CLINICAL EALUATION OF KALUPARA SEKA CHIKITSHA IN FRAC TURE PATIENT

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ABSTRACT

From the early part of 19th century A.D, the vaidyas of kalupara region are practicing seka chikitsha specially for the Vagna (fracture) patient in the eastern part of Odisha and gradually spread all over the state. Vaidyas practicing Vagna chikitsha follow the principles led by the father of ancient Indian Surgery "Sushruta" like approximation, immobilization and rehabilitation. Vaidyas of Kalupara region are very much experienced for approximation of fracture bone and gives relief to the patient. Fractured patient by means of any injury of Odisha region, they first prefer to take seka chikitsha rather than to modern treatment. One Kalupara seka chikitsha Kendra placed in Babaji Tota Sahi back to the Berhampur city hospital deals daily 20 to 30 patient of fracture cases and gives proper treatment since 1969. Incharge of the centre told me and shown his record of dealing and gave successful treatment to fractured patient in his clinic is about more than 1 Lakh.

INTRODUCTION

Today's medicine is based on traditional medicine. Traditional medicines exist in every continent of the globe and in every cultural area of the world. The most ones are traditional Chinese famous medicine in East Asia, Avurvedic medicine in India, and formerly Galenic medicine in Europe, having same resemblance to each other (Vogel 1991). The history of traumatic surgery is probably as old as the origin of mankind since accidental injuries are the unavoidable events and when injury has been received, it is a natural reflex of every living being to make efforts in the direction of obtaining a quicker and better healing. The word healing here denotes not only the process of repair of the wounded tissue but also aims at achieving the maximum

working efficiently of the injured part. Sushruta has described 12 types of fractures and 6 types of dislocations. The important point is that he has been able to distinguish between fractures and dislocations simply by observations and described there so correctly as if he has based his descriptions on radiological findings. There is no variety of bone injury known today which has not been included in Sushruta and Bhava mishra classification. According to the author, after a certain trauma the cartilages bend, the long bones break, flat bones show multiple cracks and the small bones get fragmented.

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Etiology of fractures

Fall, Compression, Blows, Throwing and Specific Traumas from teeth etc of ferocious or docile animals are mentioned to cause various types of boney injuries. The various types of fracture may result from three main causes: (1) sudden injury, (2) fatigue, (3) disease. Fractures of the first type are by far the most common and are sudden breaks in healthy bones as the result of an applied force. Fatigue or stress fractures are due to the repeated application of stress. Generally they affect the bones of legs, footand neck. Disease or pathological fractures may

result from a number of unhealthy conditions.

Symptoms of a fracture - The clinical features of a fracture described by Bhava mishra are marked swelling, tendernesss to touch or to move, presence of crepitus, loss of function, different types of pain and inability to find comfort in any position.

Classification-Main classification as Sandhi vagna (dislocation of joints) and Kanda vagna(Fracture). Again Sandhi vagna is of 6 types and Kanda vagna is of 12 types.

Types of Sandhi vagna(dislocation)

Sl.No	Name	Modern	Symptoms
1	Utpistha	Fracture with dislocation	Swelling over the joints& pain is more on night
2	Vishlista	Subluxation	Pain is constant both day and night
3	Vivartita	dislocation with lateral displacement	Pain is more side of the joint
4	Avakshipta	dislocation with downward displacement	Pain severe
5	Tiryakkshipta	dislocation with oblique displacement	Irregularly
6	Atikshipta	dislocation with overriding	Pain is severe(overriding)

Types of Kanda Vagna(fractures)

Sl No	Types	Modern
1	Karkataka	fracture with hematoma
2	Aswakarna	oblique fracture
3	Churnita	comminuted fracture
4	Piccita	compression fracture
5	Asthicchallita	subperiosteal hematoma
6	Kandabhagna	transverse fracture
7	Majjanugata	impacted fracture
8	Atipatita	complete fracture
9	Vakra-	greenstick fracture
10	China-	incomplete fracture
11	Patita-	cracked fracture

Sphutita- fissured fracture

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Old age both have been regarded as the difficult conditions for bone healing. Old age decidedly has a bad prognosis because of the low vitality and less regenerative power. He has clearly mentioned that in early age the healing of a fracture takes one months time where as it takes about two months in middle age and three months in old age subjects.

Principles of Treatment- Four type of treatment. Anchan(Traction), Pidan(Manipulation by local pressure), Samkshep(Apposition and stabilization) and Bandhan (Immobilisation)

He advised the elevation of a depressed fragment, to bring near and approximate the far displaced fragments and to pull apart the overriding fragments.

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Immobilisation-Proper and stable immobilization is an important part in the successful management of a fracture of these mehods,the use of splints has been widely discussed in his samhita.

Use of Splints - e/kwdsknqEcjkÜoRFkdnEcfupqyRop% k oa'kltZktqukP' dq'kkFkZeqilagjsr k Bh.Madhya.III/Ch.48/16

The barks and chips of several trees were selected to serve as splints. The availability of these materials is one factor in making their selection though their physical properties like ushna "Sita, Mridu, Ruksha etc.were also considered according to the doshic involvement and the constituition. Thus the aim of splints was not only to provide an effective immobilization, but also to treat the injured part by the medicinal properties of these woods. There is a reason why barks are selected for splintage .The barks of trees have three important qualities which suit the requirements of a good splints. They are 1.the limbs can exactly fit in to the inner concave surface of the barks.2. The outer surface of barks being gives strength to the broken rigid limb.3.Inner surface of barks being soft acts as a cushion to the limb.there by avoiding any pressure sore from tight splintage.

