

**VRANASHOPHA VIS-À-VIS INFLAMMATION: A CRITICAL REVIEW****Basant Mohan Negi<sup>1</sup>, Ajay Kumar Gupta<sup>2</sup>**

<sup>1</sup>P.G. Scholar, P.G. Dept. of Shalya Tantra, Rishikul Campus,  
Uttarakhand Ayurved University, Haridwar (Uttarakhand), India

<sup>2</sup> Professor & Head of the Department, P.G. Dept. of Shalya Tantra, Rishikul Campus,  
Uttarakhand Ayurved University, Haridwar (Uttarakhand), India

**Corresponding Author:** [basantnegi19394@gmail.com](mailto:basantnegi19394@gmail.com)

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**ABSTRACT**

*Shalya Tantra* is one of the eight branches of *Ayurveda*. It deals with many surgical problems, from removing small foreign bodies to *Moodha Garbha Nirharana*. It also incorporates the use of *Yantra*, *Shastra*, *Kshara*, *Agnikarma*, etc. in its treatment modality. *Vranashopha*, i.e., inflammation, is one of the essential aspects of the vast area of *Shalya Tantra*. A detailed description of *Vranashopha* is given in *Sushruta Samhita*, including its stages. *Ama*, *Pachyamana*, and *Pakvavastha*, their treatment is in the form of *Saptopakrama*, and it is essential to have detailed knowledge about these stages. Proper knowledge about these stages is necessary to decide the treatment, as wrong treatment in the wrong stage can lead to many complications.

**Keywords:** *Vranashopha*, Inflammation, *Amavastha*, *Pachyamanavastha*, *Pakvavastha*, *Saptopakrama*

**INTRODUCTION**

*Vranashopha* or *Shopha* can be defined as a swelling that is different from *Granthi*, *Vidradhi*, and *Alaji* in nature. It has characteristics like *Prithu* (widespread), *Grathita* (knotted), *Sama* or *Vishama* (even or une-

ven), situated in *Twak* or *Mamsa*, and occurs in *Ekadesha* (one part of the body) [1].

The term *Vranashopha* is not used by *Acharya Sushruta* but by *Madhav Nidana*. *Acharya Sushruta*

described *Shopha* as a cause of *Vrana*. According to *Acharya Sushruta*, *Shopha* has 6 types viz. *Vataja*, *Pittaja*, *Kaphaja*, *Raktaja*, *Sannipataja*, and *Agantuja* [2].

*Shopha* can be correlated with inflammation, according to modern science.

Inflammation is a response of vascularized tissues to infections and damaged tissues that bring cells and molecules of host defence from the circulation to the sites where they are needed to eliminate the offending agents [3].

Although clinical features of inflammation were described in an Egyptian papyrus dated around 3000 BC, Celsus, a Roman writer of the first century AD, first listed the four cardinal signs of inflammation: rubor (redness), tumour (swelling), calor (heat), and dolor (pain). These signs are hallmarks of acute inflammation. Galen/Rudolf Virchow added a fifth clinical sign, loss of function (*functio leasa*), in the 19th century [4].

When a host encounters an injurious agent, such as an infectious microbe or dead cells, phagocytes in all tissues try to eliminate these agents. At the same time, phagocytes and other host cells react to the presence of foreign or abnormal substances by liberating cytokines, lipid messengers, and other mediators of inflammation. Some of these mediators' act on small blood vessels in the vicinity and promote plasma efflux and the recruitment of circulating leukocytes to the site where the offending agent is located. The recruited leukocytes are activated by the injurious agent and locally produced mediators, and the activated leukocytes try to remove the offending agent by phagocytosis.

