

**MANAGEMENT OF CHRONIC NON HEALING ULCERS USING
AYURVEDIC PRINCIPLE- A CASE STUDY**

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ABSTRACT

Chronic non healing ulcers are defined as spontaneous or traumatic lesions typically in lower extremities that are unresponsive to initial therapy or that persists despite of appropriate care and do not proceed towards healing in defined time period with an underlying etiology that may be related to systemic disease in local disorders. A male patient of 45 years was brought to our hospital covering his both feet with the chief complaint of multiple ulcers of varying size with blackish discoloration around the ulcers on both lower limbs. The large sized ulcer measuring about $(2.2 \times 1.8) \text{ cm}^2$ over anterior aspect of both the foot just above the metatarsal joints. He has complain of mild pain, itching at the ulcers side, slight heaviness and difficulty in walking,

weight loss and general weakness for the last 2 years. After a detailed clinical study and laboratory parameter he was diagnosed as a case of chronic non healing ulcers of atherosclerotic calcification and venous perforates origin and the same was co-related with Ayurvedic parameter. He was treated by internal and external medicine as per Ayurvedic Principle. After treating the case, ulcers were healed and the overall health was boosted after 2 months.

KEYWORDS: *Chronic non healing ulcers, atherosclerotic calcification, venous perforates, Sodhan Chikitsa, Saman Chikitsa.*

INTRODUCTION

Chronic non healing ulcers are fairly uncommon lesions. Chronic non healing ulcers are present for more than 3 weeks without any identifiable cause. There are different types of Chronic ulcers such as venous, arterial, neuropathy, lymphatic and drug induced. Venous ulceration occurs for 70-90 % of all chronic wounds and most commonly found in lower extremities where recurrence is high. Clinically chronic ulcers presents a challenge for diagnosis and treatment. Chronic wound seems to be detained in or more of the phases of wound healing. For e.g. chronic wounds often remain in the inflammatory stages for too long. To over that stage and jump start the healing process a number of factors need to be addressed such as bacterial burden, necrotic tissue and moisture balance of the whole wound. Chronic wounds may never heal or may take years to do so. Chronic ulcers has a big impact on patient quality of life and health care system. These ulcers may occur at any age group or population, however they are mainly seen in elderly, immune compromised or immune suppressed individuals. In Ayurveda, these diseases are not directly mentioned but the similar sign-symptoms and pathogenesis is found in Ayurvedic text. So a detailed study of the chronic non healing ulcer is highly essential to established a treatment plan in Ayurveda.

PATIENT INFORMATION

A male patient of 45 years was brought to Roga Nidan OPD, Govt. Ayurvedic College & Hospital, Guwahati-14 on 15th February, 2022 with the chief complaints of severe itching and pain in both the lower legs along with poor sensation and heaviness of both legs. He had a history of gradual weight loss and general weakness for the last 2 years. On general examination he was found depressed with thin and emaciated body having a weight of 37 kg and height 5.5" BP: 120/76 mm of Hg and PR: 92/min and Pallor, icterus, edema, cyanosis and dehydration are not present. His systemic examination was found as normal. On local examination of the lower extremities, there is severe dryness and blackish discoloration along with hardening of the skin is seen. Ulcers are multiple in number and irregular in size and shape and there is no discharge or bad odour is present. Ulcers are mild tendered and slightly warm. The large size ulcer was about $(2.2 \times 1.8) \text{ cm}^2$. The ulcers centrally reddish in colour and periphery are blackish and necrotised and mild inflammation and tenderness is present. No any deformity was noted. The patient did always hide the lesions with socks under shoe or sandal. He was mentally disturbed and sleep was not adequate. He has no history of any addiction.

He visited earlier in a Multi-specialty hospital and had treated by antibiotics. He got good results from the early weeks of treatment. But he suffered for the same repeatedly where all broad spectrum antibiotics were used and no improvement was seen in the last 6 months. The laboratory studies shows Hb: 13.5 %, TC: 8,100, N-71%, L-20%, M-00%, E-09%, ESR: 50 mm, RBS: 101mg/dl, Uric acid: 3.5 mg/dl, Colour Doppler: Mild atherosclerotic changes with mural calcification and spectral broadening in bilateral superficial femoral, popliteal arteries and distal anterior tibial, dorsalis pedis and posterior tibial arteries with biphasic flow in distal popliteal artery, Anterior tibia, dorsalis pedis and posterior tibial arteries on right side. Few prominent perforates in bilateral lower leg region just below the calf with few prominent superficial veins seen around bilateral ankle region.

