



ORIGINAL RESEARCH PAPER

Ayurveda

ROPANA TAILA VRANABASTI IN THE MANAGEMENT OF DUSHTAVRANA W.S.R TO POST-TRAUMATIC NON-HEALING WOUND- A SINGLE CASE STUDY.

KEY WORDS: Dushtavrana, Non-healing Traumatic Wound, Ropana Taila, Vranabasti, Vranashodhana-ropana.

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ABSTRACT

A 21 years male patient came with history of self-fall from motor bike 5 weeks ago and non-healing wounds over both the knee joints. He took treatment on the day of accident from local doctor but didn't undergo regular daily dressing afterwards. Eventually he presented with non-healing wounds associated with pus discharge, bad odour, pain etc. Ayurvedic line of management for his complaints was planned with Ropana Taila Vranabasti. Vranabasti is carried out daily for 30 minutes for a period of 10 days. Daily after procedure bandaging done with Ropana taila, till the complete healing of wounds. Patient got marked relief from his complaints, after treatment and during follow-up. The symptoms like pus discharge, foul smell, pain etc. reduced by 5 days of Vrana basti. The wound became shuddha (clean) with good granulation tissue and the healing process was initiated by 10th day. Ropana taila Vrana basti, shown Vranashodhana effects and also helped in further wound healing process.

INTRODUCTION

A healthy life for long time has been the prime ambition of human race from olden days. An obstacle in gaining it is nothing but *Vyadhi* (disease), *Vrana* is one among that *Vyadhi* and most widely described topic of *Shalyatantra*. *Acharya Susruta* has documented different types of *Vrana* like *Nija* and *Agantuja*. *Nija Vrana* includes all those cause where the systemic involvement of body by vitiation in *Tridosha*. *Agantuja Vranas* manifested by external factors mainly trauma, accidents, insect bite, chemical exposure etc. *Acharya* differentiated *Shuddha* (tidy) and *Dushta* (untidy) status of *Vrana* and hence stated as every *Dushtavrana* must be brought back to *Shuddhaavastha* by purificatory process called *Shodhana*. *Vranashodhana* is very essential to start the healing process in *Dushtavrana*.

Many factors responsible to make healing process delayed, it is more likely to be local than general which clarifies the magnitude of the problem of study.

Every *Vrana* except *Shudhavrana* can include under the definition of *Dushtavrana* because all the *Vrana* either *Nija* or *Agantuja* if not properly treated turn into *Dushtavrana*. *Lakshanas* explained in *Susruta Samhita* can be co-related to features of chronic non-healing or contaminated ulcers. In a chronic ulcer, where the orderly biological progression of healing has been disrupted and healing is delayed.⁵

CASE REPORT

A 21 years male patient came with history of self-fall from motor bike 5 weeks ago and non-healing wounds over both the knee joints. He took treatment on the day of accident from local doctor including primary suturing of wound, injection tetanus toxoid, analgesics and antibiotics for a week. Patient was advised to undergo regular daily dressings for the wounds, but he didn't follow proper wound-care. Eventually, the wounds shown non healing tendency with arise of symptoms like pus discharge, bad odor, and pain over the site of wound etc. The wounds become more pain full, foul smelling and increased slough discharge. So after 5 weeks from the injury, he consulted to OPD of Shalyatantra, BVVS Ayurveda Medical College and Hospital, Bagalkot with above said complaints. Patient is examined and diagnosed as non healing traumatic wound (*Dushtavrana*). This case is selected with the aim to evaluate the effect of *Ropana taila Vranabasti* in

the management of *Dushtavrana*.

LOCAL EXAMINATION INSPECTION

1. Site- anterior aspect of both knee joints, more over proximal end of tibia.
2. Size and Shape - right knee **7cmX2cmX0.3cm**, left knee **6cmX4cmX0.8cm**, irregular.
3. Number - 02
4. Edge - inflamed
5. Discharge - purulent

PALPATION

1. Tenderness - present
2. Bleeding - slightly present
3. Temperature - slightly raised at site
4. Base - mobile, with minimal induration.
5. Relation to deep structures - not present.

AIM

To evaluate the clinical efficacy of *Ropana taila Vrana basti* in the management of *Dushta Vranaw.s.r* to Post-traumatic non-healing wound.

