Management of Non Healing Varicose Ulcer Through Ayurvedic Intervention - A Case Study

SAURABH, PUSHPALATHA B KAMBLE

ABSTRACT

Venous ulcers (stasis ulcers, varicose ulcers) are the wounds occurring due to inappropriate functioning of venous valves, and its clinical manifestation because of chronic venous insufficiency usually of the legs. The overall incidence rate is 0.76% in men and 1.42% in women. When a venous valve gets damaged, it allows backflow of blood, which causes pressure in the veins that leads to venous hypertension and, in turn leads to venous ulcers. These are mostly along the medial distal leg, which is often very painful, can bleed, and get infected. Treating varicose ulcers is a difficult task to the physician and a nightmare to the suffering patients, though a good number of the treatment principles are mentioned and practiced in allied sciences. In Ayurveda, this condition is considered as dusta vrana. It can be managed with the specific shodhana therapy. So, the same treatment protocol was used to treat the case discussed here, i.e. with local application of tilastaka lepa and by Basti karma. The wound was successfully treated therefore, is discussed in detail.

Key Words: Basti karma, Dustha vrana, tilastaka lepa, varicose ulcer

Introduction

Venous ulcers (stasis ulcers, varicose ulcers) are wounds occurring due to improper functioning of venous valves, usually of the legs.1 Damaged venous valves allows the backflow of blood and cause pressure in the veins. Hence an arterial pressure reduces significantly than venous and therefore, blood is not pumped as effectively into the area.2 Venous ulcers can be very painful and may limit mobility and quality of life. The longer the duration of the venous ulcer, the more is the damage to skin and greater the difficulty in healing. The annual prevalence of venous leg ulcer among the elderly is 1.69%. The overall incidence rate is 0.76% in men and 1.42% in women.3 Conservative management of venous ulcers includes use of compression stocking or bandage to prevent worsening of varicose veins, foot elevation, antibiotics and regular cleaning and dressing of ulcer. However, if patient do not respond, then surgical measures like skin grafting, terminal interruption of reflux source technique (TIRS) by sclerotherapy, laser ablation of varicose veins or surgical correction of superficial venous reflux is performed.4

If varicose ulcer is not treated properly or left untreated then, wound infection causing increased pain, swelling, redness and pus, loss of mobility and even severe complications like osteomyelitis, sepsicaemia or malignancy etc. may occur. Statistics revealed that recurrence of venous ulcers is quite common, ranging from 54 to 78% by the fifth year after healing.5

The pathogenesis of varicose ulcer starts with dysfunction of venous valves causing venous hypertension which stretches the veins. This allows blood proteins to leak into the extra vascular space. It isolates extra cellular matrix molecule and growth factor, preventing them from helping to heal the wound. Similarly, leaking of fibrinogen and deficiency in fibrinolysis cause fibrin to build up around vessels preventing oxygen and nutrients from reaching cells. This also plugs the vessels causing ischemia around the wound resulting in delaying in wound healing. Further, the venous insufficiency causes leukocytes to accumulate in small vessels which releases inflammatory factors causes chronic wound formation.

Acharya Sushruta has described 60 measures for the comprehensive management of Vrana (wound), which includes local as well as the systematic use of different drugs and treatment modalities under a dedicated chapter. In the treatment of Vrana, Acharya

Dr. Saurabh, M.S (Ayu.), Consultant in Shalya Tantra,
Dr. Pushpalatha B. Kamble, Principal and Chief Physician,
RK University Ayurvedic College and Hospital
Rajkot, Gujarat.

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Hence, we can say that in spite of all advances in health sciences, varicose ulcer management is still a difficult task for the surgeons.
Sushruta mentioned the Dushta Vrana (chronic wounds), which is difficult to heal. Dushta is one in which there is localization of three dosha. Vrana, which had a bad odor, has abnormal color, with profuse discharge, intense pain and takes a long period to heal. Dushta Vrana is a long standing ulcer where shodhana (local and systemic purification) andropana (which promotes normal wound healing) are more important.

