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# 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.<sup>[1]</sup> 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,<sup>[2]</sup> 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.<sup>[3]</sup> Sustained hypertension at the capillary level associated with many pathological changes and the formation of a pericapillary fibrin cuff.<sup>[4]</sup> Exact pathology for the cause of venous ulcer is uncertain, some of the postulates being these like fibrin cuff theory,<sup>[5]</sup> leucocyte trapping theory, tissue damage by free radicals, inflammatory theory,<sup>[6]</sup> growth factor depletion and lipodermato sclerosis.<sup>[7]</sup> At present ambulatory venous hypertension<sup>[8]</sup> 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

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management of *Vrana*. Chronic Venous ulcers can be considered as *Dushtavrana*<sup>[9],[10]</sup> 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
3. *Nyagrodadi Kashaya Parisheka* and dressing with *Jatyadi Taila*.
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*.**

Date	Quantity of <i>Ghruta</i>
22/10/2017	50 ml
23/10/2017	60 ml
24/10/2017	100 ml
25/10/2017	150 ml
26/10/2017	225 ml
27/10/2017	300 ml

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<sup>st</sup> *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. *Shilajatuloha Rasayana* 500mg 1 TID For 15 days.
- *Vrana Parisheka* with *Nyagrodhadi Kashaya* was continued till the epithelialisation was complete.

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

**Table 2: Observations of Ulcer**

Parameter s observed	BT (15-10-2017)	AV 1 <sup>st</sup> day (5-11-2017)	AV 15 <sup>th</sup> day (20-11-2017)	AT 30 <sup>th</sup> day (5-12-2017)
Itching	Marked	Reduced	Significantly reduced	Absent
Discharge	Prominent, serous	Moderate	minimal	Absent
Foul smell	Present	Significantly reduced	Absent	Absent
Pain	Variety of pain	Moderate	Significant reduction	Reduced
Size of wound	6x 6cm	4x 3cm	2x 2cm	Healed
Edema of limb	Significant	Markedly reduced	Absent	Absent

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 *Bahudoshavastha*. All these factors along with the direct reference of *Shodhana* as the principle line of treatment for *Deergha Kalanubadha Dushta Vrana*, *Virechana Karma*<sup>[11]</sup> was selected. *Virechana* helped in removing the *Dosha* 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 *Dosha* in minimal. *Nyagrodhadhi Gana Kashaya*<sup>[12]</sup> was selected for *Parisheka*<sup>[13]</sup> 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.<sup>[14]</sup> 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.<sup>[15]</sup> The cost of treating one ulcer was estimated to be between £1298 and £1526 per year based on 2001 prices.<sup>[16]</sup> 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

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*.



Figure 1: Before Treatment



Figure 2: During Treatment



Figure 3: After Treatment



Figure 4: During Follow up

## REFERENCES

- 1 Scottish Intercollegiate Guideline Network (SIGN) Edinburg : SIGN;1998.The care of patients with chronic leg ulcer. Guidline 26.
- 2 A. Aydin, SS. Shenbagamurti, and H.Brem, " Lower Extremity ulcers: Venous, arterial, or diabetic? Emergency medicine, vol.41, no.8.Pp.18-24, 2009.
- 3 VK Shukla, MA Ansari, SK Gupta, Wound Healing Research: A perspective from India, International Journal of lower extremity wounds, vol.4, no.1, pp.7-8, 2005.
- 4 Browse NL,Burnand KG. The cause of venous ulceration. Lancet. 1982;2:243-5
- 5 Burnand KG, Whimster I, Naidoo A, Browse NL. Pericapillary fibrin in the ulcer bearing skin of the leg: the cause of lipodermato sclerosis and venous ulceration. BMJ.1982;285:1071-2.
- 6 Coleridge Smith PD, Thomas P, Scurr JH, Dormandy JA. Cause of venous ulceration: a new hypothesis. BMJ.1988;296:1726-7.
- 7 Leach RD, Browse NL, Effect of venous hypertension on canine hind limblymph. Br J Surg.1985; 72:275-8.
- 8 Bailey & Love's, Short Practice of Surgery; Edited by Norman S Williams, Christopher J K Bulstrode, P Ronan O'Connell; 25<sup>th</sup> Edition; UK: Hodder Arnold; 2008; Pp 1513, p934.
- 9 Vagbhata, Ashtang Hrudaya, Delhi, Chaukambha Sanskrit Pratishthan, 2003, Ut-25/2a, pp1295, pg.1065.
- 10 Sushruta, Sushruta Samhita, Edited by Acharya Yadavaji Trikamji, Chaukhamba Surabharathi Prakashana, Varanasi, edition-2014. Chikitsasthana 2/9 P.124, Pp: 824.
- 11 Acharya Sushruta, Sushruta Samhita, Dalhana, Nibanda Sangraha commentary, Edited by Yadavji Trikamji Acharya and Naarayana Ram Acharya; Varanasi: Chaukhamba Sanskrit Sansthan; Reprint 2013; Chikitsasthana1/32, P.400,Pp 824.
- 12 Sushruta. Sushruta Samhita. Yadavaji T, editor. Varanasi: Chaukhamba Sanskrit Sansthana; 2014. Section Sutrasthana 38/48-49. p.168, pp.824.
- 13 Acharya Sushruta, Sushruta Samhita, Dalhana, Nibanda Sangraha commentary, Edited by Yadavji Trikamji Acharya and Naarayana Ram Acharya; Varanasi:

Chaukhambha Sanskrit Sansthan; Reprint 2013; Chikitsastana 1/18, P.399, Pp 824.

- 14 Cullum N, Nelson EA, Fletcher AW, Sheldon TA. Compression for venous leg ulcers. Cochrane Database syst Rev 2004;(2): CD000265.
- 15 Zamboni P, Cisno C, Marchetti F, Mazza P, FogatoL, Caradina S, et al.minimally invasive surgical management of primary venous ulcer Vs. compression treatment: a randomized clinical trial. Eur J VascEndovascSurg 2002, 25: 313-8.
- 16 Iglesias CP, Nelson EA, Cullum N, Torgerson DJ. Economic Analysis of VenUS I, a randomised trial of

two bandages for trating venous leg ulcers. Br J Surg 2004; 91(10): 1300-6

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