

ROLE OF SHODHANA KARMA IN THE MANAGEMENT OF VARICOSE ULCER: A CASE STUDY

Patil A Siddanagouda ¹, M Navalur Shrivatsa ², Shukla Diwaker ³

¹Assistant Professor, Department of PG Studies in Shalyatantra, Ayurveda Mahavidyalya, Hubli, Karnataka, India

²Reader, ³PG Scholar Final Year,

Department of PG Studies in Panchakarma, Ayurveda Mahavidyalya, Hubli, Karnataka, India

Email: drsapatilms@gmail.com

ABSTRACT

Venous ulcers are responsible for lost work productivity and high health care costs. Contemporary science has initial treatment for venous ulcers that targets the underlying cause. Venous Ulcer are costly to treat in comparison to traditional system, and there is a significant chance that they will reoccur after healing, one study found that up to 48 % of venous ulcers had recurred by the fifth year after healing. Male patient aged 49 years with complaints of pain, oedema, itching and dilated tortuous veins in bilateral legs which increases during long standing work and during night hours along with venous ulcer on right leg. After the whole course of *Shodhana* therapy with *Basti Karma* of duration 30 days there was a significant relief in signs and symptoms. The therapy provided marked relief in pain, tenderness, oedema, wound healing, change in skin pigmentation and hardening of skin.

Key words: Varicose Ulcer, *Siraja Vrana*, Panchakarma, *Basti Karma*

INTRODUCTION

Varicose veins affect a significant percentage of population in the society. They may not cause mortality but are a cause of considerable morbidity if not properly treated. Varicose ulcer is diagnosed based on CEAP classification which considers the clinical, etiological, anatomic and pathologic characteristics of venous insufficiency, ranging from class 0 (no visible sign of disease) to class 6 (active ulceration). In present case patient having C2 (Varicose Veins), C3 (edema), C4a (pigmentation and eczema) C6 (Active Venous

ulcer)¹, Es (Secondary), s (superficial veins) and Pr (reflux).

Varicose Ulcer is the wound that is thought to occur due to improper functioning of the venous valves, usually of legs. They are the major occurrence of chronic wound occurring in 70 to 90% leg ulcer cases. Venous ulcers develop mostly along the medial distal leg and can be very painful. Venous ulcers are costly to treat, and there is a significant chance that they will reoccur after healing; one study found that up to 48% of venous ulcers had recurred by the fifth year after healing². Venous ulcers are

responsible for lost work productivity and high health care costs. Contemporary science has initial treatment for venous ulcers that targets the underlying cause of CVD (venous obstruction, reflux, or a combination of obstruction and reflux) by compression therapy, skin grafts and Surgery. Many treatments are praised in the management of Varicose Ulcer based on stages of disease. Whereas Ayurveda provides the conservative line of management which helps in improving quality of life.

CASE DETAILS

A male patient aged 49 yrs, suffering from swelling and heaviness in both the legs, reported to Panchakarma OPD no.22 of Ayurveda Mahavidyalaya, Hubli. The patient had dilated tortuous veins on the calf and thigh regions of both legs with pulling type of pain for 15 years which aggravated at night and on long standing. He also had complaints of itching, blackish skin pigmentation, pedal oedema, hardened skin, heaviness of legs and had developed varicose ulcers with watery discharge for 4 years in the right leg having margins around medial malleolus after a traumatic injury after which he started undergoing the leech therapy at our hospital for 2 years. He was operated for Varicose Veins in the year 2003 and developed Deep Vein Thrombosis and other worsened associated symptoms. On further examination, it was found that he was having a long history of constipation and hyperacidity. His occupation of being an LIC agent where he must be on a

constant run all the time also had a major role in development and aggravation of the disease as he could not have meals on time and lacked sufficient sleep.

