

## CASE REPORT

## Efficacy of *Katupila Ghrita* in the Management of *Itartha dagdha Vrana* (Burn Wound) at the Perianal Region Caused by Hot Water Sitz Bath: A Rare Case Report

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## HOW TO CITE THIS ARTICLE:

Bharat Dulera, P.B. Joshi, Y.R. Meghani. Efficacy of *Katupila Ghrita* in the Management of *Itartha dagdha Vrana* (Burn Wound) at the Perianal Region Caused by Hot Water Sitz Bath: A Rare Case Report. Ind J Anct Med Yoga. 2026; 19(2): 125-131.

## ABSTRACT

Burn wounds in the perianal region are difficult to treat because the area is constantly exposed to stool contamination, has complex anatomy, and is at high risk of infection. In modern medicine, such wounds often need regular dressing, strict hygiene. Ayurveda provides alternative treatment options that may help to reduce chances of infection and healing process. In this case report, a 54 year old male having an *Itartha Dagdha Vrana* (accidental burn wound) in the perianal region caused by a hot water sitz bath. The patient had a second-degree burn with pain, discharge, unhealthy granulation tissue, and difficulty sitting and passing stool. The treatment was done by daily wound hygiene and local application of *Katupila Ghrita*, antibiotic and analgesic were given for 5 days. *Triphala guggulu* (500 mg) was given TDS after meal, *Erand bhrishtha haritaki churna* (5mg) was given HS and *Panchwalkal kwath* (Q.S.) was given for sitz bath daily. *Pathya Apathya* was advice. Marked improvement was noted within 5 days, with reduction in slough, discharge, local heat, and tenderness. By the 11<sup>th</sup> day, healthy granulation tissue had formed, and complete healing occurred by the 26<sup>th</sup> day with minimal scarring. The healing effect of *Katupila Ghrita* may be due to its *Lekhana*, *Stambhana*, anti-inflammatory, antimicrobial, and antioxidant actions. This case suggests that *Katupila Ghrita* can be an effective, cost effective option for treating perianal burn wounds.

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➤ Received: 18-11-2025 ➤ Accepted: 27-12-2025



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## KEYWORDS

• *Itartha dagdha vrana* • *Katupila* • *Panchwalkal kwath* • Perianal burns and *Triphala gugulu*

## INTRODUCTION

Burns in the perianal region are often exposed to faecal contamination, which can lead to complications such as sepsis, graft failure, delayed wound healing, keloid formation or scar contracture. Although limited literature exists on the management of perianal and perineal burns and faecal diversion techniques, diverting colostomy is frequently recommended to prevent faecal contamination.”

The term “Perineal burns” indicates the pubic region, genital area, peri-anal region, upper posterior thighs, and buttocks and “Perianal burns” involve area around the anal orifice, typically within few centimetre of the anal verge which is not extending to the genitals or perineum. These areas are particularly vulnerable to faecal contamination.

The group of French experts emphasized that perineal burns should be classified as major burns. Consequently, patients with perineal burns must be transferred to and treated at specialized burn centers. However, specialized burn treatment centres are not always accessible, making it essential to explore new treatment modalities that are both effective and financially less burdensome for patients. This is the need of the present era, enabling people to receive maximum benefit at a lower cost and with minimal burden to the affected area. Ayurveda has the potential to fulfil this need effectively.

### Clinical findings:

A 54-year-old male non-diabetic, normo-thermic and normotensive, labour worker, came to the Shalya Tantra OPD of ITRA, Jamnagar with complaints of wound with severe burning pain at anal region which was continuous in nature and soiling of the clothes since 20 days. Difficulty in defecation and in sitting was also complained by patient. This *Itartha Dagdha* (accidental burn) occurred following the use of a hot water sitz bath. Patient had history of pain in ano during defecation. He had undertaken this treatment (hot water sitz bath) on his own as part of symptomatic management for symptoms of pain in ano.

