



Ayurvedic Management In Venous Ulcer – A Case Report

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Abstract:

In the present era, ulcer management is challenging for the surgeon. Varicose ulcers are wounds that arise due to the malfunctioning of veins, typically in the lower limbs. In Ayurveda, the condition is clinically correlated with '*Sira janya dushta vrana*' in *Sushruta Samhita*, which gives a detailed description of the various features of a *Dushta Vrana* and has *Shashti Upakramas* for treating such *Vranas* (ulcers).

The overall incidence is higher for females than males. Compression therapy and antimicrobial therapy are strategies for managing chronic wounds. Surgery is performed in cases where there are no responses. This case report is the description of a 43-year-old male who is a businessman by profession and complains of non-healing ulcers in the left lower limbs around the ankle joint with a history of 10 years, associated with severe pain, burning sensation, and foul smell that have aggravated for 2 years. He took treatment for the same but didn't get any relief, so he approached for the treatment. By using *Shashti Upakrama*, we applied treatment for the patient, which was *Jalaukavacharana*, followed by *Kasisadi Taila* external application and internal medications such as *Kaishora Guggulu*, *Gandhaka Rasayana*, and *Manjishtadi Kashaya* for 2 months.

The presented study combines *Jalaukavacharana* and *Kasisadi Taila* applications with internal medications, which was a good alternative therapy for managing non-healing varicose ulcers.

Keywords: Varicose ulcer, *Jalaukavacharana*, *Kasisadi Taila*, *Manjistadi Kashaya*, *Gandhaka Rasayana*, *Kaishora Guggulu*

INTRODUCTION:

Shalya Tantra is one of the *Ashtangas* of *Ayurveda*, in which surgical and parasurgical techniques have been described for the management of various surgical diseases. One issue that frequently arises in the surgical sector is *Dushta Vrana*. *Dushta Vrana*, according to *Acharya Sushruta*, is a persistent ulcer that can occur anywhere on the body. The various facets of a *Dushta Varna* are thoroughly explained in the *Sushruta Samhita*¹. *Avasanna* (overly depressed), *Utsanna* (overly elevated), *Ativivrita* (overly uncovered), *Atikathina* (too hard), *Atimrudu* (too soft), *Atisamvrita* (overly covered), *Atyushna* (calor), *Atisheeta* (cold to touch), differently colored, unsightly, suppurative, painful, associated with different discharges, and chronic are all considered as the symptoms of *Dushta Vranas*. Either trauma or *doshas* are at blame. It is known as *Agantuja Vrana* when it is brought on by trauma and *Nijavrana* when it is brought on by *doshas*.

An ulcer is defined as "a local defect or excavation of the surface of an organ or tissue produced by sloughing of necrotic tissue. The word ulcer was derived from the Latin word 'ulcus', which is a term that describes an opening or lesions on the skin or mucous membrane that are associated with sloughing or inflamed necrosed tissue. Ulcer⁽²⁾ is a discontinuity, often excavation of skin exhibiting loss of epidermis and a portion of the dermis and even subcutaneous fat.

DETAILS OF PATIENT:

A 43-year-old male patient came with complaints of a non-healing ulcer over the bilateral lower limb with pain, burning sensation, and foul smell with a history of 10 years that got aggravated for 2 years. To the extent that due to pain, he has disturbed sleep and restricted his daily activities. He was diagnosed as a case of varicose veins for 13 years. On examination, an anteroposterior aspect of the ulcer was noticed. The ulcer was characteristically covered with unhealthy granulation tissue with slough, pus, and a foul smell.

HISTORY OF PAST ILLNESS: N/K/C/O Diabetes, Hypertension or any other lifestyle disorders

MEDICAL HISTORY: Nothing specific

SURGICAL HISTORY: Operated for varicose vein in 2014 at KLE Hospital Belgaum

PERSONAL HISTORY:

- **Appetite** : Decreased
- **Bowel** : Clear & Regular (once a day)
- **Micturition** : Regular (4-5 times/day)
- **Sleep** : Disturbed
- **Habits** : Tobacco chewing since 20 years
- **Diet** : Mixed

GENERAL EXAMINATION

- **Pallor** : Absent
- **Icterus** : Absent
- **Clubbing** : Absent
- **Lymphadenopathy**: Absent
- **Oedema** : Present

VITALS EXAMINATION

- **BP** : 130/80 mmHg
- **Pulse** : 76/min
- **Temperature** : 98.6°F
- **RR** : 18 cycles/min

LOCAL EXAMINATION**ULCER EXAMINATION**

- **Number of Ulcers:** - 2
- **Site** :- Right leg – Planter region (1) & Medial aspect of lower third of leg (2)
- **Size** :- 4*4 cm (1), 4*3 cm (2)
- **Shape** :- Irregular
- **Surrounding Skin** :- Blackish discolouration
- **Margin** :- Irregular
- **Edge** :- Raised
- **Floor** :- Epithelialized with granulation
- **Base** :- Underlined Muscle
- **Discharge** :- Serous discharge present

PALPATION:-

- **Local Temp** :- Rise in temperature
- **Tenderness** :- Severe tenderness on mild touch

Colour Doppler (20/03/2023)

- Multiple varicose veins with bilateral saphenopopliteal incompetency and incompetent perforators
Sub-cutaneous oedema on lower leg bilaterally.
- No evidence of DVT or Ischemia.

