



Ayurvedic Management of Venous Ulcer- A Case Report

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ABSTRACT

Introduction

A case report of 55 year old Male who complained of a non-healing chronic ulcer with pain, itching, blackish discoloration of left leg since 1 year

Materials and Methods

The subject who approached *Shalya Tantra* OPD of Taranath Government Ayurvedic Medical College, Ballari was systematically reviewed and *Dustavrana* line of intervention was planned.

Results

The *Dustavrana* was turned into *Shuddhavrana* within 21 days of treatment as shown in photographs.

Discussion

As *Dusta vrana* refuses to heal or heals very slowly inspite of best efforts. To achieve approximation, early healing and acceptable scar without complications it's been managed with multiple treatment modalities like *prakshalana*, *dhoopana* for *vranshodhanartha* and *lepa*, leech application for *vrana ropanartha* and *vrana bandhana* for early healing were followed. The symptoms like pain, discharge etc., has markedly reduced after 1st & 2nd sitting of leech therapy.

Key Words: Ulcer, *Dustavrana*, *Shuddhavrana*, Leech

INTRODUCTION

Varicose ulcer is the most common ulcer of leg also called as venous ulcer is due to venous insufficiency. Initially it starts in the lower 1/3rd of the leg, ankle and above the medial malleolus with demonstrable varicose veins with edematous, eczematous, hyper pigmentation, gradually turns into a non-healing ulcer, later it may end up in amputation due to various causes, which hampers the quality of life of the patient.

In Ayurveda management chronic non healing varicose ulcer can be correlated with *Dustavrana*.

As it refuses to heal or heals very slowly in spite of best efforts.

OBJECTIVES

1. To understand venous ulcer under the purview of *Dustavrana*¹
2. To study the effect of *vranaupacharas* in converting the *Dustavrana* into *shuddhavrana*²

MATERIALS AND METHODS

Case report:

Basic information of the subject:

Age: 55 years



Sex: Male

Religion: Muslim

Occupation: works at RTO Ballari

Socioeconomic status: lower middle class

Chief complaints: Pain, itching, blackish discoloration of over the lower 1/3rd of shin of the left leg since 1 year

History of present illness: The subject complains of pain and itching blackish discoloration of over the lower 1/3rd of shin of the left leg since 1 year. The subject being a worker in RTO Ballari approached Shalya Tantra OPD of Taranath Government Ayurveda Medical College, Ballari for the needful.

History of past illness:

The patient is **not** a known case of Diabetes mellitus or Hypertension.

Personal history:

a) *Aharaja:*

Untimely eating habits and diet is predominantly with *Katu-Amla rasa* (spicy & sour diet)

b) *Viharaja:*

The subject has a Disturbed sleep due to pain

Occupational history: Long standing work for nearly 8-9 hours

Examination:

1. *Prakriti* (Constitution) : *Kapha-Vataja prakriti*

2. Vitals were normal

3. Clinical examination

4. **General Examination**

Pallor - Present (Hb-9.5gm%)

Icterus - Absent

Cyanosis - Absent

Kylonychia - Absent

Lymphadenopathy –Inguinal lymph enlargement

Oedema - pitting edema + (left leg and foot)

Systemic Examination

CVS - S₁ S₂ heard, no any added sounds

RS - normal vesicular breath sounds

P/A - soft, normal bowel sounds; no organomegaly

Local examination:

Inspection

Site – Over the anterior aspect of the lower 1/3rd of the left tibia (shin)

Size – 5cm x 5cm x 0.5cm

Shape - nearly oval

Edge - irregular, rough

Floor - Unhealthy tissue seen

Discharge - copious sero-purulent

Surrounding area - blackish discoloration

Margin - irregular

Smell - tolerable, unpleasant

Ankle flair – positive

PALPATION

Pain - Severe

Sensation - Hot and cold sensations present

Temperature - slightly raise in temperature

Lymph nodes – Left inguinal group of lymph nodes were enlarged.

Edema – pitting edema of left leg and feet

Peripheral pulse - Dorsalis pedis - Feeble

Anterior tibial - Feeble

Posterior tibial - Good

Diagnosis:

A chronic non healing venous ulcer - *Dustavrana*

Treatment adopted:



Table 1 Different treatment modalities and the drugs used for the treatment

DAYS	TREATMENT	MEDICINE
DAY 1 – DAY 21 Regularly	<i>Vrana parisheka</i> <i>Vrana dhoopana</i> <i>Vrana lepa</i> <i>Bandha</i>	<i>Sukhoshna PVK</i> <i>Guggulu, haridra, nimbapatra.</i> <i>Nimbapatra kalka</i>
7 th , 14 th , 21 st day (once a week)	<i>Jalouka</i> <i>Vrana parisheka</i> <i>Bandha</i>	<i>Sukhoshna PVK</i>

