

Efficacy of Laksha Sheerapana and Manjistadi Lepa in Prakostasthibhagna (Colles Frature) a Case Study

Dr. L. Manonmani¹, Dr. Prithviraj H. M.², Dr. Syeda Safina Naz²

¹Principal/HOD Department Shalya Tantra PG Studies, ²PG Scholar of Shalya Tantra,
^{1,2}TMAES Ayurvedic Medical College, Hospet, Karnataka, India

ABSTRACT

Colles fracture is one of the most common and challenging among the outpatient fractures. Colles fracture is defined as a linear transverse fracture of the distal radius approximately 20-35 mm proximal to the particular surface with dorsal angulations of the distal fragment. The incidence of this fracture is more common in children, women and aged people either due to trauma or fall on a out stretched hand. This fracture can be co-related to Bahir Prakoshtasthi bhagna which is of the khanda bhagnatype. An attempt has been made to decrease the pain and accelerate the healing process by the usage of laksha ksheera pana and manjisthadi lepa. **Aim:** To evaluate efficacy of laksha ksheera pana and manjisthadi lepain Bahir Prakoshtasthi bhagna. **Materiale and method:** The patient was selected from the outpatient dept of S C J Hospital T M A E` S Society Hosapete. After subjecting the patient to clinical examination and lab investigation the patients were treated with laksha kheerapana orally and manjeshtadi lepa. Realignment of the fracture ends was achieved through reduction technique by conventional closed methods. Reduction technique was done through bamboo splints with the help of cotton roll placed in position with collar sling. The treatment continued for six weeks. **Results:** A significant reduction of symptoms like pain, swelling, loss of function was seen after six weeks. **Conclusion:** The treatment was found effective and economical.

KEYWORDS: prakoshtasthi bhagna colles fracture, laksha Ksheera, Manjistadi Lepa

INTRODUCTION

The empirical knowledge and analytical knowledge is the dire necessity during research work. Whatever is visualized while doing practical study and going through concerned literature adds to the knowledge when both are applied together. Keeping these golden words of sushrutha in mind the following study is carried out.

Bhagna is defined as a phenomenon of break in continuity of Astihi/Sandhi. Both Khanda Bhagna Sandi muktha are considered as bhagna in Ayurveda according to Susrutha.

An attempt has been made to manage Prakoshtaasthi Bhagna (colles fracture) with Manjistadi Lepa followed by Bamboo splints with help of cotton roll gauze and Laksha ksheerapana.

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Acharya sushrutha has advocated the principles of reducing the fracture in Sushrutha Samhita. They are Anchana (Traction), Peedana (manipulation), sankshepana (opposition), and Bandhana (Immobilization) which is practiced regularly even today in modern orthopedics. The simple fractures are managed by closed reduction followed by application of POP. The hazards of POP are pain, pressure sore, compartmental syndrome, nerve compression, plasters, blisters. Taking in to consideration the above problems, we have stood by susrutha`s reduction mechanism and carried outthe conventional method for a binding material to attain immobilization without much complication. The above mentioned lepa is selected for the present study.

Case Report:

A 35 years old male patient complaints of pain, swelling of wrist joint with deformity and unable to hold objects since 15 days. came to OPD of shalya Tantra TMAE Ayurvedic Medical College Hospet.

History of present illness:

Patient was said to be apparently normal 15 days back. Patient gave the history of an accidental slip and fall while working in the fields and landed with an outstretched left hand.

Treatment History:

He was treated locally in a private Hospital with no reduction in symptoms. Therefore patient approached our Hospital.

Personal History:

- Appetite – Normal
- Bowel - Full formed stools once/twice perday
- Mituration – 4-5 times per day
- Sleep – Disturbed due to pain
- Habit – Smoking since 10 years.

Occupation:

Patient is a farmer and works for 8 to 10 hours per day.

General Examination:

- 1.1.1.1. Built – Moderate
- 1.1.1.2. Pallor – Absent
- 1.1.1.3. Icterus – Absent
- 1.1.1.4. Clubbing – Absent
- 1.1.1.5. Cyanosis – Absent
- 1.1.1.6. Lymphadenopathy – Absent
- 1.1.1.7. Oedema – Present.

Systemic Examination:

- 1. CVS – S1, S2 heard no added sound
- 2. CNS – Conscious well oriented
- 3. RS - chest bilaterally symmetrical
- 4. PLA – soft, non-tender, non-palpable mass.

Vitals:

- Pulse rate – 78 lmin
- Blood pressure – 130/80 mm of Hg
- Temperature -99F

Assessment Criteria:

Subjective Criteria:

- Respiratory rate – 18cycles/ min

Local Examination:

Inspection:

- On physical examination – deformity of left upper extremity of left wrist joint was observed.
- Swelling – present
- Shape – Deformity of the distal forearm.
- Mobility – severe wrist pain on moving wrist joint, restricted moment noted.
- Bruise – present.
- Colour changes – seen in fingers.

