



A CASE STUDY ON CHEDANA KARMA FOLLOWED BY KSHARA KARMA IN VALMIKA W.S.R. TO ACTINOMYCOSIS

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ABSTRACT

Actinomycosis¹ is rare infectious disease caused by Actinomycosis species. About 70% of infections are due to Actinomyces israelii, an anaerobic, gram positive branching filamentous organism². They become pathogenic in presence of trauma. In Ayurvedic classics this disease can be considered as वल्मीक³, characterised with ग्रन्थिर्वल्मीकवत्, शोथ युक्त, पूयश्राव, & तोद. In present paper the effect of Chedana Karma⁴ & Chitraka pratisareenya kshara karma⁵ under local anaesthesia in a case of Actinomycosis with oral Ayurvedic formulations is documented. The study was conducted on a 70 years old male patient who was admitted in SKAMCH & RC Shalya Tantra IPD, with the complaints of Pus discharge from the multiple openings at sole of right foot since 10 years & Swelling and pricking type of pain at right foot since 10 years. The condition was diagnosed as वल्मीक (Actinomycosis). Chedana Karma (Early and exhaustive debridement) of the multiple sinuses present at right sole of foot was done & Chitraka pratisareenya kshara karma was adopted, followed by Jatyadi taila dressing (Daily cleaning and dressing) for 4 weeks. Oral medications- Triphala guggulu⁶, Gandhaka rasayana⁷, Chirabivadi Kashaya were given Significant improvement was observed in the patient in subjective parameters. Patient resumed his routine work and there was no discomfort, side effect or complication or recurrence after treatment and in follow up period.

KEY WORDS : वल्मीक ; Actinomycosis; Chedana Karma ; & Kshara karma

INTRODUCTION

Actinomycosis is rare infectious disease caused by Actinomycosis species. About 70% of infections are due to Actinomyces israelii, an anaerobic, gram positive branching filamentous organism. They become pathogenic in presence of trauma. In Ayurvedic classics this disease can be considered as वल्मीक, characterised with ग्रन्थिर्वल्मीकवत्, शोथ युक्त, पूयश्राव, & तोद explained in Sushruta. पाणिपादतले सन्धौ ग्रीवायामूर्ध्वजत्रुणि | ग्रन्थिर्वल्मीकवद्यस्तु शनैः समुपचीयते II तोदक्लेदपरीदाहकण्डूमद्भिर्मुखैर्वृतः व्याधिर्वल्मीक इत्येष कफपित्तानिलोद्भवः II^[9] means the disease appears like ant hill, associated with multiple nodules, sinus, pain and pus discharge.

Actinomycosis appears as extensive induration, multiple subcutaneous nodules, rupture resulting in multiple discharge sinuses. Discharge contains sulphur granules.

for वल्मीक. “शस्त्रेणोत्कृत्य वल्मीकं क्षाराग्निभ्यां प्रसाधयेत्”.^[10]

Incidence rate^[8]

Actinomycosis is rare. During the 1970s the reported annual incidence of Actinomycosis, 1 case per 300,000 persons. Actinomycosis is occurs worldwide, with likely higher prevalence rates in areas with low socioeconomic status.

CASE REPORT

A 70 year old male patient presented to SKAMCH & RC Shalya Tantra OPD, with the complaints of Pus discharge from the multiple openings at sole of right foot since 10 years & Swelling and pricking type of pain at right foot since 10 years. There was H/O trauma at right sole of foot, No H/O aspiration/anorexia/weight loss. Patient was k/c/o DM type 2 since 10 years, N/k/o/HTN/TB. There was no H/O any surgical intervention. Patient was apparently healthy 10 years back, one day while working as a plumber he got an

injury at right sole of foot with mild blood discharge, (cause of injury not known) but did not take any medication later he noticed a small soft swelling without pain at the sole of right foot, and neglected as he thought it might subside by itself. Later with in few days he developed more multiple small swelling & noticed pus discharge from the few swellings at right sole of foot with pricking type of pain, for that he consulted nearby clinic & advised with few medications and blood investigations, (details are unknown) but patient did not get any relief & consulted SKAMCH & RC of Shalya tantra OPD for further treatment.

