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Standard Protocol and Research Possibilities of Traumatic Wound Inayurveda

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ABSTRACT
Traumatic wound in Ayurveda describe in terms of Aguntuja vran and Sadya vrana which are classified into chinna (excised), bhinna (incised/ stabed injury), Viadha (punctured), kshata (Lacerated), Picchita (contusion) Grista (Abrasion) in Susruta Samhita and in Astanga samgrah. Research protocol for traumatic wounds are typically multi-faceted,encompassing initial patient assessement, wound evaluation, treatment and follow up. All traumatic wound are to be considered as contaminated upon presentation and require aseptic management. The exact protocol depends upon the research in which types of traumatic wounds and how it happened. The exact protocol depends on specific research questions, but general principle includes wound debridement, risk stratification, types of suturing, bandage and wound care products. Different principles of management of traumatic wound in ayurveda are very much useful in modern era of surgical practice

Keywords: Aguntuja vran, Sadya vran, Debridement,

I. Introduction

In Ayurveda, Sushruta Samhita six types of traumatic wounds described which are Chinna (excised), Bhinna (incised), Viddha (punctured), Kshata (lacerated), Picchita (contusions) and Ghrista (Abrasions) in details about its aetiopathogenesis, clinical presentation and management. Various types of suture material, suturing techniques, knots, suturing needles described along with application of ointment over the traumatic wounds after debridement. Various types of bandage, according to site and strength described in Ayurveda for traumatic wounds. So the thrust area for research in traumatic wounds in Ayurveda may be revalidation and development of absorbable and non absorbable suture materials, new suturing techniques. The types of ointment described in Sushruta Samhita may be core components of a traumatic wounds research protocol.

II. Aim and Objective

To formulate the concept of standard research protocol for traumatic wound in ayurveda

III. Material and Method

A. Initial patient and wound assessment.
1. Patient and wound assessment including patient details with types of traumatic wounds
2. Patient assessment - comprehensive history, mechanisms of injury, time of injury, mode of injury premedical and surgical history and underlying injuries.
3. Wound examinations data by visual assessment like Picchita, Ghrita, Chinna etc. Tissue assessment including viability, infections, moisture balance and wound edges.
4. Severity scales like injury severity score (ISC), Glasgow coma scale (GCS), Revised trauma score (RTS).
5. Neurovascular risk assessment including the types and nature of trauma to tendon, ligament and vessels.
6. Pain and infections assessment.

B. Interventional management.
This phase involves documenting the care provided to the patient and wound which can influences research findings

- Wound hygiene - Non surgical debridement, foreign, debrioma, body.
- Surgical intervention - Surgical debridement, closure, type of dressing, advance therapy like negative pressure wound therapy (NPWT) etc.
- Medication like analgesic, antibiotics.

C . Outcomes measurement and analysis
a. Primary outcome - like healing time, infections rates, re-interventions rates.
b. Secondary outcome :
Collection of data on pain, functions and revalidation via validated survey. Complication assessment like

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haematoma, dehiscence and conversion to chronic infected wounds.
c. Scaring
d. Data analysis by standard statistical methods .
Other protocol of research for traumatic wounds are similar with the study design of chronic wounds.

IV. Observation

Different types of traumatic wounds described in Sushruta Samhita are identical with different types of traumatic wound modern era of surgical practice. Different mode of injury , clinical presentation , principles of management of Sadya vrana are similar with different types of trauma management. Different material use for suturing, local application, bandaging etc. described in Ayurveda need revalidation with standard protocol of modern scientific research tool. Study design and outcome of research should be uniform in all different system of medicines.

V. Results

Different standard research protocol described in Sushurta Samhita for Sadya vrana are identical with the research protocol for traumatic wound management in present era.

VI. Conclusion

Method of debridement, suturing material, dressing material for traumatic wound management in Ayurveda need revalidation through standard protocol. Both experimental and clinical study with standard research protocol can give new suturing material and local wound care product for traumatic wound management

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