



# A CLINICAL CASE STUDY TO EVALUATE THE EFFICACY OF TRIPHALA MASHI LEPA IN AGNIDAGDH VRANA.

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## ABSTRACT

In Wound healing of Dagdhvrana to prevent further infection and to avoid possible complications classical Ayurvedic literature has already stated many drug combinations and various treatment modalities like Lepa, Seka etc. Silver Sulphadiazine commonly used medicine for LA in Agnidagdh vrana which has got only antimicrobial action, although reducing the risk of infection recent studies have highlighted the adverse effect of silver sulfadiazine slowing reepithelization, increasing rate of scar formation and development of systemic side effects. Along with that it doesn't participate directly in wound healing. So there is need to explore the alternative drugs for local application, which may prevent further complications , which has antimicrobial action ,helps in healing of burn with less pigmentation ,so all these expectations are fulfilled by Triphala mashi lepa. Triphala mashi lepa is traditional Ayurvedic preparation in Agnidagdh vrana which has nutrient content like Ascorbic acid etc. that will promotewound healing along with that it will inhibits bacterial growth. Furthermore, specific advantages that Triphala possesses effectiveness against yeast, antibiotic resistant strains of bacteria, So A single case study where in Agnidagdh vrana patient application of Triphala mashi lepa for 14 days daily, concluding significant ropan activity of Agnidagdh vrana without any adverse effects.

## KEYWORDS

Triphala Mashi , Agnidagdh vrana, Burn wound, Lepa, Wound healing, Silver Sulphadiazine

## INTRODUCTION

Ayurveda is one of the oldest healing sciences, describing the universe as an interplay of five great elements: Space, Air, Fire, Water, and Earth<sup>1</sup>. Fire possesses specific properties like Ruksha (dry), Tikshna (sharp), Ushna (hot), Vishad (clear), Sukshma (subtle), and Rup (form-giving). Though composed of all five elements, the Fire element is dominated by the tejas quality, which causes daha (burning) and dagdha (burnt conditions).The word Dagdha comes from Dhatya Smaiti, meaning to burn. Ayurveda classifies dagdha into different types: Agni -dagdh, Ushna Vata dagdh, Sheeta varshaneela dagdh, and Kshara dagdh. In Sushruta Samhita, Agnidagdh is categorized by depth into four types<sup>2</sup>: Plushtam, Dur-

dagdham, Samyaga-dagdha, and Ati-dagdham. It is also classified based on cause<sup>3</sup>: Ruksha Dagdha (dry burn) and Snigdha Dagdha (moist burn), which relate to modern flame and scald burns. Modern medicine defines a burn as coagulative necrosis caused by heat transferred to the body. Burns are classified by cause<sup>4</sup> into thermal, chemical, electrical, radiation, cold, and sunburns.

Burns are also classified by depth<sup>5</sup> into first, second, third, and fourth-degree burns. Burn assessment tools include Wallace's rule of nine and the Lund and Browder chart. Prevalence rate<sup>6</sup> of burn is 6%. Treatment of Agnidagdh, requires an integrated approach involving both Ayurveda and Allopathy. In severe cases like third and fourth-degree burns, emergency management includes fluid therapy, IV antibiotics, and anti-inflammatory drugs. First and second-degree burns can often be treated on an outpatient basis, depending on the extent and depth. Long-term concerns in burn management include scarring, pigmentation, and keloid formation. Proper wound care at all healing stages is essential to prevent complications and ensure effective recovery. Triphala, a potential formulation, is effective in wound healing due to its antibacterial, antioxidant, and healing property. Mashi Kalpana<sup>7</sup> is a method where a substance is brought to carbonized form by the process of employing heat to dry ingredients of drug. By the process of heat treatment hidden chemical constituents become prominent. The process involves heating with minimal oxygen, increasing the material's adsorbent capability. Adsorption helps bind unwanted substances like toxins and bacteria, making it useful in burn wound management.

## AIM

To study the efficacy of Triphala Mashi Lepa in Agnidagdh vrana.

## OBJECTIVES

To evaluate the Ropan effect of Triphala Mashi lepa in Agnidagdh vrana. Literature study of Agnidagdh vrana, Triphala Mashi from Ayurvedic and modern texts.

## CASE DESCRIPTION

A 24 year male patient tient ,opd no. 25/G16954, visisted shalyatantra opd, with alleged history of fall of hot water on Right forearm and arm half hour before at home .now patient has complaints of burning sensation, Pain at Right Hand. Patient was apparently normal before the incidence. All the needed general, physical examination was done which were within normal limits, patient

had no past major medical history or any past surgical history, no allergic history. So, for Triphala Mashi Lepa, the patient selected after consent.

Examination of wound -

Inspection= Right Arm region,

Size- 2000mm<sup>2</sup>,

second degree superficial burn 2,

Colour -Reddish,

Surface – moist,

Palpation= Tender

Lab investigation - Hb - 13.2 gm% , WBC - 8,700/cumm , platelet - 1.31lakh /cumm

## MATERIALS AND METHODS

STUDY DESIGN: Single case study, pilot study

DURATION OF STUDY: 14 Days study with daily once dressing.

