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Case Study

AYURVEDIC MANAGEMENT OF *DUSTA VRANA*

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ABSTRACT

Vrana is a condition in which body tissues undergo selective destruction and, after repair, leave a permanent scar. *Acharya Sushruta* has elaborately described *Vrana* and its *Chikitsa*, which remains fundamental in surgical practice. *Vrana* is classified as *Shuddha Vrana* and *Dushta Vrana*, the latter characterized by pain, discharge, slough, foul smell, discoloration, delayed healing, and chronicity (*Deergha Kalanubadhi Dushta Vrana*). Snake bite is a neglected public health problem, and in Ayurveda viper bite is described as *Mandali Damsha*, which may later manifest as *Mandali Dashta Dushta Vrana* due to infection, necrosis, and poor vascularity. The present case study reports patients with post-snakebite induced chronic *Dushta Vrana* presenting as non-healing ulcers despite prolonged allopathic treatment. The *Chikitsa Sutra* adopted included *Vrana Prakshalana* with *Panchavalkala Kashaya* and local application of *Jatyadi Taila/Ghrita* for *Vrana Shodhana* and *Vrana Ropana*, along with internal administration of *Triphala Guggulu* with *Ushna jala* as *Anupana*. The intervention resulted in significant reduction in pain, discharge, edema, and complete wound healing, highlighting the effectiveness of Ayurvedic *Vrana Chikitsa* in post snake bite ulcers.

INTRODUCTION

Cellulitis is a common inflammatory condition of the skin and subcutaneous tissues frequently encountered in emergency and outpatient settings. It is usually caused by Streptococci, Staphylococci, or Clostridia and, if not managed promptly, may lead to serious complications such as sepsis, osteomyelitis, lymphangitis, endocarditis, and meningitis. In Ayurveda, cellulitis can be correlated with *Vranshopha*, which is considered the prodromal stage of *Vrana*.

Snakebite is a major medical emergency in tropical and subtropical regions, with India bearing a significant burden. Viper bites, described in Ayurveda as *Mandali Damsha*, are *Paittika* in nature and produce severe local manifestations such as swelling, cellulitis, haemorrhagic blisters, tissue necrosis, and coagulation abnormalities due to the haemotoxic and proteolytic nature of venom.

These local effects often progress to chronic non-healing ulcers, leading to persistent morbidity and socioeconomic burden.

Acharya Sushruta defines *Vrana* as a condition involving destruction or discontinuity of body tissues which, even after healing, leaves a permanent scar (*Vrana vastu*). Based on *Nidana*, *Vrana* is classified into *Nija Vrana* and *Agantuja Vrana*. *Nija Vrana* occurs due to *Dosha prakopa*, while *Agantuja Vrana* results from external factors such as trauma, burns, insect or snake bites. Clinically, *Vrana* presents with pain, swelling, discoloration, fever, thirst, itching, and various types of pain such as *Toda, Bheda, Daha*, and *Paka*. Improper management leads to conversion into *Dushta Vrana.*

Dushta Vrana is characterized by pain, foul discharge (*Srava*), slough (*Putipuya mamsa*), discoloration, irregular floor and margins, and

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delayed healing (*Dirgha kala anubandhi*), making it *Krichhra sadhya*. Chronic ulcers following *Mandali Damsha* can be correlated with *Mandali Dashta Dushta Vrana*, resulting from vitiation of *Tridosha* with involvement of *Rakta*, *Mamsa*, and *Meda*. Although *Vranaropana* is a natural process, factors such as infection, necrosis, poor vascularity, and systemic illness hinder healing.

Acharya Sushruta has elaborated *Shashti Upakramas* for *Vrana Chikitsa*, emphasizing *Vrana Shodhana* followed by *Vrana Ropana*. Procedures such as *Vrana Prakshalana*, *Pariseka*, *Bandhana*, *Raksha Vidhana*, *Apatarpana*, *Rakthamokshana*, and application of medicated *Ghrita* and *Taila* play a vital role in managing *Dushta Vrana*. Thus, Ayurvedic management offers a comprehensive and effective approach in the treatment of chronic non-healing ulcers following snakebite.

Case Study

A male patient of 50 years old, came to PG Dept. of Shalya OPD at Mahaveer College of Ayurvedic Science, Sundra, Rajnandgaon. According to patient, 4 months ago he was working on farm and accidently he was bitten by the viper snake on dorsum of right foot. He was taken to the District Hospital, Rajnandgaon, for emergency management of snake bite. After that a non-healing ulcer was developed at Fangmark. After few months, he noticed ulcer on his right leg primarily located on dorsum of right foot with moderate inflammation and mild itching, complaint of pain, discomfort, weakness and difficulty in walking was also present. He is non-diabetic and non-hypertensive. He has no history of any other skin disease.

Chief Complaint

- Non-healing wound present in dorsum of foot since 4 months.
- Ulcer in dorsum of right foot is constantly painful since 4 months.
- Pain in right foot since 4 months.
- Swelling and itching in right foot since 4 months.
- Difficulty in walking since 4 months.

History of Present Illness

A 50-year-old moderately built male patient, who was a farmer by profession. He was presented with right foot ulcer associated with pain and difficulty in walking. 4 months earlier while he was working on farm, the viper snake bit on dorsum of his right foot. He was taken to a government hospital for emergency management. After that a non-healing ulcer developed at snake fangmark. He is nondiabetic and non-hypertensive. He took allopathic medication for 3 months, but the ulcer didn't heal. Then he came to Shalya OPD at MCAS hospital for further management.

Past History

There was no history of diabetes mellitus and hypertension or any other major disorder. The family history was also not significant with the patient's disease.

