

## **MEHAJANYA DUSTA VRANA CHIKITSA- A SINGLE CASE STUDY**

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### **ABSTRACT**

The principles of management for *Dustavrana* are also same for *mehaja* and *kusthajavrana*. Various *vranasodhak* & *vranaropak* drugs are described in the text of Sushruta Samhita for the management of *dustavrana*. In this study, herbal preparation in the form of *kasaya* has been used as *vrana sodhak*, followed by application of *pralepa* with *vranaropakkalka* as mentioned in Sushruta Samhita. With all aseptic preparations and controlled blood sugar level along with the use of systemic medicines, the total wound care that is cleaning of the wound with *prakshalan* by *vranasodhak kasaya* followed by application of *vranaropakpralepa* and then covering of the wound with *pichu* & *kavalika* (sterile gauze & pad) have been applied as per the principles of Acharya Sushruta. Regular wound care has been taken & improvement has been assessed with pre fixed parameters and the wound healed completely within forty five days. The wound has healed completely living minimal scar tissue without having any deformity and complications. Therefore, the principles of treatment for *mehajanyadustavrana* have been found very much effective in this case study.

**Keywords:** *Dustavrana, Vranasodhak kasaya, Vranaropak pralepa, Mehajanya vrana*

### **INTRODUCTION**

The concepts of Ayurveda always need evaluation to counterpart the other allied sciences. Management of chronic infected wound is a challenging topic in the present era. The science of Ayurveda has narrated different *sodhanakwath*, *ropanapralepa* for the suitable management of different kinds of *dustavrana* (chronic infected wound). Various types of cas-

es of *dustavrana* have been studied in different institutes with different preparations. Here a single case presentation has been explained admitted in our institute treated with the principles of Ayurveda.

#### **AIM AND OBJECTIVE:**

1. Diagnosis of the case with the help of Ayurvedic parameters.

2. Local wound management of the case with Ayurvedic sodhana kasaya.

**MATERIALS AND METHOD (CASE REPORT):**

A patient named X of age 39 years, Female, resident of Vill-Sorubalbari, PO-Jalkona, PS-Tamulpur, Dist-Baksa attended OPD of Shalya Tantra department with the complaints of presence of a large swelling on middle of the back with severe pain and generalized swellings of whole body for the last twenty days under treatment of local folk for medicine specialist without any improvement. She has also been suffering from diabetes mellitus type II for long years with irregular medications. On examination, a blackish crust of necrotic tissue, surrounded by reddish zone in the periphery with profuse, bad smelling discharge from the surrounding of blackish crust has been seen on the middle of the back & dimension of the swelling has been found 15x20x1 cm<sup>3</sup>. Clinical examination showed generalized oedema with anemia. The case has been admitted in the IPD female ward of Shalya deptt. and all required routine investigations done. All reports found normal except, low Hb% (7.6 g/dl) and high blood sugar level (564 g/dl), low protein (3.2 g/dl). Cul-

ture and sensitivity of pus showed growth of Staphylococcus aureus after 72 hours of incubation. On the very second day incision and drainage of the wound was done with necessary debridement of dead tissues. The wound has been managed with regular cleaning and dressing with Ayurvedic *kwath* preparation and Ayurvedic *pralepa*. The improvement of the wound has been measured in terms of Ayurvedic parameters like *gandha*, *varna*, *vedana*, *srava*, *akara*. Along with local wound management systemic antibiotics have also been advised. The blood sugar monitoring has been done on six hourly basis and required insulin dose given as per sliding scale. Two units of whole blood transfusion have been given to correct anaemia and generalized swelling. In the mid of the survey the wound showed deterioration in terms of increase in profuse discharge & pain. After that the *pralepa* has been withdrawn for a specific period. The parameters have been evaluated on daily basis and showed gradual reduction of pain, discharge, formation of healthy granulation tissues, wound contraction. The wound has become static with regular cleaning and dressing. After that, following the principles of Acharya Sushrut, sandhan karma has been done with pedicle rotation.

**Table 1:**

**OBSERVATION & RESULT:**

	<i>Gandha</i>	<i>Varna</i>	<i>Vedana</i>	<i>Srava</i>	<i>Akara</i>
1 <sup>st</sup> day	2+	2+	2+	2+	2+
7 <sup>th</sup> day	0	1+	1+	2+	2+
14 <sup>th</sup> day	0	1+	1+	2+	1+
21 <sup>st</sup> day	0	0	1+	1+	1+
28 <sup>th</sup> day	0	0	0	1+	0
35 <sup>th</sup> day	0	0	0	0	0
42 <sup>nd</sup> day	0	0	0	0	0

**Scoring of parameters:**

*Gandha:*

- Foul Smell- 3+ (felt by both patient and doctor)
- Foul smell – 2+ (felt by patient only)

➤ Smell without any specific characteristics - 1+

➤ No smell – 0

*Varna:*

➤ Deep blackish discolouration- 3+

➤ Light blackish discolouration- 2+

➤ Reddish blackish discolouration- 1+

➤ Pinkish blackish discolouration- 0

*Vedana:*

➤ Severe pain – 3+

➤ Moderate pain – 2+

➤ Mild pain – 1+

➤ No pain – 0

*Srava:*

➤ Profuse discharge – 3+

➤ Moderate discharge – 2+

➤ Mild discharge – 1+

➤ No discharge – 0

*Akara:*

➤  $>10 \times 5 \text{ cm}^2$  – 3+

➤  $<10 \times 5 \text{ cm}^2$  but  $> 5 \times 5 \text{ cm}^2$  – 2+

➤  $<5 \times 5 \text{ cm}^2$  but  $>2.5 \times 5 \text{ cm}^2$  – 1+

➤  $<2.5 \times 2.5 \text{ cm}^2$  - 0

## DISCUSSION

The case diagnosed as *dustavrana* (*Mehajannyavrana*) (Ref. Sush.Chi. 2/14) and treated in the principles of *dustavrana chikitsa*.

For local wound care, *vrana sodhana* has been done with *prakshalana* of the wound by *Kasayadravyas* (Ref.- Su.Chi. 2/86-88) prepared with drugs of *Aragvadhadi* and *Surasadi gana*. And *Vranaropana* done with *vranaopana Kalka* (Ref.-Su. Sut. 37/24) prepared with samanga, soma, sarala, somavalka, chandana, drugs of *Kakolyadi gana*. For control of blood sugar, help from modern medicine taken and for systemic infection control antimicrobial drugs, have been used. Regular dressing has been done and improvement assessed with reduction of *srava*

(discharge), *ruja* (pain), *gandha* (smell), *varna* (colour), *akara* (size and shape). The wound completely replaced by healthy granulation tissue i.e. *dustavrana* converted to *suddhavrana* within one month. Then *lekhana* karma has been done (Ref.-Su.Chi. 1/38-39) followed by *sandhana* karma with *seevan* (Ref.-Su.Chi. 1/45) as per the principles of *vrnachikitsa* (Ref.-Su.Chi. 1/8).

## CONCLUSION

It can be concluded that the case *dustavrana* which is also a *mehajanyavrana* here can be managed with the principles of treatment as described in Sushrut Samhita like *sodhana*, *ropana*, *lekhana*, *sandhan-seevan*. Help from modern medicines required to control blood sugar as the patient was in critical stage. The wound healed properly without much deformity. So, this case has been selected from Shalya Tantra Dept. of Govt. Ayurvedic College & Hospital, Guwahati-14, for reporting to encourage upcoming Ayurvedic physicians.

## REFERENCES

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