IJCRT.ORG

ISSN: 2320-2882



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A SINGLE CASE STUDY OF AYURVEDIC MANAGEMENT OF VRANASHOTHA W.S.R To CELLULITIS

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Abstract -

Acharya Sushruta had complete knowledge of Vrana (wound) and has mentioned its management along with its untimely and untreated complication. Vranashotha is described as earlier phase of Vrana. On studying the lakshnas and samprapti of shopha, it can be studied under the umbrella of cellulitis. Cellulitis is commonly occurring infection of skin and subcutaneous tissues in which the redness and swelling can spread quickly. It most often affects the skin and tissues of the lower legs, although the infection can occur anywhere. It is commonly caused by gram positive streptococci, Staphylococci or clostridium bacteria. The surgical aspects of Shopha and Vrana is explained in Sushruta Samhita. JaloukaAvcharana and patankarmaare the procedures used because of its safety and high efficacy in the management of Vranashotha. The present case study emphasizes on Ayurvedic treatment of Shophaw.s.r. to Cellulitis.

Keywords: cellulitis, *JaloukavacharanaKarma*, *PatanKarma*, *VranaShopha*.

Introduction -

AcharyaSushruta Father of Indian surgery, inshalyatantra in which Surgical & Para surgical techniques are described for the management of various diseases. AcharyaSushruta has described the whole chapter on VranashothaWhich is mentioned in SushrutaSamhitasutrasthan. Acharya Sushruta had complete knowledge of Vrana (wound) and has mentioned its management along with its untimely and untreated complication. Vranashotha is described as earlier phase of Vrana. The surgical aspects of Shopha and Vrana is explained in Sushruta Samhita. Sushruta has defined Shopha as localized swelling involving the skin and the underlying flesh which maybe even or uneven. Shopha is that which exists before Vrana. VranaShopha has 3 progressive stages. These are Amawastha (early stage of

inflammatory process) *Pachyamanawastha* (true inflammatory stage) and *Pakwawastha* (suppurative stage). *Acharya* has differentiated them based on their *Lakshanas*, such as colour, pain etc^[1].

Sushrut has described sixty modalities of the treatment of Vrana. These sixty originate from "sevenupakrama" in the treatment of Vranashophawhich are known as "SaptaUpakramas"[2].

These are –

1. Vimlapana

5. Shodhana

2. Avasechana

6. Ropana

3. Upanaha

7. Vaikrutapaham

4. Patana

JaloukaAvcharana is mainly used for the treatment of Raktaja and TwakRoga (blood-related disorder or skin disorder) in children, old, aged person patients contraindicated for surgery³. The ayurvedic texts consider the primary cause of skin disease is Raktadushti and the patient get relief after letting out the vitiated blood. RaktaMokshana is one among shodhana mentioned in kushtha⁴.

Cellulitis is a common and sometimes painful bacterial skin infection. It may first appear as a red, swollen area that feels hot and tender to the touch. The redness and swelling can spread quickly. It most often affects the skin of the lower legs, although the infection can occur anywhere on a person's body or face. Cellulitis usually happens on the surface of the skin, but it may also affect the tissues underneath. It can be superficial & deep. It is common in diabetics, immunosuppressed people and old age. Commonly due to streptococcus pyogenic and another gram positive organism. Release of streptokinase and hyaluronidase cause the spread of infection. Main sign symptoms swelling is diffuse & spreading in nature, pain & tenderness red shine area with stretched warm skin no edge, no pus, no fluctuation no limit^[5].

Objectives -

To find out the efficacy of *Jaluakavacharana* and *Patan*karma in the management of *Vranashopha*w.s.r.to cellulitis.

Case Report -

A 43 year old male patient admitted in male surgical ward with complaints of pain and swelling over right leg and Blackish discolouration over right leg which feels hot and tender to touch with ulcer formation and mild pus collection at the affected site.

Jaluakavacharana was done four times with interval of two days that is on 1,4,8,12,16 days with internal medication. With the help of Jaluakavacharana internal medication surrounding swelling as well as redness was subsided and Patankarma was performed on the place where the redness and swelling remained.

METHOD OF JALOUKAAVCHARANA

METHODOLOGY

PURVA KARMA:

Cleaning a site of swelling and redness area before leech was applying. Then *leech* was treated in *Haridra*choornafor purification of *leech* and then immersed in normal water.

PRADHAN KARMA:

Then *Jaluaka* was applying at the site of swelling and redness. While sucking the blood following signs appears in the body of the *leech* a)Gradual distension in the central portion of the body. (b) Itching and burning sensation at the site of the bite. (c) Pulsations on the body of the *leech* may be visible. After application of *JaluakaLeech* through its front end and covers the *leech* with wet cotton. Removal of Leech After 30- 45 minutes the leech is removed by itself, or by application of turmeric powder on the mouth of the *leech*.

