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Effect of *Nimbadi Taila Vrana Basti* in the management of *Dusta Vrana* (Chronic Ulcer) - A Case Study

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ABSTRACT

Dusta Vrana (chronic ulcer) is a frequently encountered problem in present era produced commonly as a complication of trauma or pathologic affront and it causes long term agony to the patient. The issue of chronic ulcers management with *Ayurvedic* panacea is one of the major areas of research and has come under increased scrutiny. In the present study *Nimbadi Taila* is selected which is cited by *Acharya Bhela* in the context of *Vrana*. It contains *Nimba Pallava*, *Aamra Pallava*, *Amalaki Pallava*, *Bala*, *Yashtimadhu* and *Gomaya Rasa*. These drugs possess *Vrana Shodhana* and *Ropana* properties. It was used in *Vrana Basti* in the management of chronic ulcer for 7 days followed by dressing with *Nimbadi Taila*. It reduces pain, burning sensation, itching, reduces discharge, oedema, and helps in gradual improvement in floor and granulation tissues. Hence it can be speculated that *Nimbadi Taila* possess sufficient efficacy in *Vrana Shodhana* and *Ropana* without producing any adverse effects.

Key words: *Dusta Vrana*, chronic ulcer, *Nimbadi Taila*, *Vrana Basti*, *Vrana Shodhana*, *Vrana Ropana*.

INTRODUCTION

An ulcer is a break in the continuity of the covering epithelium - skin or mucous membrane. Causes for wound might be trauma, chemical and microbial agents, or ischemia. The word "healing" means replacement of destroyed or damaged tissue by living tissue of similar type or different. It occurs by means of repair and regeneration. The four basic processes which take place in wound healing are Inflammation,

Wound contraction, Epithelialization and Granulation tissue formation. The process of wound healing is influenced by factors like age, nutrition, hormones, comorbid conditions, place and position of wound, blood supply to the area etc.^[1] While explaining the scope of *Shalya Tantra*, *Acharya Sushruta* has explained *Vrana Vinishcayartham* which is a major part of *Shalya Tantra*.^[2] *Vrana* as explained by *Acharya Sushruta*, it is a condition in which destruction of tissues occurs and further leads to changes like discolouration of the affected region and increased local temperature.^[3] Healing of *Vrana* is a natural process, but due to interference of vitiated *Dosha*, *Vrana* becomes *Dushta* and normal healing gets delayed. In India the prevalence of chronic ulcer is at 4.5 per 1000 population.^[4] According to *Acharya Sushruta* there are two types of *Vrana*, as per its origin i.e. *Agantuja Vrana* and *Nija Vrana*.^[5,6,7] He has explained management of wound through *Shashti Upakramas* (sixty therapeutic measures) among sixty *Upakramas* local application of medicated oil (use of *Taila*) is one of most important *Upakrama*. Hence this

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treatment modality can be modified into various forms like *Pichu* (cotton swab), *Lepa* (ointment) or as a *Vrana Basti* on *Dushta Vrana*. Among these *Vrana Shodhana* and *Ropana* are the preliminary steps in healing and both can be achieved through *Vrana Basti*. *Vrana Basti* is the modified form of *Kati Basti* or *Janu Basti*. It is unique procedure wherein retaining of warm medicated oil with in specially form frame over the wound.^[8]

Lakshana of Dusta Vrana

Acharya Sushruta has explained the Lakshana of Dusta Vrana as follows - *Ati Samvritta, Ativivrito, Ati Kathina, Ati Mridu, Utsanni, Avasanni, Ati Shita, Atiushna, Krishna Varna, Rakta Varna, Shukla Varna, Puti Puyamamsa Shira-Snayu, Purna Putipuya Snayu Unmarga Utsanga, Manajnya Adarshama, Gandha, Ativedana, Daha, Paka, Raga, Kandu, Shopha, Pidaka Upadasat, Dusta Shonita Srava, Dirgakala Anuvandhi*.^[9]

CASE REPORT

A male patient aged 51 yrs., not known case of Diabetes mellitus or Hypertension or any systematic ailment, presented with complaints of non-healing ulcer in the right lower limb just below the lateral malleolus, with discharge, foul smell and pain since two years. Two years ago, patient was apparently healthy, as he is a cloth merchant due to his long-standing working nature, he gradually noticed visible veins along with blackish discoloration of lower 1/3rd of right lower limb with itching. After 6 months he noticed water filled boil in that region which opened on its own leading to the formation of small wound which increased in size gradually. He had taken treatment for the same but found no relief. Since the size of wound was increasing, he consulted the Shalya OPD, at SJGAMC hospital, Koppal.

Local examination of wound

Inspection

- **Location** - Right foot, 2 cm below the lateral malleolus
- **Size and Shape** - 4x3cm oval shape

- **Number** - Solitary ulcer
- **Edge** - Sloping edge
- **Margin** - Irregular
- **Discharge** - Serous discharge
- **Floor** - Unhealthy granulation tissue and slough present
- **Base** - Calcaneus bone
- **Odour** - Foul smell
- **Surrounding skin** - Inflamed

Palpation

- **Temperature** - Surrounding wound raised
- **Tenderness** - Present
- **Peripheral pulsations** - Posterior Tibial Artery, Anterior Tibial Artery and Dorsalis Pedis Artery palpable.
- **Inguinal lymph nodes** - Not enlarged

Investigations done

- **TC** - 11,400 cells/Cum
- **ESR** - 30 mm/hr
- **Hb** - 12.8 g/dl
- **RBS** - 105 mg/dl

