



MANAGING VENOUS ULCER IN THE LIGHT OF AYURVEDA – A CASE STUDY

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ABSTRACT

Venous ulcers are non-healing stasis ulcers which occurs due to chronic venous insufficiency. They are commonly seen in lower limbs. It is one among the serious chronic non-healing ulcers which is seen in 0.76 % of men and 1.42 % of women. The back ward flow of blood through the veins of lower limb is hampered and,which causes an increase in pressure in the veins,the venous hypertension thus results in breakdown of the RBC's and causes release of hemocidrin in the long run,causing complications like Lipodermato sclerosis which culminates in the formation of a non-healing ulcer. Venous ulcers or Varicose ulcers is a very difficult condition to treat for a physician. In Ayurveda the non-healing ulcers are called as *Dushta Vrana*, and a number of treatment modalities are explained by Acharya *Sushrutha* in treating *Dushta Vrana*. In this scenario an integrated approach has been adopted to treat the condition.

A thirty-eight-year-old male, with no H/O diabetes or hypertension approached our OPD after the ulcers on bilateral lower limbs did not respond to conventional medical treatment. The patient was suffering from varicose

veins for ten years and developed non healing ulcers before three months, which impaired the day-to-day activities of the patient. The patient was subjected to *Jalouka Avacharana* (Hirudin Therapy) followed by Anti Septic dressing of the wound daily along with Internal medicines in different phases like *Manjishtadi Kashaya*, *Kaisora Guggulu*, *Triphala guggulu*, *Vranapahari Rasa* etc.

Keywords: *Ayurveda* Chronic Non-Healing Ulcers, *Dushta Vrana*, *Ropana*, Venous Ulcers and *Vrana Shodana*

INTRODUCTION

Chronic ulcers are considered under *Dushta Vrana*. Acharya *Sushruta* has opined that ulcers are caused by *Doshas* or by external traumas. The ulcers which are caused by *doshas* are known as *Nija Vrana*, and that caused by the latter is called as *Agantuja Vrana*. The signs and symptoms exhibited by the *Vrana* will be in accordance with the *Doshas* involved. The ulcers which are *Ati Samvrita*, *Ati vivrita*, *Ati Kathina*, *Ati Mrdu*, *Utsanna*, *Avasanna*, *Ati Ushna*, *Ati Sheeta*, *Amanogna Darshana* etc is termed as *Dushta Vrana*.

Based on the symptoms of the patient, the *Vrana* was diagnosed as *Pitta Pradhana Dushta Vrana* on bilateral lower limbs.

Venous leg ulcers are severe presentation of chronic venous insufficiency. Since these are non-healing ulcers, they have a deleterious impact on physical, mental and social wellbeing of the patient. The maladies include severe pain, continuous exudation from the wound, loss of freedom in mobility and impaired sleep. The patients of Venous leg ulcers have reported a marked reduction in quality of life 2. The usual line of treatment in conventional medical system consists of wound dressing with anti-microbial agents, compression, NSAIDs and surgical debridement if necessary. In the present case, the chronicity of the wound was three months and failure of the conventional treatment using modern drugs has led the patient to seek alternate methods of health care.

Patient Information

A 38 year old male, non-diabetic, non-hypertensive patient who works in an environment which needs constant standing, complaints of non-healing ulcers in both legs, below and over the medial malleolus on the left leg and over the lateral malleolus on the right

leg. He was undergoing treatment in modern medicine which proved to be ineffective. The patient experienced severe pain in his leg, to the extent of which has affected his sleep and day to day activities. There was severe watery discharge from the wound which made it extremely difficult for walking which in turn was affecting the mental health of the patient. The patient was suffering from varicose veins for last ten years and the ulcer occurred for the first time with no relevant family history of the same. The patient was diagnosed with *Pitta Pradhana Tridoshaja Dushta Vrana*, since it was associated with *Atyarta Srava*, *Paka,Raga*, *Atyarta Ruja*, *Amanoghna Darshana*.

Clinical Findings

A thorough systemic and local examination was done. The bowel, appetite, and micturition of the patient were normal. He had disturbed sleep due to pain. His vital signs were within normal limits. Irregular shaped ulcers were present in both legs, below and over the medial malleolus on the left leg and over the lateral malleolus on the right leg. The *Vrana*, was associated with *Atyarta Srava*, *Paka,Raga*, *Atyarta Ruja* and *Amanoghna Darshana*.

Diagnostic Assessment

The diagnosis was made based on the clinical examination. The ulcers on both the legs were irregular in shape measuring about 5.5cm length and 2.3cm width on the left leg, and 2.2cm length and 2 cm width on the right leg. The ulcers had granulation tissue along with slough and was having severe sero purulent discharge The patient underwent a Venous Doppler USG, and the reports showed Several incompetent perforators below popliteal fossa, and below knee in the lateral and medial aspects and around the lateral and medial aspect of the ankles.

