WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.084
Volume 12, Issue 1, 1341-1347. Case Study ISSN 2277– 7105

SIDDHA MANAGEMENT OF VARICOSE ULCER (*NAALAVIBATHA VIRANAM*) – A CASE REPORT

M. Chithra[1]*, M. K. Sangeetha[2], K. Rajakumar[1] and M. R. Srinivasan[3]

[1]Resident Medical Officer, National Institute of Siddha, Chennai – 47.

[2]Siddha Physician, Dr. Rajkumar's Siddha Clinic, Chrompet, Chennai – 45.

[3]Emergency Medical Officer, National Institute of Siddha, Chennai – 47.

Article Received on
08 November 2022,
Revised on 29 Nov. 2022,
Accepted on 19 Dec. 2022
DOI: 10.20959/wjpr20231-26689

***Corresponding Author**
M. Chithra
Resident Medical Officer,
National Institute of Siddha,
Chennai – 47.

ABSTRACT

Venous ulcers are open sores in the skin that occur with sustained venous hypertension and malfunctioning of venous valves, usually of the lower limbs. Ulcers develop in areas where blood collects and pools, as swelling there interferes with the movement of oxygen and nutrients through the tissues. Eventually, a visible ulcer develops on the skin. It is one of the most serious chronic venous insufficiency complications, accounting for 80% of lower extremity ulcerations. If it is right untreated, venous ulcers can quickly become infected, leading to cellulitis or gangrene and the risk of foot or leg amputation. Conservative management for varicose ulcers includes compression therapies, foot elevation, oral antibiotics, regular dressing of the wound. Surgery may be performed for chronic venous insufficiency that fails to respond to other therapies, or for non-healing or infected venous ulcers. surgical management includes ultrasound-guided foam sclerotherapy, ELVA (Endo Venous Laser Ablation), RFA (Radio Frequency Ablation), Saphenofemoral ligation, and *long* saphenous vein stripping, skin grafting, etc. However, recurrence of venous ulcers is common, ranging from 60 to 70% of patients. As per the Siddha perspective, varicose ulcers can be correlated with "*Naalavibatha viranam"*. In *Agathiyar Rana vaithiyam* a well-known Siddha literature, where we get the description of various wounds and its management, so these kinds of the wound can be managed with the specific Siddha adjuvant therapies. A 53-years old male patient with chief complaints of non-healing ulcer on the right ankle with pain and swelling over the right lower limb, was clinically diagnosed as a case of Varicose ulcer. The patient was treated with Siddha medicine both internally and externally. The parameter observed for prognosis were pain,

size of the ulcer, edema, hyperpigmentation, and granulation tissue was assessed during the treatment. Therapeutic evaluation of treatment was done based on improvement in the symptoms. The observations showed remarkable improvement in terms of pain, size of the ulcer, edema, hyperpigmentation, and granulation tissue. This Observational case study revealed that Siddha medicine provided significant relief in symptoms of a varicose ulcer.

KEYWORDS: *Agathiyar rana vaithiyam, Naalavibatha viranam, Mathan thailam,* Siddha Medicine, *Padigara neer,* Varicose ulcer management.

INTRODUCTION

Varicose ulcer (static or venous ulcer) is a type of chronic leg wound caused by venous insufficiency that affects 0.5 to 2.2% of the adult population and 3 to 5% of those over 65 years old.[1] Overall, 93% of Varicose ulcers heal within 12 months, but the remaining 7% persist for 5 years or more. The recurrence rate within 3 months after wound closure is approximately 70%.[2] Venous leg ulcers most often occur in the gaiter region of the lower leg, from just below the ankle up to mid-calf. They are defined as any break in the skin that has been present for at least six weeks or occurs in someone with a previous history of venous leg ulceration.[3] The most common etiological factors of venous ulcers include chronic long-standing cases of the varicose vein causing valve incompetence, venous hypertension, inflammatory processes resulting in leukocyte activation, endothelial damage, platelet aggregation, and intracellular edema. Venous hypertension causes damages to capillaries of the skin and subcutaneous tissues making them ‘glomerulus-like’(convoluted) resulting in a fibroid process called lip dermatosclerosis from capillaries proliferation and inflammation which if uncontrolled progress into venous ulceration.[4]

The primary risk factors for venous ulcer development are older age, obesity, previous leg injuries, deep venous thrombosis, and phlebitis. On physical examination, venous ulcers are generally irregular, shallow, and located over bony prominences. Granulation tissue and fibrin are typically present in the ulcer base. Associated findings include lower extremity varicosities, edema, venous dermatitis, and lip dermatosclerosis. Venous ulcers are usually recurrent, and an open ulcer can persist for weeks to many years. Severe complications include cellulitis, osteomyelitis, and malignant change. Poor prognostic factors include large ulcer size and prolonged duration. The current conventional pattern involves a combination of topical dressings, compression therapy, foot elevation, and antibiotics. Surgical management may be considered for ulcers that are large in size, of prolonged duration, or

refractory to conservative measures. Surgical management consists of ultrasound-guided foam sclerotherapy, ELVA (Endo Venous Laser Ablation), RFA (Radio Frequency Ablation), Saphenofemoral ligation and long saphenous vein stripping, skin grafting, etc.[5]

