

## AYURVEDIC MANAGEMENT OF NON HEALING RECURRENT WOUND – A CASE REPORT

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### ABSTRACT

Non healing recurrent wounds are still a challenge for health care professionals. A clean wound in normal body heals earlier as compared to contaminated wound. The present study was designed to study non healing recurrent wound & its management. A case of non healing recurrent wound on left sole was reported & treated excellently with internal medicaments like a combination of *Arogyavardhini*, *Sariva*, *Khadira*, *Daruharidra*, *Jaloukavacharan* (leech application), *dhavana* with *Triphala* decoction & *vra*na *dhupana*

**Key words:** Non-healing recurrent wound, internal medicaments, *Jaloukavacharan*, *Triphala* decoction, *vra*na *dhupana*.

### INTRODUCTION

A wound which has *shighra uttpatti*<sup>[1]</sup>, which refuse to heal or heal very slowly (*chirasthiti*) in spite of best efforts & deteriorate very fast (*nimitte alpe api kopanam*) is known as non healing recurrent wound. It has bad odor, abnormal color, with profuse discharge, intense pain & abundant slough<sup>[2]</sup>. Here removing debris & enabling drug to reach healthy tissue is more important. Patients suffer long term so need effective treatment. Though *vra*na and *Shalya tantra* seems to be inseparable, non healing recurrent wounds are very promptly explained by *Acharya Charaka* in *Charaka Chikitsa-sthana Kushta Adhyaya*<sup>[3]</sup>

#### A case report as follow:

A 23 yrs old female patient from Chennai presented in the OPD of S.S.N.J.AYU, Hospital, Solapur with the complaint of *vra*na (wounds) and *shotha* (oedema) on *vama padatala* (left sole) since

2-3 months. L/E size of wound - 2 x 2 x 1.5 inch with foul smell, profuse discharge & slough. Patient gave history of *shitaushna karma nishevanat* (*atapasevana* followed by work in AC & vice versa), *vidahi annapana sevana* (spicy, fast food, junk food), stress in *pittaja kala* & in *pittaja avasastha*.

O/E:

*Mala* (stool) = Vibandha

*Mutra* (urine) = *samyaka pravartana*

*Jeeva* (tounge) = saam.

*Agni* = *vishama*

*Shabda* (speech) = Normal.

BP-110/78mm of Hg.

No H/O –DM

#### Material and Method:

##### Method -

- Centre of study: S.S.N.J.Ayurvedic Rughalaya, Solapur.
- Simple random single case study.

##### Material:

1. **Vranakarma:** Initially *Jaloukavacharan*<sup>[4]</sup> has been done on alternate day for 3 days .
2. The wound was cleaned with **decoction of Triphala**. Devitalized tissue debridement carried out.
3. Local dressing of wound done by **Jatyadi Tailam**<sup>[5]</sup>
4. Along with local dressing internal medicaments as-

Sr.No	Dravya	Latin name	Dose	Duration	Anupan
1	<i>Arogyavardhini</i>	-	350mg	1 pack BD	<i>Koshna jala</i> (luck warm water )
2	<i>Sariva</i>	<i>Hemidesmus indicus.</i>	500mg		
3	<i>Khadira</i>	<i>Acacia catechu</i>	500mg		
4	<i>Daruharidra</i>	<i>Berberis aristata.</i>	500mg		

*Pathyakara Ahara* advised to her.

#### **Samprapti ghataka:**

- *Dosha-pitta,kapha.*
- *Dushya-Rasa,Rakta,Mansa.*
- *Strotas involeved-Raktavaha strotasa.*

*Vyaktisthana-Tvacha.* Considering *dushya, desha, bala, kala, vaya, ahara* treatment has been given to her<sup>[6]</sup>.

#### **Observations:**

The characteristics of non healing recurrent wound *putipuyamansa* (Pus formation), *gandho atyartha* (foul smelling), *vedana* (pain), *shotha* (odema), *dushtashonitastravi* (discharge), *dirghakalanubandhi* (chronic) were noted. There was deep seated blackish slough at the base of the wound. That was hard to remove initially, removed by *Jaloukavacharan* on alternate day for 3 settings. Wound was cleaned daily with *Triphala* decoction followed by *Vrana dhupana*<sup>[7]</sup> as per described in *Sushruta Sutrashatana 19<sup>th</sup> adhyaya* & then *Jatyadi Tailam* was applied in adequate quantity. Wound was bandaged after covering with sterile gauze & cotton pads. *Jaloukavacharan* repeated after 1 month. The healing was started with formation of granulation tissue. The margin of wound becomes *shyava varni* showing growing epithelium. The wound started to

contract by filling of tissue from the base of wound day by day.

#### **DISCUSSION**

- *Acharya Sushruta* has described 60 measures in the management of *vrand*<sup>[8]</sup>. One of them is *Visrawana* or *Raktamokshana*. *Acharya Charaka* also explained *pittotareshu mokshoraktasya* in *Kushta chikitsa*. *Raktamokshana* is useful to reduce systemic pathology occurred due to chronic ailment. *Pitta dosha* is responsible for *pakakriya, kleda*<sup>[9]</sup> in *vrana* causes *strava, puya*. *Jaloukavacharana* (leech application) is one of the types of *raktamokshana* & is used for *pitta dosha*. *Jaloukavacharana* used for *visrawana upakrama* play an important role for wound healing, remove slough and suck impure blood that will improve healing process.
- Cleaning with *Triphala* decoction & application of *Jatyadi tailam* perform both *Shodhana* & *Ropana karma*.
- Internal medicaments have *Katu, Tikta, Kashaya rasa* with *Kledashoshan, krimighna, Shodhana* properties which decrease *pitta dosha* & reduce *strava*. *Sariva* is itself *amavishanashak*.

- Aarogyavardhini<sup>[10]</sup> –  
Grahanishod-  
hak, Diapan, Pachan, Pakwashyadushti  
nashka.
- Sariva<sup>[11]</sup> – amavishanashak, da-  
haprashamana, shotaghna, kushtaghna.
- Khadir<sup>[12]</sup> –  
kushtanghna, raktashodhak, medohara,  
Kaphapittahara,
- Daruharidra<sup>[13]</sup> – Kandughana, Pittagha-  
na, Dipan, Yakruttejak, Vrana.

### Result:

There were no any adverse reaction noted throughout the treatment and healing occurred excellently.

### CONCLUSION

Jaloukavacharan, dhavana with Triphala decoction, vrana dhupana along with a combination of Arogyavardhini, Sariva, Khadira, Daruharidra was found very effective and shown healing effect in case of non healing recurrent wounds.

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