A COMPARATIVE CLINICAL STUDY OF PARISHEKA WITH NYAGRODADI KASHAYA AND TRIPHALA KASHAYA IN DUSHTA VRANA W.S.R. TO CHRONIC WOUND

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ABSTRACT
The epidemiology of chronic wounds, in India one study estimated the prevalence at 4.5 per 1000 population. Acharya Sushruta has mentioned Parisheka one among Shasti Upakrama as principle of management of Vrana. Hence, a study is planned to evaluate and compare efficacy of Parisheka with Nyagrodhai Kwatha and Triphala Kwatha. Methods: It is an open label clinical study, where 30 patients were selected from OPD/IPD of S.D.M Ayurveda Hospital, Udupi and were randomly grouped into two groups of 15 each. Group A was treated with Triphala Kwatha and Group B with Nyagrodadi Kwatha as Vrana Parisheka. The results were analyzed based on the proforma prepared for the study. Results: Group B showed better results on healing of Dushta Vrana than Group A. Conclusion: Effect of Nyagrodadi Kwatha was better compared to the effect of Triphala Kwatha when used as vrana parisheka with internal medications on healing of Dushta vrana. Positive results were observed on both Shodhana and ropana of vrana. No adverse reactions observed during the trial.

Keywords: Dushta Vrana, Nyagrodadi Kwatha, Triphala Kwatha, Parisheka, Wound Healing.

INTRODUCTION
The epidemiology of chronic wounds, in India one study estimated the prevalence at 4.5 per 1000 population¹. The Vrana is compared with ulcer in contemporary medicine. The scientific description of Vrana has been mentioned in Sushruta Samhita (1000 B.C.) in great detail, a textbook of ancient Indian surgery written by Acharya Sushruta; Father of Indian Surgery. Even though healing of Vrana is a natural process of the body, the Vrana should be protected from Dosha dushti and from various microorganisms which hamper the natural course of wound healing. Urdhwa Shodhana by doing Vamana, Shirovirechana. Adho shodhana by Virechana, Basti followed by Langhana, Katu-tikta, kashaya ahara then Raktamokshana is the main line of principles explained by Acharya Sushruta². He also has described Shashti Upakramas³ (sixty measures) for management of Vrana. Considering all the above said modalities its management can be broadly classified into two headings namely Medical as well as surgical management. Medical management includes
Apatarpana, Aalepa, Parisheka, Abhyanga, Sweda, Vimlapana, Upanaha, Pachana, Sneha, Shodhana procedures like Abhyuntara Shodhana (Internal purification) like Vamana, Virechana, Basti and Shiro-Virechana and Bahya Shodhana (External purification) like Rakta mokshana, Ropana, Parisheka, Vrana Prakshalana, Vrana Picchu, Vrana lepa and Vrana Basti. The Surgical management comprises of Chedana, Bhedana, Daarana Lekhana, Eshana, Aaharana, Vyadhana, Visravana, Seevana, Sandhana, Kshaarakarma, Agnikarma, Pratisaarana, Lomaapaharana and Yantra vidhi. Wide range of treatment modalities and various useful preparations are mentioned in Ayurveda classics. Parisheka is considered as one among the effective modality for management of chronic wound. The properties of the ingredients also helps in getting better results as in Triphala kwatha, it is Kapha-pittaghna, Meha, Kusta Vinashini, Vishamajwaranashini and Nyagrodadi kashaya is Vranya, Sangrahi, Bhagnasandhaka, Raktapittahara and Daha Medhohara. The objective is to study and compare efficacy of Parisheka with Nyagrodhadi Kashaya and Triphala Kashaya for Vrana Parisheka in chronic ulcer.

MATERIALS AND METHODS
The work was carried out after obtaining approval from Institutional ethical committee, Sri Dharmasthala Manjunatheshwara College Of Ayurveda, Kuthpady, Udupi, Karnataka with Ref no: SDMCAU/ACA-49/ECH-26 /2015-2016 on 23-03-2016.

