

AN OBSERVATIONAL STUDY TO EVALUATE THE EFFICACY OF NIRGUNDI TAILA IN DUSHTA VRANA W.S.R. TO VENOUS ULCER

Nickey Singh¹, Faheem Ahmed², Inayat ali³, Srinivasa D.H.

PG Scholar Dept of PG Studies in *Shalya Tantra*;
PG Scholar Dept of PG Studies in *Dravya Guna*;
PG Scholar Dept of PG Studies in *Dravya Guna*;
HOD & Professor, Dept of PG Studies in *Shalya Tantra*;
RAMCH & RC, Bangalore, Karnataka, India

Email: nickey912@gmail.com

ABSTRACT

Venous ulcers (stasis ulcers, varicose ulcers) are the wounds occurring due to inappropriate functioning of venous valves, usually of the legs. It is one of the most serious chronic venous insufficiency complications¹. The overall incidence rate is 0.76% in men and 1.42% in women². When a venous valve gets damaged, it prevents the back-flow of blood, which causes pressure in the veins that leads to hypertension and, in turn, venous ulcers³. These are mostly along the medial distal leg, which is often very painful, can bleed, and get infected. Treating varicose ulcers is a difficult task to the physician and a nightmare to the suffering patients, though a good number of the treatment principles are mentioned and practiced in allied sciences. In Ayurveda, this condition is considered as *dushtavraṇa*. It can be managed with the specific *shodhan* therapy. Total 10 patients were selected for the study. *Nirgundi taila*⁴ was applied after cleaning wound with *triphalakashaya*⁵. In overall study, it was observed that Middle aged, males of lower middle income group with varicosity of large veins of the leg are the sufferers. Mean healing time is 5.5 weeks. *Taila* as *upakrama* is mentioned by *Sushruta* for *VranaRopana* and *Shodhana*⁶. At the cell surface the lipid soluble drugs penetrate into the cell more rapidly than water soluble drugs and can enter into the circulation very quickly. *Dravyas* used in *NirgundiTaila* help in *VranaShodhanaRopana*, *RaktaPrasadana*. and also helps in reducing eczema. Also they have antifungal antimicrobial properties. They help to tone up the skin and connective tissue as it is having *twachya* and *vranaropana* properties⁷.

Keywords: *vrana*, *Dustavraṇa*, *Nirgunditaila*, *Triphalakashaya*, venous ulcer

INTRODUCTION

History of medical science starts with *Vrana* and its healing aspects. The earliest medical writings like *Vedic* literature extensively consider wound / ulcer and its care in the context of injuries. Empirically, the

ancient surgeons of India, Egypt, Greece and Europe developed the different gentle methods of treating the wounds. Treatments of wounds / ulcers are probably the first surgical problem faced by every doctor

as frequency of injuries is more often than any other diseases.

Healing of *Vrana* is a physiological process of regeneration and repair after injury. Due to interference of vitiated *Doshas*, *Vranabecomes Dushta* and normal healing gets delayed. The presence of *Dushta Vrana* worsens the condition of the patient to a greater extent. *Dushta Vrana*, being a chronic ailment causes long-term suffering and so, to treat such types of *Vranas* specific treatments are necessary.

Dushta Vrana can be considered as chronic non-healing ulcers like venous ulcer, diabetic ulcer, arterial ulcer or infected ulcers can be considered. Chronic venous ulcer is 5 to 7 times common than arterial ulcer. Its overall prevalence was given 0.18% and mainly reported in women in western countries. The incidence may be more in our country as here patient do not seek early medical advice because of limb covering apparel, scanty financial resources and disregard for disfigurement of limb.

Venous ulcers (stasis ulcers, varicose ulcers) are wounds occurring due to improper functioning of venous valves, usually of the legs⁸. Damaged venous valves prevent the backflow of blood and cause pressure in the veins. Hence an arterial pressure reduces significantly than venous and therefore, blood is not pumped as effectively into the area⁹.

