

AYURVEDIC MANAGEMENT OF DUSTA VRANA W.S.R INFECTIVE VENOUS ULCER: A CASE STUDY

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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 leads to malignancy.^[1] Conventional treatment though is effective but requires surgical intervention and not always affordable. Venous ulcer can be correlated as *Dusta vrana* in Ayurveda for which a range of treatment modalities are explained. A 60 year old male presented with 2 non healing ulcers of 4 years duration at the medial malleolus of right and left leg. It was secondary to venous stasis and he had undergone

allopathic treatment and skin grafting 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, internal and medications, topical use of *parisheka*, *patradana*, *Avachooranam*, *taila application* and *Bandhana*. After 6 weeks of the treatment vrana attained *sudha vrana* *lakshnana* and progressive healing is being observed in weekly follow ups.

KEYWORDS: *Parisheka*, *Patradana*^[2], *Avachurnana*^[3], *Vrana panchaka*.

INTRODUCTION

A venous leg ulcer is the most common type of leg ulcer, accounting for 80 % of all cases.^[4]

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 leads to malignancy. Conventional treatment though is effective but requires surgical intervention and not always affordable. Venous ulcer can be correlated as *Dusta vrand*^[5] in Ayurveda for which a range of treatment modalities are explained.

MATERIALS AND METHODS

Selection of patient: Patient selected from IPD-SDM College of Ayurveda Udupi.

Materials required

Kaishora guggulu^[6] 1gm thrice daily after food for 6 weeks.

Gandhaka rasayana 1gm thrice daily after food for 6 weeks.

Guggulu tiktaka kashaya 20 ml twice daily in empty stomach for 6 weeks.

EXTERNAL TREATMENT

1. Triphala kwatha parisheka: Kashaya prepared from the triphala choorna-200ml used for cleaning the wound once daily for 3 weeks.
2. Guduchi Patradana^[7] with Jatyadi taila used for wound healing once daily for 3 weeks.
3. Panchavalkala Kwatha Parisheka: Kashaya prepared from Panchavalkala choorna and 200ml used for cleaning the wound once daily for 3 weeks.
4. Avachoornana^[8] with Dathaki choorna 10 gms of fine choorna was dusted over the wound after parisheka for 2 weeks.
5. Virechana with Trivrut leha 20 gms of leha was administered empty stomach morning for 1 week.

Before and After Treatment



Patradana



Avachoornana

PATIENT PARTICULARS

NAME : XYZ
AGE : 60 YEARS
SEX : MALE
RELIGION : HINDU
ADDRESS : KARKALA
DOA : 16\11\2019
DOD : 31\12\19

CHIEF COMPLAINT

Complains of recurring ulcers in bilateral leg above the ankle for 4 years.

On and off pain in bilateral leg since 4 year.

Patient complains of pain in the bilateral lower limbs for 4 years. 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 lie down. There was no radiation of the pain. The pain was more at the end of the day. The patient also presented with an ulcer in the left leg for 4 years which occurred spontaneously. 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 no history of trauma. There was pain around the ulcer and sero purulent discharge from the ulcer. Darkening and thickening of the skin around the ulcer. It was not associated with fever or any significant systemic findings.

The patient also complained of another ulcer over the medial aspect of right lower limb, gradual in onset and progressive in nature with associated pain around the ulcer. Skin grafting was done on both the wounds, after 1 month, graft in the left leg came out and ulcer again developed, graft in the right leg stayed but on the inner side of ankle another wound developed. There was no associated swelling of the left leg, no night cramp.

EXAMINATION FINDINGS

Patient was examined in standing position.

Skin of the lower limbs was hyperpigmented and thickened.

Tortuous and dilated veins were seen extending from above the medial malleolus to above knee.

There is no impulse on coughing at the saphenous opening. There are two ulcers present on the Lower Left and Right leg.

Site : Above the medial malleolus of both limbs

Size : Medial malleolus (right): Area: 38.17 cm square

Width : 5.95 cm

Length : 9.08 cm

Circumference : 23.75 cm

Medial malleolus (left) : Area : 35.28 cm square

Width : 5.19 cm

Length : 10.23

Circumference : 25.87 cm

Shape : Medial malleolus : vertically oval (both)

Margins : Irregular with a sloping edge (both ulcers)

Floor : Reddish granulation tissue.

No discharge or bleeding present.

Surrounding area : Hyperpigmented.

PALPATION

Tenderness : Present on both sides

Edge : Sloping edge was observed in both ulcers, with an irregular margin and no indurations on both ulcers.

Base : formed of muscle and bone.

Depth : 4mm on right

3 mm on left

VARICOSE VEIN EXAMINATION

Dilated and tortuous vein is seen on medial aspect of both legs.

Tests for varicose vein

1. **Brodie tredelenburgs test 1** - Negative
2. **Brodie tredelenburgs test 2** - Positive
3. **Tourniquet test** –Positive
4. **Modified perthes test** - Negative
5. **Morriseys test**- Negative

DUSHTA VRANA LAKSHANA	SUDDHA VRANA LAKSHANA
ATISAMVRUTHA	SHYAAVA OSHTA

UTSANNA	MRIDU
BHAIRAVA	FREE FROM VEDANA
DAAHA	NIRASRAVA
PAAKA,	SAMAPIDIKA
RAAGA	
DEERGA KAALANUBANDHI	

RESULTS

BEFORE TREATMENT	AFTER TREATMENT
PAIN PRESENT	PAIN REDUCED
BURNING SENSATION PRESENT	ABSENT
TENDERNESS PRESENT	ABSENT
GRANULATION TISSUE-ABSENT	PRESENT
LENGTH,WIDTH, DEPTH OF ULCER-MORE	REDUCED

BEFORE



AFTER



DISCUSSION

- ▶ On human skin cells found that Triphala had a protective effect on the epidermis and on dermal fibroblast, this helps it recover from injury.
- ▶ Guggulu tiktaka kashaya is having blood purifying, anti inflammatory and anti infective properties, it helps in wound healing.^[9]
- ▶ (Guduchi-AMRUTA) possesses anti-inflammatory, analgesic, antipyretic and immuno suppressive.^[10]

- ▶ Kaishora guggulu is used to support healthy joints, muscles and it is pittahara, anti inflammatory, anti infective and immunomodulation in nature.
- ▶ After virechana a significant reduction in many 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.

CONCLUSION

- ▶ Venous ulcer is known for its recurrence.^[11]
- ▶ Modern medicines to this are not satisfactory and expensive.
- ▶ Venous ulcerations can be effectively treated by Ayurveda .
- ▶ This study a effort has been made to treat the Venous ulcer with unique line of treatment as per Ayurvedic classics.

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