounters many glitches. This case study discusses about a 58-year-old male patient who presented with a chronic non healing ulcer in the anterior aspect of the left ankle joint associated with pain, burning sensation, foul smelling and inflammation with no history of varicose veins. Patient was treated with *Karaskara ksheera kashaya dhara* followed by dressing with *Jathyadi ghrita*. *Punarnavadi kashayam* and *Guggulupanchapala choornam* was given internally for a period of 35 days. *Virechana* with *Avipathy Choornam* was given once during the whole course of the treatment. *Raktamokshana* was done twice as *Jaloukavacharana*. In order to enhance the speedy recovery, traditional use of *Kupeelu* was considered. A highly potent drug among the *Upavisha* which is well known for properties like *Vranahara, Soolahara, Kushtahara, Sothaghna* etc. which augments the peripheral blood circulation, reduces pain, burning sensation and inflammation. The wound healed within a period of 35 days and got complete relief from pain, burning sensation and swelling. Thus, the patient was successfully treated with no complications.

INTRODUCTION

An ulcer is a break in the continuity of the skin or mucous membrane.^[1] Ulcers that do not heal for a long time are termed as chronic. The incidence is 0.78%, while its prevalence in the world ranges from 1.9-13.1% of the population.^[2] In Ayurveda classics, *Acharyas* have given a detailed description on *Vrana*. Any *Vrana* if not treated properly may turn into *Dushta vrana* in long run.^[3] In the current scenario, the whole class of chronic non healing ulcers can be brought under the category of *Dushta vrana* owing to its similarities. Conventional treatment though is effective, may require surgical intervention and may not be always affordable or fruitful to all. The improper care of ulcer can cause gangrene and may lead to amputation of that part.

People may get fed up by months of treatment and its recurrence. The morbidity caused by it creates a negative impact on the quality of life of the patient.

Kupilu (Strychnos Nux-vomica L.) is a toxic drug that comes under the category of *Upavisha* with *Vranahara, Soolahara, Kushtahara* and *Sothaghna* properties.^[4] It is also used as an internal medicine in its purified form in many Ayurvedic formulations. The faster the wound healing, the faster is the recovery of the patient and the quality of life. The needy ones will always opt for a speedy recovery.^[5] This case report highlights the efficacy of *Karaskara ksheera dhara* mentioned in *Chikitsa Manjari* (in the context of *Visarpa chikitsa*) in speeding up the healing process of chronic non-healing ulcer.^[6]

CASE REPORT

A 58-year-old male patient, who was a security guard by profession presented with a chronic non-healing ulcer in the anterior aspect of the left ankle joint, of 2 years duration. It was associated with pain, burning sensation, foul smell, swelling, itching and oozing. 10 years back, an accidental injury happened by a wooden piece in his left leg. One month later he developed swelling over that area. He took an Allopathic consultation and they informed him that it was due to insufficient blood supply by formation of a post-accidental clot. It was managed by IP treatment for about 20 days. 3 months later an ulcer developed

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there anteriorly which was gradually increasing in size. He took 5 months of Allopathic OP treatment but got only slight relief. Later ulcer got better taking Ayurvedic IP management for 3 months. 2yrs back the ulcer aggravated there again. Gradually the size increased and became a larger one than before, associated with same complaints with more intensity. There was no history of Diabetes Mellitus, Hypertension or any other systemic illnesses. The family history was also insignificant with the patient disorder. The patient was admitted in our IPD.

The local examination revealed an open irregularly shaped ulcer on the anterior aspect of the left ankle joint (approximately 8.5x4.5x0.5cm) associated with pain, oozing etc. The floor was pale in colour with sloping edges (Fig. No. 1). Patient noticed purulent discharge occasionally with glossy, red and oedematous surrounding area. There was tenderness

near by the lesion with surrounding indurations. ESR-74mm/hr, ASO-599IU and CRP-32mg/L. Other routine haematological investigations were within normal limits.

METHODOLOGY

Locally every morning, the wound was cleaned and subjected to *Dhara* (continuous pouring) with the freshly prepared lukewarm *Karaskara ksheera Kashaya* for 45minutes. Then dressing with *Jathyadi ghrita* was applied in adequate quantity with sterile gauze and bandage. *Punarnavadi kashayam* and *Guggulupanchapala choornam* was given internally (as shown below) for a period of 35days. *Virechana* (purgation) with *Avipathy Choornam* was given once during the whole course of the treatment. *Jalookavacharana* (bloodletting using leech) was done twice. Table no.1 shows the details of treatment given.

