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# EFFECT OF PARISHEKA AND ABHYANGA IN NON HEALING ULCER.

Clinical Research

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## ABSTRACT

A chronic wound is a wound that does not heal in an orderly set of stages and in a predictable amount of time. Wounds that do not heal within three months are often considered chronic.[1] This case study is on non healing ulcer formed after debridement of cellulitis. The patient was a known case of non healing venous ulcer on left leg near ankle joint, with diabetes mellitus. Due to cellulitis of the same left leg having venous ulcer, patient underwent debridement .After debridement, the ulcer was not healing with conventional allopathy medicines for 11 weeks . Two menoveurs in Ayurveda called Parisheka and Abhyanga were used for this wound in addition to conventional allopathy treatment. After starting these two menoveurs , ulcer has shown significant improvement in healing process.

## KEYWORDS

Healing Ulcers, Parisheka, Abhyanga.

## INTRODUCTION

Non healing chronic ulcer is one of the common conditions to be dealt in surgery. Skin grafting is a solution . But it is expensive and needs surgical intervention. There are chances of failure and need of repetitive procedure. There are many types of chronic non healing ulcers.

One of it is venous ulcer. Varicose or venous ulcers are ulcers common in lower part of leg ,near ankle joint . These ulcers become chronic and non healing due to venous blood stagnation locally.

Cellulitis is an acute inflammatory condition of the dermis and subcutaneous tissue usually found complicating a wound, ulcer or dermatosis. The involved area, most commonly is on the leg . [2]

The ulcers formed after debridement done due to cellulitis can become chronic and non healing due to conditions like diabetes mellitus and varicose veins.

This is a case study of non healing ulcer treated with local menoveurs described in Ayurveda in addition to conventional allopathic treatment.

This case study is on non healing ulcer formed after debridement of cellulitis.

### Case Study

A 65 year old male patient was having venous ulcer on left leg since 1 year. Patient was known diabetic . Patient had cellulitis of the left leg near venous ulcer before 12 weeks . Patient underwent debridement of the area after 1 week of starting of symptoms of cellulitis . After debridement, wound size was 14cm length with average 4 cm width and 2cm depth. There was slough with foul smell.

The patient was taking conventional allopathic medical management for diabetes mellitus with regular sterile dressing, foot elevation, pressure bandaging and nutritional supplements. The wound was not healing after conventional medical management and dressing. Hence patient was advised Ayurveda wound management.

The wound was non healing, unhealthy and pale in the beginning. There was oedema on the leg. The colour of skin of leg was blackish due to varicose veins. There was induration of wound margins . Wound size was 14cm length with average 4 cm width and 2cm depth. There was slough with foul smell.

The duration of this wound was more than 10 weeks. There were no signs of healing. Hence wound was labeled as non healing ulcer.

### Medicines Used

1. Ropan taila(Ayurvedic Medicated oil)Ropana Taila is explained in Sushruta Samhita chapter 37 verse 26.[3]
2. The decoction was prepared with use of fresh leaves of *Azadiracta indica*, Triphala bharad (coarse powder of *Emblica officinalis Terminalia bellerica and Terminalia chebula* in equal proportion ) and coarse powder of root of kutki (*Picrorhiza kurroa*).All three contents were taken 10gm each with 2lit of water. The water with medicines was boiled for 10minutes. Filtered and particle free decoction was used for pouring on wound.

### Ayurvedic Wound Management Done In This Patient

In Ayurveda 60 types of menoveurs are described to heal any wound called as Shashti upakrama in Sanskrit. [4] Out of it , parisheka means pouring of hot medicated decoction on the wound. Abhyanga means massage of medicated oil on wound bed ,margins ,edges and periphery of wound. These two menoveurs are described in Ayurveda to heal wound.

In this case , along with conventional allopathic medical management above mentioned two menoveurs were added.

Daily pouring of hot medicated decoction(37 to 41°c) on wound(parisheka) (with sterile cotton mop) for 20 minutes, followed by massage of medicated oil ( Ropan taila) on wound bed, wound margins ,wound edges and periphery of wound(Abhyanga).

The decoction of 37- 41°c was used. To increase tolerance of patient for hot decoction , it was poured gently on wound with mop of cotton. Then the wound is made dry with sterile cotton.

After this, thorough massage of sterile medicated oil was done daily for 20 min on wound bed , wound edges, wound margins and peripheral

skin with medicated oil named Ropan taila. The massage was done gently without any injury to wound bed, margins and granulation tissue.

**The Effect Of This Menoveur Was-**

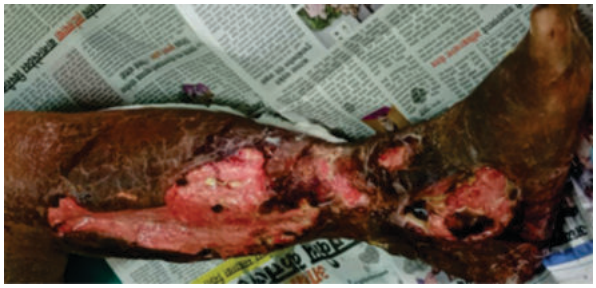
Above mentioned menoveurs led to change in colour of leg.Skin hyperpigmentation subsided. Skin colour became normal. The edema of leg subsided.

