

A CASE REPORT ON *VISHAJA VRANA* (CORROSIVE POISONING)

Pravini Valsalan¹, Siddayya Aradya Math²

¹2nd Year PG Scholar, Dept. of Shalya Tantra, JSSAMC Mysuru, Karnataka, India

²Professor & HOD, Dept. of Shalya Tantra, JSSAMC Mysuru, Karnataka, India

Email: praav.pravini@gmail.com

ABSTRACT

Vishaja vrana are manifested as a complication *abhigata* which are difficult to manage because of their non-healing nature. In Ayurveda corrosive poisoning can be compared with *vishaja vrana*. A female patient of 51 years visited the OPD with the complaints of Ulcers in mouth and oesophageal region since 20 days. Local examination revealed ulcers on sides of mouth, blisters were found in chest region and difficulty in opening her mouth. Based upon the history and clinical findings the case was diagnosed as *vishaja vrana*, due to ingestion of corrosive substance. Treatment started with *pittahara aushadi*'s considering the *agni* followed by *pitta-kaphahara* treatment. There after the patient was given with *bhramana aushadi*'s. The ulcer was completely healed within six months with minimal scar.

Keywords: *Vishaja vrana*, Corrosive poison, Treatment.

INTRODUCTION

Ayurveda explains different factors in the manifestation of *vrana* caused by *abhigata*, exposure to *amla dravya* and *kita damsa*. *Vrana* caused by *visha* is one among the *agantuja vranas*¹. *Visha* defined as the substance which immediately after entering the body causes the vitiation of *dhatu*s and *pranahara*. *Sushruta Acharya* has divided *visha* into *sthavara* and *jangama*. *Dhatu visha* comes under the category of *sthavara*³. Corrosive poison destroys the surface which comes in contact with it by extracting water from the tissues and coagulating the cellular proteins⁴. When toxic manifestations are observed diagnosis play a key role for which it is mandatory for the physician to understand the duration, intensity, stages of *visha* and differential diagnosis⁵.

Case Report:

51yrs old female hailing from Coimbatore visited our OPD with the complaints of Ulcers in mouth and oesophageal region since 20 days. History revealed that she had swallowed liquid mixed with bleaching powder and had bleeding through the mouth and ulcers developed in the hand and chest region, burning sensation in the mouth and oesophageal region. Had increased blood sugar level at the time. For that she underwent stomach wash and was treated symptomatically. Now ulcer present in the mouth and oesophageal region along with certain discharge and mouth bleeding sometimes from the mouth. She has difficulty in swallowing food. Ulcers in forearm and chest not associated with burning sensation. Also she

complains of constipated bowels. She approached our hospital for betterment of above said complaints.

Examination:

On general examination patient was moderately built. Local examination revealed ulcers on sides of mouth, blisters were found in chest region and difficulty in opening her mouth. On palpation local tem-

perature was raised and surrounding area was tender. On abdominal examination there was tenderness over the umbilical region. Personal history revealed that constipated bowel reduced appetite, reduced urine output, disturbed sleep, vitals were stable. Other systemic examinations were done and it was in normal limit.

Table 1: Clinical assessment

<i>PRAKRITI : Vatapaittika</i>	<i>MUTRAM : Alpa</i>
<i>DOSHA : Pittakaphaja</i>	<i>NADI : Tivra</i>
<i>AGNI : Manda</i>	<i>JIHWA : Lipta</i>
<i>NIDRA : Anidra</i>	<i>AAKRITI : Madhyama</i>
<i>MALAM : Badha</i>	<i>BALAM : Rogibala: Avara ; Rogabala: Pravara</i>
<i>KOSHITA : Krura</i>	<i>MANAS : Depression</i>

Investigations:

UGI Endoscopy report: Corrosive injury mainly oesophagus Grade 2 B, Gastric erosions. ECG report: Possibility of Left Arterial enlargement, Septal Infarct Age undetermined. USG Abdomen and Pelvis: Mild fatty liver. Blood Report: RBS 124g/dl, Prothrombin time 16secs, control 13.4secs, INR Value 1.1, Haemoglobin 11.1g/dl, MCH 26mg/cells.