DRUG CONTENT AND PROCUREMENT
Triphala Kwatha and Nyagrodadi Gana Kwatha was cited in Sushruta Samhita. The first one contains Haritaki, Bibhitaki and Amalaki. The second one contains Nyagrodha, Udumbarha, Asvattha, Plaksha, Madhuka, Kapitana, Arjuna, Amra, Kosamra, Coraka patra, two types of Jambu, Priyala, Madhuka, Katphala, vanjula, Kadamba, Badari, Tinduki, Shallaki, Rodhra, Savara Rodhra, Bhallataka, Palasha and Nadivrksha. The Triphala Kwatha was prepared in Sri Dharmasthala Manjunatheshwara Ayurveda Pharmacy, Udupi and Nyagrodadi gana Kashaya Choorna was prepared from Amruthanjali Ayurveda Pharmacy, Kollam, Kerala.

CLINICAL STUDY
Source of data: Patients diagnosed with chronic ulcer or Dushta Vrana were selected from OPD and IPD of SDM Ayurveda Hospital, Kuthpady, Udupi.
Methods of Collection of Data: 30 randomly selected patients diagnosed as Dushta Vrana, irrespective of gender were selected and subjected for clinical trial. Total duration of the study is 60 days with 1 week initial I.P.D. admission intervention and follow up after every 15 days till 60th day.
Design of study: This is an open label randomized clinical study with Pre-test and post-test design. 30 patients suffering from Dushta Vrana were randomly grouped into Group-A & Group-B with 15 patients under each group. Patient’s data & assessment findings were recorded on a specially designed proforma. The patients were assessed based on subjective & objective criteria before & after treatment.
Intervention: In Group A Triphala Kwatha Parisheka is done followed by dressing of wound and with Jatyadi Taila. GROUP B Nyagrodadi Kwatha Parisheka is done followed by sterile gauze dressing of wound with Jatyadi Taila. The both the groups were treated internally with Tab. Triphala Guggulu 450 mg, Tab. Gandhaka Rasayana 250 mg one thrice a day and Asanadi kwatha 50 ml twice a day.
Duration of treatment: 60 days
Observation period: Observation period was 2 weeks. Assessment criteria was recorded on day 1 (before treatment), day 7, day 15, Day 30, day 45 and day 60 and findings was assessed clinically and statistically.
Follow up period: First on 7th day and later on every 15th day till 60th day of treatment to record assessment criteria and observe for any other findings.
Inclusion Criteria: Patients having Lakshanas of Dushtavrana with indication for Shodhana Kashaya and chronicity more than 21 days of either gender and People of age group between 18-70 years.

Exclusion Criteria: Patients suffering from gangrene, features of septicemia, malignant ulcers, tubercular ulcers, leprosy ulcers, HIV, Patients with systemic disorders like renal diseases, liver diseases, nutritional deficiency and burns.

ASSESSMENT CRITERIA:
Subjective parameters: Itching sensation, Burning sensation, Smell/odour, Tenderness, Discolorations, Edema.
Objective parameters: Discharge: Gauze bandage, Size of wounds: scale in mm, Floor: Amount of granulation tissue and Pain.
Criteria for Assessment: The patient’s response was assessed based upon subjective and objective criteria. The subjective parameters are Vedana (pain), Daha (Burning sensation), Kandu (Itching sensation) and Gandha (smell). The objective parameters Tenderness, Akruti (Size) Srava (Quality of Discharge), Varna (colour), Floor and Granulation Tissue. These criteria were recorded on the basis of score adopted with grading 0, 1, 2 and 3. After completion of treatment assessment of ulcer was done on the basis of grading 0, 1, 2 and 3 respectively.

INVESTIGATIONS- Hematological: Hemoglobin Percentage, total leukocyte count, differential count, erythrocyte sedimentation rate, random blood sugar, HIV. Urine: albumin, sugar. Microscopic: wound swab culture and sensitivity test, X-ray of wound site and Histopathological examination (If found necessary).

