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Ayurvedic Management of Atrophie Blanche - A Case Study

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ABSTRACT

Atrophie Blanche (AB) is typically described as a variable dimensioned, smooth, ivory-white plaque stippled with telangiectases and is surrounded by hyper pigmentation. AB commonly occurs in middle-aged women on the lower legs or feet, often associated with ulcerations and chronic venous insufficiency (CVI). The ulcers are slow to heal and painful. We report the case of an Atrophie Blanche (Livedoid Vasculopathy) which inadequately treated for more than 8 years. We review the pathogenesis (*Samprapti*), typical clinical presentation (*Purva Roopa* and *Roopa*), diagnostic workup and treated through various *Panchakarma* procedure and *Shamana Yogas*.

Key words: *Atrophie Blanche, Panchakarma, Chronic Venous Insufficiency (CVI).*

INTRODUCTION

Atrophie Blanche (AB) was originally described by Milianin 1929 as a lesion of variable dimensions that consists of a smooth, ivory-white plaque with an irregular hyperpigmented border and surrounding telangiectasias.^[1-8] Since then, the term AB has been surrounded by ambiguity due to the use of several synonyms such as segmental hyalinising vasculitis, capillaritis alba, livedo reticularis with summer ulcerations, livedo vasculitis and painful purpuric ulcers with a reticular pattern of the lower extremities (PURPLE).^[3,6,9] Also, Livedoid vasculopathy, a more extensive variant of AB³, has been used interchangeably with AB in the literature.^[10] It needs

to be emphasised that the term AB, whilst a defined clinical entity, is purely descriptive and does not indicate a specific diagnosis or aetiology.^{[8],[11]} In modern science pathogenesis of AB is controversial^[6] and as such, there is confusion about its appropriate management. But on the basis of sign and symptoms, Atrophie Blanche can be correlated with *Vata Rakta*. In this article, we report chronic leg ulcer patient associated with AB in order to formulate a tentative plan of management of such cases.

CASE REPORT

Patient: 34 year-old Hindu female.

History: Recurrent raised erythematous skin rash over lower legs past 8 years. These rashes have been occurring in crops, associated with severe burning pain and fade over a period of 3 years into hyper pigmented areas. No history of rashes in any other area. No reduced sensation or Weakness.

Investigations

Doppler study - Deep venous thrombosis in the proximal part of the right deep femoral vein. Venous collaterals and varicosities in the ankle region of both lower limb.

Skin biopsy - Consistent with small vessel vasculitis.

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Previous Treatments

- Tab. Defcort 24 mg
- Tab. MMF 50 mg
- Tab. Hydroxychloroquine 400 mg
- Tab. Shelcal 500 mg
- Tab. Ecosprin 75 mg
- Tab. Methylcobalamin 1500mcg
- Tab. Pregabalin 75 mg

Treatment

Patient treated with *Basti Karma* and *Virechna Karma* followed by the *Shamana Yoga*.

Table 1: Treatment planned with follow-ups

No. of visit	Date of Treatment	Treatment Planned	Follow up treatment
1 st visit	02/ 11/13	1. <i>Manjisthadhi Kshara Basti</i> 2. <i>Twaka Nirgundhi Parisheka</i>	1. <i>Kaishore Guggulu</i> 1 tid 2. <i>Manjisthadhi Kwatha</i> 40 ml bd 3. <i>Gandhak Rasyana</i> 1tid 4. <i>Arogyavardhni Rasa</i> 1tid
2 nd visit	08/03/14	1. <i>Manjisthadhi Kshara Basti</i>	1. <i>Kaishore Guggulu</i> 1 tid 2. <i>Manjisthadhi Kwatha</i> 40 ml bd 3. <i>Gandhak Rasyana</i> 1tid 4. <i>Arogyavardhni Rasa</i> 1tid
3 rd visit	19/7/14	1. <i>Manjisthadhi Kshara Basti</i>	1. <i>Kaishore Guggulu</i> 1 tid 2. <i>Manjisthadhi Kwatha</i> 40 ml

			bd 3. <i>Arogyavardhni Rasa</i> 1tid 4. <i>Kamdudha Rasa</i> 1tid
4 th visit	10/11/14	1. <i>Manjisthadhi Kshara Basti</i>	1. <i>Kaishore Guggulu</i> 1 tid 2. <i>Manjisthadhi Kwatha</i> 40 ml bd 3. <i>Arogyavardhni Rasa</i> 1tid
5 th Visit	04/06/15	1. <i>Virechna Karma</i> 2. <i>Snehapana</i> followed by <i>Panchatikta Ghrita</i>	1. <i>Kaishore Guggulu</i> 1 tid 2. <i>Manjisthadhi Kwatha</i> 40 ml bd 3. <i>Arogyavardhni Rasa</i> 1tid

Basti Procedure

Basti should be administered after analyzing the factors like *Dosha*, *Oushadhi*, *Desa*, *Kala*, *Satmya*, *Agni* and then decide the course of the *Basti*.^[12] In the present context *Manjisthadhi Kshara Basti* is administered in *Yoga Basti* course.

