

ROLE OF KARPURA GRITHA IN THE MANAGEMENT OF DUSTA VRANA w. s. r. to VENOUS ULCER - A CASE STUDY

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ABSTRACT

Venous ulcers are the wounds occurring due to inappropriate functioning of venous valves, usually of the legs. It affects 1% of the adult population and 3.6% of people older than 60 years of age. When a venous valve gets damaged, it prevents the backflow of blood, which causes pressure within veins which leads to hypertension exceed to venous ulcers. These are mostly along the medial distal leg, which often very painful and can bleed to become varicose ulcer. In Ayurveda, this condition is considered as Dushta Vrana

The present study was conducted to provide an effective way of management of Dushta Vrana by ghrita lepa. Karpura ghrita was used in present study for dressing by considering its tridoshaghna properties. In a total 30 sittings of dressing, it is found that karpura ghrita in Dushta Vrana is highly effective and has less complications. To treat the conditions like non healing varicose ulcer, it is always Preferable to follow the proper wound care with suitable medicine.

Keywords: *dushta vrana, vericose ulcer, karpura ghrita.*

INTRODUCTION

Chronic wounds are defined as wounds that have failed to proceed through the orderly process that produces satisfactory anatomic and functional integrity or that have proceeded through the repair process without producing an adequate anatomic and functional result. The majority of wounds that have not healed in 3months are considered a chronic. Skin ulcers occurs in vascular compromised soft tissue are chronic in nature.

Although there is unanimous agreement that venous ulcers are due to venous stasis and hydrostatic back pressure, there is less consensus as to what are the

exact pathophysiologic pathway that lead to ulceration and impaired healing. On the micro vascular level, there is alteration and distention of the dermal capillaries with leakage of fibrinogen into the tissue; polymerization of fibrinogen into fibrin cuffs leads to perivascular cuffing that can impede oxygen exchange, thus contributing to ulceration. These same fibrin cuffs and the leakage of macromolecules such as fibrinogen and alpha 2 macroglobulin trap growth factor and impede wound healing. Another hypothesis suggests that neutrophils adhere to the capillary endothelium and cause plugging with diminished dermal

blood flow. Venous hypertension and capillary damage lead to extravasation of hemoglobin. The products of this break down are irritating and cause pruritis and skin damage. The resulting brownish pigmentation of skin combined with the loss of subcutaneous fat produces characteristic changes called lipodermat sclerosis. Regardless of the pathophysiologic mechanisms, the clinically characteristic picture is that of an ulcer that fails to re-epithelialize despite the presence of adequate granulation tissue.

Venous stasis occurs due to the incompetence of either the superficial or deep venous system. Chronic venous ulcers usually are due to incompetence of deep venous system. Stasis ulcer tend to occur at the sites of incompetent perforators, the most common being above the medial malleolus approximately 3cm proximal to medial malleolus, over cockett's perforator. Upon examination, the typical location combined with a history of venous incompetence and other skin changes is diagnostic. The wound usually is shallow with irregular margins and pigmented surrounding skin.

Varicose ulcer usually affects older people. Most are painless but some are painful. With-out treatment, malignant transformation of chronic ulcer can occur. Venous ulceration is the most severe and debilitating outcome of chronic venous insufficiency in the lower limbs and accounts for 80 percent of lower extremity ulcerations. The morbidity caused by them has a serious impact on the quality of life. Varicose ulcer is considered as Dushta vrana in Ayurveda. Dushta is one in which there is localization of three doshas. Vrana, which has an abnormal color with profuse discharge, intense pain, takes a long period to heal. Dushta vrana is a long standing ulcer where removing debris enabling drug to reach healthy tissue is more important. In the treatment of vrana, Sushruta mentioned the Dushta vrana, which is difficult to heal. Sushruta has described 60 measures for the comprehensive management of vrana, which includes local as well as the systematic use of different drugs and treatment modalities² among Shashti upakrama sushrutha sarpi is one among them for shodhan and

ropana. gritha application has its own specific indications in the management of vrana.

In the present study karpura gritha which is mentioned in vrana chikithsa prakarana of bhaishajya rathnavali is used for wound dressing followed by panchavalkala kwatha prakshalana for 30 day.

Case Report:

A male patient, aged about 62 years, presented with non-healing chronic wound just above the medial malleolus of right lower limb since 10 months. He consulted nearby allopathic physician and was given medication for the same. In spite of regular dressing the ulcer was failed to heal. The ulcer started increasing in size associated with pain, serous discharge, swelling and eczematous changes with induration. Later he consulted ShalyaTantra OPD of GAMC and SJIIM hospital, Bengaluru and started treatment. Patient was thoroughly examined locally as well as systematically.

