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MANAGEMENT OF VARICOSE ULCER WITH AYURVEDIC TREATMENT: A CASE REPORT.

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ABSTRACT

A varicose ulcer is also known as venous ulcer or venous stasis ulcer. Varicose ulcers are wounds that are thought to occur due to chronic venous insufficiency, usually of the leg. Its improper care can cause cellulitis, gangrene and may need amputation of the part of limb. Conventional treatment like compression stocking, foot elevation, antibiotics and regular dressing of wound though is effective but required surgical intervention and not always affordable. However, recurrence of venous ulcer is common, ranging from 54 to 78% by the fifth year after healing. According to ayurveda, varicose ulcer correlated with '*Siragat vat janya vrana*'. *Sushruta* has described *shashti upakrama* for wound management e.g. *vranshodhana*, *vrantaropaka* etc. Patient with varicose ulcers was advised to take *kanchanar Guggule* and *Guduchi swaras* internally, *Sahachar* tail snehan over lower limb and daily dressing with *Jatyadi tail* which provide very effective and the ulcer healed completely in 4week.

Key word: vrana, Siragat vat janya vrana, kanchanar, vranaropaka, vranashodhana.

INTRODUCTION:

The varicose ulcers are the wound which occurs due to inappropriate function of venous valve. The damaged venous valve prevents backflow of the blood leading to stasis of blood vein causing significant reduction in arterial blood pressure such that blood is not pumped properly into that area [1]. Which ultimately damages capillaries of skin and subcutaneous tissue resulting in capillary proliferation and inflammation causing ulcer formation [2]. Venous ulcers may also occur due to increase intravenous pressure and secondary to DVT, obesity, Injury, chronic constipation and long standing occupation etc. The varicose ulcers accounting 70 to 90 % are untreated or not treated properly, it can lead to cellulitis, gangrene which may require surgical intervention amputation of the limb.

Venous ulceration has two main etiologies. Firstly, ulceration may be associated with demonstrable varicose veins and secondly, may follow thrombosis and phlebitis in the deep and perforating vein [3]. Varicose ulcers appear when these enlarged veins become congested with fluid buildup and infection occurs.

The incidence like rate of varicose ulcer in male is 0.76% and in female is 1.42% [4]. In conservative treatment such as supportive care like wound dressing, compression stocking, physical exercise is used as a part from overall medications like Antibiotics NSAIDS and surgical treatment In Ayurveda varicose ulcer can be correlated with *siragat dushta vrana* (Non healing wound) which is resulted from various etiology [5].

The Ayurvedic treatment has potential and effectiveness in many chronic and challenging disorders. In Ayurveda there are too many easy procedure and formulation which corrected to many skin disorders and various types of ulcer. Here we have details of case of chronic venous leg ulcer which is well treated by ayurvedic formulations. Considerable healing of wound reduction of varicosity and Hyperpigmentation of leg occurs in 4 weeks of treatment.

CASE REPORT:

A 50year male patient, presented with a chronic wound on right leg anterior aspect since 3 month. He complained of pain, serous discharge, difficulty in walking. He took treatment for the wound but did not get relief. Hence patient got admitted in *Shalyatantra* department Government Ayurved College and hospital Osmanabad for further management and treatment.

PAST HISTORY:

No any h/o DM, Koch's, surgical illness and drug allergy.

{The any H/O not significant with the patient disease.}

PERSONAL HISTORY:

1. Appetite – good
2. Diet - mix diet
3. Sleep – normal
4. Bowel – normal
5. Micturation – normal
6. Addiction – Tobacco chewing since 30yrs

GENERAL EXAMINATION:

General condition of the patient was good,

- Pulse -90/min, regular
- BP -136/70 mmhg

- RR - 20/min, regular
No evidence of icterus, pallor and lymphadenopathy.

SYSTEMIC EXAMINATION:

RS – AE=BE, clear
CVS – S₁S₂ normal, no abnormal sound added
CNS – conscious & oriented
P/A – soft and non tender

ASTHAVIDH PARIKSHAN:

Ashthvidh Parikshan of the patient was done and it is found normal.

INVESTIGATION: Day 1

Hb %-14.7 gm%
BSL (Random)-90 mg/dl
BT-1.37"/min CT-4.5"/min
Urine routine- nil
HBsAg and HIV- negative

LOCAL EXAMINATION:

- Wound size – 5cm-3cm-3cm
- Site – right leg anterior aspect
- Discharged – serous present
- Foul smelling – mild
- Margins – regular
- Tenderness was present with surrounding induration and local rise in temperature.
- Granulation :Unhealthy granulation
- Base – Bone (tibia)

MATERIAL AND METHODS:

1. After the assessment wound wash with freshly prepared *Triphala kwatha*. Wound was cleaned and dressing with *Jatyadi tail* done daily.
2. Dressing was changed daily, total duration for treatment was four week and during the treatment assessment was done on 1stweek, 2nd week, 3rd week, 4thweek.
3. Patient was advised to take freshly prepared *Guduchi patra swaras* -20ml and *Kanchanar Guggule* 2 BD/ two times in

day daily and local snehan with *Sahachar tail*.

