CLINICAL EVALUATION OF KALUPARA SEKA CHIKITSHA IN FRACTURE 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 famous ones are traditional Chinese medicine in East Asia, Ayurvedic 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.
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 bony 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, foot and 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, tenderness 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.

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

Types of Sandhi vagna (dislocation)

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

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

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 usha, Sita, Mridu, Ruksha etc. were also considered according to the doshic involvement and the constitution. 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 rigid gives strength to the broken limb.
3. Inner surface of barks being soft acts as a cushion to the limb, thereby 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.

**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 applied 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 2 shows warm taila given to a fractured

Figure 3 shows seka given to a fractured patient passively with the help of a cotton pad

Figure 4 shows seka 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
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, Godhum with ghrita.

Contraindicated diet - 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
- 3. Ogunlusi JD, Okem IC, Oginni LM. Why patients patronize traditional bone setters. Internet J Orthop Surg. 2007;4

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