
10. A case discussion on osteomyelitis

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Abstract

Leeches found very effective and 100% curative role in various non curable diseases by other pathies. Jaloka is a treasure and blessing of Ayurveda never says no to any problem that's why it is accepted worldwide for various disorders. Acharya Sushruta and Vagbhata advised various diseases for Jalokavcharan. Ashtishotha (Ostetomyelitis) is one of them considering this, we tried on the case of osteomyelitis and we got miracle result.

Key words-osteomyelitis , Jalokavcharan-Leech application.

Introduction

Jaloka (Leech) lives in 'Jala' that's why it is cool and useful in Pittaj Vyadhi. In deep seated pus collection or blood clot Jaloka the 'tiny surgeon' aspirate well without any instrument.

Osteomyelitis can be correlate with asthishotha or asthividradhi in which there is pus collection & inflammariion due to dushit rakta it destroy the asthi,majja.it is very painful. By modern view it is caused by infective organism which reach the bone by blood stream .There must be a focus of infection in the body e.g.boil, an infected graze abrasion, or from out side(from any operation of bone particularly internal fixation of nail etc).This exogenous infection of bone is more common in adult and cause localised infection common sites at the lower end of femur.

Case report-

A 55 year old male presented with the complaints of non-healing ulcer on medial malleolus, oedema of ankle, severe pain and unable to walk since 10 months.

K/C of diabetes mellitus since 15 years taking anti diabetic treatment. Patient was

operated for non healing ulcer (I & D and scrapping) at private hospital. Patient has old history of fracture of lower end of femur and tibia, nail fixation was done that time. After some years, when the nail was removed a lower inflamed part of femur was also excised. Now since 10 months there is a pain and swelling at right ankle joint, ulcer on medial malleolus many times he treated by antibiotic but now he got resistance and recurrence of symptoms observed and he advised amputation. In local examination oedema on ankle, ulcer size 3X3, rounded in shape, indurated edges, purulent discharge, hard swelling (bony swelling) at medial malleolus and previous scar of surgery observed there. Routine haematology BSL urine investigation within normal limit, X-ray Rt. Ankle joint showed periosteal thickening with sclerosis of articular surfaces. The patient was treated as fallows.

Results – After Leech application pain subsided immediately from first setting. Oedema gradually reduces after five setting. Wound started to show tendency of healing. Healthy granulation tissue formed in the floor of wound. Edges became soft and bluish in colour. The wound size decreased. After about 20 to 22 days the wound totally healed but the hard oedema of medial malloulus still there which gradually subsided in one and half month. The patient came for follow up initially after one month interval and then after every three months. Now the patient has no complaint he is totally free from the disease and carries out all his regular activities without any hindrance.

Discussion – once chronic osteomyelitis has developed the treatment is operation. Operation mainly aims at removal of dead bone or sequestrum and elimination of dead space. One

must be careful not to injured any important blood vessel or nerve. It needs anaesthesia, after procedure splintage, heavy

antibiotics, analgesic, rest and proper diet even though chances of recurrences are more and patient becomes resistant to antibiotics.

| No | Procedure | Medication | Dose | Duration |
|----|--|---|----------------------------------|-------------------------------|
| 1 | Leech application on medial and lateral side of right ankle joint. | | On alternate day then weekly | Five settings four setting |
| 2 | Shodhan chikitsa a)Yogbasti followed by | Anuvasan basti(Til Tail + Niruhabasti (Dashmuladi wathik) | | 7days |
| 3 | b)Panchtikta ksheer basti | Panchtikta siddha Milk | | 7days |
| 4 | Shaman Chikitsa | Manjishta, Sariva, Nimbadi churna. Arogyavardhani Vati, Lakshadi Guggul | 200mg 250mg bid 500 mg bid | 3 Months |

Our Acharyas have stated Jaloka as the best Anushastra. It sucks only impured blood after application on Vrana of osteomyelitis. Jaloka's saliva contains some anaesthetic properties which subsides pain immediately, hirudine dissolves any local blockage and improves blood circulation and tends to wound healing. Dressing of Madhu and ghritha act as a sandhan karma helps faster wound healing. Yog basti subsided prakupit Vat dosha, Panchtikta ksheer basti contributed in shodhan and ashtiposhan. Shaman chikitsa contributes as analgesic, control of blood sugar level, Raktaprasadan and ashtiposhan. Regular application of jaloka minimise Shotha(Oedema of ankle)

After treatment wound completely healed, oedema subsided, improvement of movements of the joints, patient can walk happily without support.

There were no adverse events through out the management. The treatment was found to be cost effective, curative, safe and easy to implement.

Reference:

- 1) Susrut samhita sutrasthan – Ambikadatta shastri
- 2) Ashtang Sangraha
- 3) Text book of Surgery by Das.
- 4) Principal of internal Medicine Harrison.



Leech application on non healing ulcer (Diabetic) with osteomyelitic swelling of ankle joint.



After treatment ulcer healed and oedema minimised. A case discussion on osteomyelitis

