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A case study on Varicose Ulcer with Maggots by *Jatyadi Taila* - A Case Report

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ABSTRACT

Venous ulceration occurs in the gaiter area in 95% of cases especially, around the malleolar region. The tiny veins on the medial aspect of the ankle dilate due to the increase in pressure. This is known as ankle flare and also causes atrophy of the veins, which are prone to damage, especially around the lower ankle area. Lipodermato sclerosis is a term used to describe the combination of changes in the lower leg from Venous hypertension. As a result of venous congestion and the loss of intercellular fluid balance, the skin can become very dry and flaky. The build-up of hyperkeratotic skin is also an indicator of high venous pressure. In venous disease, ulcers are usually located in the gaiter area between the ankle and the calf, often on the medial aspect of the leg. A diagnosed case of Varicose Ulcer on Right leg with maggots was admitted for mild pain, edema, serous discharge, blackish discoloration of the skin with foul smell. **Aims and objective:** To evaluate the efficacy of *Jatyadi Taila* in the management of *Dushta Vrana*. **Methodology:** Wound debridement was done by removing maggots. *Vrana Prakshalana* with *Panchavalkala Kwatha*, *Vrana Basti* was done using *Jatyadi Taila* followed by dressing with *Jatyadi Taila*. Along with this the patient was given *Shodhana (Virechana)*. After *Shodhana*, *Vrana Prakshalana* with *Panchavalkala Kwatha*, *Vrana Basti* was done followed with dressing with *Jatyadi Taila* in the morning and only dressing with *Jatyadi Taila* in the evening. Patient was also given with oral medications. **Conclusion:** *Virechana* improves potency of individual cell of the body, increases sensitivity of the cells in the ulcer site towards *Shodhana* and local application i.e., *Jatyadi Taila* and hence accelerates the wound healing.

Key words: *Dushta Vrana*, *Shodhana*, *Virechana*, *Vrana Prakshalana*, *Vrana Basti*, *Jatyadi Taila*.

INTRODUCTION

Venous ulcers are caused by venous valves that do not properly prevent the backflow of blood, or venous reflux, where perforating veins traverse the muscular fascia to connect superficial and deep veins. Any condition that causes blood to pool in the veins of the leg is a potential cause of venous ulcers, including

varicose veins, deep vein thrombosis or heart failure.

A venous ulcer is defined as: full-thickness defect of the skin, most frequently in the ankle region, that fails to heal spontaneously and is sustained by chronic venous disease. Venous ulcers usually occur at the malleolar region both on the medial and lateral aspects of the ankle. However, they are also known to occur on the supra-malleolar and infra-malleolar regions of the leg and foot, respectively.

Varicose ulcer is a complication of varicose veins or deep vein thrombosis. Varicose veins or DVT which eventually causes chronic Venous hypertension. Causes hemosiderin deposition in the subcutaneous plane from lysed RBC's results in Eczema, Dermatitis, Lipodermatosclerosis^[2], Fibrosis, Anoxia and finally results in Ulceration

In Ayurveda *Prakupita Vata Dosha* compresses, raises and squeezes the network of veins and is considered as *Krichhra Sadhya Vyadhi* (curable with difficulty) in early

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stage and *Asadhya* in late stages affecting the vital parts of the body. *Sushruta's* school of thought considers the *Rakta* (blood) as *Dosha* because the blood plays main role in the pathogenesis of many disorders. Because blood vessels are involved, there is definitive involvement of *Pitta Dosha*. Along with *Pitta*, *Vata* alone or *Vata* and *Kapha* are vitiated in their site of affliction, i.e., in weight bearing area like calf and ankle.

Ultimately the imbalanced *Doshas* disturb the vessels and the blood of that particular area (venous blood). Thus the blood is stagnated due to obstruction of the pathway of the blood vessels leading to the cause of *Dushta Vrana*.^[1] This can be treated successfully with *Shodhana* (purification) and *Shamana* (pacification) therapy. So, the fore mentioned benefits of *Virechana* and *Vrana Basti* were assessed in alleviating the symptoms and in the healing process of varicose ulcer in the patient.

CASE REPORT

A male patient of 34 years who was a Chicken vendor by profession, came with a complains of Non healing ulcer in the right lower limb with maggots since 3 months associated with mild pain, mild swelling, blackish discoloration around the wound with foul smell.

History of present illness

Patient was apparently healthy 3 months back. Gradually he developed with a blister in the antero-medial aspect of the right lower limb. After 1 month he developed ulcer with mild pain, edema, serous discharge, blackish discoloration of the skin with foul smell noticed. Then patient consulted nearby doctor and took medicines (details not available) and did wound dressing.