A venous ulcer will not usually heal without expert advice and treatment. Without cleaning and regular dressings, the ulcers usually spread quickly. Venous ulcers can be very painful and may limit mobility and quality of life. The longer the duration of the venous ulcer, the more is the damage to skin and greater the difficulty in healing. The annual prevalence of venous leg ulcer among the elderly is 1.69%. The overall incidence rate is 0.76% in men and 1.42% in women¹⁰.

In ancient Indian medicine, such conditions are considered as *dushtavraṇa* (non-healing wounds) because they are produced by vitiated *doṣas* inside the body. This can be treated successfully with *śodhana* (purification) and *śamana* (pacification) therapy. So, the fore mentioned benefits *basti* (decoction enema ther-

apy) were assessed in alleviating the symptoms and in the healing process of varicose ulcer in the patient.

According to the Ayurveda ulcers are known as “*Vrana*”. Which is divided into two types Healing ulcers are called “*Nijaa Varna*” and Non Healing ulcers are called “*Dushta Varna*”. *Varna* is the skin condition in which the tissues undergo destruction and after healing it leaves its scar.

From the Ayurvedic prospective, *Vrana* formation is a condition of *Vata –Kapha* origin. *Vata* is responsible for the faulty division of cells and *Kapha* for their growth. Hence *Vata* pushes *Kapha* out of the balance that results in the formation of *Granthi*.

Kapha plays the predominant role as it enters the affected *dhatu*. The *dhatu* that involves in this are *Medas*, *Mamsa* and *Rakta*. This results in the slow growth of the *Granthi*.

In non-healing ulcers *Pitta* is vitiated and the condition becomes worst due to the involvement of all the three *dosha*. The *Agni* becomes *dushit* and starts digesting the surrounding tissues of the body slowly. In this the *dosha* also goes to the *Mamsadhatu* (Muscular tissue) and *Ashtidhatu* (Bones), as it goes deep it becomes more difficult to treat.

In *Sushruta Samhita*, the detailed management of ulcers, encompassing 60 *Upakramas* covering all aspects from the points of its occurrence to its total healing is mentioned. *Taila* is one among them for *Shodhana* and *Ropana*. Other *upakramas* are mentioned for *Shodhana* and *Ropana* are *Kashaya*, *Varti*, *Kalka*, *Sarpi*, *Rasakriya* and *Avachurnana*. Among these, *Taila Upakrama* has its own specific indications in the management of *Vrana*. *Nirgundi taila* has been mentioned as one among them. *Taila yoga* contain the drugs possessing *Shodhana* and *Ropana* properties thus considered as the good measures for local treatment of *Dushta Vrana*.

MATERIALS AND METHODOLOGY

MATERIALS: The following materials were used during thesis work like

- *Nirgundi taila*
- *Triphala Kashaya*

- Scissors
- Measuring scale
- Sterile gauze
- Basin
- Vessel
- Cotton swab
- Artery forceps
- Scalpel
- B.P. handle
- Sterile gloves
- Kidney tray
- Roller bandage

METHODS:

For purpose of present study *Nirgundi Taila* was selected.

Sampling:

The present study was performed on selected patients aged between 20 and 70 years, irrespective of Sex, Educational status, Religion and Occupation.

10 Patients were randomly selected from OPD and IPD of Shalyatantra Dept of RAMC H & RC, BANGALORE. Patients having classical features of *Dushta Vrana* like Pain, Inflammation, Itching, spreading in nature, oozing of pus or blood and the wounds /ulcers which were not healed by primary intention were selected for trial. Patients were registered and treated for the present study with the help of proforma prepared for the study.

DIAGNOSTIC CRITERIA

Patient with *Lakshanas* of *Dushta Vrana* and having a chronicity of minimum 4 weeks.

