ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 11| Issue: 2| February 2025|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2025: 8.691 || ISI Value: 1.188

APPLICATION OF SAPTHOPAKRAMA IN MANAGEMENT OF DUSTA-VRANA (VENOUS -ULCER)-A CASE STUDY

Dr. Subramanya V[1], Dr. Shankar S[2], Dr. Parvathy S[3]

[1]*Final Year P.G Scholar, Dept of Shalya Tantra, Shri Dharmasthala Manjunatheshwara Institute of Ayurveda & Hospital Bengaluru*

[2]*Professor & HOD, Dept of Shalya Tantra, Shri Dharmasthala Manjunatheshwara Institute of Ayurveda & Hospital Bengaluru*

[3]*Associate Professor, Dept of Shalya tantra, Shri Dharmasthala Manjunatheshwara Institute of Ayurveda & Hospital Bengaluru*

Article DOI: https://doi.org/10.36713/epra20126
DOI No: 10.36713/epra20126

ABSTRACT

Introduction : *Venous ulcer is one of the commonest ulcer of leg. Prevalence is more in the persons having long standing working nature. The basic causes of venous ulcer are hypertension in the lower third of the leg, ankle and dorsum of the foot. Sapthopakrama is line of treatment explained in sushruta samhita amapakveshaniya adhyaya.*

Materials and method: *A 46 years male patient having multiple venous ulcer(Dusta vrana), swelling(Shotha), discharge(srava) ,pain(shoola), bleeding(rakta srava) in his right lower limb. Which causes unable walk properly and disturbs his routine work, and visited the shalya tantra OPD ,SDMIAH, Bengaluru. Patient was treated successfully by adopting Saptopakrama.*

Results: *Bleeding stopped within 2 days, Durgandha stopped after 5 days and Vrana-srava stopped within 7 days. Shuddha vrana lakshana attained at 16th day and then onwards wound starts to healed completely in 48 days.*

KEYWORDS : Venous ulcer, *Dusta vrana, Saptopakrama*,varicose ulcer.

INTRODUCTION

Venous ulcer is one of the commonest ulcer of leg. Prevalence is more in the persons having long standing working nature. The basic causes of venous ulcer are hypertension in the lower third of the leg, ankle and dorsum of the foot. It is also mentioned as varicose ulcer , post thrombotic ulcer , Gravitational ulcer. Primarily due to varicose vein and secondary due to thrombosis and phlebitis in the deep and perforating vein. Within 10 years untreated thrombophlebitis , 50% will have venous ulcers.[1] Their three-months healing rate is estimated at 40%and once healed up to 80% of patients develop a recurrence within 3 months. The prevalence of VenousUlcers is are reported around 1.08%and the incidence being up to 1.33%.The latter numbers are primarily based on estimates because of the lack of clinical registries for VLU. The prevalence and incidence of Venous ulcer increase with age. Age does negatively affect healing and recurrence as well as treatment adherence. People with Venous Ulcers often report having reduced health-related quality of life because these wounds can be painful, malodorous, and exuding. [2]

Sapthopakrama is a line of treatment explained in *Sushruta samhita amapakveshaniya adhyaya*. Adoption of that protocol will help to treat a ulcer with less time consumption, cost effective and without any adverse effects. Here an attempt made to shown successful treating venous ulcer (*Dusta vrana*) by adopting *Sapthopakrama.*

MATERIALS AND METHODS

A 46 years Hindu, male, married, laundry manager at Bangalore visited Shri Dharmasthala Manjunateshwara institute of Ayurveda and & Hospital in May 2023, with complaining of swelling in right lower limb since 6 month, ulcer in his right lower limb since 1 month, associated with pain- 25 days, Bleeding since 15 days with difficulty in walking since 1 week.