After 3 months he found little maggots at the wound site with mild bleeding so he consulted for the same complaints and got admitted in our hospital for further management.

History of past illness

- No H/O DM, HTN or any other medical / surgical illness in the past.

Treatment history

- Patient was doing self wound dressing without aseptic precautions.

Personal History

Diet : Non-vegetarian

Appetite : Regular

Bowel : Once a day, normal

Micturition : 7-8 times

Sleep : Disturbed

Habits : No h/o alcohol intake, no h/o smoking, no h/o tobacco chewing

Examination of the patient

General examination

GC : Fair

Pallor : Absent

Icterus : Absent

Lymphadenopathy: Mild edema in Right lower limb

Cyanosis : Absent

Clubbing : Absent

Oedema : Absent

Vitals

Pulse : 80 bpm, Regular

BP : 120/80 mm of Hg

Temperature : Afebrile, 97.4°F

Respiratory rate : 18/min

Systemic examination

CVS : S₁S₂ heard

CNS : Intact, Conscious, oriented to time, place and person

P/A : Soft, non-tender, No Organomegaly

RS : Bilateral equal air entry, Normal vesicular breath sounds, no added sounds

Wound examination of Right leg

Inspection

Number - 1

Location - Antero-medial aspect of Lower 1/3rd of the right leg

Size - 10X6X0.5 cms
 Shape - Oval
 Discharge - Serous
 Odour - Foul smell
 Edge - Sloping
 Surrounding skin - Blackish discoloration present, mild edema present
 Foreign body - Maggots around 20 present

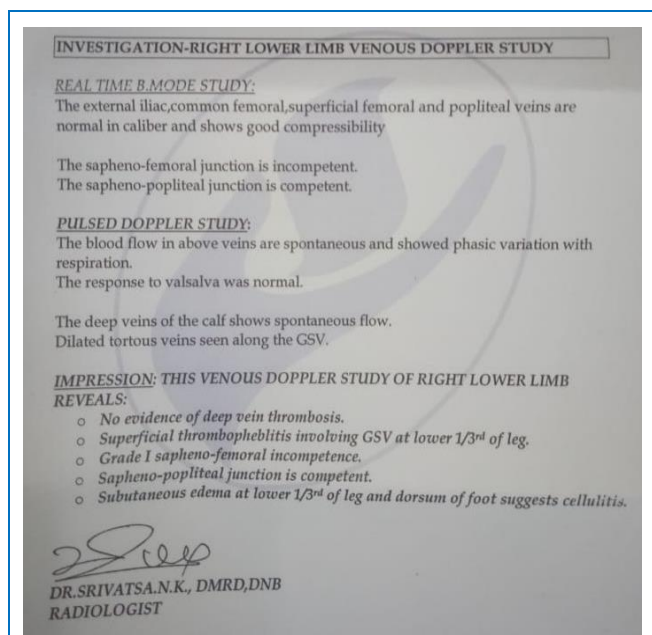
Palpation

Temperature - Mildly raised
 Mild tenderness - Present
 Bleed on touch - Absent

Investigations

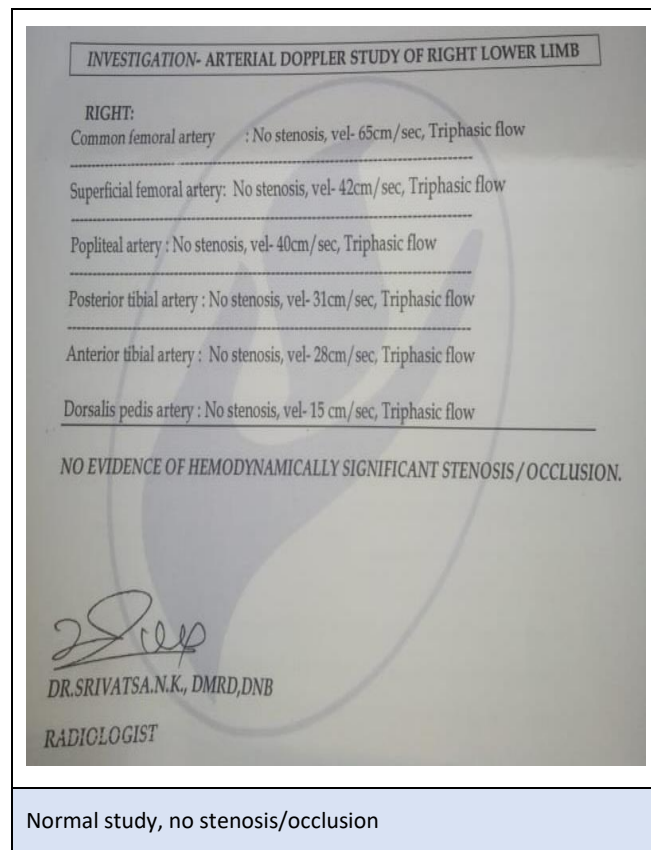
Hb - 14.2 gm%
 TC - 7,900 cells/cmm
 DC- N-60, L-33, M-2, E-5
 ESR - 50mm 1st hour
 RBS - 100.9 mg/dl
 S.Creatinine - 0.9 mg/dl
 Lipid Profile - WNL

