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Management of Varicose Ulcer with combine Ayurvedic approach

- A Case Report

Dr.Damini Raut¹, Dr. Vedika Bhoir²

¹ First Year PG, Department of Shalyatantra, D. Y. Patil School of Ayurveda Navi Mumbai,

² Associate professor, Department of Shalya Tantra, D. Y. Patil School of Ayurveda Navi Mumbai.

Corresponding author: Dr. Vedika Bhoir

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Abstract

Background: Venous ulcers are develop as a result of improper venous valve function, primarily in the legs. Overall incidence rates for men and women are 0.76% and 1.42%, respectively. The malleolar zone on the medial and lateral portions of the ankle is where venous ulcers typically develop. In *Ayurveda*, this condition is considered as *Dushta Vrana*. It can be managed with the specific Shodhana therapy followed by ropan therapy. So, the same treatment protocol was used to treat the case discussed here, like *Manjishtadi Kshar Basti*, *Triphala Kwath Dhavan*, *Jatyadi Tail* dressing, and internal oral medication.

Material & Methods: This is a case study of an 41-year-man with an exposed chronic infectious wound on the front of his left leg and the front of his left foot, which was followed by pain, discharge (slough), foul odor, edema, and blackish skin discoloration, along with tortuous and dilated veins, swelling at left lower limb below knee joint since 2 years. This case was successfully managed with *Ayurved Approach*.

Results: The significant changes were observed in the form of complete wound healing, and associated symptoms also got resolved entirely.

Discussion: Encouraging results were obtained due to both local & systemic effects, i.e., anti-microbial, antiseptic, scrapping actions & wound healing properties of *Triphala kwath*, *Jatyadi tail* & *Manjishtadi Kshar Basti* and oral medications.

Conclusion: Formulations offers promising results without causing any undue effects. In this case which showed that both *Jatyadi Tail* and *Triphala kwath Dhavan* along with *Manjishtadi Kshar Basti* are effective & safe in the management of Chronic Varicose Ulcer.

Keywords : Ayurveda, Dushta Vran, Varicose Ulcer, *Jatyadi Tail* Dressing, *Triphala Kwath Dhavan*, *Manjishtadi Kshar basti*.

Introduction:

Varicose veins are a highly prevalent issue. They can cause disability and worse quality of life. Varicosity may also be found in the rectum (haemorrhoids), oesophagus (esophageal varices) and in spermatic cord (Varicocele) etc., but their twisted, bulging, superficial appearance on the lower extremities makes them easily identifiable. [1] Definition: Varicose veins are tortuous, enlarged, palpable, usually blue or dark purple in the subcutaneous tissues of the legs, ankle and are often easily visible. All of these veins possess one-way valves to ensure that the blood flows towards the heart; however, when their valves are normally defective, blood reflux occurs, resulting in venous hypertension, which can produce symptoms. [2] About 47,928,177 people in India have varicose veins that can be informed about, according to statistics. Another estimate places the prevalence of vein disease in India's population between 15 and 20 percent. [3]

Patient’s Information:

41 year old man came to OPD No. 3 with complaints of varicose vein and ulcer present at left lower limb. Details of Chief & associated complaints with duration are given in Tables 1.

Table no. 1: Details of chief complaints with duration

S. N.	Nature of Chief complaint	Severity	Duration
1	swelling at left lower limb below knee joint	4+	2 years
2	blackish discoloration at left lower limb at left foot	4+	2 years
4	Tortuous and dilated veins present at left lower limb along with increased swelling at left lower limb in long standing position.	3+	2 years
3	infectious wound present at left lower limb	3+	1.5 years
5	pain at ulcer region present on left lower limb	2 +	1 year
6	pus discharge from ulcer present at left lower limb	2+	15days
7	Foul smell from ulcer region present at left lower limb,	2+	15 days

Progress Of Disease:

The patient was well before 2 years but later he suffer from swelling at left lower limb below knee joint, blackish discoloration, infectious wound, pain at ulcer region, pus discharge from ulcer, foul smell from ulcer region, tortuous and dilated veins along with increased swelling at left lower limb in long standing position.

Patient’s History:

Details of the patient’s history are given in Table no.2.