PASCHAT KARMA:

After removal of Jaluaka pt. dressing with HaridrapowderChurna and bandage was applied. Vamanakarma of leech was done.

METHOD PATAN KARMA:

- a) Purpose- Draining doshas Avoiding sinus formation/ further progression to gangrene by timely removal of pus and debris.
- **b) Procedure-** It has to be done in *pakvaavastha* i.e., when there is suppuration. Different kinds of *shastrakarma* as *chedan*, *Bhedan* can be used to open the cavity and suppurative contents inside are drained out well by *Peedan* and cavity is cleaned with *kashaya*⁶ or Betadine and H2O2. This has to be performed with proper *purva* and *paschatkarma*.

RESULT:

In this case, improvement is seen in discolouration, accumulation of fluid, oedema and inflammation is relived. *Jaluakavacharana* and *PatanKarma* were effective treatment modalities taken for the study were having local action. *TriphalaGuggul* and *Shothaharlepa* are helpful for reduced swelling and Redness and *MahamanishtadiKwatha*are also helpful for blood purification and help to get rid of excess fluid accumulated due to cellulitis.

DISCUSSION -

Management of *VranaShopha* has been a great challenge since antiquity for surgeons throughout the world. Healing is a natural process but inhibited by many factors. The main goal or achievement of *shodhanachikitsa* is to alleviate these inhibitory factors. Finally at the end of *shodhanachikitsa* (purification). If inflammation and swelling doesn"t reduce and when it gets suppurated or Liquified, then *Patan karma* i.e., incision and drainage was performed for fasten the healing process. Leech application has a peripheral vasodilator effect due to the presence of vasodilator constituent in the saliva which

improves blood circulation and corrects "ischemia" around the wound, thus promotes wound healing. Leech applications have Anti-inflammatory action on nerves due to the presence of substance. Leech therapy is considered the most unique and effective method of bloodletting. It can be tried in all mankind including Females, Children, Old and Patients having poor threshold to pain. It drains impure blood, useful in *Pitta dushtiRakta* diseases, various skin disorders and all types of inflammatory conditions. In SushrutasamhitaChikitsasthana, adhyay 12 and 16, Sushruta has advocated that bloodletting by Leech can be practised in all inflammatory, suppurative and painful conditions to relieve pain and inhibit suppuration.

CONCLUSION -

Leech applications have Anti-inflammatory action on nerves due to the presence of substances like Bdellins and Eglin's in the saliva which prevents leukocyte accumulation in the surrounding vessels, thus inhibits the release of inflammatory factors. *Triphalaguggul* acts as an antibacterial and anti-inflammatory agent. Patan karma i.e., incision and drainage was performed for healing process, reduced pain and swelling.

BEFORE AND AFTER TREATMENTS PICTURES -

Jaluakavacharana





PATAN KARMA





REFERENCES -

- 1. Sushruta, Sushruta Samhita, with NibandhaSangraha commentary by Dalhana and Nyaya Chandrika commentary by Gayadasa, foreword by Acharya YadavjiTrikamji. 8th edition. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. Pp.81
- 2. P.G. Athvale. DrishtarthSushrutchintana with Nibandhasangraha of Dalhan, Nyayachandrika of Gayadas, Padmini of Aathvale. Vranashoth. Godavari publishers. Nagpur, 2008; 37-44.
- 3. Electrical A, Sawyer RT, Jones CP, Atkinson T. Isolation of thrombin inhibitor from the leech Hirudineariamanillensis. Blood Coagul Fibrinolysis.,1991; 2: 83-9. [PubMed]
- Sushruta Samhita, with NibandhaSangraha commentary by Dalhana and 4. Sushruta, Nyayachandrika commentary by Gayadasa, foreword by AcharyaYadavjiTrikamji. 8th edition. Varanasi: Chaukhamba Sanskrit Sansthan; 2005. Pp.824; p.443,446
- 5. Swartz MN, Pasternack MS Principles and Practice of Infectious Diseases Cellulitis. Section of Cellulitis and subcutaneous tissue infections (6thedn). In: Mandell GL (ed.) Elsevier Churchill Livingstone, Philadelphia, 2005; 1178-1180.
- 6. ChandanRaskar, DhanaLilke, SuryakantWaghmare, SeemaGiri And Vitthal Kasle5 Review Of SaptaUpkrama In Management Of Vrana (Wound) World Journal Of Pharmaceutical Research Volume 10, Issue 14, 724-732.

