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A Comparative Clinical Study In The Management Of *Dushta Vrana*, By *Sharapunkha Lepa* And *Jalaukavacharana*

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ABSTRACT: Ulcer is a discontinuity, often excavation of skin exhibiting loss of epidermis and portion of the dermis and even sub-cutaneous fat. Despite the fact that wound healing is a natural process it is influenced by both and systemic factors, like micro organism, growth factors, vascularity, and debris. The management of *Dushta Vrana* has been described in various Ayurvedic texts. Many formulations are in use for centuries. One of these formulations, *Sharapunkha Lepa* has been studied to evaluate its efficacy with *Jalaukavacharana* in management of *Dushta Vrana*. It is a single blind study; where in 40 patients were selected for the study. Each group divided into two groups of 20 patients. Group A treated with *Sharapunkha Lepa*. Group B treated with *Jalaukavacharana* along with *Sharapunkha Lepa*. After the study it is revealed that *the Jalaukavacharana* along with *Sharapunkha lepa* is having good results in *Dustavrana*.

Keywords: *Dustavrana*, *Sharapunkalepa*, *Jalaukavacharana*.

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INTRODUCTION:

Shalya Tantra is one of the important branches of Ayurveda in which surgical and Para surgical techniques have been described for management of various surgical diseases. *Dushta Vrana* is one of them which have been managed by human being from starting of civilization. Under the circumstances the first thing which the men came across was the injury from different sources which caused him the *Vrana* (wound). *Vrana* is seen as debilitating and scaring disorder usually seen affecting the human being at any age. *Vrana* is the most important and widely described chapter of *Shalya Tantra* by Sushruta¹. In Ayurveda, various preparations have been mentioned in classical literature for the healing of *Dushta Vrana*. Among these lepas, *Sharapunkha Lepa*⁹ is most widely used in various types

of *Vrana*. On the other hand *Raktamokshana*¹⁰ is also mentioned in different stages of *Dushta Vrana*. So a comparative study has been taken to know the difference between two types of management.

Definition: 'व्रण' गात्र विचूर्णने, व्रण येतात वर्णः ।। (सु. च.१/६) “*Gatra*” means tissue (body tissue or part of body) “*Vichurnane*” means destruction, break, rupture and discontinuity of the body tissue. “The destruction / break / rupture / discontinuity of the body tissue are called *Vrana*. So, “*Vrana Gatra Vichoornane*”³ means phenomenon complex causing destruction or rupture or discontinuation of tissue in a particular part of the body which is termed as *Vrana*, whereas *Vranayati* means discoloration.³ Hence, the definition of

Vrana implies the damage of a part of the body leading to discoloration. In *Sushruta Sutrasthana*, *Acharya* has clarified that as the *Vranavastu (scars) of a Vrana (wound)* never disappear after complete healing and its imprint persists life long, that lesion is called *Vrana*.^{1,3}

Classification of Vranas : i) *Nijavrana and Aganthujavrana*., *Nijavranas* are formed by vitiated *doshas* while *aganthujavranas* are caused by external factors such as incision, punctures, lacerations, poisoned cuts, bruises etc. It can also be caused by bites of men, animals, birds, reptiles etc. ii) *Vranas* are again classified into two on the basis of the *Dosha dushti*, they are *Dushta vrana and Shudha vrana*. *Vranas* having more *dosha dushti* is called as *Dushta vrana* and those having less or no *dosha dushti* are called as *shudha vranas*^{8,3}

Dushta vrana: *Dushta Vrana*, which is difficult to heal. *Dushta* is one in which there is localization of *Dosha vata, pita* and *kapha*. *Vrana*, which had a bad smell, has abnormal color, with profuse discharge, intense pain and takes a long period to heal. *Dushta Vrana* is a long standing ulcer where removing debris enabling drug to reach healthy tissue is

more important. Wound which is contaminated and healing process is very slowly is known as *Dushta Vrana*. *Vrana* which has foul smell, continuously flowing putrefied pus along with blood, with cavity, since long time and has smell etc, *Vrana lakshanas* are high in intensity, and which is almost opposite to *Shuddha Vrana is Dushta Vrana*. In this context we can understand it as a non-healing or contaminated wound.³ Charaka⁸ classifies *Dushta vranas* into 12 types according to their appearance. They are as follows: *Shwetha - Vrana* having pale colour, *Avasannavartham - Vrana* with depressed edges, *Athisthulavartham - Vrana* with thickened edges, *Athipinjara - Vrana* with yellowish red colour, *Athineela -Vrana* with blue or dusky colour, *Athishyava - Vrana* with deep pale colour, *Athipithaka - Vrana* covered with pustules, *Athiraktha - Vrana* with deep red colour, *Athikrishna -Vrana* which is black in colour, *Athiputhika -Vrana* which is extremely putrid, *Roupya -Recurrent wound*, *Kumbhimukha-Vrana* having pinpointed mouth.

