

A CASE STUDY ON CHRONIC NON-HEALING VENOUS ULCER**Dr. Mahantesh V. W.*¹, Dr. Varsha Kulkarni² and Dr. Caroline Theresa Cuthina³**

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ABSTRACT

An ulcer is a break in the continuity of the covering epithelium – skin or mucus membrane. Based on the pathology ulcers are classified into Specific, non – specific and Malignant ulcers. Venous ulcer is a type of Non – specific ulcer and is the commonest ulcer of the leg, caused by the abnormal venous hypertension in the lower third of the leg, ankle and dorsum of foot which is commonly observed in Varicose veins. Pooling of the blood in varicose veins makes these ulcers difficult to heal and aids in spreading up of the ulcers. Such non healing ulcers can be correlated to Dusta vrana and management with Basti, Virechana, Jalokavacharana and Bahya vranopachara helps in the effective management of Dusta vrana. A 40 years old female patient with ulcers on both legs with pain and burning sensation was treated with Panchakarma, Shamana and Bahya vrana upakrama with Sphatika jala, Gomutra, Panchavalkala kwatha. Complete remission in pain (Assessed with VAS) and ulcer was seen. Pancha karma does srotoshodhana, Bahya upakrama and Shamana helps in vrana shodhana and Ropana.

KEYWORDS: Dustavrana, Venous ulcer, Panchakarma, Vranopakrama.

INTRODUCTION

Materials and Methods

40 years old, normotensive, non - diabetic female patient presented with multiple non healing wounds in bilateral lower limbs for 1 year, associated with Pain and burning sensation in both lower limbs. Pain and burning sensations were continuous in nature, aggravate on walking with no notable relieving factor. 2 years ago, she developed blackish discoloration, Swelling and itching over bilateral legs which caused small ulcers over medial and lateral malleolus of both legs which increased gradually. Patient had varicose veins in bilateral lower limbs for 15 years, History of Deep venous thrombosis of left 13 years ago and History of Ulcer over right leg 3 years ago which healed with treatment.

Examination findings

Table number 1: Dashavidha Pareeksha.

Examination	Observation
Parakriti	Vata – Pitta
Vikruti	Vata pradhana tridosha
Sara	Madhyama
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Pravara
Satwa	Madhyama
Aharashakti	Pravara
Vayayama shakti	Avara
Vaya	Madhyama

Systemic examination

CVS, CNS, RS – No abnormality detected.

Examination of Ulcer

Table 2: Showing examination of ulcers.

Limbs	Sl.no	Site of ulcer	Size of ulcers	Shape of ulcer
Right leg	1	Over the medial malleolus	10* 4cms	Irregular
	2	Dorsum of foot	2.5 *2.5 cms	Circular
	3	Above the lateral malleolus	8 * 6 cms	Circular
Left leg	1	Over the medial malleolus	9.5 * 6cms	Circular
	2	Above the lateral malleolus	5 * 4 (Upper)	Triangular
	3	Above the lateral malleolus	6*7 (Lower)	Triangular

Other findings

Edge – Punched out

Srava - Puya srava

Gandha – Puti Gandha

Amanogna darshana and Sparsha asahishnutva



Figure 1: Right Leg (Lateral)



Figure 2: Right Leg (Dorsum and Medial)



Figure 3: Left leg (Medial)



Figure 4: Left leg (Lateral)

Based on signs and symptoms diagnosis of Dustavrana (Chronic non healing venous ulcer) was made and dustavrana line of management was adopted.

Treatment adopted

Initially patient was having severe burning sensation and difficulty in walking, for that reason matra basti with Madhuyastyadi taila and Jalokavacharana was done, after which improvement in gait and reduction in burning sensation was observed. Once patient started walk without difficulty, Snehapana with Mahatiktaka gritha was done for 3 days and after vishrama kala Virechana was conducted. After dwiparihara kala Manjistadi kshara basti was

done in Yoga basti pattern. Throughout the course of treatment Avasthanusara Bahya vranopakrama and Shamana chikitsa was done.

