**ABSTRACT**

Men are susceptible to wounding and that has led him from very early stages of human development. Probably, after being exposed to injury, the first dressings ever used were the leaves of trees, which were easily available from the surrounding. By his constant experiences he may have found leaves of some trees useful in wound healing. The techniques of prevention of infection and its influence on wound are available in the scripture found during ancient civilization. The earliest record of treatment of wounds is found in Veda, the oldest book of the world, written about 3000 B.C whereas the general management of wounds by herbal drugs is found to have been mentioned. Veda & epics provide us Knowledge of wounding The earliest records of treatment of wound healing is found in Veda.

In rigaveda there is description about injured leg of queen Bishala being treated by amputation.

Vrana ropana in reference to transplantation of head of Yajña (Madhu vidya and Kaksya vidya) has also been mentioned in rigaveda. For inflammatory oedema (vrana sotha) use of drugs like kūrti (6-7) and kālākūtaka etc have been mentioned. In Samaveda vrana rohana of a prince who was injured during war has been depicted.

In Atharvaveda following terms appear which may be included under vrana.

Jayanya - Ulcer produced after sexual indulgence. Apācita- Description of suppuration under this disease. Vidyadha – A disease like prasārata.

Jātsa - Accidental haemorrhage, discharges from vrana.

In Garuṇa śāstra there is clear description of āś and its treatment with Madhu, Ghēta, Taila and 36 upakrama.

In śāstra śāstra (500 B.C) we come across to reference where āś after being injured in battlefield, was treated by drugs Madhu, Ghēta, Taila and 36 upakrama.

In Bālmiki Rāmāyana (400 BC) we come across reference for wound management and it has been mentioned that āś was sustained injury and was treated by his army surgeons.

It was duty of every soldier to carry with him first aid material of wound healing which included Madhu, Ghēta, Taila and Vasā.

These instances indicates that the prompt healing indigenous drugs were easily available in those days and wounds were effectively treated with them.

Coming down to ages in three high profile physicians of ancient India we see that knowledge of wound and its management became more advanced and scientific.

Atreyā Puranavasū (2000 BC) expanded the knowledge of wound and its management and made a detailed description of wound which included their classification, sign, symptom, prognosis and 36 upakrama (essential procedures) for management.

SuDruta (1000 BC) significantly contributed to the knowledge of wound and their management. The subject of wound healing forms the central theme of SuDruta Saṁhitā.

SuDruta has defined and classified wound from various angles, elaborated clinical presentation, pathogenesis, prognosis and 60 essential procedures for management. Special reference to wounds which fail to heal Inspite of every effort has been separately dealt by him under "āśa āśā". He considered wound treatments as speciality and called the persons responsible for management and treatment of wound as ‘Vra/ākoodā’.

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**Keywords**: Wound Healing, Veda, Purana, Modern concept.
He had complete knowledge of the process of pus formation and knew preventive measures for them by describing Kémighna drugs and also the prognosis of the wound.

Varieties of drugs to be used for Bodhana and ropāśa. For cleansing he described Bodhana and wet fomentation method. He also described the varieties of bandages for different regions according to doDa, their stage and climate.

In the 5th Century AD added more preparations for treatment of wound and described 8 types of traumatic wound. He had emphasized also on ghēta and taila base ointment for local use.

In Baudhāya (300 BC) it has been mentioned that foot injury of Buddha was managed by ānjaneyu, use of astringent herbs, compression and bandage was the management of abscess. When tumor growth appeared on wound Buddha allowed to cut it off by lancet and apply oil. In Buddhist literature some methods of management are given:

(i) धातुयों: Cleansing of wound
(ii) शुद्धिः: Drying of wound
(iii) स्वरागः: Application of ointment/medicaments.

In 9th century A.D has advocated use of झट्टांग गंध in management of तौलण. Some other facts

In 13th century A.D specification of Nimba Dala Kalka in has been given.

In the literature also one finds evidence of wound in the book चिकित्साचार महाभारते of Laghu healthy deer with नीम दाला taila.

In Western history it is found that the first great step in the study of wound healing was taken by Hippocrates the father of medicine in 400 B.C in western countries. He had great faith in natural healing power and he advised to keep wound dry & to use simple dressing with tepid or cold water with or without vinegar, wines, oil or honey.

Some Other facts

The first systematic study of wounds in the western surgery begins at the time of Celsus, a Greek surgeon of first century A.D. He suggested to cover the wounds with vinegar or soaked swab & to clean it with cold water. He applied ointment to produce suppuration in the wound with the idea that suppuration is necessary for healing.

In 2nd century A.D Hua (Chinese) who treated the wound by herbal drugs.

Albacasis a medical practitioner of 11th century A.D of Arabian medicine he used house oil in complicated wounds. Upto 11th century the medical practitioner of western countries had no knowledge of suppuration. They thought it was a normal pattern of healing.

In 12th century Theodoric and Henri observed that some wounds were healed up without suppuration if proper cleansing & care were taken during dressing. He is second, who described debridement of wounds after Subarta.

In 1368 Gay supported Theodoric and said that the primary object of treating the wound was to follow natural healing by its own power & by suitable nourishment. Further he added 4 points for the treatment of wounds.

1) Removal of foreign body.
2) Approximation of parts and maintenance of the general body resistance.
3) Conservation and reservation of the subject.
4) Checking and correction of complication.

Lord Lister who first used carbolic acid as chemical antiseptic for dressing the wounds and he became father of antiseptic surgery.

Some chemical drugs isolated in 1913 by Paul Ehrlich and they are known as chemotherapeutic agents. These therapeutic agents came in common practice in 1935 after various studies of toxicity and tolerance of doses.

The discovery of antibiotics is another weapon in the management of wounds which has help to keep the wound out of contamination.

Before the knowledge of biochemical substances of the wound tissue, contraction of the wound with gross appearance was the only reliable method of study. Contraction of wound was measured by graph paper method & it was calculated. However there is not any systematic knowledge about the sequence of wound healing till 1955.

In 1956 Dunphy & Uduppa were the first pioneer to measure the quantity of glucosamine & hydroxyproline in regenerated tissue to know the exact amount of mucopolysaccharide & collagen of different days of healing.

It is now an established fact that in early days of wounding mucopolysaccharide which is a building block for healing wound is formed, which in later days disappears & collagen fibres become prominent. These changes of the wound were also studied histologically.

But the actual wound promoter which can cut short the time utilize for a normal wound healing is not known.

Discussion:

So here it is my small effort to place some facts about vrana or wound which is present in our ancient literature.
REFERENCE