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Review Article

GUDUCHI-SAINDHAVA LEPA IN THE MANAGEMENT OF *SADYOVRANA*: A CRITICAL NARRATIVE REVIEW OF CLASSICAL RATIONALE AND CONTEMPORARY EVIDENCE

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ABSTRACT

Wound healing is a complex and coordinated physiological process involving overlapping phases of hemostasis, inflammation, proliferation, and remodeling. In Ayurveda, disruption of tissue continuity is described as *Vrana*, and wounds resulting from external causes are broadly classified under *Agantuja Vrana*. *Sadyovrana*, referring to acute or freshly occurring wounds, requires timely management to facilitate wound cleansing, control inflammation, promote tissue repair, and prevent complications. The present critical narrative review evaluates the classical basis and contemporary scientific evidence concerning the role of *Guduchi–Saindhava Lavana Lepa* in the management of *Sadyovrana*. Relevant classical Ayurvedic literature, including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and selected commentaries and regional sources such as *Vaidya Manorama* and *Dhara Kalpa*, was reviewed along with contemporary biomedical literature concerning *Guduchi* [*Tinospora cordifolia* (Willd.) Hook.f. & Thomson] and *Saindhava Lavana*. Classical references provide a rationale for the use of *Guduchi* and *Saindhava* in wound-related conditions, particularly in the context of *Vrana Ropana* and *Vrana Shodhana*. Contemporary studies on *Guduchi* report anti-inflammatory, antioxidant, immunomodulatory, antimicrobial, and tissue-reparative activities, whereas evidence specifically evaluating the wound-healing effects of *Saindhava Lavana* is comparatively limited. Importantly, no *in-vitro*, pilot, *in-vivo*, or clinical studies specifically evaluating the combined *Guduchi–Saindhava Lavana Lepa* in *Sadyovrana* were identified in the literature reviewed. Therefore, the proposed therapeutic benefits of the combination are currently based on a classical rationale and on extrapolation from evidence concerning the individual drugs, rather than on direct validation of the formulation. The review highlights the gap between classical therapeutic rationale and contemporary experimental evidence and indicates the need for systematic experimental and clinical studies to establish the safety, efficacy, formulation parameters, mechanism of action, and or potential effects of the combination.

INTRODUCTION

The skin is the body's largest organ, performing vital roles such as providing a protective barrier, enabling sensory perception, regulating body temperature, and offering insulation. It is composed of two compartments– the epidermis and the dermis[1]. A skin wound occurs when the integrity of the epidermal layer is disrupted.[2]

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A wound is defined as any injury to tissue that disrupts anatomical continuity and impairs function. An organism's capacity to repair or regenerate damaged tissues provides a clear survival advantage.[3]

Wounds represent a major global health concern. The number of patients with wounds, either acute or chronic, presenting to the emergency department and general practitioners has increased compared to any other health problem[4]. The worldwide prevalence of wounds is estimated at 1 percent of the world's population. In India, the prevalence of acute wounds is 10.55 per 1000 population, whereas that of chronic wounds was reported as 4.5 per 1000 population.[5]

Wound healing is a complex biological process fundamental to the restoration of tissue integrity and functional recovery.[6] It plays a vital role in the body's response to injury, whether resulting from trauma, surgical interventions, or underlying chemical, physical, or pathological conditions. This process proceeds through a coordinated, multi-phase sequence that includes: [a] Hemostasis, [b] Inflammation, [c] Proliferation, and [d] Maturation.[7] Wounds are generally categorized as acute or chronic according to the duration since injury and their progression through the normal healing process.[8,9] An acute wound arises from direct trauma and follows the four phases of wound healing in an orderly manner within the expected time frame.[10,11] Failure of a wound to progress through the normal sequential stages of healing within an expected time frame, often lasting months or years, results in the development of a chronic wound.[12]

