



ISSN 2456-3110

Vol 6 · Issue 2

Mar-Apr 2021

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

# JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



**Charaka**  
Publications

Indexed

# Role of Classical Panchakarma on *Dushta Vrana* (Chronic Non-healing Wound) - A Case Study

Dr. Prakash Lokhande<sup>1</sup>, Dr. Namrata Shirsat<sup>2</sup>

<sup>1</sup>Associate Professor, Department of Panchakarma, Sant Gajanan Maharaj Ayurved Medical College, Mahagaon, Gadhinglaj, Kolhapur, Maharashtra. <sup>2</sup>Associate Professor, Department of Panchakarma, Late Kedari Redekar Ayurvedic Mahavidyalaya, Gadhinglaj, Kolhapur, Maharashtra, INDIA.

## ABSTRACT

A non-healing wound generally described as a wound that will not heal within four weeks. If wound does not heal within this usual time period, the cause is usually found in underlying condition that has either gone unnoticed or untreated. As the science has advanced, newer remedies are tried out for speedy recovery, but the oldest remedies still lead the race. A female patient of age 22yrs, non-obese, non-smoker with chronic history of non-healing wound on left gluteal region. Any therapeutic scheme was unsuccessful and patient came for Ayurved treatments. Significant relief found after Panchakarma which includes classical *Virechana Karma* and *Jaluvakavachrana*.

**Key words:** Ayurved, *Virechana Karma*, *Jaluvakavacharana*.

## INTRODUCTION

The wound healing procedures described by Sushruta still holds its place today. The faster the wound healing, faster is the recovery of the patients enabling him to resume daily routine. This includes various purification therapies - *Shodhana*<sup>[1]</sup> and local applications of Ayurveda medicines which can heal the wound without any sepsis. One of such purification therapies explained by *Sushruta* is Classical *Virechana Karma*<sup>[2]</sup> to eliminate the *Pravrudhha Doshas* out from the body, particularly in *Pitta Pradoshaj Dushta Vrana*<sup>[3]</sup> along with the *Jaluvakavachrana*.<sup>[4]</sup>

### Address for correspondence:

Dr. Prakash Lokhande  
Associate Professor, Department of Panchakarma, Sant Gajanan Maharaj Ayurved Medical College, Mahagaon, Gadhinglaj, Kolhapur, Maharashtra. INDIA.

E-mail: drprakashnia@gmail.com

Submission Date: 17/03/2021 Accepted Date: 21/04/2021

### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

Published by Maharshi Charaka  
Ayurveda Organization, Vijayapur,  
Karnataka (Regd) under the license CC-  
by-NC-SA

## CASE REPORT

A 22 years female non-obese, non-smoker with chronic history of non-healing wound on left gluteal region with Pain, discharge, slough, itching, foul smell, moderate oedema and discoloration of skin near the wound since last 8months. Subcutaneous tissues<sup>[5]</sup> also involved. Previously patient was alright, patient is a college going student. Nearly 8<sup>th</sup> months back she observed there was mild swelling and pain occurred on left gluteal region. After few days swelling burst due to suppuration and resulted into wound.

Wound was treated with conventional antibiotic, anti-inflammatory drugs and local ointment by the local doctor but wound fail to respond, presumably because of wound contamination and movement. The conventional allopathic treatments continued for 1 month but there was no any improvement seen by patient. After that patient went to a surgeon for expert opinion, there again same line of treatments advised to her for next 2months. Again, after completion of due course of allopathic medicines there was no any healing occurred and all symptoms persist.

Due to incomplete healing and recovery surgeon advised her to go for debridement by I & D procedure.

After doing I & D there was mild improvement found in the discharge and pain but after the period of approximately 1 month all previous symptoms reappear with more intensity in discharge and pain. Before the starting of Ayurved treatments patient undergone three time I & D procedure by three different doctors. There is no history of DM, HTN. Her family history was not suggestive of anything specific.

**Local examination:** local examination revealed an open oval shaped wound on left gluteal region approximately 2cm associated pain, discharge etc. There was tenderness near by the wound.

#### Modern view

A skin abscess is a tender mass generally surrounded by a coloured area from pink to deep red. Abscesses are often easy to feel by touching. The vast majority of them are caused by infections. Painful and warm to touch, abscesses can show up any place on your body.

The most common sites on the skin in your armpits (axillae), areas around your anus, gluteal region and vagina (Bartholin gland abscess), the base of your spine (pilonidal abscess). Unlike other infections, antibiotics alone will not usually cure an abscess. In general, an abscess must open and drain in order for it to improve. Sometimes draining occurs on its own, but generally it must be opened with the help of a warm compress or by a doctor in a procedure called incision and drainage (I&D).

