Management of Chronic Venous Leg Ulcer (traumatic) – A Case Report

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A B S T R A C T

A chronic venous leg ulcer is not so common in Ayurvedic practices. But deep vein thrombosis is more common in clinics. Venous and arterial diseases are most usual cause of leg ulcers accounting to 60 to 80% of them. On an average 33 to 60% of these ulcers are present for more than 6 weeks and therefore referred to as venous leg ulcers. The case reported here was as a result of repeated trauma with a history since 20 years. The treatment was given at IPD level diagnosing it as Upadrava Roopi Vatarakta with valid Chikitsa Siddhanta. This case report provides us a guide lines that even a chronic ulcer can be healed with proper assessment of Dosha, Dhatu, Srotas involvement.

Key words: Upadrava Roopi Vatarakta, Venous Leg Ulcer, Chikitsa Siddhanta.

INTRODUCTION

Venous leg ulcers (VLUs) are defined as open lesions between the knee and ankle joint that occur in the presence of venous disease. Venous leg ulcers are caused by elevated venous pressure, turbulent venous flow and inadequate venous return that can be due to venous occlusion and/or venous reflux.[1] These ulcers affect the full thickness of the skin and are most commonly located at the ankle. Chronic venous disorders should be distinguished from other causes of skin ulcers such as arterial ischemia, pressure, diabetic neuropathy and trauma, as the management of these types of ulcers varies. The root of the problem is increased pressure of blood in the veins of the lower leg. This causes fluid to ooze out of the veins beneath the skin. Further leading to swelling, thickening and damage to the skin. The damaged skin may eventually break down to form an ulcer.

The increased pressure of blood in the leg veins is due to blood collecting in the smaller veins next to the skin. The blood tends to collect and pool because the valves in the larger veins become damaged by a previous blood clot (thrombus). Gravity causes blood to flow back through the damaged valves and pool in the lower veins.[2]

In conventional science these ulcers are treated as follows, the main aim of the treatment is to create such an environment that allows skin to grow across an ulcer. Cleaning and dressing the ulcer, to improve vein circulation in the legs and treat swelling, compression bandage is applied over the affected leg, analgesics orally and corticosteroid creams are applied if there is itchy skin and antibiotics if the ulcer is infected.

But the patient who approached our hospital was given all the possible treatment in conventional science around 4-5 hospitals including village PHC’s but no improvement was seen in the patient’s ulcer and ultimately started to spread his whole leg. And it is also difficult to treat a case of venous leg ulcer if...
there is combined involvement of both arteries and veins along with long chronicity. In view of these facts this challenging case has been taken, Samprapti Vighatana is done and treatment is being presented here.

Case Presentation

A farmer aged 45yrs, male reported to Kayachikitsa OPD of AMV and Hospital Hubli, with Pradhana Vedana of chronic wound near left ankle approximately between knee and ankle swelling in the left foot, dragging type of pain in the wound region long with Anubandhi Vedana of heaviness of the left limb, decreased appetite, fever, cold, head ache (half head ache), foul smelling of wound since 4 years and severe since 3 years.

Vedana Vruttanta

The whole difficulty started some 15 years before when patient was 28 years old. Patient used cycle as a means of transport and one fine day had a hit to his left shin region through the pedal of cycle. There was a normal hematoma formed and it was neglected.

After some few years may be some 5 years, patient once again got a hard hit on the same spot and this time it was a wound. Again patient took a folk medicine and was alright for few years but this time the hematoma was increased and there was blackish/grayish discoloration of his whole foot till ankel. After this, episodes of healing and non healing continued and since 3 years it got seveer and wound was big enough.

Then 1 year before patient had seen a deep and complete decay of the ulcer leading to worm manifestation (whitish colored may be maggots) and the worms disappeared before coming to our hospital due to consistent washing of the wounds with spirit, betadin bandaging by the local doctors in the village.

Poorva Chikitsa Vruttanta

He had visited various hospitals where only washing of wound and bandaging was done and few internal analgesics were prescribed. Amputation of limb was advised to the patient.

Vayaktika Vruttanta

- Travelling and rest less working in fields.
- Habituated for drinking and now withdrawn from alcohol since 2 years.
- Consumed Ati Katu Aahara and mixed diet mainly Mamsa Aahara.

Poorva Vyadh Vruttanta

Nothing specific, Not/K/C/O DM, HTN or any systemic disease.

