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

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## ABSTRACT

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, Strotas* 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.<sup>[1]</sup>

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.<sup>[2]</sup>

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

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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 ankle. After this, episodes of healing and non healing continued and since 3 years it got sever 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 Vyadhi 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 <sup>[2]</sup>

**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 Gamy 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:

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

#### **Sparshana Pareeksha**

*Sparshana Pareeksha* gives us the information of physical enity

- O/e there was a pitting type of odema.
- Khara, parusha on sparsha.
- No any localised temperture.

#### **Prashana Pareeksaha**

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

#### **Ahshtha Vidha Pareeksha**

- Naadi* : 72/min
- Mala*: *Prakruta* 1 time/day

- Mootra*: *Prakruta* 4-5times/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**

- Dosha*: *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 - Krichra Saadhya*
- *Vyadi Vyavachedaka Nidana: Upadrava Roopi Vata Rakta, Dushta Vrana, Raktagata Vata, Saama Rakta, Visarpa Janita Vruna.*
- *Vyadhi Vinischaya: Upadravarooopi Vatarakta.*

#### Roga Pareeksha

- **Nidana:** Repeated Abhighata to the same point of focus and indulging in Teeksha, Ushna, Vidahi, Ruksha, Katu Aahara and Paana.<sup>[3]</sup>
- **Poorva Roopa:** *Karshnyam, Kshate Ati Ruk, Sadanam, Bhedo Gurutwam, Ruk Bhutwa Bhutwa Nasyati Asruk and Vaivarnyam.*<sup>[4]</sup>
- **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.*<sup>[5]</sup>
- **Upashaya / Anupashaya:** *Ushna Upachara, Tikta, Deepaneeya 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 *Khavaigunya* 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* holds good in this case.

*Samanya Samprapti* - Due to *Nidana Sevana* there is vitiation of *Vata* and *Rakta* by their own cause, and when this *Vata* is obstructed by *Dooshita Rakta* in *Siras* – *Vata* gets aggravated and in turn 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 1<sup>st</sup> line of treatment in *Vatarakta Prakarna* is *Raktamokshana*. And the *Doshik* involvement here is mainly *Pitta*, *Rakta* and *Gambheera Vatarakta*<sup>[3]</sup> is more of *Rakta* and *Kapha* involvement, so *Jaloukacharana* as a treatment was selected.<sup>[4]</sup>
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 Pareeshka / Prakshalana* <sup>[5]</sup> is also a treatment modality.
3. In the last part of *Vatarakta Chikitsa*, Acharya Charaka explains that, when there is *ativruddhi* of both *Rakta* and *Pitta* and *Rogakranta Pradesha* becomes *Pakawan* and burst out into a *Vruna* there is *Srava* of *Vidagdha Rakta* and *Puya*. Due to this there is *Vruna Sadrushya Vedana* and the *chikitsa* would be *Vrunavat*, i.e. *Bhedana*, *Shodhana*, *Ropana* *Adi Karmas* should be inculcated. So here *Vrunavat Chikitsa* is also done.<sup>[6]</sup>

#### 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 gentle 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 1<sup>st</sup> 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.
- Ultimately if 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 ultimately removing the main causative factors that is *Sanga*.
- *Jalaouka* is *Raktaprasadaka*, *Pittahara*, *Shothahara*, *Vrunaropaka*, *Puyahara*, localised *Srotoshodhaka*.
- In further days, patient was once again evaluated and along with *Jalouka*, *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 *Vruna Shotha Chikitsa Bhaishajyaratnavali*. Ingredients are, *Nyagrodha*, *Udumbara*, *Ashwatha*, *Plaksha* and *Amlavetasa*, *Twak* of all these are taken and *Kwatha* is prepared. *Pitta Raktahara*, *Vruna 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*, *Amlavetasa*, *Ajamoda*, *Dhanyaka*, *Maricha*, *Ajaji* and *Matulunga Swarasa*. *Anupana* has been specifically mentioned as, *Sukoshna Jala*, *Madhya*, *Ghruta*, *Yusha*, *Payasa* and *Amlarasa*. It is believed that *Kankayana Vati* is given in *Panchavata Vikruti*. Here mainly *Vyanavata* 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 respect of all these facts *Kankayana Vati* has been prescribed. The hydrostatic / gravitational pressure produced in the area of *Vruna* is released 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 prescribed in *Hrudroga*. *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* + *Manjishthadi Kashaya*. 4tsp tid with hot water A/F
  - ***Kokilaksha Kashaya*** : ingredients are *Krishna*, *Kokilaksha* and *Amrita*. It is *Bhaishajya Ratnavali Vatarakta Rogadhikara*. If *Vatarakta* is caused by the aggravation of *Kapha*, then this *Kashaya* is recommended and in *Trisaptaha* the disease is subsided along with *Pathya* if followed. *Kokilaksha* is *Vatapitta Shamaka*, *Anulomaka*, *Shothahara* and *Mutrala* in nature. *Guduchi* is *Tridosahara Agra Dravya* for *Vatarakta*, *Krimihara*, *Pittasaraka* and *Anulomaka* used in all *Raktavikara*.
  - ***Panchatiktaka Kashaya*** : main ingredients of *Panchatiktaka Kashaya* are: *Nimba*, *Guduchi*, *Vasa*, *Patola*, *Kanthakari*. These are *Tiktakanda*, *Kapha Pitta Shamaka*, *Raktaprasadaka*, *Krimighna*, *Shoshana*, *Putihara*, *Rakta Vikarajanya Shothahara*, *Vedanasthapana*, *Raktashodhaka*, *Vruna Shodhana*, *Anulomaka*, *Vruna ropana* and *Pitta Saraka*.
  - *Manjishthadi Kashaya*: *Sahasrayoga* reference ingredients are: *Manjishtha*, *Triphala*, *Tiktaka*, *Vacha*, *Daruharidra*, *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 *Bhaishjyaratnavali*, *Vatarakta Rogadhikara*. 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*, *Nagara*, *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 quantity 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.

#### Before Treatment



#### During Treatment



#### After Treatment



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