In parallel to this, Ayurveda has described the concept of *Vrana*. It seems to be the most common and earliest among the ailments man has ever experienced. The term *Vrana* is derived from *Vrana gatra vichurnane*, in the literal sense of a gap or discontinuity of tissues[13]. Depending upon the etiology, it is classified into two types: *Nijavrana* and *Agantu/ Sadyovrana*. *Sadyovrana* arises from external causes such as trauma and injury, whereas *Nijavrana* develops due to the vitiation of *Doshas.* [14]

The management of *Vrana* occupies an important position in Ayurvedic surgery.[15,16] *Sadyovrana*, which describes acute or fresh wounds, calls for prompt and efficient treatment. In the absence of adequate cleansing and wound care, acute wounds may progress to complications, including delayed healing and infection. Effective acute wound management focuses on optimizing the healing process through thorough removal of debris and necrotic tissue, assessment of underlying tissue injury, minimizing pain, controlling the microbial load, and timely, appropriate wound closure.[17,18] Acharya Sushruta described sixty therapeutic measures known as *Shashti Upakramas*, encompassing various approaches for wound cleansing, management of inflammation, promotion of healing, and prevention of complications.[19]

Among local therapeutic approaches, *Lepa* refers to applying medicinal substances in paste form over the affected area. Depending upon the drugs used, *Lepa* can be employed for purposes including *Shodhana*, *Ropana*, reduction of *Shotha*, and relief of local symptoms. Its topical nature supports local therapeutic action.[20] In *Sadyovrana,* with local macro-inflammation, pain, and risk of infection, *Lepa* can be considered as the first-line local therapeutic measure and early wound healing promotion. This review focuses on a specific *Lepa* formulation consisting of *Guduchi* [*Tinospora cordifolia*] and *Saindhava*. Tender leaves of *Guduchi* with *Saindhava*, as per the Malayalam commentary of Vaidyamanorama by Vaidya T C Parameswaran Moosad, are used in *Sadyovrana*.[21]

Despite the classical rationale for using *Guduchi* and *Saindhava Lavana* in wound management**,** no *in-vitro*, pilot, or *in-vivo* studies have been identified evaluating their combined use as *Guduchi–Saindhava Lavana Lepa* in *Sadyovrana*. Existing evidence is largely based on studies of the individual drugs, limiting conclusions regarding the efficacy, mechanism of action, and safety of the combination. Therefore, the present review critically examines the available classical and contemporary evidence and evaluates whether the individual properties of the two drugs provide a reasonable therapeutic basis for further investigation of the combination.

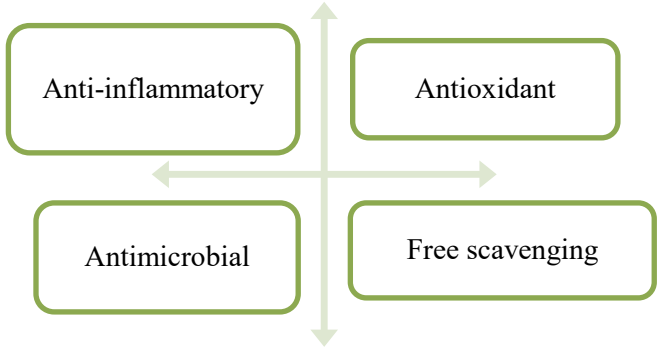


Figure 2: Beneficial herbal properties that promote wound healing

Methodology

Study Design

The present work was undertaken as a structured critical narrative review integrating classical Ayurvedic literature with contemporary biomedical evidence. The review was designed to evaluate the therapeutic rationale and pharmacological plausibility of *Guduchi–Saindhava Lepa* rather than to establish its clinical efficacy.

Formulation of Review Objective

The primary objective was defined as:

To assess the classical basis, Ayurvedic pharmacodynamics, and modern pharmacological relevance of *Guduchi–Saindhava Lepa* in *Sadyovrana* [acute wounds].