Considering the history and examination, patient was planned to be posted for *Basti Karma* in *Karma Basti* Schedule. Patient was administered with *Guduchyadi kashaya*³ 50 ml twice a day before food for 5 days for *Deepana Pachana*. In the mean time patient was administered with *Sthanika Parisheka*⁴ with *Panchavalakala Qwatha*⁵ for five consecutive days. After, 5 days when the patient attained *Samyak Pachana Lakshanas* he was started with *Anuvasana Basti* with *Nirgundi Taila*⁶ and *Asthapana Basti* with *Panchatikta Pancha Prasruta Kashaya*⁷, *Kalka*, *Makshika* and *Saindhava Lavana* in the sequence⁸ as mentioned in classics in *Karma Basti*⁹ Schedule of 30 days. During the entire procedure, the patient was advised to follow *Pathya* strictly. He was observed for complications and no untoward complications were observed. Later the patient was asked to follow proper *Pathya* for 60 days^{10,11}. During the complete course of treatment significant improvement was found starting from gradual wound healing, reduction in skin pigmentation and reduced itching. After the *Basti* therapy and during the *parihara kala* noted changes were observed in the patient like reduced heaviness and softening of the skin over the legs. Overall the relief could be stated of about 70%. On follow up he was advised *Punarnavadi kashaya*¹² and *Manjishtadi kashaya*¹³ 50 ml twice daily for 15 days.

Table 1: Comparison of Symptoms

Symptoms	Before Treatment	After Amapachana	After Basti Karma	After Parihara Kala
Pain	++++	+++	+	-
Varicose Vein	Present	Present	Present	Present
Tenderness	+++	++	-	-
Ulcer	Unhealed	Unhealed	Healed	Healed
Discharge	++++	+++	+	-
Itching	++++	++	+	-
Color Change of Skin	Blackish	Blackish	Pinkish	Skin Color
Oedema	++++	+++	+	-



Figure1: Varicose Ulcer Before Treatment



Figure2: Varicose Ulcer After Treatment

DISCUSSION

By considering the signs and symptoms, there is involvement of *Pitta*, *Vata* and *Rakta doshas*. The patient had predominant symptoms like pulling type of pain (*vata* and *pitta*), dilated tortuous veins in both legs below knee (involvement of *Sira* which is the upadhatu of *Rakta*), Wound (*vata* and *pitta*) and Skin changes (*vata*, *pitta*, *rakta* and *mamsa*). Externally *Parisheka* was carried out with *Panchavalka Kwatha* as it is indicated in “*Anyatarsmin Pittasamsrushte Drava Sweda*” and “*Vrana Rujapaha*”. *Basti karma* is selected due to its *Pradhanyata* in treating *Vataja vyadhis* and in *Varicose ulcers vata* plays an important role in *Sanchaya* of *doshas* in *sira* which further is involved in vitiation of *pitta* and *rakta*. Period of treatment is also selected as 30 days because in classics it is mentioned to treat *vata vyadhis* in *karma basti* schedule. Further the selection of drugs

is planned in such a way that *Asthapana dravyas* act to eliminate *Pitta dosha* and do *Rakta prasadana* along with its *shodhana*. On the other hand, selection of *Nirgundi taila* for *Anuvasana basti* is done due to its *Vranaropak*, *Vatashamak* and *Kushtaghna* properties. As *Sira* is the *upadhatu* of *Rakta*, *Rakta shodhaka* drugs in the *Basti dravya* help in wound healing. The results were encouraging. The therapy provided marked relief in pain, tenderness, wound healing, change in skin pigmentation and hardening of skin. Conservative management of *Varicose Ulcer* through *Ayurvedic* principles provides significant relief and improves quality of life.

CONCLUSION

With the procedure of “*Basti*” and adjunct *Ayurvedic* treatment, the non-healing varicose ulcer almost healed within 45 days. Because of this case

study, we can roughly conclude that Ayurveda can give a ray of hope in the treatment of varicose veins and ulcer. None of the complications like severe bleeding, wound infection or hypersensitivity were observed during the therapy. “Basti therapy” proves to be effective, time saving, affordable and an acceptable treatment. Though treating non-healing “Varicose ulcer” is a difficult task, we have managed to treat it with time tested “Basti Therapy” along with conventional (Ayurvedic) methods of wound care. Therefore, there is a large scope in Ayurveda for patients afflicted with Varicose Ulcers.

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