INCLUSION CRITERIA

- Patients having *Lakshanas* of *Dushtavrana*.
- Patients with symptoms of venous ulcer
- Patients of either sex were taken.
- *Dushta Vrana* occurring in extremities.
- Patients aged between 20-70 years.

EXCLUSION CRITERIA

- *Dushta Vrana* occurring in other than extremities.
- Pt with other systemic disorders
- Patient above age of 70 will be excluded

RESEARCH DESIGN:

It is a single group clinical study. Here *Nirgunditaila* is taken for study.

A special case proforma containing all the necessary details pertaining to the study was prepared.

The data obtained in both the groups was recorded, tabulated, and statistically analyzed using **paired t test**

ASSIGNMENT:

After proper diagnosis, the selected 10 patients of *Dushta Vrana* were treated in following way

- *Vrana Prakshalana* using *Triphala Kwatha*.

- Dressing will be done by using *Nirgunditaila* daily

After wearing sterile gloves, the ulcers were carefully examined and slough, pus discharge were cleaned with sterile gauze. Then ulcers were washed with *Triphala Kashaya* and dried with sterile gauze. The *taila* was applied to a sterile gauze and placed it over the wound and bandaging done. The quantity of *taila* was depending on the size of the *Vrana*.

The bandaging is done to prevent the contamination from surrounding area and to protect the part from external trauma and to keep the medicament on the lesion for longer duration. Depending upon the quantity of oozing and odour, dressing was done either daily or twice in a day and it was continued for a maximum of 56 days (8 weeks).

DURATION OF TREATMENT

The duration of treatment was for maximum of 8 weeks.

OBSERVATION PERIOD:

The changes in the Ulcer were observed once in a week as per case proforma.

FOLLOW UP PERIOD– Once in 15 days for 1 month after study duration.

ASSESSMENT CRITERIA

SUBJECTIVE PARAMETERS

1) PAIN

Grade 0- Absent

Grade 1- Present

2) ITCHING

Grade 0- Absent

Grade 1- Present

3) BURNING SENSATION

0 – No burning sensation.

1 – Continuous burning sensation

OBJECTIVE PARAMETERS

1) DISCHARGE

Grade0- Absent

Grade1- Present

2) SMELL

Grade0- Foul smell absent

Grade1- Foul smell present

3) FLOOR

Grade0- complete wound healing

Grade1- evenly spread pink granulation tissue

Grade2- evenly spread bright beefy red granulation tissue

Grade3- no healthy granulation tissue/ covered with slough

4) TENDERNESS

Grade0- Absent

Grade1- Present

5) EDGE

Grade0- Not well defined

Grade1- With advanced border of epithelium

Grade2- No advancing border of epithelium

Grade3- Well defined

6) SURROUNDING SKIN

Grade0- No discoloration

Grade1- Blackish discoloration around the ulcer with normal skin texture.

Grade2- Blackish discoloration around the ulcer with dryness of skin

Grade3- Dark blackish discoloration around the ulcer with thickened skin.

Healing index = size of wound / time of healing (in days)

EXCELLENT- *Dustavrana lakshanas* changes in to *Roodha vrana lakshanas*

GOOD – *Dustavrana lakshanas* changes in to *Roohyamana vrana lakshanas*

FAIR – *Dustavrana lakshanas* changes in to *Shuddha vrana lakshanas*

POOR - *Dustavrana lakshanas* remain as it is or only few criteria respond

LAB INVESTIGATIONS

Blood

• Hemoglobin percentage:

• Total Count

• Differential count

• E S R

• Blood Sugar Level

OBSERVATION

Out of total 10 patients, maximum , 6 were in the age group of less than 30 years(10%), 6 were females, 5 were un educated, 8 from urban region, 8 were hindus, in Chronicity, 7 had > 5 months, 6 were vegetarians, 6 patients were having onset of disease due to trauma, varicosity of large veins in 7 patients.

