



EFFECT OF ORAL PANCHATIKTA GHRUTA AND LOCAL JATYADI TAILA APPLICATION IN NON HEALING TRAUMATIC ULCER.

Ayurveda

Dr. Sachin Godage Lecturer, Strirog & Prasuti Department, Sai Ayurved College, Vairag, Solapur

Dr. Pallavi

Moreshwar Kanitkar

Reader, Shalya Tantra Department, Sai Ayurved College, Vairag, Solapur

Dr Shirish

Muralidhar Kulkarni*

BAMS, MD, Professor Kayachikitsa *Corresponding Author

ABSTRACT

Traumatic ulcers are ulcers formed due to trauma. There are various types of traumatic wounds like contused lacerated wound, incised wound, abrasion and contusion. This is a case of contused lacerated wound. Due to crush injury, the skin and subcutaneous tissue of anterior aspect of middle part of leg was excised. Hence the wound was formed. The wound was not healing since 3 months. Hence the patient approached Ayurveda. The local massage of Jatyadi tailam was given. In addition Panchatikta ghruta was given orally 5gm twice daily. Daily massage (Called Abhyanga in Ayurveda) of Jatyadi tailam was given to ulcer bed gently. The oil massage was also given to ulcer margins, the foot and leg region below knee. Panchatikta ghruta (5gm twice daily) was given orally. The wound had shown significant healing in 2 month.

KEYWORDS

Traumatic Ulcers, Abhyanga.

INTRODUCTION

Ulcer or wound is break in continuity of epithelium. The ulcers are of various types like traumatic, infective, arterial, venous and neurogenic.

Out of it, traumatic ulcer occurs due to external trauma. These ulcers are of again various types like contused lacerated wound, incised wound and abrasion.

Sometimes such wounds become non healing and chronic. This is a case of non healing chronic ulcer formed due to debridement of traumatic contused wound.

Case study

The present case is of contused lacerated wound caused due to road traffic accident before 3 months. There was crush injury on middle part of anterior aspect of left leg, for which debridement was done. The wound formed after debridement on middle part of anterior aspect of left leg was not healing after conventional allopathic treatment. Hence patient approached Ayurveda.

A chronic ulcer is an ulcer that does not heal in an orderly set of stages and in a predictable amount of time. Ulcers that do not heal within three months are often considered chronic.[1]

This was a chronic wound formed after debridement of contused lacerated wound. The patient did not have history of any major illness. Patient had history of tobacco chewing since 15 years.

The physical examination did not reveal any major illness. The ulcer was on middle part of anterior aspect of left leg. The ulcer was having pale granulation tissue without any signs of healing. There was no slough. The ulcer margins were slightly hypertrophied.

Medicines used

1. Jatyadi tailam (Ayurvedic Medicated oil) Jatyadi Taila is explained in Sharangadhar samhita Madhyam khanda.[2]
2. Panchatikta ghruta (5gm twice daily) orally after food.[3]

Ayurvedic wound management done in this patient

The Shashti upakrama are 60 menovours described in Ayurveda for wound healing. [4] It includes Abhyanga (massage of oil) and Snehapana (Taking medicated oil or ghee orally).

Massage of sterile Jatyadi tailam was done on wound bed, wound margins and periphery. The massage on granulation tissue was done gently.

The patient was also advised to take Panchatikta ghruta 5gm twice daily orally (Snehapana). The treatment was given for 2 months.

Along with conventional allopathic medical management, these two menovours were used in this patient which shown significant improvement in wound healing.

The effect of this menovour was-

Above mentioned menovours resulted in acceleration of wound healing.

The wound has shown significant improvement. There was no healthy granulation tissue before treatment. Wound margins were hypertrophied. Healthy granulation tissue formation started due to treatment. Wound margins became soft. Epithelialization started from wound margins. The margins started growing and wound healed in 2 months.

The massage of oil on wound bed, margins and periphery might have led to improvement in blood supply of wound and neo vascularization.

CONCLUSIONS

Oil massage with Jatyadi tailam and oral administration of Panchatikta ghruta resulted in acceleration of wound in this ulcer.

There was

1. Appearance of healthy granulation tissue.
2. Softening of hypertrophied margins.
3. Advancement of skin of margins of wound.

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



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