On Examination:

The local findings revealed a wound 12*8cms in size, irregular in shape, with sloping edge. Floor was covered with slough and it was situated just above the medial malleolus of right lower limb. Surrounding area was eczematous, edematous, blackish discoloration was present.

- Patient has history of Varicosity of bilateral lower limb since 6 years.
- He is a security guard, the nature of work demands standing for a long time.

Management (Intervention)

The wound was cleaned with panchavalkla kwatha followed by dressing with karpura ghrita for 30 day. Along with local dressing, Triphala guggulu, Gandhaka rasayana was advised orally twice a day for 30days.

Preperatio Of Karpura Gritha:

Ingredients: Karpura 1 masha Shatadoutha gritha 12 masha

Both should be triturated well and applied over the wound.

Observations And Results

The observations and results are tabulated below .The characteristics of Dushta vrana like Ati-vivrita (broad

base), Bhargava (ugly look), Vedana (pain), Dirgha-kalanubandhi (chronic) were noted in the wound. There was deep seated slough at the base of the wound. But at the end of first week itself it was noted that the slough started to dissolve from the base and wound became clean and healthy, in 1st week pain

reduced. After 15 days, the pain, tenderness and swelling were minimum. By the end of 30 days pain, tenderness and swelling were completely absent. There was marked reduction in the size of ulcer at the end of 15 days. After 30 days, ulcer completely healed with complete relief from all the signs and symptoms.

Table 1

Day	Pain	Swelling	Tenderness	Size of the ulcer
1	+++	+++	++	12*8 cm
7	++	++	+	10*6 cm
15	+	++	+	8*4cm
21	-	+	-	4*2 cm
28	-	-	-	2*1 cm
30	-	-	-	Healed



Day 1



Day 7



Day 15



Day 21



Day 28



Day 30

PAIN	
0	No pain
1	Localized feeling of pain during movement, but tolerable.
2	Localized feeling of pain which restrict movement.
3	Localized feeling of pain during rest
SIZE: A sterile gauze is placed over the ulcer and the impression is directly measured.	
0	Healed completely.
1	Reduced 2/3 rd the size.
2	Reduced 1/3 th size.
3	Size before treatment.
SWELLING	
0	Healed completely.
1	Reduced 2/3 rd the size.
2	Reduced 1/3 th size.
3	Size before treatment.
TENDERNESS	
0	No tenderness.
1	Tenderness palpating with finger.
2	Tenderness after palpating with pressure.
3	Tenderness on touch with soft object.

DISCUSSION

Pancha valkala Kashaya prakshalana of wound followed by dressing with karpuradya ghrita is the appropriate treatment for vrana. panchavalkala kwatha is prepared out of vata, udumbara, ashwatha, plaksha and parishtha which has properties like vrana shodhana, krimighna, shothahara, vedanasthapaka, twak prasadaka, sthambaka, rakta shodhaka, pitta shamaka, varnya, kledahara and vrana ropaka^{3,4}. karpura ghrita⁵ is prepared out of karpura (cinnamomum camphora) and shatadhoutha gritha⁵, which is having katu tikta rasa, laghu – rooksha guna, sheeta veerya and katu vipaka in which Chedana guna and properties like vatala and guru guna helps in reducing pain, by rasa it is stambaka and grahi helps in reducing discharge, stambana effect might also attributed to sheetha veerya of drug, because of veerya it is pittahara thereby reduces raga, rakta shodhaka, varnya, twak prasadaka action aided to improve the skin color by improving the local blood circulation., lekhana,

chedhana, kledahara property of drug facilitate the debridement of slough. karpura has anti-oxidant, anti-inflammatory, fungicide and good wound healing property.

CONCLUSION

This patient had been suffering from 10months, consulted many physicians and outcome was a failure. But he was treated successfully with the unique intervention in Ayurveda. He got complete relief from all the signs and symptoms and there was no recurrence up-to-date. Karpura gritha showed good results on the subjective and objective parameters such as vrana vedana, kandu, srava, gandha, reduction in the size of the vrana, tenderness and granulation tissue formation. by virtue of shodana, kleda shoshana, lekhana, krimihara properties karpura gritha does vrana shodhana, helps in achieving wound healing. The drug initially acts as a debriding agent removing slough and form granulation tissue leading to healing of ulcer. On

the basis of observation and results it can be concluded that *karpura gritha* is having good wound healing property.

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