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A CASE STUDY OF AYURVEDIC MANAGEMENT OF WOUND DEHISCENCE.

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ABSTRACT

Wound Dehiscence is a condition where a cut made during surgical procedure separates or ruptures after it has been stitched back together. Partial dehiscence means that the edge of an incision has pulled apart in one or more small areas. Complete dehiscence is when the entire cut reopens through all layers of skin and muscle. Any discontinuity in the skin due to exogenous or endogenous factors is known as "Vrana". According to Acharya Sushruta, the vrana that are treated by quack and the vrana of a person who does not take care of his wound; turns into *Dushta vrana*. Acharya Sushruta has described 60 *Upakrama* in the management of *Vrana*. Most of them are externally applicable; *Taila karma* & *Patradana* are among them. A case of wound dehiscence in our IPD was treated by alternate day dressing for 7 days with *Vranaropana Taila karma* followed by *Parnaphuti Patradana*. Resuturing was done after complete removal of debris. In this study it was observed that *shodhana* and *lekhana* of *dushta vrana* improved by end of week and *sivan karma* of *vrana* was done after *vranshodhana* and *vrantaropana*.

Keyword - *Ayurveda, Tailakarma, Patradana, Dushtavrana, Wound Dehiscence.*

Introduction

Vrana literally means a gap or discontinuity of the tissue. Like body's compensatory mechanism the state of post traumatic metabolism comes into play. The repair of injured tissue is a natural process. Normally the healing starts immediately after trauma under favourable condition, but it has been observed that number of factors either local or general may interfere with the process of healing.⁽¹⁾ Wound disruption is most common within 3 to 10 days after a surgery. Symptoms at the incision site start getting worse instead of better and may include pain, redness, swelling, bleeding.

Ayurvedic Literature Review

Acharya Sushruta has classified vrana as Nija and Agantuja vrana.⁽²⁾

- 1) *Nija vrana*: Which are caused by imbalance of doshas within the body.
- 2) *Agantuja vrana*: Which are caused by external factors like trauma, bites, burns etc.

Both above types of vrana if not treated properly then they can be converted into *dushta vrana*, which has following *lakshana*⁽³⁾-

- *Vividha strava* (different types of discharge)
- *Vedana* (pain)
- *Kandu* (itching)
- *Shotha* (swelling)

Acharya Sushruta has explained *Shashti upkarma* in the management of vrana in *Dvivraniya chikitsa adhyaya* of *Sushruta Samhita chikitsa sthana*.⁽⁴⁾

Taila karma is one of them, which causes *shodana* and *ropana* in *dushtavrana*.⁽⁵⁾ *Taila Karma* is explained in the *Vrana* which has following *lakshanas* - Many types of *Siddha Taila* used for different types of vrana especially for *Shodhana & Ropana karma*. *Ropana Taila* is useful in *Vata-Kaphaja vrana*.⁽⁶⁾

Patradana - Leaves of medicinal plants are selected according to *Dosha dushti* in vrana. They are lubricated, either heated or cooled and tied over vrana. It serves to generate heat or cold and retain medicated oil at vrana.⁽⁷⁾

Modern Literature Review

According to modern causes of wound dehiscence are as follows- Wound separation can happen at any phase and can be caused by one or more of the following.⁽⁸⁾

1. Infection: When a wound is infected, healing cannot move past the inflammatory phase. The body must focus on clearing bacteria from the area. Infection also limits the number of fibroblast cells that are able to move to the area. Any repair tissue that is able to develop will be weak and fragile.⁽⁹⁾
2. Pressure on sutures: Vomiting, severe coughing, or heavy lifting can strain

the stitches or staples used to hold the wound closed while it heals. If one or more of the sutures break, the incision may pull apart at that spot.

3. Poor suture technique: Wound disruption may be caused by stitches or staples that are improperly applied. Sometimes wound separation will occur when sutures are removed too early in the healing process.
4. Decreased blood flow: Good blood flow is important to move oxygen and healing cells to the wound and to clear away bacteria and dead cells. Anything that decreases blood flow puts you at a higher risk of wound breakdown. This includes smoking and conditions such as diabetes, obesity, and heart disease.

Out of them Non healing wound has - Unhealthy granulation tissue with slough, Various types of discharges like serosanguinous, bloody, purulent etc. Chronicity etc. And treatment according to modern is rest, immobilization, Care of ulcer by debridement, wound cleaning and dressing, desloughing is done either mechanically or chemically.⁽¹⁰⁾ Mechanically it is done by scissor by excising slough and chemically by hydrogen per oxide, EUSOL etc. They all remove slough but may hamper healing by disturbing normal healthy granulation tissues.

