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# A Case Report on Pressure Ulcer

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## ABSTRACT

Pressure ulcer in an otherwise sick patient and individuals with traumatic paraplegia is a matter of concern for the care givers as well as the medical personnel. Complication caused by pressure ulcers, especially for debilitated elderly patients will be life threatening one. In this report, we describe the successful use of *Mrudupratisaraneeya Apamarga Kshara Karma* and *Hamsapadi Taila* to treat pressure ulcer. A 68-year-old woman visited our hospital who had presented with complex pressure ulcers at the level of L5, S2 and on the sacrococcygeal region with discharge of pus since 4 months. She was Cardiomyopathic. She had suffered from Right hemiparasis and Facial palsy 2yrs back and treated for the same in Narayana Hrudayalaya for 10 days and while discharging she had expressive aphasia and was ambulatory with minimal support. Her medical history confirmed pressure ulcer and we started with *Mrudupratisaraneeya Apamarga Kshara Karma* followed by *Hamsapadi Taila* dressing, final closure of wound occurred after 4 months. *Mrudupratisaraneeya Kshara Karma* with *Hamsapadi Taila + Yashada Bhasma* is an effective treatment protocol and it can reduce the healing time of the pressure ulcer.

**Key words:** Pressure ulcer, Apamarga Kshara, Hamsapadi Taila.

## INTRODUCTION

Pressure ulcer in an otherwise sick patient and individuals with traumatic paraplegia is a matter of concern for the care givers as well as the medical personnel.

Pressure ulcers, also known as pressure sores, bed sores and decubitus ulcers, are localized injuries to the skin and/or underlying tissue that usually occur over a bony prominence as a result of pressure, or pressure in combination with shear and/or friction. The most common sites are the skin overlying

the sacrum, coccyx, heels or the hips, but other sites such as the elbows, knees, ankles or the back of the cranium can be affected.

About 6-10% of admitted patients all across the country suffer the pain of bedsores. However, 45% of them can be managed if the task of changing sides and ensuring proper diet, hydration and movement of limbs is taken up by the relatives. This has been revealed in a recent study published by the School of Public Health, PGI.<sup>[1]</sup>

## CASE PRESENTATION

A 68 year old woman visited our hospital who had presented with complex pressure ulcers on the gluteal region with discharge of pus since 4 months. She was cardiomyopathic, She had Right hemiparasis and Facial palsy 2yrs back and treated for the same in Narayana Hrudayalaya for 10 days and while discharging, she had expressive aphasia and was ambulatory with minimal support.

On local examination 3 ulcers were located at the level of L5, S2 and sacrococcygeal region which was measuring 2x2x1cm, 1.5x1.5x1cm and 1x1x0.5cm

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respectively, margins were regular with punched out edges, floor with pale unhealthy granulation tissue and purulent discharge, blackish discoloration around the ulcer was observed. On palpation there was loss of sensation and induration around the ulcer and fixed base.

#### Treatment given

- She was asked to continue all her allopathic medicines.

#### Internal medication

- *Amalakichurna* 1tsp with Honey bd.
- *Saptamrutaloha* 1tab with honey and ghee tid.
- *Swamla* compound 1tsp bd.

#### External medication

- *Mrudupratisaraneeya Apamargakshara Karma* was done alternative days followed by *Ksharataila* dressing till granulation tissue observed.
- *Hamsapadi Taila* ( *Nimba, Tila* and *Hamsapadi Taila*) with *Yashada Bhasma* dressing was done once granulation tissue observed.
- At the end 1<sup>st</sup> month of treatment the ulcer at the L5 level healed.

