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Research Article

Therapeutic Efficacy of Anantmool Pralepa in Sadyovrana Chikitsa

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ABSTRACT:
The chapter Sadyovrana Chikitsitam in the Chikitsa Sthana of the Sushruta Samhita discusses the causes, classification, forms and management of acute wounds. Acharya Sushruta describes six varieties of Sadyovrana: Chinna, Bhinna, Viddha, Kshata, Pichhita and Ghrishta. Ghrishta Vrana refers to an abrasion in which the skin is scraped or rubbed away following contact with a weapon, the hand or another rough surface, and may be associated with serous discharge. Contemporary wound care may involve analgesics, antimicrobial agents, antiseptics and nutritional supplements; however, their use should be guided by the clinical condition and may be associated with limitations or adverse effects. In this context, the present study considers Anantmool Pralepa as a topical Ayurvedic formulation for Sadyovrana of the Ghrishta type. The preparation is intended to offer a locally applied, accessible and economical option that is simple to administer.

Keywords: Anantmool Pralepa, Sadyovrana, Ghrishta Vrana, wound healing, traumatic wound

Introduction

Acute wounds are commonly encountered in clinical practice and often arise from accidental trauma or other injury to the tissues. Depending on their extent and care, they may cause pain, local inflammation, discharge and delayed recovery. Ayurvedic texts, particularly the writings of Acharya Sushruta, provide a systematic description of Sadyovrana and its management, making this subject relevant to surgical practice. Wound repair is a coordinated biological response through which damaged tissue is restored. It is generally described in three overlapping stages: inflammation, proliferation and maturation. In the early management of a wound, important goals include limiting contamination, supporting timely healing, and controlling pain, discharge and changes in the surrounding skin. Appropriate initial wound care is therefore an essential part of management, while the need for systemic medication should be assessed according to the individual patient.

Aim and Objectives

- To evaluate the effect of Anantmool Pralepa in the management of Sadyovrana of the Ghrishta type.
- To observe the clinical process and progress of wound healing.

Materials and Methods

Data Collection and Study Design

I. Study design: Clinical study.

II. Treatment and follow-up period: Anantmool Pralepa was applied twice daily for seven days. Patients were evaluated on the seventh day and were subsequently called for follow-up assessments on the 15th and 30th days after completion of treatment.

III. Sample size: A minimum of 20 patients of either sex who met the diagnostic and inclusion criteria were enrolled in the study.

Selection of Participants

- Twenty eligible patients were selected at random from the outpatient and inpatient departments of the institute.
- Written informed consent was obtained from each participant after
- the study procedure and proposed treatment had been explained in detail.
- A structured case-record form was used to document the clinical history and relevant findings.

Drug Review and Administration

Anantmool Churna was procured from a GMP-approved pharmacy. The Pralepa was prepared in the institutional Rasashala and used for local application.

Dose: Quantity sufficient for the affected area. Before application, the wound was cleaned with Triphala Kwatha.

Duration: Seven days, with application twice daily.

A. Inclusion Criteria

1. Patients diagnosed with Sadyovrana of the Ghrishta type.

2. Wounds measuring 10–15 cm^2 in area and 2–5 mm in depth.

3. Patients aged 20–60 years.

4. Patients of any religion, sex or socioeconomic background.

B. Exclusion Criteria

1. Patients with a known severe systemic illness.

2. Pregnant or lactating women.

3. Other wound types, namely Chinna, Bhinna, Viddha, Pichhita and Kshataja Vrana.

Assessment Criteria

1. 0 – Pain absent
2. 1 – Pain occurring intermittently
3. 2 – Pain present continuously
4. 3 – Pain severe enough to interfere with routine activities

Discharge (Vrana Strava)

0 – No discharge

1 – Serous discharge

2 – Seropurulent discharge (Shweta)

3 – Purulent discharge (Peeta)

Odour (Vrana Gandha)

0 – No unpleasant odour

1 – Unpleasant odour noticed only during dressing

2 – Unpleasant odour occurring intermittently

3 – Persistent unpleasant odour

Burning Sensation (Daha)

0 – Burning absent

1 – Mild and tolerable burning

2 – Moderate, poorly tolerated burning

3 – Severe burning that disturbs sleep

Wound Area

1 0 – 0–4 cm²

2 1 – 5–8 cm²

3 2 – 9–12 cm²

4 3 – More than 12 cm²

Tenderness (Sparshasahatwa)

0 – No tenderness

1 – Mild tenderness elicited by squeezing

2 – Moderate tenderness on pressure

3 – Marked tenderness even with gentle contact

Wound Colour (Vrana Varna)

0 – Similar to the surrounding skin

1 – Pink

2 – Red

3 – Yellow

Inflammation (Vrana Shotha)

0 – No inflammation

1 – Mild inflammation

2 – Moderate inflammation

5 3 – Severe inflammation

Wound Margins (Vrana Oshtha)

