

UNLOCKING THE HEALING POTENTIAL OF TUTTHA: A CASE STUDY ON DIABETIC WOUND RECOVERY

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Article Received on
21 December 2024,

Revised on 11 Jan. 2025,
Accepted on 01 Feb. 2025

DOI: 10.20959/wjpr20253-36312



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ABSTRACT

This case study delves into the potent healing potential of Tuttha as a decisive remedy for diabetic wound recovery. With diabetes-related wound complications on the rise, Tuttha emerges as a beacon of hope. The study presents a comprehensive analysis of Tuttha 's multifaceted Wound Debridement and healing properties, drawing from empirical evidence and medical insights. Through a compelling synthesis of real-world cases, this research underscores Tuttha 's efficacy in accelerating diabetic wound recovery. By shedding light on Tuttha 's role as a solution, this study contributes to advancing treatment methodologies for diabetic wound complications.

KEYWORDS: *Tuttha*, Diabetic Wound, Wound Debridement, Diabetic wound recovery.

INTRODUCTION

In the world of taking care of diabetes, diabetes wound problems are a big challenge. People are looking for good ways to help with this. *Tuttha* has come up as one option that seems really good. It gives new hope to people who are trying to get better from diabetic wound problems. More and more people are having issues with their feet because of diabetes. This makes finding new and better ways to help really important. *Tuttha* could be one of those ways because it might help the wound Debridement and healing process. This article talks about *Tuttha* and how it might help people with diabetic wound problems. We will look at

real examples and facts to understand how *Tuttha* works. By doing this, we can see if *Tuttha* is important for diabetic wound care and if it can help people get better.

Tuttha, a natural substance, is gaining recognition for its role in wound debridement. In wound care, debridement refers to the removal of dead tissue to promote healing. *Tuttha*'s enzymatic properties make it effective in breaking down and removing unhealthy tissue, thus creating a cleaner environment for the wound to heal. Acharya Sushruta stated *astavidha upakrama* in the management of *vranshopha* in *Misharakadhyaya*.^[1]

AIM OF STUDY

- The primary aim of this study is to explore and elucidate the potential of *Tuttha* in Diabetic Wound Debridement and healing.

CASE HISTORY

A 56-year-old male patient came to the OPD with complaints of a wound on his Sacrum Region, wound that had occurred 1 years ago. He reported pain and Ulcer over Sacrum Region and noted that the wound had not healing due to uncontrolled Diabetics. The wound was promptly treated with *Pratisaran* of *Tuttha* will be done on the affected lesion for 100 matra (i.e. 30 sec), Lesion should be washed with NS and wound will be dressed, Orally Started Tab Metformin 500mg - OD and Insulin Subcutaneous dose adjust according to Random blood sugar level (R-BSL).^[2] The patient was subsequently admitted for observation and Dressing, after 4 days patient was Discharges with oral medication with Adjusted insulin dose. Patient regularly come for follow-up and dressing

MATERIALS AND METHODS

Duration of treatment - 6 weeks.

INCLUSION CRITERIA

1. Patient with classical sign & symptom of Diabetic wound
2. Patient willing to give voluntary informed consent
3. Age - 18-70 years

EXCLUSION CRITERIA

1. Immunocompromised patients.
2. Patient major illness

3. Patient need emergency medical attention

TUTTHA^[3]

सुचूर्णितं तुत्थकं तु दशतोलकसंमितम् । क्षिपेदत्युष्णसलिले पंचतोलकसंमिते॥

ततः सारकपत्रेण सारयेद्दाससाधवा । सारितं सलिलं विज्ञः काचपात्रतलस्थितम् ॥ तावत्संस्थापयेद्यावन्नैति तुश्करूपताम् ।

एवं कणत्वमापन्नं तुत्थं शुद्धयै नियोजयेत्॥

र.त. २१/७६,७४,७७

Procedure Pratisaran of *Tuttha* Formation^[4]

- Take fine powder of *Tuttha* - 10 Tola.
- Add boiling hot water to the powder- 5 Tola.
- Now filter the solution using filter paper or a cloth.
- Transfer the solution in a glass container and observe till the time *Tuttha* crystals get collected at bottom of the container.
- The crystals collected at bottom can now be brought in use.

TREATMENT DETAILS

Pre procedure

- Local cleaning of affected area by Normal Saline.
- Patient is asked to lie down comfortably on either side of body depending on affected part.

Procedure

- Under all aseptic preparation in Suitable position the Pratisaran of *Tuttha* will be done on the affected lesion for 100 matra (i.e. 30 sec)

Post procedure

Lesion should be washed with NS and wound will be dressed with Betadine ointment, the procedure will be repeated once a week and Alternate day wound cleaning with Normal saline and betadine dressing.

Follow up- 7th, 15th, 21th, 28th, 35th day and 42th days

CRITERIA FOR ASSESSMENT

1) SLOUGH

- Absent -0

- Slough covered up to 25% of wound -2
- Slough covered up to 25-50% of wound -3
- Slough covered up to 50-75% of wound -4

2) DISCHARGE

- Absent -0
- Serous sanguineous -1
- Serous -2
- Purulent -3
- Purulent discharge with foul smelling -4

3) SWELLING

- No Swelling -0
- Mild Swelling <2cm -1
- Moderate Swelling 2-5cm -2
- Severe Swelling >5 cm -3
- Inflamed margin -4

4) GRANULATION TISSUE

- Healthy granulation tissue -0
- 75% wound covered with granulation -1
- 50% wound covered with granulation -2
- Unhealthy granulation with slough -3
- Granulation Absent -4

5) SIZE

- Complete reduction -0
- 75% reduction -1
- 50% reduction -2
- 25% reduction -3
- No change -4

OBSERVATION AND RESULT

Table No. 1 – Master Chart.