The patient was examined clinically by special designed proforma and the specific hetus involved were tried to find out from the history and various questionnaires regarding diet and regimen. The specific hetus of ahara were found as salty, spicy, oily, fried, processed, less intake of water, fast food and meat. The vihara as long time sitting and standing, vegadharana, ratrijagaran. The history of co- habitation was positive as by profession he is an owner a shope. Ayurvedic Asthavidha pariksha and Dashavidha pariksha was done and found Vataja Prakriti, Mutra: Prakrita, Mala: Niram, Shabda: Swabhavika, Sparsha: Ruksha and Sitala, Drika: Prakrita and Akrita: Atiikshina. The doshas involved were vata predominant tridosha. Dushyas were rasa, rakta, mamsa, meda, agni is mandagni. Srotadusti is sanga and involved srotas were Rasavaha, Raktavaha, Udakavaha, Mamsavaha and Medavaha srota.

THERAPEUTIC INTERVENTION

Considering the patient history, clinical findings, positive laboratory parameter and the status of dosha - dushya, Agni status along with other parameter of the patient, he was treated with both internal and external medicine, regular antiseptic dressing and followed by dhavan karma with Panchawalkal kwath and Panchawalkal lepa for local application along with Panchakarma therapy including Siravedha and Raktamokshana. He was advised a strict diet plan including nutritious, easily digestible and high fibres along with food riches in vit-C, vit-A. He was given oral medication including Panchatikta ghrita, Arogyavardhini vati, Saptavimsatika guggulu, Patolkaturohinyadi kashaya, Yastimadhu churna and Chopcinyadi churna. The overall health was improved within 30 days. The skin lesions was improved after 15 days. There were no new eruption and ulcers starts healing and after removing the surrounding dead tissue and the skin got soften and revives to normal in colour. Itching is

totally reduced, pain is reduced, general weakness were diminished. The patient was able to walk comfortably by wearing sandal or shoes. On discharge patient did not cover the legs as there is no need of covering. He was followed up after 1 month and his weight measures 38.5 Kg.



DISCUSSION

Chronic non healing ulcers are a major health problem worldwide and difficult for treatment. Considering the clinical presentation in the patient and laboratory findings the disease can be correlated with *Dusta vrana*, *Vrana sosha* as mentioned in ayurvedic text. The proper diagnosis was made by using the *Astha Vidha pariksha*, *Dashavidha pariksha*, *Pancha nidana* and *Srota pariksha*. Treatment protocol was developed according to the dosha-dushya and drawing a proper *samprapti* from the *lakshana* and doing *samprapti vighatan chikitsa*. Considering the patient and ulcers condition both external and internal treatment as *Sodhana*

and Saman chikitsa is adopted. We starts with Siravedh, Raktamokshana and Parisheka along with oral medication and proper diet regimens. We starts with Agnitundi vati and Panchatikta ghrita followed by Arogovardhini vati, Saptavimsatika guggulu, Chupciniyadi churna and Yastimadhu churna, Patolkaturohinadhya kashaya, Jatyadi Taila, Panchavakkal kwath parisheka and Panchavakkal ointment. Agnitundi vati is a Agni deepan, Panchatikta ghrita is a vrana ropan and agnideepan, Arogovardhini vati are indicated for all type skin disease as it causes mild purgative and Agni Deepan and Pachana, Saptavimsatika Guggulu is antiinflammatory and analgesic, Chupciniyadi churna indicated in ulcers as having healing property, Patolkaturohinadhya kashay is a vrana ropana and sodhana, Jatyadi Taila is indicated in wound healing, Panchavakkal is having Vranapraksalan, Vranaropan and Sothahara properties. Siravedh and Raktamokshana are helps in preventing venous and capillary stasis and thus helps in proper venous drainage in the area of Ulcer thus improves the healing process. It also drains of excessive inflammatory mediator and thus prevents swelling, burning sensation, pain and itching instantly.

CONCLUSION

This particular case study shows that patient presenting with multiple non healing chronic ulcers can be treated with ayurvedic treatment successfully. Making a samprapti and then samprapti vighatan is the main principle in Ayurveda. The treatment not only heal the ulcers but also prevents further complication like amputation. So further study on larger patient population are necessary to validate the result.

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