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Efficacy of Kumari Swaras and Kumari Swaras Siddha Tail in Vrana

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Abstract:

Wound healing is the process of repair that follows injury to the skin and other soft tissues. The main objective in the wound management is to heal wound in the shortest time, with minimal pain & discomfort and scarring to the patient. Kumari (Aloe vera) has long been used as a traditional medicine for inducing wound healing. Biological activities including promotion of wound healing, antifungal activity, anti-inflammatory, anticancer and immunomodulatory. "Efficacy of Kumari Swaras and Kumari Swaras Siddha Tail in Vrana." was carried out at our college in shalya tantra opd. The prime aim of the study is to study the efficacy of Kumari (Aloevera) in the management of different types of wound. Total number of 30 patients were studied in this clinical study. Observations were documented with a specially designed CRF and relevant conclusions were drawn.

Keywords: Wound, Vrana, Kumari, Aloe vera.

INTRODUCTION:

Ayurveda is one of the noble gift of Indian civilization to the allying humanity. Broadly Ayurveda is described in eight branches. Shalya Tantra (Surgery) is one of the prime branch dealing with all surgical problems. It is said that "A surgeon has either create or treat the wound". According to Sushrutavrana (wound) is the subject matter of shalya tantra (Surgery) and the knowledge of its effective management for a surgeon is the most important basic skill required on which the outcome

of surgery depends. Considering this Acharya Sushruta has described sixty measures for the management of wound.

The past two decades has seen a worldwide upsurge in use of traditional medicine and complimentary health care in both developed and developing countries. It not only has minimal adverse effects, but also has good secondary outcomes in comparison to allopathic medicines. In ancient texts many herbal, herbo mineral agents are described for wound management. Historically Kumari (Aloe vera) has been used for a variety of medicinal purposes. It has long been used as a traditional medicine for inducing the wound healing. The primary aim of this study is to evaluate the effect of Kumari (Aloe vera) on different types of wound scientifically.

Aims and Objectives:

To study the efficacy of Kumari (Aloe vera) in the management of different types of wound

To prepare Kumari Swaras and Kumari Swaras Siddha Tail scientifically and evaluate its wound healing property scientifically.

Material and Methods:

The study was carried out after obtaining approval from the Institutional Ethical Committee. Patient and Drug, this two are the important material part of this study.

Patients

The patient participated in this study are from outdoor and indoor department of shalya tantra department. An undersigning was given to the patients about the study and a written consent is taken to participate in the study. The study is carried out on 30 patients compressing of both sex between the age 10 to 60 years. These 30 patients are divided into 2 groups. The first group of 15 patients is treated with Kumari Swaras and the second group of 15 patients is treated with Kumari Swaras Siddha Tail.

Criteria for selection:

Patients of both sexes were selected.

The patients of outdoor and indoor departments were included in the study.

The patients between the age group of 10-60 years were selected

The patients of all different types of wound

Criteria for rejection:

The patients having skin diseases are not included in the study.

The patients suffering from systemic diseases like TB, AIDS, Diabetes Melitus Malignancies are not included

The patients having local diseases like varicose vein, leprosy are not included in this study.

The patients having any congenital defect were also not included in this study.

The patients having known skin allergy were not included in this study.

Drug

The trial drug is prepared in two forms, Kumari Swaras and Kumari Swaras Siddha Tail. Both preparations are prepared in the Ras-Shastra and Bhaishajya-Kalpana Departmental Laboratory under the guidance of the concerned as per Sharangadhar Samhita. Fresh Kumari (Aloe vera) leaves collected from botanical garden of dravyaguna department for preparation of Kumari Swaras and Kumari Swaras Siddha Tail.

Pharmacodynamic properties of Kumari (Aloe vera)

Chemical constituents of Kumari (Aloe vera)

- Aloin, isobarbaloin, aloe emodin, resin, polysaccharides, anthraquinone, glycosides, glycoproteins, sterols, saponins, organic acids, some volatile oils and some water soluble substances, polysaccharides, mannose 6- phosphate.

