

THE CLINICAL COMPARATIVE STUDY OF EFFECT OF SNUHI-KSHAR-KARM WITH LEKHAN-KARM IN THE MANAGEMENT OF DUSHTA-VRANA WITH SPECIAL REFERENCE TO INFECTED WOUND

¹*Dr. Yunus G. Solanki and ²Dr. Akash B. Bhatjire

¹Professor, Dept. of Shalyatantra, R.A. Podar Ayurved Medical College, Worli, Mumbai.

²M.S. Ayu. (Shalyatantra), R.A. Podar Ayurved Medical College, Worli, Mumbai.

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***Corresponding Author**

Dr. Yunus G. Solanki

Professor, Dept. of
Shalyatantra, R.A. Podar
Ayurved Medical College,
Worli, Mumbai.

ABSTRACT

Now a days infected wound is very difficult to treat according to modern pathy it is treated by surgical debridement i.e lekhan karma. Ayurveda having kshar karma treatment for dushta vrana i.e infected wound. In this study 30 patients were treated with snuhi kshar karma and 30 patients were treated with lekhan karma that is surgical debridement. result of the both treatments were observed and compared and it is concluded that kshar karma was found better treatment for infected sloughing wound in parameters like slough and discharge than surgical debridement.

KEYWORDS: Snuhi Kshar, Infected wound, lekhan karma.

INTRODUCTION

Infected wound with pus discharge and adherent slough is always a worry for surgeons. Surgical desloughing, local (topical) antiseptic and desloughing agent and use of systemic antibiotics, these measures takes toll on patients health and economy. Surgical fraternity is always trying for better options. Sushrut samhita in its wisdom, describes 60 guidelines for wound treatments. Kshar-karma is one of this 60 treatment procedures.

Kshra-karma - application of herbal alkali over infected wound for very short period is described at length in Sushrut samhita.

AIMS AND OBJECTIVES

Aim

Present study clinically evaluated effect of Snuhi-kshar (Herbal alkali prepared from Euphorbiya Nerifolia) over infected wound.

Objectives

- 1) This study compared procedure of surgical desloughing with local application of Snuhi-kshar.
- 2) This study evaluated anti-microbial activity of Snuhi-kshar against some organisms in laboratory.

MATERIALS AND METHODS

Total 60 patients divided in two groups-

- 1) Group A – 30 patients of infected wound treated with local application of Snuhi-kshar for short period.
- 2) Group B – 30 patients of infected wound treated with procedure of surgical desloughing (Lekhan-karm)

Wound size – Maximum 8 cm of wound size was selected for this study.

Inclusion criteria

1. Diagnosed patients of all dushta-vran i.e. Infected- sloughing wound
2. BODY AREA -- Dushta-vran over Trunk, Upper and Lower extremities
3. Wound Size -- 2 to 8 cm

Exclusion criteria

1. Immunocompromised and Debilitated Patient
2. Malignant, Tuberculosis, HbSAg +ve pt.
3. Uncontrolled DM (HbA1C more than 7)

Procedure

Kshar(Herbal alkali) of Snuhi was prepared as per guidelines from Sharangdhar samhita. pH of this dried powder kshar was evaluated in laboratory and came out 10.4.

In group A patient of infected wound subjected to kshar-karm on day1 and if needed day2 & day3. – infected wound was washed with sterile water and sprinkled over with kshar powder for a short period of 90 sec. After 90 sec this kshar sprinkled over infected wound was

washed with lemon juice whose pH was 3.6, immediately this wound was washed with sterile water and dressing (vran-karm) was done with sterile guaze. After 24 Hrs this wound was examined and if found with minor slough then kshar-karm repeated maximum 2 times.

RESULTS AND DISCUSSION

Among the 60 patients were selected for the study

17-patients i.e. 28.33% belong to age group 20-30

13- patients i. e. 21.66% belong to age group 31-40

30- patients i.e. 50% belong age group 41-50

Thus it is observed that Infected wound is more prevalent in age group 41-50 years.

Gender wise distribution of all the 60 patients has shown that there were 40 male patients i.e. 66.66% and 20 female patients i.e. 33.34% who undergone treatment.

It is observed that the Infected wound is much more prevalent in males than in females.

In both the groups maximum number of patients were married, about 66.66% married and 33.33% unmarried patients.

It is observed that the Infected wound is much more prevalent in married patients.

Slough:- 90.80% of relief was achieved in Group A, while in Group B 82.04% of relief was achieved at the end of the therapy. Group A is more effective than group B to cure slough in infected wound.

Discharge: I- Group A, 80.12% of relief was obtained which was statistically (wilcoxon signed rank test) **significant** (W:406.00, $p < 0.0001$).

While in Group B, 75.71% of relief was obtained which was statistically significant (W:406.00, $p > 0.0001$). Group A is better in management of Discharge than Group B.

Granulation Tissue:- Group A, 86.40% of relief was obtained which was statistically significant by wilcoxon signed rank test. (W:465.00, $P < 0.0001$). While in Group B, 81.86% of relief was obtained which was also statistically significant by wilcoxon signed rank test. (W:465.00, $P < 0.0001$). Group A is better in management of Granulation Tissue than Group B.

Swelling:- Group A, 88.46% of relief was obtained which was statistically significant by wilcoxon signed rank test. (W:406.00, $P < 0.0001$). While in Group B, 82.32% of relief was obtained which was also statistically significant by wilcoxon signed rank test. (W:300.00, $P < 0.0001$). Group A is better in management of Swelling than Group B.

PATIENT – 1



Before Ksharkarm



During ksharkarm



After Ksharkarma

Patient-2

Before (Kshar-karm)



Kshar application (During) Amla-ras dhavan



After



CONCLUSION

The Snuhi-kshar local application treatment over Infected wound, shows remarkable results by reducing the Symptoms of Slough, Swelling, Pain and discharge. And which improves Granulation tissue. Our Aim was to observe whether in group A Snuhi kshar works as a desloughing management in infected wound.

After Clinical Observation of trial and control group following conclusion is drawn

1. In Group A- Symptoms of Slough, Discharge, swelling, pain and Granulation tissue after application of Snuhi Kshar shows more Significant result than Group B.
2. In Group B- Symptoms of Slough, Discharge, swelling, pain and Granulation tissue shows good relief but not better than group A
3. Trial Group treatment is Cost effective without any side effect.