The patient was diagnosed with CEAP classification C6 chronic non healing venous ulcers.

Therapeutic Interventions

The patient was prescribed Ayurveda Medications during first visit listed in Table I.

Hirudin therapy (*Jaloukavacharana*) was administered during second visit with the internal medications listed in Table II.

The patient was subjected to daily ASD with antiseptic solution daily in the following days to accelerate the rate of healing in our minor OT along with the internal medications listed in Table III.

Outcome

The patient was subjected to continuous ASD with the above medicines for 15 days and the wound was healed properly. The timeline is added on the table I.

DISCUSSION

The patient was non-diabetic and non-hypertensive. Following the condition the patient consulted modern physicians and was prescribed Anti biotics and NSAIDs which seldom brought any satisfactory results. This deteriorated the mental health of the patient.

Venous Ulcers are stasis ulcers which are formed due to the stasis of blood following chronic venous insufficiency. Due to this the return of blood from lower limbs are hampered haphazardly and there is an increase in the pressure, leading to break down of platelets and RBCs in the long run, and deposition of hemocidrin and fibrin in the surrounding area, associated with infiltration of several inflammatory

mediators. This leads to formation of ulcers which are worsened by the hypoxia initiated by fibrin deposition in the capillary bed in the surrounding tissue. The hypoxic state hampers the regeneration of wound leading to chronic non healing ulcers.

Samprapthi – From the kaleidoscopic perspective of *Ayurveda*, this condition can be diagnosed as *Pitta pradhana Tridoshaja Dushta Vrana*. The patient was habituated to unwholesome diets like marine fish, black gram, chicken, eggs etc, along with hampered sleep and prolonged standing during daytime. These regimes of the patient resulted in the formation of *Sira Granthi* which became *Dushta Vrana*. All the classical features of *Dushta Vrana* were present in this case, so regimens which appropriate for this condition was administered.

CONCLUSION

The chronic Venous ulcer which was not healed after three months despite the use of conventional modern medical regimens was healed completely using Ayurvedic regimens under a month following proper wound dressing and internal medicines. The follow up of the patient after two weeks has showed no signs of recurrence, which further indicates the complete reversal of the pathology from its roots. This regimen can be further studied on a larger sample space to synthesize a proper treatment protocol for Chronic venous ulcers.

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Table I (First visit)

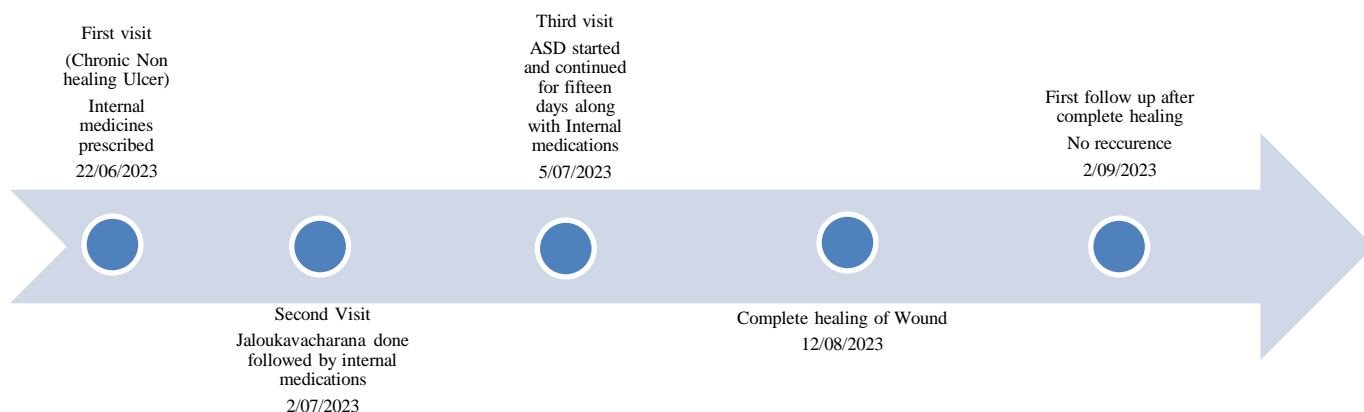
Medicines prescribed	Dosage	Frequency
Viscovas	1-0-1	After food
<i>Manjishyadi Kashayam</i>	15 ml- 0 – 15 ml with 45 ml warm water	Before food
<i>Kaishora Guggulu</i>	1-0-1	With <i>Kashayam</i>
Cardorium plus	10ml-0-10ml	After food

Table II (Second Visit)

Medicines prescribed	Dosage	Frequency
Grab	1-0-1	After Food
Biogest	1-0-1	After Food

Table III (Third Visit)

Drugs prescribed	Dosage	Frequency
<i>Gandhaka Rasayana</i>	1-0-1	After food
Grab cap	2-0-2	After food
Biogest tab	2-0-2	After food
Cardorium Plus tab	1-0-1	After food



Before Treatment



After treatment

