



Title: Local and therapeutic intervention in the management of *dushta vrana* w.
s. r. to trophic ulcer – a case study

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Abstract:

An ulcer is a break in the continuity of the covering epithelium- skin or mucous membrane. Trophic ulcer is a kind of nonspecific ulcer. Wound healing is a mechanism where the body attempts to restore the integrity of the injured part. A clear wound heals earlier with a minimum scar as compared to contaminated wound. Several factors affect the normal process of wound healing such as site of ulcer, vascular insufficiency, malnutrition, neurological deficit and drugs like corticosteroids.



Acharya *Sushruta* mentioned 60 *Upakramas* for the management of *Vrana*, *Kashay* Are among them. With *Nyagrodhadi Kashay* patient was treated successfully and after the follow up ulcer was healed completely and patient showed marked improvement. A case report of 26 year young male presented with an ulcer over the left foot which was painless, slough on the floor and loss of sensation over the distal 2/3rd of left foot has been presented here.

Keyword: *Dushtavrana*, *Kashay*, trophic ulcer

Introduction:

Trophic ulcer is characterized by tissue necrosis and ulceration beneath the callosity due to

Prolonged pressure associated with neurological deficit. Wound healing is a complex method to achieve anatomical and functional integrity of disrupted tissue by various components. It is the common entity seen in day to day life. Some *Vrana* are minor and get healed on its own but when *Vrana* are major and are infected they hamper daily routine of patient. Such *Vrana* need comprehensive treatment.

General and local factors affect the natural process of wound healing. Failure or delay in the process of wound healing leads to *Dushtavrana* (*Deerghakalanubandhi*) or non-healing ulcer. Management of Trophic ulcer is nutritional supplementation, rest, surgical debridement and regular dressing, vacuum assisted care or once the ulcer granulates well, flap cover or skin grafting is done. The healing of wound or an ulcer is the natural response of the body. Naturally wound will heal in one week if no *Doshik* invasion or infection takes place.

Incidence of RTA, factory accidents, abscess, diabetic wound, artery and venous ulcers have increased thus

increasing the rate of infectious wound. *Dushta Vrana* have symptoms such as swelling, redness, itching, they are painful having burning sensation, and pus discharge etc.

Acharya *Sushruta* known for excellence in surgical procedure has precisely and scientifically classified *Vrana*, their prognostic evaluation and management mentioned in 60 *Upakramas* for the management of *Vran Kashaya* are among them.

Nyagrodhadi Kashaya from *Bhel Samhita* was selected in present study and after the follow up ulcer was healed completely and patient showed marked improvement. The contents of *Kashaya* will help in DE sloughing the wound, enhance cellular repair, promote rapid wound closure, provide essential nutrients which help in vascularisation and epithelisation of wound and minimize hypertrophic scarring. Thus working on *Vrana Shodhan* and *Ropan* aspect of management of wound.

Case Report:

A 26 year old young male was admitted in the IPD of YMT Ayurvedic Medical College, Kharghar, Navi Mumbai. Presenting with the complaints – ulcer over the left foot since 2 years. Before 2



years patient observed callosity over the left foot associated with swelling.

Patient approached local hospital, swelling was laid open, pus was drained and daily dressing was done, but it was fails to heal completely. Patient had history of TB Spine and underwent laminectomy before 10 years, as a complication patient developed left lower limb foot drop and patient had completed the course of Anti tubercular treatment and cured. There was no history of DM, HTN, Epilepsy, and Leprosy. The family history was also not significant with the patient's presenting complaint.

Clinical Findings

General examination

Pallor – Absent

Icterus – Absent

Cyanosis – Absent

Lymphadenopathy – Absent

Oedema – Absent

Systemic examination:

Pulse - 70 /min, regular

BP – 110/70 mmHg

RS – Normal vesicular breath sounds heard.

CVS – S1S2 heard, no added sounds.

P/A – Soft, no organomegaly.

Locomotors examination

On Inspection – Left sided foot drop, wasting of the bilateral lower limb.

On Palpation – Flabby muscles.

Tactile sensitivity – touch, temperature, pain– Absent over distal 2/3rd of the foot.

Reflexes – Diminished ankle and knee jerk.

Babinski sign – Negative.

Ulcer examination

On Inspection:

Site – Ball of left foot

Size – 2*2*1cm in dimension

Shape – Oval

Edges – Punched out,

Floor – Slough

Base – Muscle,

Surrounding skin –Healthy

On palpation: –

No tenderness over the ulcer or surrounding skin, edges were indurated, base was mobile and peripheral pulses of both lower limb pulses were normal.

Investigations

Haematological and urine investigations were within normal limits and

Discharge from the floor of ulcer was sent for culture and sensitivity to rule out tuberculosis

Ulcer.

Wound care

1) Daily wound was washed with freshly prepared *Nyagrodhadi Kashay* and dressing was done.



2) From 10th November to 10th December 2017

Internal medication:

1. *Agnitundivati* 1-0-1 before food for 5 days.
2. *Brahmighrita* 0-0-1 tsp with milk at bed time for 6 months.
3. *Swamla* compound 1-0-1 tsp before food with milk for 6 months

Observation and Results

The slough over the floor was reduced gradually and pink granulation tissue appeared by

15th day of treatment. Slowly filling of the ulcer takes place and completely healed by 30th day of treatment. Patient followed up for 6 months with no signs of recurrence.



Day 1



During course of treatment



Day 15



After day 30

Discussions:

Trophic ulcer features such as unhealthy granulation tissue over ulcer, indurated edges and Chronicity of ulcer and neurological deficit - can be simulated with *Dushta Vrana*. For *Vrana* Management Acharya *Sushruta* mentioned *Kashay*, which does both *Ropan* and *Shodhana* of edges and makes it soft, Dead tissues were removed from the edges and proliferation of new cells takes place along with the granulation tissue over the floor and by improving the general condition of the patient and avoiding the pressure and injury to the ulcer which was insensitive area facilitated the healing of ulcer completely without any hindrance at 30th day of treatment.

Conclusion:

Trophic ulcer can be enlisted under the features of *Dushta Vrana*, so adopting initial *Shodhana* and *Ropana* treatment is beneficial along with improving the general condition and it can be prevented

by regular foot examination and local hygiene.

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