



A Case Report On Venous Ulcer Treated With Ayurvedic Interventions

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Abstract: Chronic venous ulcers, characterised by their recalcitrant nature and significant impact on patients' quality of life, pose a substantial challenge in healthcare. Despite advancements in wound care, conventional treatments often yield suboptimal outcomes. This case report presents the successful management of a chronic venous ulcer in a 52-year-old female through a comprehensive Ayurvedic intervention. The patient exhibited a six-month history of a non-healing ulcer on the lateral aspect of the right ankle, which was unresponsive to prior conventional care. An integrated approach, encompassing local wound care, systemic therapies, and blood-letting, led to complete wound closure within eight weeks. The case highlights the potential of Ayurveda in addressing the complex pathophysiology of chronic venous ulcers, necessitating further research to validate these findings and explore their broader applicability.

Keywords- Siravyadham, Triphala Kashaya, Wound healing, Chronic venous ulcer.

Introduction

Venous ulcers, characterised by chronic, non-healing wounds resulting from impaired venous circulation, pose a significant challenge in modern healthcare. These lesions often exhibit a recalcitrant nature, exhibiting delayed healing and a tendency to recur. The underlying pathophysiology involves increased hydrostatic pressure within the venous system, leading to tissue congestion, inflammation, and impaired nutrient delivery¹. The resultant chronic inflammation and tissue ischemia create a milieu conducive to ulceration and delayed wound healing². The burden of venous ulcers extends beyond physical discomfort. Patients often experience significant reductions in quality of life, with limitations in mobility, sleep, and social participation³. The economic impact of these ulcers is also substantial, owing to healthcare resource utilisation and lost productivity⁴. Despite advancements in wound care, conventional treatments such as compression therapy, debridement, and topical medications often yield suboptimal results, necessitating the exploration of alternative therapeutic approaches⁵. Ayurveda, an ancient Indian system of medicine, offers a comprehensive framework for managing chronic conditions, including wound healing. The concept of Dushta Vrana, which encompasses chronic, non-healing ulcers, is extensively described in Ayurvedic texts⁶. This approach emphasises the importance of addressing both local wound factors and underlying doshic factors. Based on the Shasti Upakrama, there are multiple ways to manage based on the avastha. Acharya Sushruta has advised Raktamokshana in Dustavrana⁷. This case report presents a patient with a chronic venous ulcer. Raktamokshana was explored in the management of this condition. The following sections will detail the patient's clinical presentation, the interventions employed, and the subsequent outcomes.

Materials And Methods

2.1 Patient Profile

A 52-year-old female presented with a chronic venous ulcer on the lateral aspect of the right ankle, persisting for six months. The ulcer originated from a minor thorn prick sustained while working in the field six months prior. Despite initial neglect for a week, the wound failed to heal and subsequently progressed to a chronic ulcer.

2.2 Interventions

Local wound care: Daily wound cleansing was performed using *Triphala Kashaya*, prepared by boiling 50 grams of *Triphala Churna* in one litre of water and reducing it to half. The cooled decoction was used for wound irrigation, followed by the application of a dry sterile gauze dressing⁸.

Local application: *Sahacharadi Tailam* was applied daily to the surrounding skin, excluding the wound area, before bathing⁹.

Siravyadham: Blood-letting was performed twice during the treatment period, (Fig 2) at one-month intervals, by extracting approximately 60 ml of blood from a point 4-5 cm lateral to the wound¹⁰.

Internal medication:

Kaishora Guggulu: Administered orally once daily for two months¹¹.

Guggulu Tiktaka Ghritam: Administered orally once daily on an empty stomach for fifteen days prior to each *Siravyadham* procedure¹².

Triphala Paaneeya: Replaced drinking water for one month¹³. (Table 2)

2.3 Assessment

Wound measurements (length, width, depth) were recorded at baseline and weekly intervals using a ruler. Photographs of the wound were taken at baseline and post-treatment. The patient's subjective assessment of pain, discomfort, and wound appearance was documented. The patient adhered to the prescribed treatment regimen without complications.

I. RESULTS AND DISCUSSION

3.1 Results

The patient presented with a chronic venous ulcer measuring 2 cm by 2 cm on the lateral aspect of the right ankle, which had persisted for six months despite previous conventional treatment (Fig 1). Following an eight-week Ayurvedic intervention regimen, the ulcer demonstrated significant improvement (Fig 3). Complete wound closure was achieved, accompanied by a reduction in associated symptoms, including pain, discomfort, and edema¹⁴. The reduction in ulcer size and depth over time is summarised in Table 3.

3.2 Discussion

This case report highlights the successful management of a chronic venous ulcer through a comprehensive Ayurvedic intervention. The patient, a 52-year-old female, presented with a six-month history of a recalcitrant wound on the lateral aspect of the right ankle, unresponsive to prior conventional treatment. The integrated Ayurvedic approach, encompassing local wound care, systemic therapies, and blood-letting, demonstrated remarkable efficacy in achieving complete wound closure within eight weeks.

The underlying pathophysiology of venous ulcers involves chronic venous insufficiency, leading to tissue congestion, inflammation, and impaired nutrient delivery¹⁵. The Ayurvedic approach, rooted in the principles of holistic healing, addresses these multifaceted aspects through a combination of local and systemic interventions. The application of *Triphala Kashaya*, a potent herbal decoction with astringent, anti-inflammatory, and antimicrobial properties, was instrumental in debriding the wound, reducing bacterial load, and creating a conducive environment for tissue repair¹⁶. The concurrent use of *Sahacharadi Thailam*, endowed with anti-inflammatory and analgesic properties, facilitated wound healing by ameliorating local inflammation, pain, and edema¹⁷.

