



# A Case Study On *Dushta Vrana* With Special Reference To Decubitus Ulcer

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## ABSTRACT

Wounds typically heal through natural processes, but if an infection occurs, it can delay healing and transform the wound into a chronic ulcer known as *Dushta Vrana*. Bedsores, or pressure sores, are commonly seen in non-ambulatory patients, such as those with paraplegia or quadriplegia. The most common sites for these sores are the sacrococcygeal, shoulder, and occipital regions due to continuous pressure, immobilization, and malnutrition. If not properly treated, these sores can progress to *Dushta Vrana* (chronic wounds) and may lead to severe complications such as sepsis or osteomyelitis. In such cases, *Vranashodana* (purification) and *Vranaropana* (healing) treatments are recommended. In a recent study, a decubitus ulcer at sacrococcygeal region was treated effectively with a mixture *Daruharidra churna* and *Madhu*. This combination, applied at wound site demonstrated significant effectiveness in treating pressure sores due to its properties of *Vranashodhana* and *Vranaropana*. Thus, this treatment approach proves beneficial in managing decubitus ulcers.

## INTRODUCTION

*Dushta Vrana* is often compared to non-healing ulcers. An ulcer represents a disruption in the skin that results in the loss of epidermis, dermis, and sometimes even subcutaneous fat. <sup>[1]</sup> *Acharya Sushruta* described *Dushta Vrana* in the *Chikitsa Sthana*, noting symptoms such as foul odor (*durgandha*), pain (*vedana*), chronicity (*chirakali*), elevation (*utsangi*), excessive pus discharge (*atipooyasrav*), and intense discharge (*atigandha Vranasrava*). These symptoms are commonly observed in non-healing ulcers, which pose significant challenges for healthcare systems worldwide. <sup>[2]</sup> Since the dawn of civilization, wounds have been a prevalent issue, with *Dushta Vrana* being particularly troublesome in surgical practice. Healing *Dushta Vrana* has always been a challenge, both historically and in contemporary times. While wound healing is a natural process, it can be delayed by various factors and microbial invasion. Causes including systemic conditions such as diabetes, atherosclerosis, tuberculosis, leprosy, venous ulcers,

pressure ulcers, and trauma. [3] Both *Acharya Sushruta* and *Charaka* provided guidance on the management of *Dushta Vrana*.

## KEY WORDS

*Dushta Vrana*, Ulcer, Decubitus Ulcer, *Vranaropana*, *Vranashodhana*, *Daruharidra*

## MATERIALS AND METHODS

The material for the study was provided by *ayurvedic* as well as modern surgical classical texts. The work was carried out in the Dhanwantari Hospital, Ashta.

### Materials required: -

Sterile Gloves, Cotton, gauze, cotton pad, normal saline, micropore sticking, bandage.

### Case report

A 21 yrs. old male patient presented with *dushtaVrana* (decubitus ulcer/bed sore) over sacrococcygeal region associated with mild pain and pus discharge since 15days. He was treated with Povidone iodine ointment previously but no improvement was noticed. The ulcer became infected with pus discharge.

**H/O-** Fever and B/L lower limb weakness 1month before and diagnosed as Para infectious acute disseminated encephalomyelitis due to which patient was bedridden

No history of Diabetes mellitus, hypertension

**Family history-** not significant with the patient disorder.

### Personal History

Bowel: Regular

Appetite: Reduced

Micturition: Foleys catheter in situ

Sleep: Disturbed

Addiction: Nil

### Physical Examination

Temperature –98.8°F

B.P: 110/60 mm of Hg

P.R: 68/min.

