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A Single Case Study on Role of *Madhuyukta Tila Kalka Lepa* in *Dustavrana*

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ABSTRACT

Dustavrana is a frequently encountered problem in present era produced commonly as a complication of trauma or pathologic insult and it causes long term agony to the patient. The target of treating ulcer is to achieve complete healing. The issue of non-healing ulcers management with ayurvedic remedy is one of the major areas of the research today. The present study deals with the use of *madhuyukta tila kalka lepa* in the management of *dustavrana*, as per told by *Acharya Sushruta*. *Kalka* is applied in the form of *doshaghna lepa* locally, once daily for 7 days followed by follow up of 30 days. The medicament possesses *vranshodhana* and *ropana* properties.

KEYWORDS

Dustavrana, Madhuyukta tila kala lepa, Doshaghna lepa, Vrana Shodana- Ropana, Non healing ulcer



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INTRODUCTION

Every human being in his life has met with wound which begins with first of the condition which anybody would suffer at the time of birth, as the umbilical cord is cut. *Dushtavrana* is a common encountered problem in day to day practice by a medical practitioner. Wound healing is the major problem in surgical practice and it has drawn attention of a large number of scientist's through the world. In spite of brilliant advances in the surgical field, wound management still remains a subject of speculation. Many factors are responsible for the non-healing of wound which may be life style, malnourishment, age, certain infectious disease etc. In Ayurveda such non-healing ulcers are considered as *dustavrana* and treated. Concept of *vrana* has been explained in various ayurvedic classics. *Acharya Sushruta* has given special importance for the same and has explained in detail in various chapters of *sutrasthana* and *chikitsa sthana*. Definition of *vrana* is based on its initial effect as well as on the basis of its resultant scar.

“Vrunoti Yasmaat Roodhe api Vranavastu na Nashyati /

*Aadeha Dhaaranaat Tasmaat Vrana ityuccyate budhaihi”*¹

As the scar of a wound never disappears even after complete healing and its imprint persisting life long, it is called the *Vrana* by the wise. For the management of *vrana* he has mentioned 60 *upakramas*². The 60 *upakramas* are different options given for treating *vrana*, *vaidya* should select according to the condition. Now a days the clinician giving the treatment like betadine, silver nitrate, H₂O₂, Eusol or antibiotics, or any medications which are used in day to day practice but clinicians have their own limitations or available lifesaving procedure like amputation or surgery. The concept of *Vrana shodhana* and *ropana* has been highlighted in the *Shasti Upakramas* mentioned in *Sushruta Samhita*³. *Kalka* is one such formulation which is indicated in *Vrana shodhana* and *Vrana ropana*⁴. This can be used in ulcers which has slough in its floor, afflicted by all the *doshas* or in the condition of aggravation of *doshas*. *Madhuyukta tila kalka* is one such *kalka* which is indicated for *shodhana* as well as *ropana* of *vrana*⁵. Hence a single case study has been taken up to elicit the action of the same in *dustavrana*.

CASE REPORT

A 60 year old male from a middle class economic background got referred to OPD of Shalya Tantra Department, SDMCA,



Udupi on 20/02/2019 with wound in right lower limb since 2 months associated with itching and pain since 2 months. Patient was apparently normal 5 years back. Gradually he developed pulling type of pain in right lower limb associated with reddish discoloration and local raise of temperature. At the same time he met with trauma to the right lower limb for which he was treated and later was diagnosed as case of varicose vein and surgery was done for the same. Patient was healthy thereafter. Before 2 months he developed reddish discoloration of right lower limb associated with pain and itching. Following this he got small boils in his right lower limb which later burst open to form wound. Oral medications were taken regularly. Redness got reduced but the size of the wound went on increasing along with watery discharge from the wound and hence he got admitted to our hospital and was referred to the *Shalya Tantra* department.

History is significant for Hypertension with cardiac illness since 10 years and varicose veins since 5 years with regular medications.

Personal history reveals that he was known alcoholic but completely stopped since 10 years.

