

ASHTAMURTI RASAYANA AND JALAUKAVCHARANA IN THE MANAGEMENT OF VRANASHOPHA (NON DIABETIC NECROTIZING WOUND) W.S.R. TO ATHEROSCLEROSIS- A CASE REPORT

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ABSTRACT

A necrotizing inflammation of the toe due to peripheral arterial disease is always a challenge to the treating doctor. If doctor doesn't get significant results with conventional therapy then amputation is the choice to save other parts of body from necrosis. This is a case of 80 years old male patient who had history of amputation of 2nd toe of the left foot 3 months ago, now again complaining of inflammation, local pain, discoloration with desquamation of skin and oozing from 3rd toe of the same foot, came to us to seek for Conventional *Ayurvedic* management to get rid of this condition instead of amputation. It is a matter of pride to present this case that with conventional *ayurvedic* management patient got rid of recurrent gangrene of digits of left foot and saved from amputation. In this case we had used *Jalaukavcharana* as a procedure to improve blood flow locally and a combination of *Ashtamurti Rasayana 60 mg, SukshmaTriphala Choorna 125mg and Guduchisatva 125mg orally* bid with Honey 5gm and *Mahatiktaka Ghrita* 10 ml as *Anupana* for 15 days. *Dhavana* (Cleaning) was done with *Triphaladi Kashaya* and *Utsadana* with *Dashangalepadravya*. During this period *KharjuradiMantha* 160 ml bid and *Laghuaahar* (Easy to digest) like *Mudgausha* and *Chapati* was advised as *pathyakaraahara-dravya*. After 15 days of treatment, patient got relief from all symptoms. After discharge, patient came to OPD only for symptom of constipation during next six months for which *Yogabasti* was given. Though it is not concluded that we get results in every case of necrotizing *Vrana-shopha* due to Peripheral arterial disease (Atherosclerosis) due to a single case study but it could guide us in future.

Keywords: *Ashtamurti Rasayana, Atherosclerosis, Jalaukavcharana, Vranashopha.*

INTRODUCTION

Peripheral vascular disease is narrowing of blood vessels that restrict blood flow. It mostly occurs in the legs but is sometimes seen in the arms. Peripheral vascular disease includes a group of diseases in which blood vessels become restricted or blocked. Typically, the patient has peripheral vascular disease from atherosclerosis. Atherosclerosis and atherosclerotic plaques, the commonest cause for

peripheral vascular disease, is considered to be inflammatory and the link between atherosclerosis and other chronic inflammatory diseases has been elucidated. Atherosclerosis is a disease in which fatty plaques form in the inside walls of blood vessels. Other processes, such as blood clots, further restrict blood flow in the blood vessels. Both veins and arteries may be affected, but the disease is usually arterial.

All the symptoms and consequences of peripheral arterial disease are related to restricted blood flow. Peripheral arterial disease is a progressive disease that can lead to gangrene of the affected area. Peripheral arterial disease may also occur suddenly if an embolism occurs or when a clot rapidly develops in a blood vessel already restricted by an atherosclerotic plaque and the blood flow is quickly cut off. Peripheral arterial disease is an emergency and timely evaluation and management can dramatically reduce the suffering and prevent morbidity. This condition was explained in *ayurvedic* texts as *Vranashopha* by *Acharya Sushruta*. *Acharya Sushruta*, the father of surgery (*ShalyaTantra*), was well aware of etiology of *Vranashopha* (inflammatory swelling) and *Vrana* (wound) and its management. The *Vranashopha* was described as initial phase of *Vrana*¹ The clinical features of *Vranashopha* described by *Acharya Sushruta* are very much similar to the signs and symptoms of inflammation. This is characterized by an acute, diffuse, spreading, edematous non-suppurative inflammation of tissues.² It can cause mild discomfort to severe complications like sepsis, local gangrene, necrotizing fasciitis, septicemia which can lead to death.³ Condition of necrotizing fasciitis is very dangerous which has 39% mortality rate.⁴ So it is necessary to prevent spread of inflammation in primary condition and save hazardous complications in health system. Though there are several anti-microbial drugs available for the management of this problem, they are not sufficient to eradicate the acute condition completely due to their own limitations. In chronic stages, amputation is the choice to save other parts of body from