DATA RELATED TO THE CLINICAL OBSERVATIONS

1. PAIN

Before treatment pain was present in 9 patients (90%) absent in 1 patient (10%).

At the end of first week, pain was present in 7 patients (70%) absent in patients (30%).

At the end of second week, pain was present in 6 patients (60.0%) absent in 4 patients (40%).

At the end of third week, pain was present in 5 patients (50%) absent in patients (50%).

At the end of fourth week, pain was present in 3 patients (30%) absent in 7 patients (70%).

At the end of sixth week, pain was present in 2 patients (80%) absent in 2 patients (20%).

At the end of eighth week, pain was present in 0 patients (0.0%) absent in 20 patients (100%).

2. ITCHING

Before treatment itching was present in 6 patients (60.0%) absent in 4 patients (40%).

At the end of first week, itching was present in 5 patients (50%) absent in patients (50%).

At the end of second week, itching was present in 3 patients (30.0%) absent in 7 patients (70%).

At the end of third week, itching was present in 1 patient (10%) absent in 9 patients (90%).

At the end of fourth week, itching was present in 0 patients (0.0%) absent in 10 patients (100%).

At the end of fifth week, itching was present in 0 patients (0.0%) absent in 10 patients (100%).

At the end of eighth week, itching was present in 0 patients (0.0%) absent in 10 patients (100%).

3. Evaluation of discharge

Before treatment discharge was present in 9 patients (90.0%) absent in 1 patients (10%).

At the end of first week, discharge was present in 7 patients (70%) absent in 3 patients (30%).

At the end of second week, discharge was present in 6 patients (60.0%) absent in 4 patients (40%).

At the end of third week, discharge was present in 3 patients (30%) absent in 7 patients (70%).

At the end of fourth week, discharge was present in 2 patients (20%) absent in 8 patients (80%).

At the end of fifth week, discharge was present in 0 patients (0.0%) absent in 10 patients (100%).

At the end of eighth week, discharge was present in 0 patients (0.0%) absent in 10 patients (100%).

4. Evaluation of smell

Before treatment smell was present in 4 patients (40%) absent in 6 patients (60%).

At the end of first week, smell was present in 4 patients (40%) absent in 6 patients (60%).

At the end of second week, smell was present in 2 patients (20%) absent in 8 patients (80%).

At the end of third week, smell was present in 2 patients (20%) absent in 8 patients (80%).

At the end of fourth week, smell was present in 0 patients (00%) absent in 10 patients (100%).

At the end of fifth week, smell was present in 0 patients (0.0%) absent in 10 patients (100%).

At the end of eighth week, smell was present in 0 patients (0.0%) absent in 10 patients (100%).

5. Evaluation of tenderness

Before treatment tenderness was present in 8 patients (80.0%) absent in 2 patients (20%).

At the end of first week, tenderness was present in 6 patients (60.0%) absent in 4 patients (40%).

At the end of second week, tenderness was present in 4 patients (40%) absent in 6 patients (60%).

At the end of third week, tenderness was present in 3 patients (30%) absent in 7 patients (70%).

At the end of fourth week, tenderness was present in 1 patient (10%) absent in 9 patients (90%).

At the end of fifth week, tenderness was present in 0 patients (0.0%) absent in 10 patients (100%).

At the end of eighth week, tenderness was present in 0 patients (0.0%) absent in 10 patients (100%).

6. Evaluation of floor

Before treatment, floor was in grade 3 in 10 patients (100%), in grade 2, in 0 patient (0%), in grade 1, in 0 patient (0%), grade 0 in, 0 patient (0 %).

At the end of First week, floor was in grade 3 in 7 patients (70%), in grade 2, in 6 patients (60%), in grade 1, in 2 patients(20%), in grade 0, in 0 patient.

At the end of second week floor was in grade 3 in 0 patient (0%), in grade 2, in 7 patients (70%), in grade 1 in, 1 patients (10%), in grade 0, in 2 patients (20%).