General examinations

- Pulse – 80/min
- BP – 140/90mmhg
- RS – 20/min, bilaterally symmetrical air entry
- CVS – 76/min S1, S2 heard
- CNS – No any defect

Examination of Ulcer according to Modern

- Location: Anterior to medial malleolus, lower third of leg (gaiter region)
- Measurement of size
  - Total length of the discoloration: BT- 15in, DT-12in
  - Length of wound: BT- 5.5in, DT-4in
  - Width of the wound: BT- 3.5in, DT- 2.8in
- Measuring the ulcers help in identifying patients not responding to conventional therapy and those requiring alternative therapy

Characteristics of the ulcer: Irregular shaped edges with well-defined margins.

Amount and type of exudates: Yellow-white in color

Appearance of ulcer bed: Presence of ruddy viable granulation tissue, Thick slough

Signs of infection: Cellulitis, delayed healing despite appropriate compression therapy, discoloration (esp. dull, dark brick-red), appearance or increase in an amount of slough.
Ulcer odor: Smelled like a died rat

Pain associated with ulcer: continuous pain existed and it was stretching type of pain as patient explained.

Trividha Pareeksha

Darshana Pareeksha

Darshana Gamyā Bhavas have more weightage as it depicts Pratyaksha Laxanas, Dosha predominancy and this helps us in the treatment of the disease.

Local examination of vrana according to Ayurveda:
1. Gandha: decayed rat smell (pitta, twak)
2. Varna: pravala sadrushya, shyava (rakta, vata)
3. Srava: peeta tanu varna srava and shweta like that of gruta, ghana srava (pitta, kapha, mamsa)
4. Vedana: stretching type of pain (vata)
5. Akruti: mahat,triputa, irregular shaped margins
6. Shabdha: no any sort of shabdha was present.
7. Location of the wound: anterior to medial malleolus, lower third of the leg.
8. Signs of infection: cellulites was present and delayed healing.

Sparshana Pareeksha

Sparshana Pareeksha gives us the information of physical entity

O/e there was a pitting type of odema.

Khara, parusha on sparsha.

No any localised temperature.

Prashana Pareeksha

The interrogation with patient about all his complaints were asked before.

Ahsththa Vidha Pareeksha

Naadi : 72/min

Mala: Prakruta 1 time/day

Mootra: Prakruta 4-Stimes/day

Jihwa: Aalipta

Shabda: slight Shabda in Sandhis

Drika: Shyava Varna of Vruna and Shotha was observed

Aakruti: Madhyama

Dashavidha Pareeksha

Prakruti: Vata Pittala

Sara: Madhyama

Samhana: Madhyama

Pramana: Madhyama

Satva: Pravara

Satmya: Madhyama

Aahara Shakti - Jarana Shakti: Avara, Abhyavarana Shakti: Avara

Vyayama Shakti: Madhyama

Vaya: Madhyama

Vikruti: Tridosha along with Rakta.

Samprapti Ghataka

Dosa: Tirdosha along with Rakta

Dushya: Rasa, Rakta, Mamsa, Sira, Snayu

Agni: Mandhya

Aama: Jatharagni Mandhya Janya Aama

Srotas: Rasavaha, Raktavaha, Mamsavaha

Srotodushti Prakara: Sanga, Siragranthi

Udbhavasthana: Pachyamanashaya, Pakwashaya

Sancharasthana: Sarva Shareera

Adhishtana: Adha Kaya Sira

Vyaktasthana: Gulpha Jangha Pradesha

Rogamarga: Bahya

Rogaprakruti: Chirakari
Sadhyasadhyata: Sannipataja - Krishra Saadhya


Vyadhi Vinischaya: Upadravaroopi Vatarakta.

Roga Pareeksha

Nidana: Repeated Abhighata to the same point of focus and indulging in Teeksha, Ushna, Vidahi, Ruksa, Katu Aahara and Paana.[3]

Poorva Roopa: Karshnyam, Kshate Ati Ruk, Sadanam, Bhedo Gurutwam, Ruk Bhutwa Bhutwa Nasyati Asruk and Vaivarnyam.[4]

Roopa: Gambheera Vata Rakta Lakshanas - Shwayathu, Stabdha, Kathina, Anta Bhrushaartimaan, Pakawan, Shyavata. Upadrava Laxanas are less, patient had explained about Aruchi, Jwara on and off, Paka, Spota, Mamsa Kotha, Ruk.[5]

Upashaya / Anupashaya: Ushna Upachara, Tikta, Deepaneeyaa Dravya Upayoga is Upashaya. Sheeta Upachara, Sheeta Rutu Anupashaya.

