

EFFECT OF YASHADHA BHASMA IN WOUND HEALING - A CASE STUDY

Annet Thomas¹, Sahana Kamath²

¹PG Scholar, Department of Shalyatantra, SDM college of ayurveda, Kuthpady, Udipi, Karnataka, India

²Assistant professor, Department of Shalyatantra, SDM College of Ayurveda, Kuthpady, Udipi, Karnataka, India

Corresponding Author: thomasannet3103@gmail.com

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ABSTRACT

Chronic venous disease is prevalent in the ageing population and leads to venous leg ulcers which can last and recur for years, significant results in morbidity and impacting quality of life. Venous ulcer is the commonest, with a prevalence of 1.69% in the elderly population. These ulcers are linked to venous insufficiency, a slowly progressing chronic disease. Based on the chronicity and features of ulcers we can correlate the condition as *Dushta vrana* in our classics. *Acharya Sushruta* gives special importance to *Vrana chikitsa* having 7 modalities (local *shodhana* and *ropana*), among which *Avachurnana* is one. The current study employed *Avachurnana* in a patient having chronic venous ulcer which showed a reduction in the size of the wound and associated symptoms.

Keywords: Chronic venous ulcer, *Dushta vrana*, *Avachurnana*, *Yashadha bhasma*

INTRODUCTION

An ulcer is the break-in continuity of the covering epithelium either skin or mucous membrane. It may either follow the molecular death of surface epithelium or its traumatic removal¹. Current estimates indicate that nearly 6 million people suffer from chronic wounds worldwide². The majority of venous ulcers

occur between 40 to 60 years in which women are more affected. When the calf pump and the main deep veins are normal, even the slightest movements empty the superficial veins lowering the superficial venous pressure. The main pathway of the venous drainage of the ankle skin in the erect posture is via

the ankle perforating veins. When the valves of this vein are damaged shows local venous hypertension. This condition is aggravated by obstructed main deep veins and becomes the main contributing cause for ankle venous hypertension. These ulcers are not caused by the presence of varicose veins but are complications of deep vein thrombosis. Hence it is the need of the day to find managing techniques for such widely occurring diseases. These ulcers are typically situated just above the medial malleolus of the lower limb, varies in shape and size with a sloping edge, fixed base to deep fascia, thin margin and blue of growing epithelium, pale granulation tissue, seropurulent discharge occasionally traces with blood. The surrounding skin shows eczema, pigmentation, induration and tenderness. The ulcer is slightly painful in the beginning but gradually the pain settles down³. According to our classics, a chronic ulcer can be considered as *Dushta vrana*. Treatment of *Dushta vrana* has been explained under *Shasti upakrama* by *Acharya Susruta*, in which *Avachurnana* is one among the local treatment. *Yashadha bhasma* has been explained in *Rasatharangini* as an internal and external application having *Vrana samsrava rodhana* property. Hence this current study is based on the healing effect of *Yashadha bhasma* in *Dushtavrana* and assessments made by proper observations were recorded with images.

CASE REPORT

A 33-year-old male patient was admitted to IPD on 16/8/2021 presenting with complaints of a wound over the left lower limb for 1 ½ year .1 year back, his left leg hit on a refrigerator which results in a small wound. He took allopathic medication but due to an allergic reaction within 15 days, the wound attains bigger, presenting with pricking pain associated with serous discharge, burning sensation, foul smell. For this, he took ayurvedic treatment which got relief. Afterwards, he neglected the condition, which results in worsening the disease. For 2 months, he has had the same symptoms with an increase in wound size and swelling around the surrounding area. For all these complaints he got admitted to our hospital for

better treatment. On general examination- no abnormality detected, vitals were stable-BP- 120/80mmhg, Heart rate-76 bpm, respiratory rate- 19/min, pulse rate-76 bpm, temperature- 98.6 °F. Laboratory investigations were under normal limits and the USG Doppler study shows no deep vein thrombosis in the left lower limb.