At the end of third week floor was in grade 3 in 0 patients (0%), in grade 2 in, 2 patients (20%), in grade 1 in 6 patients (60%), in grade 0, in 2 patients (20%).

At the end of fourth week floor was in grade 3 in 0 patients (0%), in grade 2, in 0 patient (0%), in grade 1, in 2 patient (20%), in grade 0, in 8 patients (80%).

At the end of fifth week floor was in grade 3 in 1 patients (10%), in grade 2, in 0 patient (0%), in grade 1, in 0 patient (0%), in grade 0, in 9 patients (90%).

At the end of eight week floor was in grade 3 in 0 patients (0%), in grade 2, in 0 patient (0%), in grade 1, in 1 patient (10%), in grade 0, in 9 patients (90%).

7. Evaluation of edge

Before treatment, edge was in grade 3 in 9 patients (90%), in grade 2, in 1 patient (10%), in grade 1, in 0 patient (0%), grade 0, in 0 patient (0 %).

At the end of First week, edge was in grade 3 in 7 patients (70%), in grade 2, in 2 patients (20%), in grade 1, in 1 patients (10%), in grade 0, in 0 patient.

At the end of second week edge was in grade 3 in 0 patient (0%), in grade 2, in 5 patients (50%), in grade 1, 4 patients (40%), in grade 0, in 1 patients (10%).

At the end of third week edge was in grade 3 in 0 patients (0%), in grade 2, in 2 patients (20%), in grade 1, in 6 patients (60%), in grade 0, in 2 patients (20%).

At the end of fourth week edge was in grade 3 in 1 patient (10%), in grade 2, in 0 patient (0%), in grade 1, in 2 patients (20%), in grade 0, in 7 patients (70%).

At the end of sixth week edge was in grade 3 in 1 patient (10%), in grade 2, in 0 patient (0%), in grade 1, in 0 patient (0%), in grade 0, in 9 patients (90%).

At the end of eight week edge was in grade 3 in 0 patient (0%), in grade 2, in 0 patient (0%), in grade 1, in 1 patient (10%), in grade 0, in 9 patients (90%).

8. Evaluation of surrounding skin

before treatment, surrounding skin was in grade 3 in 8 patients (80%), in grade 2, in 1 patients (10%), in grade 1, in 1 patients (10%), grade 0, in 0 patient (0%).

At the end of First week, surrounding skin was in grade 3 in 1 patient (10%), in grade 2, in 5 patients (50%), in grade 1, in 4 patients (40%), in grade 0, in 0 patient.

At the end of second week surrounding skin was in grade 3 in 0 patient (0%), in grade 2, in 6 patients (60%), in grade 1, in 4 patients (40%), in grade 0, in 0 patient (0%).

At the end of third week surrounding skin was in grade 3 in 0 patient (0%), in grade 2, in 2 patients (20%), in grade 1, in 8 patients (80%), in grade 0, in 0 patient (0%).

At the end of fourth week surrounding skin was in grade 3 in 0 patient (0%), in grade 2, in 1 patient (10%), in grade 1, in 9 patients (90%), in grade 0, in 0 patient (0%).

At the end of fifth week surrounding skin was in grade 3 in 0 patient (0%), in grade 2, in 1 patient (10%), in grade 1, in 9 patients (90%), in grade 0, in 0 patient (0%).

At the end of eight week surrounding skin was in grade 3 in 0 patient (0%), in grade 2, in 1 patient (10%), in grade 1, in 9 patients (90%), in grade 0, in 0 patient (0%).

RESULTS

Pain:

P-value was strongly significant during second week and suggestive of significance at third week.

At the end of the treatment, in the group, 9 patients were under grade 0 and 1 was under grade 1.

Itching:

P-value was strongly significant during first, second, third and fourth week. At the end of the treatment, in group 8 patients were under grade 0 and 1 patient was under grade 1.