Explanation of the Upadrava Roopa Vatarakta

Vatarakta is a broader concept than gouty arthritis and beyond uric acid. It is caused by vitiation of Vata and Rakta. Aggravated Vata blocked by vitiated Rakta, in turn leading to further aggravation of Vata. Thus aggravated Vata vitiates the Rakta leading to condition Vatarakta. Vatarakta is a Roga related with Khavaignya of Raktavaha Srotas. The vitiated Rakta aggravates and accumulates in the feet. Both the Viruddha Aahara and Vihara will lead to this condition. There are two sets of Samprapti explained in Vatarakta, one is Samanya Samprapti and other is Vaisheshika one. Samanya Samprapti hold’s good in this case.

Samanya Samprapti - Due to Nidana Sevana there is vitiation of Vata and Rakta by there own cause, and when this Vata is obstructed by Dooshita Rakta in Siras – Vata gets aggravated and inturn does Ati Dooshana of Rakta and thus leading to Vatarakta.

Chikitsa Siddhanta

Three Chikitsa Siddhanta can be applied in this case reported.

1. Main importance given by Acharya Charaka as the 1st line of treatment in Vatarakta Prakarna is Raktamokshana. And the Doshik involvement here is mainly Pitta, Rakta and Gambheera Vatarakta[3] is more of Rakta and Kapha involvement, so Jaluakacharana as a treatment was selected.[4]

2. More of Kapha Lakshana were also indeed present in the Vruna, Shwetha Aabhasa as Guruta of the floor of Vruna was observed. So according to Samanya Chikitsa of Vatarakta Vruna Pareesheka / Prakshalana[5] is also a treatment modality.

3. In the last part of Vatarakta Chikitsa, Acharya Charaka explains that, when there is ativrudhi of both Rakta and Pitta and Rogakranta Pradesha becomes Pakavan and burst outs into a Vruna there is Srava of Vidagdha Rakta and Puya. Due to this there is Vruna Sadrushya Vedana and the chikita would be Vrunavat, i.e. Bhedana, Shodhana, Ropana Adi Karmas should be inculcated. So here Vrunavat Chikitsa is also done.[6]

Chikitsa done at our Hospital

- We can divide Chikitsa into Doshapratyanika and Vyadhipratyanika. Both have been followed in the treatment of this patient.

- Firstly Jaloukacharana was carried out soon as patient got admitted. Till now 42 Jalouka sittings has been done.

Benefits of Jaloukacharana

- This is a very gentel method of Raktamokshana preferably given to a Sukumara. Leeches are born in water and live in cold places and are soothing, hence indicated for letting out Rakta which is vitiated by Pitta.
Jalaoukachara has varied benefits and the 1st thing which strikes to mind is hirudin which is secreted by the saliva of Jalaouka. It is anticoagulant in nature and thus very helpful in DVT, thrombosis, thrombophlebitis, haematoma conditions.

Jalaouka has an anti inflammatory, vasodilator and antibiotic effect also.

Ultimatly if the there is Sanga in Sira and Srotas, there is Pranahani if the condition is not well treated. In that case It improves the microcirculation of the affected part ultimatly removing the main causitive factors that is Sanga.

Jalaouka is Raktaprasadaka, Pittahara, Shothahara, Vrunaropaka, Puyahara, localised Srotoshodhaka.

In further days, patient was once again evaluated and along with Jaloouka, Vrana Prakshalana with 60ml of Panchavalkala Kashaya, diluted with 2lts of water was done. Every day, compressed bandage was applied.

Probable mode of action of Panchavalkala Kwatha reference from Vrana Shotha Chikitsa Bhaishajyaratnavali. Ingredients are, Nyagrodha, Udumbara, Ashwatha, Plaksha and Amlavetas, Twak of all these are taken and Kwatha is prepared. Pitta Raktahara, Vrana Shothahara, Vruna Ropana, Rochana, Rakta Prasadaka, Shoshana, Krimighna.