Table 2: Yoga Basti course

<i>Basti</i>	M	N	M	N	M	N	M	M
Days	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th
Quantity	30 ml	480 ml	30 ml	480 ml	30 ml	480 ml	30 ml	30 ml
M= <i>Matra Basti</i> , N= <i>Niruha Basti</i>								

In this course *Matra basti* is serving as both *poorvakarma* as well as *paschatakarma*.

Matra Basti procedure

In *Matra Basti* only *Sneha* is given which should always be *Pakva* and lukewarm at the time of administration.

Basti drugs: 30ml of *Dhanwantra Taila* along with 5g of *Saindhava Lavana*.

Procedure proper: It can be further divided as

- *Poorvakarma*
- *Pradhanakarma*
- *Paschatkarma*

Poorvakarma

In afternoon the body of the patient should be anointed with suitable *Sneha* and *Sweda*. Then patient advised to have his prescribed meal and made to take a short walk. There after she is asked to lie down in *Vama Parshwa* position with his right leg flexed.^[13]

Pradhanakarma

The *Sneha* prescribed for *Matra* may be taken in the *Basti-Putaka* and tied well placing the *Basti Netra* in position. The trapped air in *Basti-Yantra* is expelled by gently pressing the *Basti-Putaka*. Then the anal region and the *Netra* should be smeared with oil. Gently probe the anal orifice with the index finger of the left hand and introduce the *Basti Netra* through it into the rectum up to first *Karnika*. Keeping in the same position, press the *Basti-Putaka* with right hand with adequate force. Remove carefully the *Basti-Netra* when a little quantity of *Sneha* remained inside the *Bastiputaka*.^[14]

Paschatkarma

The patient is kept lying on his back as long as it would take to count up to hundred. The patient should be gently struck three times on each of the soles and over the buttocks. The lower limb should be raised thrice. If patient gets the urge for defecation one can attend. But in the event of *Sneha* passes immediately, another *Matra Basti* can be given. After passing the motion with *Sneha* in proper time the patient is allowed to take light food if he feels hungry.^{[14],[15]} The ideal time for coming out of *Basti Sneha* is 3 *Yama* i.e.

9 hours, but it may be retained for 24 hours if it is not disturbing the patient.

Niruha Basti procedure - It can be classified as;

- *Poorvakarma*
- *Pradhanakarma*
- *Paschatkarma*

Poorva Karma: It includes preparation of *Basti*, *Basti Sammilana*, Filling of *Basti Putaka* and *Atura Siddhata*.

Table 3: Preparation of Basti.

Ingredients	Quantity
<i>Madhu</i>	4 Pala (80ml)
<i>Madhuchista Tila Taila</i>	3 Pala (60ml)
<i>Madhuka</i>	1/3 Pala (10 gm)
<i>Madana Phala</i>	1/3 Pala (10 gm)
<i>Indrayava</i>	1/3 Pala (10 gm)
<i>Satapushpa</i>	1/3 Pala (10 gm)
<i>Manjisthadi Kwatha</i>	5 Pala (100 ml)
<i>Amla Kanji</i>	5 Pala (100 ml)
<i>Gomutra</i>	5 Pala (100 ml)

Basti Dravya Sammilana

To start with, first of all 80ml of *Madhu* and 1 *Karsha* of *Saindhava Lavana* was taken in a vessel and mixed well, with wooden churner and then *Sneha* i.e. 60ml of *Moorchita Tila Taila* was added slowly and steadily, followed by addition of *Indrayava*, *Madhuka*, *Madanaphala*, *Satpushpa* each 10 g. and churned well, with a wooden churner. *Manjisthadi Kwatha*, *Amla Kanji*, *Gomutra* each 100ml were added in slow stream manner and churned well with a wooden churner to get homogenous mixture. Hence ideal preparation of *Manjisthadi Kshar Basti* was obtained.

Atura Siddhata

Atura should be administered *Anuvasana Basti* one day before the administration of *Manjisthadi Kshar*

Basti in the morning, the patient should be given *Sthanik Abhyanga* and *Swedana*.