Diagnosis:

Based on the signs, symptoms and investigations the case was diagnosed *Visaja vrana* (Corrosive poisoning)

Treatment:

Treatment based on *yukti vyapashraya*, was planned *shamana, bahya parimarjana* and *antarparimarjana*.

Table 2: Medication Chart with Duration:

Sl. No	MEDICINES	FOLLOW UPS																		
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1	<i>Kasayam Drakshadi+ Guduchyadi+ Trayanthyadi+ Triphaladi ch</i>	✓																		
2	<i>Kasayam Tiktakam+Guduchyadi+Triphaladi ch</i>	✓																		
3	<i>Ghrtam Tiktakam+ Patadi churna+Peethaka ch</i>	✓																		
4	<i>Kasayam Guduchyadi+Dhanwantaram gulika</i>		✓																	
5	<i>Kasayam Drakashadi</i>		✓																	
6	<i>Ksheerabala (101)</i>		✓																	
7	<i>Ghrta Kalyanaka +Yashti ch +Gulika Gorochanadi</i>			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

	+Vettumaran																		
8	Jathyadi tailam			✓	✓	✓	✓	✓	✓										
9	Khajith pinda+Ksheerabala avarthy			✓	✓	✓	✓	✓	✓										
10	GhrtamTiktaka					✓	✓	✓	✓										
11	Tailam Dhanwanaram+Karpooradi + Murivenna +Narayana					✓	✓	✓	✓								✓		

Table 3: Assessment Criteria

SYMPTOMS	DURATION	FOLLOWUPS	
Ulcers in mouth	Within 1 month	Within 3 months	Within 6 months
Difficulty in opening the mouth	Persists	Improving	Improved
Severe burning sensation and pain present inside mouth	Mild reduction	Reduced	Complete reduction
Dripping of saliva from mouth	Improving	Improved	Improved
Oesophageal ulcers	Healing	healed	Healed
Ulcers in right breast	Healing	Healed	Healed
Face swelling	Reducing	Reduced	Nil
Vomiting	Reduced	Nil	Nil

Table 4: Discussion on Medications Used

MEDICATION	DK	DHATU KARMA	AGNI KARMA	MALA KARMA	SROTO KARMA	GUNA
Ks Drakshadi	PV hara	Rakta prasadana Brhmana		Mala anulomana	Rakta stambhaka	Madhura Guru Snighdha Sita virya
Ks Guduchyadi	PK hara	Rasa Rakta prasadana	Pachana	Mala grahi		Tikta kasaya Laghu ruksha Sita virya
Ks Trayanthyadi	KP hara		Deepana	Virechana	lekhana	Tikta kasaya madhura Laghu ruksha Sitosna virya
Ch Triphaladi	KP hara	Rakta dosahara Rasayana		Saram Mala sudhikara		Kasaya Ruksha Sitosna virya
Ks Tiktakam	PK hara Vata samana	Rakta prasadana Medohara		Mala anulomana		
Gh Tiktakam	PK hara	Rakta prasadana		Mala anulomana		

	<i>Vata samana</i>	<i>dana Medohara</i>		<i>mana</i>		
<i>Ch Patadi</i>	<i>KP hara</i>				<i>Lekhana</i>	<i>Ruksha Tiksna Sitosna virya</i>
<i>Ch Peethaka</i>	<i>KP hara</i>				<i>Sroto sodhana</i>	<i>Tiksna Ruksha Usna virya</i>
<i>Gu Dhanwantaram</i>	<i>VK hara Vatanulomana</i>	<i>Dhatu prasadana Nadi balya</i>	<i>Deepana Pachana</i>	<i>Suksma srotogami</i>		<i>Laghu suksma Usna virya</i>
<i>Ksheerabala (101)</i>	<i>VP hara</i>	<i>Rakta prasadana</i>				<i>Madhura Guru snigdha Sita virya</i>
<i>Ghrta Kalyanaka</i>	<i>Tridosha samana Srotorodha anya vatavikaras</i>	<i>Balya Alpa brmhana</i>	<i>Deepana</i>	<i>Mala anuloma</i>	<i>Sroto sodhana</i>	
<i>Ch Yashthi</i>	<i>KV hara Vata anulomana</i>		<i>Deepana</i>			
<i>Gu Gorochanadi</i>	<i>Tridosha hara Vata anuloma</i>				<i>Sroto sodhana Suksma srotogami</i>	<i>Katu tikta kasaya madhura Usna suksma</i>