He was thoroughly examined and general examination was not significant for any abnormality and the vitals was Pulse rate-

78/min, HearRate-78/min, Respiratory Rate-20/min, Temperature-98.6F, BP-130/90mm of Hg. Local examination showed 1 ulcer located 9cm proximal to ankle joint in the medial aspect of right lower limb, having irregular shape with dimensions 4.4cmX 3cmX5mm (lxbxd), sloping edge and floor covered with slough at the center and pinkish granulation tissue at the periphery. The discharge was said to be serous and surrounding skin was discolored and glossy with edema in lower 2/3rd of antero-medial aspect of right lower limb. Ulcer was tender on palpation with local raise of temperature, indurated edge, fixed base and palpable peripheral pulsations.

MATERIALS & METHODS

1) SOURCE OF DATA

Patients suffering from *Dustavrana* was selected from IPD of SDM College of Ayurveda and Hospital, Kuthpady, Udupi.

2) METHODS OF COLLECTION OF DATA

A patient of *Dustavrana* was selected randomly and subjected for the clinical trial with consent and data was collected based on detailed proforma designed especially for the study.

STUDY DESIGN



A single case study with pretest and posttest design.

DURATION OF TREATMENT

The procedure was carried out till the duration of 7 days.

OBSERVATIONAL PERIOD DURING INTERVENTION

The changes in the ulcer will be observed every day for 7 days as per the case proforma.

FOLLOW UP PERIOD

After completion of treatment, follow up will be done once a week for a period of one month.

INCLUSION CRITERIA

1. Patients irrespective of gender
2. Having features of *dusta vrana*
3. *Vrana* with features like *pootimamsapratichanna*, *mahadoshaja*, *apeta pootimamsam*, *mamsasthanasthita vrana*'s will be selected for the study
4. Non-specific type of ulcers

EXCLUSION CRITERIA

1. Patients suffering from gangrene
2. Patients with systemic features of sepsis
3. Patients suffering from specific ulcers, malignant ulcers

ASSESSMENT CRITERIA

SUBJECTIVE PARAMETER -

1. *Vedana* / Pain (Visual Analogue scale - 0-5grade)
2. *Kandu* / Itching
 - 1- No itching

- 2- Mild occasional episode of itching
- 3- Mild continuous episode of itching
- 4- Moderate occasional episode of itching
- 5- Moderate continuous episode of itching
- 6- Severe continuous itching disturbing sleep

3. *Daaha*/ Burning Sensation

- 1- No burning sensation
- 2- Mild occasional burning sensation
- 3- Mild continuous burning sensation
- 4- Moderate occasional burning sensation
- 5- Moderate continuous burning sensation
- 6- Severe continuous burning sensation disturbing sleep

4. *Gandha* / Odour

- 1- No odor
- 2- Faint odor after opening dressing
- 3- Faint odor even with dressing
- 4- Strong odor after opening dressing
- 5- Strong odor even with dressing
- 6- Strong and unpleasant smell with and without dressing

5. *Srava*/ Discharge

- 1- Absent
- 2- Present

OBJECTIVE PARAMETER -

1. *Akruti* / Size of the wound – lxb
2. Tenderness
 - 1- Absent
 - 2- Present
3. Edge- dimension is measured by considering the depth of the ulcer
4. Margin



1- Induration absent

2- Induration present

5. Floor

1- Granulation tissue present

2- Granulation tissue absent

INVESTIGATIONS

BLOOD- Hb%, total leukocyte count, differential count, RBS, (HIV, HBsAg)

URINE- sugar, albumin (if necessary)

Wound swab culture and sensitivity test (if necessary)

X-Ray of wound site (if necessary)

INTERVENTION

Ulcer was cleaned with normal saline and a freshly prepared *Madhu Yukta Tila Kalka* was applied. The *kalka* was retained for about 20 min which was taken as standard time for drying of the *kalka* in this particular study. Later it was removed and cleaned again with normal saline followed by dressing with dry gauze.