FOLLOW UP - 5th, 10th, 15th day

## INCLUSION CRITERIA<sup>8</sup>:

- 1) Patients Age between 18 to 60 years irrespective of sex, religion, occupation etc
- 2) Patients with 1st and 2nd degree superficial burn, having up to 5%TBSA (Total body surface area) burn.

- 3) Patients having wounds on extremities and trunk only.
- 4) Agnidagdhd vrana due to heat including dry and moist.
- 5) Patients who are willing for trial & ready to give informed consent.

#### EXCLUSION CRITERIA<sup>8</sup>:

- 1) Age group less than 18 years and more than 60 yrs.
- 2) Patients having more than 5% TBSA (Total body surface area) burn.
- 3) Patients with 2nd degree deep burn and above that.
- 4) Known case of AIDS, Uncontrolled DM, Hepatitis B., TB and immunocompromised people.
- 5) Electrical, Chemical, Frost and Radiation burn.
- 6) Taxemia, Septicemia.
- 7) Head, Neck, Genital Organs.

#### WITHDRAWAL CRITERIA:

- 1) If patients develop any adverse effect.
- 2) If patient is not responding to treatment and aggravation of symptoms.
- 3) If patient refuses to continue with the treatment
- 4) Patient not giving proper follow up.

#### SOP:

Informed and Written Consent taken. Pre-Procedure Preparation done. Patient's vitals were measured. After wearing sterile gloves, the site of wound was examined to see if there is any slough, discharge, pus, blisters. The site of wound was cleaned with normal saline. All burnt site and slough removed. Blisters were removed and superficial layer of blister skin was removed. surrounding area of wound dried and kept clean. After cleaning of wound the triphala mashi mixed with tila taila was carefully applied (lepan) over the site of Agnidagdhd Vrana. loose bandaging done. (Dressing done pn daily basis for 14 days) Patient tolerated the procedure well without and complications

#### Assessment Criteria

The patient was evaluated for all signs and symptoms before and after 14 days of dressing, according to the following criteria.

#### Objective Criteria— vrana aakar (size)

#### Subjective criteria -

- 1) Pain—Visual analogue scale [VAS]
- 2) Daha (Burning Sensation):  
Grade 0 -No Burning Sensation  
Grade 1 -Mild Burning Sensation  
Grade 2 -Moderate Burning Sensation  
Grade 3 - Severe Burning Sensation
- 3) Vrana Varna (colour):  
Grade 0 Normal skin  
Grade 1 Reddish  
Grade 2 Pale yellow  
Grade 3 Yellowish slough
- 4) Vrana strava (Discharge):  
0th Day Present / Absent  
5th Day Present / Absent  
10th Day Present / Absent  
15th Day Present / Absent

Tb. Amoxicycline 500 mg + Clavulanic acid 125 mg BD for 5 days orally

### OBSERVATIONS AND RESULTS:



Sr. no.	Observations	Day 0 <sup>th</sup>	Day 5 <sup>th</sup>	Day 10 <sup>th</sup>	Day 15 <sup>th</sup>
1	Vrana Aakar	2000 mm <sup>2</sup>	1200 mm <sup>2</sup>	480 mm <sup>2</sup>	120 mm <sup>2</sup>
2	Vrana Vedana	4	2	1	0
3	Daha	3	2	1	0
4	Vrana Varna	1	2	1	1
5	Vrana Strava	0	1	0	0

**DISCUSSION** - The healing mechanism of Triphala Mashi Taila in burn wound management as their Actions,

Taila<sup>12</sup> (Oil):

Tvakprasadana (Improves skin texture),

Varnakara (Enhances complexion), Krimighna – (Antimicrobial action),

Snigdha (Promotes moist healing), Ushna (Increases blood circulation),

Triphala Mashi<sup>9,10,11</sup>:

Haritaki:

Kashaya (astringent), Dipan (enhances digestion/metabolism), Rasayani (rejuvenative).

Vibhitaki:

Kashaya, Krimighna (antimicrobial), Vaivarnya nashana (restores natural skin color).

Amalaki:

Kledanashak (reduces excessive discharge), Raktapittanashak (balances blood and Pitta).

Overall, Action leads to wound healing without infection and pigmentation.

From a modern perspective, it offers anti-inflammatory, antibacterial, antiviral, antioxidant, and wound healing properties.

From the Ayurvedic perspective, it restores dosha balance, enhances skin properties, and promotes natural healing.

#### CONCLUSION:

Agnidagdha vrana are a common type of accidental injury that often results in scarring and pigmentation. The prime concern in burn injury management is complication like infection, pigmentation etc. so the process of wound healing and outcome of this process are entirely dependent on how it is managed throughout the stages of wound healing. Hence the present study was conducted to evaluate the efficacy of Triphala Mashilepa in the management of Agnidagdha Vrana. From the present study it can be concluded that Triphala Mashilepa effectively reduces Agnidagdha Vrana and can be used as an effective, safe and convenient and cost-effective treatment modality for treating Agnidagdha Vrana.

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