

AN AYURVEDIC MANAGEMENT OF VARICOSE VEINS INDUCED STASIS ECZEMA - CASE STUDY

Dr. Shraddha Pradip Assopa*¹, Dr. Raman Ghungaralekar² and Dr. Arati Datye³

¹MD 3rd Year, Kayachikitsa Department, R. A. Podar Medical College (Ayu), Worli, Mumbai-18.

²HOD & Professor, Kayachikitsa Department, R. A. Podar CSollege, (Ayu). Worli, Mumbai -18.

³Assistant Professor, Kayachikitsa Department, R. A. Podar College (Ayu), Worli, Mumbai -18.

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*Corresponding Author

Dr. Shraddha Assopa

MD 3rd Year, Kayachikitsa
Department, R. A. Podar
Medical College (Ayu),
Worli, Mumbai-18.

ABSTRACT

In modern lifestyle, varicose veins are commonly seen in people, which if untreated causes stasis eczema.^[1] Stasis eczema develops on the lower extremities having signs blackish reddish discoloration of skin, swelling, burning with pruritis, etc. According to Ayurveda, this symptoms are similar to similar to lakshanas of siragata vata.^[2] siragata Vata is described under Vatavyadhi. In Siragata Vata there will be affliction of Sira by provoked Vata and rakta. Here is case of siragata vata having complaints of shyam aarakta varnata, shotha, shool, daha, kandu over vam pada pradesha. Vata shamak and rakta shodhak and prasadan, twak prasadak chikitsa is given in the form of abhyantar and bahya chikitsa to the patient and beneficial result was seen.

KEYWORDS: Stasis eczema, siragata vata, sirakautilya, varicose veins, lepa, kwatha.

INTRODUCTION

Venous insufficiency happens when the valves in the leg veins which help push blood back to the heart weakens and leak fluid. This allows water and blood to pool in lower legs causing varicose veins. Varicose veins are permanently elongated, dilated vein with torturous path. Stasis eczema are caused due to venous insufficiency or poor circulation in lower legs. Stasis eczema most frequently affects people with poor circulation, with other risk factors being female, age greater than 50 yrs, varicose veins, hypertension, obesity, multiple pregnancies

and DVT, etc. It is estimated that the condition affects approximately 7% of individuals over 50 years, and 20% of individuals over 70 years of age. Symptoms of stasis eczema includes change in skin colour, swelling and shiny skin, aching after long standing, irritation and itching, dryness and scaling at the site. Treatment of stasis eczema includes leg elevation, stockings, emollients and topical use of glucocorticosteroids.

In ayurvedic point of view, stasis eczema can be correlated with Siragata vata. There is vitiation of vata. rakta, mansa causes vitiation of sira. This leads to sirakautilya and formation of siragata vata. Siragata vata is explained by Acharya Charaka^[3] in Charak chikitsasthana Vatvyadhi adhyaya and Acharya Sushrut explained the siragata vata^[3] in Sushrut^[4] Nidansthana Vatavyadhi adhyaya. Mainstay of treatment of siragata vata includes rakta shodhana and prasadana, vata shaman, twak prasadana, removal of marga avrodh at sira pradesh. So the present case study explains effective ayurvedic treatment of Siragata vata.

CASE STUDY

A female patient of age 50 years was admitted in our Hospital for following complaints –
Shyam aaraktavarnata Vam pada pradeshi (reddish black discoloration of left lower limb)
Shotha Vam pada pradeshi (Swelling over left lower limb)
Shool Vam pada pradeshi (Pain over left lower limb)
Ushnasparsha (local temperature)
Suptata (numbness)
Kandu vam pada pradeshi (itching over left lower limb)
Daha vam gulapha sandhi pradeshi (Burning sensation over left lower limb).

History of present illness

Patient was fine 15 days back. Then she developed pain, swelling and blackish discoloration develop afterwards; burning sensation present over site, patient already had antibiotics, NSAIDS treatment but had no relief.

Previous Drug history for the disease includes Tab Zifi 200mg 1BD, Tab Deonac- SP 1BD, Tab PCM 500mg 1BD, Tab Voveron 75mg 1BD.

History of past illness

Known case of HTN under Rx Tab Telma AMH OD
No known case of diabetes mellitus, Bronchial Asthma

No history of any drug or food allergy

Surgical history of Appendicectomy 20 years back

History of tobacco Addiction since 12 years.

Systemic examination

General condition - fair, afebrile

BP- 130/80 mm Hg

Pulse – 80/min

RS- Air entry Clear

Weight - 82 kg.