Table 3: Showing treatment time line.

Sl.no	Chikitsa	Date
1	Matra basti with Madhuyastyadi taila	18/08/23 to 24/08/23
2	Jalokavacharana	05/09/23 – 20ml 06/09/23 – 25ml
3	Snehapana with Mahatiktaka gritha	14/09/23 to 16/09/23
4	Vishrama kala	17/09/23 to 19/09/23
5	Virechana with trivrutleha 60gms	20/09/23
6	Manjistadi kshara basti in Yoga basti pattern	13/10/23 to 20/10/23
7	Vranopakrama (Sthanika seka and Wound dressing)	18/08/23 to 30/11/23

Sthanika vrana chikitsa

From day one to till the completion of treatment Avasthanusara bahya vrana upakrama was adopted. Sthanika seka was done regularly to both legs from knee to toes with Gomutra, Spatikajala, Panchavalkala kwatha. Spatika jala was stopped after reduction in burning sensation and Gomutra was stopped after reduction in slough. Dhupana with Haridra, Sarshapa, Vacha, Guggulu was done whenever there was pus. Vimlapana was done regularly with Jatyadi gritha, Jatyadi taila and Vranaharini taila depending on the avasta. As ruhyamana vrana lakshana were started to appear Heptaderm ointment was used for local application.

Table no 4: Showing Bahya vranopakrama.

Sl.no	Upakrama	Dravya	Avastha
1	Sthanika chikitsa	Sphatika jala f/b Gomutra f/b Panchavalkala kwatha	Burning sensation and slough
		Sphatika jala f/b Panchavalkala kwatha	Burning sensation
		Panchavalkala kwatha	Everyday
2	Debridement	---	Slough
3	Dhupana	Haridra, Sarshapa, Vacha, Guggulu	Puyasrava
4	Vimlapana	Jatyadi gritha Jatyadi taila Vranaharini taila	Avasanna vrana Utsanna vrana Tvaka sama vrana
5	Vrana lepa	Heptaderm ointment	Ruhyamana vrana
6	Vrana bandhana	Roller bandage	---



Figure 5 and 6: Jalokavacharana.



Figure 7. Seka



Figure 8. Dhupana

Table no 5: Showing Manjistadi kshara basti.

Sl.no	Content	Quantity
1	Madhu	80ml
2	Saindhava	6gms
3	Murchita tila taila	60ml
4	Shatapushpa + Yastimadhu Kalka	40gms
5	Manjistadi kwatha	200ml
6	Kanji	100ml
7	Gomutra	100ml
8	Anuvasana basti – Murchita tila taila	80ml

Table no 6: Showing Shamanoushadi.

Sl.no	Medicine	Dosage
1	Syp Sheeta Sudha	15ml BD A/F
2	Tab Kaishora guggulu	1 BD A/F
3	Tab Gandhaka rasayana	1 BD A/F
4	Tab Laghu sootashekhara rasa	1 TID B/F
5	Manjistadi Kashaya	15ml A/F

OBSERVATIONS AND RESULTS

Observations were made before, during and after the intervention and are summarized in the following table

Table no 7: Showing the Observations during the course of treatment.

Sl.no	Chikitsa	Observations
1	Matra basti with Madhuyastyadi taila	Reduction in Daha
2	Jalokavacharana	Complete remission in Daha Reduction in Tenderness
3	Snehapana with Mahatiktaka gritha	---
4	Vishrama kala	---
5	Virechana with trivrutleha 60gms	12 vegas Ruhyamana Lakshana
6	Manjistadi kshara basti in Yoga basti pattern	Ruhyamana Lakshana
7	Vranopakrama (Sthanika seka and Wound dressing)	Rudha vrana



Before treatment



During treatment



After treatment

Figure 9: Showing The Observations of Wound on Right leg (Lateral).



