IJAPC

Volume 11 Issue 2,
2019

www.ijapc.com

2350-0204

GREENTREE GROUP PUBLISHERS

Int J Ayu Pharm Chem

CASE STUDY

www.ijapc.com

e-ISSN 2350-0204

Ayurvedic Management of Varicose Eczema - A Single Case Study

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ABSTRACT

Varicose eczema or Stasis dermatitis is a long-term skin condition that affects the lower legs. It is common in people with varicose veins as the valves in the leg veins do not work correctly. This circulatory problem can lead to backward flow and pooling of blood in the lower legs, resulting in increased pressure, blood leakage and cell death and it can end up with the symptoms of Varicose eczema. One such male patient aged 50 years, who is working as a waiter in hotel consulted OPD of SDM Ayurveda Hospital, Udupi for the complaints of skin lesions on left lower limb extending up to foot and ankle since 3 months. It was associated with oozing, itching and burning sensation. He was diagnosed as a case of Stasis dermatitis. The diagnosis was confirmed with left lower Limb venous Doppler study. The case was correlated to Vatarakta based on the similarity in etiopathology, symptomatology and total clinical presentation. After analysing nidana panchaka, Samprapthi vighatana was done on the basis of Vata rakta chikitsa. The vitiated vata and rakta were the focus of treatment. He was treated with Nitya Virecana, internal medications, external medications and Jaloukavacharana. Assessment was done before and after treatment with 'Venous Clinical Severity Score' and Photographs. Both showed the remarkable improvement after the treatment.

KEYWORDS

Varicose Eczema, Vata rakta, Jaloukavacharana

Greentree Group Publishers

Received 16/06/19 Accepted 18/07/19 Published 10/09/19

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INTRODUCTION

Skin is the largest organ of the body. It also has an aesthetic value in the society. Foot are the most exposed part of our body and it supports tremendous daily pressure and weight. Proper care of the lower extremities is very important. There are various diseases which hampers the beauty and functions of the lower extremities. Varicose eczema is one such condition.It develops on the lower extremities secondary to venous incompetence and chronic edema. Patients may be presented with history of deep vein thrombosis or varicose veins. Early findings in varicose eczema consist of mild erythema and scaling associated with pruritus. The typical initial site of involvement is the medial aspect of the ankle, often over a distended vein[1]. The main cause for varicose eczema is the pooling of venous blood in the lower extremities due to impaired valves in the venous system. As modern science is concerned the effective treatment of Varicose eczema is a questionable area. In this scenario Ayurvedic approach for the same deserves an important position. Based on the similarity in etiopathology, symptomatology, pathophysiology and clinical presentation, varicose eczema can be correlated with the Vata rakata. In this condition the *Vata dosha* and the *dushya Rakta* are vitiated simultaneously, which renders the condition highly difficult to treat and makes the for its fast growth. This property is due to the nature of *rakta* and *Vata* which is similar to that of fire and wind, i.e. they mutually synergise each other's properties[2]. The pathway of *vata* is obstructed by vitiated *rakta* and the vitiated *vata* inturn vitiates *rakta* resulting the condition called *Vatarakta*[3a]. Considering the *nidana* of *Vatarakta* it has two significant aspects

1. A specific group of people is predisposed to the infliction by *Vatarakta Sukumara, Sthula, Sukhi, Mithya ahara-vihara sevi*[4].
2. In the manifestation of *Vatarakta* both *dosha hetu* and *Vyadhi hetu* get involved simultaneously (simultaneous involvement in improper food and activities).

The simultaneous indulgence in improper food habbits and in the specific improper activites vitiates rakta and vata of vulnerable subjects. If a person consumes *vidahi ahara, rakta* become *Vidagdha.* Under such conditions the person travels with lower limbs in hanging posture the *dosha* and vitiated *rakta* settle down in the lower limbs, generating *Vatarakta*[5]. Based on structure and depth of affliction *Vatarakta* is basically of two types- *Uttana* and *Gambhira*.*Vatarakta* that gets located

in the *twak and mamsa* is termed as *Uttana* and that which pervades to the deeper structures and persists for long time is termed as *Gambhira*[3b]. *Vatarakta* that shows the symptoms of both uttana and gambhira type is termed as *Ubhayasritha*[3c]. The symptoms like pruritis *(Kandu)*, burning sensation*(daha)*, pain*(ruk)*, bulging of veins*(ayama)*, pricking type of pain *(toda)* and contractions*(sphurana)* and the skin affected area shows blackish, reddish or coppery discoluration*(syava, rakta, tamra)*[3d]are the features of *Uttana Vatarakta*. These facts support the correlation between the varicose eczema and *Uttana vatarakta*.

