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**VIKESHIKA (READY-MADE DRESSING) OF MADHU-SARPI
MALAHARA IN DUSHTA VRANA – A CASE REPORT**

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ABSTRACT

Introduction: *Dushta Vrana* is a common and often encountered problem faced in surgical practice. If mistreated, it worsens the condition with different complications and may become fatal. Local factors on wound like slough, infection, foreign body, etc. affect the normal process of healing. Among the 60 *Upakrama* mentioned by *Sushruta*, application of *Vikeshika* has been mentioned and a lot of references are available on use of *Purana Madhu & Sarpi* for *Vrana Shodhana* and *Vrana Ropana Karma*. Here, a case of 49 years old male patient is discussed, where, based on clinical examinations and findings, it was diagnosed as *Dushta Vrana* which was treated with *Vikeshika* (ready-made dressing) of *Madhu-Sarpi Malahara*. *Vrana Bandhana* was done on daily basis and assessment was done on every 7th day i.e. 7, 14, 21, and 28th day for a period of 28 days. Intervention showed *Shulahara*, *Shothahara*, *Kandughna*, *Daha Prashamana*, *Varnya*, *Vrana Shodhana* and *Ropana Karma* in *Dusta Vrana* in terms of pain, itching, discharge and burning, with 70% of wound healing during the treatment period.

Keywords: *Dushta Vrana, Shashti Upakrama, Shodhana karma, Vikeshika, Madhu-Sarpi Malahara, Ropana Karma*

INTRODUCTION:

Vrana is described as a type of injury that leaves a scar even after it has healed, persisting throughout the individual's life. *Sushruta* provides a detailed explanation of the stages of its healing which include- *Dushta Vrana*, *Shuddha*, *Ruhyamana*, and *Rudha Vrana* [1]. *Sushruta's* comprehensive discussion includes a wide range of treatments including *Saptaupakramas*, *Ekadasha Upakramas*, and *Shashti Upakramas* that are holistic. The characteristics of *Dushta Vrana* are comparable to chronic non-healing ulcers as understood in the contemporary medicine [2].

In modern science, ulcer refers to discontinuity in the covering epithelium, skin or mucous membrane and may either follow molecular death of surface epithelium or its traumatic removal [3].

In recent years various efforts have been made in the field of wound healing, especially in terms of local treatments but still healing remains the prime objective of the physicians.

There are a lot of references available suggesting the use of *Purana Madhu & Sarpi* as *Vrana Shodaka & Vrana Ropaka*. *Sushruta* mentions 14 types of *Vrana Bandhana* [4] for healing purpose in different forms like *Vikeshika*, *Kavalika*, *Plota*, *Pichu*, etc. [5] *Vikeshika* can be compared with wound patches, as in this

technique cloth containing drugs like- *Tila Kalka*, *Madhu* and *Ghrita* [6] are used. But these techniques are not widely used in clinical practice, hence there is a lot of scope for research considering their easier application & provided contact time.

Ayurvedic ready to use dressing materials are not so common yet, but may hold a great potential. The conventional methods of applying *Lepa / Kalka / Taila /* any other topical applications, though effective yet are quite tedious, moreover leads to drug wastage and insufficient contact period. Hence, adopting the good advancements from other science without altering the basic principle, up-gradation and standardization of dressing methodology like quality of gauze material, size of dressing material which respects the wound healing is need of the hour.

CASE REPORT

A 49 years old male patient, known case of Diabetes Mellitus since 15 years (under control), presented with complaints of non-healing wound over front of left foot associated with pain, swelling, pus discharge, itching and burning sensation from about a month.

History of present illness

Patient is known case of type II Diabetes Mellitus from 15 years which is in control with medications. Patient was apparently healthy 1 month ago then he gradually

developed a wound over the front of left foot which he initially ignored but later he started having pain along with pus discharge, itching and burning sensation, which kept on increasing. Gradually patient developed swelling in left foot. Hence, patient consulted at our OPD and got admitted for the management of the same.

