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Importance of Panchakarma in Shalyatantra: A Delineation Through Single Case Study

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ABSTRACT

Panchakarma, the pentagonal unique Ayurveda therapy which accommodating typical procedures to treat the morbid Doshas and cleansing procedure. Numerous textual references are available regarding their applicability in the field of Shalya Tantra. Panchakarma is important in many acute and chronic surgical conditions like Vrana, Bhagna, Arshas, Bhagandara, Arbuda, Shleepada, Shotha, etc. In Shalya Tantra the pre-operative measures like Snehana, Swedana, Visravana, Vamana, and Virechana are very important. All that which causes Bhada to the body is considered as Shalya. Excessive accumulation of Dosha and Mala causes such Bhada in the body, which requires Nirharana. In this paper an attempt has been made to explore the importance of Panchakarma in Shalyatantra with illustration of single case study of Dushta Vruna which had been admitted and manged in KVGAMC Sullia. A case of Dushta Vruna (venous ulcer) was treated with the Sadyovamana, Sadyovirechana and Rakthamokshana along with other Vruna Upakrama. Very good improvement in patient's condition. Photograph's were maintained throughout the course of treatment. Dustha Vruna which is treated along with the Panchakarma procedures showing faster healing.

Keywords: Dushta vrana, Panchakarma, Shalyatantra, Shodana.

INTRODUCTION

Nidana Parivarjanameva Chikitsa. This is the first step of treatment in Ayurveda. When vitiated Doshas are the causes for the disease, their removal itself is the treatment. It has been denoted that hand in hand management with Panchakarma and Shalyatantra to extract Doshas in many places. But in reality, whatever is said in Panchakarma is right in Shalva tantra and not vice versa. When the matter of treatment modalities of Ayurveda comes for discussion-The Snehadi i.e., Snehana, Swedana, Vamana, Virechana, Basti, Nasya Rakthamokshana, practiced and Panchakarma section mainly, are also in use of Shalya Tantra specialists. In many acute and chronic surgical conditions like Bhagna, Arshas Bhagandara, Arbuda, Shleepada, Shotha, Vidradi, Ashmari,

Udara, Granthi, and Vrana, there may be the need of any of the Panchakarma procedures. Acharya Dalhana while mentioning the definition of Shalya Tantra explains that Mala Doshas are also Shalya so Nirharana of Such Mala Dosha¹ is only by Panchakarma method. Indirectly it implies the important of ShalyaTantra. In Yogyasootriya Acharya explains Shishyas practice Snehadikarma along with Chedyadi Karma.² The Shodhana has been specially indicated in Dushtavrana to expel the Pravruddha Doshas.³

METHOD

To substantiate this, an effort has been made with follow-up a case of *Dushtavrana*.

Chief complaints: A male patient aged 46 years was complaining of ulcer in the

medial aspect of lower limb associated with severe pain, itching, swelling and blackish discolouration since 6 month.

Past history: H/o Same complaint 5 years back. No h/o of DM and HTN

Treatment history: 2 years back varicose vein stripping, 1 and half year back skin grafting

Family history: No one in the family had similar complaint

Table 1: Personal history

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Personal history					
Appetite	Good				
Micturition	3-4/day; 1-2/night				
Bowel	1/day				
Sleep	Reduced				
Habits	N. S				

Table 2: Systemic examination

Systemic examination					
RS	NVBS				
CVS	S1 S2 heard no added sound				
CNS	NAD				
GIT	NAD				

Table 3: General examination

General Examination:				
Appearance	Obese			
Built	Obese			
Pulse	72/min			
RS rate	19/min			
Вр	140/90 mm hg			
Pallor	Absent			
Icterus	Absent			
Cyanosis	Absent			
Clubbing	Absent			

ULCER EXAMINATION

Table 4: Ulcer examination

Tuble ii Cicci Caummuton						
	Left Leg	Right leg				
Position	Near the Medial Malleolus	Near the Medial Malleolus				
Shape	Irregular	Irregular				
Size	90*45mm	75*35 mm				
Edge	Slopping	Slopping				
Margin	Well defined	Well defined				
Floor	Pale no healthy granulation	Pale no healthy granulation				
Discharge	Present	Present				
Bleeding	Absent	Absent				
Palpation						
Tenderness in margin	Present	Near the Medial Malleolus				
Tenderness in edge	Present	Irregular				
Tenderness in floor	Present	75*35 mm				
Bleed on touch	Absent	Slopping				
Mobility	Fixed	Well defined				
Surrounding Area	Hard and discoloured	Pale no healthy granulation				
Sensation	Present	Present				