necrosis. Surgical intervention may prevent further gangrene but it does not provide complete remission of disease. Besides being an expensive procedure, amputation results in permanent loss of body parts. Hence, the treating clinician needs to find an inexpensive and effective treatment modality having less disadvantages providing complete remission of the disease. In *Ayurveda* classics, some *Rasaushadhi* (Processed minerals) serves the purpose. These drugs are cost effective, bear minimal side effects and are potent enough to avoid recurrence since they act at the site of pathogenesis and treat the root cause.

CASE REPORT: A 80 years old male patient of *vata-pitta japrakruti* came to us, complaining of inflammation of middle toe of left foot, skin discoloration (brownish to black), local pain with numbness since seven days. Patient had same complaints regarding 2nd toe of left foot four months ago. Patient consulted a renowned surgeon of other hospital and had gone through amputation three months back due to necrosis of that digit. The patient had no previous history of Diabetes mellitus, Hypertension, Asthma etc. The patient is a farmer working in his own farm had bad habits like tobacco chewing, Smoking and beer drinking (daily 180-270ml). Now again patient had same complaint regarding middle toe of same foot. So he came to us to seek for *Ayurvedic* therapy so as to save the affected digit from amputation.

LOCAL EXAMINATION: Patient's left foot 2nd toe was absent. Patient had skin discoloration of middle toe of the same foot with inflammation, local pain and numbness. The local skin was dry with desquamation and oozing from lesion.

ASHTAVIDHA PARIKSHANA (GENERAL EXAMINATION)

Nadi (Pulse): *Vatapradhana*, 78/min

Mala (Stool): Vibaddha
 (Hard, pass with straining)
Mutra (Urine): N
Sparsh (Skin): Khara
Shabda (Speech): Hoarseness
Druka (Eyes): Bifocal Spect
Aakruti: Karshya (Thin)
Jeeva (Tongue): Saama (Coated)
Agni: Kshudhamandya
Bala: Kshaya (Weakness)
 BP: 120/80mm of Hg

INVESTIGATIONS

Lower Limb Arterial Colour Doppler:

S/O Advanced atheromatous changes in Left lower limb arteries, Show sub intimal wall thickening and wall calcification with soft plaques. Chronic partial thrombus in left Anterior Tibial Artery and in Dorsalis Pedis showing reduced PSV, causing acute ischemia in left foot. No E/O Acute Venous Thrombus in Left lower limb veins.

Blood investigation reveals normal level of blood sugar and normal percentage of Haemoglobin and Urine with absence of sugar.

SAMPRAPTI GHATAKA (PATHOGENESIS)

Dosha: Vata-Kapha Pradhan and Pitta-anubandhi

Dushya: Rasa, Rakta, Mamsa

Strotasa (Adhishthan): Rasa and Raktavahini (Branches of Dorsalis Pedis and Posterior Tibial Artery)

AIM AND OBJECTIVE

To find out the efficacy of *Ayurvedic* remedies with use of *Jalaukavcharana* locally and *Ashtamurti Rasayana*⁵ orally in the management of *Vranashopha* (Non-diabetic necrotizing wound) of left foot digit due to Atherosclerosis.

TYPE OF STUDY

Prospective single case study.

STUDY CENTRE

Seth Sakharam Nemchand Jain Ayurved Hospital, Solapur.