The vascular and cellular reactions account for the signs and symptoms of the inflammatory response. The increased blood flow to the injured area and increased vascular permeability led to the accumulation of extravascular fluid rich in plasma proteins, known as oedema. The redness (rubor), warmth (calor), and swelling (tumour) of acute inflammation are caused by the increased blood flow and oedema. Circulating leukocytes, initially predominantly neutrophils, adhere to the endothelium via adhesion molecules, trav-

erse the endothelium, and migrate to the site of injury under the influence of chemotactic agents. Leukocytes activated by the offending agent and endogenous mediators may release toxic metabolites and proteases extracellularly, causing tissue damage. During the damage, and partly due to the liberation of prostaglandins, neuropeptides, and cytokines, one of the local symptoms is pain (dolor). As the injurious agent is eliminated and anti-inflammatory mechanisms become active, the process subsides, and the host returns to a normal state of health [5].

#### **Stages of Vranashopha:-**

The three stages described by *Acharya Sushruta* are *Aam*, *Pachyamana* and *Pakva Awastha*. These stages described by *Acharya Sushruta* can be correlated with progressing purulent inflammation or an abscess. It describes the stages of an abscess from its beginning to its suppuration. *Acharya Sushruta* highlights the importance of knowing these stages of *Shopha* by quoting that – one who knows very well about the *Aamavastha*, *Pachyamanavastha*, and *Pakvavastha* can be called *Bhishak*, and the ones who do not understand these stages are quacks [6]. All the *Doshas* take part in *Paripaka* of *Shopha*[7].

**Aama Awastha**[8]:- This is the first stage of *Shopha* having *Vata Dosh*a predominance, and it is characterised by –

***Mandoshmata***- It refers to a mild increase in local temperature. This occurs due to the vascular changes in the affected area, primarily due to vasodilation, leading to increased blood flow to the injured part of the body. Several mediators, like histamine, bradykinin and other mediators, induce vasodilation. It is one of the earliest manifestations of acute inflammation [9].

***Twaksavarnata***—It means *Varna* (colour), like *Twak* (skin). Although the skin colour at the site of inflammation becomes red due to increased blood flow, this may denote a very early stage of inflammation where discolouration is not expressed much. In *Kaphaja* and *Agantuja Shopha*, *Twakvivarvata* is not seen. Also, there is a predominance of dark skin complexion in the Indian population, which doesn't express discol-

ouration easily. That is why *Acharya Sushruta* probably uses the term *Twaksavarnata* here.

**Sheetashophata-** Although *Acharya Sushruta* already describes the main symptom, *Mandoshmata*, he again added a new word, *Sheetashophata*, which means cold swelling. This may occur due to the predominance of *Vata Dosha*. *Kaphaja Vidradhi* also has *Sheeta Sparshata* [10], from which this *Aamavastha* should be differentiated. Also, the cold abscess, usually seen in tuberculosis, lacks the signs of acute inflammation [11].

**Sthairya-** The term *Sthairya* or *Sthira* means stability or immobility. This symptom is also seen in the early stages of inflammation as there is an absence of supuration, and the affected area is firm. The lack of fluctuation and other features of *Pakvavastha*, like wrinkling, are the reasons for incorporating *Sthairya* in this stage.

**Manda Vedanta-** It refers to mild pain at the site of *Shoph*. The pain occurs due to the liberation of chemical mediators such as prostaglandins, neuropeptides, and cytokinins [5].

**Alpashophata-** It means mild swelling. During the initial stage, swelling or tumour size is lower. During inflammation, histamine, kinins, and other mediators that produce gaps between endothelial cells cause increased vascular permeability, resulting in plasma proteins and leukocytes, the mediators of host defence, entering sites of infection or tissue damage. Fluid leak from blood vessels results in oedema [12]. The symptoms of *Aam Awastha* are mild, as it is the initial stage of *Vranashoph*. The *Lakshanas* like *Mandoshmata*, *Mandavedanata*, and *Alpashophata* point towards the immaturity of the symptoms at this stage.

**Pachyamanawastha** [13]:- This is the second stage of *Vranashoph*, and it is characterised by different kinds of *Vedana* (pain) along with other local and systemic symptoms. It has a predominance of *Pitta Dosha*.