ASSESSMENT & FOLLOW UP DATA
Grading of parameters for assessment of Dushtavrana

RESULTS
The present study revealed that incidence of Dushta Vrana is more common in age group between 61-70 years with 33.3%. Maximum patients were male with 90%. 96.7% of patients were Hindus. Maximum number of patients was businessman and farmer with 20% each. Socio-economic status of patient revealed that maximum number of patients belongs to middle class with 46.7%. All of Dushta Vrana were located in lower limbs 100%. Maximum number of patient 66.7% had varicose vein in lower limbs and 43.3% diagnosed as Vatakaphaja Dushta vrana.

The detailed statistical results are mentioned in table no. 3, 4, 5 and 6. The Unpaired t-Test and Mann-Whitney U-Test between the groups is not significant statistically. It can be concluded that similar action of both Kashaya drugs on Group A and Group B might be the cause for not significant results between the groups before and after treatment. Clinically, following results were noticed, In GROUP A treated with Triphala Kwatha, marked improvement was seen in eight patients, complete healing of wound was observed in one patient. Moderate improvement in five patients and a partial improvement in one. In GROUP B treated with Nyagrodhadi Kwatha, marked improvement was observed in ten patients. Complete healing of a wound in three patients and moderate improvement in two patients. In comparison, Group B (Nyagrodhadi Kwatha) showed better results than Group A (Triphala Kwatha) on Dushta Vrana. None of the patients in either group showed any adverse reaction to the intervention during the study.

DISCUSSION
According to Acharya Sushruta, among the 60 measures of comprehensive wound management, Parisheka for reduction of Shopha and Kashaya (Cleansing Deccoction) for Durgandhanam (Smelling), Kledavatam (Sodden), Picchila (Slimy) wounds. The Kashaya Parisheka performs both the functions of Shodhana (cleansing) and Ropana (healing) in cases of Dushta Vrana. The Triphala Kwatha contains active compounds in them such as Gallic acid, Chebulinic acid, Ellagic acid, Flavonoids, Tannins and Polyphenols (Aringin, Quercetin, Homoorientin, Isorhamnetin, Hypaconitine, and Acaciin), which are responsible...
for its effective immune stimulatory and immuno-suppressant property. It is reported to be an effective antibacterial agent against Gram-positive and Gram-negative bacteria, antifungal agent. Triphala extract ointment (10% w/w) was assessed for in vivo wound healing on infected rat model by rate of healing, bacterial count, biochemical analysis and expression of matrix metalloproteinase. Topical application of Triphala ointment on infected wound not only reduces the risk of infection but also improved the healing. There are 4 dissertation which were carried out in our institution which conclude that, Triphala Kwatha was effective on Dusta vrana by its Shodhana, Ropana, Sraavahara, Vedana Shamaka and Rasayana properties.

The Nyagrodadi contains active phytochemical constituents like Glycosides, Flavonoids, Alkaloids, Acids, Gums and Tannins. The test sample Nyagrodadi Kwatha did not show Antifungal activity, Antibacterial activity against Pseudomonas aeruginosa and Staphylococcus aureus, which was done on Shri Dharmasthala Manjunatheshwara Center for Research in Ayurveda and Allied Science, Udupi, Karnataka.

**PROBABLE MODE OF ACTION**

On the basis of above study and clinical findings the probable mode of action of Parisheka, Nyagrodadi Kwatha and Triphala Kwatha can be postulated as:

**Effect of treatment on Pain (Vedana)** - 9 patients out of 15 were complaining pain before treatment in Group A, while 13 patients out of 15 were complaining about pain in Group B. The Pain was not reduced significantly in group A from BT till 60th day but shown good result in improvement of pain which is statistically significant in Group B. Hence study reveals that pain might be better managed with Nyagrodhadi gana Kashaya Parisheka. This might be due to the action of the Guna (Property) having Guru (heavy) Guna it is supposed to be Vatahara and thus might have decreased the Vedana. Rakta is invariably the chief Dhatu involved in Vrana, with which other Doshas results in different types of pain. Parisheka as a procedure is advocated to be the best in alleviating the Doshas and Agni which here refers to inflammation. Nyagrodhadi gana as such is the best in Raktaprasadana hence helps in reducing the pain.

