



MANAGEMENT OF DUSTA VRANA WITH TILADI LEPA- A CASE REPORT

¹Kumar Mrityunjay ²Halli Chandrakanth ³Biradar Vijay ⁴Naikar Ashok
¹PG Scholar , ²Professor & HOD, ³Professor, ⁴Asst. Professor, PG Department of
ShalyaTantra, N. K. Jabshetty Ayurvedic Medica College & PG Centre, Bidar, Karnataka.

ABSTRACT

Wound healing is a self controlled process but due to remarkable increase in number of accidental injury and resistant bacterial infection the process of healing prolongs and also gives rise to local and systemic complications finally leading to non healing ulcer. A *vrana* after getting invaded with *doshic* ailments or infections takes prolong healing time i.e; more than 7 days and results into *dushta vrana*. Regular progressions of newer antibiotics have increased the cost of treating infected wound to many folds. Our *Acharyas* have already advocated multiple formulations for such conditions which are very much economical and safe. One of such formulation is *Tiladi lepa*, which has both *sodhana* and *ropana* properties as given by *Acharya Chakradutta* in a case of *Dusta Vrana* i.e; non healing ulcer.

Keywords: *Dushta Vrana, Tiladi lepa, non healing ulcer*

INTRODUCTION: Since inception *Vrana* has remain a prime topic of concern among surgical practitioners even *Acharya Sushruta* defined *Shalya Tantra* as *Vrana Vinishcayartham*¹. *Vrana* is so called as the scar of wound never disappears even after complete healing and its imprint persist lifelong². Ancient scholars have classified the *Vrana* as *nija* and *agantuja*. In *nija* variety they have included all those causes where the systemic involvement of the body found, where as in *agantuja* variety, they have explained about *vrana* caused by the external factors mainly by trauma³. Besides these two gross divisions of *vrana*, there is another variety of *vrana* which takes special attention which is *dusta vrana* (Chronic non healing ulcer). *Dushta vrana* implies the excessively damaged condition characterized by vitiation of *mamsa, meda dhatus* and *doshas* which are caused by external injuries with exudation of foul-smelling pus (*durgandhayuktha puyam*), pain, temperature, inflammation, redness, itching and also oozing of foul-smelling

blood (*durgandhayuktha raktham*) with no intention to heal⁴. In consideration of development, trauma has increased remarkably in past decades. Traumatic wounds occur at the rate of 50 million or more every year worldwide, growing globally at 1.7% CAGR (2012-2020) that require cleansing and treatment with low-adherent dressings to cover the wound, prevent infection, and allow healing by primary intention⁵. *Acharya Susruta* the pioneer of surgery had advocated 60 procedures for wound care to meet the challenge of wound management⁶. Among them *lepa* is considered as one of the best treatment. Here in this case *Tiladi lepa*, a formulation from *Chakradutta* is advocated which is used in case of *dusta vrana* having tendency of non-healing even after proper cleaning and removal of pus and slough⁷.

CASE REPORT: A 33 year old male patient presented to the surgical department of Shri Siddaroodh Charitable Hospital, Bidar with non healing ulcer over dorsum of 4th and 5th phalanges of left

hand along with pain, discharge, slough, foul smell, oedema and discoloration of the skin. 15 days ago, while going up stairs, he fell down and got injured over his left hand. Thinking of self limiting and ignorance he did not visit any doctor.

There was no history of Diabetes mellitus or Hypertension. Diet history reveals that his food intake was irregular in terms of quality and quantity as he belongs to poor socio economic condition. His vitals were within normal limits. On examination two wounds, one on dorsum of ring finger of left upper limb and other on dorsum of little finger, both the wound were of 2"x1" in size with white raised margin and pale granulation tissue. Discharge was purulent with foul smell. There was no sign of necrosis and non of the local lymph nodes were found swelled. Routine heamatology (Hb%, TC, DC, ESR, RBS, HBsAg, HIV) and urine investigations were within normal limits. As per classics, majority of clinical features such as *durgandhata*, *pooti puya*, *sraava*, *vedana* etc were observed, similar to that of *dusta vrana*.

INTERVENTION: *Tiladi lepa* is used for the wound situated in *mamsa dhatu* which is non-healing even after removal of pus and slough. It is prepared first by making *tila* paste and then *yastimadhu* powder is mixed into it. *Tiladi lepa* has the properties of both *sodhana* and *ropana*. The wound was cleaned once daily with normal saline and after cleaning, *Tiladi lepa* was applied in adequate quantity with the help of the spatula and the wound was covered with sterile gauze and loosely bandage. The treatment is continued for a period of one month.

RESULTS: *Durgandha*, *sraava* and *vedana* were decreased at the end of second week and the formation of healthy granulation tissue started while the wound healed

completely at the end of 4th week leaving only a minimal scar.

DISCUSSION ON THE EFFECT OF TREATMENT:

Presence of *durgandhayuktha puyam* (foul-smelling pus) and *durgandhayuktha raktham* (foul-smelling blood) indicates that the vitiated *Pitta* causes *paka kriya* which in turn vitiate *rakta*. *Tila* having the properties of *Kashaya* and *Tikta guna* decreases *pita* and prevents *paka kriya* to reduce *sraava*(pus)⁸. Absence of *sraava* and *durgandha* suggest the wound is devoid of infection and can be marked as *vrana sodhana*. *Madhur rasa* of *yastimadhu* and *tila* cause *ropana* by forming granulation tissue. *Tila* has a *vatanasak karma* and so decrease the *vedana*. *Sheeta* property of *Yastimadhu* decreases *daha*⁹. *Sukshama guna* of *tila* increases the penetration power and hence the medicine gets absorbed fastly.

CONCLUSION: The etiology of *dusta vrana* is multifactorial and requires a team approach to address issues that can lead to their occurrence. In this study a non healing ulcer (*dusta vrana*) is selected for evaluation where *Tiladi lepa* is found very much effective in reducing *durgandha*, *sraava*, and *vedana*. The wound get completely cured in 1 month with only a minimal scar left over. The drug is economical and can be prepared easily.

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Figures:



Fig: 1 – Day 1 02/08/2016



Fig: 3 – Day 14 : 16/08/2016



30/08/2016



Fig: 2 – Day 7 09/08/2016



Fig: 4 – Day 21 : 23/08/2016

Corresponding Author: Dr. Mrityunjay Kumar
PG Department of Shalya Tantra,
N. K. Jabshetty Ayurvedic Medical College &
PG Centre, Bidar, Karnataka.
Email: mrityunjaykumarslg@gmail.com

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