



CASE STUDY: A SUCCESSFUL AYURVEDIC MANAGEMENT OF DUSTA VRANA WSR. VENOUS ULCER

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Abstract

Venous ulceration is the most severe and debilitating outcome of chronic venous insufficiency in the lower limbs and accounts for 80% of lower extremity ulcerations. The morbidity caused by them has a serious impact on the quality of life. Its improper care may lead to malignancy¹. Conventional treatment though is effective but requires surgical intervention and not always affordable. Venous ulcer can be correlated as *Dustavrana* in presented with a non-healing ulcer of 1 year duration at the lateral to calf region and just above the lateral malleolus up to mid of left leg. It was secondary to venous stasis and he had undergone allopathic treatment without any significant improvement. The *Vrana Panchaka* is considered for a clinical evaluation of the case. Significant healing in wound was observed after 6 weeks of comprehensive Ayurvedic treatment by *Sodhana* therapy and *ropana* therapy by internal medications, topical use of *parisheka*, *taila application* and *Bandhana*. After 6 weeks of the treatment *vrana* attained *sudhavrana lakshnana* and progressive healing is being observed in weekly follow-ups.

KEYWORDS: *Parisheka, Shodhana, Ropana, Vranapanchaka.*

INTRODUCTION

A venous leg ulcer is the most common type of leg ulcer, accounting for 80% of all cases.² Venous leg ulcers develop when persistently high blood pressure in the veins of legs (venous hypertension) causes damage to the skin, which eventually breaks down and forms an ulcer. The morbidity caused by them has a serious impact on the quality of life. Its improper care may lead to malignancy. Conventional treatment though is effective but requires surgical intervention and not always affordable. Though wound healing is a natural process it is influenced by both systemic and local factors, like micro-organism, growth factors, vascularity and debris. Management of venous ulcers can be correlated to *Dushtavrana*³. Chikitsa as explained in Sushruta Samhita Chikitsa Sthana for which a range of treatment modalities are explained.

MATERIALS AND METHODS

A male patient of 33 years was on mixed diet ,82kg, 5.1 ft height , Obese built , Not a K/C/O HTN/ DM/ IHD admitted on 16/8/2021 in SDM College of Ayurveda and Hospital Udupi. Discharged on 27/9/2021

The following Internal medicines for 6 weeks daily after food were administered

Tab Gandakarasayana 1 TID 250mg

Tab Arogyavardhinivati 1 TID 350mg

Tab Kaishoraguggulu 1 TID 450mg

Mahamanjisthaadikwatha 4tsf BD

External treatment:

1. Triphala kwatha parisheka. Kashaya prepared from the triphala choorna-100ml used for cleaning the wound once daily for 6 weeks.
2. Jatyadi taila used for wound healing once daily for 6weeks



Before treatment



After treatment

CHIEF COMPLAINT:

Complains of ulcer in left lower limb since 1 year,pain in left leg since 2 months.

Patient complains of ulcer in left lower limb with pain . The pain was gradual in onset and progressive in nature. The pain was dragging in nature and it worsened when the patient stood for a long time and was relieved when he lying down. There was no radiation of the pain. The pain was more at the end of the day. The ulcer in the left leg for 1 year which occurred after regular mild itching. It was gradual on onset and progressive in nature. At first it was small in size and gradually increased in size as time progressed. There was pain around the ulcer and sero-purulent discharge from the ulcer. Blackish discoloration and thickening of the skin around the ulcer. It was not associated with fever or any significant systemic findings.

EXAMINATION FINDINGS:

Inspection:

One Ulcer at Left lateral malleolus Area with a Dimension of 6cm X 9 cm x 0.5 cm.

Irregular shaped, Sloping edge ,Floor of ulcer Pale granulation tissue with traces of slough

Sero-Purulent discharge.

Surrounding area Skin was blackish discoloured.