In this manner application of *kalka* and regular dressing was done once in a day, for 7 days.

Patient was given with the following oral medications:

1) *TRIPHALA GUGGULU* (450mg) 1TID

2) *GANDHAKA RASAYANA* (250mg) 1TID

Results was assessed by comparing the features before and after treatment with a proforma designed for the study.

METHOD OF PREPARATION OF TILA KALKA

Cleaned and dry *Krishna tila* was taken was sufficient quantity, it was powdered and stored in an air tight container. The powered *tila* was taken and triturated with required quantity of *madhu* (*makshika madhu*) and *kalka* was prepared. Thus, prepared *kalka* was used for application (As in Figure no.1.2).



Figure 1.2 during the treatment AT

RESULTS

The study showed major improvement with *vedana* and *kandu* which was having grade 2 BT and 0 AT, also 2nd, 3rd, 4th week AT. *Srava* was present BT with grade 1 and completely absent with grade 0 AT and also 2nd, 3rd, 4th week AT. Initial size of the ulcer BT was found to be 4.4cm X 3cm which eventually reduced to 3.3cm X 2.2cm AT and 1.2cm X 1.4cm at 4th week AT. Tenderness was present BT and completely absent AT. Edge of the ulcer was 5mm BT and reduced to 0.5mm AT, 0 at 4th week AT. Margin was 1mm BT (As in Figure no.1.1)



Figure 1.1 before treatment which reduced to 0.5mm AT and 0 at 4th week AT. The floor had granulation tissue at periphery BT, central slough was completely absent on 4th day of treatment and ulcer healed with complete granulation at 4th week AT (As in Figure no.2).



Figure 2 after treatment

DISCUSSION

Even though the criteria's have shown well reduction at the end on intervention day, individual criteria has its own specification like *vedana* got reduced completely on the 5th day of intervention, there was no *kandu* since 3rd day on intervention, *srava* got reduced completely on the 2nd day, tenderness vanished on 2nd day. Qualitative data in the form of measurement has reduced significantly day by day. Based on the examination findings the *vra*na was considered *vata kapha raktaja dusta vra*na. *Tila kalka* with *madhu* has *tridosha hara*

property. It does both *shodhana* as well as *ropana* of the *dustavrana*. Mode of action is said as, *vata harana* is done by *madhura*, *ushna* and *sneha* present in the *kalka*; *kashaya*, *madhura*, *tikta* causes *pitta/rakta harana*; *ushna*, *kashaya*, *tikta rasa* causes *kapha harana*. This *vra*na being *dusta* changes to *shudha vra*na by *shodhana* action later changes to *ruhyamana* and *rudha vra*na by *ropana* action. When the *dosha dusti* is severe not only the local measure, internal *shodhana* procedure has also got equal importance is the idea behind the use of internal medicine.

BT

CONCLUSION

Wound healing is a normal physiological event which outsets immediately after injury and keeps on in sequential manner till the formation of healthy scar. In the current surgical practice also debridement is one of the important therapies to remove the slough and enabling for proper healing. In our classics along with surgical means various non-surgical treatments were also explained which does *Shodhan* and *Ropana* like *Kashaaya*, *Varti*, *Kalka*, *Sarpi*, *Taila*, *Rasakriyaa*, *Avachoornana*. *Kalka* being one of the simple procedure is beneficial in *shodhana* as well as *ropana* of the *dustavrana* as per shown in this case study.



Madhuyukta tila kalka was selected based on the easy availability of the drugs and practically ease to demonstrate. To achieve proper *Shodhana* of *Dushta Vrana* without damaging healthy granulation tissue *madhuyukta tila kalka* is used which has the property of *vrana shodhana*, *sravahara*, *kandugna*, *vedanahara* and *ropan* properties, which normalize local *dosha dushti*. Thus the combined effect of *madhu* and *tila* in curing *dustavrana* (Figure no.4) is produced in this study.



Figure 4 complete healing, no recurrence after 10 months regular follow up.



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