

**AYURVEDIC MANAGEMENT OF VATA-PITTA-RAKTAJA DUSHTA VRANA W.S.R  
TO VASCULITIC ULCER- A SINGLE CASE STUDY****Prashanth K<sup>1</sup>, Adarsh M Shahapurkar<sup>2</sup>, Rajneesh V Giri<sup>3</sup>**<sup>1</sup> Associate Professor, Dept of Shalya Tantra, S.D.M College of Ayurveda Udupi<sup>2</sup> 1<sup>st</sup> Year PG Scholar, Dept of Shalya Tantra, S.D.M College of Ayurveda Udupi<sup>3</sup> Professor and HOD, Dept of Shalya Tantra, S.D.M College of Ayurveda Udupi**Corresponding Author:** [basaknabanita59@gmail.com](mailto:basaknabanita59@gmail.com)<https://doi.org/10.46607/iamj3911032023>**(Published Online: March 2023)****Open Access**

© International Ayurvedic Medical Journal, India 2023

**Article Received:** 08/12/2023 - **Peer Reviewed:** 28/12/2023 - **Accepted for Publication:** 09/01/2023.**ABSTRACT**

**PURPOSE** - Vasculitis is an inflammatory disorder of blood vessels, which can ultimately result in organ damage, including the skin (Vasculitic ulcer). These are often extremely painful and may deteriorate rapidly. The purpose of the treatment is to promote faster wound healing and minimize associated complications. **Method**-The case study was undertaken in SDM Ayurveda Hospital, Udupi, Karnataka. A 58-year-old male patient N/K/C/O DM, HTN, presented with complaints of a painful nonhealing ulcer over the lateral aspect of the right lower leg, associated with burning sensation and itching for 2 months. On examination – Ulcer – One, circular in shape, situated on the lateral aspect of the right leg 2 cm above the lateral malleolus, with wound dimensions of 2 X 2 X 3 (length in cm\*breadth in cm \*depth in mm), with well defined, pale margin and punched out edge, floor - covered with blackish slough, sero-purulent discharge, with surrounding skin hyper pigmented and indurated. The treatment protocol adopted was *Virechana karma* followed by wound debridement followed with ***Panchavalkala Kashaya Parisheka*** and *Ashwattha Patradana* along with oral medications -*Kaishore guggulu* 1 tid, *Punarnava mandoora* 1 tid, *Guggulu tiktaka kashaya* 15 ml bd **Results**- Significant improvement in the wound was observed within 10days during his stay in the hospital. Observations during the treatment were documented during the stay in the hospital and follow-up. **Conclusion**- After *Virechana* a significant reduction in symptoms like pain, itching, and discharge were noted, *Kashaya Parisheka Parisheka* and *Patradana* helped in early wound healing. This treatment

protocol has shown encouraging results in terms of improving the symptoms, and wound healing and was economical as well.

**Keywords:** *Dushtavrana, Vasculitic ulcer, Virechana, Aswath Patradana, Panchavalkala Kashaya Parisheka.*

## INTRODUCTION

The majority (70 per cent) of chronic leg ulcers are from chronic venous insufficiency (CVI), about 10 per cent of cases occur from the occlusive disease of major arteries and, in another 10 per cent of cases, have mixed aetiology. About 2-7 per cent of all the leg ulcers that are diagnosed are Vasculitic ulcers, <sup>[1,2]</sup> a diagnosis which is, at best, beset with controversies about their exact pathogenesis and hence appropriate management <sup>[1]</sup> Vasculitis is an inflammatory disorder of blood vessels, which can ultimately result in organ damage, including skin (Vasculitic ulcer). These are often extremely painful and may deteriorate rapidly. Injury to the cutaneous microvessels may result in impairment of blood flow and consequent focal ischaemia and formation of skin ulcers. The wound healing procedures described by *Sushruta* still hold their place today. The faster the wound healing, the faster the recovery of the patient enabling him to resume his daily routine. This includes various.

detoxification therapies – *Shodhana*<sup>[3]</sup> and local application in the form of *Parisheka* and *Patradana*.