Then, he consulted to the physician but did not get any relief from conservative management. So, patient visited ITRA hospital for further treatment and management of perianal burn after 20 days of the wound formation.

On examination, patient’s vital signs (Temp., Pulse, Blood pressure and SpO2) were within normal limits. He reported 1 to 2 times bowel movements in a day with constipation and had sound sleep.

Local examination revealed *Dagdha Vrana* (2<sup>nd</sup> degree burn wound) around anal-verge with discharge and soiling of clothes. External component of haemorrhoid was visible. No visible external opening, no scar marks were observed. On palpation tenderness was present at the area surrounding and including anal-verge. On digital rectal examination, internal component were palpable at 3 and 7 o’clock position. Temperature was raised. No any dimpling or internal opening was felt. Moderate tenderness was present. Wound status of 1<sup>st</sup> OPD visit is given in below table 1 and Figure 1.



Figure 1: 1st visit (09/05/2025)



Figure 2: on 13/05/2025



Figure 3: on 17/05/2025



Figure 4: on 20/05/2025



Figure 5: on 26/05/2025



Figure 6: on 28/05/2025



Figure 7: On 03/06/2025

Figure: Perianal burn as a complication of haemorrhoid treatment caused by hot water sitz bath.

Table 1: Wound examination on 1<sup>st</sup> OPD visit (Figure 1).

Wound	Presented with
Wound status	Unhealthy granulation
Site	Perianal surrounding to anal verge
Size	Approx. 12×8 cm
Shape	Irregular
Edge	Oedematous, slopping
Margin	Irregular
Slough	Present (Moderate)
Discharge	Present
Surrounding skin	Normal
Temperature	Raised (Moderate)
Tenderness	Present (Moderate)

#### Diagnostic focus and assessment:

USG abdomen pelvis showed of no any abnormalities. ECG was within the normal limits. Chest X-Ray PA view was normal. All routine haematological and biochemical parameters of blood were within the normal limits. Serology (HIV, HBsAg, HCV, VDRL) were negative.

#### Therapeutic focus and assessment:

Informed and written consent was taken from the patient prior to starting of the treatment. Wound and surrounding area was cleaned with Betadine solution and dressing was done with *Katupila Ghrita*. Appropriate antibiotic and analgesic were prescribed to patient for initial 5 day to prevent secondary infection as well as pain relief. Ayurvedic oral medications were initiated, and concurrent daily sterile dressings with Ayurvedic medicaments were performed in the wound care unit. Timeline of therapeutic intervention is mentioned in table 2.

**Table 2:** Timeline of Therapeutic Intervention

Date	Wound status	Medicine	Dressing
09/05/2025	Unhealthy granulation, moderate slough present, discharge present, moderate tenderness, temperature raised.	Tab. Moxikind CV-625 mg (BD after food). Tab Zerodol Sp (1 BD after food). Tab. Triphala guggulu (500mg TDS) <i>Erand bhrishtha haritaki churna</i> 5gms HS Sitz bath with <i>Panchvalkal Kwath</i> (Q.S.)	Wound was cleaned with Betadine solution Application of <i>katupila ghrita</i>
11/05/2025	Unhealthy granulation, mild slough present, mild discharge present, mild tenderness present, temperature normal	Continued 1, 2, 3, 4, 5.	Rep. 1, 2
13/05/2025	Unhealthy granulation, mild slough present, mild discharge present, mild tenderness present, temperature normal	Rep. 3, 4, 5.	Rep. 1, 2
15/05/2025	Unhealthy granulation, local inflammation absent, foul odour absent. slough mild present, mild discharge present, tenderness mild	Rep. 3, 4, 5.	Rep. 1, 2
20/05/2025	Healthy granulation started, slough absent, mild discharge present, tenderness mild	Rep. 3, 4, 5.	Rep. 1, 2
26/05/2025	Healthy granulation, slough absent, discharge absent, no tenderness	Rep. 3, 4, 5.	Rep. 1, 2
03/06/2025	Wound healed completely	Rep. 3, 4.	

