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Study of *Parishek* with *Kwath* in wound management by two different Methods of *Kwath* preparation.

Ganesh S. Jojare¹, A. A. Bhujabal², B. N. Gadve³

- 1. P.G. Scholar,
- 2. Associate Professor and Guide
- 3. Professor and HOD

Department Of Shalyatantra, C.S.M.S.S. Ayurved Mahavidyalaya,

Kanchanwadi, Aurangabad, Maharashtra

*Corresponding Author: email – drgsjojare@gmail.com

ABSTRACT

In the management of post operative ano rectal wounds Sits bath plays gold Slandered role in wound management. In Ayuevedic surgical Practice, wound-wash is given with various decoctions. Acharya Sushruta has described Shastiupakramas (60 procedures) for management of Wound. **CSMSS** In Ayurved Mahavidyalaya in Regular Practice Thriphala Kwath is being used. This study involves two different preparation methods of Triphala Kwath and there clinical significance. The present study aimed to evaluate the "Effect of Vran Dhavan(Parishek) in Wound Care and healing process".

Keywords:- *Vranopakram, Vran Dhawan, Parishek, Post operated wound care.*

INTRODUCTION every Post Surgical wound if not kept clean and sterile tend to be infected and In Ayuevedic surgery Practice. Wound-wash given with various Preparations.¹ Acharya Sushruta has described Shastiupakramas (60 procedures) for management of Wound in this he described Parishek as one of the Vranopakram.² And For *Parishek Kwath* preparations are mostly used.³ As it can be prepared fresh at the time and due to boiling fulfills all sterility criteria. The conventional way of kwath preparation⁴ is Taking One Pal *Matra* (~50gm) Of Raw powder Ingredient and 16 time water and boiling it to get 1/4th Decoction. In this process raw Ingredients used which have Hence the uneven particle size. contaminated dust particle along with ingredient dust remains in kwath. While

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using this *kwath* these particles stays on wound surface and washed by normal saline or distil water hence the contact time of *kwath* with wound is very less. Here in this study Ingredients Packed in Cotton cloth pouch, this pouch of cloth with 16 time water used for boilling to get 1/4th Decoction. And this preparation used for Wound *Parishek*

Aim and Objective:

• To evaluate the effect of *Parishek* in Wound Healing

MATERIALS AND METHODS:-

Inclusion Criteria:- All the post operated cases of *Anorectal* Surgeries (Post Partial *Fistulectomy*, Post *Fissurotomy* Post *Hemorrhoidectomy*) which having wound size in between 0.5 cm to 3 cm

Exclusion Criteria: - Sinuses with single opening and blind track,

Criteria of Assesment⁵

- 1) Active Bleeding
- 2) Discharge
- 3) Granulation
- 4) Odour

Active Bleeding	Sever	Moderate	Mild	No Bleeding	
Discharge	Thick Pus	Blood	Sirous	No Discharge	
Granulation	Black Debries	Yellow Slough	Red Bleeder	Pink Granulating Buds	
Colour	Black	Yellow	Red	Pink	
Odour	Foul	Putried	Blood	No Odour	

Methodology

Group A: - *Kwath* Prepared by Conventional way taken for Wound irrigation for Five Patient for seven days.

Group B: - *Kwath* Prepared by Pouch Method taken for Wound irrigation for five patients for seven days.

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RESULTS:

GROUP	Patient 1		Patient 1		Patient 1		Patient 1		Patient 1	
A										
	BT AT		BT	AT	BT	AT	BT	AT	BT	AT
Active	Mild	No	Mild	Mild	Moder	No	Moder	No	Moder	No
Bleeding		Bleeding			ate	Bleeding	ate	Bleeding	ate	Bleeding
Discharg	Thick	No	Thick	Sirou	Blood	No	Thick	No	Blood	No
e	Pus	Discharg	Pus	S		Discharg	Pus	Discharg		Discharg
		e				e		e		e
Granulat	Red	Pink	Black	Red	Yello	Pink	Yello	Pink	Yello	Pink

ion	Bleed	Granulat	Debri	Bleed	W	Granulat	W	Granulat	W	Granulat
	er	ing Buds	es	er	Slough	ing Buds	Slough	ing Buds	Slough	ing Buds
Colour	Red	Pink	Black	Red	Yello	Pink	Yello	Pink	Yello	Pink
					w		w		w	
Odour	Putri	No	Foul	Putri	Putried	No	Putried	No	Putried	No
	ed	Odour		ed		Odour		Odour		Odour

GROUP	Patient 1		Patient 1		Patient 1		Patient 1		Patient 1	
В										
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
Active	Mild	Mild	Mild	No	Mild	No	Modera	Mild	Modera	Mild
Bleeding				Bleeding		Bleeding	te		te	
Discharge	Thick	Thick	Sirous	No	Sirous	No	Blood	Sirous	Blood	Sirous
	Pus	Pus		Discharg		Discharg				
				e		e				
Granulati	Black	Red	Red	Pink	Red	Pink	Yellow	Red	Yellow	Red
on	Debri	Bleed	Bleed	Granulati	Bleed	Granulati	Slough	Bleed	Slough	Bleed
	es	er	er	ng Buds	er	ng Buds		er		er
Colour	Black	yello	Red	Pink	Red	Pink	Yellow	Red	Yellow	Red
		w								
Odour	Foul	Foul	Putrie	No	Putrie	No	Putried	Putrie	Putried	Blood
			d	Odour	d	Odour		d		

DISCUSSION:

Effect on Active Bleeding was stopped or decreased in both the groups satisfactorily.

Discharge:- in group A discharges stopped in about 60% and **decreased** satisfactorily 40%, where is in group B moisture tend to increase discharge in early days and took longer to decrease in 60% and in 40 % there was insignificant discharge.

Granulation In Group A Earlier Granulation Started As compared to Group B Colour In Group A Colour Changes were proportionally changed with respect to duration where is in group B It was uncertain.

Odour In Group A odour Changes were proportionally changed with respect to duration where is in group B It was uncertain.

Probable mode of action of *Triphala kwath* is an antioxidant rich herbal formulation, is known to exhibit antioxidant, *immunomodulatory*, *antimutagenic*, antiviral, antibacterial and antifungal properties.

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CONCLUSION: - by using triphala kwath for wound wash as per said method, By cleaning wound with triphala kwath only increases kwath contact time with wound floor and the aqueous extracts of the ingredients possessing antimicrobial, antioxidant and anti-inflammatory effects along with wound healing property gives better result. Where is by giving wound wash with kwath in conventional way and later on cleaning with sterile water and or normal saline makes the use of kwath forbidden. Hence while considering Parishek as a major step in wound healing as a part of shashti Upakrama the kwath used for *Parishek* would be prepared and used in such a way that the kwath will not be washed out after Parishek

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