



EFFECT OF *SAPTAPARNA PICHU* IN *DUSHTA VRANA*: A CASE STUDY

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ABSTRACT

Objective: Purpose of the study was to evaluate the effect of *Saptaparna Pichu* (*Saptaparna* medicated gauze) on local application over *Dushta Vrana*.

Clinical Features: A 40-year aged average built female patient (S-4228/11170) attend OPD of Department of Shalya Tantra at Rishikul Ayurvedic Hospital, Haridwar with a chief complaint of a wound present on front side of Right Leg with pus discharge and pain since last 28 days.

Intervention and Result: *Saptaparna Pichu* was applied externally over the wound after cleaning with sterile swabs. All the complaints of the patient receded within a month of local application of *Saptaparna*

Pichu.

KEYWORDS: *Dushta Vrana*, Non-Healing Wound, *Saptaparna Pichu*.

INTRODUCTION

Dushta Vrana is a common encountered problem faced in surgical practice. The presence of *Dushta Vrana* can deteriorate the condition of the patient with different complications and may become fatal. Factors affecting on wound are slough, infection and foreign body along with associated disease like Diabetes, HTN, Venous disorders etc. which can delay the normal process of healing. A *Shuddha Vrana* (healthy wound) heals earlier as compared to a contaminated *Dushta Vrana*. Therefore, it is important to keep the *Vrana* clean during the various stages of its healing. The primary goal of the treatment of *Vrana* are rapid wound

closure and functional and aesthetically satisfactory scar. *Acharya Sushruta* has broadly explained two types of *Dushta Vrana* viz., *Nija* and *Agantuja*^[1] and ornately described the management of *Dushta Vrana*, which includes *Shasti Upkramas* (Sixty Procedures)^[2]. He has also mentioned number of drugs which can be used for *Shodhana* (purification) and *Ropana* (healing) of *Dushta Vrana*. *Saptaparna* (*Alstonia scholaris*) is one of the drugs described for management of *Dushta Vrana* under *Laakshadi Gana*.^[3]

MATERIALS AND METHOD

Saptaparna Pichu, Dressing Materials (Sterile gauze, Sterile bandage)

CASE REPORT

A 40-year aged, average built, female patient came to *Shalya* OPD of Rishikul Ayurvedic College Hospital on 02/06/2021 with a chief complaint of a wound present on anterior aspect of Right leg since 28 days with pain and pus discharge. The patient also had a complaint of generalised weakness along with decrease in appetite.

According to the patient, 28 days before she suddenly noticed a localised swelling on anterior aspect of Right leg, with mild fever. This swelling was painful. Initially, she ignored the symptoms and took medication by her own. Later, after a day swelling increased in size and her pain along with fever also got aggravated. She was facing great difficulty in walking also. For this, she consulted to nearby doctor and was advised conservative management along with Magsulf dressing locally. Gradually, after 2-3 days the swelling got suppurated and changed to an Abscess in which Incision and Drainage was done along with antibiotics medication from the similar nearby doctor. Regular dressing was done for about 2 weeks but the patient got no relief. The wound was not healing and the condition was getting worse as still there was severe pain in leg with profuse pus discharge. Patient also started feeling generalised weakness. So, she came to Rishikul Ayurvedic College Hospital, Haridwar in the search for better management.

Past history

She had a past history of Thyroid disorder for which she was on medication but not taking it regularly since last 6 months. She also had history of Hyperlipidaemia. She had no family history of Diabetes Mellitus, Hypertension etc.

On examination

Patient was unable to stand due to pain and generalised weakness. Her appetite was decreased with irregular bowel habit (once in 2-3 days), she had disturbed sleep complaint of insomnia since 3 days. Her BP was 100/60 mmHg, PR was 98 per min and SPO₂ was 96%. There was also presence of pallor on lower palpebral conjunctiva and generalised oedema on right leg extending upto ankle joint. Her height was 5 feet and weight was 45 kg.

On examining the *Vrana*, it was single in number. Its size was approximately 6 cm in length, 4 cm in breadth and 0.5 cm in depth. *Vrana* was irregular in shape and was present on anterior middle aspect of right leg about 5 inches below the knee joint. Edge of the wound was undermined. A portion of skin was hanging loosely on the upper side of the *Vrana*. Discharges were profuse, with foul smell and slough mix blood. Surrounding area of the wound was highly tender, oedematous and with red discoloration. There was no sign of healing and granulation was present in the *Vrana*.

