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Retrieved from: http://itirj.naspublishers.com/ ACTION OF PARISHEKA AND LEPA IN SOFT TISSUE INJURY WITH RESPECT TO ANKLE SPRAIN

Dr. Pallavi Hegde and Dr. P. Hemanth Kumar

Abstract

A sprain can be a stretch, tear, or complete rupture of one or more of the ligaments that hold the bones of the joint together. An ankle sprain is a common injury and usually results when the ankle is twisted or turned in (inverted) resulting in stretch, tear or complete rupture. There are mainly three grades of Ankle sprain. Acharya Sushruta in context of Asthi – Bhagna has emphasized to adopt Parisheka and Lepa in traumatic swellings. Here an attempt is made to analyze the concept of Acharya Sushruta.

Keywords: Ankle sprain, Parisheka, Lepa.

INTRODUCTION

The history of trauma can be anticipated from the date, survival of the fittest. The surgical experience of the ancient age has been compiled systematically in Sushruta Samhita, which is a first documentation of its kind

The competitive & hectic lifestyle is increasing the incidence of trauma. In day-to-day life, ankle is one among the most common site for acute musculo-skeletal injuries and sprains, which account for 75% of ankle injuries. Acute ankle trauma is responsible for 10-30% of sports related injuries in young athletes. Each year an estimated one million people consult the physicians with acute ankle injuries. More than 40% of ankle sprain have the potential to cause chronic problems. More than 23,000 people per day in the United States, including athletes and nonathletes, require medical care for ankle sprains. Stated another way, incident cases have been estimated at 1 case per 10,000 persons per day. The Ankle or tibio-talar joint is a complex joint of lower limb. It is a Hinge joint and has therefore only one degree of freedom. This joint has to be stable in order to withstand 1.5 times your body weight when you walk and up to eight times your body weight when you run. It is formed medially by tibia and talus and laterally by fibula and talus.

There are mainly three grades of Ankle Sprain.

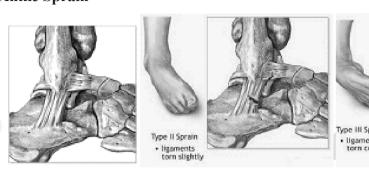


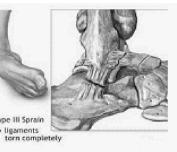


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Grades of Ankle Sprain







Sign/ symptom Grade I Grade II Grade III Tendon No tear Partial tear Complete tear Pain Minimal Moderate Severe Swelling Minimal Moderate Severe Loss of function Minimal Great Some Bruising Usually not Frequently Yes Difficult weight No Usually Almost always bearing

When we look into classics soft tissue injury reference can be documented from chapter of Bhagna, Vrana, Maramaghata, Sotha etc. All Marmas have Soma, Vayu, Teja Mahabhuta with Satva, Raja and Tama Guna in them. Rujakara Marma has Vayu and Agni Guna predominance, both of which produce pain.

Ruja is a defensive phenomenon for the preservation of health of the tissue in post trauma. One of the central mechanisms of pain recovery is immobilization or rest. Commonly soft tissue pain and spasm outlasts the initial traumatic stimuli. When pain becomes chronic, it is mediated by nociceptive system. Injury to vital spots, though slight will produce severe pain/sufferings. Similarly the diseases localized in the vital spots. Hence they should be treated with atmost care and effort.

SAMPRAPTI /PATHOGENESIS

In all kinds of Agantuja Vrana immediately after trauma, the heat of the assault spreads quickly. This obstructs the path way of Vata, vitiating Rakta which does the Margavarana to normal flow of Vata. This obstructed Vata gets further aggravated producing Ruja, Shopha etc features. For mitigating this, Sheeta measures similar to those for Pitta Shamana are advocated first. After a period of seven days there is involvement of Tridosha

Table showing different grades of Ankle Sprain





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and produces the clinical features as that of the predominant Dosha. Therefore in the initial stage of Agantuja Vrana Sheeta Kriya or Sheeta Upachara is advised.

The exogenous disorder is preceded by pain and followed disequilibrium of Vata, Pitta and Kapha, while in innate disorder the disequilibrium of Vata, Pitta and Kapha precedes first which later on produces pain.

