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Case Study

A Single Case Study of Manjisthadi Lepa on Gulpharujakarmarmasandhighata W.S.R to Ankle Sprain

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ABSTRACT

Ayurveda the science of life is the most ancient medical science which has focused primarily on preventive aspect rather than curative aspect, marma science is one of the exclusive and unique concepts of ayurveda, marma are vital and vulnerable areas of our body these areas or points are situated all over the body i.e. head, neck, trunk and extremities, so knowledge of marma areas is not only essential for individuals for protecting their vital and vulnerable areas of body from any injury but also for physician and surgeons to save these areas during surgical procedure or any medical intervention. Many references can be found in Vedic literature regarding injury at marma region of soldiers of enemies and protection of one's marma by wearing guards. Marmas are formed by the conglomeration of muscles, vessels, ligaments, tendons, bones and their joints. These marma areas have tridosha, triguna, bhutatma and chetana dhatu, so any injury to these points may cause pain or even death, other symptoms which appear on injury of marma are giddiness, syncope, delusion, semiconsciousness, numbness etc

Demanding lifestyle has boosted the incidence of trauma/soft tissue injury. One among such conditions is sprain with site predominance as Ankle accounting for 75%. Most sprains are sports related injuries and treatment for which is PRICE (pain killers, rest, icepack, compression and elevation) in allied science. In the United States it is estimated that 23,000 people per day, necessitate medical care for ankle sprains including athletes and non-athletes. Acharya Sushruta in the context of Bhagya Chikitsa explained Manjisthadi Lepa to combat Vedana (pain).

In this case study a patient diagnosed with rujakarmarmsandhighata of gulphasandhi was treated with a manjisthadi lepa application twice a day daily for seven days. Assessment of patient was done by scoring pattern. After completion of manjisthadi lepa treatment significant relief was observed in symptoms.

Key words: Marma, Vedic, tridosha, triguna, bhutatma, chetana dhatu, marmaghat, viddhalakshana, Samhita.

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INTRODUCTION

A Sprain is a stretched or torn ligament or torn muscle or tendon often caused by an injury abruptly forcing the joint beyond its functional range of motion. Ligaments are tough, inelastic fibers made of collagen that connect two or more bones to form a joint and are important for joint stability and proprioception, which is the body's sense of limb position and movement. Falling, twisting or getting hit can all causes a sprain. Strains can happen suddenly or develop over time. Although Sprain can occur in both the upper and lower limb of the body, the most

common site is ankle. Ankle is the most common site for acute musculoskeletal injuries and sprain. Ankle sprain are more common in day-to-day life activities, also common in sports. These injuries appear to be simple, but are more painful and hamper the routine activities of the patient. According to Sushruta, Marma point is an anatomical site where Mansa (muscles), Sira (blood vessels), Snayu (tendon), Asthi (bones), Sandhi (joint) confluence. According to traumatic effect, Marma are classified as Sadhyapranahara (causing death immediately),

Kalantarapranhara (causing death on time), Rujakara (causing pain), Vaikalyakara (causing deformity) and Visha lyaghna (one with foreign body).²

Pain is the first sign of morbidity of any tissue. The eight Rujakara Marma are such sites in the body where in slight injury lead to severe pain though there is no much disturbance in its structural anatomy. Gulphamarma is a type of Rujakaramarma.

In the context of “Pratyeka Marma Nirdesa” Sushruta mentioned that Ruja, Stabdghata, Khanjata as its Viddhalakshana.³ The symptoms of sprain are similar to these Marmabhighata explained by Sushruta. So sprain can be compared to Rujakarmarmakshata. Based on Sthana, Gulpha Marma is come under Sandhi Marma. It is covered by Sira and Snayu. Any trauma on those structures will cause severe disability to the function of Sandhi. Lakshanas like Prasaarana, Aakunchana, Vivartana, Aakshhepana Ashakti, Ugra Ruja and Sparshaasahatwa which are mentioned by Sushruta in the context of “Sandhimukta” has some similarities with the ligament injury. But ligament injury does not cause Sandhimukta.