TREATMENT

1. Procedure: *Jalaukavcharana*
2. Orally : *Ashtamurti Rasayana* 60 mg bid with 5 gms of Honey
Sukshma Triphala Choorna 125mg and 10 ml of *Mahatiktaka Ghrita*
Guduchisatva 125mg as *Anupana* for 15 days.
3. Externally: *Dhavanawasdone* with *Triphaladikashaya*.
Utsadanawasdone with *Dashangalepa-dravya*.
4. *Pathya: Kharjuradi Mantha* 160 ml bid and *Laghuaahar-Mudgayusha and Chapati*
5. Follow up: After discharge, patient came to OPD only for symptom of constipation during next six months. For that *Yogabasti* was given with *Anulomakaushadhi*
(Gandharvahriski, Hingvashtaka Choorna)

OBSERVATIONS

Symptoms	Before treatment	After 15 days	After 30 days	After 60 days	After 6 months

Skin discolouration	Dark blackish red	Brownish	Normal	Normal	Normal
Inflammation	Present	Absent	Absent	Absent	Absent
Pain locally	Present	Decreased	Absent	Absent	Absent
Numbness	Present	Absent	Absent	Absent	Absent
Discharge	Watery	Absent	Absent	Absent	Absent
Constipation	Present	Soft stool	Hard stool	Hard Stool	Soft stool

Table No. 1 Shows observations obtained before and after treatment

Before and after treatment Pictures



DISCUSSION

In this case, patient came with symptoms like inflammation, local pain and numbness, skin discolouration of middle toe of left foot with chronic constipation and hard stools, generalized weakness and dryness of skin. After Doppler study, it was confirmed that there were Atherosclerotic changes with chronic partial thrombus in branches of Dorsalis pedis artery and Anterior tibialis artery causing acute ischemia in left foot. As per Ayurveda classics, this condition is due to vitiated *Vata dosha* causing arterial sclerotic changes, *Pitta dosha* causing sub intimal wall thickening and thrombus formation⁷ and *Kapha dosha* causing soft plaques formation leading to obstruction⁸ (*Dhmanipratichaya and Kaphapittavrutta Vataprakop Avastha*)⁹. So at first, treatment started with *Trifaladi Niruha-Basti* to relieve constipation and *Jalaukavcharan* as probe for *Raktamokshana* to promote the blood supply. If we study the condition, we need drugs which possess the *Guna* (characteristics) to pacify *Picchilaguna* of vitiated *Kapha dosha* causing

plaques in arteries, *Ushnatva* due to vitiated *Pitta dosha* causing thrombosis and *Rukshaguna* causing sclerosis and calcification of wall of artery. *Ashtamurti Rasayana*⁵ is the drug possess *Vataghna*, *Kaphaghna*, *Pittaghna*, *Balya* (Diminishing generalized weakness), *Hrudya*, *Jantughna* (To prevent Lesion from microbial infection i.e. *Agantuj Hetu*), *Raktashodhakand Prasadana* (Blood Purifying) properties and also acting on *Vata-vahinis* (Nerves). It was given orally 60mg in combination with *Guduchi Satva* (*Tinosporacordifolia*) and *Sookshma Trifala* (Generic Drug) bid with *anupana* of Honey and *Mahatiktaka Ghrit*. *Dhavana* was done with *Triphaladikashaya* and *Dashanglepa* for *Utsadana* (Dusting purpose) externally.

RESULTS: At the end of 15 days, the necrotizing non diabetic inflammation of middle toe of left foot due to atherosclerotic changes in the arteries of left limb was relieved and saved the digit from amputation by Ayurvedic remedy with use of *Ashtamurti Rasayana* internally and *Jalaukavcharana* locally. After complete resolution of the acute condition, the patient did not show any recurrence of the sign and symptoms of inflammation for next six months.

CONCLUSION

Ashtamurti Rasayana and *Jalaukavcharana* is effective in *Vranashopha* (Necrotizing non diabetic inflammation) of lower

foot digit due to Atherosclerosis and is capable of avoiding the recurrence. Though on the basis of single case study, we can't state this hypothesis to be true but it could guide us for further clinical trials.

ACKNOWLEDGEMENT: We are thankful to the Principal, S.G.R. Ayurved Mahavidyalaya and Authorities of S.S.N.J. Ayurved Hospital, Solapur for their support during the study.

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Source of support: Nil

Conflict of interest: None Declared