In Asthanga Hrdaya, Acharya Vagbhata in the context of Jwara Nidana while explaining the Agantuja Jwara Bheda has enumerated, how Doshas get aggravated resulting in Jwara. He narrates when one undergoes Shrama, Abhighata, Kshata etc Vata Dosha gets aggravated, which brings the vitiation of Rakta. This vitiated Rakta further blocks the flow of Vata producing the symptoms as Vyatha, Shopha, Vaivarnya. To this Acharya Hemadri comments, by Kshata-Vyatha, Shopha and Vaivarnya are produced while Ruja is result of Shrama.

Ekadeshaja Shotha

According to Sushruta vitiated Doshas reside in between Twak and Mamsa producing swelling at a particular site. Vagbhata gives importance to Rakta, he says that Raga (discoloration) and Paka (suppuration) are due to Rakta.

LAKSHANA - Ruja, Shotha, Khanjata or Stabdha Padata (Gulpha Marma Ghat). These symptoms mimic with that of Ankle Sprain.

CHIKITISA

In the event of the vitiation of bodily Dosha generally three types of therapies need to be implemented to treat the disease.

i) Anta Parimarjana (Internal cleansing)

ii) Bahi Parimarjana (External cleansing)

iii) Sashtra Pranidhana (Surgical therapy)

Diseases caused by improper diet are eradicated by medicines meant for internal cleansing. The cleansing therapy, which has its curative effect by external contact with the body such as massage, fomentation, Lepa and kneading, is the external one. Surgical therapy comprises execution of incision, puncturing etc.

Acharya Sushruta in the context of Bhagna Chikitsa while explaining the Shoonanga Chikitsa narrated - due to fall from height or assault, when any part of the body if found swollen but not having an external wound, then Lepa of the drugs having cold potency and cold to touch should be applied or cold liquids to be poured over the affected region.⁶

Accurate and timely diagnosis increases the likelihood of fully restoring normal and pain-free use of the affected ankle.





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Ekadesha Upakrama of Shopha

- 1. Alepa
- 2. Parisheka
- 3. Abhyanga
- 4. Sweda
- 5. Vimlapana
- 6. Upanaha
- 7. Pachana
- 8. Visravana
- 9. Sneha
- 10. Vamana
- 11. Virechana

In the context of Bhagna Chikitsa Acharya Sushruta remarks to adopt Sheeta Parisheka and Sheeta Lepa in circumstance of Ruja and Shotha.

Benifits of Seka

- i) Seka relieves fatigue, conciliates Vata, promotes rejoining of fractured bones, pacifies the pain caused due to injury, burns, hit or abrasions.
- ii) The Dhara to the body parts it should be done from a height of 12 Angula (9 inch approximately).

Seka Kala

In Ruksa or Pitta associated Vata diseases, the treatment should be performed for about 2 muhurta (96 min). In Kapha associated conditions with Snigdha status, the treatment should be done for 1 muhurta(48 min) or else the procedure should be continued till the body perspire. The Sneha pervades through the hair follicles by three hundred Matrakala (2.4min). The Sneha traverses through the seven layers of skin by seven hundred Matrakala and by further six hundred Matrakala it reaches the Raktadi six Dhatu.

Ekangaseka - Snehadhara should be done by immersing a piece of cotton cloth(which can be grasped in a fist) in the oil and pouring it locally, in conditions like Gulma, Bhagandhara, Vrana, Udavarta, Kotha, Tuni, Sula, Abhigata, Mudhavata, Asthila, Visarpa, Pliha, Adhmana, Vidradhi and Pratituni.

Lepa - A medicine used for external application in the form of paste is known as Lepa. Alepa is the initial or first line of treatment, which is common to all inflammatory swellings and the





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most important one. How by sprinkling water over the burning house the fire gets extinguished, similarly the pain gets subsided by the application of Lepa. It is useful in Prahladana, Shodana, Utsadana and Ropana.