Patient was thoroughly examined and vitals were taken. On local examination, inflamed right sole of foot with multiple sinuses and pus discharge noticed. Sulphur granules with pus discharge found. Local temperature was raised, tender right foot with indurated skin.

Investigations

Hb g%, TLC, DLC, ESR, RBS, HIV, HBsAg, ECG CXR-PA View, Urine-R/M were done. All investigations were within normal limits.

- **Histopathology report:** Biopsy skin shows organism of *Actinomyces Isreali*.

Treatment plan- *Chedana Karma & Chitraka pratisareenya kshara karma* under local anaesthesia. Patient taken supine position. The surgical site is cleaned with povidone iodine solution & draped. Inj. Xylocaine 2% local infiltrated. The probe inserted into sinus and

directed inward, forward and outward with least resistance & taken out to another sinus. Incision was made along the length of probe & Whole track was excised. *Chitraka kshara* was applied over excised track & kept for 100 matra kala. After 100 *matra kala*, part cleaned with normal saline & *nimbu swarasa*. Haemostasis achieved. Dressing done with *jatyadi taila*.

Oral medications- *Triphala guggulu* 2 tab twice daily after food, *Gandhaka Rasayana* 1 tab. Thrice daily after food, *Chirabilvadi kashaya* 3tsp-0-3tsp with luke warm water before food for one month were given.

Follow Up: After treatment period of 4 weeks patient was discharged and regular follow up was advised. Follow up was done weekly for 1 month. Improvement was noticed on each visit to the hospital and any side effects or fresh complaints were asked. No fresh complaints or side effects were observed. There was day to day improvement in the condition of the operated site and general condition of the patient was noticed on each visit.

RESULT

Significant improvement was observed in the patient in subjective parameters- Pain, Swelling, Tenderness, Discharge & Smell. Patient returned to his routine work and there was no discomfort after treatment. There was no recurrence of symptoms in follow up period. No any side effect or complication was complained during treatment and follow up period.

Figures



Fig.1: Before Treatment



Fig.2: Probing



Fig 3: Chedana Karma



Fig 4: Kshara Karma.



Fig. 5: After Treatment.

DISCUSSION

Actinomycosis is rare infectious disease but it is life threatening; it should be treated as early as possible. Step by step treatment helped in the recovery of the patient. First *Chedana karma* caused removal of necrotic tissues and slough in the sole region which prevented the spread of the disease upwards. After extensive debridement the role of *Pratisaraniya kshara karma* is important. After proper *shodhana karma*, *ropana* can be achieved.

For *Pratisaraneeya kshara karma chitrka kshara* was taken. *chitrka kshara*, having the properties of *lekhana shodhana* and *ropanartha*, hence *chitrka kshara* helped in cleaning and healing of wound.

Jatyadi taila^[11] was used for wound dressing which has potent wound healing property, which helped in quick wound healing. *Triphala guggulu is vedana shamaka*, *shota hara vrana ropaka* which helps in proper wound healing.

Rasayana therapy which has the property of boosting the immune system will help much more in controlling the predisposing factor and helps in treatment and eradication of infections. For this purpose *Gandhaka Rasayana* is used which is having *kushthagana*, *kandughna*, *krimighna* and *vishagna guna*.

Chirabilvadi Kashaya contain *chirabilva*, *punar nava*, *abhaya*, *vahni* (*Chitraka*), *kana*, *saindhava*, *nagara*. It improves the *agni* due to *ushna guna* of drug, and helps in drying up the discharge from sinuses.

CONCLUSION

Though Actinomycosis is a life threatening condition, prompt diagnosis and extensive debridement along with oral *Ayurvedic* formulations can cure the condition with comparatively better outcome.

Treatment principle described in *Sushruta Samhita* proved to be very scientific. Stepwise procedures consisting of *Chedana* and *kshara karma* along with supportive care with *Gandhak rasayana*, *Triphala guggulu*, *Chirabilvadi Kashaya* and local use of medicated oil (*Jatyadi taila*) is very much useful in the management of Actinomycosis.

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