Dashvidha pariksha

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| <i>Prakriti</i> | <i>Pitta Kaphaj</i> |
| <i>Vikriti</i> | <i>Pravara</i> |
| <i>Sara</i> | <i>Mansa Sara</i> |
| <i>Samhanana</i> | <i>Madhyama</i> |
| <i>Pramana</i> | <i>Madhyama</i> |
| <i>Satmya</i> | <i>Avara</i> |
| <i>Satwa</i> | <i>Avara</i> |
| <i>Ahara</i> | <i>Avara</i> |
| <i>Vyayam-Shakti</i> | <i>Avara</i> |
| <i>Vaya</i> | <i>Yuvavastha</i> |

Counselling of the patient was done regarding the management of *Dushta Vrana* with local application of *Saptaparna Pichu*. Patient was satisfied and willingly gave her written consent for the treatment. Treatment was started from the same day in our hospital. Thereafter, regular dressing of wound was done at every third day with local application of *Saptaparna Pichu*.

Procedure of the treatment

Under all aseptic precautions, *Dushta Vrana* was cleaned with sterile swab. Devitalized tissue debridement was carried out on the first day of dressing without using any anaesthesia. Area was dried by a sterile gauze piece. *Saptaparna Pichu* was applied over the wound surface according to the size of *Dushta Vrana*, over it a sterile gauze and pad was placed and

bandaging was done. Dressing was changed every third day until the *Vrana* get completely healed.

Initially the wound was very deep, rough, irregular in shape and had ugly look with localized continuous pain (not relieved by rest) along with tenderness which experienced on resists to touch. It was foul smelling with profuse continuous discharge and required debridement of unhealthy tissue. In initial one week after treating with *Saptaparna Pichu*, miraculous changes were found in the *Dushta Vrana*. Just after a week (three dressings), floor changed to bright pink in colour from pale colour as smooth and healthy granulation tissue started to appear. Gradually, as the dressing with *Saptaparna Pichu* continued, the appearance of healthy granulation tissue reduced the size of *Vrana*, discharges were minimal and without any foul smell. Ultimately, after 7 weeks of the treatment the *Vrana* healed completely and there was no discontinuity of the skin, no pain, no swelling and no tenderness.

RESULT AND DISCUSSION

After 50 days of management *Dushta Vrana* of the patient was healed completely with no complain of pain or tenderness and no complications.

Probable mode of action:

Saptaparna has *Tikta and Kshaya Rasa*, *Ushna virya*, *Laghu and Snigdha guna* which helps to pacify the *Vata Dosha* thus relieving pain, removes slough and cleans the wound floor and have properties like *Shoshna*, *Lekhana*, *Stambhana*, *Puyapshodhana* which is required to convert a *Dushta Vrana* into a *Sudhha Vrana*.^[4]

Also, according to several researches, it is found that the main three alkaloids viz. Picrinine, Vallesamine and Scholaricine, produce the anti-inflammatory and analgesic property. It acts by inhibiting the inflammatory mediators (COX-1, COX-2 and 5-LOX) which are responsible for inflammation in a *Dushta-Vrana*.^[5] Aqueous extracts of *Saptaparna* shows varying degrees of inhibitory activity against all bacteria especially against Gram-positive and Gram-negative bacteria, thus helpful in reducing discharges, itching and smell of *Dushta-Vrana*.^[6] Moreover, aqueous extract showed highest antioxidant activity among the other extracts. Oxidation process hampers the wound healing; antioxidants protect the tissue from the oxidative damage and helps in healthy granulation tissue formation.^[7]

CONCLUSION

Some conditions of *Vrana* are really very difficult to treat even after advanced management protocol available in bioscience. But by using *Ayurvedic* concept of *Dushta Vrana* management significant cure in this condition was achieved. This is a case study of a single patient. It can be carried out for a large number of patients after the thorough Examination. It can help to reduce the fright of undergoing surgical intervention among such patients. It can be concluded that local application of *Saptaparna Pichu* is curative in management of patients of *Dushta Vrana*, without any complication.



On the first visit



Local application of saptaparna pichu



After One week



After Two weeks



After Three weeks



After Four week



After Five weeks



After Six weeks



After Seven Weeks

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