In context of Asthi-Bhagna Acharya Sushruta recommends to use Nyagrodhadi Gana Kashaya to combat the Vedan

Types of Lepa

- 1. **Pralepa** It is applied thin and cold and made endued with absorbing or non-absorbing property. It is useful in Pittaja and Raktaja Viraka. It is used either warm or cold (to touch and by property), applied in thick layer, mitigates the aggravation of Vata and Kapha. It can be used in wounds or without wounds.
- 2. **Pradeha** It is thick or thin, warm or cold acts as non-absorbent. Pradeha mitigates the aggravated Vata and Kapha, cleanses and heals the wound, relieve swelling and also pain. It is useful for both the wound and swelling without wound. Acharya Vagbhata has advised to use Sheeta Pradeha on and often, applied in thin layer. It cleanses Pitta, Rakta and Twak.
- **3.** Alepa Midway between Pralepa and Pradeha is Alepa.

General Indication of Lepa

- In Avidagha Shopha
- Uttitamatra Shopha
- In Ugra Rujayukta Vrana, Kandu
- Best in pacifying Daha
- > Marma Sthanaja and Guhya Pradeshaja Shopha.

Benefits of Lepa

- In mitigates Dosha
- Relieves burning sensation, itching and pain

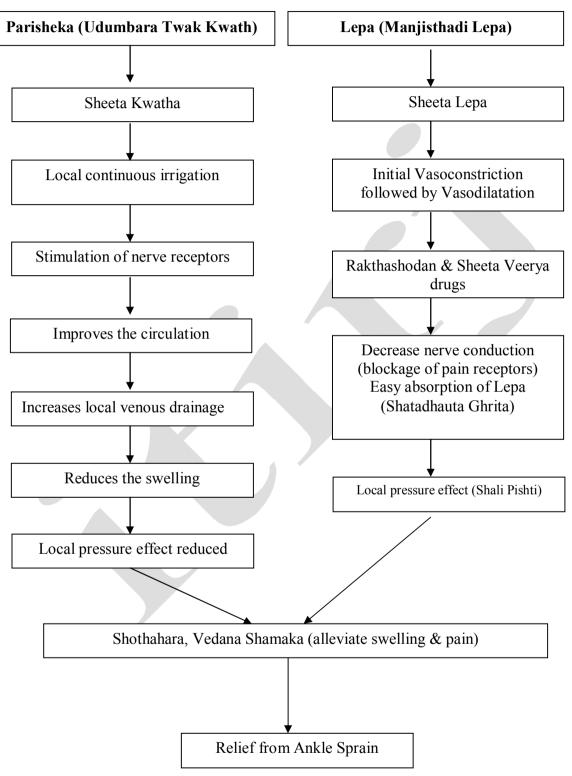
Makes Twak, Mamsa and Rakta Prasadana





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REFERENCES

Marma and its Management Vijnana, by J.N.Mishra; Pg 1-3.

www.aaff/org/afp/2001010/93

Kannus P, Renström P. Treatment for acute tears of the lateral ligaments of the ankle. Operation, cast, or early controlled mobilization. *J Bone Joint Surg Am*. Feb 1991;73(2):305-12. [Medline])

The physiology of the joints, by I.A.Kapandji, Pg- 156-157

Essentials of orthopedics & applied physiology, by Jayanth Joshi Pg - 55.

Susruta Samhita, Chikitsa Stana, Chapter 1, Sloka 4, Pg-396.

Susruta Samhita, Shareera Stana, Chapter 6, Sloka 24, Pg -373

Susruta Samhita, Chikitsa Stana, Chapter 23, Sloka 12, Pg-486

Parisheka – Book on Keraliya chikitsa Paddhati by Dr (Smt) Pavana J. & Dr Satyanarayan

Susruta Samhita, Cikitsa Stana, Chapter 1, Sloka14

Astanga Sangraha, Uttartantra, Chapter 30, Sloka 7

Susruta Samhita, Sutra Stana, Chapter 18, Sloka 6, Pg -85

Susruta Samhita, Sutra Stana, Chapter 18, Sloka 7-8, Pg -85



Perinthattiri P.O, Cheloor, Malappuram Dt. Kerala, India, Pin - 676 507 Ph: 09745073615, 08907162762 Email: naspublishers@gmail.com, web: www.naspublishers.com



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