Effect of Palasha Mrudu Pratisaraniya Kshara in the Management of Dushtavrana

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Abstract

Dushtavrana (Chronic non-healing wounds) are commonly encountered problem in the surgical practice and are major concern to the health care system. Presence of necrotic or devitalized tissue is commonly seen in chronic wounds which delays wound healing. Removal of necrotic tissue/slough/exudates provides a favorable environment that promotes wound healing, lowering bacterial burden and reducing malodor. Kshara karma is indicated in the management of chronic wounds which are difficult for shodhan [1]. Kshara karma with Palasha mrudu kshara is useful in such condition. So, here is a case presented with three non-healing wounds over anterior aspect of left leg. Palasha mrudu kshara was applied on alternative day until the Shuddha vrana laxanas were obtained; further daily dressing was done with Jatyaditaila until complete wound healing. Hence, it can be estimated that Palasha mrudu kshara possess Vranashodhana property and it can be used in the management of Dushtavrana.

Keywords: Dusta vrana; Palasha Mrudu Kshara; Non Healing Wounds; Vranashodhana.

Introduction

Destruction or discontinuity of the body tissue is called as Vrana [2]. When Vrana fails to heal within time, the dosha invades and does dushana and hence called as Dushtavrana [3]. It exhibits various symptoms which commonly include krishna-raktapeeta-shuklavarna, putipuya, durgandhita puyasravayukta, deerghakalaanubandhi [4].

In India, a study estimated a prevalence rate of chronic wounds in the community as 4.5 per 1000 population where as that of acute wounds was nearly doubled at 10.5 per1000 population [Shukla et al 2005] [5].

Many Chronic wounds especially in rural areas do not heal because of inadequate wound care and

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thus wound gets covered with slough/necrotic tissue with purulent discharge. For the purpose of wound closure or to facilitate the wound healing process all the necrotic tissue and the wound exudates must be removed. Management of Chronic wound includes debridement, irrigation and wound cleansing, debridement is often painful and whole of the necrotic tissue cannot be removed at once and wound cleansing agents are proven to delay the wound healing. In Sushruta samhita many chapters are dedicated for the wound and its management under the heading of Vrana. Shashtiu pakrama is the unique contribution of Acharya Sushruta in the management of Dushtavrana [6]. Ksharakarma which is the 39th upakrama used as Vrana Shodhana in Dushtavrana, here we are reporting a case whichwas treated with application of palashamrudu kshara and it has given promising result.

Case Report

A 50 year old male, non-diabetic, non-hypertensive patient presented with complaints of non-healing wounds (4x3cm, 2x2cm, 1x1cm) over the anterior aspect of left leg just below knee jointassociated with pain, slough, foul smelling discharge from the wound since 2 months. The pain was less during rest and increased during walking, there was no history of

Diabetes mellitus and Hypertension, no drug allergies. On examination wounds were spherical in shape, with sloping edges and tightly adhered yellow coloured slough tissue. Blackish discoloration was seen around the wound with itching sensation and serosangueonus discharge. Blood investigations shown raised ESR and WBC count, rest of the things were normal. The treatment plan was framed by local application of Palasha mrudukshara to slough tissue and dressing with jatyadi taila along with internal medications like cap.pentaphyte P5 1 tid A/F, Gandhakarasayan 1 tid A/F until complete wound healing.



Fig. 1: PalashaMrudu Kshara mixed with Kshara Jala



Fig. 2: Palasha Mrudu Kshara



Fig. 3: Before application of Kshara



Fig. 4: After application of Kshara

Preparation of Palasha Mrudu Pratisaaraniya Kshara

Properly dried Palasha (logs of wood) about 5 kg was spread on the even land and heaped together, it was then ignited and burnt into ash and was collected separately in container. 500gm ash was dissolved in 6 parts of water and left undisturbed overnight and next morning it was filtered 21 times and obtained supernatant filtrate was treated on mild fire while it was slowly stirred by a ladle.

