

**ROLE OF KSHARAPLOTA IN THE MANAGEMENT OF DYSHIDROTIC ECZEMA: A  
CASE STUDY**

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**ABSTRACT**

**Introduction-** *Dushta Vrana* is still a challenge for clinicians. Long standing *Dushta Vrana* need surgical debridement which patient avoids due fear. *Ksharaplota* (Alkaline medicated gauze) is used as dressing material.

**Material and methods** – A female 16years student present with multiple non-healing ulcers over ring finger of left hand in spite of taking allopathic conventional treatment, the details of which are furnished in the paper. On examination it was primarily diagnosed as Dyshidrotic eczema. Treatment – treated with daily *Ksharaplota* dressing to ring finger of left hand for 4 days *Jathyadi taila* dressing for 10days along with few oral medications.

**Results** – wound was healed without any complications within a month Discussion – *Kshara* has *Vrana Shodhana*, *Ropana* and *Tridoshaghna* properties, here *Ksharaplota* is used as dressing material for debridement or to remove unhealthy tissue and to enhance formation of healthy granulation tissue.

**KEYWORDS:** *Dushtavrana*, *Ksharaplota*, infected wound, *Shodhana*, *Ropana*, Dyshidrotic eczema.

**INTRODUCTION**

*Dushta Vrana*<sup>[1]</sup> (chronic wound- which means any wound beyond 7days) General treatment process for infected wound is cleaning by using sterile saline and extraction of exudates, pus, unhealthy tissue, debris and slough from the wound.<sup>[2]</sup> *Acharya* has mentioned multiple number of dressing materials like *Pichu*, *Plota*, *Kawalika* and *Vikeshika*.<sup>[3]</sup> *Plota*<sup>[4]</sup> can be used to clean and cover the *Vrana*, which contains *Snuhi kshira*, *Nimba kshara* and *Haridra churna*

Due to their fear of pain, discomfort, and psychological issues, patients typically avoid debridement and surgery. As a result, a non-surgical debridement method, sometimes known as a Parasurgical operation, is needed.

Dyshidrotic eczema is a chronic, enigmatic condition that usually affects the hands and feet and probably accounts for about 5% - 20% of hand eczemas.<sup>[5]</sup> The peak age of onset is between 20 and 30 years of age.<sup>[6]</sup> It is characterized by recurrent pruritic and painful erythematous papules and vesicles followed by peeling, scaling, and fissuring of the skin.<sup>[7]</sup>

The father of ancient surgery, Sushruta, described *Kshara* having debridement and wound-healing abilities.<sup>[8,9]</sup> The patient received a few oral drugs and daily applications of prepared *Ksharaplota* (alkaline medicated gauze) contains *Snuhi Ksheera*, *Nimba Kshara* & *Haridra*, used as dressing material over the *Dushta Vrana* for four days. Observations and results from the current case study indicate that *Ksharaplota*

serves as a debridement and healing component in infected wounds due to its intrinsic properties.

### CASE STUDY

A 16 years old student who lived in a rural area, came to OPD (16/10/2025) C/o chronic, irregular shaped, infected wound over ring finger of left hand from past 2 months. Vesicle rashes over ring finger of left hand on & off. Onset was acute and gradual.

She had taken treatment from general physician but the wound failed to heal, then she came here for further management. As the time passed, that acute wound transformed into chronic wound which hampered the daily activity.

Past history - No h/o DM/HTN/hypothyroidism or any other major medical or surgical history.

General examination and pathological investigation were done. Pathological investigation and blood results were: Haemoglobin 12.1 gm%, RBC, WBC, DLC, Blood sugar level, were within normal range. X-ray of affected area was carried out to exclude underlying bone pathology.

### Local examination

#### Criteria for assessment of *Dushtavrana*

Table 1: Clinical features.

