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Research article

Case study on Siddha medicine for the non-healing surgical ulcer (*Kuruthi pun*)

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Abstract

Siddha system is one of the long-standing system followed in India. Eighteen *Siddhars* were said to have contributed after the development of this medical system. The *Siddha* system is capable of treating all types. In general, this system is effective in treating all types of skin problems, chronic ulcer, arthritis, allergic disorders. There are 25 varieties of water-soluble inorganic compounds, There are 64 varieties of mineral drugs. The diagnose of diseases involve identifying its causes. Identification of causative factors is through the examination of pulse, urine, eyes, a study of voice, color of body, tongue and the status of the digestive system. A non-healing or chronic wound is defined as a wound that does not improve after four weeks or does not heal in eight weeks. These include Diabetic foot ulcers, Venous-related ulcerations, Non-healing surgical wounds, Pressure ulcers, Wounds related to metabolic disease. The non-healing ulcer was the major health problem worldwide. Epidemiology of non-healing ulcer is estimated that 1 to 2 percent of the population in developed countries will suffer from a chronic wound in their lifetime. In the United States, it is reported that chronic wounds affect approximately 6.5 million patients. The incidence of chronic wounds is expected to increase as our population age. According to *Siddha*, it compared to *Pungal*. In this case, the non-healing ulcer was treated with *Siddha* internal and external medicine. 50-year old man had a 6 months history of watery and bloody discharge, painful and non-healing ulcer in the left gluteal region. This case study of treating non-healing surgical ulcer with *Siddha* medicine, internal with *Nagaparpam* and *Amukkra choornam*, external *Thriphala* wash and *Matthan thailam* for one week. The observation of the case was helpful for clinical practice, it can be healed within 1 week.

Keywords: Non-healing surgical ulcer, Pungal, Siddha internal medicine, External medicine.

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Quick response code

Introduction

Scientist and peoples from all over the world are focusing the alternating medicine, in recent years the majority of peoples are focused in *Siddha* system of medicine. In *Siddha* system consist of 32 types of internal medicine and external medicine. *Siddha* is the tradational system of medicine as including diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, According to patients, the number of patients is increasing day to day after the complication of surgery and trying alternative medicine.

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INTRODUCTION

Scientist and peoples from all over the world are focusing the alternating medicine, in recent years the majority of peoples are focused in *Siddha* system of medicine. In *Siddha* system consist of 32 types of internal medicine and external medicine. *Siddha* is the tradational system of medicine as including diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, According to patients, the number of patients is increasing day to day after the complication of surgery and trying alternative medicine.

Nowadays the government encourages traditional medicine and recommends the natural remedies in healthcare programme. A non-healing or chronic wound is defined as a wound that does not improve after four weeks or does not heal in eight weeks. These include Diabetic foot ulcers, Venous-related ulcerations, Non-healing surgical wounds, Pressure ulcers, Wounds related to metabolic disease. The normal wound healing having three phases: inflammation, tissue formation, tissue remodelling. Chronic wounds may affect only the epidermis and dermis, or they may affect tissues all the way to the fascia. They may be formed originally by the same things that cause acute ones, such as surgery or accidental trauma, or they may form as the result of systemic infection, vascular, immune, or nerve insufficiency, or comorbidities such as neoplasias or metabolic disorders.

The reason a wound becomes chronic is that the body's ability to deal with the damage is overwhelmed by factors such as repeated trauma, continued pressure, ischemia, or illness. The non-healing ulcer is due to surgical removal of skin tag. A skin tag is a small piece of soft, hanging skin that may have a peduncle or stalk. They can appear anywhere on the body, but especially where skin rubs against other skin or clothing.

Other names are an acrochordon, cutaneous papilloma, cutaneous tag, fibroepithelial polyp, fibroma molluscum, fibroma pendulum, soft fibroma, and Templeton skin tags. Skin tags are benign, noncancerous, tumours of the skin. They consist of a core of fibers and ducts, nerve cells, fat cells, and a covering or epidermis. They may appear on the: Eyelids, armpits, under the breasts, groin, upper chest, neck, in the case of papilloma collie They often go unnoticed, unless they are in a prominent place or are repeatedly rubbed or scratched, for example, by clothing, jewellery, or when shaving. Some people may have skin tags and never notice them. In some cases, they rub off or fall off painlessly. Very large skin tags may burst under pressure. The surface of skin tags may be smooth or irregular in appearance. They are often raised from the surface of the skin on fleshy peduncles, or stalks. They are usually flesh-colored or slightly brownish. Skin tags start small, flattened like a pinhead bump. Some stay small, and some grow bigger. They can range in diameter from 2 millimeters (mm) to 1 centimeter (cm), and some may reach 5cm. It is not clear exactly what causes skin tags, but it may happen when clusters of collagen and blood vessels become trapped inside thicker pieces of skin. As they are more common in skin creases or folds, they may be mainly caused by skin rubbing against skin. Some people appear to inherit an increased susceptibility to skin tags. Skin tags affect people both males and females, but they happen more often during pregnancy, in people who are obese, and in people with diabetes. They have been associated with hyperinsulinemia when there is too much insulin circulating in the blood. Skin tags appear to be more common in people, who are overweight and obese those with diabetes women during pregnancy, possibly due to hormonal changes and high levels of growth factors those with some types of human papillomavirus (HPV) people with a sex-steroid imbalance, especially if there are changes in levels of estrogen and progesterone those whose close family members also have skin tags. Studies have found that skin tags are more likely to occur with obesity, dyslipidemia, More rarely, skin tags are rarely associated with Birt-Hogg-Dubé syndrome. Polycystic ovary syndrome.

