



ISSN 2456-3110

Vol 8 · Issue 8

August 2023

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

The effect of Ayurvedic management in *Vranshophā* w.s.r. to Cellulitis – A Case Study

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ABSTRACT

Cellulitis is a spreading inflammation of the skin and subcutaneous tissue that is usually caused by a bacterial infection.^[1] Streptococci, Staphylococci, or Clostridium organisms are typically the culprits. Additionally, it can be brought on by snake and insect bites. Cellulitis is associated with *Vranshophā* in Ayurveda, and *Ekadesa Upakrama* is recommended as a course of treatment. Modern medicine says that depending on the symptoms, it is treated with antibiotics, anti-inflammatory, antipyretic, and analgesic medications. However, these medications have a number of negative effects and require recovery time. A 48 year old male patient arrived with the main complaints of 15 days of left lower limb pain, swelling, burning sensation, itching, and redness; and was treated with *Jalaukavacharana*, *Kwatha Parisheka* and *Lepa*. The symptoms have significantly improved after the treatment.

Key words: *Vranshophā*, *Jalaukavacharana*, *Cellulitis*, *Kwatha Parisheka*, *Lepa*

INTRODUCTION

Cellulitis is a sort of spreading inflammation of the subcutaneous tissue that is usually caused by a bacterial infection. Streptococci, Staphylococci, and Clostridia species are the most prevalent causes of cellulitis.^[2] Cellulitis is characterized by inflammatory symptoms such as pain, redness, tenderness, and swelling. Cellulitis treatment should thus seek to provide immediate alleviation of these symptoms while avoiding additional consequences such as sepsis, osteomyelitis, lymphangitis, endocarditis, and meningitis. Cellulitis is typically treated with antibiotics, anti-inflammatory, antipyretic, and analgesic medications based on the symptoms.

Cellulitis is associated with *Vranshophā* in Ayurveda. *Vranshophā* is a prodromal symptom or stage of *Vrana*.^[3] *Jalaukavacharana*, *Kwatha Parisheka* and *Lepa* play a vital role in the treatment of cellulitis. These not only rapidly alleviate local inflammation, infection, edema, redness, and temperature immediately, but they also prevent complications. As a result, *Jalaukavacharana*, *Kwatha Parisheka*, and *Lepa* were chosen for this study to find out its therapeutic effect on the treatment of cellulitis.

AIM AND OBJECTIVES

To assess the efficacy of Ayurvedic management in *Vranshophā* w.s.r. to cellulitis.

MATERIALS AND METHODS

Type of Study - A single case study.

Study Centre - Ahalia Ayurveda Medical College, Palakkad.

CASE HISTORY

A 48-year-old male patient presented with chief complaints of pain, swelling, burning sensation, itching and redness of the left lower limb for 15 days. The patient is K/C/O D.M-2. According to the patient, slight swelling and roughness of the left leg began one month

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Submission Date: 14/06/2023 Accepted Date: 21/07/2023

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.8.8.38

earlier, itching and pain in the left leg occurred after 15 days. Later, scaling and discoloration appeared, and the edema intensified. The pain is severe and constant, and it intensifies with movement. The patient consulted a nearby physician and tried several medications, but no alleviation was found, so he came to our hospital for better treatment.

The patient was examined; a systemic and local examination was performed.

Vital Parameters

Pulse: 82/min

Respiratory rate: 18/min

BP: 120/80 mm of Hg

Temperature: 98°F

Local Inspection (Left lower limb)

- Swelling over dorsum of foot and below knee joint.
- Discoloration over dorsum of foot and lower leg i.e., below knee joint (reddish black).
- On palpation - mild raise in temperature present.
- Tenderness - Present.

Investigations

Blood Investigations: Complete Blood count

TLC - 18000 cells/cmm

RBS - 123 mg %

Sr. Creatinine - 1.2 mg %

Sr. Electrolytes - (Na - 133 mmol/L, K - 3.8 mEq/L, Ca - 1.16 mmol/L)

Urine routine and microscopic: All parameters are under normal limits.

Venous doppler left lower limb: Features of cellulitis seen.