Discharge:

P-value was strongly significant during first and second week. At the end of the treatment in the group, 7 patients were under grade 0 and 3 patient was under grade 1.

Smell:

P-value was strongly significant during first week and moderately significant during second week. At the end of the treatment, the patients were under grade 0.

Tenderness:

P-value was strongly significant during second week. At the end of the treatment in group all the patients were under grade 0.

Floor:

P-value was moderately significant during first, fourth and sixth week. At the end of the treatment in group, no patients were under grade 3, 2 patients were under grade 2, no patients were under grade 1

Edge:

P-value was moderately significant during fourth and sixth week. At the end of the treatment in group no patients were under grade 3, 2 patients were under grade 2, 0 patients were under grade 1, 18 patients were under grade 0.

Surrounding skin:

P-value was strongly significant during second, third and fourth week and suggestive of significance during first week. At the end of the treatment group no patients were under grade 3, 3 patients were under

grade 2, 7 patients were under grade 1, no patients were under grade 0.

DISCUSSION

The study was an observation study of *nirgundi taila* in the management of *Dushta Vrana*. *Taila upakrama w.s.r to varicose ulcer* is a treatment for *Vrana* having the property of both *Shodhana* and *Ropana*. In the current surgical practice debridement is one of the procedures to remove the slough and to promote healing process. A beneficial impact is achieved in the present study by integrating advanced knowledge, to evaluate the concepts of ulcer management. Cost effectiveness meets the need of the poor.

First, *Dushta Vrana* will be cleaned by using *Triphala Kwatha*. This will also enhance the formation of granulation tissue by removing the slough. Gauze dipped in *nimbadi taila* is to be applied in control group, to create and maintain a clean, moist environment. *Shodhana* or *Ropana guna* will be achieved by virtue of its properties.

The patients have been advised to avoid *Kleda Janaka Viharas* like day sleep, *Aharas* like fresh grains, milk, curds, fatty substances, horse gram, food having *Amla, Lavana & Katu* rasa

This includes different measures by local and general medications as well as proper diet. Appropriate management in proper time will help to avoid the conversion of *Sadhyain* to *Asadhyacategory*. From this it is clear that *Sushruta* appreciated wound healing & regarding this he must have performed several experiments. For managing the different stages / conditions from *Vrana* till managing the complications produced after the complete healing of a *vrana*, a series of treatments modalities have been mentioned in our classics. The line of treatment can be summed up as follows¹².

1. Pacify the *Vrana* in the initial stage, thereby preventing its further development.
2. *Vrana* attains *Pakwaavastha* by promoting suppuration. Once the contents are drained out, the patient

gets relief from pain and also there is now a chance of healing.

3. *Sodhana* and *Ropana* of *Dushta Vranatill vrana* become *Shudhaby* means of desloughing and promoting healing with appropriate *Upakrama*.

4. Correcting the *Vaikrutha* of *Vrana* (restoration of various deformities) due to complications which are produced during the process of healing.

So the 60 *Upakramas*¹³ which are mentioned in *Sushruta Samhita* is indicated in the management of *Vrana*, *Vrana* and its various complications produced during the process of healing of a *Vrana*. Among them *Kashaya, Varti, Kalka, Sarpi, Taila* and *Rasakriya* are used for both *Sodhana* and *Ropana* of *Vrana*¹⁴.

B. DISCUSSION ON DRUG

To achieve the main goal of healing, it is necessary to remove the local *Dushti* or debridement at the site of *Vrana*. In *Misrakadhyaya* of *Sushrutasmhita*, drugs for *Shodhana* and *Ropana* of *Vrana* are clearly mentioned. In *Vranahaving Unnathamamsa, Alpasrava* and *Asnigdhattha*, should be cleansed with *taila* prepared by using *Shodhana* drugs. In *Kapha Vata Vrana*, healing is attained by *taila* prepared with *Ropana Dravya*.

