Management of a Venous Ulcer with Virechana Karma and internal medications - A Case Report

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ABSTRACT

Background - Venous Ulcer is a very common disease encountered in surgical practice. There are many modality of treatment in contemporary science, yet it takes very long time for healing of the ulcer. Objective - This is a single case study depicting the effect of Virechana Karma along with internal medications in a case of chronic venous ulcer. Materials and Methods - In this study a male patient of 52 years presenting with a non healing ulcer on the right lower leg was diagnosed as venous ulcer. He was treated with Virechana Karma and internal medications along with Kashaya Parisheka to the ulcer. Result - After discharge, follow up of patient was done. Complete healing of wound was noted in 45 days. The changes in wound healing were documented during the stay in the hospital and during follow up. Conclusion - After Virechana a significant reduction in many of symptoms was noted. This treatment protocol has shown encouraging results in terms of early healing of the ulcer with low cost of the treatment when compared to conventional treatment methods.

Key words: Venous Ulcer, Virechana, Parisheka, Virechana Karma.

INTRODUCTION

The problem of wound healing has been dealt at various levels by mankind ever since the advent of humanity. In spite of brilliant advances in surgical field, development of various technologies and methods, the management of wounds still remains a subject of speculation. Venous leg ulcers are defined as open lesions between knee and ankle joint that occur in the presence of venous disease. Venous ulcer is a very common disease encountered in surgical practice. Out of seven million people in united states with venous insufficiency, approximately one million develop venous leg ulcer, increasing healthcare expenditures and decreasing quality of life. There are few Indian studies on the epidemiology of chronic wounds; one study estimated the prevalence at 4.5 per 1000 population. Sustained hypertension at the capillary level associated with many pathological changes and the formation of a pericapillary fibrin cuff. Exact pathology for the cause of venous ulcer is uncertain, some of the postulates being these like fibrin cuff theory, leucocyte trapping theory, tissue damage by free radicals, inflammatory theory, growth factor depletion and lipodermato sclerosis. At present ambulatory venous hypertension is the only cause for venous hypertension. Other factors may contribute individually or culminatingly in the non-healing of a venous ulcer. Another cause for ulceration is venous hypertension as a result of primary valve incompetence of perforating veins. A detailed description of ulcers (Vrana) and their treatment are available in Sushruta Samhita. Sushruta explains 60 therapeutic procedures for the
management of Vrana. Chronic Venous ulcers can be considered as Dushtavrana\textsuperscript{9,10} in Ayurveda and treatment includes Shodhana, internal medications, topical medications etc. Yet it gives a wide range of misery to the patient as well as the treating doctor as its prognosis sometimes goes worse and takes a very long time to heal. Even though there are many medicines yet it is difficult to give an effective treatment in this regard.

**Material and Methods**

This is a single case study selected from the OPD and IPD of SDM Hospital, Udupi. Material required are materials for Virechana Karma, Parisheka and internal medications.

**Case Report**

A male patient of 52 years who was a cook by occupation came with a complaint of a non-healing ulcer on the right lower leg since 4 months. All his problems started 2 years back when gradually he developed intermittent aching and heaviness in both the calves which was more during the evening hours, on prolonged standing and relieved with rest. He neglected and continued his work and 8 months back developed pigmentation below the right knee with itching. Eventually he developed small ulcers which coalesced to form a large ulcer above the ankle. Ulcer persisted even after the treatment at peripheral centres and hence he approached SDM Ayurveda Hospital for better management. His past history is significant for HTN and he is on Amlodipine 5 mg once daily for last 2 years.

O/E he had a single ulcer in the lateral aspect of right leg 2 cm. above the lateral malleolus with 6 cm x 6 cm dimension with serous discharge. Ulcer had a sloping edge with minimal slough on floor and oedematous margin. Surrounding skin was having blackish pigmentation with the skin being stiff due to lipodermato sclerosis and the arterial pulsations were intact. Haematology was insignificant except for a moderately raised ESR, Venous Doppler study showed incompetence of below knee perforators. Hence a diagnosis of chronic venous ulcer was made. Parallel Ayurveda diagnosis of Vata Kaphaja Dusta Vrana was done.

**Intervention**

Patient was initially emphasised the need to undergo Shodhana treatment which would require a stay in the hospital for 10 days and until then a brief period of Shamana treatment was planned.

Shamana treatment given;

1. Chandraprabha Vati DS 500 mg 1 TID
2. Cap. Guduchi 500 mg 1 TID
4. Limb elevation

Patient was admitted on 20/10/17 and posted for Virechana Karma.

On 21/10/17 Agnitundi Vati 250 mg 2-2-2 was given for Deepana, Paachana.

Snehapana with Tiktaka Ghruta was given. Snehapana was carried out with increasing dose after assessing Agnibala and Kosta till Samyak Snigda Lakshana was attained.