**Local Symptoms-**Different types of *Vedana* experienced by the person are-

**Soochibhiriv Nistudyate-** feeling of pricking pain by needle, **Dashyata Iva Pipeelikabhi**, **Tabhishcha**

**Sansarpyata Iva-** feeling like sting by ants and ants crawling over the body, **Chhidiyata Iva Shastrena**, **Bhidyata Iva Shaktibhi-** experiencing pain as if cut by *Shastra*, **Tadyata Iva Dandena-** intense pain like being hit by a Stick, **Peedyata Iva Paanina**, **Ghatyata Iva Cha Angulya-** feeling like pressed by hands and fingers, **Dahyate Pachyat Iva Chagniksharabhyam-** pain similar to *Dahan* and *Pachan* by *Agni* and *Kshara*. **Osha-** Burning in one region, **Chosha-** sucking type of pain, **Paridahascha-** Burning all around, **Vrishchikavidha Iva-** pain like a scorpion sting.

**Sthana Shayan Asaneshu na Shantimupaiti-**Due to different kinds of *Vedana*, a person doesn't get relief in any position, whether standing, sitting, or lying.

**Adhamatabastirivaatataashcha** – The affected area becomes tense and swollen like a full *Basti* (bladder).

**Twagvaivarnya:** *Twak* becomes discoloured and may have *Varna* according to the type of *Shoph*. Due to *Vata*, it may be of *Krishna* or *Aruna*; due to *Pitta*, it may be of *Peeta* or *Rakta*; and due to *Kapha*, it may be of *Pandu Varna*; due to *Sannipata*, mixed colours are seen; due to *Rakta*, *Ati Krishna Varna* and *Agantuja Shoph* has *Lohit Varna* [14]. It refers to skin discolouration, primarily in the form of redness or rubor, one of the cardinal features of inflammation. The loss of fluid and increased vessel diameter due to vasodilation causes slower blood flow, a concentration of red cells in small vessels, and increased blood viscosity. These changes result in the engorgement of small vessels with slowly moving red cells (stasis), seen as vascular congestion and localised redness of the tissue involved [15].

**Shophabhivridhi**—The *Shoph*, which was *Alpa* in *Aamavastha*, progresses to more swelling. Without treatment, the *Shoph*, which is *Alpa* (small) or *Mahan* (large), gets bigger and progresses to *Paka*. Sometimes, even after proper treatment, it may get *Pakwa* [16]. This may result from the local spread of infection.

**Systemic Symptoms-**

**Jwara, Daha, Pipasa-** *Jwara*(fever), *Daha* (burning sensation), and *Pipasa* (thirst) occur due to the pre-

dominance of *Pitta Dosh*a. Fever is one of the most prominent manifestations of the acute-phase response, especially when inflammation is associated with infection. The increase in body temperature is caused by prostaglandins produced in the hypothalamus's vascular and perivascular cells. Exogenous pyrogens like LPS (lipopolysaccharide) stimulate leukocytes to release cytokines like IL-1 and TNF, which are also called endogenous pyrogens, and increase enzymes (cyclooxygenases) that convert arachidonic acid into prostaglandins. In the hypothalamus, the prostaglandins, especially PGE<sub>2</sub>, stimulate the production of neurotransmitters that reset the temperature set point at a higher level [17]. The burning sensation is, again, a form of pain caused by mediators like prostaglandins, neuropeptides, and cytokines.

**Bhaktaruchi-** It refers to the loss of appetite. *Aruchi* is also a *Lakshana* of *Jwara*. Loss of appetite can be due to TNF released during inflammation. TNF regulates energy balance by promoting lipid and protein mobilisation and suppressing appetite [18].

**Pakvavastha** [19]:- This is the third stage of *Shopha*, where the *Shopha* gets *Paka*. Features of this stage are-

**Vedanopashanti-** Different types of *Vedana* occurring in *Pachyamana* subside or get reduced. This may occur because of *Kapha Dosh*a predominance in this stage.

**Panduta-** The skin colour becomes pale due to a collection of pus. The predominance of *Kapha* dosha gives the *Pandu* colour to the *Shopha*. The pale colour is due to the pus underneath the skin's surface [20].

**Alpashophata-** The *Shopha* decreases in this stage. Due to the localisation of abscess *Shopha*, it is limited to a central area.