Oral medicines advised for the patient were

1. Kankayana Vati 2-0-2 A/F. This has been taken from Gulma Adhikara of Bhaishajya Ratnavali. Main ingredients are: Shati, Pushkaramula, Danti, Chitraka, Aadhaki, Shringabera, Vacha, Trivrut, Hingu, Yavakshara, Amlavetas, Ajamoda, Dhanyaka, Maricha, Ajaji and Matulunga Swarasa. Anupana was once specifically mentioned as, Sukoshna Jala, Madhya, Ghruta, Yusaha, Payasa and Amlarasa. Its belived that Kankayana Vati is given in Panchavata Vikruti. Here mainly Vyavanata along with Apana and Samana are included and though Prana and Udana are not directly involved, this condition may lead to Upadrava and Mrutyu. In respet of all these facts Kankayana Vati has been prescribed. The hydrostatic / gravitational pressure produced in the area of Vruna is relased so that there is easy flow of blood from the venous system of leg to heart.

2. Prabhakara Vati 2-0-2 A/F. This is taken from Hrudroga Adhikara of Bhaishajya Ratnavali. Ingredients are: Swarnamakshika Bhasma, Lauha Bhasma, Abhraka Bhasma, Vamshalochana, Shudha Shilajatu and Arjuna Twaka. This Vati is mainly presribed in Hrudaya. Hrudaya is the seat of Vyana Vata and hence helpful in treating Vyana Vata Dushti. Swarna Makshika is best in improving the capillary circulation.

3. Kokilaksha Kashaya + Panchatiktaka Kashaya + Manjishtadi Kashaya. 4tsp tid with hot water A/F

Kokilaksha Kashaya : ingredients are Krishna, Kokilaksha and Amrita. It is Bhaishajya Ratnavali Vatarakta Rogadhi. If Vatarakta is caused by the aggravation of Kapha, then this Kashaya is recommended and in Trisoptaha the disease is subsided along with Pathya if followed. Kokilaksha is Vatapitta Shamaka, Anulomaka, Shothahara and Mutrala in nature. Guduchi is Tridosahahara Agra Dravya for Vatarakta, Krimihara, Pittasaraka and Anulomaka used in all Raktavikara.

Panchatiktaka Kashaya : main ingredients of Panchatiktaka Kashaya are: Nimba, Guduchi, Vasa, Patola, Kanthakori. These are Tiktaskanda, Kapha Pitta Shamaka, Raktaprasadaka, Krimighna, Shoshana, Puthara, Rakta Vikarajanya Shothahara, Vedanasthapana, Raktashodhaka, Vruna Shodhana, Anulomaka, Vruna ropana and Pitta Saraka.

Manjishthadi Kashaya: Sahasrayoga reference ingredients are: Manjishta, Triphala, Tiktaka, Vacha, Daruvaridra, Haritaki, Amruta, Nimba. This is Vatarakta Nashaka.

4. Woundheal ointment - applied during dressing. Ingredients are: Jatyadi Taila, Ashwatha extract,
Nyagrodha extract, Mandukaparni extract, Shala extract, Yashtimadhu extract, Nimba extract, Karanja extract and Yashada Bhasma.

5. Varicogel ointment - ingredient - fagus sylvatica

6. Kaishora Guggulu DS 1-0-1 A/F. ingredients are: Guggulu, Triphala, Guduchi, Trikatu, Vidanga, Trivrut and Danti. Reference is taken from Bhaishyaratnavali, Vatarakta Rogadhrkara. Mainly it cures Vatarakta, caused by one or two Doshas, and even if the condition is chronic in nature associated with complication like Srava.

7. Nimbadi Guggulu 2-2-2 A/F. ingredients are Nimba Twak, Amruta, Nagar, Haridra, Vasa, Triphala, Patola, Kanthakari, Guggulu and taken reference from SAMS. All ingredients are anti bacterial, anti fungal, anti inflammatory, detoxifier. They are Kushtahara, Vuna Ropana, Krimihara, Lekhana, Shoshana, Raktaprasdakara, specially Kapha Pittashamana.

8. Lohasava 5ml-0-5ml with equal qualtiy of water A/F. Lohasava is explained in Bhaishajyaratnavali Pandurogadhikara. Main ingredients are Lohabhasma, Trikatu, Triphala, Vidanga, Musta, Chitraka, Kshoudra, Guda. This preparation was given to the patient as he was pale, had symptoms of Aruchi and weakness.

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