ULCER EXAMINATION

Inspection

Site- Lateral aspect above ankle joint covering 1/3rd of the left leg

Size – 15x 8 cm

Shape- Irregular

Number - 1

Edge- Sloping

Floor- Filled with moderate slough and granulation tissue

Discharge- Seropurulent

Surrounding area- Edematous

Palpation

Temperature- Not raised

Tenderness – present

Margin- Well defined

Base - Fixed

Depth- 1mm

Bleeding - Absent

Relation with deeper structures – Fascia

Examination of lymph nodes– No enlargement

Peripheral pulsation- Palpable

Examination of vascular insufficiency- Not significant

Examination of varicose vein- Not significant

Sensory examination - Pain- Moderate, Touch – Hyperesthesia, Pressure – Present, Temperature- Not raised

PROCEDURE

Patient consent was taken, the ulcer was cleaned with normal saline and the surrounding area was wiped with spirit. The area of the ulcer was mopped with a swab and dusting of *shodhitha yashadha bhasma* of sufficient quantity was done. Then ulcer was covered with dry gauze & bandaging was done and retained for the entire 1 day.

Table I: Duration -7 days, follow up- once a week for 2 weeks

GRADE	DISCHARGE	PAIN	BURNING SENSATION	ITCHING	GRANULATION TISSUE
0	No discharge	No pain	No burning sensation	No itching	Fresh red granulation tissue
1	Scanty/serous discharge	Mild pain on touch	Mild occasional episodes of burning	Mild occasional episodes of itching	Pale granulation tissue without slough
2	Sero purulent discharge	Mild pain even without touch	Moderate continuous burning sensation	Moderate continuous itching	Pale granulation tissue with slough
3	Bloody discharge	Continuous severe pain throughout day & night	Severe continuous burning, disturbing sleep	Severe continuous itching disturbing sleep	No granulation tissue with slough

Table II: Assessment Criteria

AssessmentCriteria	BT	Day 1	Day 7	Day 15	Day 30
Subjective Criteria					
Pain	2	2	0	0	0
Burning Sensation	3	2	0	0	0
Itching	2	2	1	0	0
Discharge	2	2	1	1	1
Objective Criteria					
Size	15 x 8 cm	14.7x 7.8cm	10 x 5 cm	7 x 5cm	5.5 x 4.5 cm
Floor (Granulation tissue)	2	2	0	0	0



DISCUSSION

Zinc is an essential trace element in the human body. It serves as a cofactor in numerous transcription factors and enzyme systems including zinc-dependent matrix metalloproteinases that augment auto debridement and keratinocyte migration during wound repair⁴.

In classics, *rasoushadhi* have a longer shelf life and are quick-acting, *Bhasmas* are one such. In which, *yashadha bhasma* having *sheeta guna* and *kashayatikta rasa* property acts as good ‘*sleshma kala sankochaka*’ and prevents excessive secretions from the wounds and helps in healing. The mode of action of *yashadha bhasma* depends on 2 *rasas*. *Tikta*

rasa - described as *daha samaka*, *kandughna*, *kusthagna*, *pittakapha hara* which reduces burning sensation and pus discharge from the wound. *Kashaya rasa* has *ropaka* property, promotes granulation tissue and fast healing. The topical application of *bhasma* is quite convenient to use and easy to apply but action regarding its wound healing is challenging to explain.

In the context of wound healing, from the 2nd day onwards, secretions from wounds were found more than what helps in fast wound healing. On the 4th day, it was noticed that the wound is covered with red granulation tissue. From the above points, it is clear that *Yashadha bhasma* helps in fast wound healing and the formation of granulation tissue.

CONCLUSION

At the end of the study, it was found that *Yashadha bhasma* showed fast and good efficacy in the growth of red granulation tissue, cicatrisation of the wound and promoted fast healing.

REFERENCES

1. Das.S.A Manual on clinical surgery. 6th edition. Calcutta:S.Das; 2004;45
2. Gupta.N, Gupta.S, Shukla. V, Singh.S. An Indian Community-Based Epidemiological study of Wounds. Journal of Wound Care[online]2004[cited on Mar 12];13(8), 323-325.Available on: <https://www.ncbi.nlm.nih.gov/pubmed/15469216J>.
3. Das.S.A Manual on clinical surgery. 11th edition. Kolkata:S Das; 2015;75
4. Lansdown AB, Mirastschijski U, Stubbs N, Scanlon E, Agren MS. Zinc in wound healing: theoretical, experimental, and clinical aspects. Wound Repair Regen. 2007 Jan-Feb;15(1):2-16. DOI: 10.1111/j.1524-475X.2006.00179. x. PMID: 1724431

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