Sources of Literature

Classical Ayurvedic Sources

Charaka Samhita

Sushruta Samhita

Ashtanga Hridaya

Regional commentaries, including *Vaidya Manorama* and *Dhara Kalpa*

Contemporary Scientific Sources

PubMed, Google Scholar, DHARA database, Scopus

Inclusion and Exclusion Criteria

Literature relevant to *Guduchi*, *Saindhava*, *Vrana*, *Lepa*, wound healing, inflammation, antimicrobial activity, oxidative stress, and tissue repair was considered. Duplicate publications and literature without relevance to the objectives of the review were excluded.

Screening and Data Extraction

Identified articles and textual references were screened for relevance. Data were extracted under the following domains:

- Ayurvedic properties [*Rasa, Guna, Virya, Vipaka, Karma*]
- Indications in *Vrana*
- Pharmacological activities
- Proposed mechanisms in wound healing

Analytical Framework

An integrative analytical approach was adopted to correlate:

- Ayurvedic pharmacodynamics [*Rasa–Guna–Virya–Vipaka*]
- *Vrana Shodana* and *Vrana Ropana* properties
- Modern pharmacological evidence related to inflammation control, antimicrobial activity, antioxidant, collagen synthesis, and tissue regeneration.

Description of *Lepa* Preparation [Conceptual Reconstruction]

Ingredients[21]

1. *Guduchi*[23]

   English name: Heart-leaved moonseed
   Botanical name: *Tinospora cordifolia* (Willd.) Hook.f. & Thomson
   Family: Menispermaceae
   Part used: Tender leaves

2. *Saindhava*[24]

   Common name: Rock salt
   Chemical formula: NaCl

As the classical reference does not explicitly mention the exact proportion of ingredients, a conceptual reconstruction method was adopted based on general Ayurvedic pharmacological principles.

- Fresh tender leaves of *Guduchi* [*Tinospora cordifolia* (Willd.) Hook.f. & Thomson] were considered for paste preparation.
- *Saindhava Lavana* was considered in fine powdered form
- Equal proportion [1:1] was assumed based on standard *Lepa Kalpana* practices described in Ayurvedic pharmaceutics[22]



Figure 5: *Guduchi* [*Tinospora cordifolia* (Willd.) Hook.f. & Thomson]

Source: Tinospora-cordifolia-guduchi-DR01s.jpg (800×741)



Figure 6: *Saindhava* [Rock salt]

Source: https://img.freepik.com/premium-photo/detailed-examination-delicate-himalayan-pink-salt-crystals-showcasing-subtle-color-variations-concept-himalayan-pink-salt-crystal-examination-color-variations-subtle-shades-detailed-analysis_864588-242703.jpg

Table 1: Ayurvedic pharmacological properties of *Guduchi*[23] and *Saindhava Lavana*[25–28]

Drug	*Rasa*	*Guna*	*Virya*	*Vipaka*	*Dosaghna*	*Karma*
Guduchi	*Tikta, Kashaya*	*Guru, Snigdha*	*Usna*	*Madhura*	*Tridoṣa samaka*	*Medhya, Rasayana, Grahi, Medohara, Kandughna, Jvarahara, Daha-prasamana, Vataraktahara*
Saindhava	*Sasvadu*	*Laghu, Snigdha*	*Seeta*	-	*Tridosa samaka*	*Hridya, Avidahi, Vrana-Arochaka Nashana, Caksushya, Deepana, Pachana*

Table 2: Pharmacological actions of *Guduchi* and *Saindhava Lavana* that aid in wound healing

