



AYURVEDIC MANAGEMENT OF *DUSHTA VRANA* VIS-À-VIS VENOUS ULCER – A CASE STUDY

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ABSTRACT

Venous ulcer is the complication of varicose veins or deep vein thrombosis. It is one of the most serious chronic venous insufficiency complications. The overall incidence rate is 0.76% in men and 1.42% in women¹. This is the commonest ulcer of the leg. The basic cause of venous ulcer is abnormal venous hypertension in the lower-third of the leg, ankle and dorsum of the foot due to damaged venous valves that prevent backflow of blood.² Treating venous ulcers is a difficult task though a very good number of treatments modalities are available in allied sciences. In Ayurveda, this condition is considered as Dushtavrana. It can be managed with the specific shodhana therapy. So, the same treatment protocol was used to treat the case discussed here, present case study deals with a male patient aged 63 years, having scab like ulcers in the left lower limb since 6 months. The patient was N/K/C/O Diabetes mellitus, Hypertension and any other systemic disorder. The wound was managed on Ayurvedic treatment modalities. This treatment resulted in complete wound healing.

KEYWORDS: *Dushtavrana, Venous ulcer, Shodhana therapy, Varicose vein, Deep vein thrombosis*

INTRODUCTION

Vrana in Ayurveda is defined as a structural deformity in the skin and deeper structures associated with ruja, srava etc and caused either by the vitiation of the doshas or by trauma³. Vrana is basically of 2 types- Dushtavrana and Shudhavrana.

Shudha Vrana (acute ulcer) is easily treatable, whereas Dushtavrana is a chronic ulcer, mostly unresponsive to any treatment. Venous ulcer can be considered as Dushtavrana. Acharya Sushruta has mentioned Shashtiupakrama for the management of Vrana. These upakrama pacify vranashopha, and prevent further deterioration, does vranashodhana and vranaropana. Raktamokshana is one among the treatment modalities for management for Dushtavrana. Virechana is specially indicated in the chronic non healing ulcers.

CASE REPORT

A gentle man aged 63 years, came to our hospital with the complaints of swelling, discoloration, discharge and ulcer with scab in left the lower limb since 6 months.

History of Presenting Illness

As per the statement of the patient, he was apparently healthy 10 years ago. Then he gradually noticed discoloration in the left lower limb above the ankle joint, which he was neglected since 10 years. Later he developed itching, then scratch developed and then scab like lesion in the left lower limb about 70% of leg was covered with scab with foul smell since 6 months so he consulted a physician where they opened up the lesion and dressing was done and advised for amputation but patient refused to get the treatment. Patient also had history of tortuous and dilated veins since 10 yrs. He also experienced pricking sensation and numbness in the left lower limb and pain used to aggravate on long standing hours and reduces on taking rest and limb elevation. So he visited our hospital for further management.



Family History- No relevant history.

Personal History

Sleep-disturbed, Appetite- reduced, Bowel- regular, Habits- no addictions BP-140/80.

PR-78bpm, weight-70kgs, Height-170cms

His laboratory investigations are as follows

HB%-12.2 mg/dl, WBC-11000, Urea-22mg/dl, Creatinine-0.6mg/dl, Urine routine – albumin-nil, sugar-nil, pus cells-3to4, CRP-1:16

Systemic Examination

CVS: S1 S2 heard CNS: Conscious and oriented time, place and person RS: NVBS PA : Soft and non tender

Local Examination

1) Left Lower Limb

a) Inspection: Blackish skin colour change (from 5cm below the knee joint covering entire limb) and hair loss noted below the knee joint but no erythema

swelling- present(non pitting)

b) Palpation: Raise of temperature; dorsalispedis, posterior tibial pulse-present, Anterior

Tibial pulse - present, Popliteal pulse - present, Femoral pulse - present

c) Sensation: Monofilament test- diminished sensation. Vibration (tuning fork)- diminished.,

2) Ulcer Examination

Inspection

Site – Anterior aspect of left limb 7 cm below the knee joint, Size & shape- 2.5x3cm, irregular in shape, 3mm depth, number –multiple, Onset- chronic, Edge and margin- blackish, inflamed, scab, irregular border with sloping edge, Floor – pale, slough, Base-exudate present with no fixity to the underlying tissues with Induration, Discharge- yellowish

According to wagner's ulcer classification system, grade 2

Palpation

Skin temperature – raised temperature

Capillary filling time -2 sec

Tenderness-present

Induration : Seen in the skin surrounding the ulcer

SampraptiGhataka

Hetu – Long hours of standing SFJ: GRADE III INCOMPETENCE.

