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, Daruvaridra, Jaloukavacharan (leech application), dhavana with Triphala decoction & vrana dhupana

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

INTRODUCTION
A wound which has shighra uttpatti[1], 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 [2]. Here removing debris & enabling drug to reach healthy tissue is more important. Patients suffer long term so need effective treatment. Though vrana and Shalya tantra seems to be inseparable, non healing recurrent wounds are very promptly explained by Acharya Charaka in Charaka Chikitsasthana Kushta Adhyaya[3]

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 vrana (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 Rugnalaya, Solapur.
- Simple random single case study.

Material:
1. **Vranakarma:** Initially Jaloukavacharan\(^4\) 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**\(^5\)

4. Along with local dressing internal medicaments as-

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

Pathyakara Ahara advised to her.

**Samprapti ghataka:**
- Dosha-pitta, kapha.
- Dushya-Rasa, Rakta, Mansa.
- Strotas involved-Raktavaha strotasa. Vyaktisthana-Tvacha. Considering dushya, desha, bala, kala, vaya, ahara treatment has been given to her.\(^6\)

**Observations:**

The characteristics of non healing recurrent wound putipuyamansa (Pus formation), gandho atyartha (foul smelling), vedana (pain), shotha (oedema), dushtashonistastravi (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\(^7\) as per described in Sushruta Sutrashtana 19\(^{th}\) 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 vrana\(^8\). 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\(^9\) in vrana causes strava, puya. Jaloukavacharan (leech application) is one of the types of raktamokshana and is used for pitta dosha. Jaloukavacharan used for visravana 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 – (10) Grahanishodhak, Diapan, Pachan, Pakwashyadushti nashka.
Sariva (11) – amavishanashak, dahaprashamana, shotaghna, kushtagha.
Khadira (12) – kushtagha, raktashodhak, medohara, Kaphapittahara,
Daruharidra (13) – Kandughana, Pittagha, 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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