Method:

This clinical study was carried on total 30 patients. This clinical study being an open comparative study. A specific CRF is used to record the findings. General observation like age, occupation and gender were documented in the case report form. The application of Kumari Swaras in group A and Kumari Swaras Siddha Tail in group B patients was done as mentioned in Table. Routine laboratory investigations of all selected patients were carried out. Few laboratory tests of the trial drug were carried out to know the important aspects

| Group | A | B |
|-------------------------|-------------------------------|-------------------------------|
| Drug used | Kumari Swaras | Kumari Swaras Siddha Tail |
| Form | Swaras (Aqueous Extract) | Tail |
| Dose | As per requirement | As per requirement |
| Route of administration | Local application | Local application |
| Duration | Once daily till wound healing | Once daily till wound healing |

Criteria for assessment:

The subjective parameter like pain, tenderness and objective parameters like size, color, floor, margin, discharge, granulation tissue and swelling were recorded on the basis of the score adopted with grading 0,1,2,3. After completion of treatment, the assessment of scar was done on the basis of gradation 0,1,2 and 3.

Criteria for assessment of total effect of therapy are given in table

| Result | Criteria |
|--------|----------|
|--------|----------|

| | |
|-------------------|--|
| Cured | 100% relief in the signs and symptoms along with complete healing of wound within 21 days |
| Markedly improved | 76-99% relief in the signs and symptoms along with complete healing of wound within 21-30 days |
| Improved | 26-75 % relief in the signs and symptoms along with complete healing of wound in more than 30 days |
| No improvement | Up to 25% relief in signs and symptoms without any progress towards healing of wound. |

Observations and Results:

Sex: Out of the 30 patients of wound there were 73.33% male and 26.67% female patients.

Age: Out of 30 patients 40% belongs to 10 to 30 yrs age group, 43.33% belongs to 31 to 50 yrs age group and 16.67% belongs to 51 to 60 yrs age group.

Dietary Habit: Out of 30 patients 6.67% patients were vegetarian and 93.33% patients were mixed group.

Occupation: Out of 30 patients 46.67 % belongs to student group, 10.33 % belongs to sedentary group, 30 % belongs to heavy labour group and 13 % belongs to housewives.

Aetiological factors: Out of 30 patients 13.33% patients has wound due to bodily-neej cause and 86.67 % patients has wound due to external agantuj cause

Site of wound: Out of 30 patients 26.67 % patients has wound over upper limbs, 60.00 % patients has wound over lower limbs, 13.33 % patients has wound over face.

Type of wound (Before treatment): Out of 30 patients 56.67% patient has not infected wound and 43.33% patients has infected wound.

Signs and symptoms of wound (Before treatment): Out of 30 patients 96.67% patients has shotha (swelling), 100% patients has shoola (pain), 93.67% patients has sparshasahatwa (tenderness), 96.67% patients has strava (discharge), 60% patient has tvakavaivarnya (discolouration), 10% patient has gandha (foul smell)

Effect of therapy on different signs and symptoms:

| Serial No | Effect of Therapy | No of subjects and percentage | | | | | | | | | |
|-----------|-------------------|-------------------------------|--------|--------|--------|----------------|--------|--------|--------|----------------|--------|
| | | Shotha | | Shoola | | Sparshasahatwa | | Strava | | Tvakavaivarnya | |
| 1 | Cured | 25 | 83.33% | 26 | 86.67% | 24 | 80.00% | 28 | 96.67% | 10 | 33.33% |
| 2 | Markedly improved | 04 | 13.33% | 04 | 13.33% | 04 | 13.33% | 01 | 3.33% | 05 | 16.67% |

| | | | | | | | | | | | |
|---|----------------|----|----|----|----|----|----|----|----|----|--------|
| 3 | Improved | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 03 | 10.00% |
| 4 | No improvement | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |

Cured effect of therapy on 30 subjects of wound:

| SerialNo | Different forms of medicine | No of subjects | Percentage |
|----------|-----------------------------|----------------|------------|
| 1 | Kumari Swaras | 06 | 40% |
| 2 | Kumari Swaras Siddha Tail | 09 | 60% |