When it was clear, red, sharp and slimy it was refiltered and was placed again on fire after removing the separated residue. It was heated till all the filtrate evaporated and white colored powder at the bottom of the vessel was scraped and taken out of the furnace and preserved in a glass container.

Procedure of application of Palasha Mrudu Pratisaaraniya Kshara

Wound and its surrounding area were cleaned with Sukhoshnajala. Palasha mrudu pratisaraniya kshara (powdered form) was mixed with Ksharajala in sufficient quantity to form a smooth paste to facilitate easy and better application of the drug. Kshara was applied over the slough tissue with the help of spatula, the same was applied over other two wounds and dressing was done with kshara in situ. Procedure was repeated on alternate day till the appearance of Shuddha vrana laxana.

Further, the wound was treated with Jatyaditaila daily dressing until the wound was completely healed.

Discussion

The management of chronic non-healing wounds include three procedures; Debridement, Irrigation and Cleansing which form the basis of standard wound care and widely practiced to improve the healing of Chronic wounds [7].

Kshara being an alkaline powder acts as an instrumentation to achieve the same treatment principle as mentioned above i.e. it does chedana, bhedana, lekhana etc. procedures and with its specific characteristics it even approaches the tissue where a surgeon could not reach with his instrument. Pratisaaraniya kshara is a non-invasive technique when compared to that of contemporary modalities so it was selected because as the plant, it is available abundantly and less research were carried out to see its efficacy. It has a pH of 8.6 which is capable of performing most important surgical, para-surgical and critical care procedures like excision, incision, scraping etc. The benefits of this treatment are; it can be applied without anesthesia, removes the slough/ necrotic tissue and improves the wound environment as it is mrudu in nature, it can be left over the wound until the further dressing and hence, can be managed without any complications.

Conclusion

Palasha mrudu pratisaraniya kshara has given good result by creating favorable environment by removing the slough and accelerates wound healing. Kshara application is easy which does not require any anesthesia and can be left over the wound until next dressing as it does not cause much burning sensation as it is mrudu in nature. Hence, it is a better option for Vrana shodhana i.e. it removes barriers that impair wound healing. The efficacy can be proved further by conducting the study in large population.

References

- 1. Sushruta, Sushruta Samhita; Kaviraj Ambikadutta Shastri; Edited with Ayurveda TattvaSandipika, Varanasi, Chaukhamba Sanskrit Sansthan - 2008, Chikitsa Sthana 1/88, Pg.No.10.
- 2. Sushruta, Sushruta Samhita; Kaviraj Ambikadutta Shastri; Edited with Ayurveda TattvaSandipika, Varanasi, Chaukhamba Sanskrit Sansthan-2008, Chikitsa Sthana 1/6, Pg.No.3.
- Sushruta, Sushruta Samhita; Kaviraj Ambikadutta Shastri; Varanasi, Chaukhamba Sanskrit Sansthan -2008, Chikitsa Sthana 1/3, Pg.No.1.
- 4. Sushruta, Sushruta Samhita; Kaviraj Ambikadutta Shastri; Varanasi, Chaukhamba Sanskrit Sansthan 2008, Sutra Sthana 22/7, Pg.No.95.
- 5. VK Shukla, M.A.Ansari, SK Gupta. "Wound healing research: a perspective from India" –International Journal of Lower Extremity Wounds, 2005;4(1):7–8.
- 6. Sushruta, Sushruta Samhita; Kaviraj Ambikadutta Shastri, Varanasi, Choukhambha Sanskrit Sansthan 2008, Chikitsa Sthana 1/8, Pg.No.4.
- 7. Mustoe, Thomas "Understanding chronic wounds: A unifying hypothesis on their pathogenesis and implications for therapy". The American Journal of Surgery. 2004;187(5):S65. PMID 15147994. doi:10.1016/S0002-9610(03)00306-4.