Table No.2: History of patient

S.N.	Head	Details of the patient
1	Past History	No H/o similar episode No any Major illness No allergy No drug history No previous operation done No history of any trauma/tuberculosis (TB)
2	History of present illness:	Onset- Before 2 years Duration – since 2 years Progress- Gradual
3	Family History	Mother –K/C/O/ (DM) HTN and IHD Father –HTN, IHD, and osteoarthritis (knee) Siblings: one brother – K/C/O/HTN.
4	Personal History	Diet: vegetarian, Daily intake of oily, sweet food items despite being diabetic nature Sleep: interrupted due to burning sensations and pain overwound No history of any addiction

Examinations:



Figure 1: Local examination of the affected part is depicted

Table No. 3 : Local examination of patient

Sr. No.	At Left Lower Limb:	At Multiple Ulcers:
1	Ulcer present at anterior side of left lower limb	Slough- +++
2	Blackish Hyperpigmentation present at left lower limb.	Pus Discharge- +++
3	Dilated and tortuous veins are present at left lower limb.	Tenderness- ++
4	Edema- +++	Foul Smell- +
5	Tenderness - ++	No active Bleeding

Table No. 5 : Line Of Treatment

S. N.	Type of intervention	Time of administration	Anu-pana	Dura-tion	
1	Local Application	<i>Triphala Kwath Dhawan</i>	Twice daily	NA	15 days
		<i>Jatyadi Taila</i>	Twice daily followed by <i>Gomutra Dhawan & bandaging</i>	NA	15 days
2	Internal Administration	<i>Gokshuradi guggulu 350 mg 2BD AF</i> <i>Kaishore Guggulu 350mg 2BD AF</i> <i>Punarnava Mandoor 2BD AF</i> <i>Avipattikar + Hingwashtak Churna 3gm BD AF with warm water.</i> <i>Khadirarishta 30ml BD AF with equal amount of water</i>		Warm water	60 days
3	<i>Panchk-arma</i> Procedure	A. <i>Yoga Basti-</i> i. <i>Anuvasan Basti</i> with <i>Dhanwantar tail</i> ii. <i>Nirooh Basti</i> with <i>Manjishtadi kshar basti</i>		NA	8 Days
4	Advice	<ul style="list-style-type: none"> Two pillow leg elevation for lt lower limb. Crepe Bandaging at lt lower limb in day time. 		NA	15 Days

Table No. 4 : Local Laboratory of patient

Reports done outside on 14/02/2023. (Venous doppler study of left lower limb.)

Sr. No.	Findings
1	Deep Vein Thrombosis: few strands of echogenic thrombus seen in popliteal vein.
2	Sup Venous System: Great saphenous vein is dilated in leg region. Short saphenous vein seen normal in leg region.
3	SSV (Short Saphenous Vein): popliteal junction is incompetent.
4	Few varicosities seen at post medially and post laterally in calf.

Diagnosis :

Varicose Ulcer (Siraj Vrana / Dushta Vrana).

Therapeutic Intervention:

The line of treatment was adopted, as shown in Table No.5.

Observation And Result : (Diagnostic Assessment)

Table No.6: Assessment of Subjective Criteria

S.N.	Type of Symptom	Before Treatment (on 1 st day)	On 15 th day	After Treatment (on 60 th day)
1	Pain(VAS)	3+	2+	0
2	Slough	3+	1+	Absent
3	Tenderness	3 +	1+	Absent
4	Pus discharge	Severe	Absent	Absent
5	Foul smell	2+	Absent	Absent
6	Itching over affected part	2+	Absent	Absent

Table No.7: Assessment of Objective Criteria

S.N .	Sign	Before Treatment	After 15 days	After Treatment (On 60 th day)
1	Size of wound	1. Anterior side of left lower limb. It is irregular and about 4*7 cm length. 2. Multiple small Ulcers present at lateral side of left lower limb at lateral malleolus about 2cm and 4 cm dia.	Decrease in size	No wound
2	Quantity & color of discharge	Profuse deep-seated fresh wound & pus discharge at the base of the wound	Pus discharge stopped & the Formation of the crust	No discharge and Complete healing of Wound
3	Edema around wound	Significant edematous edges	Edema was minimal, pinkish-red edges showing growing epithelium	Absence of edema
4	Appearance and color of the base of the wound	Redness and the presence of the wound's raw surface	The crust separates, and the granulation tissue appears.	Pinkish white skin with no contraction

The diagnostic assessment was carried out using subjective & objective criteria, as shown in Tables 6 & 7. At the end of the 15th day, the clinical features of *Siraj/Dushta Vrana* had improved, and the wound had healed fully by the end of the 60th day. There was no

proof of infection. Healthy granulation tissue present after five days. Regular dressing was continued for 15 days. The percentage of wound contraction increased drastically. It was determined by keeping track of how the wound area plan improved over time. The progress of the injury after treatment is shown in the fig.no.2.



