



Management of Venous ulcer through Panchakarma- A case report

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ABSTRACT

Introduction- Venous Ulcers are wounds that occur due to improper functioning of venous valves. There are many treatment modalities in contemporary science, yet it takes very long time for healing of the ulcer.

Objective - This is a single case study showing the effect of *Virechana Karma* followed by *Jaloukavacharana* along with internal medications in a case of chronic venous ulcer. **Materials and Methods** - In this study a male patient of 59 years presenting with a non healing ulcer on the right lower limb near to medial malleolus was diagnosed as venous ulcer. He was treated with *Virechana Karma* along with *Vrana prakshalana* and *bandana* and followed by *Jaloukavacharana*. **Result** - *Virechana karma* followed by *Jaloukavacharana* helped in complete healing of wound in 3 months. The changes in wound healing were documented during the stay in the hospital and during follow up. **Conclusion** - After *Virechana* a significant reduction in many of symptoms was noted. This treatment protocol has shown encouraging results in terms of early healing of the ulcer with low cost of the treatment when compared to conventional treatment methods.

INTRODUCTION

Venous leg ulcers are late manifestations of chronic venous insufficiency that can cause disability and serious complications¹. The symptoms of a venous leg ulcer include pain, itching and swelling in the affected leg. There may also be discoloured or hardened skin around the ulcer, and the sore may produce a foul-smelling discharge.

Vrana (ulcer) in Ayurveda is defined as a structural deformity in the skin and deeper structures associated with *Ruja*, *Srava* and caused by the vitiation of *Doshas*. In this case, symptoms like *Deergakalanubandha*, *Pooyasrava*, *Kandu* and *Vedana* were suggestive of *Dushtavrana lakshanas*².

Description of ulcers (*Vrana*) and their various treatment modalities are available in *Sushruta Samhita*. Sushruta explains 60 therapeutic procedures for the management of *Vrana*. *Virechana* and *Raktamokshana* are one among them³. Chronic Venous ulcers can be considered as *Dushtavrana* in Ayurveda. In this article an attempt is made to discuss the effect of *Virechana* followed by *Jaloukavacharana* in the management of chronic venous ulcer.

MATERIALS AND METHODS

This is a single case study selected from the IPD of Hitech Panchakarma Hospital, Mysore.

CASE REPORT

A male patient of 59 years came with a complaint of a non-healing ulcer on the right lower leg since 6 months. He was apparently normal 2 years back, then gradually developed intermittent aching and heaviness in both the calves which was more during the evening hours, on prolonged standing and relieved with rest. He neglected and continued his work and 6 months back developed pigmentation below the right knee with itching. Eventually he developed a non healing ulcer over right lower limb near to medial malleolus persisted even after the treatment at peripheral centres and hence he approached Hitech Panchakarma Hospital for better management

History of past illness- N/K/C/O DM, HTN

O/E he had a single ulcer in the lower medial aspect of right leg near to the medial malleolus with serous discharge. Ulcer had a sloping edge with minimal slough on floor and oedematous margin and the arterial pulsations were intact. Haematology was insignificant except for a moderately raised ESR, Venous Doppler study showed incompetence of below knee perforators. Hence a diagnosis of chronic venous ulcer was made.

INTERVENTION

Patient consulted at our hospital on 2/5/23

Patient was initially emphasised the need to undergo *Shodhana* treatment which would require a stay in the hospital for 10 days and until then a brief period of *Shamana* treatment was planned

- *Triphala guggulu* (1-1-1): After food
- Cap. GRAB (1-1-1): After food
- *Guggulu tiktakam Kashaya* (2tsp-2tsp-2tsp) : with 6 tsp of water
- Cap viscovas (1-1-1): After food

Patient was admitted on 2/6/23 and posted for *Virechana Karma*.

On 3/6/23 and 4/6/23 *Agnitundi Vati* 250 mg 2-2-2 was given for *Deepana, Pachana*.

