Wound healing is a self-controlled process but due to remarkable increase in number of accidental injury and resistant bacterial infection the process of healing prolongs and also gives rise to local and systemic complications finally leading to non-healing ulcer. A vrana after getting invaded with doshic ailments or infections takes prolong healing time i.e. more than 7 days and results into dushta vrina. Regular progressions of newer antibiotics have increased the cost of treating infected wound to many folds. Our Acharyas have already advocated multiple formulations for such conditions which are very much economical and safe. One of such formulation is Tiladi lepa, which has both sodhana and ropana properties as given by Acharya Chakradutta in a case of Dusta Vrina i.e; non-healing ulcer.

Keywords: Dushta Vrina, Tiladi lepa, non-healing ulcer

INTRODUCTION: Since inception Vrina has remain a prime topic of concern among surgical practitioners even Acharya Susruta defined Shalya Tantra as Vrina Vinishcayaartham. Vrina is so called as the scar of wound never disappears even after complete healing and its imprint persist lifelong. Ancient scholars have classified the Vrina as nija and agantuja. In nija variety they have included all those causes where the systemic involvement of the body found, where as in agantuja variety, they have explained about vrina caused by the external factors mainly by trauma. Besides these two gross divisions of vrina, there is another variety of vrina which takes special attention which is dusta vrina (Chronic non-healing ulcer). Dushta vrina implies the excessively damaged condition characterized by vitiation of mamsa, meda dhatus and doshas which are caused by external injuries with exudation of foul-smelling pus (durgandhayuktha puyam), pain, temperature, inflammation, redness, itching and also oozing of foul-smelling blood (durgandhayuktha raktham) with no intention to heal. In consideration of development, trauma has increased remarkably in past decades. Traumatic wounds occur at the rate of 50 million or more every year worldwide, growing globally at 1.7% CAGR (2012-2020) that require cleansing and treatment with low-adherent dressings to cover the wound, prevent infection, and allow healing by primary intention. Acharya Susruta the pioneer of surgery had advocated 60 procedures for wound care to meet the challenge of wound management. Among them lepa is considered as one of the best treatment. Here in this case Tiladi lepa, a formulation from Chakradutta is advocated which is used in case of dusta vrina having tendency of non-healing even after proper cleaning and removal of pus and slough.

CASE REPORT: A 33 year old male patient presented to the surgical department of Shri Siddarooodh Charitable Hospital, Bidar with non-healing ulcer over dorsum of 4th and 5th phalanges of left
hand along with pain, discharge, slough, foul smell, oedema and discoloration of the skin. 15 days ago, while going up stairs, he fell down and got injured over his left hand. Thinking of self limiting and ignorance he did not visit any doctor. There was no history of Diabetes mellitus or Hypertension. Diet history reveals that his food intake was irregular in terms of quality and quantity as he belongs to poor socio economic condition. His vitals were within normal limits. On examination two wounds, one on dorsum of ring finger of left upper limb and other on dorsum of little finger, both the wound were of 2”x1” in size with white raised margin and pale granulation tissue. Discharge was purulent with foul smell. There was no sign of necrosis and non of the local lymph nodes were found swelled. Routine heametalogy (Hb%, TC, DC, ESR, RBS, HBsAg, HIV) and urine investigations were within normal limits.

As per classics, majority of clinical features such as durgandhata, pooti puya, sraava, vedana etc were observed, similar to that of dusta vrana.

**INTERVENTION:** Tiladi lepa is used for the wound situated in mamsa dhatu which is non-healing even after removal of pus and slough. It is prepared first by making tila paste and then yastimadhu powder is mixed into it. Tiladi lepa has the properties of both sodhana and ropana. The wound was cleaned once daily with normal saline and after cleaning, Tiladi lepa was applied in adequate quantity with the help of the spatula and the wound was covered with sterile gauze and loosely bandage. The treatment is continued for a period of one month.

**RESULTS:** Durgandha, srava and vedana were decreased at the end of second week and the formation of healthy granulation tissue started while the wound healed completely at the end of 4th week leaving only a minimal scar.

**DISCUSSION ON THE EFFECT OF TREATMENT:** Presence of durgandhayuktha puyam (foul-smelling pus) and durgandhayuktha raktham(foul-smelling blood) indicates that the vitiated Pitta causes paka kriya which in turn vitiate rakta. Tila having the properties of Kashaya and Tikta guna decreases pita and prevents paka kriya to reduce srava(pus). Absence of srava and durgandha suggest the wound is devoid of infection and can be marked as vrana sodhana. Madhur rasa of yastimadhu and tila cause ropana by forming granulation tissue. Tila has a vatanasak karma and so decrease the vedana. Sheeta property of Yastimadhu decreases daha. Sukshama guna of tila increases the penetration power and hence the medicine gets absorbed fastly.

**CONCLUSION:** The etiology of dusta vrana is multifactorial and requires a team approach to address issues that can lead to their occurrence. In this study a non healing ulcer (dusta vrana) is selected for evaluation where Tiladi lepa is found very much effective in reducing durgandha, srava, and vedana. The wound get completely cured in 1 month with only a minimal scar left over. The drug is economical and can be prepared easily.

**REFERENCES:**

Figures:

Fig: 1 – Day 1 02/08/2016

Fig: 2 – Day 7 09/08/2016

Fig: 3 – Day 14: 16/08/2016

Fig: 4 – Day 21: 23/08/2016

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