Warning against infection-To avoid infection he advocated to apply the paste of Manjistha, Madhuka, Rakta chandan with 100 times washed ghrita(Shatdhauta ghrita) locally...

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Standard Operative Procedure at Kalupara Seka chikitsha-After getting injured patient attended the Kalupara seka chikitsha Kendra commonly which is available in each every part of odisha state of India. Then patient are allowed to be investigated for X-ray of that part. After investigation if it is found strain or fractured, the treatment is remain same but the difference is it takes long treatment for fracture to heal. If it is dislocated then it

follows Sushruta's principle ,i.e., Approximation, fixation , immobilization and rehabilitation.

Patient is to sit in a specific place in order to expose the affected part properly .Then prepared oil based on Ayurvedic method i.e., Erand oil, Nirgundi oil or Mahamasa oil, Ksheerabala, Mahanarayan oil is to apply

in a lukewarm condition on the affected part. Then hot shalaka is to be eapplied over the affected part covering a thick cotton pad. After giving seka for 3-5 minute again the shalaka is to change and other hot shalaka is to be given. Some of the slide is presented for easy understanding.



Figure 1 shows the panch lauha salaka by which warm seka chikitsha given.



Figure 5 shows hot oil massaged

Figure 6 shows hot seka therapy given to the fractured part passively by a cotton pad.

Figure 7 seka given to a fractured part





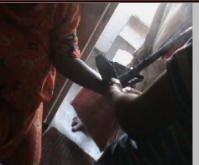


Figure 9 shows seka chikitsha given



Figure 10 Bandaging done after seka therapy.

Analgesic -He has advocated Ayurvedic compound Nyogradhadi gana, Panchamooladi gana with milk , Chakra oil for local application. and Guggulu, Ghrita, Babool and Honey for oral application.

For early healing-Tablets of Abha(Babool), guggul, Triphala&Vyosha.Lakshadi guggulu,Aswagandha and Nagbala may be taken .Again he gives emphasis on proteinous diet i.e., Meat,Milk,Asthisamhar,arjun,Godhumwith ghrita.

Contraindicateddiet-Saltish

diet,pungent,alkaline and citrous substances,sexual intercourse,exposure to the sun,physical exercise,dry food should be prohibited.

Diet-Sali rice, meat soup, milk, ghrita, pea soup and nourishing food and drink.

Bandaging-Bandage should be changed at weekly intervals in cold intervals, every 5th day in temperate weather and every 3rd day in hot weather

Local irrigation-Cold decoction of nygrodha, panchamoola

The wise surgeon should reduce all the movable and nonmovable dislocated joints of the body by the methods of reduction as traction,pressure,compression and bandaging. In Sandhi vagna (Dislocation) he

emphasizes not to disturb only for cold irrigation and pastes. Simple fractures without displacement generally heal quickly if they are kept still in plaster-of-paris. Compound fractures and fractures with displacement need surgical treatment before the plaster is put on.

Symptoms of Proper healing- If the treated fractured case feels absence of swelling, absence of gap between the fragments, absence of shortening(no loss of tissue), absence of deformity(no elevation/contraction) and return of painless and easy movements.

REFERENCE

- -1. Shanker D. Traditional bone setting. Planning Commission Report on Health Systems.
- 2. Thanni LO. Factors influencing patronage of traditional bone setters. West Afr J Med. 2000;19:220–4
- 3. Ogunlusi JD, Okem IC, Oginni LM. Why patients patronize traditional bone setters. Internet J Orthop Surg. 2007;4
- 4. Oyebola DD. Yoruba traditional bone setters: The practice of orthopaedics in a primitive setting in Nigeria. J Trauma. 1980;20:312–22.

- 5. Hatipoglu S, Tatar K. The strengths and weaknesses of Turkish bone-setters. World Health Forum.1995;16:203–5.
- 6. Fang HC, Wu YW, Shang TY. The integration of modern and traditional Chinese medicine in the treatment of fractures. Clin Orthop Relat Res. 1996;323:4–11.
- 7. Tahzib F, Daniel SO. Traditional medicine and the modern curriculum. Lancet. 1986;2:203–4.
- 8. Panda AK, Reddy V. Science and tradition behind bone setting. Amrut. 2005 Dec;1:27–28. 2005.
- 9. Unikrishnan PM, Santhana R, Parivallal T, Hafeel A. Traditional orthopedic practices in South India- a pilot study. Traditional knowledge system of India and Sri lanka.
- 10. Aries MJ, Joosten H, Wegdam HH, Van der Geest S. Fracture treatment by bonesetters in central Ghana: Patients explain their choices and experiences. Trop Med Int Health. 2007;12:564–74.

- 11. Church J. Regional news. World Orthopaedic Concern Newsletter. 1998 12. Thanni LO. Factors influencing patronage of traditional bone setters. West Afr J Med. 2000;19:220–4.
- 13. Ogunlusi JD, Okem IC, Oginni LM. Why patients patronize traditional bone setters. Internet J Orthop Surg. 2007;4 14. Oyebola DD. Yoruba traditional bone setters: The practice of orthopaedics in a primitive setting in Nigeria. J Trauma. 1980;20:312–22.
- 15. Hatipoglu S, Tatar K. The strengths and weaknesses of Turkish bone-setters. World Health Forum. 1995;16:203–5.

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