



# Nimba Kalka With Madhu And Yava Kalka Ghrita For Shodhana-Ropana Effect In Dushta Vrana: A Single Case Study

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**Abstract :** Disruption of normal structure and function of skin and underlying soft tissue is wound; it is caused by trauma, infection & chronic mechanical stress. It can be divided chronologically in acute & chronic. Factors needed for healing wound are proper vascular supply, cure infection, free of necrotic tissue & moist, but some wounds not healed by proper management in bioscience and this condition is equated with *Dushta Vrana*. *Dushta Vrana*, or chronic non-healing ulcers, poses significant challenges in clinical practice, particularly among patients with compromised immune systems or chronic diseases. *Acharya Sushruta* mentioned sixty treatment modalities to treat *Vrana*. Here we present a case of *Dushta Varna* (Non-healing wound) & successful management by application of *Ayurvedic* drug preparation. This case study investigates the comprehensive *Ayurvedic* management of a 45-year-old male laborer presenting with a 15 days history of a non-healing ulcer on the left heel region, characterized by persistent pain, purulent discharge, and systemic symptoms such as fever and generalized weakness. Using *Ayurvedic* principles, we aimed to address the underlying *dosha* imbalances, enhance wound healing, and improve the patient's overall well-being.

After 2 weeks of intervention, significant improvements were observed: the wound size decreased markedly, pain levels were substantially reduced, and systemic symptoms resolved. The patient's overall health improved.

**Key words:** *Dushta Vrana*, Ulcer, non healing Ulcer, *Vranaropana*, *Vranashodhana*, *nimba kalka*, *Yava Kalka with ghrita*.

## I. INTRODUCTION:

Non-healing wounds are significantly problematic for all healthcare systems worldwide.<sup>(1)</sup> Discontinuation of skin & its underlying soft tissue is *Vrana*. *Vrana Ropana* (healing of wounds) is a natural process of the body, but due to various factors and the invasion of micro-organisms, the natural course of healing may get delayed. Normally wounds are healed by it if kept clean. So *Vrana* (wound) and its *Shodhana* (cleaning) are the two sides of surgical coin on which an expert surgeon has to play his role sincerely. In India, a recent study estimated a prevalence rate of chronic wounds at 4.5 per 1000 population.<sup>(2)</sup> Contamination of wound by bacteria, insufficient blood supply, tissue tension and radiation are the local factors for delay in wound healing. Whereas general factors include malnutrition, malignant disease, diabetes and long-term consumption of steroids and cytotoxic drugs.<sup>(3)</sup> *Acharya Sushruta* given detailed description about *Vrana*. Generally, *Vrana* classified into two types i.e., *Sharira* are due to vitiated *Dosha* and *Agantuja* i.e., *Sadhyovrana* (wound) which is caused by trauma. If the *Vrana* (wound) gets infected and take long time to heal then it is called *Dusthavrana* (Infected wound or non-healing ulcer).<sup>(4)</sup> *Acharya Sushruta* elaboratively mentioned *Shasti Upakrama* to treat all kinds of *Vrana*. The principal of management runs through- *Vedana Shamaka*, *Shothahara*, *Rakta Stambhak*, *Aushadi Prayoga*, *Shodhana* and *Ropana Karma* with *Pathya Apathya Prayoga*.<sup>(5)</sup> In the present study the application of paste of *nimba kalka* and *madhu* on a non healing ulcer for its *shodhana* effect and *yava kalka* with *ghrit* application for its *ropana* effect.

## II. Materials and methods:

The method used for this study is clinical case study method.

The material for the study was provided by *ayurvedic* as well as modern surgical classical texts. The work was carried out in the CSMSS Ayurved Rugnalaya, Chhatrapati Sambhajanagar

### Materials required: -

Sterile Gloves, Cotton, gauze, cotton pad, normal saline, micropore sticking, bandage.