Right lower limb Venous Doppler Study



Grade 1 Sapheno-Femoral Incompetence, SVT involving GSV at lower 1/3rd of leg and cellulitis, No evidence of DVT

Right lower limb Arterial Doppler study



Normal study, no stenosis/occlusion

Diagnosis

Varicose ulcer with maggots on the antero medial aspect of lower 1/3rd of Right Leg. (*Dushta Vrana*).

Treatment given

Patient was given with *Virechana* - 21 Vegas.
Deepana Pachana with *Panchakola Phanta* and *Chitrakadi Vati*
Snehapana with *Panchatikta Guggulu Ghritha*
Virechana with *Avipattikara Churna* and *Triphala Kashaya*
 For *Vrana* - *Vrana Prakshalana* by *Panchavalkala Kwatha* BD followed by *Vrana Basti* with *Jatyadi Taila* for 1 hour per day was done for 28 days.
 Then wound dressing with *Jatyadi Taila*. Foot end elevation.
Internally
Kaishora Guggulu 2 BD After food
Mahamanjistadi Kwatha 15 ml BD with lukewarm water after food



Day 1 - At the time of Admission



Day 3



Day 10



Day 19



Day 28

RESULT

- Complete healing of Varicose ulcer on 28th day .
- All previous signs and symptoms are relieved .
- No post treatment complications .
- No any complications associated with Varicose ulcer.

DISCUSSION

- The management of Varicose ulcer is very effective through *Vrana Basti* with *Jatyadi Taila*.
- The main aim of treatment must be the control of venous hypertension and avoid stasis of blood in the veins.
- Venous hypertension and draining of blood was achieved by giving foot end elevation.
- Daily *Vrana Prakshalana* with *Panchavalkala Kwatha*, *Vrana Basti* with *Jatyadi Taila* efficiently improves the granulation and fastens the wound healing.
- It is a powerful anti-septic which also has anti-inflammatory properties. It is also an efficient anti-microbial, anti-bacterial and anti-fungal. *Panchavalkala Kwatha Churna* is the dried powder form of 5 different herbs *Vata*, *Udumbara*, *Ashwatha*, *Parisha* and *Plaksha*. It is effective in reducing *Kapha*. This formulation has specific actions on the *Meda Dhatu* and thus effectively treats the adipose tissue.
- *Jatyadi Taila* dissolves hard fibrous tissue and generates healthy base for healing and also promotes healing of ulcer.
- *Jatyadi Taila* contains *Jati patra*, *Nimba Patra*, *Patola*, *Karanja patra*, *Kusta*, *Manjista*, *Lodhta*, *Yastimadhu*, *Daruharidra*, *Katuki*, *Sariva*, *Padmaka*, *Tuttha* and *Tila Taila*.
- These ingredients are found to have antioxidant property along with Vitamin K, Vitamin B6, Magnesium, Copper, Calcium, Iron and Zinc.

CONCLUSION

Varicose ulcer is one of the serious complications of Varicose veins which can lead to various manifestations like Septicemia, Cellulitis, Venous Eczema, Osteomyelitis, Periostitis ankylosis of ankle

joint, rarely Malignancy and will affect day to day routine work.

The prevalence of Varicose ulcer is on the increase with chronic venous insufficiency being the main culprit. A detailed accurate assessment of leg ulcer in patients is essential to ensure starting of timely and appropriate treatment. It should be an ongoing continuous assessment as signs and symptoms can rapidly change thereby requiring progressive evaluation. Good and accurate quality patient assessment will save time and cost by an enforcement of appropriate treatment regimens.

This approach accelerates the wound healing causing less hospitalization, less economic burden ultimately leading to a healthy life.

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