The systemic administration of *Kaishora Guggulu*, a classical Ayurvedic formulation, played a pivotal role in modulating the immune response, reducing inflammation, and supporting tissue repair¹⁸. *Guggulu Tiktaka Ghritam*, with its digestive and detoxifying properties, likely contributed to overall metabolic balance and enhanced the body's healing capacity¹⁹. The adjunctive therapy of *Siravyadham*, by addressing local congestion and promoting microcirculation, may have further augmented the wound healing process²⁰.

While this case report offers promising insights into the efficacy of Ayurvedic interventions, it is essential to acknowledge the limitations inherent in case report methodology. The absence of a control group and the

small sample size preclude definitive conclusions regarding the generalizability of these findings. Randomised controlled trials with larger sample sizes are imperative to establish the clinical efficacy and safety of the proposed treatment regimen.

The successful management of this case underscores the need for further research to elucidate the underlying mechanisms of action of the Ayurvedic interventions employed. Comparative studies with conventional treatment modalities are warranted to assess the cost-effectiveness and patient-reported outcomes associated with Ayurvedic care for chronic venous ulcers. Integrating Ayurvedic principles into the management of chronic wounds may offer a complementary or alternative approach, providing patients with additional therapeutic options and potentially improving overall outcomes.

IV. CONCLUSION

This case report underscores the potential of Ayurveda in the comprehensive management of chronic venous ulcers, a condition often refractory to conventional therapies. A 52-year-old female presented with a six-month history of a non-healing wound on the lateral aspect of the right ankle, unresponsive to prior standard care. The integrated Ayurvedic approach, encompassing local wound care, systemic interventions, and blood-letting, demonstrated remarkable efficacy in achieving complete wound closure within eight weeks.

The successful management of this case highlights the complex interplay between local and systemic factors in chronic wound pathogenesis. The Ayurvedic approach, rooted in the principles of holistic healing, addressed these multifaceted aspects through a combination of local and systemic interventions. *Triphala Kashaya*, *Sahacharadi Tailam*, *Kaishora Guggulu*, *Guggulu Tiktaka Ghritam*, and *Siravyadham* synergistically contributed to the observed clinical improvement.

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Figures and Tables

Tables -

Table 1: Ayurvedic Interventions for Venous Ulcer

Sl No	Intervention	Details
1	<i>Triphala Kashaya Pariseka</i>	Daily wound cleansing
2	<i>Sahacharadi Tailam</i>	Applied to surrounding skin, excluding wound area
3	<i>Siravyadham</i> (Bloodletting)	Performed 4-5 cm beside the wound, 60 ml blood extracted, repeated twice at 30-day intervals

Table 2: Internal Medications for Venous Ulcer

Sl No	Medication	Dosage	Duration
1	<i>Kaishora Guggulu</i>	1 BD	2 months
2	<i>Guggulu Tiktaka Ghritam</i>	1 tsp empty stomach daily morning	15 days before each <i>Siravyadham</i>
3	<i>Triphala Paaneeya</i>	Replaced drinking water	1 month

Table 2: Reduction of Ulcer Size Over Time

Week	Ulcer Size (cm)	Depth (cm)	Description of Wound Condition
0	2.0 x 2.0	0.5	Initial presentation; chronic venous ulcer present.
1	2.0 x 2.0	0.5	No significant change; ulcer remains same.
2	1.9 x 1.9	0.5	Slight reduction; minimal granulation tissue observed.
3	1.8 x 1.8	0.4	Gradual improvement; some reduction in pain.
4	1.5 x 1.5	0.3	Continued healing; increased granulation tissue.
5	1.0 x 1.0	0.2	Significant improvement; reduced exudate and discomfort.
6	0.5 x 0.5	0.1	Marked reduction; wound edges well-defined.
8	0.0 x 0.0	0.0	Complete wound closure; no signs of infection.

Figures

Fig 1: Before Treatment



Fig 2: Siravyadha Procedure

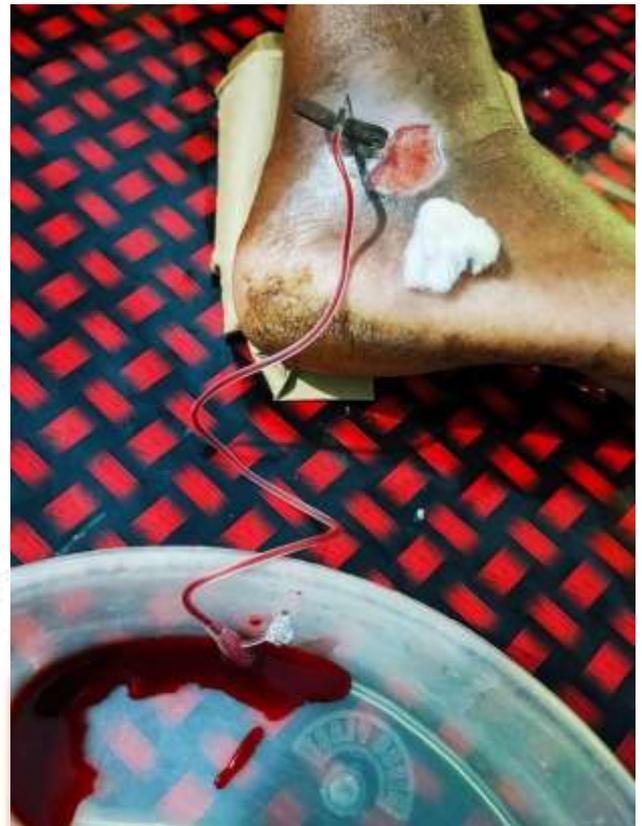


Fig3: After Treatment



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