Discussion:

Venous ulcer or varicose ulcer is the commonest ulcer of the leg. It is usually found on the medial portion of the lower third of the limb. These ulcers are frequently connected with varicose veins in the upper region of the limb. Varicose veins are convoluted, enlarged veins in the subcutaneous tissues of the legs that are frequently apparent. Their valves are frequently defective, causing blood reflux and venous hypertension, which can produce symptoms. Legs are the primary area for varicose veins because to the force of gravity, pressure from body weight, and the work of delivering blood from the bottom of the body to the heart. Compared to other veins of the body, leg veins have the toughest job of carrying blood back to the heart. Various terms have been used for this ulcer e.g. varicose vein, post thrombotic ulcer, gravitational ulcer etc. CVI may develop due to obstruction, blood

reflux or a combination of both mechanisms, causing micro- and- macro-circulatory dysfunction. Major risk factors for development of venous leg ulcer include long standing, old age, pregnancy, sex, athletes, trauma, immobility etc. pathophysiology of venous leg ulcer includes DVT, perforator insufficiency, calf muscle pump insufficiencies etc. leads to distal venous hypertension leads to ulcer.^[4]

According to *Ayurvedic* classical texts the complete explanation of varicose vein is not found. It is available in scattered manner. On the basis of signs and symptoms the varicose vein, it shows close resemblance with *Siragat Vata*, *Vataj Vatrakta*, *Siraj Granthi*. On detailed review of available literature we found that symptoms of varicose vein lies in close proximal with *siraj granthi*. It also has close resemblance with *siragat vata* as described by Acharya Charaka. Majority of symptoms of *vataj* type of *vatarakta* also coincides with the symptoms of varicose vein. Concisely it can be understood as an outcome of vitiation of all the three *Doshas* along with *Rakta*, *Mamsa*, *Medo Dhatu Dushti*. Acharya Vagbhata alters the physical indicators by adding *Vakreekarana* (tortuosity), which clarifies the clinical picture and also states that *Sirajagranthi* will be *Nishphura* (nonpulsatile) and *Neeruja* (painless). A.H.A.U.29/10-11.^[5] According to *Ayurvedic* classics varicose ulcer can be correlated with *Siraj Vran* or *Dushta Vran*. *Dushta vrana*, according to Acharya Sushruta, is a chronic ulcer, manifested in any part of the body, caused either by the *Doshas* or trauma. *Susruta Samhita*, *Sutra sthana*, Ch.23 Ver.6.^[6] When caused by *Doshas*, it is known as *Nija vrana*; when caused by trauma, it is known as *Agantuja vrana*. *Sushruta Samhita* provides a detailed account of the

numerous characteristics of a *Dushta vrana*. The one that is *Atisamvrita* (excessively covered), *Ativivrita* (excessively uncovered), *Atikathina* (too hard), *Atimrudu* (too soft), *Utsanna* (excessively elevated), *Avasanna* (excessively depressed), *Atyushna* (calor), *Atisheeta* (cold to touch), differently coloured, ugly looking, suppurative, painful, associated with different types of discharges, and chronic; is called a *Dushta vrana*. (Su. Su, 22/7).^[7]