Male patient aged about 46 years K/c/o Diabetic mellitus(type 2) past 15 years. Patient was apparently normal before 6 months. Due his working nature swelling started in right lower limb before 6 months, it gradually increases as days progress. Swelling was aggravated during working hours and relieving after taking rest with elevated legs. After 5 months small ulcer started in right lower limb, its increase in size and number. Pain started since 25 days , with pricking type and continuous during working hours in standing posture & relieving after taking rest. Bleeding seen since 15days , increases in quantity and frequency gradually, aggravated during working hours in standing posture and relieving after taking rest. Since 1 week patient is unable to walk properly for that he visited near by clinic and doesn't find any relief from symptoms . Then visited SDMIAH for further management..

Patient had H\o Diabetic mellitus since 15 years, taking T.Glycomet-GP1 1-0-1 Before food. Alcoholic -20 years (left since 3 months), non smoker. Habit of taking both veg & non-veg food with spicy in nature(*Amla ,Lavana, Katu, Vidhahi Aahara)*.

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Table no:1 *Asta Sthana Pariksha*

Nadi	*Pitta -vata*
Mala	*2-3 times/day*
Mutra	*5-6 times day, once night*
Jihwa	*Alpa lipta*
Shabha	*Prakruta*
Sparsha	*Sama sheetoshna*
Druk	*Samyak*
Akruti	*Alpa sthula*

Local Examination

On Inspection

- **Size & Shape** : approx. 1cm wide, 3-4cm length, 1 cm depth. Irregular shape
- **Number** :7 ulcer lesions
- **Position** : Near medial & lateral side of shin, nearer to below knee joint to either side of ankle joint
- **Edge *:*** Sloppy
- **Floor *:*** Pale and light yellow
- **Discharge** : Foul discharge found with blood
- **Surrounding area**: Blackish discolouration

On Palpation

- **Tenderness** : +++
- **Margin** : Inflammed
- **Base *:*** Muscle and bone
- **Depth** :10mm
- **Bleeding** : Profuse ,with clots
- **Surrounding area** : Tender , Inflammatory
- **Lymph node** : Tender at inguinal region (Rt)
- **Vascular insufficiency** : Tortuous veins , Diminished arterial supply in anterior tibial , dorsalis pedis…
- **Nerve sensation** : Diminished in dorsal and plantar aspect of foot

Vrana pariksha

Vrana vastu : Sira , Mamsa
Vrana akruti : Aayata
Vrana srava : Sarpi prakasha(Ghee consistency*), swetha(* creamy*) ,Sandra(* thick*), Picchila (* sticky*)*
Vrana vedhana: Todhana (Pricking type)
Vrana varna : Pittha(yellowish*) Harita (* Greenish*) Krishna (*blackish*) Pingala (* dull*)*

Blood Investigation

Hb %-13.0gms%, T C- 11300 Cells/cumm, DC N- 79%, L-18%, E-01%, M-02%, B-00%,ESR-30mm/hr, BT-2min10sec, CT- 4min 5sec, FBS 136mg/dl PPBS-253mg/dl ,HIV- Non reactive, HbSAg - Non reactive.

Therapeutic Intervention :The treatment given as follows Both Internal (*Abyantara*) & External(*Bahya*) treatment modalities adopted.

Internal medicine like *Sanjivani vati* before food tid 1 tab for *ama pachana* and *vishahara* property, *Kumariasava* 2 15ml Bd after food as *vrana kledha shoshana*, *Godanti Bhasma + Maha manjistadi Kashaya* 15ml Bd after food As *Pittasarana* and *Rakta prasadana*. *Eranda taila* 50 ml with usna jala given after 3 days of *ama pachana* for *koshta shudhi*.

External treatment :Adoption of *Saptopakrama* which includes *Vimlapana*(Squeezing), *Avasechana*(removing dosha locally), *Upanaha*(Application of powder combination), *Patana* (Removing slough and unhealthy tissue), *Shodhana* (wound cleaning), *Ropana* (wound healing), *Vaikrutapaha* (cosmetic corrections).
Regular Dressing was adopted.
Outcome and Results

- Bleeding stopped within 2 days, *Durgandha* stopped after 5 days and *Vrana-srava* stopped within 7 days. *Shuddha vrana lakshana* attained at 16th day and then onwards wound starts to healed completely in 48 days.