So application of *Taila* along with *Patradana* can be considered as best management of *dushta vrana*. *Taila* has *shodhana*, *lekhana* and *ropana* properties & *Parnabeej patradana* helps in

Vranaropana by its *Kashaya Rasa*, *Sheet Virya* & *Ruksha Guna* which causes debridement of *vrana* & *Madhura vipaka* enhances healthy tissue growth for healing.⁽¹¹⁾

Case Report

A 40 years old female patient visited to OPD of *Prasutitantra* & *Striroga* Department, G.A.C And Hospital, Nanded with chief complaint of pain at suture site since 2 days. She was operated 7 days ago for Fundointramural fibroid with Left Ovarian Biloculated Cyst and underwent Hysterectomy at GAH, Nanded.

Medical History:

Her preoperative Hb-9.4gm%. BSL - F - 97.09mg/dl
BSL - PP- 118mg/dl

She was given 1 PCV for 'B' positive Blood Group before posting for Hysterectomy.

Surgical History:

H/o- Pan Hysterectomy (Total Abdominal Hysterectomy with Bilateral Salpingo-oophorectomy) - 7 days ago.

History of present illness:

A female patient was operated 7 days ago. She underwent Pan-Hysterectomy and came in OPD for dressing. She came with complaint of pain at suture site. Frank serous discharge was seen oozing out from sutures. Edges were inflamed with tenderness at site. After consecutive dressing, serous discharge increased and sutures were removed. Wound gapping with minimal slough was noticed. Due to anaemia & borderline Diabetes Mellitus and unhygienic practices Wound

Dehiscence was seen.

Past History:

H/o - AnaemiaK/C/O - DM

No H/o - HTN/ PTB/ Asthama No specific family history.

No specific allergic/ medicinal history found.

General Examination:

GC - fair

BP - 130/70 mm Hg

P - 78/min T - afebrile

Systemic Examination:

All vital parameters were within normal limits.

Laboratory Investigations:

Hb - 9.3gm% - (preoperative) Hb - 9.4gm% - (postoperative)

Serology - HIV /HbsAg/ VDRL -All Non-reactiveBSL - F - 118mg/dl

BSL - PP - 194mg/dlHbA1C - 6.7 %

BT - 2.18 minCT - 3.49 min

Blood Group - 'B' positivePap Smear - NILM

CA-125 - 12.52 U/ml

Wound discharge (culture & sensitivity) - Sterile, No organism noted.

Local Examination:

1. Wound gapping upto rectus sheath.
2. Edges separated with fibrosed margins.
3. Serous discharge seen.
4. Margins inflammed, redness seen.
5. Minimal slough visualised.
6. Suture site tenderness.

Treatment:

Materials-

Autoclaved Vranaropaka Taila, Parnabeeja patra, sterile Gauze and Pad, G-plast surgical tape.

Methodology-

1. Under all aseptic precaution patient taken in minor OT for dressing.
2. Serous discharge seen oozing from wound after squeezing from both sides.
3. After removal of sutures, minimal slough was seen.
4. Gapped wound cleaned with Antiseptic solution.
5. Vranaropaka Taila pack kept in gapped wound.
6. Wound covered with Parnabeeja patra and covered with gauze.
7. G- plast surgical tape applied over it.

Same procedure was done on alternate days until fresh wound was achieved.

After Vranashodhana and Vranaropana on 7th day fresh wound was visualised and hence patient was posted for Resuturing of wound.

Observation & Result: It was observed that features of *dushta vrana* (wound dehiscence) reduced after second dressing of Vranaropaka taila and Parnabeeja Patradana and fresh wound achieved after 7 days, which was suitable for resuturing.



BEFORE TREATMENT



AFTER TREATMENT

Follow up dressing of resutured wound done. No wound dehiscence was observed after resuturing and sutures were removed on 8th day with completely healed wound.

Discussion & Conclusion: *Vranaropaka Taila & Parnabeeja Patradana* done in wound dehiscence and it was observed that *Vranaropaka Taila* has showed its *ropana* properties as it reduced slough & discharge from wound & '*Parnabeeja*' by its *kashaya Rasa, sheeta Virya & ,ruksha Guna* caused debridement of *vra*na & and its *Madhura Vipaka* enhances its healthy tissue growth and within seven days wound became fresh and was suitable for resuturing.⁽⁸⁾

Hence on the basis of the study it can be concluded that '*Vranaropaka Taila*' application along with '*Parnabeeja Patradana*' has excellent result in the management of '*Dushta Vrana*' (Wound Dehiscence).

Scope of the study : Present study can be done on large scale to see the efficacy of Ayurvedic treatment for wound dehiscence.

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