

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL







Case Report ISSN: 2320-5091 Impact Factor: 6.719

AYURVEDIC MANAGEMENT OF STASIS DERMATITIS: A CASE STUDY

Anu P¹, Veerakumara K², Shrilatha Kamath³

¹PG scholar, Department of Kayachikitsa and Manasa Roga, Sri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India

²Guide - Associate professor, Department of Kayachikitsa and Manasa Roga, Sri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India

³HOD - Professor, Department of Kayachikitsa and Manasa Roga, Sri Dharmasthala Manjunatheshwara College of Ayurveda, Udupi, Karnataka, India

Corresponding Author: anupzion@gmail.com

https://doi.org/10.46607/iamj6610022022

(Published Online: February 2022)

Open Access

© International Ayurvedic Medical Journal, India

Article Received: 26/01//2022 - Peer Reviewed: 07/02/2022 - Accepted for Publication: 09/02/2022



Check for updates

ABSTRACT

Stasis dermatitis is the condition usually present secondary to varicosity of superficial veins. There will be skin changes that occur in the lower limbs as a result of stasis or pooling by the gravitational collection of blood from insufficient venous return. In *Ayurveda*, this can be considered as *Utthana vatarakta*. Allopathic management includes topical application and surgeries, which may cause the re-occurrence of symptoms. Here in this case study a 70-year-old male who complained of painful bilateral lower limb swelling along with discharge, scaling and discolouration were diagnosed with Stasis dermatitis and the *Utthana vatarakta* line of management was adopted. Ayurveda *Shamana Chikitsa* resulted in effective management of the condition and was assessed with EASI score.

Keywords: Stasis dermatitis, Utthana vatarakta, Shamana chikitsa.

INTRODUCTION

Stasis dermatitis is a pruritic eczematous reaction that arises secondary to venous hypertension. (1) This occurs due to complications of a varicose vein or deep

vein thrombosis. It is also termed varicose or gravitational eczema. Clinical features include redness, swell-

ing, scaling and lichenification of lower limbs. According to the National eczema association, Stasis dermatitis occurs mostly in people aged 50 years or older, common in females than males. (2) Vatarakta is a disease where there is vitiation of both Vata dosha and Rakta dhatu. Among the types of Vatarakta, Utthana vatarakta is Bahya variety where the site of manifestation is Twak (skin) and Mamsa (muscles). (3) According to Acharya Charaka the symptoms of Utthana vatarakta include blackish, reddish or coppery coloured skin associated with itching, oozing, pain etc... The mainline of management includes Alepa (topical application), Abhyanga (oil massage), Parisheka (pouring decoction), and *Upanaha* (hot poultice). (4) In convention medicine treatment of the disease is limited to corticosteroid therapy and topical application. In Ayurveda, Shamana Chikitsa has promising results for better management of Stasis dermatitis.

MATERIALS AND METHODS:

This study is a case report on the prospective study of Ayurveda treatment administered to a 70-year-old male patient (Ip no: 159379) diagnosed with stasis dermatitis who visited the Department of Kayachikitsa, Sri Dharmasthala Manjunatheshwara Ayurveda Hospital, Udupi

CASE REPORT: CHIEF COMPLAINTS:

The patient complained of swelling in bilateral lower limbs below the knee joint along with painful scaly lesions and itching for 2 years.

HISTORY OF ILLNESS:

A 72-year-old male patient was normal 5 years back. He noticed bulging of veins in both lower limbs below knee joints and for that he underwent varicose surgery 2 years ago. Since then, he noticed the gradual onset of swelling in bilateral lower limbs below the knee joint associated with reddish discolouration and severe itching. Swelling is persistent without pitting. For that, he consulted an allopathic physician but not much relief was found. Within two months the lesion spread to the whole shin area of both legs along with swelling and discharge from the lesion with a mild foul smell which led to crust formation. The initial reddish discolouration later on changed into a brownish colour. Then scaling was noticed which was white and blood spots were seen while scratching. Later on, the condition became so severe that the patient was unable to stand or walk due to pain. The patient had a history of diabetes mellitus and hypertension for 20 years. For all these complaints he was admitted to SDM Ayurveda Hospital, Udupi for further evaluation and management.