MATERIALS AND METHODS

1. PREPARATION OF ROPANA TAILA

Ropana taila is a unique Ayurvedic formulation explained by *Sahasrayogam* in *Taila Yoga Prakaranam* under *Dushtavrana Rogadikara*.⁷ This formulation is prepared out of *Snuhiksheera*, *Arkaksheera*, *Tilataila* and *Madhuchishta* based on *Samanya Taila Paaka Vidhi* explained in *Sharangadara samhita*.⁷

2. PROCEDURE OF ROPANA TAILA VRANABASTI PRE-OPERATIVE:

1. The procedure was carried out in aseptic conditions, wearing gloves.
2. Cleaned the area of wound with normal saline.

OPERATIVE: PROCEDURE OF VRANABASTI.²³

A wall was made around the ulcer by *Masha Pishti* in a height about 3-4cms. Then lukewarm *Taila* was poured over the ulcer surface with a sterile gauze. When the *Taila* gets cooled it is taken out and fresh luke warm *Taila* was poured again. This procedure carried out for 30 minutes. At the end *Taila* was

taken out and *Masha Pishti* removed.

POST-OPERATIVE:

A dry sterile pad is kept and bandaging was done. If the bandage becomes wet completely within 24 hours re-bandaging was done.

ASSESSMENT CHART

Parameters	BT	During treatment- VRANABASTI											Follow-up			
	D0	D1	D2	D3	D4	D5	D6	D7	D8	D9	D 10	D 15	D 20	D 30		
Vedana	3	3	3	2	2	2	1	1	1	1	0	0	0	0		
Gandha	3	2	2	2	1	1	1	1	0	0	0	0	0	0		
Srava	3	3	2	2	2	1	1	1	0	0	0	0	0	0		
Varna	2	2	2	2	1	1	1	1	1	1	0	0	0	0		
Mamsankura	3	3	3	3	3	2	2	2	2	1	1	0	0	0		
Parimana (in cm)	Rt	7X	7X				6.8X					6	4.8X	3	Scab	
	Lt	2X	2X				1.8X					X	1.2X	X	2.5	
(in cm)		0.2	0.2				0.2					1.8X	0.1	1.0X	X	
												0.1		0.1	0.5X	0.0
(in cm)		6X	6X				6X					5.8X	5.0X	3.0X	Scab	
		4X	4X				4X					3.8X	3.0X	2.0X	2.2	
		0.8	0.8				0.8					0.7	0.3	0.2	X	
															1.8X	0.0

RESULTS

On 1st day of consultation patient came with unhealthy non-healing wound which was foul smelling, slough filled and pain full. On 5th day of Vranabasti wounds were observed with significant reduction in slough, discharge, foul smell and pain. On 7th day the wound floor became slough-free and complete reduction of discharge was observed. The wounds become *Shuddha* (clean) with good granulation tissue and the healing process was initiated by 10 days of *Vranabasti*. Patient shown no sign of aggravation. During follow-up on 15th day, wounds were observed into reduction in size with good epithelialization without any slough or foul smell. Also patient got complete relief in the pain over the wounds. On 20th day the wound size over right knee became 3cmX1cmX0.1cm and left knee wound became 3cmX2cmX0.2cm. On 30th day wounds healed with a scab measuring 2.5X0.5cm in right knee and 2.2X1.8cm in left knee, with good wound contraction. Completely healed wounds with a scar was observed on 50th day was the outcome.

DISCUSSION

As per *Ayurveda*, the improperly managed *Sadhyovrana* (tidy wound) can become *aDushtavrana* (untidy wound). Initially in *Abhigatajanya Vrana*, the *Tridosha* are not vitiated, later due to various factors it may vitiate and symptoms of *Dushtavrana* are manifested. The normal wound healing process is dynamic and complex having three phases: inflammation, tissue formation and tissue remodeling. However, if the normal healing process is interrupted, a wound can become chronic in nature due to lack of growth factors and cytokines which delay the healing process. Here in this case of *Agantuja Vrana* (traumatic wound), the natural wound healing process was inhibited and the wound remained non-healing even after 5 weeks. *Vranabasti* with *Ropana taila* was planned and conducted for 10 consecutive days. The assessment was made based on the changes observed in the signs & symptoms of the wound. The parameters of pain, discharge, bad odour along with the condition of floor, margin, granulation tissue and size of the wound were recorded. Photographs of wound were also taken every day during treatment and follow-up.