Personal History

- *Ahara* Mixed
- *Nidra Prakruta*
- *Vyasana* tobacco chewing
- *Agni Mandagni*
- *Kostha Madhyama*
- *Mutrapravritti Prakruta*
- *Malapravritti Prakruta*

General Examination

GC- Fair
Height- 160 cm
Weight- 65 kg
BMI- 26.37
Temperature- 98.6' F
PR- 80 bpm
BP- 110/80 mm Hg
RR- 19/ min
Gait patient was unable to walk properly.

Local Examination

Inspection

Site - Dorsum of the right foot
Size - 6×3.5×0.5 cm in dimension
Number - One
Shape - Irregular
Edges - Punched out edges
Margin - Hypertrophied
Discharge - Purulent with foul smell.
Floor - Unhealthy, slough with pus discharge.
Surrounding area - Blackish discolouration, skin flakes + edema + upto ankle joint.

Palpation

Base - Indurated
Tenderness - Present
Temperature - Local rise in temperature
Local lymph nodes were not involved.

Investigations

Hb - 13.5% gm/dl
WBC - 12,500 cu/mm^3

Platelet - 2,45,000/ UI
RBS - 132 mg/dl.
CT - 4 min, 6 sec,
BT - 2 min, 36 sec
HIV, HBsAg, VDRL: Negative.

***Chikitsa* (Treatment)**

- *Vranashodhana* with *Panchvalkala Kashaya.*
- *Vrana ropan* by local application of *Jatyadi Ghrita.*
- Oral Medicine: *Khadirarishta* 20ml BD with equal amount of water.
- *Triphala Guggullu* 2 tab 3 times in a day.
- *Anupana*: Warm water

General Instruction

1. *Ahara* should be *Laghu*, *Pathya*, *Hita* and easily digestible; excessive *Guru*, *Snigdha*, *Abhishyandi* and *Vidahi ahara* should be avoided.
2. Intake of *Katu*, *Amla, Lavana rasa*, fermented food, junk food, alcohol, smoking, and day sleep (*Divaswapna*) should be strictly prohibited.
3. Adequate intake of warm water (*Ushna jala*) is advised to maintain *Agni* and facilitate *Shodhana*.
4. Patient should avoid excessive walking, prolonged standing, strenuous exercise, and pressure over the affected part.
5. Local hygiene of *Vrana* should be maintained; the wound must be kept clean and dry.
6. Scratching, squeezing, or manipulation of *Vrana* should be avoided to prevent *Dosha prakopa* and secondary infection.
7. Patient should protect the wound from dust, moisture, and trauma.
8. Mental stress, anger, anxiety, and irregular lifestyle (*Mithya vihara*) should be avoided as they delay *Vrana Ropana*.
9. Adequate rest (*Vishrama*) and proper sleep (*Nidra*) are advised to promote healing.



Before treatment



During Treatment



After Treatment

DISCUSSION

Dushta Vrana is a chronic non-healing wound characterized by pain, foul discharge, slough, discoloration, and delayed healing. According to *Sushruta Samhita*, improper management of *Vrana* leads to vitiation of *Tridosha* along with involvement of *Rakta* and *Mamsa Dhatu*, resulting in *Dushta Vrana*. In the present case, the ulcer developed after snakebite, which can be correlated with *Mandali Damsha*, an *Agantuja Nidana* that later progressed to *Dushta Vrana* due to infection, necrosis, and poor vascularity.

The treatment followed the principle of *Vrana Shodhana* followed by *Vrana Ropana*. *Panchavalkala Kwatha* was used for *Vrana Prakshalana*, which possesses *Kashaya Rasa* and *Sheeta Veerya*, providing *Stambhaka, Shothahara*, and *Rakta Shodhana* actions. These properties help reduce discharge, inflammation, and microbial contamination. Pharmacological studies also suggest anti-inflammatory, antimicrobial, and wound-healing activities of its ingredients.

Local application of *Jatyadi Ghrita* helped remove slough and promote tissue healing due to its *Tikta Rasa*, *Ushna Veerya*, and *Katu Vipaka*, which provide *Vrana Shodhana* and *Ropana* effects. Ingredients like *Gandhaka* aid in cleansing infected tissue, while *Siktha* (beeswax) supports tissue regeneration. The base *Ghrita* acts as a *yogavahi*, facilitating deeper drug penetration.

Internal medicines such as *Triphala Guggulu* and *Khadirarishta* supported systemic healing through their anti-inflammatory, antimicrobial, and *Rakta-shodhana* properties. The combined effect of local and systemic Ayurvedic therapy resulted in reduction of pain, discharge, inflammation, and gradual wound healing. This case highlights the effectiveness of Ayurvedic *Vrana Chikitsa* in managing snake bite induced chronic non healing ulcer.

CONCLUSION

Dushta Vrana resulting from snakebite is a challenging clinical condition due to infection, necrosis, and delayed healing. The present case study demonstrates that the Ayurvedic principles of *Vrana Shodhana* and *Vrana Ropana*, when applied systematically, can effectively manage chronic non-healing ulcers.

The use of *Panchavalkala Kashaya* for wound cleansing, *Jatyadi Ghrita* for local application, and internal medications such as *Triphala Guggulu* and *Khadirarishta* showed significant improvement in reducing pain, discharge, inflammation, and promoting wound healing.

Thus, Ayurvedic management provides a safe, economical, and effective approach for the treatment of *Dushta Vrana* and can serve as a valuable therapeutic option in the management of non-healing ulcers following snakebite. Further clinical studies with larger sample sizes are required to validate these findings and establish standard treatment protocols.

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