

A CASE STUDY ON DUSTHA VRANA W.S.R TO VARICOSE ULCER

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ABSTRACT

A male patient of 56 years presented with a non-healing wound on the left lower limb extending from the lower 1/3 of the limb to the ankle of the leg. Associated with complaints of pain and discharge from the site of the wound and ankle oedema is seen at the end of the day. Due to the history of long-standing, he has blackish discoloration that surrounds the ulcer. The patient has had a k/c/o varicose vein in the past 4 years. by occupation is a guard which in turn demands him to stand for a longer period than usual. The patient was treated with Yavadi kalka lepa and Jalaukavacharana for a period of 45 days (about 1 and a half months) along with internal medications such as Tab. Manjistha, Aragwadadhi kashyam internally. Thus, the patient was treated for 45 days and a reduction in all the symptoms was noted.

Key words: Dustha vrana, Varicose ulcer, Yavadi kalka lepa Jalaukavacharana.

INTRODUCTION

Wound and its management have been the fundamental practice of surgery since ancient times. Acharya Susrutha, the father of surgery in the treatise of Susrutha samhitha expounded on the Dustha Vrana and its management. Acharya Susrutha explained Shasti Upakramas for the management of the Dustha vrana which also includes Kalka (Application of

medicated paste) and bloodletting by Jalouka(leech therapy) these both have given significant importance in the mangament of dustha vrana. Varicose ulcers have become a burden on humankind. Varicose veins are said to be the prime causative factor for Varicose ulcers. The prevalence of Varicose ulcers has reached one million cases per year. The site of the varicose

ulcer is at the lower 1/3rd of limb above the medial malleolus. The margin of the ulcer shows a thin bluish tinge with growing epithelium. Edges are sloping and vertical in shape. Surrounding skin is pigmented and eczematous due to the deposition of the hemosiderin in the sub cutaneous tissue. The discharge is seropurulent and slightly painful. The floor of the ulcer is covered with pale granulation tissue which shows the feature of a non-healing ulcer. This ulcer is flat and never penetrates the deeper fascia. The symptoms of the dustha vrana such as ruja(pain), Vivarna (blackish discoloration), subside after the treatment modalities of applying kalka(medicated paste), and jalaukaavcharna (leech therapy) for a period of 45 days (about 1 and a half months) and internal medications of Tab manjistha and Aragwadadhi kashyam has been advised for 30 days.

CASR REPORT

A male patient aged 56 years presented with a non-healing ulcer on the left lower limb extending from the lower 1/3rd limb to the ankle for 2 ½ years. He gradually developed pain and purulent discharge from the site of the wound along with the oedema of the lower limb. The blackish discoloration of the wound increases when he stands for a longer duration. He consulted a local allopathic doctor who advised him to do the daily local dressing of the wound and avoid long-standing. Even then the ulcer does not seem to reduce, it got increased pain and oedema along with the discharge. Later, he consulted the OPD of the Shalya department of SV Ayurveda hospital and was advised internal medications along with the Yavadi kalka lepa on alternative days and Jalaukavacharana once a week for a period of 45 days (about 1 and a half months).

On examination

1. Size of the wound: 7x8 cm
2. Edge: sloping edge

3. Surrounding skin: Black
4. Oedema: present
5. Number: one
6. Discharge: Sero purulent
7. Granulation tissue: Unhealthy
8. Slough: present

MANAGEMENT (Intervention)

The patient was treated, and the wound is cleaned with normal saline and followed by dressing with Yavadi kalka lepa for 45 days (about 1 and a half months) and Jalaukavacharana once a week. Yavadi kalka lepa application was continued until complete healing is achieved and assessments are taken on a regular basis. Internal medications such as Tab. Manjistha and Aragwadadhi kashyam have been advised to continue for 30 days (about 4 and a half weeks).

OBSERVATIONS:

The observations and results are tabulated below. The characteristics of Dushta vrana like Ativivrita (broad base), Ruja(pain), and Dirghakalanubandhi (chronic) were noted in the wound. There was a deep-seated slough at the base of the wound. But at the end of the first week itself, it was noted that the slough started to dissolve from the base and the wound became clean and healthy in 1st week. By 15 th day, the edges of the wound started to come toward the Centre of the wound. After two sittings of Jalaukavacharana, the blackish discoloration of the surrounding wound has reduced gradually. On the 30th day, the pain was completely reduced and the discharge from the wound is also minimal. By the end of 6 sittings of jalaukaavcharna and 45 days (about 1 and a half months) of regular wound management, the size of the ulcer got reduced and the pain is completely reduced, and discharge is absent with healthy granulation tissue.

Observations of the study

Table 1

DAY	PAIN	DISCHARGE	OEDEMA	DISCOULURATION
DAY 1	++++	++++	AT LOWER LIMB	BLACKISH
DAY 10	+++	++	AT ANKLE	BLACKISH
DAY 20	+	++	AT SURROUND- ING WOUND	SLIGHTLY REDUCED
DAY 30	NO PAIN	-	NO	SLIGHTLY REDUCED
DAY 45	NO PAIN	NO DISCHARGE	NO	SLIGHTLY REDUCED

SIZE OF THE ULCER

Size of the ulcer DAY WISE	After treatment
DAY 1	7x8cms
DAY 10	5.5x6 cms
DAY 20	3.5x4 cms
DAY 30	2x3 cms
DAY 45	0.13x0.16 cms



10 th day 20th day 40 th day

DISCUSSION

Yavadi kalka lepa is prepared by yava (hordolum vulgare) nimba (Azadiracta indica), madhu, and gritha. The yava has the properties of vrana shodhana and ruksha which in turn reduces the discharge of the wound there by providing healthy granulation tissue. Nimba has anti-microbial and anti-fungal properties which will maintain the wound free from any contamination and aid in faster healing of the wound. Honey which has an anti-inflammatory property will reduce oedema and provide healthy granulation tissue. Ghritha is the will that helps to manage the healing property which the combination of these drugs aids in faster healing. Jalaukavacharana is the best technique to remove the localized vitiate blood by providing the area with good blood flow by improving micro circulation.

CONCLUSION

Application of *yavadi kalka lepa* Alone is done for 45 days on alternate ie, 23 days of application of *lepa* alone on the ulcer. This reference has been taken from *Susrutha Samhita Chikitsa Sthana* chapter 1 under the context of *Shodhana and ropana kalka*. Application of *Yavadi kalka* is a very easy procedure with minimal expenditure.

The application of *yavadi kalka lepa* along with *Jaloukaavacharana* is found to be more effective in the management of Varicose ulcers due to the combined effect of lepa and leech therapy, which has improved the local circulation and eliminated excessive unhealthy slough by *lepa* and improves micro circulation and elimination of vitiated blood by the help of *jaloukavacharana* with 23 days of *Lepa* application and 6-7 sittings of *Jaloukavacharna*.

However, in most cases in the trial, the healing is in positive mode, and it is observed in a few cases complete healing has occurred even before the trial duration. In a few cases, complete healing has occurred after the follow whereas the recurrence rate is

far less compared to any other therapies of wound healing.

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