CASE REPORT

A 50-year-old male patient reported on 16thJuly 2018 to KayachikitsaOPD, SDM College of Ayurveda and Hospital, Udupi, Karnataka with complaints of bulging of veins below the knee joints bilaterally since 3years and skin lesions on left lower limb on the ankle and foot associated with oozing, itching, dull aching pain, burning sensation and ulcerations for 3 months.

HISTORY OF PRESENT ILLNESS:

A 50 years old male who was apparently normal 3 years back, noticed slight bulging of veins in both lower limbs below the knee joints, which he ignored. Three years later he developed brownish discoloration near the medial side of left ankle joint. It was associated with itching. Gradually the itching aggravated and he had to consult a nearby physician. He was given with some topical application (details not known). The itching and area of discoloration increased gradually. Since last three months the dull aching pain had also developed in the left lower limb, especially in the evening and night hours.Itching become severe and serous discharge from the left ankle region also developed. The discolouration of skin extends to more area and become darker. Later the skin became thinnerand also developed with exfoliation of the skin with the serous discharge in the left angle region with the dark brownish discoloration. Ulcerations also developed on the medial and anterior aspects of left ankle.Considering his family history, there were no similar complaints in the maternal or paternal first-degree relatives.Patient was having regular daily activities except sleep which was disturbed during night due itching and burning sensation. Patient's occupation was hotel worker so he had to stand for long hours. He had habit of consumption of Alcohol: 90ml /day (whisky) since last 15 years, 2 years before he stopped this habit.He was also addicted to smoking, generally 8 to 10 cigarettes per day since last 20 years, this also he stopped

for last 3 months. Patient had no history of diabetic mellitus, hypertension, tuberculosis, venereal diseases, bronchial asthma, anaemia, cardiac diseases and any other major illness. He did not have any records of surgical history in the past. With these observations the case was diagnosed as varicose eczema and admitted in Shri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Kuthpady, Udupi for further treatments. For this complaint he got admitted in SDM hospital Udupi.

EXAMINATIONS

Inspection of the peripheral vascular system showed the dark brownish discoloration with irregular margin on lower third of left lower limb, edema present in Left lower limb (Pitting type) and superficial venous dilatation and tortuosity present in bilateral lower limbs. On palpation the pulses of the lower limbs were normal and therewas no temperature difference. Trendelenburg test was positive. On examining the skin lesionson lower third of left lower limb more on ankle joint, it showed macular lesion with irregular shape and border which are localizedand asymmetrical with size more than 10 cm. It was associated with pruritus, scaling and serous discharge. The venous clinical severity scale assessed was 19

INVESTIGATIONS

Routine blood investigations for complete blood count (CBC), blood sugar level, serum creatinine and lipid profile were normal. Left lower limb venous doppler taken had shown- incompetence of saphenofemoral Junction. Multiple varicose veins in medial aspect of lower thighs and leg along great saphenous vein territory. Minimal skin subcutaneous tissue swelling seen in lower 1/3rd of leg, ankle and foot. No doppler evidence of deep vein thrombosis.

Considering the history, examination and investigations he was diagnosed as Varicose eczema and admitted in Shri Dharmasthala Manjunatheshwara College of Ayurveda & Hospital, Kuthpady, Udupi for further treatments.

TREATMENT

Patient was admitted and given treatment for 12 days. Following are the list of medications

- Nitya Virecana With- Shunti Kashaya 20ml And Eranda Taila 20ml
- Cap Guduci 500mg TID
- Kaisoraguggulu DS 250 mgTID
- Poothikaranjasava 15 ml TID
- Bilwadi Gutika 500mgTID
- Daily dressing after parisheka with Triphala kashaya.