A 41-year-old male Patient came to OPD No. 3. Department of *ShalyaTantra*, D. Y. Patil *Ayurvedic* hospital for his treatment. Admitted in *Shalya* Male ward on 17/05/2023 and got discharged on 24/05/2023. Patient was having Following Complaints since 2 years: Swelling at left lower limb below knee joint, Blackish discoloration at left lower limb, Infectious wound present at left lower limb, Dilated and tortuous veins present at left lower limb, swelling at left lower limb. Increased on standing, Pain at ulcer site, whitish slough present at ulcer. Location of ulcer present on left lower limb at anterior side of left lower limb. It is irregular and about 7 cm length and multiple small Ulcers present at lateral side of left lower limb at lateral malleolus about 2cm and 4 cm dia. The patient was advised for treatment of *Panchkarma* procedure *Yoga Basti* For 8 Days. *Anuvasan Basti* with *Dhanwantar tail*, *Nirooh Basti* with *Manjishtadi Kshar Basti*, *Triphala Kwath Dhavan*, *Jatyadi Tail Dressing*. Oral medications are given for 1 month- *Gokshuradi Guggulu* 350 mg 2BD AF, *Kaishore Guggulu* 350mg 2BD AF, *Punarnava Mandoor* 2BD AF, *Avipattikar + Hingwashtak Churna* 3gm BD AF with warm water, *Khadirarishta* 30ml BD AF with equal amount of water.

Mode Of Action Of Internal Medication :

- *Gokshuradi Guggulu*- having *Shothahara*, *kaphanisarak* and *Lekhan* property.
- *Kaishore Guggulu*- having blood purifying effect (*Raktaprasadak*)
- *Punarnavadi Mandoor*- *Shothahara*, *vreropak* and *krimighna* property
- *Khadirarishta*- antioxidant property, antimicrobial, antifungal, *Shothahar* and helps to purify blood etc.
- *Guggulu - Guggulu* is having *Pidanashak*, *Shothhara*, *Vedanashak*, *Vrana Shothahar* and *Vranropan* property.

Yoga Basti Krama is given in Table no 8 as follows:

Table No.8: Yoga Basti Krama

Days	1	2	3	4	5	6	7	8
Basti	M	MK	M	MK	M	MK	M	M

MK- *Manjishtadi Kshar Basti*

M- *Matra Basti* with *Dhanvantar Tail*.

In the context of *Vraṇa Cikitsā*, *Basti Chikitsā* is mentioned as a *Śodhana* therapy where medicines are administered through rectal route. The *Vāta Doshaja Vraṇa* and *Adhaṅkāyaja Vraṇa* (ulcers prone to lower limbs) are treated with *Basti karma* or *Āsthāpana Basti* administered through rectal route. *Mahamanjishtadi Kwath* made of *Manjishtha*, *Triphala*, *Kutki*, *Guduchi*, *Nimba*, *Vacha*, *Daruharidra*. Method of preparation of *Manjishtadi Kshara Basti*. The different components of *Basti* should be mixed in following pattern: *Gomutra*- 100 ml, *Madhu*- 30ml, *Saindhava Lavana*- 3gm, *Dhanvantar Taila*- 100ml, *Manjishtadi Kwatha*- 500ml, *Mishri*- 2gm all ingredients are

thoroughly mixed and a preparation in the form of emulsion was obtained, this was made *Sukhoshna* by keeping it inside the *Ushnajala*.

Probable mode of action of *Manjishtadi Kshar Basti* is given in table no 9.^[8]

