

Conceptual Study

Importance of Ashtavidha Shastrakarma In Infected Wound Management.

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ABSTRACT:

In the management of infected wound, drainage of the infected pus with breakage of the pustules is considered as a very important part of the treatment. If we cannot drain the infected abscess properly in time it can create an infective sinus track in the body, which increases the further complications as well as becomes more difficult for the management especially in immune-compromised & old aged week patients.

Also, if anyone take incision at the wound site before suppuration, it may further cause severe complications like, tearing of tissues, Traumatic abscess or injury to important blood vessels. So proper Guidance in the treatment of infected wound or abscess is very important as it matters the patient's mind set.

In Ayurveda there is a reference regarding the importance of Ashtavidha Shastrakarma in Pakwa Vranashotha & Vidradhi i.e. infected suppurated wound or abscess.

तत्र शस्त्रकर्माष्टविधं तद्यथा – छेद्यं, भेद्यं, लेख्यं, वेध्यम्, एष्यम्, आहार्यं, विस्त्राव्यं, सीव्यमिति ॥ सु.सू. ५/५

As described in above reference, Acharya Sushruta have mentioned eight types of surgical procedures for the management of infected suppurated wound or abscess. According to Ayurvedic classics, all types of infected & suppurated wounds require Shodhana Upakramas for their fast recovery.

KEY WORDS: Sinus track, Traumatic Abscess, Suppuration, Pustules, Probing, Scraping.

INTRODUCTION:

कक्षं समासाद्य यथैव वन्हीर्वाञ्जीरितः सन्दहति प्रसह्य ।

तथैव पूयोऽप्यविनिःसृतो हि मांस सिराः स्नायुच खादतीह ॥ सु.सू. १७/१७

As mentioned in above reference, Infected suppurated wound if not drained properly and in time it can further severely damage the skin, muscles & important vessels. That is why according to the Sushrutacharya, proper drainage of pus as well as management of wound i.e. Shodhana Upakramas with the help of Ashtavidha Shastrakarma according to the condition of the wound is considered as very important part of the treatment.

Each of these eight procedure have cover all the needful management which is require for infected wound management.

In these Ashtavidha Shastrakarma, Chhedana, Bhedana, Lekhana, Aishana, Aaharana, Vedhana, Vistravana & Seevana Karmas are considered as Excision, Incision, Scraping, Probing, Extraction, Puncturing, Drainage of pus and suturing respectively. All these surgical procedures in wound management have their own importance according to condition of the wound or abscess. Also in Ayurveda, Indications, Instruments, contraindications & Vidhi of Ashtavidha Shastrakarma simultaneously according to the study of Patients Prakruti Parikshana are also mentioned in detail.

That is why in modern clinical practice also, the application of Ashtavidha Shastrakarma in management of infected & suppurated wounds or abscess can make the management easier & appropriate.

Objectives:

To study the Importance and efficacy of Ashtavidha Shastrakarma in management of infected and suppurated wounds.

To apply the appropriate Shastrakarma from Ashtavidha Shastrakarmas according to the stage and condition of the wound.

Also here we can correlate each Shastrakarma with the Prakruti of the Rugna as well as Dhatu Bala and Agni Bala of the patient. This helps to reduce the adverse effects of our procedure and also we can assure the patients by reducing their anxiety which help physician to get good cooperation from the patient side also.

Also here in Prakruti Pariksha proper systemic examination of the patients to rule out any systemic disorder is important aspect as it can also contribute the further healing process of the wound as well as we can understand the direct or indirect link between that particular disease with the current infection of the wound for example like role of diabetes in infected diabetic wound is very significant. So we can arrange our line of treatments accordingly.

Methodology:-

Firstly we have to choose the patients suffering from infected suppurated wounds and we have to apply our study on these patients. And also compared our work with other patients who had done only dressing of the wound site.

We also have to select those patients who doesn't have any severe life threatening systemic disorder.

We have to do all essential proper pathological investigations of these patients whenever required. In this part of management Ayurvedic Prakruti Parikshana plays very important role as we can determine Dhatu Bala and Agni Bala of the patients. This is very important aspect as it affects the outcome of our procedure.

We have to applied Ashtavidha Shastrakarmas as described in Ayurvedic literatures and according to the stages of the wound and also considering the Dhatu & Agni Bala with Prakruti of the Patients

We have to apply all these eight surgical measures accordingly as described in Ayurvedic classical literatures.

In infected stage we have avoided Seevan Karma i.e. suturing and we continue all other Shastrakarmas accordingly.

We have to apply

Chedana Karma i.e. excision in infected stage of wound to excise all infected necrosed tissues or scar tissues to prevent further contamination of the wound. In Bhedana Karma we take incisions on most prominent part of the suppurated wounds to drain out all the infected pus from the cavity of the wound. This Karma is considered as the Pradhana Karma specifically in suppurated wounds.

In Lekhana Karma we debride the wound cavity properly to remove all the necrosed and sloughed tissues from wound cavity which ultimately stimulates the blood circulation and healing process in the wound cavity.

In Vedhana Karma we punctured the wound cavity to remove the contaminated blood and fluid from the wound site which compromised the healing process and can further convert into infected pus.

