VISHAJA VRANA: A LITERARY REVIEW

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ABSTRACT

Agada Tantra is a specialized branch of Ayurveda which mainly deals with the sign and symptoms and also management of visha (poisoning). Visha is an etiological factor of vrana. Vishaja vrana become a global burden in present era; produced by injury with poisonous substances or fang, teeth, nail, assault as well as due to poisonous contact and weapon. The main objective of this article is to discuss the vishaja vrana sign symptom and management according to acharyas.

Keywords: Vrana, Visha Digdha Vrana, Vishaja Vrana, Wound.

INTRODUCTION

The word “Vrana” (Wound) is derived from the verbal root “Vran” meaning splitting or tearing of the body. Vrana define as “Vrana Gatra Vichurnane” (meaning splitting or tearing of the body part is called Vrana. Vrana define as wound, exudative wound, suppuration.

Vishaja Vrana

Vishaja Vrana is known as virulent wound which produces symptoms are black coloured pus formation, when blistered part fluid comes out; vomiting, dyspnoea, cough, feeling tingling sensation all over the body as through numbness.

Charaka Samhita

Charaka has highlight about Charukula ghatra (endogenous wound) and krishnaka (external wound) types.

Vishajaka Vrana

Vishajaka Vrana has reddish yellow edges and black in center, pus formation, gojibha, bracteatum), has highlight about vishajaka (external wound) types.

Sushruta Samhita

Vrana (wound) is of two kind i.e. - sarita (endogenous wound) and agantu (external/ exogenous wound). For this vishaja vrana (external wound) type wound spreads wide quickly. For mitigating this required pittasamak chikitsa etc. This type of wound produces symptoms are black coloured blood (Krishna raktak, flow out from nascent wound, exudative, Krishna varna (black coloured), under goes pus formation, trishna (thirst), Daha (burning sensation), jwara (fever), murcha (fainting), bhram (dizziness), foul smell and torn piece of muscles coming out from vran.

Vishaja Vrana

When this vishaja vrana (wound) the foul-smelling muscles (puti -mansa) should be removed out diligently; then the vitiated blood (rakta) eliminated by using leeches; flowed by vomiting (vamana), purgation (virechan) and panchavalkala –parisek (deoction of the bark of milky trees). Externally application of cold poultice made from vishagha drugs (anti poisonous drugs) of sita virya (cold potency). When this vishaja vrana (poisonous-wound) complicated with swelling, suppuration, necrosis should not be bandaged.

Astanga Sangraha

Here he has highlighted about the visha dagdha vrana (wound by poisoned weapon) and its features like loses consciousness often, feeling tingling sensation all over the body as through swarmed by insects; pain in pelvis, head, shoulder, joint; black vitiated blood comes out; vomiting; dyspnoea, cough, the wound has reddish yellow edges and black in center, pus formation.
quickly" and recommended agada yoga (antitoxic formulations) for treatment are- Gandhahasti agada externally. (Ingredients – Wrightia tinctoria (sveta), Acorus calamus (vacha), Ferrula asafoetida (hingu); Tinospora cordifolia (amrita), Cinnamomum glaucescens (sungandha), Saussurea lappa (kastha), Rock salt (saindhav), Alhizia lebeck flower (sinthia puspa), Curcuma longa, Berberis aristata (twonisa), Zingiber officinalie, Piper longum, Piper nigrum (vyosa), Brassica juncea (sarshapa), Oroxylum indicum (tuntuka), Limonia acidissima (kapitha), Allium sativum (lasuna), Pongamia pinnata (karana), Bambusa arundinaeae (vamsalekhana).); Dasangaagada. "Ingredients-Nardostachys jatamansi (manshi), Cinnamomum zeylanica (twak), Abes webbiana (patra), Ocimum sanctum (surasa), Realgar /Arsenic Disulphide (monohava), Santalum album (sita), Euphorbia nerifolia (snuh), Curcuma longa (nisha), Crocus sativus (kumukam), Capparis zeylanica Linn (Vyaghranakha) etc.). Paste of Aconitum heterophyllum (pratvitha), Solanum surattense Burn (vyaghir) root and Oroxylum indicum (sukanasa) is applied. Curcuma longa (Haridra), salt (saindhava) and honey with ghee – internally. Hridayavarana therapy (cardio protective therapy)

Astagna Hridaya

When the person gets injured by a vishalipi shalya or poisoned arrow, he faints often, becomes discoloured, grief stricken, feeling tingling sensation all over the body as through insects are crawling on it, there is pain in pelvis, back, hand shoulders and joints; the blood coming out from the wound is black and vitiuated in nature (Krishna -dusha stravi), trishna (thirst). Daha (burning sensation), jwara (fever), mecha (fainting), turbidity of vision, vomiting, dyspnoea and cough develop instantaneously; the wound has reddish yellow edges and bluish central portion with severe pain gets swollen; pus formation etc. If the marma sthan (vital spots) not injured then hridayavgaharana –therapy (cardio protective therapy) should be done immediately the arrow should be pulled out and the wound burnt with heated iron road or kshara (alkali) prepared from Butea monosperma Kunt (mushuka), Wrightia tinctoria (sveta), Acacia polyacantha (sommatvak), Rumba cordifolia Linn (tamavalli), Albezia lebeck (shirasa) and Solanum indicum (gdhranakha) should be applied to the wound; and paste of Oroxylum indicum (sukanasa), Aconitum heterophyllum (pratvitha), and Solanum surattense Burn (vyaghirumala) should be applied. Four foul smelling treatments like pittaja visharapa must be done.

DISCUSSION

Human beings are more prone to get injury resulting vrana wounds which made to think our Acharyas about healing. Wound healing is a natural procedure but they are often remaining in the inflammatory stage for too long; because of exotoxins and bacterial colonization; result delay in healing. Complications of non-healing wounds are vast and patients are at risk of septicemia, toxic shock syndrome and in some case amputation. Histologically these types of wound are infiltrated by T cells and macrophages in the dermis, and this causes a cascade of tissue toxicity. Bacteria may also play a role in immune regulation locally by releasing exotoxin likely Clostridium perfringens alpha toxin is produced by the bacterium Clostridium perfringens. Alpha toxin responsible for gas gangrene and myonecrosis in infected tissue. The toxin also possesses hemolytic activity. Similarly, Pseudomonas exotoxin damage-Extracellular matrix. Staphylococcus aureus produces a wide variety of cytotoxins which includes four hemolysins (alpha, beta, gamma, and delta) which are responsible for toxic shock syndrome. This way may be the vrana (wound) converted to Vishaja vrana (poisonous-wound).

CONCLUSION

Vishaja vrana (poisonous-wound) remain to be a clinical challenge with room for improvement. So before starting the treatment, we must assess the toxicity, predominance of dosha (toxin), dushya (entanglement of tissue), site and size of the Vrana (wound), Sadyaasadhaya (remediable or irremediable) of Vrana. When wound will be completely free from visha (poison) and visha (poisoning) complication; then healing can be achieved.

REFERENCES


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