



VERICOSE ULCER MANGEMENT IN AYURVEDA – A CASE STUDY

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(Published Online: December 2022)

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Article Received: 10/08/2022 - Peer Reviewed: 21/08/2022 - Accepted for Publication: 06/09/2022



ABSTRACT

A varicose ulcer is a common ulcer of the leg. ^[1] The basic cause of varicose ulcer is abnormal venous hypertension in the lower third of the leg, ankle, and dorsum of the foot. It is the complication of varicose veins or deep vein thrombosis resulting in the formation of a large, non-healing, tender, recurrent ulcer, leading to scarring, hemorrhage, infections, disability, etc. If not treated properly, the ulcer may get infected leading to cellulitis or gangrene, and eventually may need amputation of the part of the limb. Conservative management like stocking, foot elevation, antibiotics, and regular dressing of wound fails, then surgical treatment like skin grafting, sclerotherapy, laser ablation, or surgical correction. In Ayurveda, varicose ulcers can be correlated with 'Siragata Dushta Vrana'. Acharya Sushruta ^[2] has explained the *Shashti upakrama* for treating the *Dushta vrana* ^[3] among which *Parisheka* is useful in infected and non-healing wounds. Patients with varicose ulcers were advised to take *Triphala guggulu* and *Gandhaka rasayana* internally and 'Panchavalkala Kwatha parisheka over vrana daily once a day followed by *Jatyadi taila* dressing of wound which proved very effective, and the ulcer healed completely

Keywords: *Varicose ulcer, Siragata dushta vrana, Parisheka*

INTRODUCTION

A varicose ulcer is a common ulcer of the leg. The basic cause of varicose ulcer is abnormal venous hypertension in the lower third of the leg, ankle, and dorsum of the foot. It is the complication of varicose veins or deep vein thrombosis. The etiological factors include increased intravenous pressure, secondary to deep vein thrombosis, chronic constipation, longstanding occupation, etc. [4] Venous hypertension causes haemosiderin deposition in the subcutaneous plane from the lysed RBCs, leading to eczema, dermatitis, and further to lipodermatosclerosis. This causes fibrosis of the tissues, henceforth preventing oxygen and nutrients from reaching the cells, and thus leading to an ulcer. resulting in the formation of a large, non-healing, tender, recurrent ulcer, leading to scarring, haemorrhage, infections, disability etc. Most of the venous ulcer have surrounding lipodermatosclerosis. Is a chronic inflammation, fibrosis, thickening, and induration of the skin and subcutaneous tissue of the lower leg and ankle with pigmentation it suggests severe chronic venous disease. If not treated properly, the ulcer may get infected leading to cellulitis or gangrene, and eventually may need amputation of the part of the limb. Conservative management like stocking, foot elevation, antibiotics, and regular dressing of wound fails, then surgical treatment like skin grafting, sclerotherapy, laser ablation, or surgical correction. Confirmation of the diagnosis is done by Duplex Doppler ultrasound scanning of the lower limb venous System. In Ayurveda, varicose ulcers can be correlated with ‘*Siragata Dushta Vrana*’. *Acharya Sushruta* has explained the *Shashti upakrama* for treating the *Dushta vrana*, [5] among which *Parisheka* is useful in infected and non-healing wounds. Patients with varicose ulcers were advised to take *Triphala guggulu* and *Gandhaka rasayana* internally and ‘*Panchavalkala Kwatha parisheka* over vrana daily once a day followed by jatyadi taila dressing of wound which proved very effective in infected wounds and Varicose ulcer

A Case Report

A 48-year-old male patient who was a known case of varicose veins for 2 years, came to the OPD of SDM Ayurveda Hospital Udupi and presented with a non-healing ulcer over medial malleolus of the left lower limb associated with pain, itching, and swelling since 1 year. The ulcer was gradual in onset and progressive in nature. The patient had taken allopathic medicines and regular dressing, but complete relief was not achieved. so, he consulted our ayurvedic hospital. Past History: K/C/O Hypertension for 3 years on the medication Tab. Amlong 5 mg OD. No history of DM, drug allergy, and surgical illness. Personal History: The patient had mixed types of diet (Veg and Nov veg) with a good appetite. Bowel-bladder functions and sleep were normal.