0 – Epithelial growth visible along the entire wound margin

1 1 – Epithelial growth present along part of the wound margin

2 2 – Limited epithelial growth

3 3 – No visible epithelial growth

Granulation Tissue Formation (Charmacheli Formation)

1 0 – Healthy granulation tissue covering more than 75% of the wound

2 1 – Healthy granulation tissue covering approximately 50% of the wound

3 2 – Healthy granulation tissue covering approximately 25% of the wound

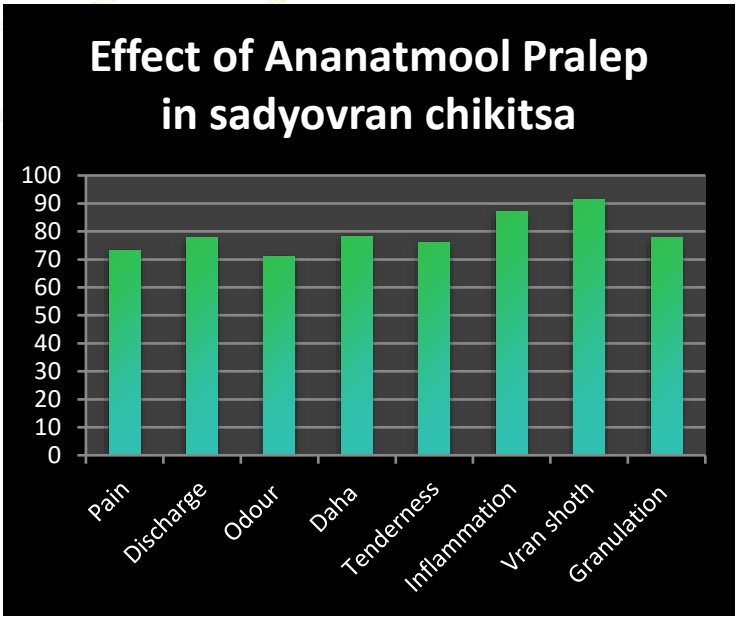
4 3 – Granulation tissue absent

Results and Observations

The clinical study included 20 patients diagnosed with Sadyovrana of the Ghrishta type. Participants were recruited from the outpatient and inpatient departments of the Department of Shalyatantra after applying the predefined inclusion and exclusion criteria. Written informed consent was obtained. The recorded observations were analysed using a paired t-test. The findings are presented below.

Sr no	Complaints	No of patients	Mean		SD	SE	Total relief %	t value	P value
			BT	AT					
1	Pain	20	2.54	0.72	0.43	7.90	73.2	6.59	<0.001
2	Discharge	20	2.11	1.68	0.59	7.11	77.8	7.11	<0.001
3	Odour	20	1.69	1.34	2.43	0.43	71.2	6.09	<0.001
4	Daha	20	2.32	1.04	1.32	0.61	78.3	5.38	<0.001
5	Tenderness	20	2.67	1.81	1.26	0.59	76.2	6.55	<0.001
6	Inflammation	20	2.41	0.98	1.44	0.78	87.1	7.51	<0.001
7	Vran shoth	20	1.89	1.71	0.56	8.21	91.4	6.31	<0.001
8	Granulation	20	2.65	1.56	0.67	7.22	77.7	6.01	<0.001

Graphical Representation



Discussion

In this study, Anantmool Pralepa was applied locally for seven days. In Ayurvedic terms, the formulation is described as having Sheeta Virya and Madhura Rasa, with Snigdha Guna, which may support the traditional indications of Vedanaprashamana and Dahashamana. Its Kashaya and Tikta Rasa are traditionally associated with Shothahara and Vranaropana actions. The Snigdha quality is also described as helpful in alleviating irritation. From a contemporary perspective, anti-inflammatory activity has been discussed in relation to Anantmool; however, the present clinical observations alone cannot establish a specific pharmacological mechanism. The changes recorded during the study suggest a possible beneficial role for Anantmool Pralepa in the local management of Ghrishta-type Sadyovrana. These findings should be interpreted in view of the study design and sample size.

Conclusion

- Within the limits of this clinical study, Anantmool Pralepa appeared to be a practical and economical preparation for local application in Ghrishta-type Sadyovrana. It was straightforward to prepare and apply, and no adverse effects were reported among the 20 participants during the observation period. Larger, well-designed studies with appropriate comparison groups and systematic safety monitoring are required before firm conclusions about efficacy and safety can be drawn.
- Wound healing is a complex biological process involving multiple cellular and tissue-level events. Although several aspects of the process have been studied, the mechanisms involved are not yet fully understood. Findings from animal models may not always translate directly to human wound healing because of differences in anatomy and physiology. Further clinical research in human participants is therefore important for improving understanding of wound repair and evaluating treatment approaches.

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