Treatment Given

Panchatikta Kwatha Parisheka for ten days, *Panchatikta Ghrtalepa* for ten days, and *Jalaukavacharana* on the first, fifth, tenth, and fourteenth days were performed, followed by dressing. The oral medicine was administered for 28 days as follow:

Oral Medications

- Triphala Guggulu* 500mg 1TID
- Cap Grab 1 TID
- Manjisthadi Kwatha* 20 ML BD with 100ml *Udaka*
- Saribadyasavam* 15ml BD
- Punarnavadi Churna* for *Panakam* - daily

Patient was advised to have a normal diet and regimen. Assessment of the subjective and objective changes to the treatment was made on every sitting on the 1st, 5th, 10th, 14th and 30th days. Follow up observation of 7 days for noticing any recurrence of signs and symptoms.

OBSERVATIONS AND RESULTS

Parameters before treatment and after treatment

Symptoms	BT - 1 st day	5 th day	10 th day	14 th day	AT - 30 th day
<i>Vedana</i>	+++	++	++	+	-
<i>Shotha</i>	++	++	+	+	-
<i>Sprashaasahyata</i>	+++	+	-	-	-
<i>Daha</i>	++	++	+	-	-
<i>Twak Vivarnata</i>	+++	+	+	+	-
<i>Ushnata</i>	++	++	+	-	-
<i>Scaling</i>	+++	+	+	-	-

BT – Before Treatment, AT – After Treatment



Day 1



Day 5



Day 10 & Day 14



Day 30

- His discomfort level got reduced within four days of the treatment.
- On fifth day of the treatment, marked reduction in redness and scaling was noticed.
- After third sitting of *Jalaukavacharana*, patient got 90% relief of all symptoms.
- On 30th day, patient was completely relieved of all symptoms and is fully satisfied with the treatment.

DISCUSSION

The reported case was a definite example of *Vrana Sopha* (Cellulitis) with *Pitta Rakta Dushti* and *Vata Avarodha*, hence *Pitta Shaman*, *Rakta Shuddi* and *Vatanulomana* were targeted for treatment. The therapeutic protocol included *Jalaukavacharana* (leech application), *Kwatha Parisheka*, and *Lepa*. Leech therapy is thought to be the most distinctive and effective way of bloodletting in infected wounds and cellulitis treatment. It can be used to relieve pain and inhibit suppuration in all inflammatory, purulent, and unpleasant disorders. Through their sucking effect, leeches stimulate circulation of cells at risk of necrosis and maintain oxygenation of the tissue.^[4] The patient's major complaints were pain, burning sensation, reddish discoloration, and edema. As all of us know, without *Vata*, there is no pain or discomfort,^[5] and without *Pitta* and *Rakta*, there is no burning sensation or reddish discoloration. *Jalaukavacharana* purifies the site of the afflicted *Rakta* and associated *Doshas*, resulting in *Strotosodhana* and *Vata Anulomana*. *Lepa* and *Kwatha Parisheka* assisted in minimizing scaling^[6] and discoloration. As a result, there was a reduction in symptoms such as pain, discoloration, burning sensation and later swelling.

CONCLUSION

Cellulitis should not be overlooked; it can develop rapidly and progress to necrotizing fasciitis. It should be treated aggressively and constantly reviewed. The current study emphasizes the significance of *Jalaukavacharana* in the treatment of *Vrana Sopha* (Cellulitis). Although higher generation antibiotics continue to dominate infection and have a substantial

influence in morbidity and mortality, *Jalaukavacharana* gave tremendous relief from *Vrana Sopha* (Cellulitis) symptoms such as *Vedana* (pain), *Daha* (burning sensation), and *Shopha* (swelling on left leg). *Lepa* and *Kwatha Parisheka* assisted in reducing scaling and discoloration. In the treatment of cellulitis, these therapies have been observed to be beneficial, time-saving, inexpensive, and acceptable.

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How to cite this article: Rakhy M, Sreenath PS. The effect of Ayurvedic management in Vranshopha w.s.r. to Cellulitis - – A Case Study. J Ayurveda Integr Med Sci 2023;08:244-247.

<http://dx.doi.org/10.21760/jaims.8.8.38>

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