### Case Report-

The case study was undertaken in SDM *Ayurveda* Hospital, Udupi, Karnataka. A 58-year-old male patient who was a retired L.I.C employee, N/K/C/O DM, HTN, presented with complaints of a painful nonhealing ulcer over the lateral aspect of the right

lower leg, associated with burning sensation and itching for 2 months. He suddenly developed a blister over the right lower limb 2 months ago, which was painful and got ruptured on its own after 5 days, which lead to the formation of the wound with Sero-purulent discharge and intense pain. He consulted Allopathic Hospital and was prescribed antibiotics and ointment for local application. He got some relief from this but in 10 days symptoms got aggravated, patient could not sleep because of the intense pain and burning sensation. These complaints made him visit our hospital for further management.

**Past History-** He had H/O Iron deficiency Anaemia requiring on and off Iron Supplements, for 5 years.

He had H/O similar wound on his left thigh which healed on its own 2 years ago.

### Clinical Findings –

A single circular Ulcer situated on the lateral aspect of the right leg 2 cm above lateral malleolus measuring 2x2x3 (length in cm x breadth in cm x depth in mm), having well defined pale margin and punched out the edge. The floor was covered with blackish slough with sero-purulent discharge, surrounding skin was hyper-pigmented, warm, tender, and indurated( Fig. No. 1). Limb examination revealed no enlargement of lymph nodes, and peripheral pulsations were good.

### Investigation- On Admission

Hb-10.7 gm%	MCV-72.2 fl
Haematocrit- 34.1%	MCH-22.7 pg
RBC count-4.7 million cubic mm	MCHC-31.4 gm/dL
RDW-15.2 %	Basophils-0.5%
Neutrophils-46.7%	Absolute Eosinophil count- 0.29 thousand micro litre
Lymphocytes-35%	Absolute Neutrophil count- 2.01 thousand micro litre
Monocytes-11%	Blood Urea- 22mg/dL
Eosinophils-6.8%	S.Creatinine- 1.17 mg/dL
Sr. Sodium- 140.4mmol/L	Total Bilirubin-0.75mg/dL

Sr. Potassium-4.3mmol/L	Direct Bilirubin- 0.26mg/dL
HIV-Negative	AST-30IU/L
HBsAg-Negative	ALT-25IU/L
CRP-Negative	ALP-62 U/L

**Diagnosis-** Vasculitis Ulcer (*Vata-Pitta-Raktaja Dushtavrana*).

**Therapeutic Intervention-**Medical and Surgical Intervention

1. *Virechana Karma*
2. Wound Debridement
3. *Panchavalkala Kashaya Vrana Parisheka* followed by *Ashwattha patradana*.
4. Oral medications-  
*Kaishore Guggulu* 1 tid, *Punarnava Mandoor* 1 tid, *Guggulu Tiktaka kashaya* 15ml bd

Snehapana Dose

1 <sup>st</sup> day	2 <sup>nd</sup> day	3 <sup>rd</sup> day	4 <sup>th</sup> day
50ml	75ml	150 ml	200ml

2. **Wound Debridement-** Blackish Slough was removed the day after *Virechana karma*, and granulation tissue was noted on the next day [Fig. No. 2]
3. The wound was cleaned with Normal saline and local *Parisheka* was done with freshly prepared lukewarm *Panchavalkala kashaya* every day for 10-15 min followed by application of *Jatyadi taila* to the ulcer and freshly collected *Ashwattha Patra*

1. ***Virechana Karma:*** Initially *Agnitundi vati* was given 1 bd for *Amapachana* and *Snehapana* was done with *Tiktaka Ghrita* After assessing *Samyak Snehana Lakshanas*, *Sarvanga Abhyanga* and *Bashpa sweda* given for 2 days. *Virechana* was administered with *Trivrut Leha* 50gm with *Triphala Kwath* 150ml.