<i>Lakshanas</i>	
<i>Raga</i> (redness)	++
<i>Sphota</i> (vesicles)	++
<i>Pidika</i> (small pustules)	++
<i>Kandu</i> (itching),	++
<i>Paka</i> (suppuration)	+++
<i>Kleda</i> (fluid filled secretion)	++
<i>Anga patina</i> (cracking of skin)	++
<i>Utsedha</i> (swelling/inflammation)	++
<i>Ati swedana</i> (hyper sweating)	++
<i>Sheetata</i> (coldness)	++
<i>Snighdhata</i> (sliminess)	++
<i>Vedana</i> (Pain)	++
<i>Vranasrava</i> (amount of discharge)	++

Deep-seated "Tapioca-like" vesicles and bullae over the ring finger of left hand with multiple rupturing of vesicles including signs of infection with inflammation of adjacent area. There was moderate amount of

yellowish pus discharge and serous exudate (Fig. 1a & b). Pain was rated as 8/10 with the help of VAS scale. lost a good quality life due to restricted movement of affected finger.

Based on clinical signs and symptoms, the examination was suggestive of dyshidrotic eczema (pompholyx) as per modern medical understanding. As the patient did not consent to skin biopsy or Tzanck smear examination, definitive diagnosis could not be established. Since the slough and unhealthy granulation tissues were present, *Ksharaplota* dressing was planned, with daily dressing changes advised to facilitate healthy wound healing.

### METHODOLOGY

The Infected wound was washed by normal saline followed by local application of *Ksharaplota* dressing was done once daily & severed with a sterile bandage. On the next day, *Ksharaplota* was changed and in this way, it was continued till appearance of *Shudhdavrana Lakshanas*. The results were recorded up to 4 days after that *Jathyadi taila* dressing was done for 10days.

### MATERIAL AND METHOD OF PREPARATION

#### *Ksharaplota* Preparation<sup>[10]</sup>

A gauze piece, 10cm in diameter will be fixed over the doubled layered circular wooden ring. This gauze piece will be made so tight that the coating can be done uniformly. Initially on 1st day quantity sufficient *Snuhikshira* will be applied with the help of small cotton swab over the gauze on its entire area. The wet coated gauze with rings will be placed inside the cabinet for drying for 1 day. On 2nd day dried gauze will be again smeared with sufficient *Snuhikshira* followed by quantity sufficient of *Nimba Kshara*. This will be again dried in the cabinet for a day. On 3rd day dried gauze will be again smeared with quantity sufficient *Snuhikshira* followed by quantity sufficient *Haridra Churna*. The prepared gauze will be kept in the cabinet for drying.

The Infected wound was washed by normal saline followed by local application of *Ksharaplota* dressing was done once daily & severed with a sterile bandage. On the next day, *Ksharaplota* was changed and in this way, it was continued till appearance of *Shudhdavrana Lakshanas*. The results were recorded up to 4 days after that *Jathyadi taila* dressing was done for 10days.

Table 2: Therapeutic Intervention & Observation.

<i>Lakshanas</i>	0 <sup>th</sup> day (16/10/2025) ( <i>Ksharaplota</i> dressing)	4 <sup>th</sup> day (20/10/2025) ( <i>Ksharaplota</i> dressing)	15 <sup>th</sup> day (01/11/2025) ( <i>Jathyadi taila</i> dressing)
<i>Raga</i> (redness)	++	+	-
<i>Sphota</i> (vesicles)	++	+	-
<i>Pidika</i> (small pustules)	++	-	-
<i>Kandu</i> (itching),	++	+	-
<i>Paka</i> (suppuration)	+++	-	-
<i>Kleda</i> (fluid filled secretion)	++	-	-
<i>Anga patina</i> (cracking of skin)	++	-	-
<i>Utsedha</i> (swelling/inflammation)	++	-	-

<i>Ati swedana</i> (hyper sweating)	++	-	-
<i>Sheetata</i> (coldness)	++	+	-
<i>Snighdhata</i> (sliminess)	++	+	-
<i>Vedana</i> (Pain)	++	+	-
<i>Vranasrava</i> (amount of discharge)	++	-	-

The patient was able to tolerate the *Ksharaplota* dressing without experiencing any significant pain, irritation, or discomfort after few seconds of application. Additionally, the patient did not report any local irritation or complications.