Table 1: Details of Treatment Done

S. No.	Medicine	Dose, time	Anupanam	Duration
1.	<i>Punarnavadi kashayam</i> ^[7]	50ml bd (6am,6pm) before food orally		35 days
2.	<i>Karaskara (twak) ksheera dhara & Jathyadi Ghrtam</i> ^[8]	Q.S, daily once - C&D		35 days
3.	<i>Guggulu panchapala churnam</i> ^[9]	5g bd orally, 11am & 4pm	Honey	35 days
4.	<i>Virechana with Avipathy choornam</i> ^[10]	20g at 6am orally (On 18 th day)	Hot water	1 day
5.	<i>Jalookavacharana</i>	Done twice (On 20 th & 27 th day)		In a gap of 7days

Q.S - Quantity sufficient, C & D - Cleaning & dressing

OBSERVATIONS AND RESULT

The clinical features of *Dushta vrana* were relieved at the end of 2nd week and the wound was completely healed by the end of 5th week leaving only a minimal scar. With the follow up for a period of 2 years, the patient has showed no signs of recurrence. The observations and results are tabulated below. (Table no. 2 & 3, and figures no. 1-6).

Table 2: Measurements of Wound

Sl. No.	Day	Dimensions (lxb)
1.	1 st day	8.5x4.5cm
2.	7 th day	7.5x4cm
3.	15 th day	6x3cm
4.	21 st day	5x2cm
5.	28 th day	3x1cm
6.	35 th day	healed

l x b = length x breadth

Table 3: Observation in Symptoms

Sl. No.	Associated symptoms	Before treatment	After treatment
1.	Pain	+++	—
2.	Burning sensation	+	—
3.	Foul smell	+	—
4.	Swelling	++	—
5.	Itching	++	—
6.	Oozing	+	—



Fig. 1: Before treatment



Fig. 2: On 7th day



Fig. 3: On 15th day



Fig. 4: On 21st day



Fig. 5: On 28th day



Fig. 6: On 35th day

DISCUSSION

Healing is a natural process, but can be delayed by many factors in chronic non healing ulcers. In *Dushta vrana*, localization of *Doshas* leads to its chronicity. Hence it needs *Shodhana* (purificatory) and *Ropana* (wound healing) *Chikitsa*.^[11] *Shodhana chikitsa* improves these inhibitory factors. *Ropana* promotes the healing process. Due to *Ashukaritwa*, *Ushna* and *Teekshna* properties *Visha dravyas* get spread rapidly in the body. So, for the quicker action of medicines *Vishadravyas* like *Kupilu* can be utilized judiciously and can be made more effective. *Karaskara* (*Strychnos Nux-vomica* L.) – a toxic drug coming under the category of *Upavisha* having properties like *Vranahara*, *Soolahara*,

Kushtahara, *Sothaghna* etc boosts the peripheral blood circulation, reduces pain, burning sensation and inflammation. Proper circulation to the wound accelerates the wound healing process. Anti-bacterial, anti-fungal, analgesic and anti-inflammatory properties contribute to healthy granulation tissue formation. Studies revealed that Brucine regulates the inflammatory cytokines and shows significant reduction in wound size.^[12,13,14] *Karaskara ksheera dhara* makes the ulcer clean.

Jathyadi ghrta does the action of *Shodhana* and *Vrana ropana*. This removes the unhealthy granulation tissue. *Punarnavadi kashaya* is a good blood purifier

with *Sothahara* property. It increases the vascular permeability with vasodilatation allowing neutrophils and monocytes to localize at wound site. *Guggulupanchapala choorna* has anti-inflammatory and anti-microbial activity. *Guggulu* and *Triphala* have anti-oxidant property that gives a *Rasayana* (rejuvenating) effect and thereby repairs the skin tissue and maintains the integrity. In long standing cases, *Virechana* also plays a better role.^[15] It eliminates the *Doshas* and helps in removing the impurities of *Jeeva sonita*, *Dhatu*, *Indriyas* and *Oja* which results in the formation of healthy granulation tissue. It also increases the sensitivity of cells in the ulcer site towards the local application. *Raktamokshana* done by *Jalookavacarana* drains of excessive inflammatory mediators, thus preventing swelling, pain and burning sensation instantly.

CONCLUSION

As a healthy ulcer heals earlier as compared to that of a contaminated one, it is important to keep the ulcer clean during the various stages of healing. *Karaskara ksheera dhara* makes the ulcer clean and aseptic thereby hasten up the healing process. The treatment was able to attain good haemostasis and uneventful healing process. *Dhara* with *Karaskara ksheera kashaya* was found to be very effective in the management of *Dushta vrana* for a faster healing process along with other medications. The mode of treatment was found to be very cost effective, safe and easy to carryout.

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