

AGANTUJA VRANA IN PRAMEHI (INSULIN DEPENDENT PATIENT) – A CASE STUDY

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ABSTRACT

Increase cases of Madhumeha now become evident cause for Prameha Pidaka; when we fail to approach the disease in precise way. Sometime pathology of original disease remains associated or may not. Those Pidakas are addressed here as Agantuja Vrana. Apamarga Kshara, Aragwadhadi Kashayam tablet, Shilajitwadi Loha and combination of other Bhashmas are used here with bi-dimensional approach of tropical as well as internal application. The clinical success has discussed in this paper.

Keywords: *Vrana Vastu, Prameha, Apamarga Kshara, Vasanta Kusumakara Rasa.*

INTRODUCTION

According to Sushrutacharya Vrana is -
“*VRUNOTI YASMADDRUDHEAPI VRANAV-
ASTU NA NASHYATI, ADEHADHARANAT
TASMAT VRANA ITI UCHYATE*” *Su.Su. 21/40.*

Vrana Adhithana is the Dravya which is responsible in formation of Vrana that are Twaka, Mansa, Sira, Snayu, Asthi, Sandhi, Kostha and Marmas but ac-

ording to *Harana Chandra* the above mentioned Dravyas are considered as the Dravya which are co-responsible for the formation of wound and hence it is called as Vrana Vastu, So after wound heals the ‘Vrana Vastu’ (Formation of Scar tissue) doesn’t heals hence it remains as a vrana.

According to Madhava Nidana Prameha is-

***“PRA KARSHENA PRABHUTAM, PRACHURAM VARAMVARAM VA MEHATI, MUTRA TYAGAM KAROTI YASMIN ROGE SA PRAMEHA” Ma. Ni. 33/1**

The Roga in which the urine is in more quantity, frequency and there is Meha/ Medappravahana such disease is called Prameha. When a person does Ayogya Ahara Vihara then Tridoshas, Meda, Mansa, Kleda etc. gets vitiated and causes Prameha. Such person can get Agantuja Vrana with slow healing of wound (due to the vitiation of above mentioned Tridoshas, Meda, Mansa, Kleda, Rakta, Oja etc).

Hence a study has been carried out on a single Insulin dependent Diabetic patient who was previously diagnosed and treated on the treatment line of Osteomyelitis in modern hospitals and was suggested the K-wire fixation to aid joint healing but was refused by patient. This study is hence done to evaluate the effects on Vrana with management of Prameha (insulin dependent).

Methods:

*Patience came to KAD for further treatment on 06/05/2022.

*After proper examination, the following treatment was done.

*Triphala Kwatha Dhawana was done for Vrana Shodhana.

*Apamarga Kshara was applied for wound de-sloughing, and again Vrana Dhawana with NS is done to remove Kshara.

*Immunedge gel was applied over wound.

*Bandaging was done.

A) Medicines prescribed.

- 1) Aragwadhadi Kashaya tab > 1-1 before food.
- 2) Shilajitwadi Loha tab > 1-1 Morning-Night on an empty stomach.
- 3) Vasanta Kusumakara Rasa > 1-1 Morning-Night on an empty stomach (when the required dosage was told to reduce to 1 in morning on empty stomach).
- 4) Yashada-Kasisa-Abhraka-Godanti- Swarna Makshika Bhasma > 1-1 Vyanodana.
- 5) Regular Triphala-Manjishtha-Nimba Kwatha Dhawana for Vrana Shodhana then immunedge gel application and bandaging.

6) Insulin according to Sugar levels.

Results:

Results showed that wounds were healed over 1 month 10 days period. It has been also observed that after physical examination in KAD previous K-wire fixation is not required. It was also observed that with oral medications Insulin dependency has not stopped but dosage of Insulin has been reduced from 14-14-14-10 units to 12-0-12-10 units which were further told to reduce to 10-10-10 units after checking the sugar levels and informing it to respective consultants. HbA1c reports have come down from 12.7% to 6.7% in 3 months period.

DISCUSSION

1) Apamarga Kshara- Su.Su 11/5

Acharya Dalhana says Kshara Kalpana is Tridosha Hara, it is Soumya still it has capacity to burn and do Pachana and Darana and still being non-contradictory to its Soumya Guna. It also has qualities such as Vrana Shodhana, Ropana, Srava Shoshaka, Lekhya, Krimi Hara and Meda Hara. So, it has been used here for its above qualities.

2) Aragwadhadi Kashayam tablet- A.H.Su. 15/17-18

Acharya Vagbhata says this is the preparation of various drugs mentioned in above given Shlokas all together called as Aragwadhadi Gana. It is used in Chardi, Kushtha, Jwara etc. In here it is used for its Kaphahara, Kandu Hara, Prameha Hara, Dushta Vrana Shodhana and Jwara Hara qualities.

3) Shilajitwadi Loha- (1)Bh.Ra. 14/86, (2)Bh.ra 36/59-61, (3)Bh.Ra. 2/81

This formation is mentioned in Rajayakshma Roga (1)but in Prameha Chikitsa (2) Plain Shilajatu Prayoga is mentioned. It is Tikta Katu Rasatmaka hence used as Kaphahara and Shothahara (3).

4) Vasanta Kusumakara Rasa- (1)Bha.Bh.Ra. 4/6967, (2)Bh.Ra. 37/121-126

It has been mentioned in Prameha Chikitsa. It has also been used in Kshaya Kasa, Unmada, Shwasa etc. but mainly being used in Prameha, Rakta Dosha, Yogavahi quality.

5) Abhraka (150mg)+Kasisa (125mg)+ Godanti (125mg)+ Yashad (125mg)+ Swarna Makshika (125mg)- Ayurveda Sara Sangraha.

a) Abhraka- It is Prameha Hara (Madhumeha), Vrana Nashaka, Kapha Hara and Agni Dipaka.

b) Kasisa- It is Ama Vikara Hara and Rakta Vardhaka.

c) Godanti- It is Jwara Hara.

*Kasisa+Godanti Bhasma- Mandagni Hara, Ama Hara and Jwara Hara.

d) Yashada- It is Prameha Hara, Shotha Hara and Prameha Hara.

e) Swarna Makshika- Rasayana, Yogavahi, Prameha Hara, Vrana Dosha Hara.

CONCLUSION

There is enough strength in Ayurvedic line of treatment to heal the wound which has its origin from Osteomyelitis (Diagnosed in allopathic hospitals). There is potency in Ayurvedic medications to reduce blood sugar levels and hence it can manage the diabetic patient (type 2-Insulin dependent), which can be further aided by the fact that Insulin dosage has been reduced in this patient. But it has been also observed that with the ayurvedic line of treatment, the Insulin dependency cannot be tackled and hence need further work.

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