According to Modern, wound is defined as “The break in the continuity of soft parts of body structures caused by violence of trauma of tissue.”

Infective:- These are due to secondary infection of wounds by pyogenic organisms like staphylococcus, streptococcus etc. Pyogenic ulcer: Causes: Commonly staphylococcus, and occasionally streptococcus. Predisposing factors are anemia, poor nutritional status.

AIMS AND OBJECTIVES OF STUDY :

1. To study the effect of *Sharapunkha Lepa* and *Jalaukavharana* in the management of *Dushta Vrana*.
2. To Compare the effect of *Sharapunkha lepa* with and without *Jalaukavcharana* in *Dushta Vrana*.
3. To reduce the slough in *Dushta Vrana* and to promote granulation in *Dushta Vrana*.

SHARAPUNKA LEPA^{4,5}:

The *Panchanga* of dried of *Sharapunka* herb is collected. It is cleaned and cut into small pieces and make it fine powder, then mix with a *Madhu* (Honey). A paste is obtained. It is stored in a clean and air tight container. Paste is applied on *Dushta Vrana*^{14,15,16}.

MATERIALS AND METHODS:

Inclusion Criteria:

1. Diagnosed cases of *Dusta Vrana* will be selected for this study
2. Patients will be selected in age between 18 years to 60 years irrespective of sex.
3. Patients of diabetic foot with well controlled blood sugar levels.
4. The patients who are fit for *Jalaukavacharana* will be included for the study.

Exclusion Criteria :

1. Patients with disorders like Malignancy, Tuberculosis, Leprosy, HIV and HBsAg positive and underlying bony lesions will be excluded.
2. Pediatrics and Old age patients will be excluded.
3. Uncontrolled Diabetic Patients will be excluded.
4. The patients who are unfit *Jalaukavacharana* will be excluded from the study.

Study design: In the present study 40 patients are selected irrespective of age, sex, socio-economic status etc. and made in two groups – 20 patients in each groups.

Table Showing Study Design And Mode of Administration.

Group	Treatment	Duration	Dose
Group - A	<i>Sharapunka lepa L/A</i>	7 days	Daily Once
Group – B	<i>Sharapukalepa L/A</i> <i>after the</i> <i>Jalaukavacharana</i> (only on first day)	7 days	Daily Once

Assessment of Clinical trail

1. The assessment of clinical study is done by the severity of symptomatology.
2. The clinical assessment are done – before treatment and after treatment by grading them as mild, moderate and severe.

The data of Group A and Group B are compared and analyzed with student paired ‘t’ test. ‘p’ value was calculated by referring Table at corresponding level of degree freedom.

Grading :

G-0 – Nill	-
G-1 – Mlid	+
G-2 – Moderate	++

G-3 – Severe +++

Based on above criteria, grading the response was assessed :-

1. Good response – All signs and symptoms are relived.
2. Moderate Response – Any 25 to 50% signs and symptoms are presenting & rest are relived.
3. Mild Response – Any 75% signs and symptoms are presenting and remaining other symptoms are relived.
4. No Response – Presence of all signs and symptoms.

CLINICAL OBSERVATIONS: Total number of patients, taken for the observational study are 40. A special attention has been paid to the 40 patients in consideration to notice the incidence of

Sex: Age: Religion: socio economic status: occupation: food habits: Laxanas: and response in relation to observational study with placebo.

Group ‘A’ - Application of *sharapunka lepa*

Group ‘B’ - Single sitting of *Jalaukavacharana* along with application of *sharapunka lepa*.

The patients are classified in to two groups. Group – A and Group – B having 20/20 patients in each group.