KASHAYA PRAKSHALANA¹⁵

Kashaya is one among the *Shasti Upakrama* used for *Vrana Shodhana* and *Ropana*. *Prakshalana* is the process of pouring liquid into the affected part. In this *Upakrama*, *Vrana Prakshalana* is done with the *Kashaya* which are having *Vrana Shodhana* and *Ropana* properties. According to *Acharya Susrutha*, *Vrana* which emits bad smell, exudes discharges should be cleaned with *Kashaya* of drugs having *Shodhana* effect

Dushta Vrana or *Vrana* caused by *Kushta* and *Prameha*. In *vrana* which is not *Sudha, Kshalana* of *Kwatha* prepared with *Patola* and *Nimba Patra* can be used and in *Vrana* which is *Sudha, Kshalana* of *Kwatha* prepared with the *Twak* of *Nyagrodhadiganan* can be used.

Acharya Vangasena explained *Vrana Prakshalana* with *Bringaraja Swarasa* and *TriphalaKashaya* for *Vrana Shodhana*¹⁶.

AcharyaCharakamentioned that *VranaShodhanashould* be done when there is *PoothiGandha*, *Vivarnata*, *BahuSrava* and *MahaRuja*. For *vranaShodhanaKashaya* prepared with *Harithaki*, *Vibhithaki*, *Amalaki*, etc

1. **Taila:** *Tilatailais* used in the preparation of *nirgunditaila*. It has *Ushna*, *Katu*, *Teekshna*, *Madhura*, *Vataghna*, *Vyavayi*, *Vikasi* & *Sookshmagunas*. When it is treated with drugs it takes theproperties of those drugs. So it might help in reaching the minute channels by means of its *Sookshma*, *Vyavayi*, *Vikasigunas*& helps in reducing *Vedana*.

2. **Shodhana:** Refers to irrigation of the local debris by means of *Lekhanaaction* and *Laghu*, *Tikshnaproperties*. In case of *Vranaassociated* with *Durgandha*, *Kledhaand Picchilagunas*, *Shodhanashould* be done by using *Kashayaof* various *Dravyas*.This ultimately cleans the *vrana*.

3. **Ropana:** It is achieved by action of “*DhatuPoshana*”. *Ropanakriyaof* should beadopted in *Vranaswhich* are having the features of *ShudhaVrana*.

PAIN: Pain is due to the predominance of *VataDosha*andalso due to the inflammation and ischemic changes in the ulcer.

ITCHING SENSATION: This is due to the predominance of *KaphaDosha* in the condition. Itching sensation is also caused by venous insufficiency, poorlycontrolled diabetes, pus discharge and slough due to infection.

BURNING SENSATION: This is because of the predominance of *Pittaand Rakthain* the condition. Burning sensation can also occur in diabetic neuropathy, ischemiaand arterial insufficiency.

SMELL: This is due to infection, purulentdischarge and slough formation.

DISCHARGE: Purulent discharge was observed in most of thediabetic ulcers and serous discharge is observed in venous ulcer.

TENDERNESS: Severe Tenderness is found in patients having ulcer due to venous and arterial insufficiency.

GRANULATION TISSUE: Thefloor of the ulcer was partially covered without Granulation tissue formation.Due to improper Granulation tissue formation, healing was delayed.

CONCLUSION

It was observed that venous ulcer is a type of *Dustavrana*, incidence of *Dustavrana* increase with the age. It was mainly found in unskilled workers and housewives.

This Incidence of *Dustavrana* was more inpatients with varicosity of large veins.

Incidence of *Dustavrana* was more in patients who had not undergone any treatment for venous insufficiency but in few cases, it comes back even after post-Surgery.

The technique used in this research is simple, cost effective, can be done as an outpatient procedure with easily available medicines and also There have been no untoward side effects found in the study.

The procedure is well tolerated; it does not require high-tech gadgets or anaesthesia.

There was improvement in to Discharge, smell and tenderness, improvement was shown highly with respect to pain, itching, discharge, floor, edge and surrounding skin.