EXAMINATION:

Table 1: Table showing general and specific systemic examination

GENERAL EXAMINATION	INTEGUMENTARY SYSTEM	VITAL SIGNS
Consciousness alert	Site of lesion - dorsal aspect of both leg	Pulse rate 70/min regular
Weight - 62kg	Distribution - generalised	Blood pressure 140/90mm/hg
Height -168cm	Symmetry - bilaterally symmetrical	Heart rate 70/min
Built -moderate	Secondary lesion - excessive scarring	Temperature 98.6F
Nourishment -fair	Colour - reddish turn to brownish later	Respiratory rate 20/min
Pallor -absent	Discharge - present	
Icterus- absent	Elevation - present	
Clubbing -absent	Odour - mild foul smell	
Oedema - present	Associated features - itching	
Lymph node -non-palpable	Surrounding skin - rough	
	Tenderness - present	
	Bleeding spots - present	

Table 2: Table showing Pareeksha based on Ayurveda

ASTASTHSANA PAREEKSHA	DASHAVIDA PAREEKSHA VIKRITI	
Naadi, 72/min	Prakruti, Kaphavata	Dosha, tridosha
Mootra, Prakrita	Sara, madhyama	Dooshya rasa, rakta, mamsa
Mala, Prakrita	Samhanana, madhyama Srotas Rasavaha, Raktavaha	
Jihwa, Upalipta	Pramana madhyama Srotodusti, atipravritti	
Shabda, Prakrita	Satmya madhyama Agni mandagni	
Sparsha, Ruksha	Satva, Avara Udbhavasthana, amashaya	
Druk, Prakrita	Aharashakthi madhyama Sancharasthana Tiryakgatadhama	
Akruti, Prakrita	Vyayamashakti madhyama	Vyakthasthana twak
	Vaya Vriddha	Rogamarga Bahya
		Sadyaasadyata Krucchrasadya

TREATMENT

 Table 3: Showing Shamana Chikitsa

Medicine	Dosage	Duration
Cap Yastimadu rasayana	4 TID (before food)	14days
Poothikaranjasava	15ml TID (after food)	14days
Tab Kaishora guggulu	2 TID (after food)	14days
Capsule Grab	1 TID (after food)	14days

Table 4: Showing Bahya Chikitsa

Treatment	Medicine used	Duration
Sarvanga Abhyanga	Yastimadu taila 7days	
Parisheka	Nimba Patra kashaya	7days

RESULT:

After the course of *Abhyanga* and *Parisheka* and internal medication, there was a reduction in symptoms according to the patient and the assessment was done based on EASI (eczema area and severity index) score.

Table 5: Showing Results

	BT	AT	AF
AREA	3	3	3
Redness	3	0	0
Thickness	2	1	1
Scaling	3	0	0
Lichenification	3	1	0
SEVERITY	11	2	1
LOWER LIMB SCORE	13.2	2.4	1.2

Maximum lower limb score = 14.4, Lower limb score = area score× severity score×0.4

Chart 1: Showing Results

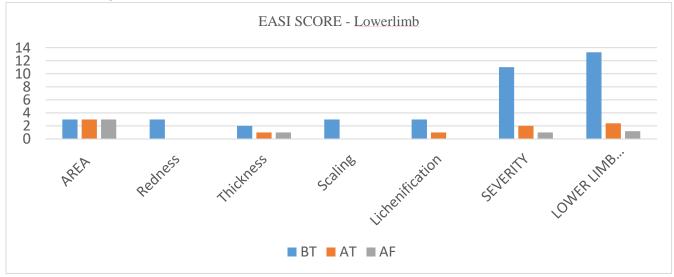


Figure 1: Showing improvement was seen during the treatment course



1.1 Before treatment



1.2 After treatment

DISCUSSION

Stasis dermatitis refers to the skin changes that occur in the leg as a result of stasis or pooling by a gravitational collection of blood from insufficient venous return. (5) The patient presented with symptoms of swelling of bilateral lower limbs with reddish discolouration, scaling and itching. As the *Lakshana* of the disease closely resembles *Utthana vatarakta* explained in *Ayurveda* texts, *Utthana vatarakta* line of management was adopted. The patient was responding well to *Shamana* and *Bahya chikitsa*. *Sarvanga Abyanga* with *Yastimadhu taila* (6) followed by *Nimba Patra kashaya*