TABLES

1. Incidence of sex in 40 patients of *Dustavrana*

SEX	Group – A, No of pts.	Group – B, No of pts.	Total No Of Pts.	%
Male	16	13	29	72.5
Female	5	6	11	27.5

2. Incidence of age in 40 patients of *Dustavrana*

AGE	Group – A, No of pts.	Group – B, No of pts.	Total No Of Pts.	%
21-30	4	4	8	20
31-40	4	9	13	32.5
41-50	7	4	11	27.5
51-60	5	3	8	20

3. Incidence of Religion in 40 patients of *Dustavrana*

Religion	Group – A, No of pts.	Group – B, No of pts.	Total No Of Pts.	%
Hindu	19	19	38	95
Muslim	1	1	2	5

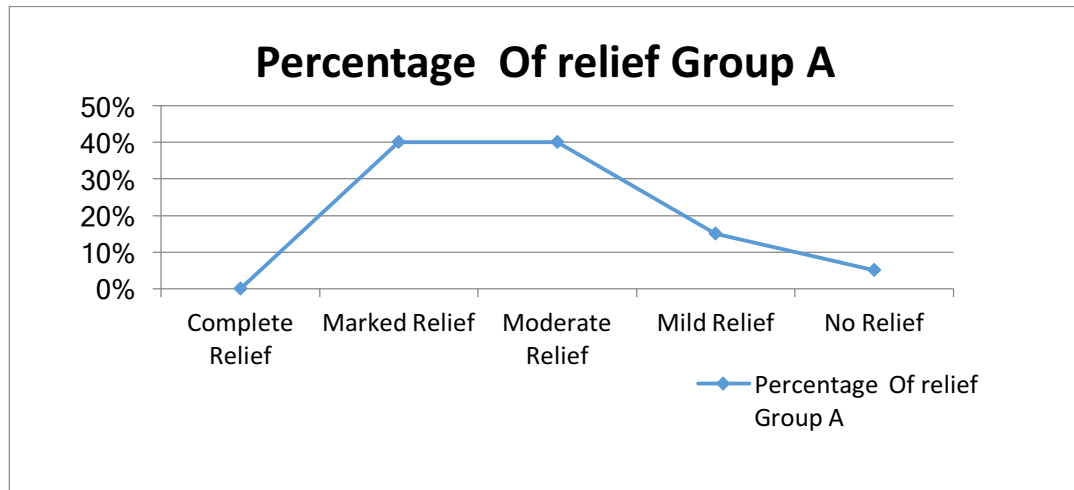
4- Incidence of Diet in 40 patients of *Dustavrana*

Diet	Group – A, No of pts.	Group – B, No of pts.	Total No Of Pts.	%
Veg	9	5	14	35
Mix	11	15	26	65

Mode of response in 40 patients after 7 days treatment.

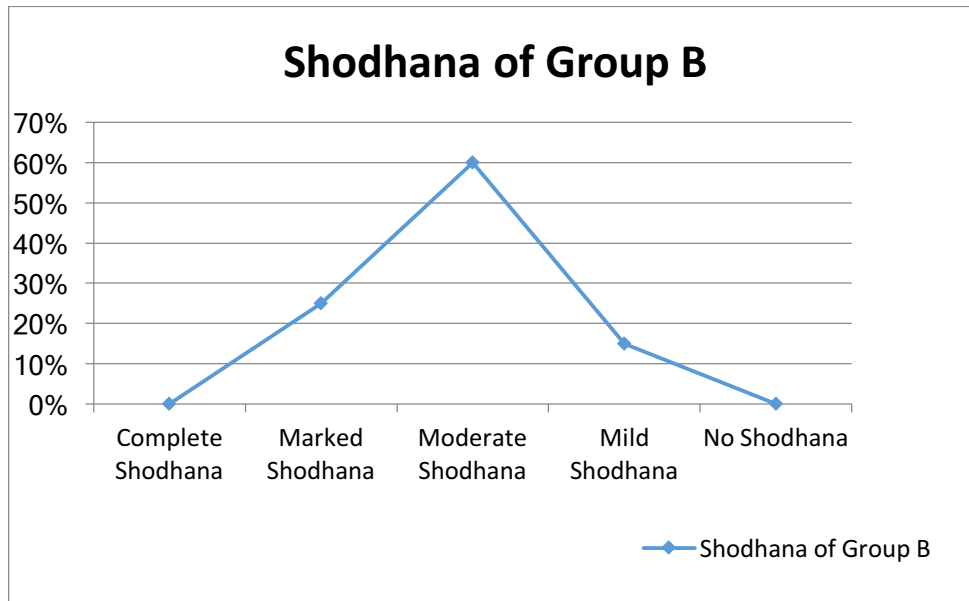
1. Group – A 20 pts.