#### Causes

When our normal skin barrier is broken, even from minor trauma, or small tears, or inflammation, bacteria can enter the skin. An abscess can form as your body's defences try to kill these germs with your inflammatory response (white blood cells = pus). Obstruction in a sweat or oil (sebaceous) gland, or a hair follicle or a pre-existing cyst can also trigger an abscess.

The middle of the abscess liquefies and contains dead cells, bacteria, and other debris. This area begins to grow, creating tension under the skin and further inflammation of the surrounding tissues. Pressure and inflammation cause the pain. People with weakened

immune systems get certain abscesses more often. Those with any of the following are all at risk for having more severe abscesses. This is because the body has a decreased ability to ward off infections.

Most often, an abscess becomes a painful, compressible mass that is red, warm to touch, and tender.

As some abscesses progress, they may "point" and come to a head so you can see the material inside. Most will continue to get worse without care. The infection can spread to the tissues under the skin. If the infection spreads into deeper tissue, you may develop a fever and begin to feel ill.

#### Ayurvedic view: *Nidan Sevana* (aetiology)

1. *Virudha Ahara Sevana*<sup>[6]</sup> (intake of incompatible food) - +++
2. *Alpa Ahara* (inadequate food intake/in less amount) - ++
3. *Shita Ahara Sevan* (cold food/frizzed food products/cold drinks) - +++
4. *Vega Vidharana* (suppression of natural urges) - +++ (*Mutra* - urination, *Purisha* - defecation)
5. *Divaswapna* (day sleeping) - ++++
6. *Agnimandya* (low power of digestion) - ++++
7. *Atichinta* (Excessive thinking) - +++
8. *Krodha* (Anger) - +++

#### Diagnosis

- Modern diagnosis: Patient was diagnosed as case of chronic non healing wound by surgeons.
- Ayurvedic diagnosis: *Dushtavrana*.

#### *Samprapti* (Pathogenesis)

<b>Dosha</b>	<i>Kapha Pitta Pradhan</i>
<b>Dūshya</b>	<i>Dhatu - Rasa, Rakta, Meda Mamsa, Upadhatu – Twacha</i>
<b>Srotas</b>	<i>Raktavaha, Mamsavaha</i>
<b>Srotodusti</b>	<i>Sanga</i>

<b>Agni</b>	<i>Jatharagni Mandya</i> (low digestive fire), <i>Rasa</i> and <i>Rakta Dhatu Agni Mandya</i> .
<b>Sthana</b>	<i>Twak</i> (skin)
<b>Samutthana</b>	<i>Amashaya</i>
<b>Marga</b>	<i>Bahya Marga</i>

### Investigations on admission

Hb - 15gm%,	Basophils - 00
TLC - 13800	SGOT - 40U/L
ESR - 48 mm/hr	SGPT - 29U/L.
Neutrophils - 60%	HBsAg - Negative
Lymphocytes - 35%	VDRL - Negative
Eosinophils - 03%	CRP - Negative
Monocytes - 02%,	

### Modern investigations

USG report suggests that, there is thick wall cavity with internal hyperechoic debris measuring 10.9mm x 9.9mm seen in left gluteal region suggestive of Abscess.

Routine haematological investigations such as HB, TC, and ESR were within normal limits.

The classical lakshanas of *Dushta Vrana* such as *Durgandhata*, *Pootipuyasrava*, *Vedana* observed.

### Plan of treatment

Patient was planned for classical *Virechana Karma* which includes,

1. *Deepana* and *Pachana*<sup>[7]</sup> *Chikitsa*,
2. *Snehapana*<sup>[8]</sup> for classical *Virechana Karma*
3. Classical *Virechana Karma*
4. *Sansarjana Krama*<sup>[9]</sup>
5. *Jalaukavachrana*
6. External purification - *Bahya Shodhana*
7. *Vrana Shodhana* and *Vrana Ropana*

### 8. *Shamana Chikitsa* (Internal medicine)

#### Preparation for *Panchakarma* procedures

*Dipana* and *Pachana Chikitsa* (medicine that augments and assist the process of digestion)

Given for 7 days

1. *Panchakola Churna*<sup>[10]</sup> - Dose - 3gms bid, with Luke warm water
2. *Sudarshana Churna*<sup>[11]</sup> - Dose - 3gms bid, with Luke warm water

#### *Snehapana* for *Virechana Karma* (administration of medicated *Ghrita*)

After *Pachana*, *Snehapana* with *Mahatiktaka Ghritam*<sup>[12]</sup> (medicated ghee) was given to patient from 30/12/2020 in following doses with Luke warm water.