Drug	Pharmacological Action	Description	Reference
Guduchi [*Tinospora cordifolia* (Willd.) Hook.f. & Thomson]	Wound healing	• Reduces inflammation, restores blood vessels, and collagen fibers	[29]
	Anti-inflammatory	• Reduction in serum level of pro-inflammatory cytokines and mediators [IL-6, TNF-α, IL-17, NO, and PGE2] • The phosphorylation of STAT3 and the expression of VEGF were also downregulated	[30]
	Immunomodulatory	• Enhances phagocytic activity and macrophage activation	[31,32]
	Antioxidant	• Scavenges free radicals and prevents oxidative damage	[33,34]
Saindhava Lavana [Rock salt]	Antimicrobial Action	• Hyperosmotic action disrupts microbial cell walls	[35]
	Penetration enhancer	• Trace minerals [K, Mg, Ca] in Rock salts are known to act as skin penetration enhancers by altering stratum corneum permeability	[36]
	Anti-inflammatory	• Saline and rock salt solutions are used clinically as soothing irrigants in inflamed mucosa and wounds • Trace elements like magnesium in Rock salt are reported to have anti-inflammatory effects	[37,38]

DISCUSSION

Ayurvedic management of *Sadyovrana* emphasizes appropriate wound cleansing and promotion of tissue repair through principles of *Vrana Shodhana* and *Vrana Ropana*. Within this framework, *Lepa* provides a local therapeutic approach through topical application of medicinal substances. The classical reference describing the use of *Guduchi* and *Saindhava* in *Sadyovrana* provides a basis for examining the therapeutic plausibility of this combination. However, the available evidence should be interpreted in the context of the limited direct scientific evaluation of the combined formulation.

The contemporary pharmacological evidence concerning *Guduchi* (*Tinospora cordifolia*) indicates several activities that may be relevant to different phases of wound healing. Experimental studies have reported anti-inflammatory and antioxidant effects, suggesting a role in regulating excessive inflammatory responses and oxidative stress.[39,40] Experimental studies on *Guduchi* alone have reported enhanced collagen deposition, wound contraction, neovascularization, and epithelialization.[41–44]

Various phytoconstituents reported in *Tinospora cordifolia*, including β-sitosterol, ecdysterone, giloinsterol, makisterone, and other identified compounds, have been associated with pharmacological activities relevant to inflammation and tissue repair.[45,46,47]

The *Tikta* and *Kashaya Rasa* of *Guduchi* may be interpreted in relation to *Kledahara* and other wound-related actions, while its *Madhura Vipaka* may be correlated conceptually with tissue nourishment. Such correlations provide a possible interpretative bridge between Ayurvedic pharmacodynamics and contemporary wound-healing mechanisms, but they should be regarded as explanatory correlations rather than direct demonstrations of molecular mechanisms.

Saindhava Lavana occupies an important position within *Lavana Varga* and possesses distinctive attributes, including *Laghu*, *Snigdha*, and *Sukshma Guna*. Its use in several classical formulations indicated for *Vrana Shodhana* and related wound conditions supports its traditional relevance to local wound management.[48,49] *Saindhava Lavana*, when interpreted in the context of wound healing, appears to complement Guduchi by primarily facilitating *Vrana Shodhana*. Its *Lavana Rasa* enables hygroscopic action, which can be correlated with the reduction of wound exudate and microbial burden, thereby creating a more favourable wound environment. Importantly, its

description as *"Sasvadu"* suggests an additional supportive role in tissue repair, preventing excessive irritation that is commonly associated with other Lavana Dravyas. Modern scientific evidence highlights its antimicrobial and hygroscopic actions, as well as the hyperosmotic disruption of microbial cell walls[35], and penetration-enhancing effects due to trace minerals.[36] The classical use of *Guduchi* together with *Saindhava* in *Sadyovrana* may be interpreted as a combination of complementary therapeutic objectives. *Guduchi* may contribute primarily through modulation of inflammation and support of tissue repair, whereas *Saindhava* may contribute to wound cleansing and maintenance of the local wound environment.

This interpretation is consistent with the broader Ayurvedic principles of combining *Shodhana* and *Ropana* approaches in wound management. The combination therefore has a therapeutic rationale in which different properties of the individual drugs may address different aspects of acute wound healing.

Classical formulations documented in Ayurvedic literature further substantiate the independent and combined use of *Guduchi* and *Saindhava* in *Vrana Chikitsa*, encompassing *Lepa*, *Taila*, *Guggulu*, *Churna*, *Varti*, and *Dhupana* preparations [Tables 3 and 4]. These references illustrate their recurrent role in both superficial and deep wound management, emphasizing their applicability across *Shodhana* and *Ropana* stages.