ASSESSMENT	NO OF PTS	%
Complete Relief	0	0
Marked Relief	8	40
Moderate Relief	8	40
Mild Relief	3	15
No Relief	1	5



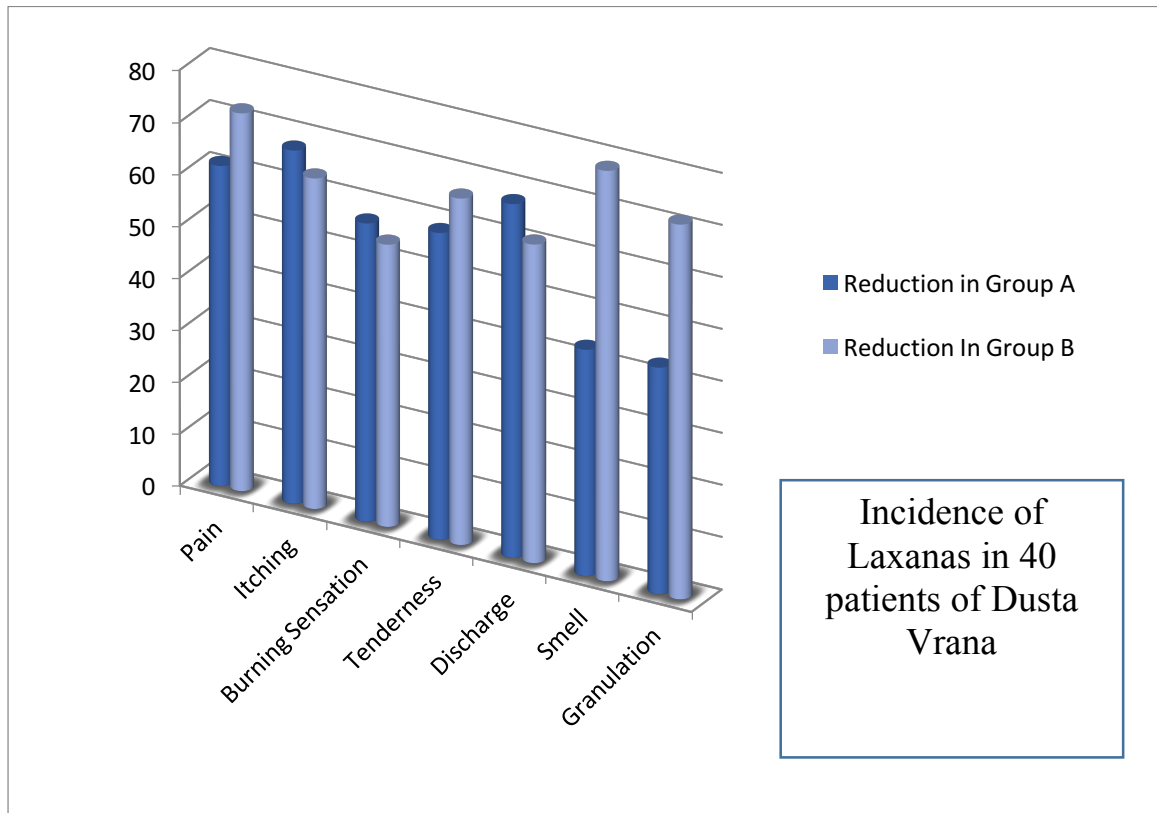
2. Group – B 20 pts.

ASSESSMENT	NO OF PTS	%
Complete Relief	0	0
Marked Relief	5	25
Moderate Relief	12	60
Mild Relief	3	15
No Relief	0	0



3- Incidence of Laxanas in 40 patients of Dusta Vrana

Symptoms	% of Reduction In Group	
	- A	- B
Pain	61.6	72.7
Itching	68	63.6
Burning Sensation	57.4	54.3
Tenderness	59.0	66.6
Discharge	68	61.2
Smell	43.4	78.8
Granulation	43.4	71.9



RESULTS:

Analytical findings observed

1. Pain : It is evident from the foregoing that provided Group B is faster and better relief in pain in comparison to Group A.
2. Itching : It is evident from the foregoing that the effect of Group A in reducing the itching was better in comparison to Group B.
3. Burning Sensation: It is said that the effect of Group A in improving the Burning sensation from the ulcer

was bit better in comparison to Group B.

