



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

MANAGEMENT OF DUSTA VRANA (NON HEALING ULCER) WITH VISHYANDANA TAILA-A CASE STUDY

Dr. Savita Hangargi¹, Dr. Ashok Naikar², Dr. Vijaykumar Biradar³, Dr. Jyothi Rajole⁴.

¹ PG Scholar of Department of Shalya Tantra N.K Jabshetty Ayurvedic Medical College and Hospital Bidar, Karnataka, India.

² HOD of Department of Shalya Tantra N.K Jabshetty Ayurvedic Medical College and Hospital Bidar, Karnataka, India.

³ Professor of Department of Shalya Tantra N.K Jabshetty Ayurvedic Medical College and Hospital Bidar, Karnataka, India.

⁴ Assistant professor of Department of Shalya Tantra N.K Jabshetty Ayurvedic Medical College and Hospital Bidar, Karnataka, India.

ABSTRACT:

Dusta Vrana is a common encountered problem faced in surgical practice. The presence of *Dusta Vrana* can damage the condition of the patient with different complications and may become fatal. The break/loss/rupture of continuity of body tissue or part of body is called *vrana*(wound). Chronic non healing ulcers are the undesirable outcome of delayed wound dealing influence by many factors. It can be seen in patients with diabetes, autoimmune condition and multiple primary skin conditions. In this study, we reported a case with wound caused by snake bite and surgery, acute inflammation caused by delayed wound healing and formation non healing ulcer. The patient inflammation relieved and stabilized with topical application of *Vishyandana taila* and *Shamanaushadhis*.

KEYWORDS: *Dusta vrana*, Non-Healing Ulcer, Snakebite, *Vishyandana Taila*.

INTRODUCTION:

Wound healing is the major problem in surgical practice. Wound which is contaminated and healing process is very slowly is known as *Dushta Vrana*. *Dushta* is one in which there is localization of *Doshas* like *vata*, *pitta* and *kapha* and produce bad smell, has abnormal color, with profuse discharge, intense pain and takes a long period to heal. *Dushta Vranalakshanas* are *Samruta* (Narrow mouthed), *Kathina*(Hard), *Avasanna*(Depressed), *Vedonarvan*(Severe pain), *Vivruta*(Wide mouthed), *Ushna*(Hot), *Daha*(Burning sensation), *Paka*(Suppuration), *Raga*(Redness), *Puyasravaya*(Discharging pus), *Manojnadarshana*(With ugly sight), *Kandu*(Itching), *Shopha*(Swelling), *Pidaka*(With boils), *Mrudu*(Soft), *Bhairava*(Frightful), *Putimamsasirasnayu* (Full of pus, muscles, vessels, ligament)¹⁻⁴. Chronic ulcers or non-healing ulcers are defined as spontaneous or traumatic lesions, typically in lower extremities that are unresponsive to initial

therapy or that persist despite appropriate care and do not proceed towards healing in a defined time period with an underlying etiology that may be related to systemic disease or local disorders^{5,6}.

As the sciences have advanced, newer therapies are tried out for boost up the recovery process, but the oldest remedies still lead the race. Acharya Sushruta “The Father of Indian Surgery” has explained Vrana in detail in his classical text “Sushruta Samhita” as a concourse of wound healing procedures described by Sushruta still holds its place today. Sushruta has described 60 measures for the comprehensive management of Vrana (wound), which includes local as well as the systematic use of different drugs and treatment modalities under a dedicated chapter.

AIMS AND OBJECTIVES:

The aim of this study was to evaluate the efficacy of *Vishyandana Taila* in the management of *Dusta Vrana* (Non Healing Ulcer).

MATERIALS AND METHODS:

It is a single case study and the informed consent of the patient is taken in his own language.

CASE REPORT:

A 37years old male patient came to OPD at Sri Siddharoodha Hospital attached to N K Jabshetty Ayurvedic Medical College, Bidar on 01/02/2023 presented with complaints of non healing painful ulcer in the in left limb with swelling and discoloration from last three months.