Date	Dose of <i>Ghrita</i>	Time of administration	Time of <i>Kshudhapravartana</i> (hunger)
30/12/2020	40ml	7am	12.30pm
31/12/2020	60ml	7am	01.15pm
01/01/2021	90ml	7am	01.30pm
02/01/2021	90ml	7am	02.15pm
03/01/2021	110ml	7am	02.30pm
04/01/2021	130ml	7am	02.55pm

After *Samyaka Snehapana*, whole body oil massage and mild steam bath was done for next three days and *Virechana* was given on 08/01/2021 at 9.30am.

During these three days light diet like rice and green gram soup and sour fruits like orange etc. was advised to take.

#### *Virechana Yoga*

100ml of *Triphala Kashayam*<sup>[13]</sup> (decoction) + 5 gm of *Trivrita Churna* ( powder) + 3 gm *Kutki* given at 9.30 am on 08/01/2021. Patient was advised to take Luke warm water throughout the day.

No. of Vegas (urges of defecation) produced - 12.

It was *Kaphant Virechana*<sup>[14]</sup> (ended with watery stool mixed with mucous). Considering the *Madhyama Shudhi* (moderate cleansing) patient advised to take classical *Sansarjana Krama* (specific light diet) for next 5 days.

#### Internal medicine

1. *Mahatiktakam Kashyam*<sup>[15]</sup> 30ml bid half hour before meal
2. Tab. *Chandraprabha Vati*<sup>[16]</sup> 250mg bid
3. Tab. *Varunadi Kashyam*<sup>[17]</sup> 250mg bid
4. Tab. *Kaishora Guggulu*<sup>[18]</sup> 250mg bid
5. *Jatyadi Ghritam*<sup>[19]</sup> for local application.

As experts recommends *Virechana Karma* in chronic non healing wounds *Virechana Karma* selected to eliminate these *Pravrudha Doshas* from the body, *Jalaukavachrana* to eliminate local *Raktadushti*.

After cleaning the wound with *Triphala Kashyam Jatyadi Ghritam* applied in adequate quantity and wound was covered with sterile gauze.

#### Jalaukavachrana

Two *Jalaukas* were applied on the wound 5 days after the completion of *Sansarjana Krama*. 3 sittings done with the gap of 7 days every time.

#### RESULTS

The clinical features of were improved at the end of *Virechana Karma*. Granulation started after *Jalaukavachrana* and wound was healed completely leaving only minimum scar.

With the follow up patient has shown no signs of recurrence.

#### Findings as follows

- 5 days after starting *Dipana* and *Pachana Chikitsa* patient had not taken any modern medicine (NSAIDS) for pain for which she was habituated.
- Mild relief in pain
- Appetite was increased

#### After *Snehapana* before *Virechana Karma*

- Relief in pricking type of pain.
- Erythema decreased.
- Dryness of skin relived.

#### After Classical *Virechana Karma*

- Inflammation decreased.
- Burning sensation was significantly reduced.
- Erythema completely disappeared.
- Pus secretion decreased significantly.
- Significant relief in pain
- Appetite increased.
- General condition of patient was improved.
- Pus formation through the wound lesion stopped completely.

#### After the administration of oral medicine

- After two weeks of administration of internal medicine the improvement was maintained.

#### Before *Virechana Karma*



#### After *Virechana Karma*



**Jaluvakavachrana****After Jaluvakavachrana****Final result****DISCUSSION**

It was a case of chronic non healing wound. As per Ayurveda it was taken as case of *Dushtavrana* which is feature of *Bahudosh*<sup>[20]</sup> (excessive vitiation of *Dosha*). In pathogenesis, there is dominance of *Kapha* and *Pitta Dosha* and *Rasa* (Plasma), *Rakta* (blood), *Mamsa* are the *Dushyas*. Keeping all these facts in mind, the management preferred was *Samshodhana* therapy. Hence patient treated with classical *Virechana Karma*. Due to elimination of vitiated

*Dosha* and correction of vitiated *Dushya* significant relief was found in all the features of disease.