Mode of Action NirgundiTaila:

Most of the ingredients of *tailaare* having *Tikta*, *Kashaya rasa* and *Laghu*, *RukshagunasKashaya rasa*: It does *Shoshanaand* hence helps in *VranaRopana*.

Tikta rasa: It does *Twak* – *MamsaShtireekarana&Lekhana*, it might help in increasing tensile strength of the *DushtaVrana*.

Katu Rasa: It has *Vrana Shodhana* & *Avasadana* properties.

Tilataila helps in reaching the minute channels by means of its *Sookshma*, *Vyavayi*, *Vikasigunas* and helps in reducing *Vedana*. *Jatyaditaila* includes the drugs which

Possess *Shodhana* & *Ropana* qualities; it helps in proper healing of *Dushtavrana*.

REFERENCES

1. WWW.Wikipedia / Free Encyclopedia.Com
2. Somen Das, A Concise Text Book of Surgery, 8th edition.kolkata, 2012,chapter 11,pp 1358, pg : 156
3. Bailey& Love's Short Practice of Surgery, Edited by Norman S. Williams,Christopher J.K. Bulstrode, P. Ronan O'Connell, International Student edition London, 24th edition pp-1522, pg- 151
4. RajgopalShenoy, AnithaNileshwar, Manipal manual of surgery,3rd edition,2011, chapter 6,page 44
5. RajgopalShenoy, AnithaNileshwar, Manipal manual of surgery,3rd edition,2011, chapter 1,page 1
6. Somen Das, A Concise Text Book of Surgery, 8th edition. kolkata, 2012,chapter 1,pp 1358, pg : 6
7. Sharma Priyavrit, History of Medicine in India,1st edition,1991, Published by Indian National Science Academy, New Delhi, Pp-527, pg-13
8. The Athravaveda Sanskrit text with English translation Devi Chandra with introductory remarks by M C Joshi, Archaeological survey of India, New Delhi MunisharmaManoharalal Publishes pvt ltd 1997 pp 939, Pg: 442
9. Agni Purana of MaharsiVedavyasa edited by AcharyaBaladevaUpadhyaya, Director Research Institute Varanaseeya Sanskrit University Varanasi Choukambha Publication Pp- 490 Pg 10 – 31,18-36.
10. Sharma Priyavrit, History of Medicine in India, 1st edition,1991, Published by Indian National Science Academy, New Delhi, Pp-527, pg-143
11. Prof. K.R Srikantha Murthy, BavaPrakasha of Bhavamishra, Vol II, Krishna Das Academy, MadhyamaKhanda, Part III, Chapter 47, Verse- 56, Pp no 884.
12. Susruta, Susruta Samhita, Nibandha samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa, Chaukambhas Orientalia, Varanasi, Reprint 2009, Sutra sthana, Chapter 1 , Verse 6, pp - 824, pg -396
13. Sharma Priyavrit, History of Medicine in India,1st edition,1991, Published by Indian National Science Academy, New Delhi, Pp-527, pg-118
14. Jaatakamala- 8.24, 26.29,112.www.rigpawiki.org/index.php?title=Jatakamala
15. Banabhata, Harshacharita, Global sanskrit literature series in English. Sutra 324,454,432.
16. Susruta, SusrutaSamhita, Nibandha samgrahatika of Dalhana and Nyaya Chandrikatika of Gayadasa, Chaukambhas Orientalia, Varanasi, Reprint 2009, Sutra sthana, Chapter 15 , Verse 3, pp - 824, pg -21, 22

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Nickey Singh et al: An Observational Study To Evaluate The Efficacy Of Nirgundi Taila In Dushta Vrana W.S.R. To Venous Ulcer. International Ayurvedic Medical Journal {online} 2018 {cited September, 2018} Available from: http://www.iamj.in/posts/images/upload/1881_1889.pdf