AHARA ADVISED: Table 5

<i>Pathyahara</i>	<i>Apathyahara</i>
<ul style="list-style-type: none"> • <i>Dadima, Amalaka, Patola, Varthaka, Balamoolaka</i> all fried in ghee and <i>saindava</i> added to it • <i>Tanduliyaka rasa</i> • <i>Sakthu</i> • <i>Vilepi</i> • <i>Usnodaka</i> 	<ul style="list-style-type: none"> • <i>Navadhanya</i> • <i>Masa and Kulath</i> • <i>Tila</i> • <i>Dadhi</i> • <i>Payasa</i> • <i>Dugdha</i> • <i>Takra</i> • <i>Amla lavana katu rasa</i> • <i>Guda</i>

DISCUSSION

The patient had been given the primary management of poisoning immediately. Here we had the patient with the ulcers, gastric irritation, loss of appetite, inability to take food and many complications. We diagnosed it as *Visaja Vrana* and it is managed start-

ing with *Drakshadi kasayam*. Altogether the *pitta* is aggravated and we have considered the *agni* which was in *manda avastha* due to the *visa*. Initially *pittakaphahara* management was done using medications like *Guduchyadi kasaya, Tiktaka kasaya, Panchtikataka kasaya, Tiktaka Ghrta* and *Jathyadi taila*.

Along with it *pittavata hara* medicines were also given. *Kaphapittahara* medicines like *Trayanthyadi kasaya*, *Manjishtadi kasaya*, *Punarnavadi kasaya* were used. The use of *Patadi Choorna* and *Peethaka choorna* had also played a major role in treatment. Then considering the *tridosha dushti Balaguduchyadi kasaya*, *tailas* like *Karpasasthyadi*, *Dhanwan-taram Muriivenna*, *Narayana* and *Kalyanaka ghrta* was used in its management.

CONCLUSION

Here I have made a clinical case study on a patient who ingested a strong alkali. Alkali was chlorinated lime containing calcium hypochlorite and calcium hydroxide. The injury was assessed within 2 hours of alkali intake by endoscopy. The corrosive burns were classified as grade 2. The oesophagus, the stomach and the duodenum was injured. She had taken primary care from allopathic medication and came for *Ayurveda* management. From *Ayurvedic* management that was done in our hospital we have been able to cure almost 85 percent of the patient's symptoms and she is able to do her routine activities.

REFERENCES

1. *Sushruta, Sushruta Samhita, Chikitsasthanam Dwivraniyachikitsa* 1/3. *Vaidya Jadavji Trikamji Acharya* and *Naryana Ram Acharya* edition 2nd *Varansi. Chaukhamba surbharti prakashana*; 2012.
2. Namburi shekar, A Text book of *Agadatantra* illustrated, edition 1st *Varansi. Chaukhamba Sanskrit sansthan*; 2006, Pg 6.
3. *Sushruta, Sushruta Samhita, Kalpasthana, Jangama vishavignaniyam* 3/17-22. *Vaidya Jadavji Trikamji Acharya* and *Naryana Ram Acharya* edition 2nd *Varansi. Chaukhamba surbharti prakashana*; 2012.
4. Reddy Narayan, The synopsis of Forensic medicine and Toxicology, edition 16th, Medical Book Company Hyderabad 2002, Pg 253.
5. Namburi shekar, A Text book of *Agadatantra* illustrated, edition 1st *Varansi. Chaukhamba Sanskrit sansthan*; 2006, Pg 4.

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