**Pathya-Apathya Ahara:**

Patient was advised to take *Yusha & Yavagu* of *Mung dala*, *Khichadi* (of green gram), rice gruel, all types of vegetable soups without spicy masala. Pomegranate, apple, papaya, banana etc. fruits were advised to take. He was advised to take *ghrita* in his regular diet. He was also advised to take diet of gujarati thali which includes vegetable sabji, roti, dal and rice. He was also advised to avoid spicy, sour, fried, fermented, bakery products, refined flour and fastfood.

**Pathya-Apathya Vihar:**

Patient was advised to maintain local hygiene and wound area clean and dry. He was advised to do mild physical activity, adequate rest and proper sleep.

He was advised to avoid strain during defecation. He was also advised to avoid sitting for prolonged time durations, travelling on two wheelers, suppression of natural urges, *ratri jagrana* (late night sleep), excessive walking or running, hard work or strenuous work. He was also advised to avoid homemade remedies for local application.

**OBSERVATION & RESULT**

Wound slough, discharge and tenderness decreased after 5 days with use of antibiotic and analgesic as well as Ayurvedic medicines (oral and local application). Temperature also became normal of local area. After 5 days, antibiotic and analgesics were stopped. All Ayurvedic medicines were continued as per table 2. Wound completely healed within 26 days.

**DISCUSSION**

All burn wounds carry an elevated risk of infection due to the compromised skin barrier. In the acute phase, gram-positive skin flora are the primary pathogens of concern.

However, in perianal burns close to the end of the gastrointestinal tract increases the prevalence of gram-negative and anaerobic bacterial infection.

Rubis *et al.* reported a shift in perineal flora, with *Pseudomonas aeruginosa* and *Escherichia coli* emerging as the most frequently isolated organisms. Although the anus and its immediate borders were spared, dermatomes innervated by the sacral spinal nerves (S1-S5)

were also affected in this case which increase tenderness moderate to severe.

Healing burn wounds continues to be a challenge in modern medicine despite the discovery of many antiseptics. Burn management often requires prolonged hospital stays, costly medications, multiple surgical procedures, and extended rehabilitation, making it an expensive process. Therefore, efforts was focused on reducing inpatient care duration for burn patients. In Ayurvedic terms, first-degree and superficial second-degree burns correspond to *Plusta*, while deep second-degree and third-degree burns can be related to *Durdagdha* and *Atidagdha*, respectively.

Hot water is a common cause of scald burns, which are often deep and frequently require surgical intervention for effective treatment.

Hot objects such as heating pads or hot water bottles, commonly used for symptomatic relief, are known to cause contact burns. Scald burns are distributed across various regions of the body, with the lower extremities and perianal area being more frequently affected than other areas. In this case, we report a perianal scald burn as a complication arising from the use of a hot water sitz bath during the symptomatic treatment of haemorrhoids. Sitz baths are commonly used in proctology as a conservative therapy for haemorrhoids which decreases inflammation and work as analgesic locally.

*Katupila* possesses *Kashaya Rasa* (astringent taste), which has *Lekhana* (scraping) properties that aid in the removal of necrotic tissue and promote wound bed preparation for healing.

Additionally, the *Kashaya Rasa* imparts *Grahi* (absorbent) and *Stambhana* (styptic) effects, helping to reduce and control wound discharge. The *tikta rasa* of the *katupila* and *snigdha guna* of *Goghrita* reduced the vitiated *tridosha* quantity. *Katupila* not only eliminates existing free radicals but also prevents their formation.

The wound was treated with *Katupila ghruta* and within three days, the necrotic tissue was naturally debrided. By the seventh day, swelling, redness, and foul odour had subsided, indicating the drug's debriding and anti-inflammatory properties. Within eleven days, the wound displayed healthy granulation tissue and a clean appearance, suggesting effective infection control. Complete healing was achieved within 26 days, with minimal

scarring, demonstrating the *Savarnikarana* (restoration of normal skin pigmentation) effect of *Katupila*.

