



International Journal of Research in Academic World



Received: 21/September/2024

IJRAW: 2024; 3(10):89-91

Accepted: 29/October/2024

Probable Role of Nimbapatradi Varti in Shodhana and Ropana Management of Dushta Vrana: Case Study

*¹Dr. Deepika S Lahane, ²Dr. Ardra B Thorat and ³Dr. Srinivas Turlapati

*¹P.G. Scholar, Department of Shalyatantra, Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli, Maharashtra, India.

²Associate Professor, Department of Shalyatantra, Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli, Maharashtra, India.

³Professor, Department of Shalyatantra, Yashwant Ayurvedic College Post Graduate Training and Research Centre, Kodoli, Maharashtra, India.

Abstract

Under normal conditions, wounds typically heal within a set timeframe through a series of regulated biological processes. However, when these processes are disrupted, wounds can become chronic, leading to non-healing ulcers. Over time, various treatment methods have been developed to address non-healing wounds. Despite these efforts, some wounds remain unresponsive to conventional treatments, resulting in persistent, refractory ulcers. This ongoing challenge places a significant burden on both healthcare systems and affected individuals in the community. Chronic wounds not only increase hospital stays and medical costs but also severely impact patients' quality of life. As a result, finding effective strategies for managing non-healing wounds remains a critical focus in both clinical and research settings. The primary objective of every surgeon is to achieve optimal wound healing with minimal scarring and the least amount of discomfort. Acharya Sushruta has elaborately described six types of Dushta Vrana ^[1], and the treatment of Dushta Vrana involves the use of various medications, broadly categorized into Vrana Shodhana and Vrana Ropana. Sushruta has also mentioned Shashti Upakrama (60 modalities of wound management) for Vrana Chikitsa. In the present study, Nimbapatradi Varti was selected as a topical application to assess its efficacy in Vrana Shodhana and Ropana action.

Keywords: Nimbapatradi Varti, Shodhana, Ropana, Dushta Vrana etc.

Introduction

The destruction, rupture, break, or discontinuity of body tissue or a part of the body is termed as Vrana ^[2].

According to Sushrut Dushtavrana is too narrow/wide mouthed, extremely hard/soft, raised/elevated/depressed, black/red/yellow/white colour with raised temperature. It exhibits strange and unusual features combined with a network of veins, ligaments, filled with putrid and sloughing flesh and fetid pus, indefinite and irregular in shape. Pain and burning sensation, swelling, redness, itching and suppuration and pustules with secretion of vitiated blood ^[3]. Basically when shudha vrana is not taken care of properly it leads to Dushta vrana avastha. The classical texts of Ayurved have mentioned efficient ways to treat & manage different types of wound and even today modern science have worked on the same lines to provide relief to the patients.

In the Shashti Upakramas (Sixty procedures), Acharya Sushrut has mentioned the management and treatment of such Dushta vrana that not only gets rid of infection but also promotes faster healing. Great emphasis has been put on Vrana Shodhana and Vrana Ropana to achieve the healing of infected wounds. As an ideal concept of wound management,

the focus is majorly on cleaning of the wound (Vrana Shodhana) and healing of the wound (Vrana Ropana). This is achieved by using a debridement agent that does not damage the healthy tissue surrounding the infected wound or have any untoward effect while performing the debriding effectively. Acharya Chakradatta explained the role of Nimbapatradi varti for dushta Varna Shodhan & Ropan ^[4]. Also Acharya Bhel mentioned use of ropan lep containing nimba kalka for treating Dushta Vrana ^[5]. Mentions of wound healing varti are also seen in Bhavprakash Nighantu ^[6]. There have been promising studies in the same area in view of Ayurvedic drugs, yet this area have not been fully explored. A case report of a 69-year-old man, who presented with an infected wound post-surgery which was done to amputate Lt. Greater toe after sustaining injury in an accident at work place, associated with pain, discharge, slough, and foul odor, is discussed here.

Aims and Objectives

To assess the probable role of Nimbapatradi Varti in shodhana and ropana of Dushta Vrana as per required dose for 15 days.

Materials and Methods

Material

Nimbapatradi varti, IV fluid NS, artery forcep, mosquito forcep, surgical pad, gauze piece, measuring scale, sticking.

Method

- i). Vrana prakshalana was done with normal saline.
- ii). Dead tissues (slough) that are easily visible and were excised without much pain.
- iii). Hydrogen peroxide was used to further clean the wound.
- iv). Then freshly prepared Nimbapatradi varti was introduced into the wound.
- v). Proper dressing was done with sterile gauze pieces and cotton bandage.
- vi). This was repeated daily for 15 days.

Case Report

A 69-year-old man, presented with complaints of infected wound post-surgery which was done to amputate Lt. Greater toe after sustaining injury in an accident at work place, associated with pain (Vedana), discharge (Strav), Discoloration of wound edges, slough, and foul odor.

Past History

Patient is a worker at a construction site. 7 days ago he accidentally injured his left lower limb which resulted in him having to amputate the Lt. Greater toe. Post his surgery due to poor wound care, three days later he suffered with pain and greenish-yellowish discharge from the site of the wound along with rise in local temperature. He suffered with fever on and off along with the other complaints mentioned. He consulted a local doctor who cleaned the wound with an antiseptic ointment but no improvement was seen. The patient came to the OPD for further treatment and management. There was no record of diabetes mellitus, hypertension or any other major diseases in the patient's history. There was no family history that was significant with the case of this patient.

O/E

Pulse: 96/min

BP: 140/90 mm of Hg

SpO₂: 98% ON RA.

Temperature: 99.90F

HGT: 128mg/dl

L/E

Location: Left foot near 2nd phalanx.

Size: 5 x 2 x 1 cm

Discharge: Present.

Vrana Avastha: Dushta Vrana⁷

Floor: Major part covered with slough

Margins: Irregular and inflamed with discoloration.

Local Temperature: Present

Tenderness: ++

Treatment

The patient was called regularly for cleaning and dressing of the wound for 15 days. The wound was cleaned with saline and debrided as required without causing pain to remove slough. Hydrogen peroxide was used to further clean the wound. Freshly prepared Nimbapatradi Varti was placed on the wound with all aseptic precautions. Then the wound was dressed with sterile gauze and bandage. Along with this the patient was advised Tab. Triphala Guggula twice BID. This treatment was continued for the next 15 days.

Results

The clinical features of the Dushta vrana showed rapid improvement from the 4th day of treatment. The discharge reduced along with local temperature. The inflammation and discoloration at the edges reduced rapidly from 6th day. And by the 15th day the wound showed signs of healing remarkably around 75% with shrinking of the edges, no slough, no discharge and no pain along with no requirement of further dressing as the area was completely without any sign of infection.



Fig 1: Before Treatment.



Fig 2: After Treatment.

Discussion

Infected wound can be caused by various factors including poor management of a clean wound, vitiation of doshas by apathya ahar-vihar to name a few. It can result in formation of non-healing ulcers leading to loss of skin and tissue and major scars permanently if not taken care of. In such scenarios modern treatment might sometime lack in providing immediate relief, while Ayurvedic way of treating such issues have shown emerging results. The observations lead to promising discoveries in the Ayurveda that are yet unexplored.

Conclusion

This case study shows that using Nimbapatradi Varti in the treatment of Dushta Vrana continuously for 15 days is an effective management. Patient accepted of relief from the pain, foul odor and reduction in the size of the wound along with no discoloration of edges indicating that shodhana and ropana karya was effectively carried out by the varti. These

positive results call for more elaborate research into efficacy of Nimbapatradi Varti in Management of Infected wounds.

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