

CASE STUDY – ROLE OF SHODHANA IN MANAGEMENT OF CHRONIC VENOUS ULCER

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ABSTRACT

Varicose vein affects 5% of the population and 1% of them results into venous ulcer. Venous ulcer disease is most common in the age above 60-65 years. Local care with antiseptics, special dressings and skin grafts have provided very limited success. From the Ayurvedic perspective, chronic diseases including Vrana merits some form of Shodhana. Dosha having attained Gambhiratva, the localised chronic ulcer needs in fact to be treated as a systemic disease. Therefore only Shamana Aushadhi with local care will not be suffice. This paper is a case study that deals with comprehensive management of venous ulcer with Shodhana, wound care, Shamana Aushadhi and Rasayana. A 60 year old male patient was referred to Shalya Tantra Department presenting with venous ulcer since 25 years. Management was planned based on principle that chronic ulcer requires some form of Shodhana. Virechana along with local care, Shamana Aushadhi and Rasayana have shown remarkable healing response in this patient.

Keywords: Dushta Vrana, Chronic venous ulcer, Shodhana, Rasayana.

INTRODUCTION

A wound which refuses to heal or heals very slowly inspite of best efforts by Chikitsa Chatuspada i.e Bhishak, Dravya, Upsathata and Rogi is known as Dushta Vrana. Acharya Sushruta have mentioned the Lakshana of Dushta Vrana i.e. Atisamvruta, Ativivruta, Atikathina, Dirghakaalanubandhi, present along with different type of discharges associated with Vedana, Daaha, Paka, Raga, Kandu etc¹.

Venous ulcer is the wound that occurs due to improper functioning of the venous valves usually of legs. They are the major occurrence of chronic wound occurring in 70-90% of leg ulcer cases. Venous ulcer are costly to treat and there is significant chances that they will reccur after healing. One study found that upto 48% of venous

ulcer had recurred by 5th year after healing². Contemporary science has initial treatment of venous ulcer target the underlying cause of chronic venous disease (venous obstruction, reflux or combination of both), compression therapy, skin graft and surgeries³. Many treatment are praised in the management of venous ulcer based on the stage of the disease. Whereas Ayurveda provides conservative line of management which helps in improving the quality of life of the patient.

CASE DETAILS

A 60 years old male patient was referred to Shalya Tantra OPD of SDM Ayurveda Hospital Udupi with the complain of Ulcer in the left foot associated with pain since 25 years. Patient is known case of D.M. was apparently normal before 25 years then he developed ulcer in the left foot

which was gradually increasing in size and associated with pain. So for the same complains patient took allopathy treatment from a hospital in Manipal (Karnataka) and was on regular followup but patient did not found much relief. Later patient was advised for some surgical intervention for the same complains. To avoid surgical intervention and for conservative management patient got admitted to our hospital.

On examination, ulcer was present at dorso-lateral aspect of left foot having size of about 5x3 cms, blackish discolouration, and hardening of the skin around the ulcer and swelling of left foot was present. In the floor of the ulcer there is presence of red and pale granulation tissue and was having slopping edge and grade 3 tenderness was present.

Considering the history and examination of the patient was planned to post for the Virechana karma followed by Rasayana therapy and daily dressing with Triphala Kwatha Parisheka⁴ and application of Chandanadi Taila⁵ over the wound site. Patient was administered with Agnitundi Vati⁶ 1 TID and Chitrakadi Vati⁷ 1 TID before food for two consecutive days as Deepana - Pachana. After two days patient have attained Samyaka Pachana Lakshana and later patient was posted for Snehapaana with Mahatiktaka Ghrita⁸ for 4 consecutive days (till Samyaka Snigdha Lakshana) with initial dosage of 50 ml then raised to 85 ml, 100 ml and 110 ml on

Observation Chart

Symptoms	On admission	On Discharge	15 days after Discharge	2 months after Discharge
Pain	++++	++	+	-
Tenderness	Grade 3	Grade 1	Grade 1	Grade 0
Swelling	Moderate	Mild	-	-
Ulcer	Red and Pale granulation tissue, Stablised,	Red granulation tissue in all over the floor.	Epithelisation was observed in the margin of	Significant epithelisation was observed in the

second, third and fourth day respectively. After Snehapaana, patient was advised for Sarwanga Abhyanga with Balaguduchyadi Tail⁹ and Sarwanga Swedana with Nimba Patra kwatha Parisheka¹⁰ for next 4 days. On the 4th day of Sarwanga Abhyanga and Swedana, patient was administered Trivruta Lehyam¹¹ 50 gms as a Virechana Aushadhi with Milk as Anupaana. Patient had 14 Vega with Kaphanta and attained Madhyama Langiki Shudhi. Patient was observed for complications whole day. Later patient was advised to follow the Samsarjana Karma for 5 days. Patient was advised Guru Rasayana (Shilajatu Loha Rasayana¹²) 12 Cap. OD in morning empty stomach with Milk as Anupaana for 15 days followed by 1 TID, Triphala Guggul¹³ 1 TID as discharge medicine and continue existing Anti Diabetic drug. Patient was advised for daily dressing.

OBSERVATION

On the day of discharge it was observed that there was 50% relief from pain, tenderness and swelling, red granulation tissue was present in all over the floor of wound.

After 15 days of discharge, patient visited to Shalya Tantra OPD and found that patient was having significant relief from pain, tenderness, swelling and epithelisation was observed in the margin of the wound. After 2 months of discharge it was observed that there is no pain, tenderness and size of the wound was reduced from 5x3 cms to 4x2.5 cms.

	Size- 5x3 cms		ulcer.	margin of ulcer, Size- 4x2.5 cms
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DISCUSSION

A male patient age about 60 years presented with large chronic venous ulcer on dorsum of the left foot in callus state. The ulcer was stabilized but was not healing due to its chronicity so it was treated as a systemic illness and by considering sign and symptoms, there is involvement of Vata, Pitta and Rakta. So Virechana Karma and Rasayana therapy was planned along with local dressing. One course of Virechana Karma was administered with Snehapana of Mahatiktaka Ghrita and Trivrita Lehyam as a Virechana Aushadhi. After Samsarjana Karma patient was administered Cap. Guru Rasayana [Shilajatu Loha Rasayana] 500 mg initially 12 OD for 15 days followed by 1 TID and daily dressing was done with Triphala Kwatha Parisheka and Chandanadi Taila . In approx. 3 months significant epithelization was seen all around the margin. The size of ulcer reduced from 5x3 cm to 4x2.5 cm.

CONCLUSION

Chronic ulcer should be approached as a systemic disease and local care of wound alone does not suffice. Shodhana and Rasayana along with local care can initiate significant healing along with reduction in pain, tenderness and swelling as we have demonstrated in this case.

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