Based on the available literature, *Guduchi–Saindhava Lepa* may theoretically influence multiple aspects of acute wound management, including inflammatory modulation, local microbial control, wound-bed cleansing, and tissue repair. This model provides a basis for future investigation but should not be interpreted as a validated mechanism of action of the combined formulation.

Table 3: Ayurvedic formulations of *Guduchi* in the management of *Vrana*

Name of Kalpana	Name of formulation	Indication
Guggulu	*Amritadi Guggulu*[50]	*Dusta Vrana*
Taila	*Samanga-Rajanyadi Taila*[51]	*Ropana*
	Chandanakarkatasringadi Taila[52]	*Vrana Ropana*
Varti	*Somadi Varti*[53]	*Vrana Ropana*
Kashaya/Varti/Kalka/Sarpi/ Taila/Rasakriya/Avachurna	*Aragwadadi gana*[54]	*Kaph dusta varna*

Table 4: Ayurvedic formulations of Saindhava Lavana in the management of Vrana

Name of Kalpana	Name of formulation	Indication
Lepa	*Tila-Saindhavadi lepa*[55]	*Vrana Sodhana*
	Nimbadi lepa[55]	*Sodhana-Ropana*
	Abhayadi lepa[56]	*Vrana Sodhana*
	Dattura mula-Saindhava lepa[57]	*Vrana Sotha*
	Patolyadi yoga[58]	*Vrana Sodhana*
Churna	*Vaca-Saindhavadi churna*[59]	*Vrana Sodhana*
Varti	*Trivrit-Dantyadi varti*[60]	*Vrana Sodhana*
Dhupana	*Nimbapatradi yoga*[61]	*Ruksa-Krimi-Kandu-Ruja*

Research Gap and Future Direction

The absence of direct evidence provides a clear direction for future research. Initial studies should focus on standardizing the formulation, including the identity and quality of raw materials, proportion of ingredients, preparation method, concentration, stability, and topical safety.

Subsequently, *in-vitro* studies may evaluate cytocompatibility, fibroblast migration, antimicrobial activity, inflammatory markers, oxidative stress, and collagen-related parameters. Promising results may then be followed by appropriate *in-vivo* wound models assessing wound contraction, epithelialization, collagen deposition, angiogenesis, histopathology, and inflammatory mediators.

Comparative experimental designs should ideally include:

1. Control
2. *Guduchi* alone
3. *Saindhava* alone
4. *Guduchi–Saindhava* combination
5. Appropriate standard treatment

Such a design would allow assessment of whether the combined formulation provides potential benefit over its individual components.

Clinical studies would subsequently be required to establish safety, efficacy, acceptability, and practical applicability in *Sadyovrana*.