**Effect of treatment on Burning sensation (Daha):** 5 patients out of 15 were complaining burning sensation before treatment in Group A, while 11 patients out of 15 were complaining about burning sensation in Group B. There was no improvement of burning sensation in Group A but there was improvement of burning sensation in Group B in 15th day and 60th day which is statistically significant. In the Phalashruti of Nyagrodhadi gana it is mentioned as Raktapitta Pittahara and Dahahrit, and many drugs possess Tikta Kashaya Rasa and Sheetaveerya which would have played role in alleviating this symptom.

**Effect of treatment on Itching (Kandu):** 9 patients out of 15 were complaining itching before treatment in Group A, while 13 patients out of 15 were complaining about itching in Group B. There was not much marked improvement in itching sensation in ulcer of Group A but marked improvement was seen on 15th, 30th and 60th day of treatment with statistically significant value. In case of Nyagrodadi Kwatha, which is considered to be good Sothahara (that which reduces swelling), due to the Kashaya Rasa of the drug it acts with Peedana (act of squeezing), Ropana (healing) and Shodhana (curative effect) property. Due to these properties, it helps in reducing itching.

**Effect of treatment on Smell (Gandha):** 13 patients out of 15 were complaining Smell from ulcer before treatment in Group A, while 13 patients out of 15 were complaining about smell from ulcer in Group B. Remarkable improvement was noticed. In group A there was improvement on malodour from BT- 7th day and BT-15th day only but there were gradual changes in malodour in Group B till 60th day.

**Effect of treatment on Size:** In 1 patient among 15, ulcer was completely healed after treatment in Group A, while 3 patients out of 15 were completely healed after treatment on Group B. Wound contrac-
tion was faster in Group B comparing to group A because the drugs in Group B contains Antioxidants, Tannins, Phytosterols and Flavonoids are main chemical constituents that are having anti-inflammatory in action, reduces microbial load and promotes the healing process by wounds by optimizing neo-angiogenesis and facilitating wound contraction.

Effect of treatment on Tenderness: The improvement in tenderness in both group A and B was not statistically significant but clinically significant.

Effect of treatment on Discharge: It was noted that there was significant improvement in reduction of discharge in Group B comparing to Group A. Nyagrodadi kwatha drugs are Kashaya Rasa (astringent taste) Pradhana and Sheetaveerya both have the property of Srava stambhana.

Effect of treatment on Varna: There was the change in Varna from BT-15th day of treatment in Group A and there was a marked improvement in Varna from BT-60th day of treatment. Nyagrodadi Kwatha are considered to be Pittaghna, that is both by the action of Rasa (taste) and Veerya (potency) they are Pittahara and therefore they must decrease the Raga (redness), which is mainly due to Pitta. By virtue of its Kashaya Pradhana Rasa, it must have acted as Rakta shodhaka (blood purifier), Pitta Shamana, Varnya (imparts color) and Twak Prasadana.

Effect of treatment on the floor of ulcer: There was a marked improvement in floor of ulcer in both Group A and B from BT-60th day. The Triphala Kwatha drugs are Laghu, Ruksha, Teekshna, Kashaya and Tikta Rasa. Lekhana and Shodhana property might have helped in improving the quality of granulation tissue. The Nyagrodadi Kwatha drugs is Rooksha (dry) and pitta Kaphashamaka. Even due to this, Shopha, which is Kaphaja, gets reduced. The Lekhana (scraping), Kledahara (arresting moistening), Chedana and Rakta shodhaka (blood purifier) properties of Kashaya Rasa might also had facilitated the pharmacological debridement of the slough and development of granulation tissue to build up the floor of ulcer.

Inflammation is an integral part in Vrana to help its healing. Parisheka helps in controlling Shopha (inflammation) by pacifying doshagni. Shodhana of Vrana is accomplished by the reduction of microbial colonies by virtue of the drugs and irrigation, loosening of debris and slough and mechanical debridement. Ropana is thus facilitated by the healing properties of the drugs used in Kashaya helping the stabilization of the granulation bed, wound contraction, and promoting epithelialisation.