Before treatment



During treatment



After treatment

Figure 10: Showing the observations of wound on Right leg (Medial).



Before treatment



During treatment



After treatment

Figure 11: Showing the observations of wound on Left leg (Medial).

Before treatment



During treatment



After treatment

Figure 12: Showing the observations of wound on Left leg (Lateral).

DISCUSSION

Chronic non healing venous ulcers can be considered as Dushtavrana, Venous pooling, makes it difficult to manage the wound. Dustavrana line of management helps in the effective management of Venous ulcers. Matra basti with Madhuyastyadi taila does pitta shamana and thus helps in Daha prashamana.^[1] Mahatiktaka gritha does Pitta shaman^[2], Rakta prasadena. Virechana helps in Dosha nirharana from adashareera and Vatanulomana. Kshara basti does srotoshodhana and helps to improve the circulation.

Sheeta guna and Kashaya rasa of Sphatika jala helps in daha shaman.^[3] It also exerts bacteriostatic activity^[4] on wound. Ushna and lekhana guna of Gomutra helps in removing slough, increases local circulation and allantoin present in it helps in wound healing.^[5] Tannins, Phytosterols, Flavonoids present in Panchavalka kwatha makes it a potent wound healing and anti bacterial agent.^[6] Haridradi dhupana with antibacterial action, helps to prevent krimi (Infection). Vimlapana procedure helps in improving the local circulation and

clears the hemosiderin deposition which prevents wound spreading and helps in healing. Jatyadi taila helps in Avasadana and Vrana ropna. Jatyadi grutha does Utsadana and vrana ropana. Vranaharini taila helps in rapid healing of the wound.

CONCLUSION

Chronic non healing venous ulcer is a debilitating disorder. It disturbs the quality of life of patient and puts financial burden on patient and his family. Shodhana, Shamana and bahya vranopakrama are the three pillars of Vrana chikitsa, excluding one from the above makes it difficult or impossible to treat. In present case initially patient was having the difficulty in walking and Severe burning sensation and tenderness, for that reason Matra basti and Jalokavacharana were opted as first line of management. Once patient was able to walk comfortably Virechana was performed. Basti is the ideal management when vrana is situated in lower limbs and Manjistadi kshara basti was selected because of its srotoshodhana action. Bahya upakrma was done with seka, dhupana, Vimlapana, debridement. Different dravyas were used depending on the avasta of the Vrana. Thus chronic venous ulcer can be managed effectively with Shodhana, Shamana and Vranopakrama and Proper pathya palana prevents its relapse.

REFERENCES

1. Anna Moreshwara Kunte, Astanga Hridaya of Vagbhata, Chikitsa sthana, chapter 22, verse no. 42 -44, 2017 reprint edition, Varanasi; Chaukambha Orientalia.
2. Anna Moreshwara Kunte, Astanga Hridaya of Vagbhata, Chikitsa sthana, chapter 19, verse no. 8-11, 2017 reprint edition, Varanasi; Chaukambha Orientalia.
3. Bhavamishra Bhavaprakasha Samhita, poorvakhanda, Dhatusarga 6/141-142, reprint edition 2012, Chaukhamba publications, Varanasi, 415.
4. Akhtar Ali et al. Shubb-e-Yamani (alum) a unique drug and its utilisation in Unani medicine: A physicochemical and pharmacological review. *Int. J. Res. Ayurveda Pharm.*, 2017; 8(2): 17-22. DOI: <http://dx.doi.org/10.7897/2277-4343.08255>
5. Gulhane Harshad et al. Gomutra (Cow urine): A multidimensional drug review article. *Int. J. Res. Ayurveda Pharm.*, 2017; 8(5): 1-6. DOI: <http://dx.doi.org/10.7897/2277-4343.085231>
6. Aruna sonekar, Yogesh B More et al. Clinical evaluation of panchavalka kashaya Dhavana in the management of diabetic wound. *National journal of research in Ayurveda science*, Sep. 2015; 3(3): 4.