Pradhana Karma

Basti Pranidhana

Sukhoshna Basti Draya is to be applied in the anal region and on the *Basti Netra*, the cotton piece and the air bubble should be removed and thumb should be kept on the *Netra* while introducing it. Then *Bastinetra* is introduced gradually in the parallel direction to that of the vertebral column up to ¼ part of *Netra* until the nearer *Karnika* fixes over the anus. Then the *Bastiputaka* is clutched in the left hand and the right is put on the *Putaka*. After this *Bastiputaka* is pressed gradually with the constant pressure, neither too fast nor too slow without trembling of the hand. By asking the patient to breathe-in, push the *Bastidraya* into the rectum till a little quantity remains in the *Putaka* otherwise *Vayu* enters into the *Pakvashaya*, and then withdraw the *Netra* gradually. Then patient is asked to lie down in the supine position gradually, massage over buttocks is to be done slowly and softly 3-4 times. After this, the patient is asked to lie in a comfortable position with a pillow below the hips till he gets the urge for defecation and when he gets the urge ask him to sit in *Utkatasana* and pass the urge.

If patient gets natural urge within 15 minutes then he is advised to evacuate the bowel and if patient does not get motions up to 45 minutes another *Shodhana Basti* should be given.

Paschat Karma

After the *Basti Drava* is evacuated, the patient is advised to take bath with luke warm water and thereafter, the diet containing *Sali* rice and *Rasa* (meat soup) is to be given. The time duration which is double the days of *Basti* course is called as *Parihara Kala*. During this period patient is supposed to take *Pathya* in terms of *Ahara* and *Vihara*, in present context *Parihara Kala* was for 16 days.

Virechan Karma

Poorva Karma

- *Deepanapachana* with *Chitrakadivati* 2 tid for 3 days

- *Snehapana* with *Panchtikta Guggulu Ghritha* for 4 days in *Arohanakrama* till *Samyak Snigdha Lakshana* is achieved.
- *Sarvangaabhyanga* with *Mahanaryan Taila* followed by *Bhaspasweda* for 4 days.

Pradhan Karma

- *Trivrtha Avaleha* 40 g. was given
- *Vegaki* - 14 Vega
- *Antaki* - *Kaphanta*
- *Shuddhi* - *Madhyam*

Paschat Karma

Samsarjana karma is given for 5 days.

On 2/11/15



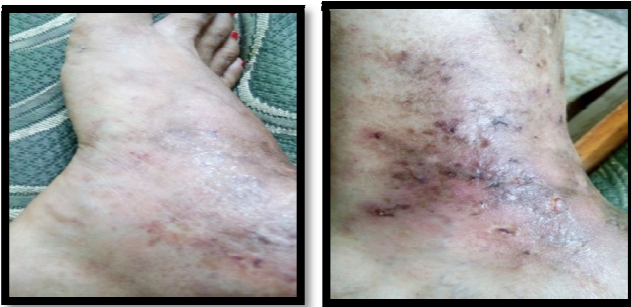
On 08/03/14



On 19/07/14



On 10/11/14



On 04/06/15



DISCUSSION

The history of irregular food habit, excessive anger, sleeping in day time, intake of excessive sweet food items and luxurious life style (*Santarpanoth Karma*) and all above the patient belonging to *Sukumar Prakruthi*. Which may lead to *Vata Sonitha*. As described by the *Maharishi Atreya Punarvasu* in *Vatasonitha Adhyaya* two type of *Samparpti* one is *Samanya Samprapti* and another one is *Avarna Samparpti*, in which vitiated *Vata Dosha* does the *Avarna* of *Rakta Dhatu* and to remove the *Avarna*, *Kshara Basti* is selected.

Due to excessive increase of *Sheetha Guna* of *Vata Dosha* which lead to the *Rakta Stambhana* in *Sira* and hamper the *Sara Guna* of *Rakta* because of this *Drava Bhaga* of *Rakta* increased. So *Manjisthadhi Kwatha* had been selected all the drug of *Manjisthadhi Kwatha* are having *Ushna Guna* which subdue the *Sheetha Guna* of *Vata Dosha* and due the *Ruksha* and *Ushna Guna* these drugs does the *Shoshana* of the excessive *Darva Bhaga* of the *Rakta Dhatu*. *Manjisthadhi Kwatha* is a target specific drug for *Rakta Dahtu*.

After regulating the *Vata Dosha* and removing the *Avarana* next step to strengthening the *Rakta Dhatu*. For strengthening the *Raktavahasrotho Moola* and *Rakta Dhatu*, *Virechana* had been planned.

CONCLUSION

Type of *Dosha*, *Dusthi*, *Gati* of the *Dosha* are the reason for the manifestation of a disease. These three factors put in a single line is called *Samprapti*. Treatment should be according to *Samprapti* whatever nomenclature given by allied sciences.

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