Sr. No.	Drug	Probable Mode of Action
1	<i>Manjishtha</i>	It has properties like <i>Tikta- Kashāya Rasa, Katu Vipāka, Uṣṇa-Vīrya, Kapha-Pitta-Shāmaka; Shleshma-Śōtha Nāśaka</i> . Also, a study proved the significance of <i>Mañjisthā</i> in chronic wound healing.
2	<i>Triphala</i>	<i>Triphala</i> contains a number of antioxidants that perform protective functions in the body.
3	<i>Kutki</i>	<i>Rasa-Tikta, Guna- Laghu Ruksha, Veerya- Sheeta, Vipaka-Katu</i> . Balances <i>Pitta Vata</i> .
4	<i>Guduchi</i>	<i>Tikta-Kāśāya Rasa; Madhura Vipāka; Uṣṇavīrya; Tridośaśāmaka; Dīpanīya</i> , and <i>Dāhanāśaka</i> are its properties.
5	<i>Nimba</i>	<i>Rasa : Tikta, Kashaya, Guna : Laghu, Ruksha, Virya : Shita, Vipaka : Katu Kaphapittahara, Grahi</i> (reduce excessive discharge), <i>Sothahra</i> (anti-inflammatory), <i>Arshoghna</i> (useful in piles), <i>Krimighna</i> (anti-helminthic), <i>Kusthaghna</i> (useful in skin disorders)
6	<i>Vacha</i>	<i>Rasa : Katu, Tikta, Guna : Laghu, Tikshna, Virya : Ushna, Vipaka : Katu, Vatakaphahara, Lekhaniya</i>
7	<i>Daruharidra</i>	<i>Rasa : Tikta, Kashaya, Guna : Laghu, Ruksha, Virya : Ushna, Vipaka : Katu Kaphapittahara, Chedan</i> (scarpping of <i>Kapha</i> humor and <i>Meda Dhatu</i>), <i>Pramehahara</i> (anti-diabetic), <i>Kusthaghna</i> (useful in skin disorders), <i>Vranropana</i> (wound healing)
8	<i>Gomutra</i>	<i>Rasa : Katu, Tikta, Kashaya, Lavan, Vranropak, Lekhaniya, Svarnatwakrit</i> (normalize the skin colour), <i>Tikshna</i> (helps is deeper penetration), <i>Malashodhak</i> .
9	<i>Dhanvantar Tail</i>	<i>Vatahara, shothahara, vedanashamak, antioxidant</i> property, acts as a neuroprotective etc.

Manjishtadi Kshar Basti by its *Strotoshodhak* and *Rakta Prasadak* property reduces the inflammation and purifies the blood. The *Kshar Basti* by its *Strotoshodhak* property helps in clear the obstruction.

Triphala Kwath Dhavan and its Probable mode of action:

According to *Acharya Sushruta*, among the 60 measures of comprehensive wound management, *Parisheka* (pouring of liquids) for reduction of *Shopha* and *Kashaya* (Cleansing Deccoction) for *Durgandhanam* (Smelling), *Kledavatam* (Sodden), *Picchila* (Slimy) wounds. The *Kashaya Parisheka* performs both the functions of *Shodhana* (cleansing) and *Ropana* (healing) in cases of *Dushta Vrana*. *Triphala* consist of *Amalaki*, *Haritaki* and *Bibhitaki*. It balances all three *Doshas*. It has *Vranropak*, *Vranshodhak*, *Kushtaghna* and *Rasayan* properties. It is *Stravhara* and *Vedanashamak* too. It is reported to be an effective antimicrobial, blood purifier and immunomodulator action. *Triphala Kwatha* contains active compounds in them such as Gallic acid, Chebulinic acid, Ellagic acid, Flavonoids, Tannins and Polyphenols which are responsible for its effective immune stimulatory action. It is reported to be an effective antibacterial agent against Gram-positive and Gram-negative bacteria, antifungal agent.^[9,10]

Jatyadi tail dressing and its Probable mode of action in wound healing-

Jatyadi Taila is having *Tikta*, *Kashaya Rasas*, *Laghu*, *Ruksha Gunas*, *Pitta Kapha Hara* and have the properties of *Vrana Shodhana*, *Ropana*, *Pootihara*, And *Vedanasthapana* with Antibacterial, anti-inflammatory, and antifungal properties. In order to make *Jatyadi taila*, *Tila Taila* is used. *Tila Tail* Have *Ushna*, *Teekshna*, *Madhura*, *Vataghna*, *Vyavayi*,

Vikasi, and *Sukshma Gunas*. As a result, its *Sukshma*, *Vyavayi*, and *Vikashi Gunas* may assist in reaching the minute channels and minimizing *Vedana*. As a result, it may aid in the elimination of slough, Because *Jatyadi Taila* contains medications with both *Shodhana* and *Ropana* properties, it aids in the proper healing of *Dushta Vrana*. Overall, the healing effect is caused by the combined impact of the substances.^[11]

Conclusion:

An attempt was made to treat varicose ulcer (*Dushta Vrana*) like condition with *Ayurvedic* management. As varicose ulcer is caused due to the *Doshas* and can be compared with the *Dushta Vrana* in *Ayurveda*. The combine treatment of internal medications and *Manjishtadi Kshar Basti* (explained by *Chakradatta*). External application of *Triphala Kwath Dhawan* along with *Jatyadi Tail* dressing shows effective results against the varicose ulcer (*Dushta Vran*) which is difficult to cure.

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