

Role of Ksharaplota in Lacerated Infected Wound - A Case Study

Case-study

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Abstract

Lacerated wound most commonly occurs due to road traffic accidents. Such lacerated wound when ignored gets infected due to low immunity & many other factors. Infected wounds requires surgical debridement to maintain good healing process. Such procedure is very painful & patient gets afraid of surgical debridement. In this way patient keeps away himself from proper treatment.

In such cases non surgical procedure should be used which are similarly effective to surgical procedure hence this attempt is tried to make by *Ksharaplota* in the present study. *Ksharaplota* is used with dressing on alternate day for 10 days. After each sitting, observations were recorded. After 10 days healthy granulation tissues & wound contraction occurred. Hence *Ksharaplota* is useful as non surgical parameter which similarly effective to surgical parameter.

Key words: Kshara plota, Lacerated wound, Shodhana, Ropana, Slough

Introduction

Traumatic wounds are typically defined as cuts, lacerations or puncture wounds which cause damage to both the skin & underlying tissues (1). A lacerated wound due to force is most commonly associated with motor vehicle accidents where body parts are actually crushed (2). Because of the severity of traumatic wounds and their vast range of etiologies, treatment can either be as simple as cleaning & dressing the wound or it can be more extensive & require surgical intervention to close the wound and stabilize the patient (3). General treatment process for lacerated wound is cleaning using sterile saline solution & debris is

extracted from the wound (4). An antibiotic gel is applied to prevent infection & then a sterile dressing is applied to keep the wound clean & protected (5). Usually patient avoids surgical debridement due to pain, fear & psychological factors. Therefore there is a scope for non surgical debridement modalities which are also known as parasurgical.

Sushruta, father of ancient surgery described *Kshara* which will act as an excellent agent for debridement & healing properties (7,8). There are number of dressing materials given by *Sushruta* e.g, *Pichu*, *Kawalika*, *Plota*, *Vikeshika* or *Varti* (6). Among them *Plota* was selected as dressing material which can be used for dressing of lacerated infected wound.

Prepared *Kshraplota* was applied alternate day over the lacerated infected wound for 5 times & no other medicine was given to the patient. Obtained observations & results from case study of lacerated infected wound has shown that

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Ksharaplota works debridement & healing properties.

Method of *Ksharaplota* preparation(9)

The gauze piece of size used is 23cm in diameter which is fixed in the doubled layered circular wooden ring. Gauze piece made so tight that the coating should be applied uniformly.

Initially on 1st day *Snuhikshira* was applied over the gauze on it's whole circumference with the help of small cotton swab, hands should be gloved before smearing. The wet coated gauze with rings should be placed inside cabinet. It is dried for a day, on the 2nd day dried gauze is again smeared with *Snuhikshira* followed by *Apamargakshara* with cotton swab, and it is dried in a cabinet for a day. On the 3rd day dried gauze was smeared with *Snuhikshira* followed by *Haridra* powder, and it is dried for a day in cabinet.

In this way a single coating of each *Snuhikshira*, *Apamargakshara* & *Haridra* powder are completed and sealed in polythene packs. *Ksharaplota* should be placed in cabinet for safety storage as well as sterilization.

Case study

A – 36 year old male patient came to S.V.N.H.T. Ayurved Mahavidhalaya & Chikitsalaya, Shalya Tantra OPD with complaints of wound over palmar aspect of right thumb since 7 days with history of road traffic accident. Initially patient consulted to general practitioner & took some analgesic, anti-inflammatory and antibiotic & alternate day dressing but the wound healing process was not initiated. In local examination wound was still infected with devitalized tissue, slough, hypergranulation tissues & pus discharge.

General examination & pathological investigation was done which was found normal, hence it can be concluded that there was no systemic interference &

no need of analgesic, anti-inflammatory & antibiotic but it was necessary to clean the wound thoroughly & regularly to achieve proper wound healing process. So before applying *Ksharaplota* wound was cleaned with normal saline & then *Ksharaplota* was applied an alternate day for 10 days. After each sitting wound healing process was improving. All devitalized tissue, slough, pus discharge was removed up to 4th sitting. After 5th sitting wound floor was red in color with healthy granulation tissues & contraction of wound. After 10 days patient was advised to apply *Jatyadi Ghrut* for 7 days & after 7 days wound got completely healed. After wound healing further application of *Jatyadi Ghrut* was advised to continue for 15 days to minimize scar formation & fibrosis.

Discussion

According to *Sushruta Samahita* infected wound can be correlated with *Dushta Vrana* (10). In treatment of *Dushta Vrana* number of parameters are described, out of them *Kshara* is most popular & having power of *Shodhana*, *Lekhana* & *Ropana* properties. In *Kshara* treatment modalities *Snuhi*, *Apamaraga* has *Kshara* properties & *Haridra* powder has *Krimighana* & *Ropana* properties (11). In this way it is cleared that *Ksharaplota* is very effective in the lacerated infected wound management.

Conclusion

1. Wound care is essential to prevent the infected wound.
2. *Ksharaplota* ingredients have all properties of wound care like debridement, excision of hypergranulation tissues, cleaning & dressing.
3. *Kshara plota* is an excellent form to apply *Snuhikshira*, *Apamaraga Kshara* & *Haridra* which avoid irritation of wound by direct application.

4. *Kshara plota* can be considered as non surgical debridement method .
5. *Ksharaplota* can become one of the important treatment modalities in the management of lacerated infected wound.

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Figures



Fig 1.Application of Snuhikshira

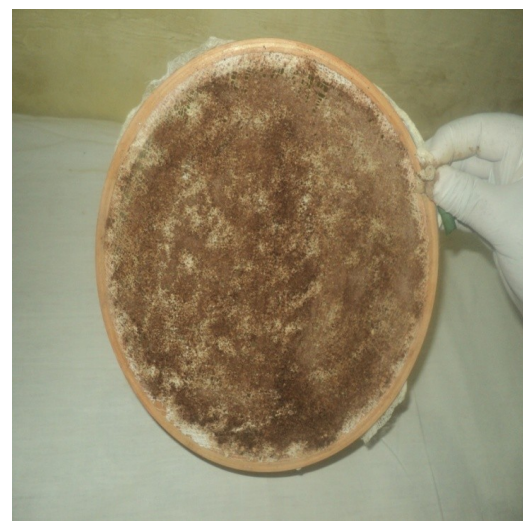


Fig 2.Application of ApamargaKshara



Fig 3.Application of Haridra powder



Fig 4.Sterilization of Ksharaplota



Fig 5.Infected lacerated wound before Ksharaplota



Fig 6.Dressing of Ksharaplota



Fig 7.Bandaging



Fig8.Before 2nd sitting of Ksharaplota



Fig 9. Before 3rd sitting of Ksharaplota



Fig 10. Before 4th sitting of Ksharaplota



Fig 11. Before 5th sitting of Ksharaplota



Fig 12. After 5th sitting of Ksharaplota



Fig 13. After 10th day of ksharplota dressing completion.