In Ayurvedic management of *Itartha Dagdha Vrana* (burn wound), *Pathya-Apathya* regimen plays a crucial role in promoting early wound healing, maintaining *Dosha* balance, and preventing complications. The dietary advice in this case was given to improve *Agni* (digestion) and *Dhatu Pushti* (nourishment of body tissue). The Mung dal Yusha, Yavagu, and Khichadi are easily digestible and protein-rich nutrition, facilitating granulation tissue formation and epithelialization. The use of *Goghrita* in the diet offered *Snigdha* (unctuous) and *Sheeta* (cooling medium) and *Daha shaman* (decrease burning sensation) properties that pacify aggravated *Pitta* and promotes *Vrana ropana* (wound healing) through its *Vranashodhana* and *Vranaropana* actions through enhanced fibroblast migration and epithelialisation.

Fruits like pomegranate, papaya, and banana were advised for their *Rasayana* and antioxidant effects, which help in neutralizing free radicals and accelerating cellular repair.

The *Gujarati Thali* pattern of diet, comprising balanced portions of sabji, roti, dal, and rice, ensured an adequate supply of carbohydrates, proteins, vitamins, and minerals, making it both culturally acceptable and nutritionally beneficial.

Avoidance of spicy, sour, fried, and fermented food items helped to prevent *Pitta* aggravation, which is known cause for burning sensation or local inflammation.

Restriction of bakery products, refined flour, and fast foods minimized the risk of *Vibandh* (constipation) and *Ama* (toxin accumulation).

Maintaining hygiene in local area and keeping the wound area clean and dry reduced microbial load and minimized the risk of infection.

Mild physical activity was beneficial for circulation and digestion, while adequate rest and sound sleep provided optimal conditions for cellular regeneration.

Avoidance of strain during defecation prevented mechanical stress on the wound margins, promoting faster closure and minimizing pain.

Restriction on prolonged sitting, two-wheeler travelling and strenuous work

helped to reduce friction and pressure on the perianal area, preventing wound reopening. Avoiding *Vega Dharana* (suppression of natural urges) and *Ratri Jagarana* (late night sleep) maintained *Dosha* equilibrium, particularly preventing aggravation of *Vata* and *Pitta*.

The prohibition of home-based topical applications ensured that only sterile and clinically approved medicaments such as *Katupila Ghruta* were applied, reducing the risk of secondary infection or irritation.

## CONCLUSION

The perineum is relatively well-protected, so burns involving this area are often part of more extensive injuries. Managing burns in this region is particularly challenging due to the complex anatomical contours, continuous risk of bacterial contamination and repeated mechanical stress from bodily movements.

This case illustrates the potential of *Katupila ghruta* in healing *Itartha Dagdha Vrana* (burn wound). In addition to the clinical challenges they pose for physicians, these wounds significantly impact patients by reducing mobility, diminishing self-control, and negatively affecting self-esteem and body image.

*Katupila* is recognized for its antimicrobial, antiseptic, and wormicidal properties, which aid in wound cleansing and inhibit microbial growth. Its antioxidant activity is likely attributed to the high content of flavonoids and tannins present in the plant.

### Limitation of Study:

However, further studies involving a larger number of patients are needed to validate these findings and explore its effectiveness as a treatment option in burn wound case management.

**Consent of patient:** Consent was taken from the patient before starting the treatment protocol as well as prior to publication of the case details and pictures.

**Conflict of interest:** Author declares that there is no conflict of interest.

**Source of support:** None

**Acknowledgment:** Prof. (Dr.) Tanuja Nesari, Director of ITRA, and Prof. (Dr.) T.S. Dudhamal, Head of Department, ITRA, Jamnagar for providing research facility.

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