GSV: INCOMPETENT TILL UPPER THIRD. GSV ANTERIOR TRIBUTARY

DILATED AND DILATED TORTUOUS.

INCOMPETENT PERFORATORS

PurvaRupa- Vaivarnya, Suptata,Ruja

Dosha - Vata and Pitta

Dushya - Rasa, Rakta

Srotas - Rasavaha, Raktavaha

RogaMarga -Bahya

Rogibala – Avara

Hetubala - madhyama

Agni –Samagni

Koshta-Krura

CHIKITSA

Then wound was treated with Ayurvedic line of management mentioned by AcharyaSushruta. Treatment protocol includes Jaloukacharana (raktamokshan), Kashayaseka and Snehapana followed by Virechana. These were given to convert Dushtavrana into Shuddhavrana. Oral medications and daily wound dressing with vranaharinitaila and removal of scab on alternate days.



TIME PERIOD	MEDICINE and TREATMENT	DOSE AND ANUPANA
3 days From 12/11/23 to 14/11/23	1)Tab Agnitundivati 2) Tab Chitrakadivati 3) Wound dressing with Vranaharinitaila	250mg bd(warm water) 250mg bd(warm water)
6days From 15/11/23 to 20/11/23	3) continue along with following 4)AragvadaMahatiktakaGhritha(snehapana) 5) Panchavalkalakawatha(kashayaseka) 6) Jaloukaavacharana (2 leech around the wound alternate days)	From 30ml to 160ml in Arohanakrama with a pinch of saindhavalavana
3 days From 21/11/23 to 23/11/23	3,5, and 6 continue 7) Sarvangaabhyanga with Manjishtaditaila followed by Bhashpasweda	
1 day On 24/11/23	3 and 7 continue 8) Virechana with Nimbaamrutadierandataila(50ml) + Trivruthleha(50gms)	Warm water

After virechana Patient was adviced to follow Samsarjanakrama for 3 days and discharged with following oral medicines with daily dressing.

1. Tab Varicolyte 1-0-1 After food
 2. Varicolyte gel for external application
 3. Cap Grab 1-0-1 After food
 - 4.TabNishamalaki 1-1-1 Before food
 5. SypMahamanjishtadikashaya 15ml-0-15ml with 30ml of water Before food
 - 6.syp PatolaKaturohinyadikashaya 15ml-0-15ml with 30ml of water Before food
- All the medicines for 10 days

Follow up after treatment

The patient was called for follow-up after treatment on every alternate day for wound management, with continuation of mahamanjishtadikashayam and Tab Varicolyteas internal medicine. The patient was thoroughly educated for hygiene, to follow PathyaAhara and Vihara. By the end of 45days , now the patient is having healthy and healing status and reduced wound size is almost on the verge of complete healing. This was a case managed completely on Classical Ayurveda treatment modality which prevented the

patient into going from Below Knee Amputation and thus saving patients limb.

DISCUSSION

Initially patient was given with Deepana and Pachana drugs to increase Agnibala.

Then snehapana has started with Aragwadhamahatiktakaghrithafrom 30ml to 160ml. Rationality behind choosing this gritha is that solidification(scab) due to kapha and discoloration due to pitta, so here it balances both kapha and pitta dosha. Jaloukavacharana was done to improve the local circulation and to do sthanikashodhana. Panchavalkalakashaya is done to cleanse the local impurities.DuringvishramakalaAbhyanga was carried out with Manjishtaditaila as Manjishta is known as Blood purifier. Virechana is adopted as it is one among Shashtiupakrama and it is specially indicated in adhokaya and deerghakaalanubandhi vrana.⁴

After shodhana patient adviced to take shaman oushadhies like

- Tab. Varicolyte – It helps in strengthening venous valve stimulates venous return (blood circulation) and naturally aids in conditions of venous insufficiency.
- Tab. Grab - Offers anti microbial& anti-inflammatory property which helps ininfectious diseases.
- Patolalatrohinyadikashayam- is usedfor chronic skin sensitivities, rashes, itching,scaling and discharge; skin pigmentation;sluggish metabolic function; dull, lifeless skinprone to infection.⁵
- Tab. Nishaamalaki- Antidiabetic, Anti-inflammatory, Antipruritics⁶



1st day



After 20 days of treatment



After 45 days of treatment

CONCLUSION

Venous ulcer patient as a complication loses his limb. But by adopting Ayurvedic management can save limb and prevents patient going Amputation. These shasthiupakramas adopted at appropriate time can save the limb from being amputated and it will have a huge impact on patient's day today living.

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