**Table 1: Showing increasing dose of Snehapana.**

<table>
<thead>
<tr>
<th>Date</th>
<th>Quantity of Ghruta</th>
</tr>
</thead>
<tbody>
<tr>
<td>22/10/2017</td>
<td>50 ml</td>
</tr>
<tr>
<td>23/10/2017</td>
<td>60 ml</td>
</tr>
<tr>
<td>24/10/2017</td>
<td>100 ml</td>
</tr>
<tr>
<td>25/10/2017</td>
<td>150 ml</td>
</tr>
<tr>
<td>26/10/2017</td>
<td>225 ml</td>
</tr>
<tr>
<td>27/10/2017</td>
<td>300 ml</td>
</tr>
</tbody>
</table>

3 days of Abyanga and Swedana was given after the procedure of Snehapana.

On 31/10/2017 Virechana was given with Trivrut Leha 60 gm with 300 ml milk at 9.30 AM. 1\textsuperscript{st} Vega (bouts of
stools) developed at 10.30am and continued till 4pm with a total of 18 Vegas.

Samsarjana Krama was adopted for 5 days. Patient was discharged on 4/11/17 with following internal medications

- Tab. Kaishora Guggulu 500mg 1 TID
- Tab. Chandraprabha Vati 500mg 1 TID
- Cap. Shilajatu Loha Rasayana 500mg 1 TID For 15 days.
- Vrana Parisheka with Nyagrodhadi Kashaya was continued till the epithelialisation was complete.

During the follow up on 15th and 30th day changes observed are documented below.

Table 2: Observations of Ulcer

<table>
<thead>
<tr>
<th>Parameter(s) observed</th>
<th>BT (15-10-2017)</th>
<th>AV 1st day (5-11-2017)</th>
<th>AV 15th day (20-11-2017)</th>
<th>AT 30th day (5-12-2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itching</td>
<td>Marked</td>
<td>Reduced</td>
<td>Significantly reduced</td>
<td>Absent</td>
</tr>
<tr>
<td>Discharge</td>
<td>Prominent, serous</td>
<td>Moderate</td>
<td>minimal</td>
<td>Absent</td>
</tr>
<tr>
<td>Foul smell</td>
<td>Present</td>
<td>Significantly reduced</td>
<td>Absent</td>
<td>Absent</td>
</tr>
<tr>
<td>Pain</td>
<td>Variety of pain</td>
<td>Moderate</td>
<td>Significant reduction</td>
<td>Reduced</td>
</tr>
<tr>
<td>Size of wound</td>
<td>6x6cm</td>
<td>4x3cm</td>
<td>2x2cm</td>
<td>Healed</td>
</tr>
<tr>
<td>Edema of limb</td>
<td>Significant</td>
<td>Markedly reduced</td>
<td>Absent</td>
<td>Absent</td>
</tr>
</tbody>
</table>

BT - Before treatment, AT - After Treatment, AV - After Virechana

**DISCUSSION**

Patient was diagnosed with Vata Kaphaja Dustha Vrana in the Adhashakha and the Vranavastu being Twak and Mamsa. The chief Dhatu involved was Rakta and Upadhatu was again Tvakmamsa and Sira. the duration of the illness was significant and the course was progressive ending up with ulceration all signify Bahudosavastha. All these factors along with the direct reference of Shodhana as the principle line of treatment for Deergha Kalanubadha Dushta Vrana, Virechana Karma[11] was selected. Virechana helped in removing the Doshas from Adhobhaga and there by correcting the Dhatwagni and clearing the Dhatumala at the level of Twak and Mamsa which was evident with significant reduction of the features like itching pain and edema in the limb observed after Virechana. Initial phase of Shamana treatment resulted in Rakta Prasadana, elimination of Dosa in minimal. Nyagrodhadhi Gana Kashaya[12] was selected for Parisheka[13] as being Vranaropaka (wound healant) and Varnya (restoring normal colour) helped for further reducing the discharge and stabilising the tissue for epithelialisation. Once the Doshas are eliminated, internal medications were absorbed by the body tissues more quickly further facilitating healing of ulcer. Conventionally ulcer healing is seen at 12-15 weeks with high compression system.[14] The total duration for healing of the ulcer was 45 days and it has shown complete healing in 30 days after Virechana Karma which is comparable with the surgery achieved complete healing.[15] The cost of treating one ulcer was estimated to be between £1298 and £1526 per year based on 2001 prices.[16] Total cost of this whole treatment including the stay in hospital was around 4500 rupees which was very less burden to the patient when compared with conventional treatment cost.

**CONCLUSION**

Patient has shown significant improvement in various parameters after the treatment and this remarked improvement is seen in just forty five days. Not only the size of wound has reduced but also symptomatically patient has shown improvement with minimal days of treatment. Hence this combination of internal medication along with Virechana can be a best package of treatment with cost effective and lesser time schedule. This study has given a promising result in healing of non healing ulcer. The combined effect of internal medication and
Dr. Prashantha K. et.al. Management of a Venous Ulcer with Virechana Karma and internal medications.

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CASE REPORT

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Virechana has given good result. There by the treatment told by Acharya Sushruta is still valid and proved to be effective in treating Dusta Vrana.

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