Snehapana with *Tiktaka Ghruta* was given from 5/6/23. *Snehapana* was carried out in Arohana krama after assessing *Agnibala* and *Kosta* till *Samyak Snigda Lakshana* was attained.

Date	Dose
5/6/23	30ml
6/6/23	60ml
7/6/23	100ml
8/6/23	140ml
9/6/23	180ml
10/6/23	220ml

3 days of *Abyanga* and *Swedana* was given after the procedure of *Snehapana*.

On 14/6/23 *Virechana* was given with *Trivrut Leha* 50 gm at 8.30 AM.

1st *Vega* (bouts of stools) developed at 9.45am and continued till 3 pm with a total of 15 *Vegas*.

During the course in hospital *Vrana prakshalana* with *Panchavalkala qwatha* and *bandana* with *Jathyadhi taila* was adopted.

Patient was discharged on 15/6/23 and *Samsarjana krama* for 5 days was advised and following *Shamanoushadis* were prescribed,

- *Triphala guggulu* (1-1-1): After food
- Cap. GRAB (1-1-1): After food
- *Maha manjishtadhi Kashaya* (2tsp-2tsp-2tsp) : with 6 tsp of water
- Cap viscovas (1-1-1): After food

After one month, 3 courses of *Jaloukavacharana*, was done.

table no:1 observations of ulcer

Parameters observed	On 2/6/23	On 15/6/23 (first day after virechana)	On 15 th day after virechana	After Jaloukavacharana
Burning sensation	Marked	Reduced	Significantly reduced	Absent
Discharge	Prominent (serous)	Moderate	Minimal	Absent
Pain	Pricking type	Moderate	Significant reduction	Reduced
Foul smell	Present	Significantly reduced	Absent	Absent

DISCUSSION

Patient was diagnosed with *Vata pittaja Dustha Vrana* in the *Adhashakha* and the *Vranavastu* being *Twak* and *Mamsa*. The chief *Dhatu* involved was *Rakta* and *Upadhatu* was again *Tvakmamsa* and *Sira*. The *lakshanas* like *Deergakalanubandha*, *Pooya srava*, *Kandu* etc. are suggestive of *Bahudoshavastha*. All these factors along with the direct referece of *Shodhana* as the principle line of treatment for *Deergha Kalanubadha Dushta Vrana*⁴, *Virechana Karma* was selected. *Tiktaka ghritha* was selected for *Snehanana* due to its action over non healing ulcers through its *Tikta rasa* and *Vranaropaka* properties. *Virechana* helped in removing the *Dosha* from *Adhobhaga* and there by correcting the *Dhatwagni* and clearing the *Dhatumala* at the level of *Twak* and *Mamsa* by its *Usna*, *Teekshna*, *Sookshma*, *Vyavayi*, *Vikashi* propertis. Initial phase of *Shamana* treatment resulted in *Rakta Prasadana*, *Kledana* and *Chedaniya* actions. *Panchavalka Kashaya* was selected for *Parisheka* as being *Vranaropaka* and *Varnya* (restoring normal colour) helped for further reducing the discharge and stabilising the tissue for epithelialisation.

Due to its *madura* and *seeta guna*, *jalouka* helps to reduce the *usna*, *teekshna gunas* and helps to remove *daha* from body⁵. Once the *Doshas* are eliminated, internal medications were absorbed by the body tissues more quickly further facilitating healing of ulcer.

CONCLUSION

- Patient has shown significant improvement in various parameters after the treatment
- Not only the size of wound has reduced but also symptomatically patient has shown improvement with minimal days of treatment.
- Hence this combination of internal medication along with *Virechana* can be considered as best treatment for *Dushta vrana*.
- There by the treatment told by *Acharya Sushruta* is still valid and proved to be effective in treating *Dusta Vrana*



figure 1: before treatment



figure 2: during treatment



figure:3 on the day of discharge (after virechana)

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