



Ayurvedic management of Vrana (Non-Healing Ulcer) - A Case Report

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Ayurveda described Vranas as pathological condition which is categorizes as Nija and Agantuja Vrana. Nija Vrana occurs due to intrinsic factors while Agantuja Vrana may arise due to external factors such as burn, accidents, injury, animal bites etc. In this case study a female of age 40yrs come with complaint of pain, swelling, redness and wound lesion in right sole region from 6month. The condition gradually increases; she took symptomatic allopathic pain killers and anti-biotics but doesn't get relief. She came for Ayurvedic medication in hospital. After 3 months of treatment patient get significant result in wound healing, pain, swelling. The traditional approach acquire for the management of Vrana involving Shodhana by Panchvalkal Kwath, Avchurnan by Panchvalkal Churna, Picchu Vrana Bandhana by Karanja Tail and Triphala Guggul orally. This article presents the effectiveness of herbal treatment in wound healing.

Keywords: Vrana, Panchvalkal Kwath, Panchvalkal Churna, Karanja Tail, Triphala Guggul

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Introduction

The destruction and breakdown of body is called *Vrana* (Ulcer). In *Ayurveda*, various types of *Vrana* and their management has been mentioned. In recent past, brilliant progress has immensely reduced the incidence of wound infection and enhance the healing process.

Wound infection is one of the most important factors which delays healing and is also responsible for the formation of *Dusta Vrana*. In the wound management, all efforts have been made to keep the wound clean during the various stages of healing. Such cleansing process is called *Vrana Shodhana*. After *Shodhana*, *Avachurnan*, *Lepana* and *Vrana Bandhana* are one among the *Shasti Upakrama*.

In the above case study *Shodhana* was done by *Panchavalkal Kwath* and *Avchurnan* was done by *Panchvalkal Churna*. Rest oral medications was provided for 3 months. After treatment patient get relief in pain, swelling and wound healing.

Case Report

Patient information:

A female of age 40yrs, housewife, who has no history of comorbidities came to outpatient department of Rachna Sharir on 12-5-2023.

Primary Concerns and symptoms:

Severe itching, redness and pain, swelling in skin lesions, localized at right sole region 6months. Transient white, brown, or red macular lesions of size >5cm. Bleeding occurs after scratching lesion. She had associated complaint of loss of appetite, headache, dizziness, disturbed sleep and irregular bowel evacuation since 6months.

History of Present Illness:

Patient was asymptomatic 6months ago, then suddenly she had intense itching and reaction. She had disturbed lifestyle which aggravates the skin problem. Gradually skin lesions spread around fingers of right leg and bleeding, pain, swelling, cracking of skin occurs.

History of Past Illness:

Patient had no history of hypertension, diabetes mellitus, thyroid disorder.

Clinical Findings:

General Examination

Patient was average built but with weight 55kg, height 5'3" and BMI 23.0kg/ m². Blood pressure (B.P.) 120/70mmHg, Pulse Rate 78/min. On general examination, no clubbing, cyanosis, icterus, pallor, pigmentation seen.

Treatment Plan

Diagnostic Protocol:

On the basis of symptoms like *Shyavatu Kandu*, *Shula*, *Daha*, *Raag*, *Vrana* associated with *Aruchi*, *Mukhvairasya*, *Gauravta*, *Vibandha*, *Rukshamlana* *Sphutitha Twak* indicates *Rasa*, *Rakta*, *Mamsa Dhatu Dusti* reflects through *Twaka Dusti* which is clinically assessed by *Ashtavidha Pariksha* (Eight-Fold Examination).

Nadi Pariksha	Vataj-Kaphaj
Mala	Vikrit (hard, non-sticky, yellowish in color).
Mutra	Prakrit
Divha	Malavrit (white coated)
Shabda	Prakrit
Sparsha	Ruksha
Drishti	Prakrit
Akriti	Krishna

Drug Intervention

Time Frame	Drug Intervention	Dose	Frequency	Anupana
17/4/2024	Panchavalkal Kwath for Shodhana + Panchavalkal Churna Avachurnan + Triphala Guggul + Karanja Tail	2TDS	Before meal, in morning, noon and at bed time	Lukewarm water
12/5/2024	Triphala Guggul + Karanja Tail	1TDS L/A	Before meal, in morning, noon and at bed time	Lukewarm water
24/5/2024	Triphala Guggul + Karanja Tail	2BD L/A	Before meal, in morning At bed time	Lukewarm water
5/6/2024	1st follow up	No intervention given		

Therapeutic Interventions:

After complete screening of patient and consent taken, on the basis of above findings patient was provisionally diagnose with *Agantuja Vrana*. The patient was treated on the line of management of *Vrana Chikitsa*.

The drugs selected for treatment was *Panchvalkal Kwath*, *Panchvalkal Churna* and *Karanja Tail* & *Triphala Guggul* indicated as drug of choice in *Vrana Chikitsa*. In next visit (after 15 days from drug intervention) diet and life style advised to patient to improve quality of life.

Pathya Apathya

Pathya	Apathya
■ Sadrutta Palana	■ Junk Food
■ Vyayama, Yoga	■ Consuming Sour, Salty, Meat & Alcohol
■ Satvika Ahara	■ Ati Maituna
■ Meditation	■ Excessive Sleep
■ Healthy Food Habits	■ Avoid Stress

Observations and Results



Before Treatment After Treatment

Discussion

Effect on Vrana Vedana

Pain and tenderness were gradually reduced by the end of 3rd week of treatment. *Vedana* is a cardinal feature of *Vata Dosha*. Contents of *Kwath* and *Tail* such as *Panchvalakal Dravya* and *Karanja* effectively reduces the vitiated *Dosha* because of *Ushna Virya* and *Vedna Sthapana* property.

Effect on Vrana Shotha

Vrana Shotha is significantly reduced within 2nd week of treatment. *Triphala Guggul* is effective as *Shothahara* and indicated as drug of choice in *Shotha* and *Vrana*.

Effect on Akriti

After treatment of 8 weeks, *Vrana* was completely healed, this may due to *Shodhana* and *Vrana Ropan* properties of *Panchvalkal Dravya* and *Karanja*. Simultaneously *Picchu* of *Karanja Tail* enhance the healing.

Conclusion

In *Vrana Chikitsa*, *Shodhana*, *Avchurna* and *Lepana* is effectively worked and enhance the process of healing of wound. It helps to avoid pain, swelling, itching and reduce the further bacterial growth. In the above case study, patient get significant relief in wound healing, swelling, pain in her right sole region after *Ayurvedic* management but there is further need in the research of the *Shashti Upakramas* in order to validate the effectiveness of treatment and enlighten the path of herbal treatment in wound management.

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