Physical Examination

On examination patient was found to be moderately built with a weight of 66kg and height of 180cms Vitals were stable – Pulse rate- 78/min, Respiratory rate- 18c/min, B.P- 120/80mmHg, Temperature- 98 No history of pallor, icterus, cyanosis, clubbing, lymphadenopathy was seen. Local examination: Inspection Skin over the left lower limb was hyper pigmented and edematous. On palpation the area was tender, and the temperature was raised. Ulcer examination, Site of the ulcer: Over medial malleolus of left leg,

Number: 01

The shape of the ulcer: Irregular

Size of the ulcer: 4X3X1 cm

Floor: Brownish red granulation tissue

Edge: Sloping

Discharge: Seropurulent

Surrounding skin: blackish discoloration present

Tenderness: Present+++

Margin: Indurated Base: Not fixed to the underlying structure

Peripheral pulsation

Femoral pulse: palpable

Popliteal pulse: palpable

Posterior tibial: palpable

Dorsalis pedis: palpable

Trendelenburg’s test: positive

No palpable lymph nodes.

Table 01:

DAY	1 st DAY	5 th DAY	10 th DAY	15 th DAY	30 th DAY
Pain	++	++	+	+	No pain
Discoloration	++	++	+	+	-
Size of ulcer	5cm*2.5cm*1.5	3.5*2.5*1.5	2.5*2*1	1*1*0.5	Healed
Granulation Tissue	No granulation tissue	No granulation tissue	Slough +Granulation tissue	Granulation Tissue	Wound Healed
Discharge	+	+	-	-	-

Investigation

Hematological as well as biochemical investigations were performed for the diagnosis of the case.



Intervention

1. T. *Kaishora Guggulu* 1 tablet thrice daily, with lukewarm water after food.
2. T. *Gandhakarasyana* 1 tablet thrice daily
3. *Panchavalka kwatha parisheka* externally over the left lower limb and ulcer once daily
4. *Jatyadi taila* is used topically for ulcers during dressing.
5. Limb elevation over 2 pillows until oedema subsided.

The patient was discharged with oral medications such as *Kaishora guggulu* 1 tablet thrice daily after food and *Gandhaka rasayana* 1 tablet thrice daily after food. The patient was taught the method of dressing with *jatyadi taila* and advised to visit OPD once a week. The probable mechanism of action of *panchavalka kwath parisheka* This herbal mixture is composed of the following five astringent herbs ^[6]

1. *Nyagrodha* (*Ficus benghalensis*)
2. *Udumbara* (*Ficus glomerata*)
3. *Ashvattha* (*Ficus pedigiosa*)
4. *Parisha* (*Thespesia populanea*)
5. *Plaksha* (*Fi-*

cus lacor) *Panchavalkala* possesses an astringent property which is responsible for wound contraction and increased rate of epithelialization in the granulation formation and scar remodeling phase. *Panchvalkala* [7] has both *Shodhana* and *Ropana* properties which promote wound healing. It is also having the *kledaghna* property which removes *Vikruta kleda* from the *Dushta vrana* which is the main cause of the varicose ulcer. *Panchvalkala kwatha* also shows *Raktashodhaka* and *vrana-ropana* property which is helpful for the wound healing process.

2. It can be concluded that the anti- microbial, anti-inflammatory and wound healing property of *Panchvalkala* is useful in the management of the chronic nonhealing wound.
3. *Kaishora Guggulu* [8], an Ayurvedic Vati formulation was selected as though *Vatarakta*, the primary disease for *Dusta vrana*, possesses greater healing rates. In acute cases of infection, long usage of this *Guggulu* preparation will give *Rasayana* property to the patient.
4. *Jatyadi Taila* [9] shows its *Shodhana*, *Ropana*, and *Raktaprasadana* property. Hence, it helps in the Healing of wounds. It has also analgesic, anti-inflammatory, anti-viral properties, and wound-healing properties.
5. *T Gandhaka rasayana* [10] was used to purify blood and combat infection.

CONCLUSION

In conventional practice, treatment for venous leg ulcers may take a long time, and often may require surgery, often being costly and not satisfactory. Ayurvedic therapeutic includes many therapeutic options that can be adopted at different stages of ulcers. In the present case, we have employed *Vrana Par-*

isheka, and *Vrana Bandhana*, with internal medication to achieve complete healing of the ulcer within 40 days and with no recurrence of the ulcer was not found in the next 4months follow-up. A single case study shows the best results in minimal time and cost-effective management.

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Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Sushma S. V et al: Vericose Ulcer Mangement in Ayurveda – A Case Study. *International Ayurvedic Medical Journal* {online} 2022 {cited December 2022} Available from: http://www.iamj.in/posts/images/upload/3530_3533.pdf