DIAGNOSIS: - *Dushta Vrana* (Non healing Varicose Ulcer)

Treatment Done: - Daily *prakshalana* with *triphala Kashaya* & dressing with *kasisadi taila*.⁽³⁾

Eight sitting of *Jalaukavacharana* ⁽⁴⁾ done keeping gap of 7 days. In each setting *Jalaukavacharana* 2-3 Leech were applied.

Internal Medications: - *Kaishora guggulu* ⁽⁵⁾ & *Gandhaka rasayana* ⁽⁶⁾ – 1 TID after food,
Manjishtadi Kashaya–10 ml BD Before food with equal warm water

MATERIALS AND METHODS

Material used for *Jalaukavacharana*

- *Jalauka*, *Haridra* powder, sterilized gauze pieces, dressing pad, cotton, gloves, disposable syringe, kidney tray, distilled water.

Methods

The following treatment schedule was executed:

- Patient was undergone eight sittings of *Jalaukavacharana* (once in a week) on OPD basis.
- *Acharya Sushruta's* description of a standard protocol for *Jalaukavacharana* was followed.

Jalaukavacharana Vidhi

1. Poorva Karma
2. Pradhana Karma
3. Paschata Karma

Poorva Karma (Pre-operative Procedure)

- a) **Preparation of patient:** The ulcerated area was cleansed with normal saline to clear out the discharge. Following that, the wounds were cleaned with a dry gauze.
- b) **Preparation of *Jalauka*:** By preparing *haridra jala* with a pinch of *haridra churna* and placing it in a half-filled water kidney tray, *Jalauka* was activated.

Pradhana Karma (Operative Procedure)

- The patient was shifted to the procedure room and made to lie in the supine position.
- The activated *Jalauka* were caught with gauze after wearing rubber gloves and applied around the wound.
- A wet cotton pad was applied to *Jalauka* upon its attachment to the site.
- *Jalauka* was kept until self-detachment.

Paschat karma (Post operative Procedure)

a) *Paschat Karma* for *Jalauka*

- In order to induce vomiting, *haridra churna* was applied to *Jalauka's* mouth.
- After complete vomiting the *Jalauka* was again activated in *haridra jala* and stored in jar containing fresh water.

b) *Paschat Karma* for patient

- *Haridra churna* was applied over the bitten site to stop bleeding, and compression bandaging was done followed by foot end elevation.

DISCUSSION

- In an attempt to find an effective Ayurvedic treatment, *Jalaukavacharana* was used, and it was extremely effective in treating *Dushta Vrana*. An Ulcer can be co-related with *Nija Vrana*, and *Agantuja Vrana* can be established as a Wound based on the mode of onset and characteristic features.
- Probable Mode of Action of *Jalaukavacharana* in *Dushta Vrana*: - *Sushruta* indicated *Raktamokshana* in acute inflammatory swellings for prevention from *Vedana* and *Paka*. He strictly mentioned *Jalaukavacharana* in *Savishashopha* (infected swellings) But *Jalaukavacharana* has its own benefits viz., *Jalauka* (Leech) is anti-phlogistic, i.e. used for relief of local inflammation in tissue and has the capability of improving microcirculation. *Jalauka* sucks blood by self-regulatory mechanism i.e. they get detached from the wound on its own after sucking adequately. *Jalauka* is currently utilized for venous congestion, skin grafts, and postoperative care of reimplanted fingers. *Jalauka* exerts a local effect in the wound due to several active substances, emitted into during sucking.
- *Jalaukavacharana* is a painless procedure, less time-consuming, and does not require hospitalization. That is why *Jalaukavacharana* was taken for this study. As in *Dusta Vrana*, vitiated *Doṣa/Dhatu/Mala* accumulates in *Vrana*, resulting in obstructions and accelerating the course of illness. As a bio-purificatory technique, it eliminates ingrained toxins by expelling blood, balancing vitiated *Doṣa*, and clearing *Srotas*.
- Probable action of chemicals of leech saliva on the wound: - Hirudin acts as an anticoagulant, and prevents inflammation but performs slow cleansing of the wound. Due to its thrombolytic property, it is useful in thrombosis of arteries and veins.

CONCLUSION

- The best approach to *Sirajagranti Janya Vrana* is *Jalaukavacharana*. Leech therapy has proven to be an efficient, time-saving, inexpensive, and acceptable treatment for varicose ulcers. We might conclude that Ayurveda offers a glimmer of hope in the treatment of varicose veins and ulcers. After 60 days of treatment, the wound had entirely healed.
- The effect of *Kasisadi Taila* is more justified than the Other *Taila* in healing *Dusta Vrana*. *Kasisadi Taila* possesses both the *Shodhana* and *Ropana* effect. It is a very potent purifier by which slough in the wound is well cleared within a few applications. Because of this, *Kasisadi Taila* works wonders for *Dusta Vranas* and can be used bravely and confidently for all types of *Dusta Vrana*.

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PICTURES



Fig.1 Before Treatment



Fig.2



Fig.3 During Treatment



Fig.4 1 month



Fig.5 After Treatment



Fig.6 2 Months