Eshana Karma is mainly initiated into deep wounds or in suppurated wounds which progressed into internal sinus opening due to ignorance of the patient or not getting proper treatment like drainage of pus. With the help of Eshana Karma we can get idea about depth of the deep wounds as well as regarding depth of the internal infective pus pockets which are communicating with the minor opening of the wound.

In Aharyam we have to find that is there any foreign body or contaminated particles inside the cavity of wound and have to extract it from the wound site. Also if any gangrenous body tissue present in the cavity we have to extract it immediately to stimulate the wound healing.

In Visravana Karma we have to drain all contaminated blood from the wound as it can worsen the swelling of the wound and can convert the wound in infective abscess. This Karma is mainly applied in Amavastha i.e. in nonsuppurative stage of the wound which stop the further infective worsen progress of the wound.

Once healthy granulation tissues are seen in the wound we initiate with Seevan Karma i.e. suturing procedure to close the wound cavity.

At every stage of wound healing, we have to carefully observe the vitals of the patients as well assured them

for good positive result.

In infected stage of the wound, daily dressing of the wound cavity is must with removal of infected sloughed tissues and pus.

OBSERVATIONS:

Here due to breakage of all the pus pockets and excision of sloughed tissues we can achieve proper Shuddhi of the infected wound which further improve the blood circulation to the wound site very effectively.

Because of improvement in blood circulation at affected wound site it simultaneously stimulates the production of healthy reddish granulation.

Once healthy granulation appears, we can proceed with Seevana Karma i.e. suturing of the wound which prevents the further contamination or damage of the wound also improve the healing of the wound.

So here we can observe that proper implementation of Ashtavidha Shastrakarmas is the need of today's general practice which effectively stimulates the healing process of the infected wound.

DISCUSSION:

According to above observations here we can understand that applications of Ashtavidha Shastrakarmas in infected and suppured wounds stimulates the healing process of the wound very fast

Ashtavidha Shastrakarmas also guides the physician to apply appropriate Karma according to the nature and stage of the wound as well as according to the Prakruti and Bala of the patient.

From the above observation we find that, improvement in blood circulation at affected wound cavity simultaneously stimulates the production of healthy reddish granulation.

So as soon as healthy granulation appears at the wound site, we can proceed with Seevana Karma i.e. suturing of the wound which prevents the further contamination or damage of the wound also improve the healing of the wound.

From all above observations we can understand that proper implementation of Ashtavidha Shastrakarmas is the need of today's general practice which effectively stimulates the healing process of the infected wound.

CONCLUSION:

At the end of the study we can conclude that applications of Ashtavidha Shastrakarmas in infected and suppured wounds management resulted into very fast and very positive recovery in all patients we have examined and treated as compared to other patients of infected suppured wounds.

Due to proper Shodhan Karmas by drainage of infected blood and pus as well as breakage of pustules in the wound site, infective pathology inhibited as well as it stimulates the healing process which can be observed by having healthy granulation tissues at the wound sites and absence of slough or pus in the wound cavity.

Ashtavidha Shastrakarmas promotes to flow the fresh blood in wound cavity along with debridement and excision of sloughed tissues inside the wound cavity, which is very important aspect regarding the healing process of the wound. Also due to proper suturing of the healthy wound cavity accelerated the healing process fast.

Also in Ayurveda each Shastrakarma, is indicated according to the Prakruti of the Patient and contraindications are also explained. Instruments for each procedure, types of incisions according to a sites of wound, length of incisions, proper timing of each Shastrakarma are also mentioned in Samhita Grantha in detail, which guided the surgeon very well during wound management

From all these references we can conclude that, proper applications the Ashtavidha Shastrakarmas in wound management in today's general practice is very important aspect of the surgical practice and one should apply it accordingly and appropriately.

REFERENCES:

- [1] Ambika Datta Shastry. Sushruta Samhita of Maharshi Sushruta, Part- I. Published by Chaukhamba Sanskrit Samsthan, Varanasi (India), 2012;32
- [2] Kaviraj Kunjalal Bhisagratna, Dr. Laxmidhar Dwivedi. Sutra Sthana. Ashtavidhshastrakarmiyam Adhyayam Sushruta Samhita. English commentary. Volume: I. Varanasi: Chaukhamba Sanskrit Series Office. Edition: Third; 2005 p. 223 – 231.
- [3] McCulloch JM, Kloth LC. Wound Healing: Evidence-based Management. 4th ed. Philadelphia, PA: F. A. Davis Company; 2010 : 5, 109

- [4] Acharya Sushruta, Sushruta Samhita, with commentaries Nibandhasangraha of Dalhana and Nyayachandrika of Gayadasa, edited by Acharya YT 8th ed. Varanasi (India): Chaukhamba Orientalia, 2017 Sutra Sthana chapter 25. Verse no. 16
- [5] K. R. Shrikanta Murthy. Illustrated Sushruta Samhita. Published by Chaukhamba Orientalia, Varanasi (India); 2016
- [6] Paradara HSS. Ashtanga Hrudaya with Sarvangasundara commentary of Arundatta and Ayurvedarasayana commentary of Hemadri. 9th ed. Varanasi (India): Chaukhamba Orientalia, 2005;645
- [7] Acharya JT. Sushruta Samhita with Nibandhasangraha commentary of Dalhana. Reprint ed. Varanasi (India): Chaukhamba Sanskrit Samsthan, 2009 p. 47

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