After the IP treatment he was discharged with following medicines for next 15 days

- Cap Guduci 500mg TID

- Kaisoraguggulu DS 250 mg TID
- Poothikaranjasava 15 ml TID

After 15 days he came to OPD for follow up. On the same day Jaloukavacharana was done and send him home with same internal medication for next 14 days. After 14 days he came for next follow up and the lesions were almost relieved and said to continue the internal medication for next 14 days.

IMPROVEMENT

Assessment was done on before treatment, after treatment and on follow upvisits based on Venous Clinical Severity Scoring (VCSS) (Table No 1 and Figure No 1 and 2) and photographs of the affected area (*Figure No: 3,4,5 & 6).*

Table 1 Venous Clinical Severity Scoring

VCSS	**BT**	**AT_1**	**AT_2**
	16-07-18	**10-8-2019**	**25-08-2019**
Pain	3	1	0
Varicose Veins	3	2	1
Venous edema	3	2	1
Skin Pigmentation	2	2	1
Inflammation	1	0	0
Induration	1	1	0
Number of active ulcers	1	1	0
Active ulcer duration	1	1	0
Ulcer diameter	2	1	0
Compression therapy	2	1	1
TOTAL	**19**	**12**	**4**

Pain[0=Absent ,mild=1, Moderate= 2, Severe = 3**]**, **Varicose veins[**0=Absent ,few scattered=1, Multiple,Great saphaneous vein, confined to calf and thigh= 2, Extensive,Great and small saphaneous vein, confined to calf and thigh = 3**]**,**Edema[**0=Absent , evening ankle only=1, after noon swelling above ankle= 2, morning swelling above ankle and require activity change= 3**]**,**Pigmentation [**0=Absent ,limited in area and brown=1, diffuse over most of gaiter distribution= 2, wider distribution = 3**]**, **Induration[**0=absent , focal, circum-malleolar=1, medial or lateral, less than lower third of leg= 2, entire lower third of leg or more = 3**]**, **Inflammation[**0=Absent ,mild cellulitis, limited to marginal areaaround ulcer=1, moderate cellulitis,involves most of(lowerthird)= 2, severe cellulitis (lowerthird and above)or significant= 3**]**, **Number of active ulcers [**0=Absent ,one=1, two= 2, greater than two = 3**]**, **Duration of activeulceration [**0=absent ,<3 months=1, >3 months, <1year= 2, not healed>1 year = 3**]**,**Ulcer diameter [**0=Absent ,<2 cm=1, 2- 6cm= 2, >6cm = 3**]** and**Compression therapy [**0=not used orpatient notcompliant, intermittant use of stockings=1, wears elastic stocking most days= 2, full compliance, stockings+elevation = 3**]**.