## III. Case report

A 45 yrs. old male patient presented with *dushtaVrana* (Non-healing ulcer) over left heel. Patient having severe pain at left heel region since 15 days back then he was treated with Povidone iodine ointment previously but no improvement was noticed. The ulcer became infected with pus discharge and fever since 5 days

H/O- Sever pain and wound at left heel region with difficulty in walking due to injury during farming since 15 day. On and off fever with yellowish discharge from wound since 5 days.

No history of Diabetes mellitus, hypertension

Family history- not significant with the patient disorder.

### Personal History

Bowel: Regular

Appetite: Reduced

Micturition: Normal

Sleep: Disturbed

Addiction: Nil

### **Physical Examination**

Temperature –100.1°F

B.P: 110/70 mm of Hg

P.R: 95/min.

No Pallor, Icterus, Cyanosis and Clubbing

No lymphadenopathy

### **Systemic Examination**

CVS: S1, S2 Normal

CNS: Conscious and oriented

RS: AEBE and Clear

### **Local Examination**

Site: Over left heel region

Size:

1.Diameter : 2 cm

2. Depth: 2.5 cm

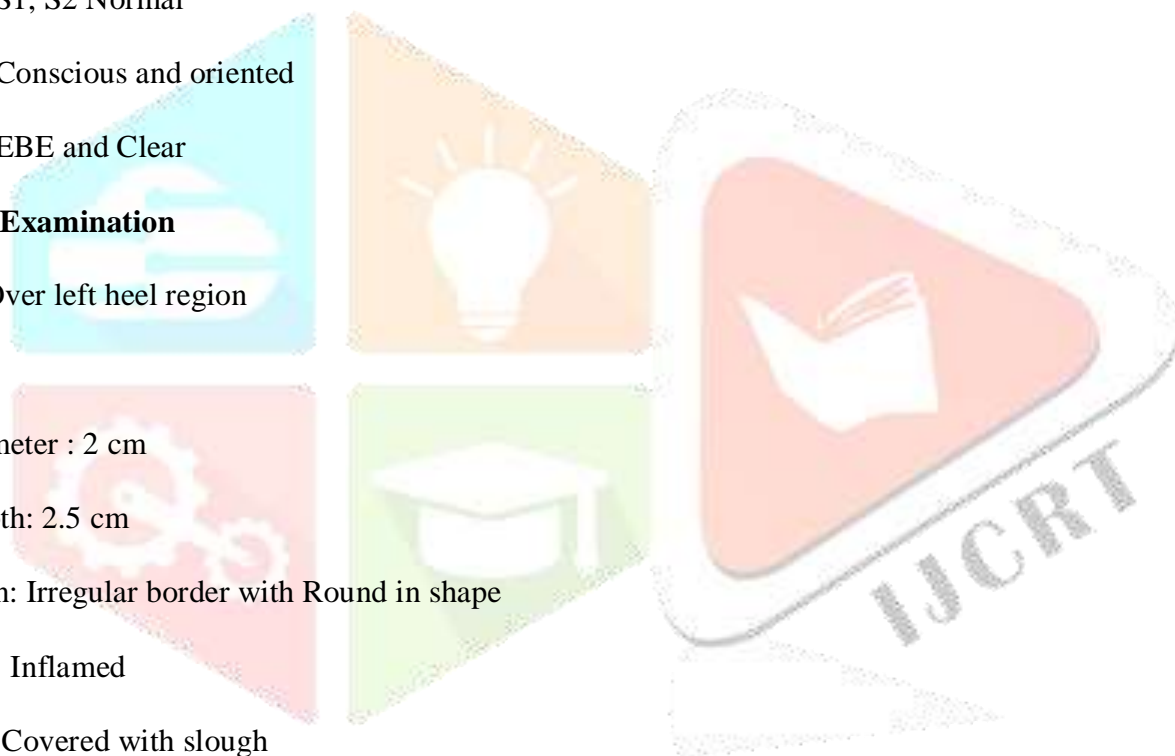
Margin: Irregular border with Round in shape

Edges: Inflamed

Floor: Covered with slough

Base: Soft tissue

Discharge: Foul smell with yellowish pus discharge



#### IV. Management

##### Local Application

Daily dressing – The wound is cleaned with normal saline. After drying with sterile gauze, *Nimba kalka* with *Madhu* <sup>(6)</sup> is applied over the wound followed by keeping sterile gauze as absorbent layer. The dressing is secured with bandages without compromising the circulation for 7 days.