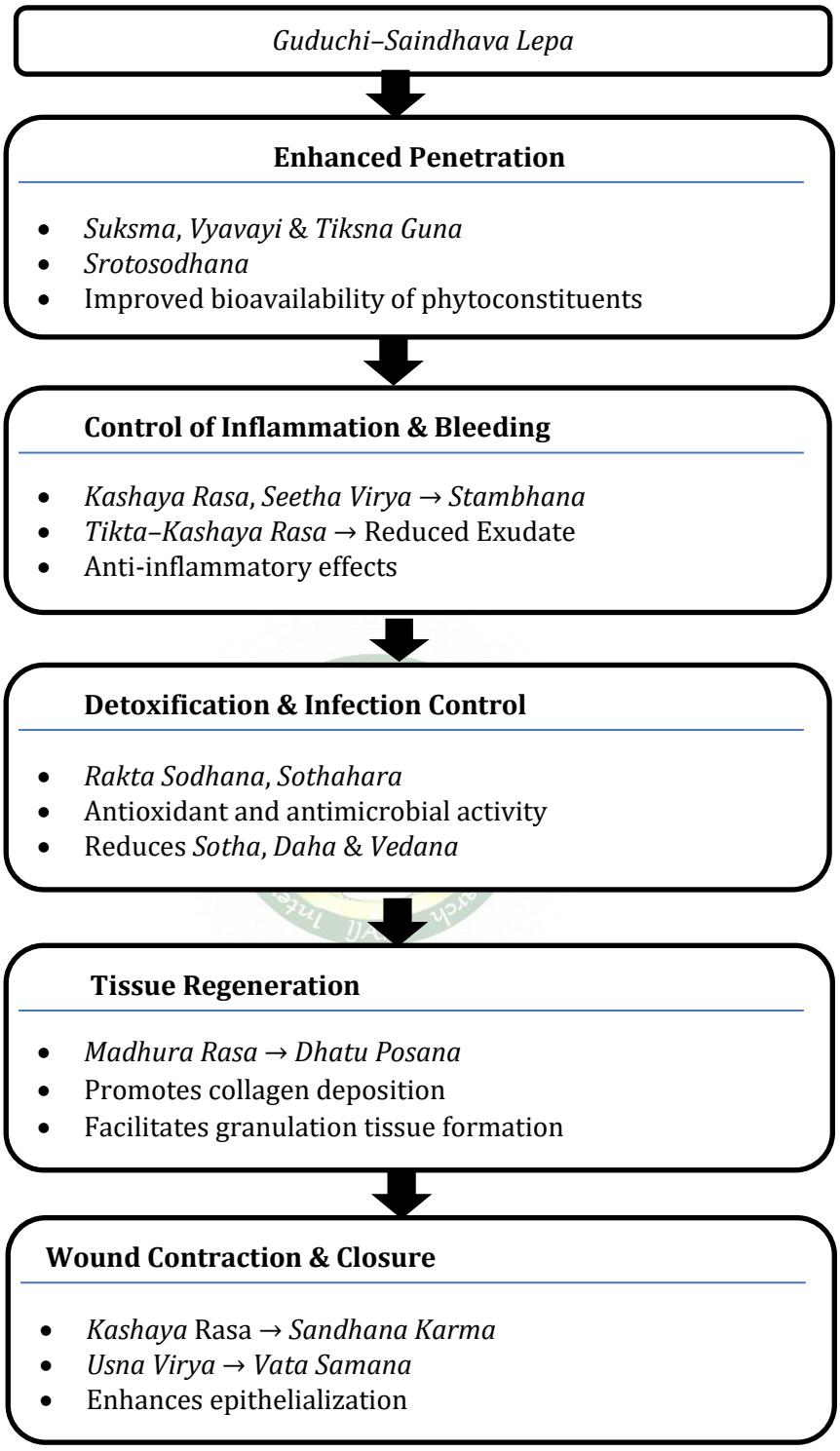


Figure 5: Hypothesised mechanistic framework based on classical rationale and evidence from individual ingredients

CONCLUSION

The present narrative review highlights the classical and contemporary evidence supporting the relevance of *Guduchi–Saindhava Lepa* in the management of *Sadyovrana*. Classical references indicate the use of these drugs in *Vrana Chikitsa*. Contemporary evidence suggests that *Guduchi* possesses anti-inflammatory, antioxidant, immuno-modulatory, and tissue-reparative activities, while *Saindhava Lavana* may contribute primarily to local cleansing and antimicrobial effects. Together, these

findings provide a rationale for their topical application in acute wounds.

However, the available evidence largely concerns the individual drugs, and direct evidence for the combined *Guduchi–Saindhava Lepa* is currently insufficient. No *in-vitro*, pilot, *in-vivo*, or clinical studies specifically evaluating the combination were identified. Therefore, its efficacy, safety, optimal formulation cannot presently be established. Further well-designed experimental and clinical studies are required to validate the classical rationale and determine the therapeutic of this formulation in *Sadyovrana*.

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