**Valipradurbhava**—This refers to the appearance of wrinkles on the *Shopha*. In this stage, the affected skin, which was stretched before due to swelling, may appear wrinkled when the swelling is reduced.

**Twakpariputan-** It means cracking of the skin. Here, the collected pus in the swelling may find an opening

to the external side. Also, the skin inflammation may have cracked skin as a symptom.

**Nimnadarshanam Angulyavapidite Pratyunnanam-** Swelling gets Dimpled when pressed with a finger and rises back after the finger is removed. This occurs in the case of pitting oedema. It can be due to localised causes or a systemic problem with heart, kidney or liver function [21]. Examination of pitting oedema has been very authentically described by *Acharya Sushruta* a long time ago, which stands true as a part of the clinical examination performed today.

**Bastavivodaka Sancharana**—When a *Basti* filled with water is pressed from one side, the water inside it fluctuates. Similarly, in an abscess, *Puya* moves inside the abscess. At present, this is called the fluctuation test, another great clinical contribution by *Acharya Sushruta*.

**Muhurmuhur Toda Kandu**—Pain is intermittently felt along with itching. Although *Vedanopashanti* is already mentioned by *Acharya*, symptoms of *Vata* and *Kapha* are present in this stage, which cause *Toda* and *Kandu*, respectively. The signs of *Pitta Dosh*a are not seen here because of *Apagama* (departure) of *Vidaha* [22].

**Unnatata Vyadhe-** This means elevated *Shopha*. The swelling is elevated at the point of collection of pus.

**Vyadhe Upadrava Shanti**—According to *Acharya Dalhan*, *Upadrava* refers here to *Osha*, *Paridaha*, etc., which gets subsided due to the *Apagama* of *Vidaha* [22].

**Bhaktabhikanksha**—*Aruchi* occurs in *Pachyamana* *Awastha* along with *Jwara*, but in *Pakvavastha*, all the *Upadrava* subsides, and the patient regains appetite. The resolution of inflammation accounts for this effect.

**Dosha Involvement-** Pain doesn't occur without *Vata*, *Paka* doesn't occur without *Pitta*, and *Puya* cannot form without *Kapha*. So, all three *Dosh*as are involved During *Paripaka* of *Shopha*) [7]

**Treatment of Vranashopha**—*Acharya Sushruta* advised seven treatment methods for *Vranashopha*: *Vimlapana*, *Avasechana*, *Upanaha*, *Patana*, *Shodhan*, *Ropana*, and *Vaikrutapaham*. The first three methods can be adopted in *Aamavastha* and *Pachya-*

*manawastha*, *Patana* can be adopted in *Pakvavastha*, *Shodhan* and *Ropana* for *Vrana Awastha*, and lastly, *Vaikrutapaham* after the healing of the wound [23]. *Vranashopha* and its *Avasthas* (stages) should be understood very clearly as surgery in *Amavastha* causes injury to the normal *Mamsa*, *Sira*, *Snayu* with increased bleeding and ignoring surgery in *Pakvavastha* leads to sinus and fistula formation [24].

**Vimlapana-** *Vimlapana* is the process in which the *Shopha* is decreased by massaging with the fingers. *Vimlapana* not only means rubbing by thumb or *Venu* (bamboo stick) but can also be understood as the procedures used to subside the *Shopha*, which are *Lepa*, *Parisheka*, *Abhyanga*, *Sweda*, etc. [25]. With the help of *Vimplapana* the accumulated *Doshas* may get dispersed from the site of *Shopha*. Applying *Lepa*, *Parisheka*, *Abhyanga*, and *Sweda* with *Shothahara Dravyas* will alleviate *Shopha* in its *Aamavastha*. Applying pressure to an injury helps reduce swelling by restricting blood flow and other fluids.

**Avasechana**—It primarily means *Rakta Avasechana* but also includes *Vamana*, *Virechan*, etc. *Raktamokshana* may help alleviate *Shopha* by removing *Dushta Rakta*, as *Rakta* gets *Paka* due to the action of *Pitta Dosha* along with *Vata* and *Kapha* [25] [26]. *Vamana* and *Virechan* acting respectively on *Vata* and *Kapha Dosha* may help subside *Shopha* in the early stage.