Case report

50-year old man had a 6 months history of watery and bloody discharge, painful and non-healing ulcer in the left gluteal region. The gluteal ulcer initially started as pinpoint bleeding before 6 months. Later it ruptured and slowly increased in size. General Practitioners, who only prescribed oral antibiotics and daily dressing. Three months prior to admission, the ulcer began to enlarge and was increasingly painful. He was not a known diabetic, hypertension and immunologically disorder. His past medical history, surgery was done for removal of fissure with thickened skin tag.

General examination, vital signs of the patient was normal. His naadi is vatha pitham. Examination of the gluteal region revealed a 1 x 1 cm ulcerated, infected, bad-smelling lesion in the left gluteal region. The ulcer has the mild erythematous edge, and its depth is 3-5mm. Mild tenderness was noted on palpation. No neurological deficit was detected in the left lower limb. The rest of the systemic examination showed no abnormal findings. Laboratory evaluation revealed mild anemia with a hemoglobin count of 9 g/L. The erythrocyte sedimentation rate (ESR) was not elevated.

Examination of ulcer

Location: Left gluteal region

Measurement: 1 x 1cm and depth is less than 5mm

Characteristics of the ulcer: Shallow, regularly shaped edges with well-defined margins

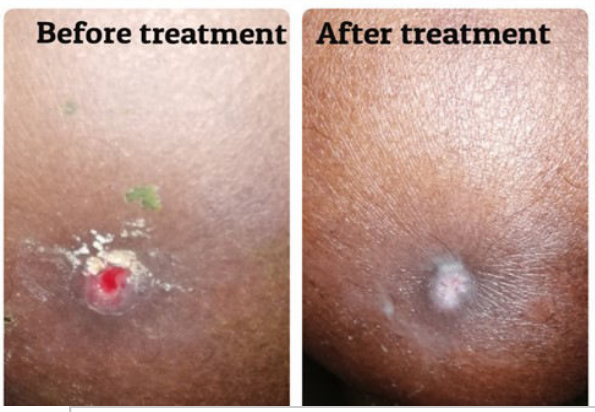
Type of exudates: Milky white in color

The Appearance of ulcer bed: Presence of reddish granulation tissue.

Signs of infection: Delayed healing, increased in local skin temperature, increased in ulcer pain, wound bed extension within inflamed margins.

Ulcer odor: Bad odor

Pain associated with ulcer: While sitting and lying.



Follow-up and outcomes

On the first day of visit, Watery discharge on the ulcer and sometimes bloody discharge, constipation, loss of appetite, lack of sleep due to pain in the gluteal region. Advised *Thriphala thailam* for external oil bath, (early morning). On the second day of visit prescribed *Siddha* internal *Amukkara chooranam* 2gm and *Nagaparpam* 200mg adjuvant cow's ghee, morning and night after meals. *Siddha* external medicine *Matthan thailam* is used. On the seventh day of visit, No discharge on the ulcer, and pain is reduced. The symptoms of the patient were noted in the first visit and advised to visit in the OP weekly once. The line of treatment was explained to the patient and advised to follow the treatment. Symptomatically patient was feeling good after the third day of treatment and next visit symptoms like discharge are mildly reduced and constipation is relieved. Examine the area of gluteal region and symptoms are noted. After the follow-up visit compared to the previous treatment status. There was no reoccurrence after 1 week.

DISCUSSION

The Ulcer is more common in postoperative complication. An ulcer which presents in the gluteal region it develops into pressure injuries the areas of damage to the skin and underlying tissue caused by constant pressure or friction. The patient feels he give the pressure to the gluteal region like as sitting, lying and riding, he feels painful and watery discharge occur in the ulcer.

This ulcer is grade I – skin discoloration, usually red in color. Pressure injuries can be difficult to treat and can lead to serious complications. Untreated pressure sores can lead to a wide variety of secondary conditions, including, sepsis, cellulitis, bone and joint infections, abscess, cancer (squamous cell carcinoma). Risk factors are malnutrition which leads to skin thinning and poor blood supply, meaning that skin is more fragile, obesity being overweight in combination with, being restricted to sitting or lying down, can place extra pressure on capillaries, reducing blood flow to the skin, circulation disorders – lead to reduced blood flow to the skin in some areas and can lead to pressure sores, smoking – reduces blood flow to the skin and, in combination with reduced mobility, can lead to pressure sores.

Healing of pressure sores is also a slower process for people who smoke. The ulcer is the clinical condition which compares *pungal* in *Siddha*.

There are two causes of *pungal*, due to an imbalance of *thridosha* and due to trauma. Due to the characteristics of ulcer, it divided into *thusta viranam* and *athusta viranam*. From the signs and symptoms of the patient resembles the *kuruthipunnin ilakkanam.* The discharge is like pearl white and blood in color, bad odor is present. The line of treatment is treating with external *thailam* and administrating the internal medicine with dietary changes. The patient was advised to report at an interval of weekly once or report as for when required for appraisal. From the 1 week line of treatment, the ulcer was healed and symptoms were reduced. The *Siddha internal* and *external* medicine is used from the dispensary of Government Siddha Medical College, Palayamkottai (OPD-Medicine).

CONCLUSION

This paper concludes the case study of treating non-healing surgical ulcer with *Siddha* medicine, internal with *Nagaparpam* and *Amukkra choornam*, external *Thriphala* wash and *Matthan thailam* for one week. This ulcer is more common in complication of surgeries. The prognosis is compared with previous visit by examination and photo evidence.

Majority of patients are unfamiliar to the *Siddha* medicine which treat non-healing ulcer. This case study of the paper expose to the surgeons and the patient which are affected and clinically practising doctors will be helpful. This observation supports the external medicine intervention in non-healing ulcer due to the complication after the surgery. In future, this paper is multipurpose for researchers and doctors who searching the supportive medicine for complication of surgery, around the world.

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