#### Progress

Ulcer at level of L5 healed by the end of 1<sup>st</sup> month of the treatment



Fig. 1: Before treatment

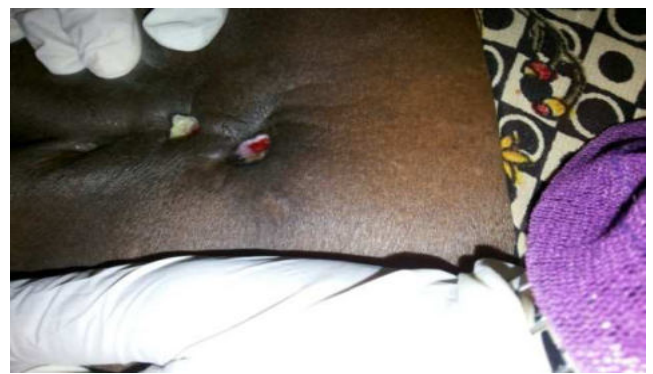


Fig. 2: During the course of treatment



Fig. 3: During the course of treatment



Fig. 4: During the course of treatment



Fig. 5: During the course of treatment



**Fig. 6: After treatment**

### On the Due Course

Ulcer at the level of S3 and sacrococcygeal region was interconnected and was not showing any signs of healing. Under aseptic precaution this interconnection was laid open and again *Mrudu Pratisaraneeya Kshara Karma* with *Kshara Taila* dressing continued till granulation tissue observed followed by NTH oil and *Yashada Bhasma* dressing and the ulcer healed completely at the end of 4<sup>th</sup> month. The case was followed up for 2 months for recurrence.

### DISCUSSION

In this case report, we have described the successful treatment of pressure ulcer with Ayurvedic treatment. As allopathic medicine mentions debridement is necessary in pressure ulcer and *Kshara* does so. *Kshara* which is defined so because it destroys and removes the unhealthy, vitiated tissues (*Ksarana*) or it torments the unhealthy tissues (*Ksanana*).<sup>[2]</sup> It is *Tridoshghna*, *Saumya*, it does *Dahana*, *Pachana*, *Darana*, *Pachana*, *Lekhana*, *Vilayana*, *Shodana*, *Ropana*, *Sthambana* Karmas.<sup>[3]</sup>

*Hamsapadi Taila* which includes *Hamsapadi*, *Nimba* and *Tila* with *Tila Taila* base which we prepared with the easily available drugs and cost effective. *Hamsapadi* as explained in *Madanapala Nighantu* is *Raktaprasadani*, *Sheeta*, *Daha* and *Visarpanashani*, *Vranaghni*, *Ropani* and *Vishapaha*.<sup>[4]</sup> *Nimba* which has *Vranahara* property<sup>[5]</sup> and *Tila* has *Yogavahi Guna* and has excellent wound healing property.<sup>[6]</sup> *Yashada Bhasma*<sup>[7]</sup> which is calcined and pure Zinc used in slow wound healing.

As the patient was aged we used *Mrudukshara* as debridement drug which was very effective in removing of unhealthy tissues from the ulcer. Under aseptic precautions *Mrudu Apamarga Kshara* was applied for the ulcer which was left for *Shatamatra Kala* and was washed with lemon juice every alternative days and was dressed with *Kshara Taila*. Because of *Lekhana* and *Shodhana* property of *Kshara*, unhealthy granulation tissues was removed from the first ulcer at the level of L5 which was then dressed with *Hamsapadi Taila* with *Yashada Bhasma* and the ulcer healed completely by the end of first month treatment.

But the ulcer at the level S3 and Sacrococcygeal region was interconnected and was not showing any signs of healing. Under LA and aseptic precaution the interconnected tract was laid open and *Kshara* was applied till the granulation tissue observed followed by *Hamsapadi Taila* dressing. At the end of 4<sup>th</sup> month of treatment the ulcer completely healed. The patient was followed up for 2 months for recurrence.

### CONCLUSION

*Mrudu Apamarga Kshara Karma* treatment which was adopted in this case proved to be very effective in wound debridement and as *Kshara* was *Mrudu*, patient withstood well and the complete wound closure was achieved by the combined healing properties of *Hamsapadi Taila* and *Yashada Bhasma*. Further clinical studies should be conducted to validate the treatment principles applied in this case.

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