ASSESSMENT CRITERIA:

SIZE

0. No discontinuity of skin /mucous membrane
1. ¼ of previous area of ulcer
2. ½ of previous area of ulcer
3. > ½ previous area of ulcer

PAIN

0. No pain
1. localized during movement but relieves on rest
2. localized pain even during rest
3. localized pain even during rest and also towards the others side

SMELL

0. No smell
1. Bad smell
2. Tolerable unpleasant smell
3. Foul intolerable smell

EDGES

0. Adhere edge
1. Smooth, even, regular edge
2. Rough, oval edge
3. Angry look

DISCHARGE

0. No discharge/ dry dressing
1. Scanty occasional little discharge wet dressing
2. Often discharge need daily dressing
3. Profuse continuous discharge need frequent dressing

FLOOR

- 0. Smooth regular with granulation tissue /no need for dressing
- 1. Rough regular, mild discharge, less granulation tissue/need dressing
- 2. Unhealthy, less granulation tissue/needs daily dressing

3. Unhealthy, no granulation tissue, slough

Wound was measure during course of treatment and photographic image were also taken during every week of treatment for four week.



1st week



2nd week



3rd week



4th week

RESULT:

It was observed that the deep seated slough started to resolve from the base and the wound started to heal after one week. At this time he reports less discharge, odour and pain. The clinical feature of vrana was improved by the

fourth week). wound get completely closed, skin around affected area became pinkish and healthy tissue appeared. At the end of 4th week discharge, foul smell was completely stop. At the follow up of three months patient reports no sign of recurrence of symptoms.

Sign and symptoms	1 st week	2 nd week	3 rd week	4 th week
Size	3	3	2	1
Pain	3	3	2	1
Smell	2	2	1	0
Edges	3	2	1	0
Discharge	2	2	1	0
Floor	3	2	1	0

DISCUSSION:

In the current report the patient had been treated for chronic wound with allopathic medicine for 1 month but he reports no improvement from that treatment.

By Ayurvedic therapies like local application and oral administration of herbs as given below wound healing achieved by us within four week.

TRIPHALA:

Triphala consist of three herbs- *Amalakai* (*Embilica officinalis*), *Haritaki* (*Terminalia chebula*) and *Bibhitaki* (*Terminalia bellirica*). It balances all three *dosas* [6]. *Triphala* has properties of *vrana shodhan* and *ropana* [7] when made in kwath and used as a wound cleanser, it reduces infection and pain [8]. Studies have shown that *Triphala* possess antioxidant, anti-inflammatory, analgesic, antibacterial and anti-mutagenic qualities. *Triphala* reduces bacterial count and enhances wound closure with improved levels of collagen, hexosamine and uronic acid [9].

GUDUCHI:

Guduchi patra swaras used for wound healing because it possesses *Dhatuwardhan*, *Rasayana* and *Tridoshashamak* [10]. It also has anti-inflammatory, antimicrobial, immunomodulatory, antiulcer activity, antioxidants and anti-allergic properties [11]. Aqueous extracts has been also reported to influence the cytokine production, mitogenecity, stimulate and activation of immune effector cell [12].

KANCHANAR GUGGUL:

Kanchanar guggul prescribed in this case to reduce *kapha dosha* (*kleda* discharge) and to reduce pain which is detoxifying in nature It is also mentioned in *Granthi, Arbuda Galaganda*. [13]

JATYADI TAIL:

Jatyadi Taila is a medicated oil formulation (*Taila*) popularly used in the treatment of various topical wounds. [14] It is also useful in *Marmashrita Vrana* (ulcers of vital regions), *Kledi Vrana* (weeping ulcer). It exhibits

better wound healing activities by a significant increase in protein, hydroxyproline and hexosamine content in the granulation tissue in animal models.^[15]

SAHACHAR TAILA:

Thailam are the formulations very useful for *Siragata Vata. Sahachara* (*Barleria prionitis* L.) is rich in tannins, saponins, glycosides, phenolic acids, phytosterols, and terpene. It exhibits antibacterial, antifungal, antiviral, anti-inflammatory, antifertility, antioxidant, enzyme inhibitory, hepatoprotective, antihypertensive, anticancer, and anticataract activities.^[16]

CONCLUSION:

The result of this study shows complete resolution of chronic wound after six week of treatment. There were no adverse events throughout the management and healing accrued uneventfully. The mode of treatment was to be cost effective, safe and easy to implement.

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