PAST HISTORY:

The patient had a history of Snake Bite on 29/10/2022 he took treatment at local hospital but not got relief from the symptoms. After one week (02/11/2022) the limb becomes swollen, inflamed, painful and warm to the touch for that he consulted NEXTGEN Hospital Hyderabad there they sent Pus Culture and Histopathology for pathological evaluation and the report shows second generation Antibiotics are sensitive to the Micro-organisms. Doppler of left limb, ECHO, and some investigations the reports were normal and he underwent debridement procedure on 03/11/2022 admitted for 3 days after that he discharged from that hospital. Later he consulted Arogya Hospital Bidar on 11/11/2022 for Dressing but there is no change in wound healing and symptoms, so after that he came to our hospital for further management.

SMS LAB & DIAGNOSTICS 24 hrs
 Opp. Govt. Hospital Behind Khadi Bhandar Complex, 1st. Floor Dr. Omkarswamy Clinic, BIDAR

SMS LD NO : 125858/22
 PATIENT'S NAME : SIMON
 DATE : 29-10-22
 AGE/SEX : 30 Yrs M

HAEMATOLOGY REPORT

TEST	PATIENT VALUE	NORMAL RANGE
APTT OF PATIENT	> 100 seconds	No clot seen. (Normal Range 22 to 35 Seconds)
APTT OF CONTROL	22.0 seconds	
PROTHROMBIN TIME OF PATIENT	> 100 seconds	No clot seen.
PROTHROMBIN TIME OF CONTROL	13.0 seconds	

I.N.R. : _____ (ORAL ANTICOAGULANT THERAPEUTIC RANGE 2.0 - 3.5)

Dr. Veerandra. A. Patil MD (Patho) Hon. Consultant Pathologist
 Dr. Vijay Halmandge MD (Patho) Hon. Consultant Pathologist
 Dr. Rajesh. Para MD (Patho) Hon. Consultant Pathologist

CO-RELATE CLINICALLY, IF NECESSARY KINDLY DISCUSS, THANKS FOR KIND REFERENCE

Facilities Available : 24 Hours
 Hematology, Clinical Pathology, Bio Chemistry, Micro Biology, Cytology, FNAC, PAP Smear, Histopathology, Semen Bank, Elisa for (HIV, HBSAg, HCV, Preg. test), Hormone/Enzyme Assay, Etc. On Request : Sample Collection Bed Side

SARASWATI LAB & DIAGNOSTICS 24 hrs
 Fully Computerised Laboratory
 Pannaal Hospital, Opp. Pannaal Heeralal High School, Bidar 585 401. (K.S)

S LAB NO : 2891/22
 PATIENT'S NAME : SIMON
 REF BY : Dr. UDAY PATIL M D
 DATE : 29-10-22
 AGE/SEX : 30 Yrs M

BIOCHEMISTRY REPORT

TEST	PATIENT VALUE	NORMAL VALUE
RANDOM BLOOD SUGAR	138 mg/dl	70 - 150 mg/dl
BLOOD UREA	36 mg/dl	15 - 45 mg/dl
SERUM CREATININE	1.4 mg/dl	M → 0.7 - 1.4 mg/dl F → 0.6 - 1.2 mg/dl

SEROLOGY REPORT

HBs Ag (CARD METHOD) : NEGATIVE

H.I.V. TEST REPORT

(TRIDOT METHOD, CARD ENCLOSED)

SERUM NON REACTIVE TO HIV I ANTIBODIES : NEGATIVE
 SERUM NON REACTIVE TO HIV II ANTIBODIES : NEGATIVE

CONCLUSION : H.I.V. : NEGATIVE

NEE NEXT GEN HOSPITALS

H.No. 421, MID - 1, Municipal No. 15/24/421, Road No. 4, 47th Colony, Kukatpally, Hyderabad - 500 072
 E-mail : nextgenhospitals@gmail.com, 940-6610 8108

ECHO CARDIOGRAPHIC REPORT

Echo No. : _____ Patient's Name : Mr. Shree _____ Age : 30 Sex : M Date : 21/10/22
 Diagnose : _____ Ref. by Dr. : _____ Done by Dr. : _____

MITRAL VALVE : 1-2
 AORTA VALVE : 1-2
 TRICUSPID VALVE : 1-2
 PULMONARY VALVE : 1-2
 RIGHT ATRIUM : 2-3
 LEFT ATRIUM : 2-3
 LEFT VENTRICLE : 2-3
 LV EDD : 4.5 cm EF: 70
 LV ESD : 4.5 cm EF: 40
 LV Mass : gm. LV EDV : _____
 IAS : _____
 AORTA : _____
 Pulmonary Artery : _____
 Pulmonary Veins : _____
 Pericardium : _____
 SVC/IVC/CS : _____
 Others : _____

