

EFFECTIVE MANAGEMENT OF CHRONIC VARICOSE ULCER THROUGH SIDDHA TREATMENT - A CASE STUDY

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ABSTRACT

Background: The Siddha system of medicine is stepping globally to meet the scientific practice without compromising its novelty in treating several chronic disease conditions. Naalpatta Naalavibatha Punn is synonym for Chronic Varicose Ulcer in the Siddha system of Medicine. It is also called Chronic Venous Ulcer or Venous Stasis Ulcer. **Aim and Objectives:** This clinical study shows the efficacy of Siddha treatment towards healing the Chronic Varicose Ulcer. **Materials and Methods:** The study was conducted in Out Patient Department of MGK Clinic (First Aid) Pondur. 45 years male patient was diagnosed chronic varicose ulcer. The affected regions were Left Ankle Joint and above Ankle Joint which is categorized as a Venous Clinical Severity Score (VCSS) Grade 3. **Results:** The outcome of result is under clinical observation

by gradual healing progress with the support of following Siddha medications Thiripala Chooranam (wash), Maththan Thailam (External – wound dressing) for 2 months. At the end of the 2 months treatment, the improvement of wound healing was assessed by Venous Clinical Severity Score (VCSS) from Grade 3 to Grade 0. **Conclusion:** The study reveals that Maththan Thailam can be very effective external therapy for Chronic Varicose Ulcer. This case study may be useful for clinicians practicing Siddha system of Medicine.

KEYWORDS: Siddha, Thiripala Chooranam, Maththan Thailam, Chronic Venous Ulcer, VCSS.

INTRODUCTION

A chronic venous ulcer or varicose ulcer is a complication of varicose vein or deep vein thrombosis. It is the common and a recurrent form of leg ulcers encountered in general practices. Its improper care can cause gangrene and may require amputation of the affected limb. Venous leg ulcers manifest on the lower limb and represent between 60% and 80% of all ulcerations. The prevalence of Venous Leg Ulcers is reported around 1.08% and the incidence being up to 1.33%. The chronic Varicose Ulcer has resemblance with Naatpatta Athusta Viranam as per Siddha literature. In Siddha terminology Naalavibatham, Naalavirivu, Naalasurettu are refer the clinical features of venous dilatation in the lower limbs. Varicose ulcer are often correlated with Naalavibatha Punn or Naalavibatha Viranam in tradition Siddha literature. Many herbomineral formulations are indicated for treating wounds but their clinical usage is limited and not yet subjected to scientific evaluation. This case study adheres to CARE guidelines for reporting case study reveals the effective management Naalavibatha Viranam with Thiripala Chooranam decoction is used to clean the wound and dressing with Maththan Thailam.

CASE HISTORY

The study was conducted in outpatient department of MGK Clinic (First Aid) Pondur. 45 years old male patient was came with leg ulcers. The ulcer were present at left ankle joint and above ankle joint. There are two ulcer present in the left leg. Past history known case of varicose veins and hypertension since 3 years under allopathic medicine.

GENERAL EXAMINATION

General condition and appearance found good, normal weight, the skin of both legs (lower one third) is hyper pigmented and thickened. No pallor, icterus, cyanosis, clubbing, lymphadenopathy and koilonychias were seen mild edema observed around the ulcer.

SYSTEMIC EXAMINATION

No abnormality was found.

ULCER EXAMINATION

Inspection

- ❖ Site: left ankle joint and above ankle joint
- ❖ Number: two
- ❖ Shape: oval

- ❖ Edge: slopping
- ❖ Floor: pale in colour
- ❖ Discharge: mucopurulent
- ❖ Surrounding area: blackish and dilated veins are present

Palpation

- ❖ Tenderness: present
- ❖ Base: induration present

Pulsation of dorsalis pedis, anterior tibial artery, posterior tibial artery, popliteal artery and femoral artery were normal.

Venous Doppler of left lower limb revealed no evidence of Deep Vein Thrombosis incompetent 4 perforators of upper and middle part of left leg. From these features this ulcer is diagnosed as venous varicose ulcer.