History of past illness: Type II DM – 15 years

Medical and surgical history: Under Tab. Glycomet 500mg 1-0-1 (B/F) & Tab. Glycephage SR 500mg 1-0-0 (B/F)

Treatment history: Nothing significant

Personal history:

- Diet: Mixed, *Vishamashana*
- Appetite: Normal
- Bowel: Regular
- Micturition: Regular
- Sleep: Adequate

General Examination:

- Built: Moderate
- General condition: Fair
- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent
- Clubbing: Absent
- Lymphadenopathy: Absent
- Edema: Present (lower 1/3rd of left lower limb)

Vitals:

- BP: 130/80 mmHg
- Pulse Rate: 90 bpm, Regular

- Respiratory rate: 16/ min
- Temperature: 97.2 °F

Systemic Examination:

- CNS: conscious, well oriented to time, place and person
- CVS: S1S2 heard, no murmurs present
- RS: B/L equal air entry, NVBS
- P/A: Soft, Non-tender, No Organomegaly present

Local Examination: (Wound examination)

- Inspection: non-healing wound over distal part of dorsum of left foot
- Size & Shape of Ulcer: ~ 4 x 2 x 0.4 cm, Oval shape, oedematous and indurated surrounding with dry and scaly skin
- Slough ++
- Margine: irregular, scab present
- Local rise in temperature +
- Tenderness +++

Investigatory Findings:

- Hb: 14.6 g%
- TC: 5,100 cells/mm³
- FBS: 165 mg/dl
- PPBS: 209 mg/dl
- HbA1c- 6.2%
- HIV & HBsAg- Negative

METHODOLOGY:

- *Malahara* was prepared with *Madhu-Sarpi* & *Sikta-Taila*.

- *Vikeshika* were prepared with *Madhu-Sarpi Malahara* and were sterilized using UV-C radiation.
- Nature of the intervention was explained to the patient.
- Patient was advised to lie down in supine position (based on site of wound).
- In aseptic measures, *Dushta Vrana* was cleaned with normal saline.
- Ready-made *Vikeshika* was kept over the wound, covering the wound site.
- Sterile pad was placed over it and dressing was done using roller bandage.
- **Observational Period:** Daily Dressing was done, observations were made and assessments were done every 7th day i.e. on 7th, 14th, 21st & 28th day.

Follow-up Period: Follow up was done after one week of treatment.

OBSERVATIONS AND ASSESSMENT:

Table 1: Assessment done every 7th day over a period of 28 days of intervention

Item	Assessment	BT	Day 7	Day 14	Day 21	Day 28	AT
Pain	0 - No pain 1 - Mild pain (1-3 in NPRS) 2 - Moderate (4-6 in NPRS) 3 - Severe (7-10 in NPRS)	2	1	1	0	0	0
Edge	0 - Indistinct, diffuse, not clearly visible. 1 - Distinct, outline clearly visible, attached, even with wound base 2 - Well defined, not attached to wound base 3 - well defined, fibrotic, scarred or hyperkeratotic	2	1	1	0	0	0
Discharge	0 - No discharge/dry dressing. 1 - Scanty occasional discharge & little wet on dressing. 2 - Moderate discharge & with moderate soakage on dressing 3 - Profuse, continuous discharge which needs frequent dressing.	2	1	0	0	0	0
Granulation tissue	0 - Bright, beefy red; 75% to 100% of wound filled &/or tissue overgrowth 1 - Bright, beefy red; < 75% & > 25% of wound filled 2 - Pink, &/or dull, dusky red &/or fills < 25% of wound 3 - No granulation tissue present	1	1	0	0	0	0
Size of the wound	0 - Length x Width < 12 sq cm 1 - Length x Width < 24 sq cm 2 - Length x Width < 36 sq cm 3 - Length x Width < 48 sq cm	0 (4x2cm)	0	0	0	0	0 (2.5x1cm)
Itching	0 - No itching, 1 - Slight, localized itching sensation which is relieved by rest. 2 - More, Localized & often itched but not disturbs sleep. 3 - Continuous itching with disturbed sleep	2	1	0	0	0	0
Burning	0 - No burning, 1 - Little, localized & some time feeling of burning sensation. 2 - More localized & often burning sensation which does not disturbed sleep. 3 - Continuous burning sensation with disturbed sleep.	2	1	0	0	0	0

Table-2: Observation noted before and after the intervention

Parameters	Before Treatment	After Treatment
Size & Shape of Ulcer	4 x 2 x 0.4 cm	2.5 x 1 cm
Slough	++	Absent
Local Rise in Temperature	+	Absent
Margin	Irregular	Regular
Surrounding Skin	Edematous and indurated surrounding with dry and scaly skin	Edema & induration reduced, scaling absent

RESULTS:

There was significant result seen in this case in terms of both *Vrana Shodhana* & *Vrana Ropana* with remarkable improvement with respect to pain, pus, slough, burning, itching

and swelling along with healthy granulation and marked reduction in size of the wound during the period of 28 days with complete healing of the wound seen in 5th week.