On 8<sup>th</sup> day wound is presented with healthy granulation without pus discharge hence for ropana effect *yava kalka ghruta* <sup>(6)</sup> applied over the wound followed by keeping sterile gauze as absorbent layer. The dressing is secured with bandages without compromising the circulation for 7 days.

##### Oral medications

1. *Arogyavardhini vati* 500mg 1BD
2. *Sukshma Trifala vati* 500 mg 1BD
3. *Sanshamani vati* 500 mg 1 BD

#### V. Result:

Parameter	Before treatment	After treatment
Pain	Continues localized pain during movement only	decreased localized pain
Discharge	Yellowish Pus discharge	No any
Smell	Foul	No
Floor	Covered with slough	Healthy scab over wound



Day 1<sup>st</sup>



Day 8<sup>th</sup>



Day 15<sup>th</sup>

## VI. Discussion:

Applying a mixture of *Nimba kalka* and *Madhu* for *Dushta Vrana* (chronic wounds) effectively addresses issues like foul odor, inflammation, tenderness, and excessive discharge.

### 1. Anti-inflammatory and Antimicrobial:

- The *tikta* and *kashaya rasa* in *Nimba kalka* reduce inflammation and toxins, while the *katu rasa* minimizes discharge and soothes irritation.

### 2. Promotes Healing:

- The combination penetrates tissues to cleanse wounds and supports healing through its *Ushna Virya* and *Laghu-Ruksha-Tikshna* qualities.

### 3. Madhu (Honey):

- Madhu nourishes tissue and balances the three doshas. Its *Madhur rasa* aids granulation, while the *kashay rasa* helps remove slough.

### 4. Yava (Barley):

- Yava complements this treatment with its *Madhura rasa* and *sheeta veerya*, reducing pitta heat, separating dead tissue, and promoting wound closure.

### 5. Cost-effective and Safe:

- This method is easy to apply, making it a practical choice for effective wound management.

In summary, this Ayurvedic approach harnesses natural properties to enhance wound healing and reduce complications.

## VII. Conclusion :

*Vranalepa* is highly significant and particularly for managing *Dushta Vrana* (chronic or infected wounds). Its dual action as a debriding agent helps to gently remove slough and necrotic tissue, which is crucial for creating an optimal healing environment. By minimizing the discomfort associated with traditional debridement, it can be a valuable alternative for patients who struggle with pain during the process. The reference to *Sushruta's Shashti Upakramas* highlights the need for further research to validate these ancient techniques and explore their potential in contemporary wound care.

## VIII. References:

1. EWMA (European wound management association) journal of wound care vol19, no 6, June 2010 page no. 239.
2. Gopikrishna S, Krishnaja K T, Indu P V. Ayurvedic Management of Dushta Vrana. International Journal of Ayurveda and Pharma Research. 2023;11(11):97-102. <https://doi.org/10.47070/ijapr.v11i11.2990>.
3. Sri Ram Bhat M, SRB's Manual of surgery, 7<sup>th</sup> edition, reprint on 2012, chapter 1<sup>st</sup> P 1-7.
4. Acharya Sushruta, Sushruta Samhita, translator by prof.k.r.sreekanthamurthy, published by chaukambha orientalia, reprint edition, 2010; chikitsa sthana 1st chapter, 3<sup>rd</sup> shloka P-3.
5. Acharya Sushruta, Sushruta Samhita, translator by prof.k.r.sreekanthamurthy, published by chaukambha orientalia, reprint edition, 2010; chikitsa sthana 1st chapter, 7,8 & 17th shloka P-3.
6. Dr. Tripathi I.(editor). Chakradatta, Shotha Chikitsa, verse no. 44, edition reprint, Varanasi; Chaukhamba Sanskrit Bhavan publication, 2016: 256.