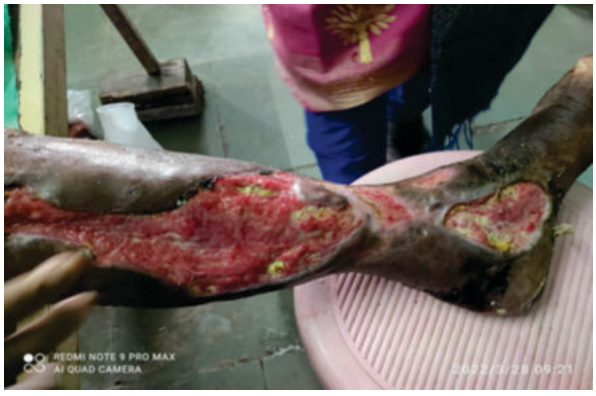
The wound margins became soft. Induration subsided.

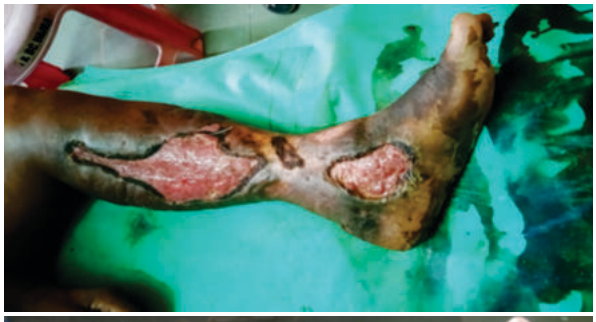
There was no healthy granulation tissue or epithelialization before treatment . But healthy granulation tissue formation started after this procedure. Epithelialization started from wound margins.

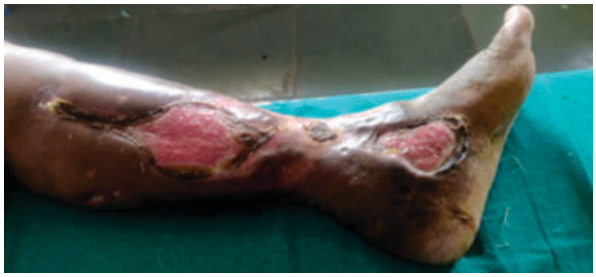
There was reduction in slough formation.

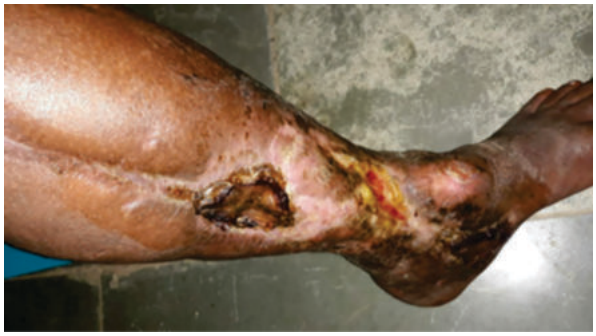
The pouring of hot decoction and massage of oil on wound bed ,margins and periphery might have led to vasodilatation, improved circulation and neovascularization. Due to pouring of hot decoction, local bacterial colonization might have subsided which led to reduction in slough formation. There was significant change in colour of leg due to vasodilatation and neovascularization. The wound healing had shown significant acceleration and healed completely in 3 months.









**CONCLUSIONS**

Pouring of hot decoction and thorough oil massage led to acceleration of wound healing in non healing ulcer. The improvement seen was-

1. Appearance of healthy granulation tissue.
2. Reduction in slough formation.
3. Reduction in induration.
4. Advancement of skin of margins of wound.
5. Reduction in discoloration and oedema of leg.

There is need of further clinical trials to study these procedures.

**REFERENCES:**

[1] Mustoe T. Dermal ulcer healing: Advances in understanding. Tissue repair and ulcer/wound healing: molecular mechanisms, therapeutic targets and future directions. Paris, France: EUROCONFERENCES; Archived from the original (PDF) on October 27, 2005 (March 17–18, 2005) [Google Scholar]
[2] Swartz MN. Clinical practice: cellulitis. N Engl J Med. 2004;350(9):904-912.
[3] Shastri. A. Sushruta Samhita Sutra Sthan Chaukhamba Sanskrit Sansthan Publication,Varanasi 2012.12.https://www.betterhealth
[4] Shastri. A. Sushruta Samhita Sutra Sthan Chaukhamba Sanskrit Sansthan Publication,Varanasi Chikitsa sthan chapter 1 2012.12.https://www.betterhealth