No Pallor, Icterus, Cyanosis and Clubbing

No lymphadenopathy

### Ashtavidha Pariksha

Nadi- Vata-pittaj

Mala- Prakrut, once a day

Mutra- Foleys Catheter in situ

Jivha- Niram

Shabda- Spashta

Sparsh- Anushna sheeta

Drika- Prakrut

Aakriti- Madhyam

### Systemic Examination

CVS: S1, S1 Sound Normal

CNS: Well conscious. Well oriented to time, place, and person

RS: Broncho-vesicular sound normal

**Musculoskeletal examination-**

| Muscle power | Upper limb | Lower limb |
|--------------|------------|------------|
| Right        | 5/5        | 2/5        |
| Left         | 5/5        | 1/5        |

**Local Examination**

Site: Over sacrococcygeal region

Size:

1. Length: 4cm
2. Width: 4cm
3. Depth: 7mm

Number: One

Margin: inflamed with irregular border

Edges: Inflamed

Floor: Covered with slough

Base: Indurated

Discharge: Foul smelling pus discharge

**Management-**

Local Application-

The wound is cleaned with normal saline. After drying with sterile gauze, *Daruharidra* (*Berberis aristata*)<sup>[4]</sup> *churna* with *Madhu* is applied over the wound followed by keeping sterile gauze as absorbent layer. The dressing is secured with bandages without compromising the circulation.

Other treatment given –

Panchkarma –



1. *Sarvang swedan* with *bala-ashwagandhadi taila*
2. *Sarvang nadi swedana* with *dashmoola kwath*
3. *Dhanyamla dhara* 15minutes for 7 days
4. *Lepa-agnimantha patra* + *erand patra* + *nirgundi patra* + *Tulasipatra* over B/L lower limbs

Oral medications-

1. *Mahayograj guggulu* 500mg 1BD
2. *Ashwagandharishta* 20ml 1BD
3. *Avipattikar churna* 2mg 1HS
4. Tab.Silodal 4mg 1HS
5. Tab.Apixator 2.5mg 1BD

## RESULTS

| Parameter          | Before treatment                               | After treatment  |
|--------------------|--|--|
| Pain               | localised feeling of pain during movement only | localised feeling of pain during movement only decreased |
| Tenderness         | Tenderness on touch                            | No tenderness  |
| <i>Vranagandha</i> | Foul smell which is intolerable                | Not existence  |
| <i>Vranastrava</i> | Bandage is completely moist within 24 hours    | No <i>Strava</i>   |
| Granulation        | No granulation/slough                          | skin intact  |
| Edges and surface  | Rough irregular inflamed                       | adhere   |



## DISCUSSION

Applying *Daruharidra churna* mixed with *Madhu* to *Dushta Vrana* (chronic wounds) significantly reduces foul smelling, inflammation, tenderness, and discharge, while promoting wound healing.<sup>[5]</sup> The combination of *Daruharidra churna* and *Madhu*, with its *kashaya* and *tikta rasa*, helps control excessive inflammation (*pittakaphaghna*) and removes toxins and necrotic tissue, thus reducing excessive exudation (*kleda-Puya-shleshma shoshan*) and facilitating wound repair (*ropana*). The *katu rasa* of this mixture decreases local discharge (*kleda upshoshana*), soothes irritation (*kandu prashmana*), and acts as an antimicrobial (*krimighna*). Its *Strotoshodhan* property, along with *Ushna Virya*, *Laghu-Ruksha-Tikshna guna*, penetrates deep into the tissue to clean the wound, while the *Madhur vipaka* and *snigdha guna* help eliminate any remaining debris. According to the principles outlined in the *Sushruta Samhita's* sixty *Upakramas* of *Vrana* management. *Madhu* (honey) possesses *Vranaropak* (wound healing) properties. *Madhu* is believed to balance the three *doshas vata, pitta, and kapha* through its *Madhur rasa, kashay uparasa, ruksha guna, sheeta virya, Madhura vipaka*, and its ability to penetrate microchannels. The *Madhur rasa* nourishes the tissue, aiding in granulation, while the *kashay rasa* promotes scraping to remove slough and prepare the wound for healing. Overall, this treatment method is found to be cost-effective, safe, and easy for application.

## CONCLUSION

*Vranalepa* is highly effective in managing *Dushta Vrana*, as it helps avoid the painful debridement process for those who cannot endure the discomfort. The drug initially acts as a debriding agent removing slough and necrotic tissues and subsequently paves way for smooth and uninterrupted healing of the wound. Further research into the *Shashti Upakramas* described by *Sushruta* is necessary to confirm their effectiveness and expand the role of *Ayurveda* in wound management.

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