**CONCLUSION**

Chronic non healing wound can be taken as *Dushta Vrana*. *Dushta Vrana* is *Bahudoshapradhan* condition. After the *Deepana* and *Pachana Chikitsa* patient got relief in pain. Erythema and dryness of skin was relived after *Snehapana*. After *Virechana Karma* inflammation was decreased. Tendency of pus formation decreased significantly. Overall health of patient was improved.

**REFERENCES**

1. Dr. Bramhanand Triphati, Charak Samhita, Charak chandrika, Sutra Sthana, chapter no 16 verse 13-16, Chaukhamba Surbharati Prakashan 2009;p.323
2. Kaviraj Ambikadutta Shastri, Sushruta Samhita, Ayurved Tattava Sandipika, Chikitsa Sthana, vol-1, chapter no 1 verse 8, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2007;p.4
3. Kaviraj Ambikadutta Shastri, Sushruta Samhita, Ayurved Tattava Sandipika, Sutra Sthana, vol-1,1chapter no.22 verse7, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2007;p.95
4. Kaviraj Ambikadutta Shastri, Sushruta Samhita, Ayurved Tattava Sandipika, Sutra Sthana, vol-1, chapter no.13 verse 4, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2007;p.43
5. Morris peter J, Malt Ronald A. Oxford Textbook of Surgery, vol-1, Oxford University Press, 1994,p.513
6. Dr. Bramhanand Triphati, Charak Samhita, Charak Chandrika, Sutra Sthana, chapter no 26, verse 82, Chaukhamba Surbharati Prakashan, Varanasi, 2009;p.493
7. Dr. Bramhanand Triphati, Charak Samhita, Charak Chandrika, Sutra Sthana, chapter no 22, verse 18, Chaukhamba Surbharati Prakashan, Varanasi, 2009;p.414
8. Dr. Bramhanand Triphati, Charak Samhita, Charak Chandrika, Sutra Sthana, chapter no 13, verse 52, Chaukhamba Surbharati Prakashan, Varanasi, 2009;p.274
9. Dr. Bramhanand Triphati, Charak Samhita, Charak Chandrika, Sidhhi Sthana, chapter no 1, verse 13-16, Chaukhamba Surbharati Prakashan, Varanasi, 2009.
10. Dr. Bramhanand Triphati, Sharangadhara Samhita, chapter no 6, verse13-14, Chaukhamba Surbharati Prakashan, Varanasi, 2008,p.174
11. Dr. Bramhanand Triphati, Sharangadhara Samhita, chapter no 6, verse27-37, Chaukhamba Surbharati Prakashan, Varanasi, 2008,p.177

12. Dr. Bramhanand Triphati, Ashtanga Hridya, chapter no 19, verse8-10, Chaukhamba Sanskrit Prakashan, Varanasi, p.783
13. Dr. Bramhanand Triphati, Sharangadhara Samhita, chapter no 2 verse 116, Chaukhamba Surbharati Prakashan, Varanasi, 2008;p.150
14. Dr. Bramhanand Triphati, Charak Samhita, Charak Chandrika, Sidhhi Sthana, chapter no 1, verse 17-18, Chaukhamba Surbharati Prakashan, Varanasi, 2009
15. Dr. Bramhanand Triphati, Ashtanga Hridya, chapter no19, verse8-10, Chaukhamba Sanskrit Prakashan, Varanasi.
16. Dr. Ambikadutta Shastri, Bhaishyajya Ratnavali, chapter 37, verse 102-110, Chaukhamba Sanskrit Prakashan, Varanasi, p.730
17. Dr. Bramhanand Triphati, Ashtanga Hridya, chapter no 15, verse21, Chaukhamba Sanskrit Prakashan, Varanasi, p.200
18. Dr. Bramhanand Triphati,Sharangadhara Samhita, Chapter no 7, verse 70-81, Chaukhamba Surbharati Prakashan, Varanasi, 2008;p.204
19. Dr. Bramhanand Triphati, Sharangadhara Samhita, Chapter no 9, verse 58-59, Chaukhamba Surbharati Prakashan, Varanasi, 2008;p.226
20. Dr. Bramhanand Triphati, Charak Samhita, Charak Chandrika, Sutra Sthana, Chapter no 16, Verse 13-16, Chaukhamba Surbharati Prakashan, Varanasi, 2009;p.323

**How to cite this article:** Dr. Prakash Lokhande, Dr. Namrata Shirsat. Role of Classical Panchakarma on Dushta Vrana (Chronic Non-healing Wound) - A Case Study. J Ayurveda Integr Med Sci 2021;2:239-244.

**Source of Support:** Nil, **Conflict of Interest:** None declared.

\*\*\*\*\*