Local examination

Shyav aaraktavarnata vam gulpha pradeshi (Blackish discoloration of left lower limb), Shotha (Swelling over left lower limb), Shool (Pain over left lower limb), Daha (Burning sensation over left lower limb), Ushnasparsha, Sparshaasahatva, Kandu over site (on & off).

Investigations

Routine investigation to rule out systemic pathology.

USG left lower limb venous doppler – sapheno-femoral junction – mild incompetent, sapheno- popliteal junction- competent, Great saphenous vein- mildly dilated. Subcutaneous edema noted from the dorsum of foot till mid calf. Multiple incompetent perforators 8cm from LM- 2mm, 16cm from LM- 7mm, at knee – 5.8mm, 6 cm from MM- 2.3 mm (competent), 20 cm from MM- 5.1mm, 10cm above knee -4.4mm

2D Echo colour doppler- Normal LV systolic function, LVEF 60%, no regional wall motion abnormality at rest, mild concentric LVH, trivial MR&TR, mild PH, no clot/pericardial effusion.

CBC- Hb – 11.4 mg/dl, RBC- $4.6 \times 10^6/\mu\text{L}$, WBC- 8000/ μL , PLT- 4.07 lac/cumm.

Urine examination – NAD.

RFT- T. protein- 7.0, Sr. Albumin – 3.7, Sr. Globulin – 3.3, Sr. Creatinine- 1.01, Sr. Calcium- 9.1;

Sr Electrolyte – Sr Na – 140, Sr K- 4.6, Sr Cl- 106;

LFT- T Chol – 128, T Bill- 0.40, D. Bill- 0.10, I. Bill- 0.30, SGOT- 17, SGPT- 18, ALP-100
BSL (F)- 82, (PP)- 105.

Treatment advised

Abhyantar

Gokshuradi guggul,^[5] 2BD

Punarnava, nimb, patol, shunthi, kutaki, Guduchi, daruharidra, varuna, gokshur, dhamasa, pashanbhed, triphala, Dashmool, sariva, musta, devdaru, aaragvadha, arjun, khadir, patha siddha kwatha 30ml BD.

Bahya

Sariva, musta, lodhra, manjishtha, yashti, gairik, lepa for Local application BD.

MATERIAL AND METHODS

Ankle joint measurement - increase in the girth of limb is measured as compared to her other normal limb before and after treatment by measuring tape.

At ankle joint		
a) Right -	32 cm	32 cm
b) Left -	35 cm	32 cm
Above 10 cm		
a) Right	27 cm	27 cm
b) Left	33 cm	27 cm
Below 5 cm		
a) Right	23 cm	23 cm
b) Left	26 cm	23 cm

Observation -

Complaints	Before treatment	After treatment
Twak vaivarnya	3	0
Shoola	2	0
Ushnasparsha	1	0
Suptata	1	0
Kandu	2	0
Daha	3	0
VAS pain scale (0-10)	9	0

1) Twak vaivarnya -

Grade	Symptom
0	Normal skin colour
1	Reddish
2	Dark reddish
3	Reddish black

2) Shool -

Grade	Symptom
0	Absent
1	Occasional
2	Continuous

3) Ushnasparsha -

Grade	Symptom
0	Present
1	Absent

4) Suptata -

Grade	Symptom
0	Absent
1	Present

5) Kandu -

Grade	Symptom
0	Absent
1	Occasional (1-2 times /day)
2	Continuous without disturbance in routine
3	Continuous with disturbance in routine

6) Daha -

Grade	Symptom
0	Absent
1	Occasional
2	Continuous without disturbance in routine
3	Continuous with disturbance in routine

7) Pain scale -

(0 -10) VAS scale.



Figure 1: before and after treatment photos.