Triphala being a combination of 3 drugs has a multifaceted action like Samshodhana and Samshamana Karma, it is Tridosha shamaka as well as Kaphapittahara based on Kashaya Rasa Pradhanya and it exhibits Sangrahi, Ropana (Heals up), Sharirakleda Upayukta (Absorbs the fluid) and Lekhana (Scrapes out unwanted tissues) which are most essential in healing the Dushta vrana.

Nyagrodhadhi gana is having a combination of dravyas which are predominant with Kashaya, Tikta and Madhura Rasa which acts in pacifying the vitiated Doshas according with healing of Vrana and reduction of Daaha with its Sheeta Virya. Based on the Doshakarma it acts on Pitta and Rakta along with Varnya Karma which in turn has an impact on reduction of healing process. Extracts of the Nyagrodhadhi Gana exhibited a broad spectrum antimicrobial activity, which is an important requirement of wound healing by controlling and reducing the microbial load. Tannin is supposed to be having wound healing property, which helped in wound healing. It acted as scavenger and probably helps to remove free radicals as well as inhibited further generation of free radicals.

There was a significant removal of slough in initial 4-5 days and appearance granulation tissue showing good healing effect after 7 days. Further the wound became contacted markedly.
CONCLUSION
This treatment in chronic wound is found to be cost-effective, safe, and easy to implement in general practice. So, Nyagrodadi Kwatha along with Triphala Guggulu, Gandhaka Rasayana and Asanadi Kwatha can be recommended as cost-effective and effective therapy for healing of chronic wound. Therefore, from this study we can conclude that Nyagrodadi Kwatha and Triphala Kwatha possess sufficient efficacy in Vrana Shodhana and Ropana without producing any adverse effect. The Nyagrodadi Kwatha was more effective when comparing with Triphala Kwatha.

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REFERENCES
11. Dr. Manjunath Bhat, Efficacy of Triphala Kwatha Parisheka in Management of Dusta Vrana 2003 , RGUHS, SDMCA UDUPI, p 144, pp146
13. Dr Keerthana C.J., The study of Triphala Kwatha Parisheka and Jatyadi Taila application in the man-
agement of Dusta Vrana, 2006, RGUHS, UDUPI, pp 153 p 142


Table 1: Subjective Criteria Grade

<table>
<thead>
<tr>
<th>GRADE</th>
<th>Vedana</th>
<th>Daaha</th>
<th>Kandu</th>
<th>Gandha</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No pain</td>
<td>No burning sensation</td>
<td>No itching</td>
<td>No odour</td>
</tr>
<tr>
<td>1</td>
<td>Mild pain on touch</td>
<td>Mild occasional episodes of burning</td>
<td>Mild occasional episodes of itching</td>
<td>Faint color after opening dressing</td>
</tr>
<tr>
<td>2</td>
<td>Mild pain even without touch</td>
<td>Moderate continuous burning sensation</td>
<td>Moderate continuous itching</td>
<td>Strong odour after opening dressing</td>
</tr>
<tr>
<td>3</td>
<td>Continuous severe pain throughout day &amp; night</td>
<td>Severe continuous burning, disturbing sleep</td>
<td>Severe continuous itching, disturbing sleep</td>
<td>Strong odour even with dressing</td>
</tr>
</tbody>
</table>