Palpation-

Local raise of temperature, Tenderness Absent, ill defined margin , Muscles as base , Bleed on touch absent , Lymphadenopathy absent , peripheral pulsations palpable and equal on both sides , vascular insufficiency signs absent , local sensory examination touch hyperaesthesia.

DUSHTA VRANA LAKSHANA –ATIVIVRUTHARUTHA,UTSANNA ,BHAIRAVA,DAAHA, VEDANA UPDRUTAAN, DEERGA KAALANUBANDHI.

Vrana – Pittavataja Dustavrana

RESULTS AND DISCUSSION⁶

Character	Before treatment	After treatment
Pain	VAS 4	VAS 0
Burning sensation	VAS 6	VAS 0
Granulation tissue	Grade 2	Grade 0
Epithelialization	Grade 4	Grade 1
Length,Width ,depth of ulcer	Large 6cmX 9cmX 0.5cm	Reduced 1cm X 1.5 cm,Scar formed .
Pigmentation of surrounding area	Blackish discoloration	Reduced

On human skin cells found that Triphala had a protective effect on the epidermis and on dermal fibroblast, this helps it recover from injury. Triphala kwatha parisheka produces excellent hygienic conditions in terms of reducing the discharges. It also has a soothing property where the symptoms like pain, burning sensation are reduced significantly. Triphala not only destroys these pathogens from the wound environment, butit also acts as a stimulant for wound healing due to the presence of polyphenols, flavonoids, and ascorbic acid as active constituents. Ascorbic acid which acts as a co-factor for the synthesis of collagen as well as elastin fibers. Triphala scavenges the radical effectively and reduces theoxidative stress; this decreased oxidative stress Triphala kwatha includes Haritaki & Aamalaki which are Tridoshaghna in karma and Vibhitaki, Kapha-Pittahara in property. Dustavrana⁵ is a condition where all the three dosha along with rakta are involved. So, Triphala may act in the normalization of vitiated dosas of Dusta Vrana. Laghu, Rooksha, Teekshna, Kashaaya and Tikta Rasa. Lekhana and Shodhana property may stop the unhealthy granulation tissue.

Jatyadi taila⁴

Most of the ingredients of Jatyadi Taila are having Shodhana, Ropana and Vedana Sthaapana properties, Tikta, Katu, Kashaya Rasa and Rooksha, Laghu Gunas. Kashaaya Rasa: It does Shodhana there by it might be helpful in Vrana Ropana. Tikta Rasa does Twak Maamsa Sthireekarana and Lekhana. It might help in increasing tensile strength of wound and removal of slough. Katu Rasa has Vrana Shodhana and Avasaadhana properties. Tuttha is an ingredient of Jaytadi Taila having Lekhana Karma. So it may help in removing the slough. Even in current surgical practice CuSo4 is used in the removal of slough from the ulcers.

Tila taila:

Tila taila has Ushna, Teekshna, Madhura, Vaataghna, Vyavayi, Vikaasi, Sookshma properties. So it may be absorbed to the blood circulation and helps in reducing Vedana.

Gandhaka rasayana:

Gandhaka rasayana has anti inflammatory and anti infective properties, it helps in wound healing.

Kaishora guggulu:

Kaishora guggulu is used to support healthy joints, muscles and it is pittahara, raktaprasadaka, anti inflammatory, anti infective and imunomodulator in nature.

Arogyavardini vati:

Arogyavardini vati helps to expel the vitiated pitta, helps to reduce inflammation, burning sensation.

CONCLUSION

As the varicose ulcer presents a unique problem of reduced granulation activity and impaired circulation, they may need a specific treatment for promoting these factors than a general wound antiseptic. Modern medicines to this are not satisfactory and expensive. Venous ulcerations can be effectively treated by Ayurvedic management. Venous ulcer is known for its recurrence. The following case has been followed up for a period of 4 months with no recurrence.

This study effort has been made to treat the Venous ulcer with one of unique line of treatment as per Ayurvedic classics.

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