**Upanaha**—*Upanaha* refers to *Bandhan* for the purpose of *Pachan*. It is advised for both *Ama* and *Pachyamana Awastha*. It has a dual action: It subsides *Shotha* in *Aamavastha* and quickly suppurates the *Pachyamana Shotha*. It may also incorporate *Pachana Karma* from *Shasti Upakrama*, as *Pachan Karma* is the action of *Upanaha* [27].

**Patana**—*Patana* refers to incising the *Pakwa Shopha* (abscess). It is told explicitly for the *Pakwa Awastha* of *Shopha*, where *Puya* gets collected inside the cavity. *Patana* is done in the *Shopha*, which contains *Puya* but has no opening or fluctuating swelling. The *Shopha* is elevated due to the cavity (*loculi*) formed after spontaneous drainage of pus. An incision and drainage are carried out to treat an abscess.

**Shodhan-** This procedure incorporates *Shodhan* of the *Vrana* by *Kashaya*, *Varti*, *Kalka*, *Sarpi*, *Taila*, *Rasakriya*, and *Churna* [28]. *Shodhan Karma* is comparable to cleaning a wound with a sterile or antiseptic solution to prevent a pathogen from infecting subsequent wounds.

**Ropana-Ropana** means *Jananam*, i.e., "creates" or "regenerates" [29]. *Ropana* is the name for the process that involves the regeneration of lost tissue and cells. It is done like *Shodhan* by seven measures, as described above.

**Vaikrutapaham-** It refers to restoring the normal skin complexion and appearance [25]. It includes *Utsadana*, *Avasadan*, *Mridu Karma*, *Daruna Karma*, *Krishna Karma*, *Pandu Karma*, *Romsanjanana*, *Lomaapaharan* etc [23].

## DISCUSSION

*Acharya Sushruta* gave a detailed description of the stages of *Vranashopha* viz. *Aam*, *Pachyamana*, and *Pakwa Awastha*, along with their stagewise treatment. *Aamavastha*, which is mainly *Vata* dominant stage, involves early symptoms of inflammation like calor, dolor and tumor in mild form. *Pachyamanavastha* is the stage where *Shopha* progresses towards *Paka*. It has *Pitta Dosha* predominance, and the severity of the symptoms is at its peak in this stage. The symptoms explained here are local as well as systemic. *Vimlapana*, *Avasechana* and *Upanaha* can be adopted in both these stages. The *Pakvavastha* is the final stage of *Vranashopha*, where *Kapha Dosha* is predominant. This stage requires surgical intervention (like *Patana*) followed by *Shodhan* and *Ropana* of the *Vrana* created after *Patana*. The last treatment, *Vaikrutapaham*, should be adopted after the *Vrana* has healed.

## CONCLUSION

The description of *Vranashopha* by *Acharya Sushruta* offers a profound understanding of inflammation, providing a systematic approach to its diagnosis and treatment. Through the detailed exploration of its stages - *Aam*, *Pachyamana*, and *Pakwa Awastha* - along with their associated symptoms and *Dosha*

involvement, *Vaidya* gains knowledge about the progression of this complex condition. Any *Vaidya* having a thorough understanding of these stages, explained by *Acharya Sushruta*, can never fail in identifying and treating any stage of *Vrana Shopha*. Furthermore, the prescribed treatment modalities, ranging from non-invasive therapies like *Vimlapana* to surgical interventions such as *Patana*, highlight the versatility and efficacy of *Ayurvedic* practices in addressing different manifestations of inflammation. By emphasising the importance of a stage-specific approach and the necessity of surgical intervention in advanced cases, this study highlights the timeless relevance of *Ayurveda* in providing comprehensive healthcare solutions. As we unite ancient wisdom with modern medical knowledge, further research into *Vranashopha* promises to enhance our understanding and management of inflammatory disorders, ultimately benefiting patient care and well-being.

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