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# Case Study - Management of Dushta Vrana with Magsulf Dressing and Jalouka Avacharan Dr. Kalpana Rohtela \*<sup>1</sup>, Dr. Umesh Vaidya <sup>2</sup>

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# **ABSTRACT:**

Dushta Vrana is explained by Acharya Sushrut in Sushrut Samhita Sutra Sthan where he explains in detail about the features of Dushta Vrana, its treatment, what are the do's and don't while treating the Dushta vrana, what we need to eat and what we don't need to eat. Dushta vrana patients are frequently seen now a days, may be due to weak immunity, dosha dushti due to irregular habits of their lifestyle.

# **INTRODUCTION:**

Before explaining the Chikitsa of Dushta Vrana acharya Sushrut explains about the Vrana Shoph chikitsa upkarma in sutra sthan chapter no 17 "aampakvashaniya". where he said first procedure we need to do is vimplapan by shothhar lepa, second is avsechan, third is upnah, fourth – patan, fifth – shodhan, sixth – ropan, seventh – vaikratapaham.

So for the upnah kriya we used magsulf dressing to reduce the oedema and manage it further accordingly with oral medications and jalouka avacharan kriya.

Magsulf reduces the oedema and works by hygroscopic nature.

### Aim

To see the efficacy of Magsulf dressing and jalouka avcharan on dushta vrana.

## **OBJECTIVE**

- To see the healing of Dushta vrana.
- To reduce the oedema around the Dushta vrana.
- To reduce the pus around the wound.
- To observe any sort of adverse effect of using magsulf dressing on dushta vrana.



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• To observe the efficacy of using both modern and ayurved treatment side by side.

• To observe the adverse effects of using both treatment together.

• To observe the healing time period of using both ayurved and modern treatment together.

# **MATERIAL AND METHODS:**

## **Material Used**

- Magnesium sulphate
- Glycerine
- Gauze piece
  - Dressing pads.
  - Jalaouka
  - Roller bandage

### Method

It was an open single patient clinical trial.

# CASE REPORT:

A 65 years female came to the opd with complaints of wound and multiple boils over the right leg posterior aspect since 6 months. She was suffering from the pain and discharge from the wound. After sometime blister formation was seen by the patient. And ultimately she was having difficulty in walking.

Patient name - ABC

Age - 65 years

Gender - female

Uid - 20479

**Present history** – Patient was having a single boil on her right leg posterior aspect but slowly multiple boils formed and she suffered with the itching over boils and later on discharge was



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seen by her. After that the situation got worse that inflammation occurred and blisters was formed.

**Past history** – Patient was having history of hypertension and was taking antihypertensive medicines regularly and for this wound patient took allopathic treatment where antibiotics was given but there was no such relief was seen by patient instead recurrence was being observed.

## **INVESTIGATIONS:**

- Hb-13.5g/dl
- Tlc 5600
- Platelet 3,50,000
- $Bt 2 \min 4 \sec$
- $Ct 4 \min 50 \sec$
- Blood sugar random 110
- Hbsag-negative
- HIV negative
- Urea 20
- Creat 0.8

### Local Examination

- Wound over the right leg posterior aspect.
- Inflammation present
- Tenderness present
- Multiple boils and blisters seen
- Fluid present in blisters.

## **TREATMENT GIVEN:**

First dressing was done with magsulf to reduce the oedema and after repeated magsulf dressing once the oedema and inflammation reduced then started with the leech therapy (jalouka avacharan) every week.

Oral medications was also given to the patient -



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Tab Gandhak Rasayan 500 mg twice a day

Maha Manjisthadi Kwath 4 tsf twice a day with equal amount of luke warm water after meals

Tab Triphala Guggullu 500 mg twice a day.

Shathdhoth ghrit for local application.



BEFORE TREATMENT





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#### AFTER TREATMENT

## **DISCUSSION:**

Dushta Vrana patient was randomly selected and was decide to treat with magsulf dressing to reduce the inflammation and oedema and after reduction of inflammation jaloukavacharan was done along with the oral medications.

Magsulf dressing was done on daily basis with oral medications. When the oedema and inflammation got reduced then follow up was taken every week as jalouka was applied every week till complete healing of the wound.

**Discussion on the basis of pain** – Pain was reduced slightly while using magsulf dressing but not much relief was noticed.

**Discussion on the basis of inflammation** – Inflammation was reduced completely after two or three sittings only. Magsulf dressing works on hygroscopic nature due to which inflammation, redness over the wound was reduced considerably.

**Discussion on the basis of discharge** – Discharge from the wound was not decreased. But after the use of jalouka avacharan the discharge which was seen earlier was reduced considerably.

## CONCLUSION:

- In Dushta Vrana where Vrana Shoph is seen, which we compare with the inflammation in the modern. There is a considerable decrease in that when magsulf dressing was used.
- There was no reduction in discharge and wound healing after the use of magsulf dressing.
- There was reduction in discharge after the use jalouka avcharan.
- Healing was seen in the dushta vrana when jalouka was used.
- Pain was decreased after the discharge from the wound decreased.

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