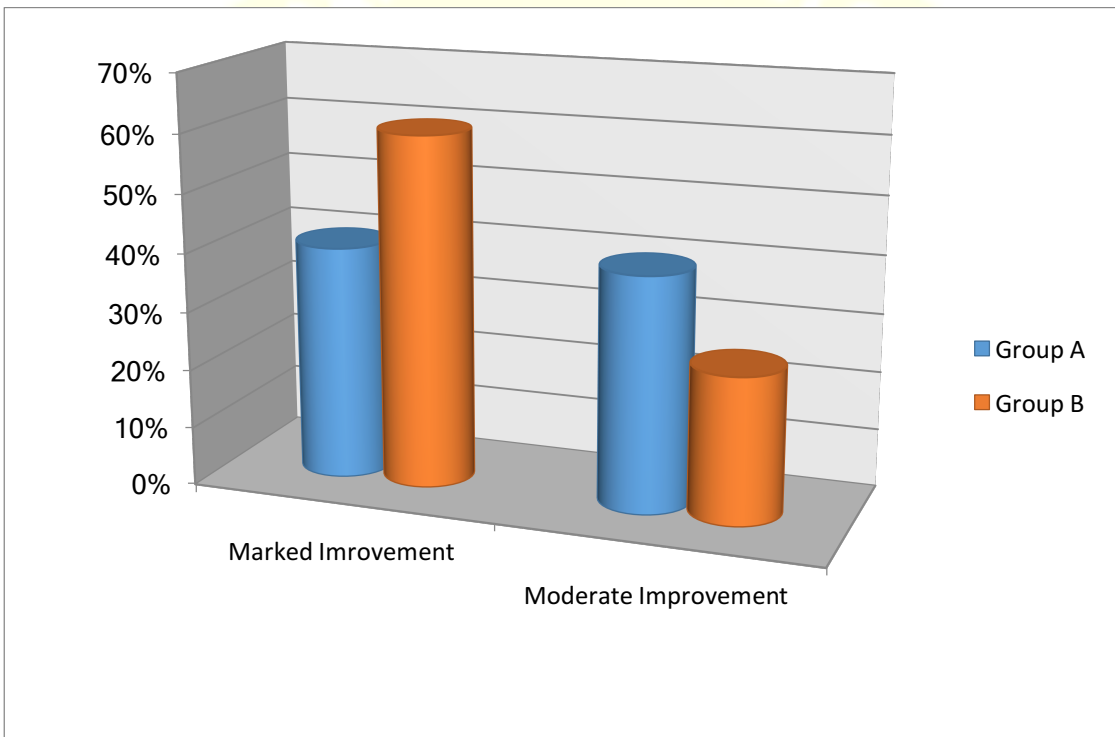
4. Tenderness: It is evident from the foregoing that the effect of Group B in reducing the Tenderness in the ulcer started bit late but then it become better in comparison to Group A.
5. Discharge : It is evident from the effect of Group A in improving the discharge from the ulcer was bit better in comparison to Group B.
6. Smell: It is evident from the foregoing that the effect of Group B

in reducing smell was better than Group A

7. Granulation: It is evident from the foregoing that the effect of Group B in reducing granulation was better than Group A

Over all Effects: In the Group A, 40% patients had marked improvement as well

as moderate improvement. Where as in Group B, 60% patients had marked improvement and 25% patients had moderate improvement. Hence it can be inferred that Group B provided better overall effect to the patients of Dushta Vrana in comparison to Group A.



CONCLUSION:

The current study can be concluded by stressing up on the literary aspects of Dushta Vrana, clinical diagnosis and observations done during and after the course of treatment; beneath the beam of both Ayurveda and Conventional medicine. After the completion of this study, On applying the test over the observation, it was found that both the groups were significant. On applying the test over the individual symptoms of Vrana like Smell, Itching sensation and burning sensation on both the groups, it was found that group B (Sharapunka Lepa along with Jalaukavacharana) had good results than group A. When overall results on symptoms were calculated,

group B was found better than group A. Group B showed 90% relief in reducing symptoms shown in the observation. Hence by looking at the overall results of both groups it was found that group B where Jalaukavacharana was used before application of Sharapunka Lepa showed better results in reducing symptoms and also in healing the wound faster. Based on this study it can be concluded that if Sharapunka Lepa is applied followed by Jalaukavacharana gives better result in the management of Dushta Vrana. The present study is carried out in small numbers of subjects. Here we suggest further study to be conducted in large number of patients so as to get still more correct values.

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