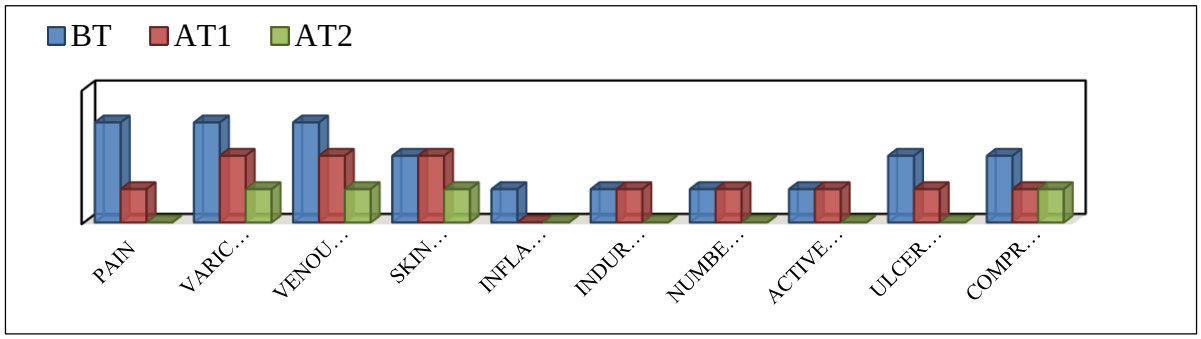

Figure 1 Venous Clinical Severity Score

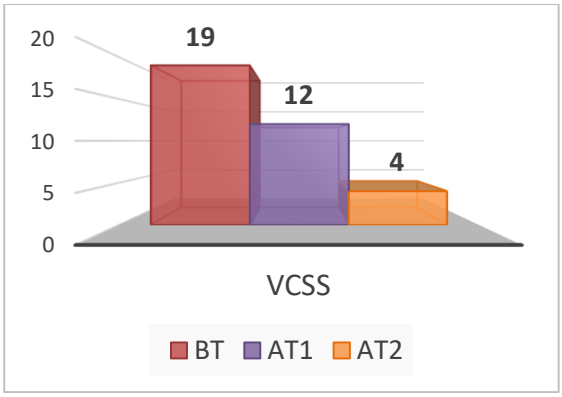

Figure 2 Total Venous Clinical Severity Scoring

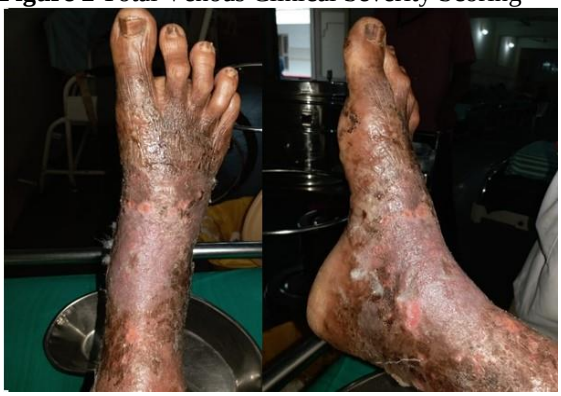

Figure 3 Picture taken before treatment on 16-07-18

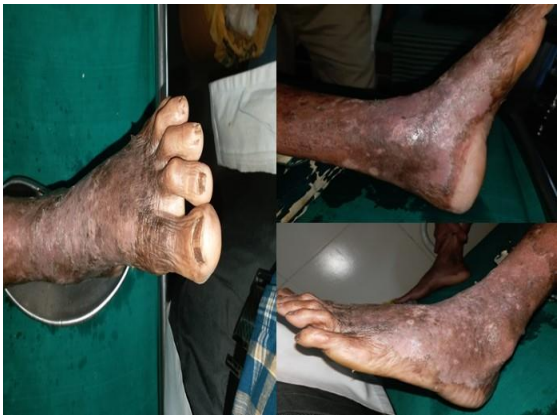

Figure 4 Photo taken after IPD treatment on 27-07-18

Figure 5 Photo taken after 15 days after IPD treatment on 10-08-2019

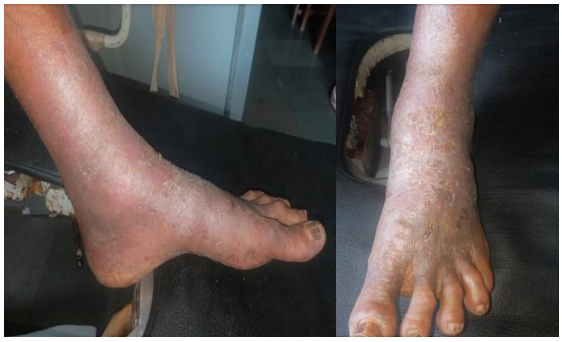

Figure 6 Photo taken 14 days after Jaloukavacharana on 25-08-2019

Venous clinical severity scoring is calculated based on factors like severity of pain, varicose veins, edema, pigmentation, induration and inflammation, number of active ulcers, duration of active ulceration, and size of largest current and frequency of compression therapy usage. It is scored from 0 to 3, which indicate 'Absent 'to 'Severe'.VCSS before treatment was 19.VCSS after IP treatment and 15 days internal medications became 12 with remarkable improvement of the condition. After the Jaloukavacharana procedure done in OP and internal medications for 14 days VCSSbecame 4 with marked remission of the lesions with improved quality of life. Photographs taken at each stage is also showing remarkable improvement in the lesion.