DOPPLER STUDY:
 Mitral Flow : E=0.9 m/sec ; A=0.6 m/sec ; DT ms
 Aortic Flow : 1.4 m/sec ; DT ms
 Pulmonary Flow : 1.5 m/sec ; DT ms
 Tricuspid Flow : 5 m/sec ; DT ms
 Pulmonary Venous Flow : _____ m/sec ; DT ms

COLOUR DOPPLER:
 MR : 1-2
 AR : _____
 TR : _____
 PR : _____

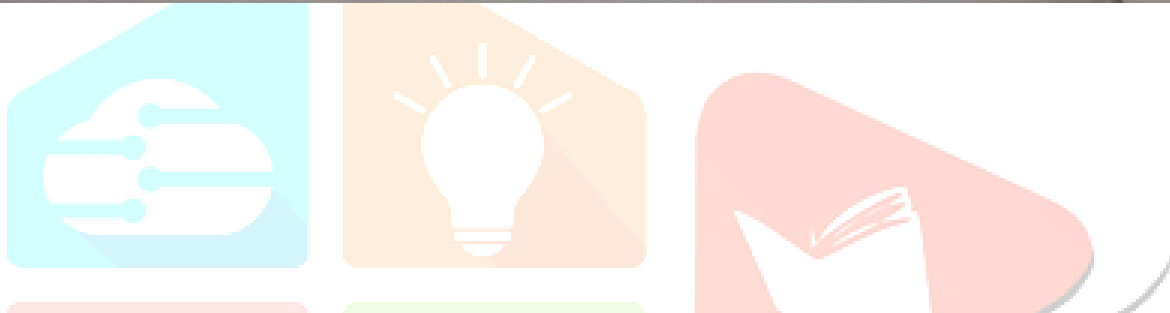
TISSUE DOPPLER:
Velocity of Individual Segments with Tissue Doppler Echo

MEASURE-	Segment		
	SEPTUM	LATERAL	INFERIOR
S wave - cm/sec			
Basal :	(5.97±1.14)	(6.26±2.44)	(6.52±1.31)
Mid :	(6.29±1.89)	(4.84±0.92)	(5.21±2.79)
Apical :	(4.42±2.30)	(4.81±1.97)	(2.97±1.14)
E wave - cm/sec			
Basal :	(7.91±2.16)	(8.54±2.77)	(9.01±2.44)
Mid :	(8.39±2.50)	(6.85±1.86)	(6.82±3.16)
Apical :	(6.03±2.95)	(6.74±2.58)	(4.76±1.94)
A wave - cm/sec			
Basal :	(5.99±1.73)	(3.77±1.95)	(5.84±2.06)
Mid :	(4.87±2.14)	(6.85±1.72)	(2.26±1.84)
Apical :	(2.89±1.93)	(3.77±2.10)	(3.08±1.54)

HEMODYNAMIC DATA :

1) Cardiac Output : ml/ mt.
 2) Cardiac Index : lit/ mt.sq.m.
 3) PA - Systolic : mmHg
 Diastolic : mmHg
 Mean : mmHg
 4) IVCT : ms; IVRT : ms; SET: ms; Tel Index :

CONCLUSIONS:
 Normal values & chambers
 No. Lv to Rvmt
 Good Lvlw function
 No clot/PE



DEPARTMENT OF BIOCHEMISTRY

Sl. No.	Name	Result	Unit	Ref. Range	Method
1	Glucose	7.3	mg/dl	70-100	Hexokinase
2	Urea Nitrogen	1.2	mg/dl	8-20	Diazotization
3	Creatinine	0.8	mg/dl	0.6-1.2	Jaffe
4	Uric Acid	3.2	mg/dl	2.4-8.0	Ascorbic acid reduction
5	Alkaline Phosphatase	120	U/L	40-120	Bismuth molybdate
6	Aspartate Aminotransferase	25	U/L	0-37	Aspartate aminotransferase
7	Alanine Aminotransferase	15	U/L	0-37	Alanine aminotransferase
8	Lactate Dehydrogenase	180	U/L	100-250	Lactate dehydrogenase
9	Bilirubin	1.2	mg/dl	0.1-1.2	Diazotization
10	Total Protein	7.5	g/dl	6.5-8.5	Bromocresol green
11	Albumin	4.5	g/dl	3.5-5.0	Bromocresol green
12	Gamma-GT	15	U/L	0-30	Gamma-GT
13	Prothrombin Time	12.5	sec	11-14	Thromboplastin
14	Partial Thromboplastin Time	32	sec	28-35	Partial thromboplastin