Signs of Vascularity: Pulsation in the dorsalis pedis is Present
Capillary refilling within 2 seconds
No Lymph node enlargement

Table 5: Nidana Panchaka

Nidana Panchaka				
Nidana	Long standing work			
Poorvarupa	Pin pointed wound, itching discolouration and pain			
Rupa	Vrana in the lower part of both leg			
Upashaya	Rest and Medication			

Table 6: Samprapti Gataka

Dosha	Vata Pitta
Dushya	Rakta, Mamsa, Tavka and sira
Srotas	Rasa,Rakta and Mamsa
Srotodushti	Sanga and Vimargagamana
Udbavasthana	Amapakvashaya
Vyakta sthana	Paada
Prabhava	Krichra sadhya

TREATMENT GIVEN

Table 7: Shodana chikitsa

Table 7: Shodana Chikusa					
Sadyovamana	with Yastimadhu phanta and Saindhava Jala				
Sadyovirechana	With Mishraka Sneha 2 tablets				
Jaloukavacharana	1 sitting (2 Jalouka at a time on each leg)				
Prakshalana	With Triphala Kashaya daily Morning for 45 days				
Doopana	With Dhooma Varti Daily for 45 days (Triphala, Shuddaguggulu,vacha				
Dressing	With Nimba kalka and Madhu				

Table 8: Shamana chikitsa

Maniistadi Kashava	15 ml bd before food for 45 days
Khadirarishta	15 ml bd after food for 45 days
Cap Grab	15 ml bd for 45 days (Triphala guggulu, gandaka rasayana, guduchi etc)

OBSERVATION

Table 9: Observation on Lakshana

THOSE ST GOODET THE OIL DESIGNATION										
Day	Pain		Itching		Surrounding skin		Discharge		Swelling	
Leg	Left	Right	Left	Right	Left	Right	Left	Right	Left	Right
1st day	+++	+++	++	++	+++	+++	++	+	++	++
20th day	++	++	+	+	+++	++	+	Nil	+	+
40 th day	Nil	Nil	Nil	Nil	++	+	Nil	Nil	Nil	Nil

Clinical features of *Dushts Vrana* were improved at the end of second week and converted to *Shudda vrana*. On 30th day wound was almost healed.

With a follow up for a period of I month, patient has shown no sign of recurrence.

Table 10: Observation on Size

Size	1st day	20 th day	40 th day	60 th day
Left Leg	90*45 mm	80*30 mm	50*30 mm	Small portion of dried tissue of about 20*10 mm which yet to get fall of
Right leg	75*35 mm	73*33 mm	69*29 mm	Healed

RESULTS



Figure No :1 Before Treatment Left leg



Figure No :2 20th Day



Figure No:3 40th day



Figure No:4 Before Treatment Right leg



Figure No:5 20th Day



Figure No :6 40th Day



Figure No: 7 Left Leg on 60th Day



Figure No:8 Right leg on 60th Day

DISCUSSION

Vedana in Dushta Vrana is due to vitiated Vata and Pitta. Here Virechana removes the vitiated Vata and Pitta. Thus, Virechana Karma not only expels the vitiated Pitta Dosha but also controls the Dosha⁴ Vata bv removing Margavarana. Kandu is manifested due to the vitiated Kapha or Vata. By Sadyo Kapha⁵ Vamana vititaed Raktamokshana vitiated Vata⁶ are expelled out. So Kandu is managed. Ashraya Ashrayee bava of Rakta and Pitta and *Brajakapitta* is responsible for Varna.⁷ Virechana alleviates vitiated Pitta and Jaloukavacharana pacifies vitiated Rakta. This is helped for the removal of *Vaivarnya*. Probably this can be cured if the treatment is continued. Disappearance of the Srava is noted after doing Sadyovamana Sadyovirechana thereby executed Dosha Nirharana. Shotha is due to Tridosha which are brought back to normalcy by procedures Vamana, Virechana, and Rakta mokshana thus the Shotha is completely subsided.

CONCLUSION

When vitiated *Doshas* are removed, body tends to do *Prakruta karma*. The regaining of sensitivity of cells in tissues of ulcer site is the sign of response to the *Prakshalana* and *lepa* of *Nimba* and *Madhu* which improves the local action of the procedures over the wound healing. Combination of *Shodana* achieved by *Sadyo vamana*, *Sadyovirechana* and

Raktamokshana systemically and local Shodana by Alepa, Prakshalana and Doopana. Ropana is achieved by Vrana Bandha along with action of above procedures which resulted in early proper healing of Dushta Vrana.

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