SIDDHA TREATMENT

The wound was washed with Thiripala Chooranam decoction and dressed with Maththan Thailam after complete the appropriate examinations. The severity of the ulcer was measured by Venous Clinical Severity Score 3. The patient were followed up in the outpatient clinic for a minimum period of up to two months. Ulcer healing was assessed.

Table 1: Siddha Intervention.

Medicine	Dosage	Mode of administration
Thiripala Chooranam	Needed quantity	External decoction of medicine is used to clean the wound
Maththan Thailam	Needed quantity	Applied on the affected area. A sterile gauze pad was placed on the wound and bandaged with sterile gauze roll.

RESULTS

The Venous Clinical Severity Score includes a 9 hall marks of venous disease, each scored on a severity scale from 0-3. In order to generate a dynamic score Venous Clinical Severity Score categories are scored individually. These include skin changes and pigmentation, inflammation and induration and ulcers (including number, size, and duration). The current version of Venous Clinical Severity Score contains a category for compression, with higher scores representing greater compliance.

Table 2: Outcome Assessment By Vcss.

Hall Marks	Before treatment	Middle of the treatment	After treatment
Pain	3	2	0
Varicose veins	3	2	1
Venous Edema	2	1	0
Skin pigmentation	3	2	1
Inflammation	3	1	0
Induration	3	1	0
Active ulcers	2	1	0
Active ulcer size	3	2	0
Ulcer duration	3	2	0
Compression	3	3	2
Total	28	17	4

Score 0 (absent) score 1 (mild) score 2 (moderate) score 3 (severe).

BEFORE TREATMENT**MIDDLE OF THE TREATMENT**

AFTER TREATMENT**DISCUSSION**

The patient data were collected and examined. Venous Clinical Severity Score 3 were well managed on siddha treatment externally which have given good results and healed at around 60 days. In the before treatment VCSS Total 28, at the middle of the treatment VCSS Total 17, after treatment VCSS Total 4 which shown table 2. The after treatment of Venous Clinical Severity Score decreased.

The chronic non healing ulcers are called Naatpatta Athusta Viranam, wound are classified into two major divisions in the Siddha System of Medicine that is Thusta Viranam (healing ulcers) and Athusta Viranam (non healing ulcers). 16 types of wound are comprised in the 3 major divisions that are Vali Viranam, Azhal Viranam and Iya Viranam. Vali and Azhal category of the wound can be treated with oil based (Thailam) medicines and Iyam category of wound are treated with oil (Thailam) or Powder based (Chooranam/Parpam) medicines.

Ulcers also treated with by various external therapies like Kattu (bandage), Poochchu (liquid application), Podi (powder), Kalimbu (ointment), Kaaram (chemical cautery), and Seelai (medicated gauze) which is mentioned in the siddha system.

Typically conservative management of with regimen of double elastic stockings, leg elevation at rest and calf muscle exercise, requires good and prolonged patient compliance and has its own problem.

CONCLUSION

Siddha Medicine is satisfying in the management of chronic varicose ulcer. In the case study has proved efficacy of Thiripala Chooranam decoction wash and Maththan Thailam wound dressing in the management of chronic varicose ulcer (Naatpatta Naalavibatha Viranam). The complication such as wound infection, hypersensitivity and bleeding were not seen during the course of the study. In view of no adverse effects and affordable economically by all, it can be recommended in combination for adjuvant treatment of varicose ulcer.

On the basis of this case study we can conclude the siddha medicine can be helpful in the treatment of Naatpatta Naalavibatha Viranam (Chronic Venous Ulcer). Additionally further evaluation should be conducted with a large sample size to exhibit the efficacy of siddha treatment for the Naatpatta Naalavibatha Viranam (Chronic Venous Ulcer).

PATIENT PERSPECTIVE

The patient reducing the pain and fast wound healing. Patient was satisfied with the treatment. Their quality of life was improved.

DECLARATION OF INFORMED CONSENT

The authors certify that written informed consent has been obtained from the patient for the publication of this case study including images and information. It has been assured that the patient's identity will remain anonymous with all efforts made to protect personal details from disclosure.

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None.

CONFLICT TO INTEREST

The authors declare that they have no financial or personal conflicts of interest related to this research.

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