This case of traumatic wound became non-healing because of lack in regular debridement and adequate wound care. Proper *Vranashodhana* is essential in non-healing wounds to initiate healing process. *Dushtavrana* are the contaminated ulcers which require specific purification called *Vranashodana*; without *Vranashodana* healing cannot

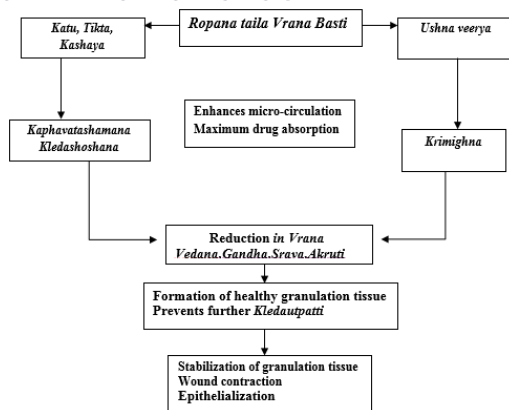
DURATION OF TREATMENT:

Vranabasti for 30 minutes per day was done for consecutive 10 days followed by dressing with *Ropana taila*. The Assessment of the wound was done on the basis of relief in symptoms i.e. pain, discharge, size of wounds, odour and nature of granulation.

be initiated in non-healing ulcers.

Vrana Basti with *Ropana taila* helped in *Vranashodhana* by de-sloughing the dead contaminated tissues hence healing process was initiated. *Ropana taila* is prepared out of *Snuhiksheera*, *Arkaksheera*, *Tilataila* and *Madhuchishta* and it works as *Vranaviropaka*, though the ingredients which possess *Vranashodhana* and *Ropana* properties based on their respective *Rasapanchaka*. Drugs which contain *Katu*, *Tikta*, *Madhura* and *Kashaya Rasa* are more useful for *Shodhana* and *Ropana*. *Arkaksheera* is *Katu*, and *Tikta* in *rasa*, *Laghu* and *Tikshna* in *guna*, *Ushnain Veerya* and *Vatahara* in action. *Snuhiksheera* is *Katu* in *rasa*, *Laghu* in *guna*, *Ushna* in *veerya* *Kaphavatahara* and *Rechaka* in action. *Madhuchishta* (bee wax) is *ismrudu* (soft) *snigdha* (unctuous), having properties of *Vranashodhana* (cleansing the wound) and *Vranaropana* (healing the wound). *Tilataila* is having *katu*, *tikta*, *madhura rasa* and *kashaya anurasa*. It is *tikshna*, *vyavayi*, *vikasi*, and *sookshma* in *guna*, *Vatakaphahara* in action and indicated as *Vrana Shodhaka-ropaka*.

PROBABLE MODE OF ACTION:



Proper *Vrana Shodhana* is achieved by 10 days of the treatment and the wound started to granulate normally without any complications. Dressing with *Ropana taila* provided sufficient wound-care and enhanced the *Vrana ropana karma*. *Ropana taila Vrana basti*, shown significant effects in this case by its *Shodhana* and *Ropana* effects.

CONCLUSION

Every *Agantuja Vrana* should be protected from *Dosha Dushti*

and related complications of that by suitable treatment principles. If not it may afflict the *Vrana* and delay the normal wound healing process.

Once the *Agantuja Vrana* becomes *Dushtavrana*, then it highly requires *Shodhana*, without *Shodhana*, *Ropana* (Healing) cannot be initiated.

Long duration of contact period of the medicament and wound bed is essential. Mere dressing with the medicated oil isn't productive as the dressing material absorbs the medication and wound remains dry. Drug delivery by *Vranabasti* not only increases the contact period between drug and the wound, but the quantity of the medicament at the site increases the pressure and helps in more permeability of the drug at target site.

Shodhana of Vrana is accomplished by the reduction of microbial colonies by virtue of the drugs and *Vranabasti*, which helped to loosening of debris and mechanical debridement. *Ropana* is thus facilitated by the healing properties of the drugs used in *Taila* helping the stabilization of the granulation tissue, wound contraction, and promoting epithelialization.

PHOTOGRAPHS



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