



Research Article

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A CASE DISCUSSION ON EFFECT OF JATYADI TAILA VRANA BASTI IN MANAGEMENT OF DUSTA VRANA WITH SPECIAL REFERENCE TO BED SORE

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ABSTRACT

The wound healing is a natural process, but involvement of infection which will not allow wound to heal and convert it into DustaVrana (chronic wound). Bed sore is most commonly seen in bedridden Pakshaghata (paraplegia) patients. Most common site is sacrococcygeal, heel, elbow, shoulder and occipital region. Due to pressure, immobilization and poor nutrition wound healing will be hampered and turned into Dusta Vrana. Chronic wound can lead to osteomyelitis and sepsis which can become the cause of death. In such condition Vrana Shodhana (purification) and Ropana (healing) Chikitsa (treatment) is the ideal choice of treatment. Vrana Basti (oil pooling on wound) with Jatyadi Taila helps in managing the bed sore or pressure ulcer. A case of 62-year female presented with complains of non-healing ulcer at sacrococcygeal region with slough, discharge, foul smell, discoloration of skin has been presented here. Significant improvement seen in wound, in respect to height and breath of wound. In this case Jatyadi Taila shows its Shodhana, Ropana and Raktaprasadana (blood purifier) property.

Keywords- Vrana Basti, Jatyadi Taila, Dusta Vran, Bed sore.

INTRODUCTION

“Now where is the gap between basic research and clinical application more glaring than in the biology of wound healing “ Earl A. PeacockJr¹

Wound healing is divided into 4 phases:

- Homeostasis
- Inflammation
- Tissue growth (proliferation)
- Tissue remodeling (maturation).²

Acharya Sushruta has used the term Vrana (wound) twice in the definition of Shalya Tantra thus highlighting its importance³.Vrana and its management has been given great emphasis in Shalya Tantra. Sushruta has mentioned two types of Vrana according to its origin i.e., Agantuja Vrana (traumatic wound) and NijaVrana (ulcer)⁴. He also explained Shashti Upakramas (sixty therapeutic measures) for wound management, among sixty Upakramas local application of medicated oil is one of most important Upakramas.⁵ The application of medicated oil can be done with different procedure like Prakshalana (washing), Pichu (cotton swab), Lepa (ointment), Vrana Basti on Dushta Vrana. Among this Vrana Shodhana and Ropana are the preliminary steps and both can be achieved through Vrana Basti a modified version of Kati Basti or Janu Basti. He has enlisted plenty of formulations for the same.

Bed Sore

A bedsore is gangrene caused by local pressure, also known as pressure ulcer and decubitus ulcer. Prolonged pressure applied to soft tissue over bony prominences, usually caused by

paralysis or the immobility associated with severe illness, predictably leads to ischemic ulceration and tissue breakdown.⁶ Five predisposed factors are pressure, injury, anemia, malnutrition and moisture.⁷

Pressure ulcers increase mortality rates more than twofold, and are the cause of death in 8% of paraplegics.⁸ Pressure ulcers are described by stages.⁹

Table 1: National Pressure Ulcer Advisory Panel Classification

Grade	Classification of Ulcer
I	Non-bleachable erythema of intact skin; wounds generally reversible at this stage with intervention
II	Partial-thickness skin loss involving epidermis or dermis; may present as an abrasion, blister or shallow crater
III	Full-thickness skin loss involving damage or necrosis of subcutaneous tissue but not extending through underlying structures or fascia
IV	Full-thickness skin loss with damage to underlying support structures (i.e., fascia, tendon, or joint capsule)

MATERIAL AND METHOD

Present study was carried out in accordance with ethical principles by following international conference of Harmonization – Good Clinical Practices Guidelines (ICH-GCP).

Jatyadi Taila, Normal saline, sterile gauze is main material required for study. Every morning the wound was cleaned with normal saline. After proper cleaning, Vrana Basti was done with Jatyadi Taila. In Vrana Basti wall of Masha Pishti (frame) was erected around the wound, measuring about 2cm in height & 0.5cm in thickness. Medicated oil was taken, luke warmed on

hot water bath. Pouring of lukewarm oil was done with help of cotton into the pit of the wound. Same procedure was repeated again and again for duration of 30 mins.

Case Report

A 62-year old female presented with complaints of wound over the sacrococcygeal region associated with pain, discharge, foul smell, slough and discoloration of skin around the wound since 8 months. One year back patient was fine; one morning patient developed headache along slight giddiness at around 6 am and fell down due to giddiness following loss consciousness. She was recovered after 15 min; she was unable to lift her bilateral upper and lower limb. She is k/c/o-HTN for 2 years (under allopathic medication). Computed Tomography (CT) scan of head showed large acute infarct at right fronto-temporal region. Due to complete immobilization she started to develop oval shaped wound at sacrococcygeal region. Initially wound was treated with intravenous antibiotics and conventional antibiotic ointments with wound debridement were also done. But no response was seen, presumably because of local contamination (stool and urine) and immobilization wound worsened, so she visited our hospital.

Local Examination

Inspection

1. Size and Shape - 7 X 5 centimeter oval
2. Number -One
3. Position-Sacrococcygeal region
4. Edge - Punched out edges
5. Discharge- Mild serous discharge after opening the bandage

Palpation

1. Tenderness- Absent
2. Depth - 5 centimeters
3. Bleeding – Slightly present

RESULT

There is significant result noted in clinical features of Dushta Vrana noted at intervals of 15 day and at end of treatment (1 month) Figure 4. With a follow-up for a period of 1months, the patient has shown no sign of aggravation and improvement in granulation seen.