Assessment criteria:

Table 2 Grading of the assessment parameters

PARAMETERS	Grade 5	G-4	G-3	G-2	G-1	G-0
Pain	Base line 100 %	80%	60%	40%	20%	00%
Discharge	Base line 100 %	80%	60%	40%	20%	00%
Itching	Base line 100 %	80%	60%	40%	20%	00%
Size (in cm)	Base line 100 %	80%	60%	40%	20%	00%
Hyperpigmentation	Base line 100 %	80%	60%	40%	20%	00%
Ankle flare	Base line 100 %	80%	60%	40%	20%	00%
Granulation tissue	Base line 0%	20%	40%	60%	80%	100 %
Varicose veins	Base line 100 %	80%	60%	40%	20%	00%

RESULTS

Table 3 Improvement in the subjective and objective parameters

PARAMETERS	GRADE			
	DAY1	DAY7	DAY14	DAY21
Pain	5	4	2	1
Discharge	5	4	1	0
Itching	5	4	2	1
Size (in cm)	5	4	3	2
Hyperpigmentation	5	4	3	1
Ankle flare	5	4	2	1

Table (3) the symptoms like pain, discharge etc., has markedly reduced after 1st & 2nd sitting of leech therapy. as shown in Table (1) With the multiple treatment modalities like prakshalana³, dhupana³, lepa³ jaloukavacharana² and vrana bandhana⁴ the *Dusta vrana* as shown in figure (4) was turned into *shuddha vrana* within 15 days with marked reduction in the size, discharge, pain, hyperpigmentation of the ulcer with healthy granulation tissue as shown in Figure (5, 6, 7) and Table (3). Grading of the assessment parameters are as shown in table (2).

DISCUSSION

For *Dustavrana* *Vrana parisheka*, *Vrana dhoopana*, *Vrana lepa*, *jalouka*, *Bandha* measures

are adopted as per *Sushruta Samhita*⁴ as shown in Table (1). *Vrana parisheka* with *panchavalka kashaya* as shown in Figure (1) does wound debridement and as the *kashaya* was luke warm it also does the vasodilatation there by promoted early healing of the ulcer. The *Dhoopa* of *Guggulu, haridra, nimba pathra, sarshapa* being very subtle, it can reach in the minute channels and carry the properties of all the ingredients. These drugs removes the bad odour from the ulcer, antiseptic, insecticidal, anti-pyretic, anti-inflammatory as it dilates the surrounding vessels. Hence *vrana Dhoopana* as shown in Figure (2) was selected as a supportive treatment and as *Pashchat Karma*. *Jalouka* application as shown in November 10th 2020 | Volume 13 | Issue 3 Page 159



Figure (3) was employed because Leech application has peripheral vasodilator effect due to presence of vasodilator constituent in the saliva which improves blood circulation and corrects "ischemia" around the wound, thus promotes wound healing. It has Anti-inflammatory action on nerves due to presence of substance like *Bdellins and Eglins* in the saliva which reduces the pain too. *Vrana lepa* of *Nimbapatra kalka* acts both as *vrana shodhaka* and *vrana ropaka*. By applying the *Jathyadi taila* the ulcer is being dressed to avoid the infections and to promote the healing.



Figure 1 *Vrana parisheka*



Figure 2 *vrana dhoopana*



Figure 3 *Jalaukavacharana*



Figure 4 First day of treatment

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treatment and as *Pashchat Karma*. *Jalouka* application as shown in Fig.3 was employed because Leech application has peripheral vasodilator effect due to presence of vasodilator constituent in the saliva which improves blood circulation and corrects "ischemia" around the wound, thus promotes wound healing. It has Anti-inflammatory action on nerves due to presence of substance like *Bdellins and Eglins* in the saliva which reduces the pain too. *Vrana lepa* of *Nimbapatra kalka* acts both as *vrana shodhaka* and *vrana ropaka*. By applying the *Jathyadi taila* the ulcer is being dressed to avoid the infections and to promote the healing.



Figure 5 5th day of treatment



Figure 6 10th day of treatment



Figure 7 15th day of treatment

CONCLUSION

Venous ulcer is a chronic non-healing, eczematous, hyperpigmented ulcer which may lead to complication like amputation. Even though the chronic Non healing venous ulcer cannot be treated easily, the motto of the treatment is to make the *Dusta vrana* as *Shuddha vrana* as soon as possible. *Parisheka, dhoopana, lepa, jalouka,*



bandhana are such magical line of treatment modalities in Ayurveda that serves the purpose. The line of treatment adopted in this case can also be taken as a guideline to manage other chronic Non healing venous ulcers.



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