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EVALUTING CLINICAL EFFICACY OF AYURVEDIC TREATMENT IN THE MANAGEMENT OF VARICOSE ULCER –A SUCCESSFUL CLINICAL CASE REPORT

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ABSTRACT

Venous ulcer occurs in the gaiter area in 95% of cases especially, around the medial malleolus region. The tiny veins on the medial aspect of the ankle dilate due to the increase in pressure. This is known as ankle flare and also causes atrophy of the veins, which are prone to damage, especially around the lower ankle area. Lipodermatosclerosis is a term to describe the combination of changes in the lower leg from venous hypertension. The diagnosis is mainly clinical but needs to be differentiated from other causes of lower limb ulcers. Doppler ultrasound is the diagnostic investigation. In Ayurveda, this condition is considered as duṣṭa vraṇa. It can be treated with the specific panchakarma procedure. So, the same treatment protocol was used to treat the case discussed here, i.e. with kashaya seka,virechana and jaloukacharana. The wound was successfully treated and healed without any complications.

KEYWORDS : Varicose ulcer, Dusta vrana, Virechana, Jaloukavacharana.

INTRODUCTION

Ulcer is defined as break in the continuity of the covering epithelium — skin or mucous membrane. It may either follow molecular death of the surface epithelium or its traumatic removal.[1] There are many ulcers which occur in lower limb , varicose ulcer is one among them.

The overall incidence rate is 0.76% in men and 1.42% in women. When a venous valve gets damaged, it prevents the backflow of blood, which causes pressure in the veins that leads to hypertension and, in turn, venous ulcers [2]. Varicose veins are also called as post-thrombotic ulcer, gravitational ulcer. [3]

Acharya Sushruta considers the Rakta (blood) as chaturtha Dosha because the blood plays an important role in the pathogenesis of several diseases. Because blood vessels are involved, there is involvement of Pitta Dosha. Along with Pitta, Vata alone or Vata and Kapha are vitiated in their site of affliction, i.e., in weight bearing area like calf and ankle. Ultimately the imbalanced Doshas disturb the vessels and the blood of that particular area (venous blood). Thus the blood is stagnated due to obstruction of the pathway of the blood vessels leading to the cause of Dushta Vrana.[4]

In shasti upakrama Acharya Sushruta has mentioned the treatment modalitis of dushta vrana like seka , virechana and visravana. Which are very helpful in varicose ulcer treatment [5].

CASE REPORT

A male patient of 40 year who is a farmer by occupation with IP and OP no53571 and 182082, came with a complains of Non healing ulcer in the inner side of the left lower limb since 1 week associated with mild pain, swelling, burning sensation and blackish discoloration around the wound with foul smell. Also complaints of dilated, tortuous vein in both lower limbs since 20 yrs.

HISTORY OF PRESENT ILLNESS:

As per the statement of patient, he was apparently healthy 20 yrs ago. Then he gradually noticed dilated and tortuous vein in both lower limb associated with dragging pain usually aggravates on long standing and travelling on bike which get relives on taking rest. For this he was underwent surgery under spinal anesthesia 6year ago. Since 1 week patient noticed gradual blackish discoloration and wound which is spreading in nature. For this complaint patient approached our hospital for further management.

HISTORY OF PAST ILLNESS

- No H/O DM, HTN or any other medical illness in the past.

FAMILY HISTORY

All are said to be healthy.

PERSONAL HISTORY

Diet: Mixed food

Appetite: Regular

Bowel: Once a day, normal

Micturition: 7-8 times

Sleep: Disturbed due to pain

Habits: No h/o alcohol intake, no h/o smoking, no h/o tobacco chewing.

EXAMINATION OF THE PATIENT

Ashta sthana pariksha:

Nadi - 90 bpm (vata-pitta)

Mala – 1 time a day.

Mutra - 4 -5 times a day/1time at night

Jihwa - Alipta

Shabda – Prakruta

Sparsha – Prakruta

Drik– Prakruta

Akriti - Prakruta

General examination:

Pallor: absent

Ictreus: absent

Cyanosis: absent

Koilonychia: absent

Lymphedema: not palpable

Edema: Present around the left ankle joint

Height : 174cms

Weight: 65 kgs

BMI : 21.5 kg/m2

Blood pressure: 130/90mm Hg

Respiratory cycle: 16 cycles/min

Heart rate: 74 BPM

Systemic Examination

CNS

Higher mental function test: Conscious well oriented with time place person.

