

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.084

Volume 13, Issue 3, 771-774.

Case Study

ISSN 2277-7105

ASSESSMENT OF EFFECT OF KARPUR GHRIT YOGA AS ALOCAL APPLICATION IN POST OPERATIVE ANORECTAL WOUNDS

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Article Received on 08 December 2023,

Revised on 29 Dec. 2023, Accepted on 18 Jan. 2024

DOI: 10.20959/wjpr20243-31074



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INTRODUCTION

Anorectal diseases are known to be caused because of improper diet and lifestyle. Anorectal diseases are very common in our society. Common anorectal diseases are Fissure in Ano, Fistula in ano, Haemorrhoids etc which require surgical management.

Post operative pain and burning sensation is a frequent complaint in patient undergone Anorectal surgeries. So management of these woundsneeds special attention itself.

कर्पूरपूरितं बद्धं सघृतं सम्प्ररोहति । सद्यः शस्त्रक्षतं पुंसां व्यथापाकविवर्जितम्। (चक्रदत्त व्रणशोथ अध्याय ४४/५३)

Chakradatta	has	explained	use	of	Karpur	Ghrit	Yoga	in	post
operative wo	nınds	1							

☐ A wound occured due to a weapon heals fast without pain and pus formation(without signs ofinfection) if it is filled with camphor and ghee and is dressed/wrapped properly.

AIM AND OBJECTIVE

To study effect of Karpur ghrit yoga local application in post ano rectalsurgeries.

- Post operative pain and burning sensation is a frequent complaint in patient undergone anorectal surgeries. So management of these wounds needs special attention itself.
- □ Post operative wound care of ano rectal surgeries is different from that is different from thatof other wound due to following reasons;
- Fecal material contaminates the wound, so frequent dressing is required to keep the wound clean.
- Wound being on dependent part causes pain and burning sensation which makes it

difficult for patient to walk and sit.

Digital application of antiseptic ointment or soothing ointment on wound is difficult.

CASE DETAILS

The present case was conducted in OPD of Dept. of Shalyatantra, a patient 45/F with post operative Fissurectomy wound.

The prepared Karpur ghrut yoga was locally applied twice a day for 7 days, at morning in the hospital and in evening patient does self application. Observations were noted on day 0, 3 and 7.

DRUG/FORMULATION DETAILS

Procedure involves making fine powder (choorna) of karpur and then mixing it with shata dhauta ghrit. Then keep grinding it till afine paste of karpur ghrit yoga is created.

Bhimseni Karpur - Cinnamomum camphora

Shata dhauta ghrit

Ghee washed 100 times.

Product will be stored in an airtight glass container.

APPROPRIATE METHODS OF MEASUREMNT/ ASSESMENT CRITERIA

The patient response will be assessed on the basis of following parameters:

- 1) Pain (Vedana)
- 5) Odour(Gandha)
- 6) Discharge(Srava)

PROCEDURE

Ask patient to get left lateral position. Anal verge will be cleanedwith gauze and NS.

Karpur ghrut yoga will be used for PR and applied to post opwound, gause will be kept over it.





POD3 POD7

OBSERVATION AND RESULTS

SYMPTOM	DAY O	DAY 3	DAY 7
PAIN	Present	Present	Absent
ODOUR	Present	Present	Absent
DISCHARGE	2	1	0

DISCUSSIONS AND CONCLUSION

Post operative pain and burning sensation is a frequent complaint in patient undergone Anorectal surgeries.

In pain and burning sensation management post operatively, Surgeons do prefer using OPOIDS and NSAIDS both of these have their own side effects like gastric pain, mucosal erosion/ulceration etc.

It is beneficial for the patient to apply karpur ghrut yog more than taking oral and IV analgesics.

Karpur Ghrut Yoga is effective in the management of post anorectal wounds.

REFERENCES

- 1. Bailey and Love's Short Practice of Surgery; 25th Edition by N.S Williams, C.J.K Bulstrode and P.R. O'Connell. Chp no. 69 The anus and anal canal, CRC Press, 2013; 1251.
- 2. Das S. A Concise Textbook of Surgery. Chap. 54 The rectum and anal canal. 5th ed. Calcutta: Dr. S. Das Publishers, 2009; 1084-1085.

- 3. Dudhamal TS, Baghel MS, Bhuyan C, Gupta SK. Comparative study of Ksharasutra suturing and Lord's anal dilatation in the management of Parikartika (chronic fissure-in-ano). AYU, 2014; 35: 141-7.
- 4. Das S. A Concise Textbook of Surgery. Chap. 54 The rectum and anal canal. 5th ed. Calcutta: Dr. S. Das Publishers, 2009; 1086.
- 5. Memon AS, Siddiqui FG, Hamad A. Fissurectomy with posterior midline sphincterotomy for management of chronic anal fissure. J Coll Physicians Surg Pak, Apr., 2010; 20(4): 229-31. doi: 04.2010/JCPSP.229231. PubMed PMID: 20392396
- 6. Das S. A Concise Textbook of Surgery. Chap. 1Wound healing. 5th ed. Calcutta: Dr. S. Das Publishers, 2009; 2.
- 7. Sushruta, Sushruta Samhita (Part I), ChikitsaSthana, DvivarniyachikitsaAdhyaya, 1/14, edited by AmbikaduttaShastri, 12th ed. Chaukhamba Surbharti Prakashana, Varanasi, 2013; 6.
- 8. 12. K. D. Tripathi., Essentials of medical pharmacology, JaypeeBrotter Medical Publisher (p) LTD, 7th edition, 194.
- 9. Das S. A Concise Textbook of Surgery. Chap. 54 The rectum and anal canal. 5th ed. Calcutta: Dr. S. Das Publishers, 2009; 1085.
- 10. Chakradatta by Dr Indradev Tripathy, Vranshoth chikitsa adhyay shlok 53.