A total of 12 vegas were achieved indicating *Madhyama Shuddhi*, *Samsarjana Krama* was advised for the next 5 days.

was placed over the ulcer and light bandaging was done daily.[Fig.No.4].

4. Oral Medications were advised till the ulcer healed.

#### Follow-up and Outcome

Most of the clinical features of Vasculitis ulcer like pain, discharge, burning sensation, and pus discharge got significantly reduced within 10 days of treatment. The ulcer healed completely in 45 days without any complications. No recurrence was noted in 3months of follow-up.



Fig.No.1 Before treatment



Fig.No.2 after wound debridement



Fig.No.3 After 7 days of treatment (Post *Virechana*).



Fig.No.4 *Parisheka* of Ulcer by *Panchavalkala kwath* followed by *Ashwath Patradana*



Fig.No.5 after 15 days of treatment



Fig.No.6 after 30 days of treatment



## DISCUSSION

It was a case of a chronic nonhealing wound. As per *Ayurveda* it was diagnosed as a case of *Dushtavrana* which is the result of *Bahudosha*<sup>[4]</sup> (excessive vitiation of *Dosha*). Hence preferred management was *Samshodhana*. In the pathogenesis, there was the dominance of *Vata*, *Pitta Dosha*, involving *Rakta* and *Mamsa*, and *Virechana Karma* was administered as indicated in the text. Surgical debridement of the wound was necessary as the ulcer floor had an adherent thick devitalised dermis preventing wound healing. In *Vrana chikitsa adhya*, *Sushruta* has explained *Shashti Upakramas* in which *Parisheka* is 3<sup>rd</sup> *Upakrama*<sup>[5]</sup>. *Panchavalkala* consists of *Vata*, *Udumbara*, *Plaksha*, *Parisha*, *Ashwath* having dominance of *Kashaya rasa*.

*Panchavalkala* group is known for *Pittashamana* and *Raktaprasadana* action. *Kashaya rasa* has *Sthambhana* and *Grahi* qualities and thus possesses *Vrana shodhana* and *Ropana* action<sup>[5]</sup>, Tannins are the major constituents in it, which have been reported to possess the ability to increase the collagen content, which is one of the factors essential for the promotion of wound healing<sup>[6]</sup>. *Panchavalkala* is also considered to be a good *Shothahara* drug.<sup>[7]</sup> All five drugs of *Panchavalkala* are proved to have anti-inflammatory, analgesic, antimicrobial, and wound healing properties<sup>[8,9,10,11,12,13]</sup> *Ashwaththa* is also one among *Panchavalkala* and *Kashaya Rasa Pradhana* does *Vrana Ropana* and *Shodhana*, Along with these Oral medications like *Kaishore Guggulu* and *Guggulu Tikta Kashaya* have a predominance of *Tikta Rasa* and hence pacifies *Pitta*, reduces *Kleda Guna* of *Rakta*, and also it has *Lekhana* and *Shodhana* properties, *Punarnava Mandoora* is mainly used for the treatment of *Pandu*(anaemia) *Shotha*(swelling), it has ingredients such as *Gomutra* which acts as an immune enhancer and the presence of Erythropoietin hormone is helpful in anaemia.<sup>[14]</sup> *Mandoora Bhasma* is the main component, is an activator of the formulation and is a chiefly responsible component for

the pharmacodynamics of *Punarnava Mandoora* by virtue of its *Rasa* and *Guna*. It pacifies aggravated *Pitta* and maintains the normalcy of *Dosha*, it is also important to note that the ferric and ferrous fractions of *Mandoora* provide a sufficient amount of iron which is needed for Erythropoiesis<sup>[15]</sup>

## CONCLUSION

After *Virechana* a significant reduction in symptoms like pain, itching, and discharge was noted. Surgical debridement followed by *Kashaya Parisheka* and *Patradana* showed significant improvement in the formation of granulation tissue and epithelialisation, thus promoting early wound healing. This treatment protocol has shown encouraging results in terms of improving the symptoms and attaining early wound healing at a low cost.