DISCUSSION

Considering aetiology, patient had an history of consumption of alcohol and

cigarettes (*Madhya varga).* Daily he used to consume junk foods, cold and spicy food items from the hotel *(virudha ahara, vidahi annam, sheeta, katu).* He used to work in standing posture for approx. 8hrs a day (*pada pralambana, achankramana sheelinam).* Alcohol increases the flow rate of blood, but the veins in legs have to work harder against gravity to return blood. More the influx of blood increases the stress on the veins of lower extremities and lead to pool the blood. Standing posture also contributed for the pooling of blood. All the above said regimens did the toxification of blood. Liver is responsible for detoxification process in our body. Increased toxicity prevents liver from proper filtering of toxins from blood, which results in thickening of blood and it will become more viscous. It makes more harder to push blood through already strained venous valves. Thus, the *rakta dushti* resulted in the obstruction of the channels and leaded to aggravate vata. The cold and spicy food also increased the vata. The aggravated vata combined with impure rakta produced the symptoms. The premonitory symptoms were like skin disorder due to the pooling of venous blood (*kushta sama)* and it started from the lower extremities (*padayor moolamasthaya).* The symptoms were itching, burning sensation, pain, brownish black discoloration of left lower extremity *(kandu, daha, ruk, syava/ tamra twak).* Based on these findings the condition can be diagnosed as *uttana vatarakta.* The symptoms were showing involvement of all dosha with the pitta predominance. *Samprapti vighatana* was done by considering both the pathophysiology of varicose eczema and *samprapti of vata rakta. Nithyavirechana* done with Shunti Kashaya and Eranda taila will alleviate *prakupita pitta* and *rakta* and also achieve*Vata anulomana.* Eranda taila is mentioned in *vata rakta* treatment for purgation. The addition Shunti Kashaya will help for the *pachana* of *ama* also. Guduci (Tinospora cordifolia) is mentioned as *agrya oushadha* for v*ata rakta.*Capsule made from dried and powdered Guduci is administered here. It will help in improving the circulation of the blood and also has anti-inflammatory property.Kaisora guggulu has direct indication of *Tridoshaja Vatarakta,Kushta* and *Vrana*. Its anti-inflammatory property helps to reduce the skin lesions, swelling and pain. *Bilwadi gutika* is a *gutika* preparation mentioned in A*gadatantra.* It can be used for all type of visha. The blood which is intoxicated and deoxygenated can be considered as *mala* and its stasis in lower extremities can be considered as *mala sangha* i.e.*ama visha.* Based on this idea bilwadi gutika was given which can be used in both *Sthavara,*

Jangama and *Gara* visha. Pootheekaranjasava is an *asava* preparation explained in *Arsho roga prakaranam.* The pathophysiology of *Arshas* (Haemorrhoids) is dilatation of vein in anal area. This basic knowledge was applied in treating Varicose veins which are the major cause of Varicose eczema. Local care of the lesion was done with the *Parisheka* with *Triphala Kashaya* and dressing. *Parisheka* is indicated for the treatment of *Uttana Vata rakta. Triphala* has anti-inflammtory action, antibiotic action and it is tridosha shamana also. It helped skin lesions to prevent the chance of getting infected and to heal. After IPD treatment same medications continued as discharge medicine and after 15 days Jaloukavacharana was done in OPD. *Raktamoksha* is an important treatment strategy in *Vata rakta.*As literature is concerned, when patient is presenting with pain and burning sensation, blood-letting therapy should be done by the application of leech. Based on this principle *Jaloukavacharana* was selected. The blood-letting will help to clear of the pooled blood and the hirudin present in the saliva of leech will reduce the viscosity of the blood locally. After Jaloukavacharana internal medications were continued. After 14 days there was remarkable change in the symptoms. It shows a remission of total VCSS from 19 to 4.

CONCLUSION

Varicose eczema is a common condition affecting the lower extremities. People are verysensitive to disorders of skin due to its aesthetic value in the society. An Ayurvedic approach was made to treat the Varicose eczema based on *Vata rakta Chikitsa.* Thus, *Sampraptivighatana* through the *shodhana* and *shamana* made remarkable changes in the symptoms and give a better outcome.

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