MATERIALS AND METHODS

Present study was carried out on OPD basis for 7 days. Materials required were *Nimbadi Taila*, Normal saline, sterile gauze, *Masha Pishti*, bowl, sauce pan, 6" roller bandage, gauze pieces and pads. Every day, the wound was cleaned with normal saline. After proper cleansing, *Vrana Basti* was done with *Nimbadi Taila*. The wall of *Masha Pishti* was erected around the ulcer margins, measuring about 3cm in height & 2 cm in thickness. The *Nimbadi Taila* was taken Luke warmed on hot water and poured with the help of sterile gauze piece into the pit of dough over the floor of an ulcer. The oil was kept in situ for 20 mins by maintaining the lukewarm temperature of oil throughout the procedure later the oil was discarded and wound dressing was done using *Nimbadi Taila*.

Later patient was given *Triphala Guggulu* 1 TID after/food, *Cap Gandhaka Rasayana* 1 TID after/food and *Amruttotara Kashaya* 15ml TID after/food internally.

OBSERVATION AND RESULTS^[10,11]

Parameters of observation include discharge, size of ulcer, granulation tissue, and pain. Patient was observed with above parameters on 1st, 7th, 30th, 40th days.

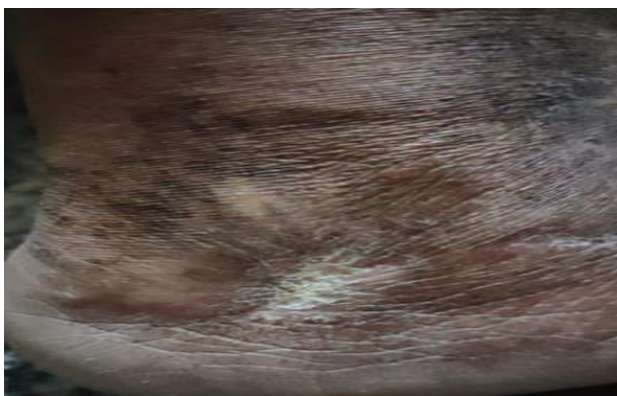
Table 1: Parameters of Observations

Item	Assessment	Day	Score
1. Size	1= Length x width < 4 sq. cm	1 st	2
	2= Length x width 4- < 16sq. cm	7 th	2
	3= Length x width 16.1- < 36sq. cm	30 th	1
	4= Length x width 36.1- < 80sq cm	40 th	0
	5= Length x width > 80sq. cm		
2. Exudate Type	1= None	1 st	4
	2= Bloody		
	3= Serosanguinous: thin, watery, pale red/pink	7 th	3
	4= Serous: thin, watery, clear	30 th	1
	5= Purulent: thin or thick, opaque, tan/yellow, with or without odour	40 th	1
3. Granulation Tissue	1= Skin intact or partial thickness wound	1 st	5
	2= Bright, beefy red, 75% to 100% of wound filled and/or tissue overgrowth	7 th	3
	3= Bright, beefy red; < 75% and 25% of wound filled	30 th	1
	4= Pink, and/or dull, dusky red and/or fills < 25% of wound	40 th	1
	5= No granulation tissue present		

4. Pain	0 = No pain	1 st	7-8
	1-2 = Can be ignored		
	3-4 = Interferes with tasks/sleep	7 th	3-4
	5-6 = Interferes with concentration	30 th	0
	7-8 = Interferes with basic needs	40 th	0
	9-10 = Bed rest required		



Before treatment during Vrana Basti 1st day

7th day30th day40th day

- **Effect on Vrana Srava:** No discharge was present at the end of the treatment.
- **Effect on Vrana Gandha:** The unpleasant smell was present at the beginning of treatment. But after seven days of treatment the smell was totally reduced.
- **Effect on Vrana Akriti:** At the end of the fifty days the Vrana was completely healed with minimal scar.

So, the *Nimbadi Taila* has been very efficacious for *Vrana Shodhana* and *Ropana Karma*.

Probable mode of action of drug

Probable mode of action of *Nimbadi Taila* on *Dusta Vrana* can be hypothetically assumed that its *Kashaya Rasa* is *Pitta Kaphapahaa* (reduces inflammation) in earlier phase, does *Pidana* (squeezes out toxins and necrotic tissue) and does *Kleda Puya Shleshma Shoshana* (checks excessive exudation) and thus facilitates *Ropana* (wound healing). Due to *Katu Rasa*, it reduces the local discharge, irritation, acts as *Krimighna* (anti-infective). By its *Sroto Shodhana* property due to *Katu Rasa*, *Ushna Virya*, *Laghu* and *Teekshana Guna* it penetrates in deep tissues and debride the wound.^[12]

CONCLUSION

The present research study was targeted to achieve the *Shodhana* and *Ropana* effect of *Nimbadi Taila*. As per the incidence of ulcers, legs are more affected than other parts. To overcome the adverse effects & cost effectiveness of present dressing methods, an attempt was made with an *Ayurvedic* formulation in the form of *Taila* which is explained in *Dushta Vrana Chikitsa* and is one among seven *Vrana Shodhana Upakrama*. Patient attained *Shuddha Vrana Lakshana* in terms of reduction in pain, discharge, burning sensation, depth of ulcer during intervention, length, and breadth during follow up period.

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DISCUSSION

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At the end of the seven days slough was completely absent and floor was covered with healthy granulation tissue. This may be due to *Shodhana* property of the *Nimbadi Taila*.

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