CASE REPORT

In this study, 53 years old male patient, with chief complaints of - Pain and Swelling over the Right lower leg, infected wound on the medial aspect of the right leg, Skin discoloration, and Serous discharge from the wound, for 10 months, visited Dr. Rajkumar's Siddha Clinic, Chrompet, Chennai for siddha management. The patient has been working as a tea master Chennai, and had a history of prolonged standing. A brief history (including onset and progress)- The patient has been suffering from the above symptoms for the last 10 months. The patient was on allopathy treatment from local doctor 2 months back pain only relied, but the wound did not get healed and the wound got more infected with moderate pus discharge. The patient's brief history did not reveal evidence of Diabetes, Hypertension, Asthma, Tuberculosis, Heart disease, or any other major illness. Similarly, there was no history of any previous surgery. The patient was hemodynamically stable.

The General examination (On day 1) All the vital parameters were within normal limits. Hb – 13.7 gm/dl, WBC – 8,300 /cu mm of blood, ESR – 24 mm /hour, Viral Markers – Negative, Coagulation profile – Normal, X-ray right leg – Essentially normal study.

On Local Examination (On day 1)

1. Site of ulcer - Medial aspect of right lower limb;
2. Size of ulcer - 4.3 x 3.1 x 0.5 cm;
3. Shape - Oval;
4. Smell - Foul smell+;
5. Discharge - + +;
6. Hyper pigmentation - +++;
7. Epithelisation - +;
8. Granulation Tissue - +;
9. Edges - Fibrosed, Sloping;
10. Ankle flare - Positive;
11. Local Temperature - Normal;
12. Arterial Pulsation - Dorsalis pedis and post tibial - Normal.
13. Diagnosis: Non-healing varicose ulcer right lower limb. (*Naalavibatha viranam*)

TYPE OF STUDY - Single Case Study.

MATERIALS AND METHODS

SOURCE OF DATA

A single case study had taken upon the management of varicose ulcers. The Patient was visited Dr. Rajkumar's Siddha Clinic, Chrompet, Chennai, and included with proper consent of the patient.

DRUG AND DOSAGE

1. Vallarai Mathirai – 2 BD with Luke warm water
2. Nathai Parpam – 200 mg BD with ghee
3. Silasathu Mathirai – 2 BD with Luke warm water
4. Ganthaga Rasayanam – 5 g with milk
5. Seenthil Chooranam – 2 g BD with warm water
6. Clean and Dressing was done with Padigara neer and Mathan thailam (Q.S)
7. Duration – 4 weeks

After the assessment of prognosis with therapy was observed. Proper counseling, written informed consent were recorded after an explanation of the proposed line of treatment. After that patient's wound was washed with Padigara neer. Thereafter dressing with guage piece soaked in Mathan thailam is done daily for 4 weeks. During the treatment, the assessment was done on Day-01, Day- 07, Day-14, Day-21, and Day-28. The patient was advised to take the above mentioned medicines for 4 weeks both internally and externally.

Clinical features were recorded before the treatment that is on zero-day. Changes with the treatment were observed from 1st week till 4th week.

FOLLOW UP

Patients were advised to come to the clinic for daily regular dressing for up to 4 weeks and further follow up after 2 weeks. Clinical observations were recorded systematically and thoroughly.

ADVICE

Above-knee stockings, protein-rich diet, two pillows leg elevation, avoid dressing soakage, avoid barefoot long-term standing or walking.

OBSERVATION

Parameters of observation included Ankle oedema, Hyperpigmentation, Size of ulcer, Granulation tissues, and relief in Pain. The patient was observed on the above parameters every week for 4 weeks and further follow up on the 6th week.

Table 1: Prognosis and Result.

Parameters	1st week	2nd week	3rd week	4th week
Ankle edema	Baseline 100%	50%	25%	10%
Hyper granulation	Baseline 100%	75%	50%	50%
Size of ulcer	Baseline 100%	75%	50%	25%
Granulation tissue	Baseline 100%	25%	50%	10%
Pain	Baseline 100%	75%	25%	25%