0011122

LOCAL EXAMINATION:

The floor was covered by slough, edges were inflamed. Ulcer is seen in dorsal surface of the left limb covered below knee and upto the dorsum of foot with painful. Tenderness was also present with surrounding indurations and local rise in temperature with presence of pulsation of dorsalis pedis. Local lymph nodes were not involved. There is no any immunological disorder. Routine haematology and urine investigations are within normal limits.

TREATMENT:

- 1) Daily dressing for 14 days
- 2) Alternate dressing for 5 sittings
- 3) Weekly twice dressing for 3 weeks
- 4) Weekly once dressing for 2 weeks

During this course of treatment along with dressing *Shamanaushadi* like *Tab Arogyavardini Vati* 1 TID, *Tab Triphala Guggulu* 1 TID and *Tab Gandhak Rasayana* 1 TID was prescribed until wound healing.

RESULT:

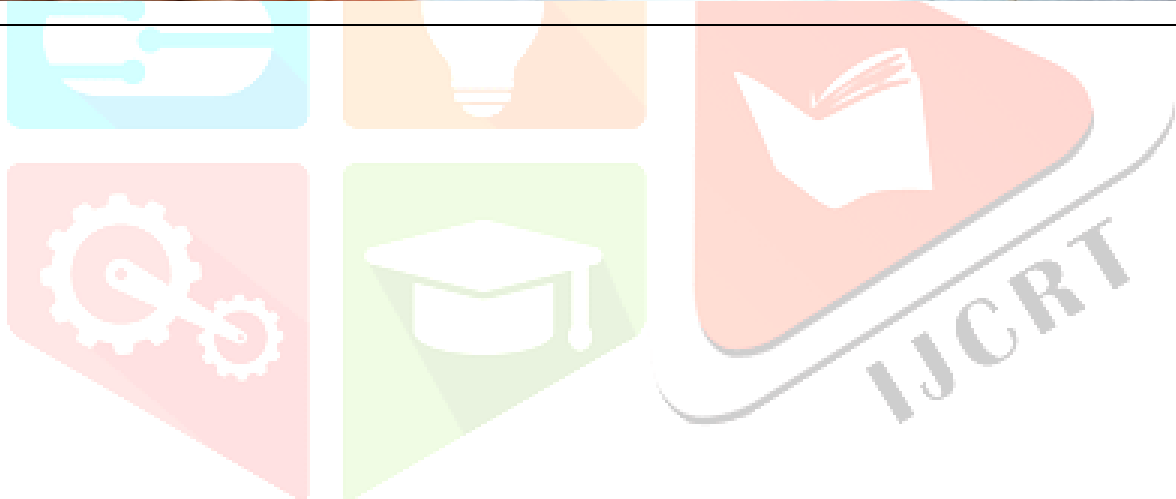
Before Treatment



After 10 days



After 20 days



After 30 days



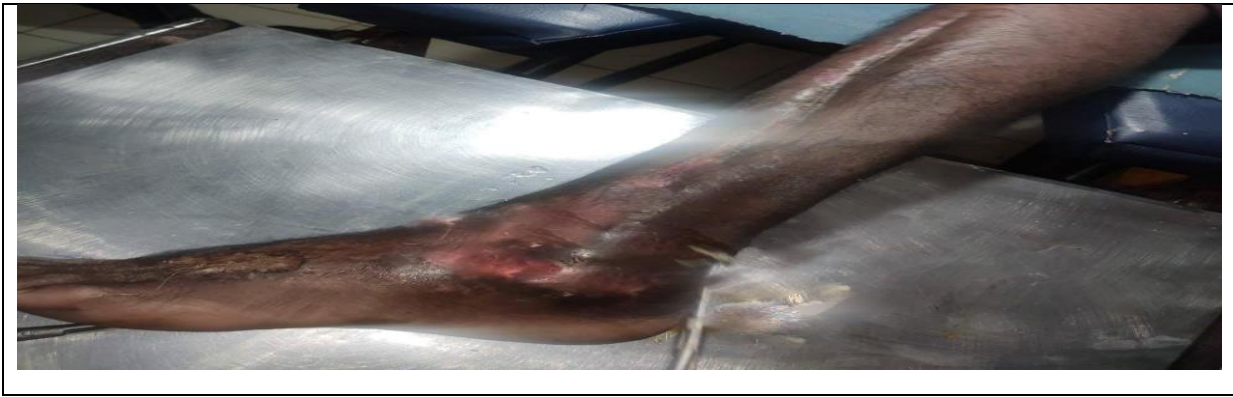
After 40 days



After 50 days



After Treatment



DISCUSSION:

When a patient does not get relief from the other systems of medicine, he come to *Ayurvedic* hospital with a hope that he may get some relief from this system of medicine. The mechanism of action of the drug is also as important as the pathology of the disease. It is seen that chronic ulcer take long time to get cured. This patient was given local as well as systemic treatment. In local treatment *Triphala Kashaya* was given to clean the ulcer. That has property of wound cleaning and reducing secretion. *Vishyandana taila* was used for local application on the ulcer site. This trail is potent wound healer, soothing and it healed the lesion well. In systemic medication, *Triphala guggulu* reduces the inflammation of the ulcer site and related area. *Arogyavardini vati* reduce the swelling around the ulcer and limb, *Gandhak rasayan* was used to purify blood and combat infection. Thus a holistic approach of treatment cured the patient completely with conservative treatment in a period of two month. Initially the wound was very deep, rough irregular and inflamed with localized continuous feeling of pain, along with tenderness which resists to touch and rigidity and was filled with unhealthy granulation tissue. Gradually, there was improvement after treating with the *Ayurvedic* medicines. Ultimately there was no discontinuity of the skin and mucous membrane with adhere margins; smooth regular and healthy granulation tissue, free from pain, swelling, and tenderness. Setting a standardized treatment for a particular disease is very important to get fruitful result.

CONCLUSION:

Prakshalana with *Triphala kashayam* and then dressing was done by *Vishyandana Taila* with sterile gauze and bandage is a new substitute for *Dushta vrana*. It does the action of *Shodhana* and *Vranaropana*. It can be done in O.P.D level, relatively painless. This treatment removes the unhealthy grannulation tissue. This is the case study of just a single patient. It can be carried out for large number of patients after the thorough examination. It can help to reduce the level of discomfort and the fright of undergoing surgical intervention among such patients. The selection of medicines plays an important role in this along with the proper compliance and faith of the patients. Many researches have been carried out on *Vishyandana Taila* on various ailments and *Vishyandana Taila* having the property of *Vranaropana*, *krimigna*, *shulahara* and *Vranashodhana* hence we selected this drug for wound healing. We can conclude that *Ayurveda* has got effective medicine in the management of post snake bite ulcers.

References:

1. Sharma RK, Dash B. (Ed.) (1st Edition), Charak Samhita of Agnivesha. Vol. IV, Chiktsasthana; Adhyaya, 25, verse 24-25. Varanasi: Choukamba Sanskrit Series Office 2016; 441.
2. Acharya Vagbhatta, Ashtang Hridaya, commented by Arundatta and Hemadri, uttarasthana; Adhyaya 25, Chaukhamba Sanskrit series office, Varanasi, first edition, 1980: 2-4.
3. Shastri S. (Ed.) Madhav Nidanam of Sri Madhavakara with The Madhukosh Sanskrit Commentary, Sri Vijayarakshita & Srikanthadatta with the "Vidyotini Hindi Commentary & Notes, Part II, Uttarardha, Sharira Vrana Nidanam: Chapter 42 verse 7. Varanasi: Chowkhambha Sanskrit Sansthan Publishers 2005;102.
4. Sharangdhara Samhita with Dipika Hindi commentary edited by Brahmanand tripathy; reprint 2008, Chaukhamba Subharti prakashan, Varanasi chapter 17/71-74.
5. Sebastian KMS, Lobato I, Hernandez I, et al. Efficacy and safety of autologous platelet rich plasma for the treatment of vascular ulcers in primary care: phase III study. BMC Fam Pract. 2014; 15:211.
6. Greer N, Foman N, Dorrian J, et al. Advanced wound care therapies for nonhealing diabetic, venous, and arterial ulcers: a systematic review. 2012. VAESP Project #09-009.

