



A Comprehensive *Ayurvedic* Management of a Venous Ulcer – A Case Report

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ABSTRACT:

Vrana, ulcer is a lesion which has its imprint even after lifetime. *Acharya Sushruta* has expounded *Shasti Upakrama* in the management of *Vrana*, among which *Virechana* comes under *Purvakarma*. A 42year old male patient with varicose veins presented with ulceration above the medial malleolus of right lower limb associated with pain, itching and discoloration since 15days. Patient had repeated episodes of ulceration taking long time to heal at the same site since 3years and urticaria since 5years. A comprehensive *Ayurvedic* management with *Virechana karma*, wound management and internal medications were planned. Complete resolution of the symptoms and healing of the ulcer was observed within 45 days. No recurrence of the disease observed in 6 months of the follow up.

Keywords :- *Vrana*, *Virechana karma*, *Snehana karma*, *Shasti Upakrama*, Venous ulcer.

INTRODUCTION

Venous ulcers (stasis ulcers) are the common complications of chronic venous insufficiency. The overall incidence rate of Venous ulcers is 0.76% in men and 1.42% in women. When a Venous valve gets damaged, it allows the backflow of blood, which causes undue pressure in the veins that leads to Venous Hypertension and, in turn, Venous ulcers. Ulcers occur mostly along the medial distal leg, often very painful, can bleed, and get infected. In *Ayurveda*, this condition is considered as *Duṣṭa vṛāṇa*. It can be managed with the specific *Shodhana* and *Shamana* treatment. *Acharya Sushruta* has expounded *Shastiupakrama* in the management of *Vrana*. Hence a treatment protocol was followed by administering *Virechana karma*, *Vrana*

management by *Prakshalana* with *Panchavalkala sheeta Kashaya* and daily dressing with *Jatyadi taila* along with internal medications to treat a diagnosed case of venous ulcer.

CASE HISTORY

A 42year old male patient presented in the OPD of *Shalyatantra SDM Ayurveda Hospital*, Udupi with ulceration above the medial malleolus of right lower limb since 15days. This was associated with local pain, itching, discoloration and itching all over the body. History is significant for varicose veins and urticaria since 5years with recurrent episodes of leg ulceration, taking long time to heal. Patient initially observed insidious blackish discoloration, swelling and intermittent throbbing pain worsening with standing in the right lower leg which later resulted in ulceration. Later patient developed scanty serous discharge with severe itching. He was not a known case of diabetes / hypertension.

General examination - (on the day 1)- was not significant for any major illness and all the vital parameters were within normal limits.

Local Examination-

On Inspection

Site of ulcer	Over the medial malleolus of right lower limb
No of ulcer	1
Size of ulcer	3*3cm
Shape	Oval
Smell	Absent
Discharge	Seropurulent discharge
Floor of ulcer	Pale granulation tissue
Surrounding edema	Mild
Hyperpigmentation around the ulcer	Present
Edges	Punched out and edematous
Local temperature	Slightly raised
Pain	Present
Tenderness	Present
Arterial pulsation	Present
Diagnosis	Venous ulcer

Treatment Protocol-

Patient was initially treated with *Agnitundi Vati* 1BD, *Sootashekhar rasa* 2BD and *Triphala churna* 5gm BD after food for a day. *Snehapana* was done with an increasing dose of *Tiktaka Ghrita* in the dose of 50ml, 90ml, 180ml & 270ml for four days. *Bahya snehana* and *swedana* followed with *Yastimadhu taila* and *Dashamula*

parisheka respectively for 4 days. On the 9th day *Virechana Karma* was initiated by 60gm of *Trivrut Leha* with hot water resulting in 22 *vegas*. During the whole process *Vrana Prakshalana* with *Panchavalkala sheeta kashaya* & daily dressing with *Jatyadi taila* was instituted. Patient was advised *Samsarjana Krama* for 5days.

After *Samsarjana Krama*, *Bharghavaprokta Rasayana* 10gms TID, *Gandhaka rasayana* 750mg 1TID, *Kaishora guggulu* 750mg 1TID and dressing daily with *Jatyadi taila* was recommended for 1 month. Patient was advised to continue *Bhargavaprokta rasayana* for 6 months after healing of the ulcer.

OBSERVATION

Signs & Symptoms	Day 0	Day 7	Day 15	Day 45
Ulcer	Pale granulation tissue with significant serosanguinous discharge with surrounding oedema and tenderness	Reduced oedema & discharge with healthy granulation tissue	No oedema & significantly reduced discharge with healthy granulation tissue. Epithelialisation observed at the edges	Completely Healed ulcer
Discoloration	Blackish	Blackish	Blackish	Blackish
Pain	++	+	-	-
Tenderness	+	-	-	-
Temperature	+	-	-	-
Itching	+++	++	+	-



Day 0



Day 30



Day 45



After 6month

DISCUSSION

Based on the clinical symptomatology and presentation of the ulcer, diagnosis of *Vatarakta* and *Mamsagata vatakaphaja Dushtavrana* was made. Primary treatment of *Dushta vrana* is *Shodhana*, hence *Virechana* that is suitable for both *Vatarakta* and *Vrana* was planned. Prior to *Snehana*, *Deepana Pachana* was accomplished with oral medications. *Snehana* and *Swedana* helps in attaining *Srotomardavata* thus mobilising the *doshas* from the limbs to *koshta*. As *Rakta* is the primary *dhatu* involved in both *Vatarakta* and *vrana*, *Parisheka sweda* which is a *Dravasweda* was planned to reduce the risk of *Raktaprakopa*. Significant reduction in the

symptoms of ulcer was noted during *Snehana & Swedana* with reduction of the oedema. *Virechana* eliminates the detached *Mala* along with correction of the *Dhatwagni* by clearing the *Dhatumala*. Remarkable changes observed after *Virechana* with ulcer attaining *Shudha vrana lakshanas* and appearance of epithelialisation at the margin. Local treatment with *Panchavalkala sheeta vrana prakshalana* helped to reduce inflammation thus reducing the pain and other symptoms of *Vrana*. *Jatyadi taila* was used as topical applicant as dominant *dosha* involved in this case were *Vatakapha*. Internal medications like *Kaishora Guggulu*, *Gandhaka rasayana* and *Bhargavaprokta Rasayana* were selected targeting the primary disease *Vatarakta* and its complication *Dushtavrana*. All the above medications are *Naimittika Rasayana* formulations and were prescribed after *Samsarjana krama* to optimise and stabilise the *Dhatu*. Patient was advised to continue *Bhargavaprokta rasayana* for a period of 6months after healing of the ulcer. Neither appearance of symptoms nor recurrence of the ulcer noted in the 6 months of follow up.

CONCLUSION

A comprehensive *Ayurvedic* management protocol selecting the appropriate treatment modalities from *Shasti Upakrama* of *Sushruta Samhita* showed promising results with complete resolution of the symptoms and healing of a venous ulcer with no recurrence of the ulcer and urticaria in the 6 months follow up.

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