PARAMETERS	1ST	2ND	3RD	4TH	5TH	6TH
	WEEK	WEEK	WEEK	WEEK	WEEK	WEEK
SLOUGH	4	2	1	0	0	0
DISCHARGE	4	4	2	1	0	0
SWELLING	3	3	2	1	1	0
GRANULATION	4	3	3	2	1	0
SIZE	4	4	3	2	1	0

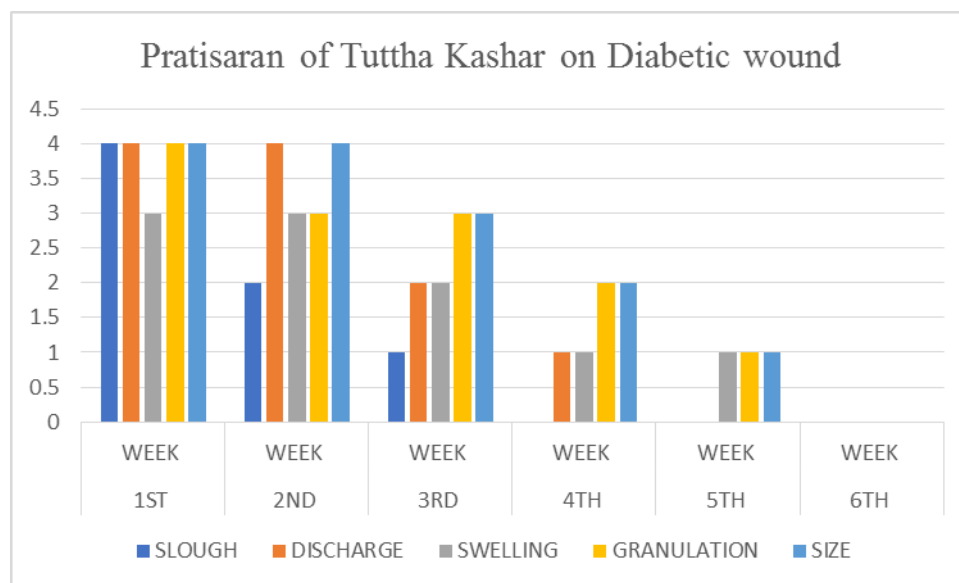


Chart No. 1 – Graphical presentation of data.

RESULT

Over the course of six weeks, the parameters of the wound were observed and recorded. (Refer table No 2 and Chart No 01 and Images from 1 to 6).

Slough - In the first week, the amount of slough present was rated as 4, indicating a significant presence. By the second week, this value had decreased to 2, and further reduced to 1 in the third week. By the fourth week, there was no longer any observed slough.

Discharge - The amount of discharge from the wound was noted. In the first week, the discharge was rated as 4, remaining at the same level in the second week. By the third week, the discharge reduced to 2, and further decreased to 1 in the fourth week. By the fifth week, there was no longer any discharge observed.

Swelling - The degree of swelling was also monitored. In the initial week, the swelling was rated as 3, and it remained the same in the second week. By the third week, the swelling had

reduced to 2, and further decreased to 1 in the fourth week. By the fifth and sixth weeks, there was no longer any swelling observed.

Granulation - In the first week, the granulation was rated as 4, and it decreased to 3 in the second week. By the third week, it was rated at 3 again, reducing to 2 in the fourth week. By the fifth and sixth weeks, Healthy granulation tissue observed.

Size of the wound - The size of the wound was measured. In the initial week, the size was rated as 4, and it remained the same in the second week. By the third week, the size reduced to 3, and further decreased to 2 in the fourth week. By the fifth and sixth weeks, the wound had completely healed, with a size of 0.



Image No. 01 – Before Treatment.



Image No. 02 – Wound After 1 week Treatment.



Image No. 03 – Wound After 2-week Treatment.



Image No. 04 – Wound After 3-week Treatment.



Image No. 05 – Wound After 4-week Treatment.



Image No. 05 – Wound After 5-week Treatment.



Image No. 06 – Wound After 6-week Treatment.

DISCUSSION

Tuttha Pratisaran involves applying *Tuttha* Kashar Particles directly to diabetic wounds. This serves as an effective method of wound debridement. *Tuttha* possesses enzymatic properties that facilitate the breakdown of necrotic (dead) tissue and foreign matter present in diabetic wounds. When applied as a *Tuttha* kashar, *Tuttha* gently but actively removes this unhealthy tissue, promoting a clean wound bed. This debridement process creates an environment conducive to healing, as it eliminates barriers to tissue regeneration and helps prevent infection.

Pratisaran of *Tuttha* not only aids in debridement but also supports granulation tissue formation and epithelialization, key steps in wound healing. Its natural enzymatic action makes it a valuable option, particularly for diabetic wounds that require thorough yet gentle debridement to encourage optimal recovery. This could be a good treatment for wounds in

people with diabetes. To make sure these ideas are true, we need to do more research with more people.

CONCLUSION

In the realm of diabetic wound recovery, *Tuttha* has emerged as a beacon of hope, showcasing its remarkable healing power. This study has delved into the multifaceted benefits of *Tuttha* in tackling diabetic wounds, highlighting its effectiveness as a solution. Through meticulous examination of real-world cases and medical insights, it is evident that *Tuttha* 's enzymatic properties play a pivotal role in debridement, fostering a conducive environment for healing. As we conclude this study, it is clear that *Tuttha* offers a promising approach to diabetic wound recovery. Its potential to unlock the healing process, supported by empirical evidence, underscores its significance in advancing treatment methodologies for diabetic wounds.

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