Memory: Recent and remote: intact

Intelligence: Intact

Hallucination / delusion / speech disturbance: Absent

Cranial nerve / sensory nerve / motor system: Normal

Gait: Normal.

CVS

Auscultation: S1 and S2 heard, no murmur/added sound

RS

Inspection: B/L symmetrical

Palpation: Trachea is centrally placed, Non tender

Auscultation: B/L NVBS heard

GIT

Inspection: No scar marks, No discoloration

Palpation: Soft, non-tender, No organomegaly

Auscultation: Normal peristaltic sound heard

Percussion: Normal resonant sound heard over abdomen

Local Examination:

On Inspection:

Number-1

Site: wound at medial aspect of the lower 1/3rd of left lower limb.

Size of wound: 9 cm*7cm.

Shape:Irregular

Granulation tissue: unhealthy.

Discharge: Pus discharge

Swelling: present in left foot

Surrounding skin: Blackish pigmentation

Edge: Sloping edge

Margin: regular margin

Floor: pale pink

Odor: Foul smell

On Palpation:

Local temperature: raised

Tenderness: mildly present at wound site and sourrounding area Induration : present at surrounding area.

Pedal edema: present - pitting type

Pulsation: feeble (dorsalis pedis)

INVESTIGATIONS:

Hb% -15.3gm/dl

TC -8600 cells/cum

ESR-80mm hr

RBS- 109mg/dl

PLATELATE-2.67 Lakhs/Cum

BT-2.10 Min

CT-5.20 Min

HIV-negative

HBsAg- negative

Urine routine:

urine albumin : Nil

urine sugar : Nil

pus cells: 3-4

Serum Creatinine: 1.1mg/dl

DIFFERENTIAL DIAGNOSIS:

Traumatic ulcer.

Diabetic foot ulcer.

Arterial ulcers.

Pyoderma gangrenulosum.

Martorell's ulcer

DIAGNOSIS-Varicose ulcer

TREATMENT

Total hospital stay: 8Days

Deepana and paachana-

Tab Chitrakadivati0-0-2 B/F with water for 2 days

Tab Agnitundivati 0-0-2 A/F with water for 2 days

Snehapana: for 4 days

1ST day –Manjistadi taila -40ml.

2nd day – Manjistadi taila 40ml and Panchatiktaguggulu ghrita 40 ml

3rd day – Manjistadi taila 50ml and Panchatiktaguggulu ghrita 50 ml

4th day - Manjistadi taila 70ml and Panchatiktaguggulu ghrita 70 ml

Sarvanga abhyanga with Marichyadi taila followed by Bhaspa sweda for 3days

Virechana – Trivrutlehya – 40gm

G H oil – 40 ml

Tab Anuloma DS -1

Jaloukavacharana – 3 sittings – 2 leeches in and around the wound.

For vrana – Ekanga kashayaseka - Panchavalkala kashaya and Triphala kashaya for 6 days

Vrana lepana - Guduchi patra kalka for 3days.

Wound dressing done with Vranaharini taila daily.

Internal Medications

Tab Viscovas 1-0-1 A/F with water

Tab Kaishora guggulu 2-0-2 A/F with water

Tab Arogyavardhini vati 2-0-2 A/F with water

Syp Sahacharadi kashaya 15ml –BD with 40ml of water.

Syp Mahamanjistadi kashaya 15ml–BD with 40ml of water.

DISCUSSION

The management of varicose ulcer involves various treatments like snehapana, swedana , abhyanga, virechana, jaloukavacharana ekanga kashaya seka and daily dressing.

Snehapana brings snigdhata to tissue which will help in healing of wound faster. The vitiated doshas move from shakha to koshta by abhyanga and swedana.

And virechana evacuate all the vitiated doshas from body, which inturn clenses body as well as wound and increases the agni and helps in dhatu poshana.

Effect of jaloukavacharana in wound healing

Leech saliva has many enzymes like hirudin, bdellins, Hyaluronidase, etc; among which, Eglins and Bdellins have anti-inflammatory properties. Release of histamines and acetylcholine act as vasodilators and anaesthetic substance and lead to more blood supply and reduces

inflammation. Hyaluronidase is an enzyme in leech saliva, further facilitates the penetration and diffusion of pharmacologically active substances into the tissues.