**Case Report**

A male patient, aged 47 years, presented to OPD of Shalya Tantra with non-healing ulcer with foul smelling discharge on the left leg above medial malleolar region associated with blackish discoloration of both feet, pain and swelling near left ankle joints since five years.

**H/o. Presenting complaints:**

Patients was apparently normal five years back. Gradually he developed discolouration over both lower limbs near ankle later it associated with itching and burning sensation specially during night. He noticed a small ulcer on left leg (medial side of lt. Ankle joint) for that he consulted doctor and took medication for 2 years, got only symptomatically relief. Later symptoms reappeared. He was habituated to standing for long hours in his job, i.e. about 8 to 10, hours for the past 20 years. On examination; there was pain, swelling and dilated tortuous veins in the foreleg as well as in the calf region. There was swelling, and exfoliation of skin with serous discharges in the left ankle region with evident blackish blue discoloration. Patient was having regular daily activities except sleep which was disturbed during night due to pain. He had addicted smoking generally 5-8 cigarettes per day since last 20 years. Patient had no history of diabetic mellitus, hypertension, tuberculosis, venereal diseases, bronchial asthma, anaemia, cardiac diseases and any other major illness. He did not reported any surgical history in past. Routine blood investigations for complete blood count (CBC), blood sugar level and serum creatinine, lipid profile were normal. For all these complaints he got admitted at Rk Ayurveda hospital for further management.

**Treatment**

- Ulcers cleaned with triphala kashyam and a freshly prepared tilastaka lepa applied daily on ulcers in a thickness of 0.5cm and kept till it starts drying, later lepa was removed followed by regular gauze dressing with Jatyadi taila.
- Manjisthadi Kshar yoga basti (table-2) was planned. Tilastaka lepa-Tila, Nimba, Haridra, Daruharidra, Trivit, Saindhava, Gritam, Yastimadhu

**Observations:**

The characteristics of Dushta Vrana like Ativivrita (broad base), Bhairava (ugly look), Putipuyamansa (pus discharge), Durgandha (foul smell), Vedana (pain), Dirghakalanubandhi (chronic) were noted in the wound [Figure 1]. The ulcer was cleaned daily with triphalaqutha and then freshly prepared tilastaka lepa was applied in adequate quantity. ulcer was then bandaged after covering with sterilized gauze. It was observed that the slough at the floor of the wound and foul-smelling bloody tinge discharges was significantly reduced 8th day of lepa application. [Figure 2]. The healing was started with the formation of healthy granulation tissue. The margin of ulcer became bluish showing growing epithelium. The tilastaka lepa dressing was continued till 15 days and later dressing with Jatyadi taila was continued till complete healing. On 60th day, it was observed that wound size was markedly reduced with normal skin coloration at the healed area [Figure 3]. On the 3rd month, the ulcer was healed completely with minimum scar tissue formation [Figure 4].

**Follow up advices**

- Advice to review at every 15 days.
- Avoidance of prolonged standing.
Raise limbs during sleep.
Calf muscle strengthen exercise (bicycle riding in the air while lying on back)
Dietary advice-Avoid oily and spicy food, bakery items, curds, excessive sweets etc.

**Conclusion**

This single case study highlighted the topical application of tilastaka lepa with basti treatment industa vrana (varicose ulcer). Tilastaka lepa along with manjistadiksharbasti treatment and internal medication was found very effective and shown excellent healing effect in a case of chronic and nonhealing ulcers. Shodhana with local care can initiate significant healing along with reduction in pain, tenderness and swelling as we have demonstrated in this case.

**References**


**Fig. 1** On admission day
Before treatment

**Fig. 2** After 15 days
Application of tilastaka lepa

**Fig. 3** On 2nd month

**Fig. 4** On 3rd month