Palpation:

1. Tenderness – present on distal radius.
2. Temperature – slightly raised.
3. Distal neuro vascular examination of left extremity was normal.

Investigation:

1. HB - 13.5 Mg
2. ESR - 20 per hour
3. HIV - Negative
4. HBsAg - Negative

Advice X-ray: Postero Anterior and lateral view of the left forearm and wrist joint.

X-ray Report:

1. Revealed transverse fracture of distal radius 2.5 cms (0.98”) proximal to radio carpal joint.
2. Dorsal radial angulation < 10° of wrist.
3. Radial shortening < 5 mm.
4. No significant communiton fracture noted.

Differential Diagnosis: Fracture Assessment:

1. Sensation in all fingers of right side present.
2. Pulse of wrist joint noted.
3. No compartment syndrome.
4. No TFCC (Triangular fibro cartilage complex) injury
5. No medial nerve injury.
6. DRUJ (Distal Radial Ulnar joint) instability noted.
7. No scapholunate ligament tear.

S. No	Criteria	Before Treatment	After Treatment		
Green and O` Braien score					
I	Pain (25 points)		15 days	30 days	45 days
	25 None				25
	20 mild occasional			20	
	15 moderate tolerable		15		
	0 severe or intolerable	-0-			

II	Range of motion (25 points) flexion				
	25 100				
	15 75-99				15
	10 50-74			10	
	5 25-49		5		
	0 0-24	-0-			
III	Grip strength (25 points) percentage of normal				
	25 100				
	15 75-99				15
	10 50-74			10	
	5 25-49		5		
	0 0.24	-0-			
IV	Activities (25 points)				
	25 - Returned to regular employment				25
	20 - Restricted employment			20	
	15 - able to work but unemployed		15		
	0 - unable to work because of pain	-0-			

Objective Criteria: Improvement was assessed based on radiographic examination carried out before treatment initially followed by every week till the clinical union of fracture was achieved.

Treatment Planned: closed reduction and cast immobilization was done according to Ayurveda. The cast extended from below the elbow joint to meta carpal heads and ensured that the wrist was held in some what flexed position and in ulnar deviation.

PS: Australian rules of Foot ball position was maintained.

➤ It is reminiscent of the position adopted while holding a ball in preparation for a kick.

Oral medication: Lakshaksheerapana orally twice daily 30 ml (1 bd) after food.

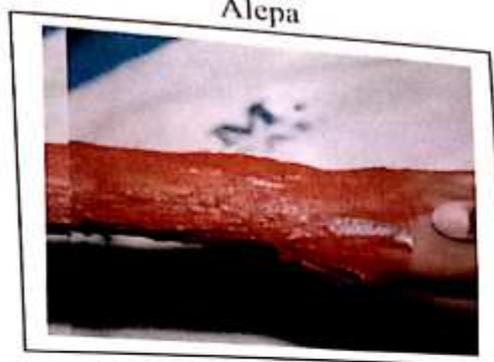
Local Treatment:

1. **Parisheka:** Parisheka with laghupanchamula.
2. **Lepa:** Manjistadi lepa was done.
3. **Splints:** The barks of several trees are advised for splintage . In the present study, splints prepared out of Bamboo were used due to its easy availability.

Parisheka



Alepa



Kusha Bandhana



Bandhana





X-ray 21st day



Discussion:

Sushruta while explaining parisheka tells that it pacifies pain just like water pacifies fire afflicted house.

Laksha ksheera pana:

It consists of highly active principle of drugs like yastimadhu, laksha, and grita. As yastimadhu is balya, dhatu vardaka, raktastambaka, pitta shamaka by these properties administered internally it may act as anti inflammatory then due to its other properties like madhura rasa madhura vipaka, sandhaaraniya guna definitely it plays major role in early callus formation.

➤ **Parisheka:** Parisheka with laghupanchamula. Laghupancha mula are evaluated for its properties. It can be explained that out of five drugs, three are having vata hara guna (snigdha), four are having vata hara virya (ushna), three are having vata hara vipaka (madhura vipaka). And all these are mainly indicated in vattottara shula as these drugs processed with ksheera which is again vata hara. So totally this combination is vatagna in nature.

➤ Lepa:

Manjista by its action it is raktaprasadaka and is having ushna virya due to which it dilates peripheral vessel especially there will be venous dilation followed by increased peripheral arterial blood flow. This may be the reason for reduction of swelling around fracture area. As it is having kapha pitta shamaka properties by which it will reduce local oedematous residue and ushna veerya property helps to penetrate into local tissue.

Chemical composition is calcium salts, gum, resinous matter may be absorbed by these properties it initiates early callous formation.

Conclusion:

Based on the analysis and observations made in this clinical study the following conclusions can be drawn.

1. Acharya Sushruta's principle confidentially implemented in this study.
2. Administration of laksha ksheera pana is effective in bone healing and bamboo splints were successfully used to maintain reduction.
3. The patient was able to resume regular activities by 1 ½ months and significant improvement in loss of gripping, pain, loss of movement was achieved.

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