Effect of kashayaseka in wound healing

By doing the kashayaseka loosens the scaliness, reduces local congestion and reduces inflammation

Slight high temperature of kashaya than body temperature leads to vaso-dilation and more blood circulation to local tissue and pave the way for repair.

CONCLUSION

The doctor who knows the different avastha of wound healing and bala of both roga and rogi can treat a disease successfully. In varicose ulcer occupation history plays an important role in healing of wound and by following the pathya and apathya one can treate the disease successfully.

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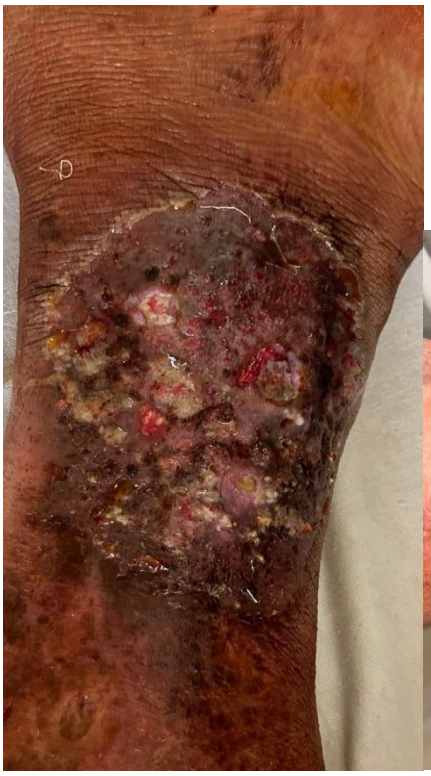
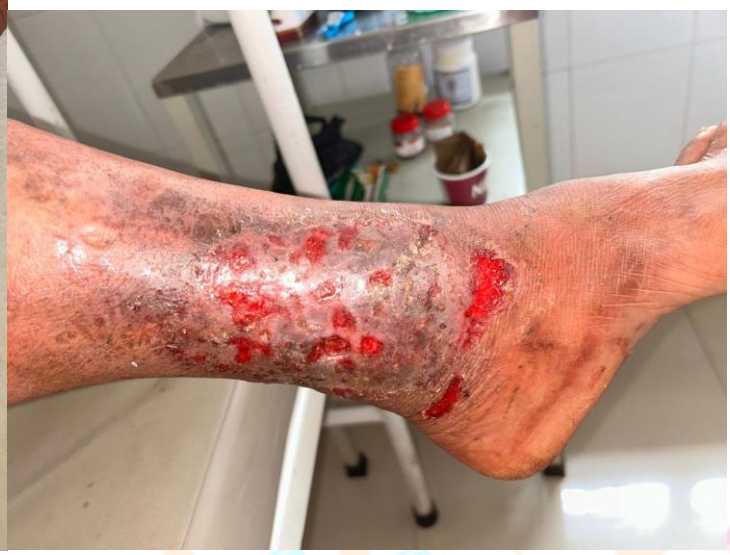
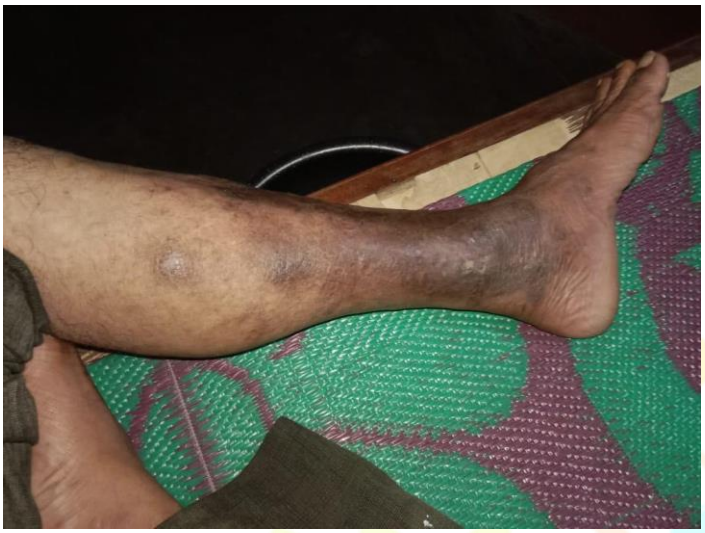




AT THE TIME OF ADMISSION	AFTER VIRECHANA

GUDUCHI LEPA	JALOUKAVACHARANA



HEALED AT 30TH DAY