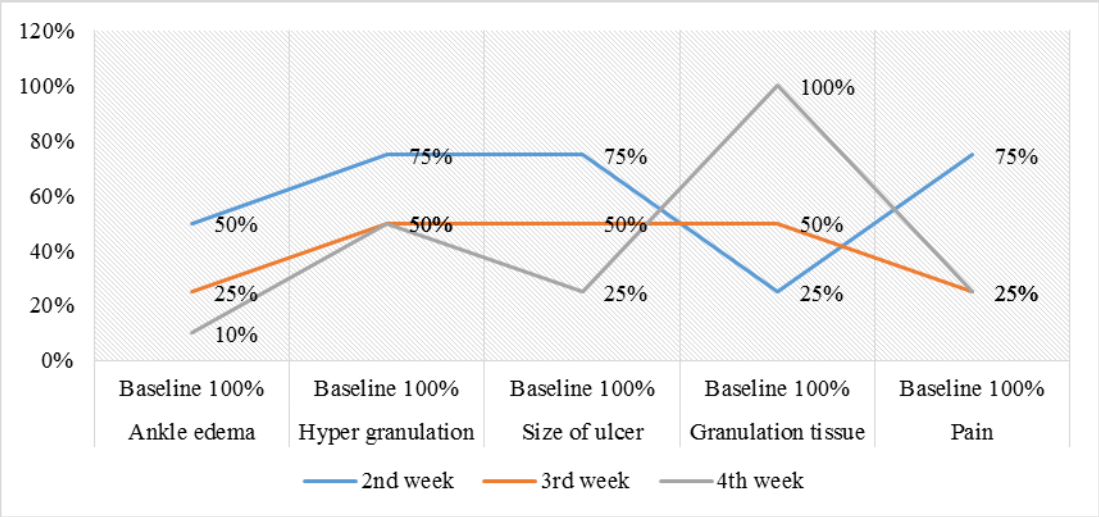
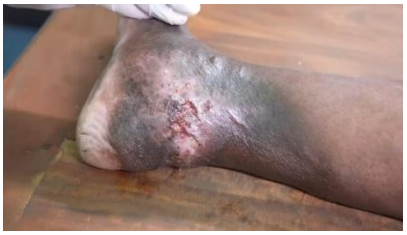


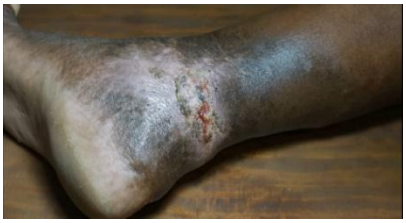
Figure 1: Prognosis and Result.

RESULT

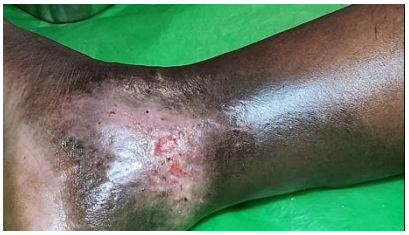
With the Integrated management of both internal and external Siddha medicine the wound was completely healed within 28 days and the patient was cured of varicose ulcer. The images during and after treatment support the statement.



Day 1



Day 14



Day 28

Figure 2: Before and After Treatment images.

DISCUSSION

Varicose ulcer and its complication are a common recurring problem. The management scheme for venous ulcer edema, hyperpigmentation has been evolving through the years, with the primary goal of reducing venous congestion and enhancing tissue perfusion and wound healing. Typically, conservative management with a regime of double elastic stockings, leg elevation at rest, and calf muscle exercise, requires good and prolonged patient compliance and has its own problem.

CONCLUSION

With this treatment through the above mentioned siddha medicines, the non-healing varicose ulcer healed up to 90% within 28 days and further follow up advice was insisted to the patient. On the basis of this case study, we can conclude that Siddha medicine can be helpful in the treatment of varicose veins and ulcer.

Both internal and external Siddha medicine remarkably also showed a significant decrease in venous congestion and resulting in a reduction of edema and hyperpigmentation and increase granulation and result into wound healing. the above mentioned Siddha medicines along with daily cleaning and dressing with *Padigara neer* and *Mathan thailam* is effective, time-saving, affordable, and acceptable treatment.

The complication such as wound infection, hypersensitivity, and bleeding, were not seen during the course of study. In view of no adverse effects and affordable economically by all, it can be recommended in combination for adjuvant treatment of varicose ulcer.

FUTURE SCOPE AND LIMITATIONS

1. In the future, it can be used as an alternative option to avoid modern treatment and surgery.

2. Histopathology study to prove the mechanism of healing of varicose ulcer with *Padigar neer*, and *Mathan thailam* can be done.

CONFLICT OF INTEREST

None.

REFERENCES

1. Davies AH. The seriousness of chronic venous disease: a review of real-world evidence. Adv Ther, 2019; 36(Suppl 1): 5-12. https://doi. org/10.1007/s12325-019-0881-7.
2. Marinel LO, Roura J, Verdú Soriano J. National consensus conference about lower limbs ulcers (C.O.N.U.E.I.) [Internet]. 2018 [cited 2020 Sep 17]. Available from: https://gneaupp.info/wp-content/uploads/2018/04/CONUEIX2018.pdf.
3. Norman RE, Gibb M, Dyer A, Prentice J, Yelland S, Cheng Q, Lazzarini PA, Carville K, Innes-Walker K, Finlayson K, Edwards H, Burn E, Graves N. Improved wound management at lower cost: a sensible goal for Australia. Int Wound J, 2016 Jun; 13(3): 303-16. doi: 10.1111/iwj.12538. Epub 2015 Dec 3. PMID: 26634882; PMCID: PMC7949577.
4. Concise Textbook of Surgery by Somen Das, 8th edition, published by S. Das publication 2014, old mayor's court Calcutta, chapter no-16, diseases of vein, 268-269.
5. Bailey & love's short practice of surgery by Norman S. Williams CRC press, Taylor & Francis Group, 2013; 26th edition chapter- 57 page 908-911.