Figure 1: Before treatment



Figure 2: During Treatment



Figure 3: During treatment



Figure 4: After treatment

DISCUSSION

In this case Jatyadi Taila shows its Shodhana, Ropana and Raktaprasadana (blood purifier) property¹⁰ so it is more effective in Dushta Vrana.

Most of Jatyadi Taila contents are having Tikta (bitter) Kashaya (astringent) rasa and Laghu (lightness), Ruksha (dry) Gunas Pradhanata (dominances). Jatyadi Taila act on Vrana mainly in 2 ways Shodhana and Ropana, which help in proper healing of wound.

Property	Contents
1.Shodhana	Nimba, Patola, Daruharidra, Abhaya
2.Ropana	Nimba, Siktata, Manjistha, Lodra, Tila Taila

Ingredients like Haridra, Karanja and Salicylic acid present in Jaati are having Kushta Ghana and Krimi Ghana property¹¹. Hence it can help to check wound infection. Vrana Lekhana (scraping) is done by CuSo₄.7H₂O (Tutha). Tila Taila acts as good vehicle in bringing out pharmacological action of other ingredients. From the above discussion, we can consider this as a probable mode of action in relation to Jatyadi Taila and Vrana Basti.

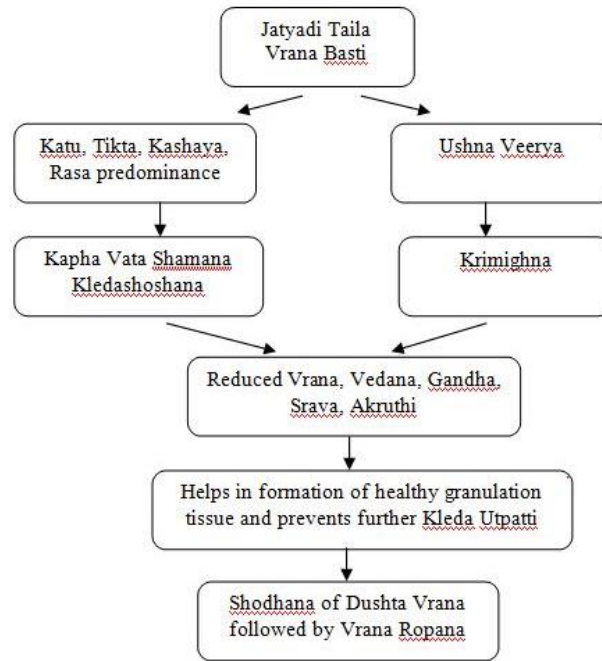


Figure 5

CONCLUSION

For the healing of such chronic ulcers, longer duration of contact period of the medicament and the ulcer bed is essential. Mere dressing with gauze dipped in medicated oil/ ghee isn't productive as the gauze absorbs the medication and the ulcer remains dry. Hence by the act of Vrana Basti, not only is there prolonged time of action, but the quantity of the medicament at the site increases the pressure and helps in more permeability of the drug at target site. A material which, when applied to the surface of wound, provides and maintain an environment in which healing can take place at maximum rate. This is probably the reason why wounds tend to respond better in the above said method of drug delivery.

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REFERENCES

1. Morris Peter J, Wood William C. Wound healing. Oxford Textbook of Surgery.2nd edition. Oxford University Press; 2000.p.131.
2. Hutchinson J (1992). The Wound Programme. Centre for Medical Education: Dundee.
3. Sharma PV. Susrutha Samhita with English translation and Dalhana's commentary Vedoutpati Adhyay.vol 1. Sutra

4. Acharya YT. Sushruta samhita with Nibandhasangraha commentary of Dalhanacharya. Dwivarni Chikitsa.Chikitsasthana.2010 reprinted. Varanasi: Chaukhamba Sanskrit Sansthan;2010.p.396.
5. Acharya YT. Sushruta samhita with Nibandhasangraha commentary of Dalhanacharya. Dwivarni Chikitsa. chikitsa sthana.2010 reprinted. Varanasi: Chaukhamba Sanskrit Sansthan;2010.p.397.
6. Klingensmith Mary E, Chen Li Ern. The Washington Manual of Surgery.5thedition. Lippincott Williams and Wilkins.2008.p.114.
7. Sri ram Bhat M.SRB's Manual of Surgery. 2ndedition.Jaypee Brothers medical publishers (P) ltd . New Delhi.2007.p.140.
8. Klingensmith Mary E, Chen Li Ern.The Washington Manual of Surgery. 5thedition. Lippincott Williams and Wilkins.2008.p.115.
9. Klingensmith Mary E, Chen Li Ern.The Washington Manual of Surgery. 5thedition. Lippincott Williams and Wilkins.2008.p.115.
10. Yogaratnakara. SastriL. Yogaratnakara with vidyotinihindi commentary. 1st edition Varanasi: Chaukhamba Sanskrit Sansthan; 2010.p.182-84.
11. Sharma PV. Dravyaguna Vijnana vol-2.17thed. Varanasi Chaukhamba Bharati Academy; 1996.p 162,144,178.

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