**DISCUSSION:**

The principle behind using *Vikeshika* was to be able to achieve its easier application, good retention & providing adequate contact time.

Madhu is recognized for its *Vranaropaka* properties, as outlined in the sixty *Upakramas* of wound management in the *Sushruta Samhita*. It is believed to help balance the three *Dosha* (s) [7] *Vata*, *Pitta*, and *Kapha* through its diverse actions, which are attributed to its *Madhura* and *Kashaya Rasa*, *Ruksha* and *Sheeta Guna*, *Madhura Vipaka* and its ability to penetrate deep into the microchannels of the body. The *Madhura Rasa* nourishes the tissue, promoting granulation and tissue formation,

while the *Kashaya Rasa* aids in *Lekhana*, helping to remove slough and prepare the wound for healing. Consequently, *Madhu* has exceptional healing properties, supporting *Sodhana*, *Ropana*, and *Sandhana*, making it highly effective in wound management. *Madhu* is noted for its ability to enhance phagocytosis, detoxification, and proteolysis, processes that contribute to cleaning and clearing the wound [8, 9]. Additionally, *Madhu* helps balance the *Pitta Dosha* due to its *Madhura Rasa* and *Sheeta Guna* [10, 11]. It also addresses the *Kapha Dosha* through its *Kashaya Rasa* and *Ruksha Guna*, both of which help speed up the healing process. Honey acts as a hyperosmolar substance,

inhibiting bacterial growth. Its high viscosity creates a physical barrier, while the enzyme catalase contributes to its antioxidant properties [12]. Research has demonstrated that honey is effective in preventing hypertrophic scarring and post-burn contractures [13]. Additionally, honey proves to be a highly effective dressing for split-thickness skin grafts [14]. Whereas, *Sikta-Taila* has proven action of *Vrana*

Ropana and *Varnya* action, *Tila Taila* has *Teekshna Guna* and does *Lekhana Karma* which again justifies the observed results [15].

Mode of action of *Madhu*, *Sarpi*, *Madhuchishta* and *Tila Taila* on *Dushta Vrana* can be understood by virtue of their *Guna-Karma* that have been mentioned in tabular form below.

Table 3: *Rasa-Panchaka* of *Madhu-Sarpi*, *Madhuchishta* & *Tila Taila*

Name of the drug	Rasa	Guna	Veerya	Vipaka	Karma
<i>Madhuchishta</i>	<i>Madhura</i>	<i>Mridu, Snigdha</i>	<i>Sheeta</i>	-	<i>Bootagna, Shophahara Vrana Ropaka</i>
<i>Madhu</i>	<i>Madhura-Kashaya rasa</i>	<i>Laghu, ruksha & picchilaguna</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Ropana, Vrana-Sodhana, Sandhana, Lekhana, Varnya, Tridoshaprashamana and Visha-Prashamana</i>
<i>Ghritha (Purana)</i>	<i>Madhura</i>	<i>Guru, Teekshna Snigdha, Avidahil Samsakarasyanuvartana, Ajanma Satmya</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Daha prashamana, Shophahara, Vranaropana, Vata-Pitta Shaman, Ropana, Rakshoghna, Vishaghna and Shoola Prashamana Tridoshapakarshana</i>
<i>Tila Taila</i>	<i>Madhura, Tikta Kashaya (anurasa)</i>	<i>Usna, Vyavayi, Teekshna, Vishada, Guru, Lekhana,</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Kapha-Vatahara, Deepana, Srotoshodhana, Lekhana, Twachya, Vrana-Shodhana & Ropana, krimighna</i>

CONCLUSION:

Intervention showed *Shulahara*, *Shothahara*, *Kandughna*, *Daha Prashamana*, *Varnya*, *Vrana Shodhana* and *Ropana Karma* in *Dusta Vrana* in a period of 28 days with complete healing in 5 weeks. The usage of *Vikeshika* for dressing makes the process less tedious and is a cost-effective alternative from the other available ready-made dressing options in the contemporary science. Hence, it can be comprehended that the given intervention of

Vikeshika (ready-made dressing) of *Madhu-Sarpi Malahara* applied on *Dusta Vrana* is significantly effective in management of *Dusta Vrana*.

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