Effect of Palasha mruudu pratisaranya kashara in the Management of Dushtavarna

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Abstract

Dushtavarna (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/slug/ewcucates provides a favorable environment that promotes wound healing, lowering bacterial burden and replacing exudate. Kashara karma is indicated in the management of chronic wounds which are difficult for shodhan [1]. Kashara karna with Palasha mruudu kashara is useful in such condition. So, here is a case presented with three non-healing wounds over anterior aspect of left leg. Palasha mruudu kashara was applied on alternative day until the Shudhata vranas tattvas were obtained; further daily dressing was done with jatyaditala until complete wound healing. Hence, it can be estimated that Palasha mruudu kashara possess Vranashodhana property and it can be used in the management of Dushtavarna.

Keywords: Dusta varan; Palasha Mruudu; Kashara; Non Healing Wounds; Vranashodhana.

Introduction

 Destruction or discontinuity of the body tissue is called Vrana [2]. When Vrana fails to heal within time, the disease invades and does dusshara and hence called as Dushtavarna [3]. It exhibits various symptoms which commonly include krama raka-petaa-shukadvarna, puripuja, dur gandha iti puyasrayavukta, deerghkhalaamabandhi [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 per 1000 population [Shukla et al 2006] [5].

Many Chronic wounds especially in rural areas do not heal because of inaccuracy wound care and 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, debriement is often painful and whole of the necrotic tissue cannot be removed at once and wound cleansing agents are known to delay the wound healing.

In Sushruta samhita many chapters are dedicated for the wound and its management under the heading of Vrana, Shuddhatva pakrama is the unique contribution of Acharya Sushruta in the management of Dushtavarna [6]. Kashara karna which is the 38th upakarma used in Vrana Shodhana in Dushtavarna. Here we are reporting a case which was treated with application of palashamrutu kashara 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, 3x1cm) over the anterior aspect of left leg just below knee joint associated 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 soroasasquenous discharge. Blood investigations showed raised ESR and WBC count, rest of the things were normal. The treatment plan was framed by local application of Palasha Mruudu kashara to slough tissue and dressing with jatyac(taila along with internal medications like cap-pentaphyte 75 Ttid A/F, Ganchakarasayan 1 Ttid A/F until complete wound healing.

Fig. 1: Palasha Mruudu kashara mixed with Kashara Jala

Fig. 4: After application of Kashara

Preparation of Palasha Mruudu Pratisaranya Kashara

Property dryd 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. 500g 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 re-filtered 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.

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