Effect of therapy on different signs and symptoms in patients of group - A - Kumari Swaras

| Symptoms | Mean Score | | % relief | SD | SE | t | P |
|------------------------------|------------|------|----------|-------|-------|-------|---------|
| | BT | AT | | | | | |
| Size (cm) | 2.87 | 0.30 | 89.39 | 00.58 | 00.12 | 20.86 | < 0.001 |
| Floor | 0.96 | 0.00 | 100.00 | 00.71 | 00.15 | 06.50 | < 0.001 |
| Margin | 1.22 | 0.26 | 78.60 | 00.56 | 00.12 | 08.16 | < 0.001 |
| Discharge | 0.22 | 0.00 | 100.00 | 00.60 | 00.13 | 01.73 | < 0.050 |
| Colour | 1.69 | 0.26 | 84.62 | 00.60 | 00.13 | 10.38 | < 0.001 |
| Pain | 2.40 | 0.13 | 94.54 | 00.68 | 00.14 | 15.74 | < 0.001 |
| Unhealthy granulation tissue | 0.13 | 0.00 | 100 | 00.34 | 00.07 | 01.82 | < 0.05 |

Effect of therapy on different signs and symptoms in patients of group - B - Kumari Swaras Siddha Tail

| Symptoms | Mean Score | | % relief | SD | SE | t | P |
|-----------|------------|------|----------|-------|-------|--------|---------|
| | BT | AT | | | | | |
| Size (cm) | 3.0 | 0.23 | 92.06 | 00.43 | 00.09 | 29.07 | < 0.001 |
| Floor | 1.04 | 0.00 | 100.00 | 00.74 | 00.16 | 0.6.48 | < 0.001 |
| Margin | 1.23 | 0.26 | 84.62 | 00.58 | 00.12 | 08.14 | < 0.001 |
| Discharge | 0.14 | 0.00 | 100.00 | 00.47 | 00.10 | 01.36 | < 0.050 |
| Colour | 1.71 | 0.23 | 86.11 | 00.81 | 00.17 | 08.31 | < 0.001 |
| Pain | 2.00 | 0.09 | 95.23 | 00.62 | 00.13 | 13.96 | < 0.001 |

| | | | | | | | |
|------------------------------|------|------|--------|-------|-------|-------|--------|
| Unhealthy granulation tissue | 0.23 | 0.00 | 100.00 | 00.53 | 00.11 | 02.02 | < 0.05 |
|------------------------------|------|------|--------|-------|-------|-------|--------|

Discussion:

Kumari (Aloe vera) is an important herb used since many centuries for various disorders. Kumari itself indicates virginity- newness that means a herbal drug help in preserving the active youthful status bodily elements. The local action of aloe vera described by Ayurveda is Jeevaniya - Rejuvenating, Sandhana - Healing, Sthirikaran- Stabilizing, Shonitprasada - Blood detoxifying, Shoshana - Absorbent of toxic discharges

Considering all above and available modern research findings about action of aloe vera, local and systemic possible actions are observed in present study is summarized below

Kumari (Aloe vera) is described as sandhankar- wound healing. This action seems to be achieved by directly stimulating the activity of macrophages and fibroblasts, activation increases collagen and proteoglycan synthesis which promotes tissue repair.

Kumari (Aloe vera) is rakta prasada this activity can be related with anti-inflammatory action. This action due to presence of sterol in aloe vera leaf gel.

Kumari (Aloe vera) is described as jeevaneya. Jeevan indicates continuation of life force the aloe vera gel helps in protecting skin cells.

-Healing, Shonitprasada - Blood purifying, Shoshana - Absorbent of toxic discharge of wound, Jeevaniya - Reorganising skin cells.

Conclusion:

One can draw the following conclusion from the clinical observations, laboratory tests carried in different aspects. The present study proves Kumari (Aloe vera) having potent wound healing action. Further it is proved to be an anti-inflammatory. Kumari (Aloe vera) stated preparations are having antimicrobial action on common pathogens. Ayurveda being a scientific traditional science having rich heritage of medicine. WHO is actively promoting the usage of traditional medicine, in light of this, present mini-study has succeeded in providing a cost effective, easily available, affordable by all, a common drug for common ailments. The propagation of this drug in community will be an important factor for community involvement in health.

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