#### Follow-up and outcomes

The symptoms like mandala (vesicles), *Pidika*, *Srava* (secretion), *Kandu* (itching), *Vedana* (pain), *Paka* (suppuration), *Kleda* (fluid filled secretion), *Anga Sphutana* (cracking of skin), *Utsedha* (inflammation), were reduced by 70% within 10 days, no fresh vesicles were seen over ring finger of left hand (20/10/2025). Weekly examination was done and picture was taken with consent. After 15 days of treatment, 100% the lesions were resolved and skin comes back to normal (01/11/2025)

#### 15<sup>th</sup> day observation - (01/11/2025)

Previous gauze was non-adherent to the wound was dry, complete closure of wound was seen. The wound was washed with normal saline and *Jathyadi taila* dressing was done.

#### DISCUSSION

According to *Sushruta Samahita* infected wound can be correlated with *Dushta Vrana*. In treatment of *Dushta Vrana* various treatment modalities are described, out of which *Kshara* is most popular having *Chedhana*, *Bedana*, *Lekhana* properties. *Ksharaplota* composed of *Snuhi*, *Nimba kshara* & *Haridra* has *Ksharan* and *Kshanan* properties, *Nimba kshara* also cauterize tissue by its *Ksharana Guna* while *Haridra* offers *Krimighana* & *Ropana* properties thus provides *VranaShodhana* & *VranaRopana* effect.

*Nimba* is indicated in *Kushta*, *Krimi*, *Vrana*, *Kandu* etc, & also included in *Kshara Vargha*. *Kshara* offers *Lekhana*, *Chedana*, *Bhedana*, *Ropana*, *Kushtaghna*, *Shodhana* and *Krumighana* properties due to *Katu* & *Lavana Rasa* and *Ushna Virya*. *Katu Rasa* contributes towards *Shonita*.

*Snuhi* component of *Ksharaplota* provides moisturizing effect due to its sticky property which ultimately promotes epidermal migration resulting enhanced

synthesis of connective tissue. *Snuhi* latex has binding property therefore retains surgical benefits (debridement, scraping, haemostatic, aseptic, antiseptic and healing effect) of *Nimba kshara* for longer time.

*Tikta* & *Laghu Guna* and *Ushna Virya* of *Haridra* (*Curcuma longa*) provide *Varnya*, *Sandhana*, *Vedanashamaka*, *Raktastambak*, *Raktashuddhikar* and *Lekhana* properties. It enhances capillary vasodilation when applied locally thus facilitates wound debridement (*Shodhana*) and wound healing (*Ropana*) process. It also possesses anti-inflammatory, analgesic and antibacterial activity.

*Ksharaplota* remove unhealthy tissue and the alkaline nature of *Kshara* offers aseptic and antimicrobial effect thus reduces the chance of secondary infection.

#### CONCLUSION

- *Ksharaplota* is effective in reducing *Dushta Vrana* symptoms like *Vrana*, *Vedana*, *Srava*, *Kandu*, *Daha*, *Shotha*
- *Ksharaplota* can be useful as first choice among Para surgical procedure in the management of *Dushta Vrana* (infected wound).
- The component in *Ksharaplota* dressing releases slowly and is available for a longer period of time in the wound, it functions as a sustained-release drug that patients can tolerate without experiencing any discomfort.
- The effectiveness of *Ksharaplota* dressing in this case study used as treatment for debridement as well as wound healing process for the infected wound.
- The advantage of *Ksharaplota* in the same dressing to target two different phases of the wound healing (reduce bacterial infection and also inflammation) is accepted to help and achieve rapid wound healing. Thus, it can be said that *Ksharaplota* is cost-effective, risk-free, simple to use, and patient-friendly.
- *Ksharaplota* overall possess penetrating, scraping, draining, debridement, sclerosing, healing, antibacterial and anti-inflammatory effect in the management of chronic wounds.



Fig 1a: Wound before treatment.



Fig 1b: Wound before treatment.



**Fig 2a: Application of Ksharaplota.**



**Fig 2b: Application of Ksharaplota.**



**Fig 3a: Appearance on 4th day.**



**Fig 3b: Appearance on 4th day.**



**Fig 4a: Appearance on 12th day.**



**Fig 4b: Appearance on 12th day.**



**Fig 5a: Appearance on 15th day.**



**Fig 5b: Appearance on 15th day.**

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