## REFERENCES

1. Nelzen O, Bergqvist D & Lindhagen A. Venous and non-venous leg ulcers: clinical history and appearance in a population study. *Br J Surg* 1994; 81:182-7.
2. McMulin GM. Improving the treatment of leg ulcers. *MJ Aus* 2001; 175:375-7.
3. Dr. Bramhanand Tripathi, *Charak Samhita*, *Charak Chandrika*, *Sutra Sthana*, chapter no 16 verse 13-16, *Chaukhamba Surbharati Prakashan* 2009;p.323
4. Dr. Bramhanand Tripathi, *Charak Samhita*, *Charak Chandrika*, *Sutra Sthana*, Chapter no 16, Verse 13-16, *Chaukhamba Surbharati Prakashan*, Varanasi, 2009;p.323
5. *Sushruta*, *Sushruta Samhita with Nibandha Sangraha commentary of Sri Dalhanacharya*. *Chikitsa sthana*, chapter 1/8, edited by Vaidya Yadavaji Trikamji Acharya, *Chaukhambha Surabharati Prakashan*, Varanasi, Reprint;2003. p. 397.
6. K Shobha Bhat, BN Viswesh, *et al*. A clinical study on the efficacy of *Panchavalkala* cream in *Vrana Shodhana* with special reference to its action on microbial load and wound infection. *AYU*. [Cited 2014]; 35(2): 139. Available from: <http://www.ayujournal.org/article>.
7. Bhat KS, Vishwesh BN, Sahu M, Shukla VK. A clinical study on the efficacy of *Panchavalkala* cream in *Vrana Shodhana w.s.r* to its action on microbial load and wound infection. *Ayu.*, 2014; 35: 135–40.
8. Villegas LF, Fernandez ID, Maldonado H, Torres R, Zavaleta A, Vaisberg AJ, Hammond GB. Evaluation of the wound-healing activity of selected traditional medicinal plants from Peru. *J Ethnopharmacol*, 1997; 55: 193–200.

9. Sukhlal MD. In vitro antioxidant and free radical scavenging activity of some Ficus species. *Pharmacogn Mag.*, 2008; 4: 124–8.
10. Patil VV, Pimpikar VR. Pharmacognostical studies and evaluation of the anti-inflammatory activity of *Ficus bengalensis* linn. *J Young Pharm.*, 2009; 1: 110–1.
11. Preeti R, Devanathan VV, Loganathan M. Antimicrobial and antioxidant efficacy of some medicinal plants against food borne pathogens. *Adv Biol Res.*, 2010; 4: 122–5.
12. Mousa O, Vuorela P, Kiviranta J, Wahab SA, Hiltunen R, Vuorela H. Bioactivity of certain Egyptian *Ficus* species. *J Ethnopharmacol*, 1994; 41: 71–6.
13. Thakare NV, Suralkar AA. Antinociceptive and anti-inflammatory effects of *Thespesia populnea* bark extract. *Indian J Exp Biol.*, 2010; 48: 39–45.
14. Available from: <http://www.goshala.com/Articles/2011/Jun/Urinebene%20ts.html>.
15. Baghel MS, Prajapati PK, Ravishankar B, Patgiri BJ, Shukla VJ, Galib, Monograph on Punarnava Mandura (SMP and Safety Profile). Jamnagar: India, Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, 2009.; pp. 7.

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Prashanth K et al: Ayurvedic Management of Vata-Pitta-Raktaja Dushta Vrana W.S.R to Vasculitic Ulcer- A Single Case Study. *International Ayurvedic Medical Journal* {online} 2023 {cited March 2023} Available from:

[http://www.iamj.in/posts/images/upload/714\\_720.pdf](http://www.iamj.in/posts/images/upload/714_720.pdf)