Table 2: Objective Criteria Grade

<table>
<thead>
<tr>
<th>GRADE</th>
<th>AKRUTI</th>
<th>TENDERNESS</th>
<th>SRAVA (QUANTITY OF DISCHARGE)</th>
<th>VARGA</th>
<th>FLOOR AND GRANULATION TISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>A sterile thread is placed across the ulcer in two of the widest directions &amp; the length of the thread is measured on measuring tape in cm/mm.</td>
<td>No tenderness</td>
<td>No discharge</td>
<td>Dry dressing</td>
<td>Complete epithelization tissue (scar)</td>
</tr>
<tr>
<td>1</td>
<td>Tenderness on deep palpation</td>
<td>Small stains on gauze after 24 hours</td>
<td>Granulation tissue (red)</td>
<td>Uneven floor with patches of granulation tissue</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Area of ulcer=length × breadth × depth of the ulcer in cm/mm</td>
<td>Tenderness on moderate pressure</td>
<td>Gauze fully wet. Pad stained after 24 hours</td>
<td>Sloughy tissue (yellow)</td>
<td>Uneven floor with spots of granulation tissue</td>
</tr>
<tr>
<td>3</td>
<td>Tenderness on touch</td>
<td>Gauze and pad soaked with discharge. Need to change 2-4 times within 24hrs</td>
<td>Necrotic tissue (black colour)</td>
<td>Uneven floor, no granulation tissue, fibrous tissue, slough.</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Effect of treatment within the groups /Pair t test

<table>
<thead>
<tr>
<th></th>
<th>Length</th>
<th>breadth</th>
<th>Depth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group A</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BT-7TH DAY</td>
<td>.001</td>
<td>.002</td>
<td>.024</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Day</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-7th</td>
<td>.157</td>
<td>.059</td>
</tr>
<tr>
<td>BT-15th</td>
<td>.046</td>
<td></td>
</tr>
<tr>
<td>BT-30th</td>
<td>.102</td>
<td></td>
</tr>
<tr>
<td>BT-45th</td>
<td>.059</td>
<td></td>
</tr>
<tr>
<td>BT-60th</td>
<td>.034</td>
<td></td>
</tr>
</tbody>
</table>

**Table 5: within the groups WILCOXON SIGNED RANK TEST**

<table>
<thead>
<tr>
<th>Day</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-7th</td>
<td>1.0</td>
<td>.414</td>
</tr>
<tr>
<td>BT-15th</td>
<td>0.317</td>
<td>.56</td>
</tr>
<tr>
<td>BT-30th</td>
<td>1.0</td>
<td>1.00</td>
</tr>
<tr>
<td>BT-45th</td>
<td>1.0</td>
<td>0.317</td>
</tr>
<tr>
<td>BT-60th</td>
<td>1.0</td>
<td>0.317</td>
</tr>
</tbody>
</table>

**MANN- WHITNEY U TEST**

**Table 6: Effect at ulcer between the groups A & B**

<table>
<thead>
<tr>
<th>Pain</th>
<th>Burning sensation</th>
<th>itching sensation</th>
<th>Smell</th>
<th>Tenderness</th>
<th>discharge</th>
<th>Varna</th>
<th>Floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-7th</td>
<td>.035</td>
<td>.150</td>
<td>.274</td>
<td>1.000</td>
<td>.150</td>
<td>.417</td>
<td>.630</td>
</tr>
<tr>
<td>BT-15th</td>
<td>.277</td>
<td>.352</td>
<td>.124</td>
<td>.714</td>
<td>.559</td>
<td>.721</td>
<td>.722</td>
</tr>
</tbody>
</table>
Table: BT-30th Day, BT-45th Day, BT-60th Day

<table>
<thead>
<tr>
<th></th>
<th>0.240</th>
<th>0.273</th>
<th>0.069</th>
<th>0.114</th>
<th>0.704</th>
<th>-0.369</th>
<th>0.141</th>
<th>0.027</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT-45th Day</td>
<td>0.327</td>
<td>0.151</td>
<td>0.693</td>
<td>0.886</td>
<td>0.091</td>
<td>0.593</td>
<td>1.00</td>
<td>0.593</td>
</tr>
<tr>
<td>BT-60th Day</td>
<td>0.140</td>
<td>0.059</td>
<td>0.693</td>
<td>1.00</td>
<td>0.237</td>
<td>0.378</td>
<td>1.00</td>
<td>0.267</td>
</tr>
</tbody>
</table>

**Fig 1:** Healing of Wound

![Fig 1](image1)

**Fig 2:** Healing of Wound

![Fig 2](image2)

**Fig 3:** Healing of Wound

![Fig 3](image3)

**Source of Support:** Nil

**Conflict Of Interest:** None Declared