Only Ruja and Shopha will appear in that region. Sushruta in the context of Asthi-Bhagna has mentioned “Patanabhighatatva” which means Patana, Abhighata or both are the main causes for sprain, where it is advised to apply pittahar Pradeha to reduce Vedana and Shopha. So that the drugs having pitashamak are helpful for reducing the vedana and shopha. So, in this case studies, manjisthadi lepa given twice a day for 7 days.

Case study:

A 32 years old male patient visited OPD of shalyatantra department of government akhandanand ayurved hospital, ahmedbad on 21st march 2023 with the complaints of fall down during climbing the stairs. He had developed Pain while movement of ankle joint, swelling around the ankle joint and tenderness. He had these complaints for last 2 days. Gradually his day to day activities were disturbed. Preliminary clinical diagnosis and criteria were confirmed the rujakarmarmsandhighata of gulphasandhi. Radiological investigations were done to exclude the fracture of joint.

Procedure of Manjisthadi lepa:

Material and method:

Material:⁴

1. Manjistha
2. Yashtimadhu
3. Raktachandana
4. ShaliPishti
5. Shatadhauta Ghrita

Method:

Sukshma Churna of all the above mentioned ingredients were taken in equal quantity in a bowl along with half quantity of Shatadhauta Ghrita and Lepa is prepared by

mixing it with cold water and this was applied to the patients on affected site of Ankle sprain.

- The patients were advised for bed rest.
- Foot elevation above heart level was given.
- Freshly prepared Sheeta Manjisthadi Lepa was applied over the affected Ankle in the Pratiloma Gati with a thickness of Ardra Maheesha Charma (0.25cm).²
- The Lepa was kept in situ till cracks were noted or till the patient complained of stretching sensation, i.e. before it dried completely.
- Lepa was applied twice daily and this procedure was followed for one week duration.
- Gradually rehabilitation was advised.

RESULTS AND DISCUSSION:

Gulpha Marma (vital points) is present at the junction of Pada (foot) and Jangha (ankle). It is Rujakara Marma (painful point) and produces the symptoms as Ruja (pain), Stabdgha Padata (stiffness of joints) or Khanjata (limping) when injured,² which are similar to the features of Ankle Sprain as pain (Ruja), stiffness of joint (Stabdgha Padata), loss of function (Khanjata) and swelling. Generally Ruja Sthala is rich of nociceptive nerve endings, which are found abundantly in ligaments, tendons, periosteum and apophyseal joints.

Manjisthadi lepa application in inflammatory stage i.e immediate rehabilitation helps in reduction of pain, swelling and temperature. The local application of cold therapy agents suppresses the metabolic rate of the surrounding soft tissue and lowers microcirculation or perfusions of capillaries beneath the injured tissue by more than 60%, thus reducing extravasation of blood into surrounding tissues, local inflammation and decreases in motor and sensory nerve conduction.

Early Immobilization of affected joint with kusha (splint) application helps in reduction of blood flow, facilitating the translocation of edema from the injured site to proximal normal tissues where it is effectively evacuated by the lymphatic system.

CONCLUSION

Gulpha Marma Abhighata (ankle vital point injury) can be co-related with Ankle Sprain. Seven days application of Manjisthadi Lepa provided significant relief in the signs and symptoms of the patients of Ankle Sprain. The Manjisthadi Lepa provided better relief in pain, tenderness, ankle swelling, and loss of function, dorsiflexion, abduction, inversion and eversion of the ankle joint. Complete remission of clinical features in 75% of patients after one week and 100% in the follow-up study. Lepa should be cold in potency and cold to touch when applied in acute soft tissue injury. Thus Manjisthadi Lepa can be used in soft tissue injury without wound to reduce the pain.

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