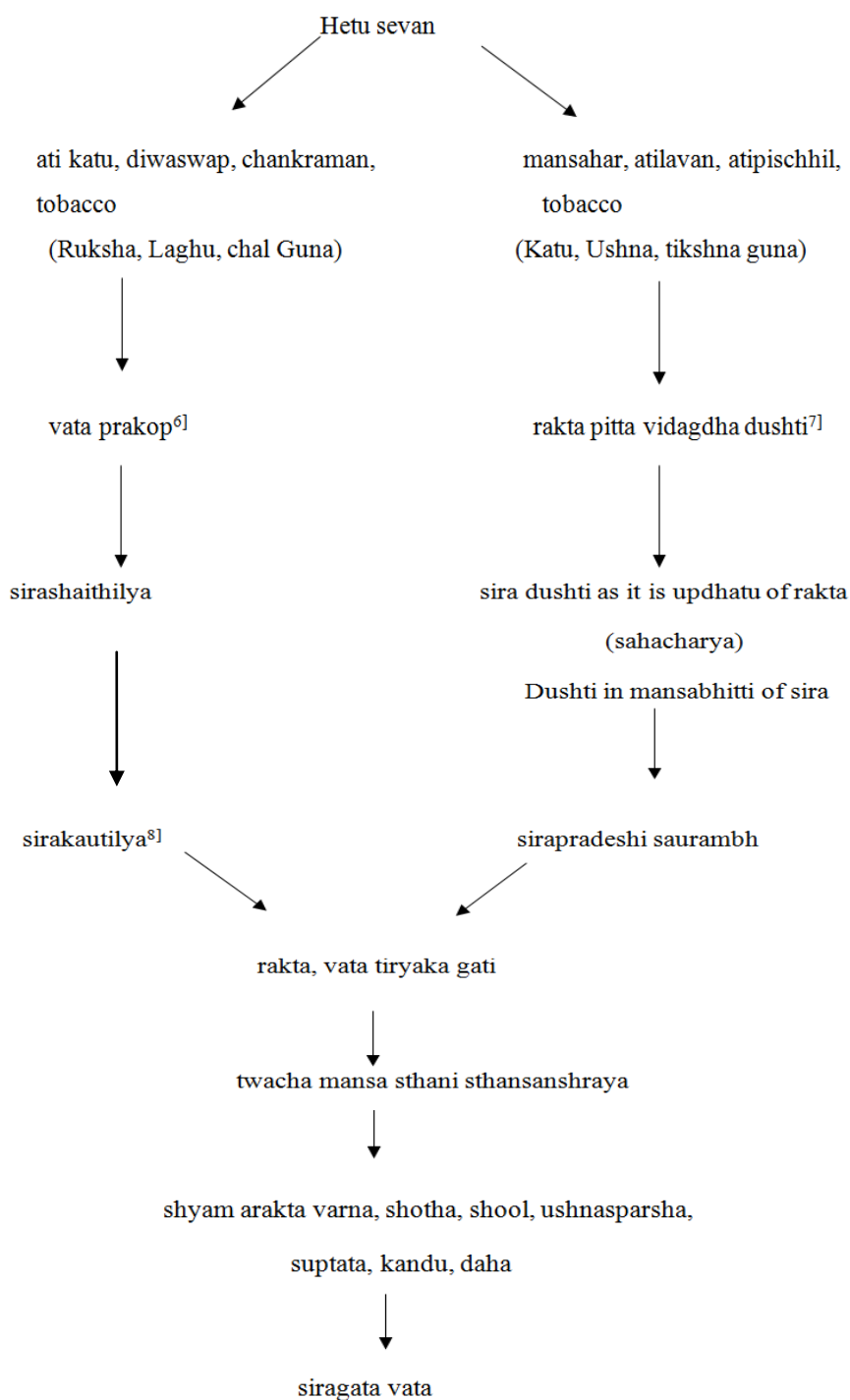
RESULT

The line of treatment mentioned above showed a significant improvement in symptoms of the patient before and after treatment. Patient was satisfied with 15 days of treatment.

Pathophysiology

Hetu

Mansahar, ati lavan, ati amla, snigdha aahar, ati pischhil, sthauilya, ati chankraman, tobacco addiction, diwaswapa.



DISCUSSION

From the overall view of the etiology, it is seen that there is vitiation of vata and rakta. There is vyan vayu partantra dushti. Vitiating dosha goes to sira by rasa rakta samvahan. At the site of sira there is vata, rakta, mansa dushti which causes sirashaithilya. Afterwards there is vidagdha dushti of sira causes saurambh at the sita. Then there is formation of sirakautilya. This vitiated vyan vayu along with rakta goes to twak and mansa pradesh. So the Mainstay of treatment of siragata vata includes rakta mansa shodhak and rakta prasadan, vata shaman, twak prasadan.

Drugs	Content	Mode of action
Gokshuradi guggul	Gokshur, guggula, triphala, marich, pippali, musta	Tikta, Kashaya rasatmak, shothaghna, raktshodhak, vata shaman
Punarnavadi kwatha	Punarnava, nimb, patol, shunthi, kutaki, Guduchi, daruharidra, varuna, gokshur, dhamasa, pashanbhed, triphala, Dashmool, sariva, musta, devdaru, aaragvadha, arjun, khadir, patha	Tikta kashaya rasatmak, rakta shodhana and prasadan, twak prasadan, lekhan, mansa shodhak, dahashaman
Sarivadi lepa	Sariva, musta, lodhra, manjishtha, yashti, gairik	Tikta, kashaya rasatmak, twak prasadan, rakta prasadan, kledashoshan, shothahara

CONCLUSION

By using ayurvedic treatment, the patient was successfully treated and good result was seen. This is safe and effective treatment.

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