Table no:2 Treatment Protocol and its timeline

Sl no	From day of treatment started	Intervention	Medicine given	Changes seen in patient
1	Day 1-2	*Ama pachana*	*Sanjivani vati* 1TID bf *Godanti Bhasma* 2pinch with *Maha manjistadi Kashaya* 15ml TId after food	Bleeding stops after 2 days
2	Day 3	*Koshta shodhana*	*Eranda taila* 50ml with hot water morning empty stomach	7 *vega mala pravruti*
3	Day 4 -7	*Vimlapana , Avasechana* with *Jalouka, Patana*	Removing collections, *Jaloukaavacharana*, wound debridement	*Durganda* stopped by 5th day, *vrana srava* stopped by 7th day
4	Day 5-16	*Upanaha, patana, vrana shodhana*	*Upanaha* with *Yasti madhu+ Haritaki+Amalaki* in equal quantity with *Pancha valkala Kashaya* *Patana*- wound debridement *Vrana shodhana* with *Panchavalkala kashaya*	*Shuddha vrana lakshana* attain at 16th day
5	Day 17-48	*Ropana*	*Jatyadhi Ghruta + Madhu* (4:1)	Wound started to healing fast, completely healed by 48th day
6	Day 48 onwards	*Vaikrutapaha(cosmetic corrections)*	*Manjistadi taila* application	Discolouration reduced considerably

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Fig :1



Fig:2



Fig: 3



Fig :4

DISCUSSION

In this treatment protocol starts with *Amapachana* with *Sanjivani vati* , *Maha manjistadi Kashaya* of its *Rakta pachana* nature with *Godanti Bhasma* (calci sulphus) which does *Pitta* and *Rakta dosha* and promotes *dosha* expulsion. *Koshta shudhi* was done with *Eranda taila* with acts as *snigdha virechaka , vatanulomaka* and remove dosha of *adhobhaga* of *shareera*. Followed by ,Externally adopted Saptopakrama starting with Vimlapana i.e doing mardhana to remove srava collected in deep seated, which prevents further progress of tissue damage. *Avasechana*(Expulsion of localised dosha) did with *Jaloukaavacharana*- As *Jalouka* known for removal *Rakta dusti* which was deep seated and it helps to increases blood circulation to a ulcer. *Patana krama* in the form of removing slough and dead tissue helps for fresh granulation. *Upanaha* in form *pralepa* with the drug like *yasti madhu* which *Rakta Pitta hara, haritaki anulomaka, Amalaki Rakta prasadaka* all these drug mixed with *Panchavalkala kashaya* due its *Vranaropana* properties and *Panchavalkala Kashaya* also used for *parisheka* . once *Vrana* attains *shudha* form *Ropana* with *Jatyadhi ghruta* it has *Jatiphala and Madhuchista* which enhances granulation and wound remodelling. *Madhu* combination with *Ghruta* helps *Vrana sandhana*.

After receiving these line of treatment , all the ulcers presented was healed completely in 48 days. *Vaikrutapaha* chikitsa was adopted with Manjistadi taila application which has *Varnya karma*. After two months considerable change in discoloration had reduced in scar site.

CONCLUSION

In *Ayurveda vrana (sadyo + Dusta) chikitsa* has been elaborately explained. *Shasti-upakrama* and *Sapthopakrama* are gems concept explained by *Sushruta samhita*. Venous ulcer is a complication due to varicose vein, it disturbs routine work and person and hinders normal activities of a patient. Treating a wound with less time without leading into an complication. With adoption of above line of treatment venous ulcer (*Dusta vrana*) can be treat very effectively, less cost, having no adverse effect to patient and which contributes for well being of a patient.

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