Parisheka was done initially along with internal medication. Acharya charaka have mentioned Abyanga and Parisheka in the Chikitsa for Uttana vatarakta. Nimba Patra kashaya used for Parisheka have Sophahara and kandughna property, Abyanga with Yastimadhu taila was also beneficial in reducing scaling and itching. Pootikaranjasava (7) have Chirabilwa as the main ingredient which is Katu Tikta, Kashaya rasa, Ushna veerya thus does Agni deepana and Slesmasamsamana also act as Twakdosha hara, which is beneficial in reducing discharge and swelling. Kaishora Guggulu (8) is one of the best drugs of choice in the case of Vatarakta as it contains Amrita, Triphala,

Guggulu etc...It also has analgesic, anti-inflammatory and blood purifying properties. Kaishora Guggulu is useful as a 'supportive dietary supplement' in many health conditions including Twakrogas. Grab capsule is a patent medicine which is combination of Vranapahari rasa, ⁽⁹⁾ Guduchi, Manjishta, Triphala guggulu and Gandaka rasayana. Vranapahari rasa has potent ropana action and it helps reduce discharge and prevents ulceration. Guduchi (10) is considered as the Agryaoushadhi in Vatarakta, with its Tikta rasa and Sheetha guna helping in alleviating Raktadusti. Manjishta (11) is the best blood purifier, due to its Madura, Tikita, Kashaya rasa and Ushna veerya it acts as Kaphapittahara and Varnya. Gandaka rasayana (12) is having antibacterial and antimicrobial action which prevents infections thus act as a broad-spectrum antibiotic. Yastimadu rasayana (13) is having Medya, Kandughna, Varnya, Vranaropana, Shonitasthapana properties. It is having Madura rasa, Guru Snigdha guna and Sheeta veerya and have Vatapitta hara property. Rasayana helps in curing disease as well as prevents the reoccurrence of the symptoms.

CONCLUSION

This is one of the case studies of Stasis dermatitis treated Ayurveda. Based on *Dosha, Dhatu* vitiation and *Sthana* the disease is correlated to *Utthana vatarakta* in *Ayurveda*. *Acharya charaka* have given importance to *Bahya chikitsa* in the management of *Utthana vatarakta*. Static dermatitis was successfully managed with *Shamana* and *Rasayana chikitsa* along with *Abhyanga* and *Parisheka*. *Kaishora guggulu* and *Yastimadhu rasayana* have promising effects in such *Vatarakta* conditions where there is simultaneous vitiation of *Vata* and *Rakta* affecting *Rakta* and *Mamsa dhatu*.

REFERENCES

- Sehgal N Virendra, Textbook of clinical dermatology, 5th edition,
- 2. https://www.medicalnewstoday.com/articles/322896
- Acharya Agnivesha. Charaka Samhita. Revised by Charaka, Compelled by Dridabala, Ayurved Deepika commentary of Acharya Chakrapanidatta, Edited by

- Yadavji Trikam ji Acharya. Chap 29, Varanasi: Chowkhamba Sanskrit Pratisthana; 2004. P 92.
- Acharya Agnivesha. Charaka Samhita. Revised by Charaka, Compelled by Dridabala, Ayurveda Deepika commentary of Acharya Chakrapanidatta, Edited by Yadavji Trikam ji Acharya. Chap 29, Varanasi: Chowkhamba Sanskrit Pratisthana; 2004. P 100.
- Rapini Ronald P, Bolgnia Jean L, Jorizzo Joseph L. Dermatology, Vol 2, Chapter 14. St. Louis: Mosby; 2007. P 230.
- Acharya Sharangdhara, Sharangdhara Samhita, Dipika Hindi commentary by Brahmanand Tripathi, Edited by Ravindra Agadi, Varanasi, Chaukhamba Surabharati Prakashan; 2017. P 319.
- Vagbhata, Astanga Hrdayam, Sarvanga Sundara commentary by Arunadatta, Edited by Srikantha Murthy K
 R. Vol 2, Chap 8, Varanasi, Chowkhamba Krishnadas Academy; 2010. P 329.
- 8. Acharya Sharangdhara, Sharangdhara Samhita, Dipika Hindi commentary by Brahmanand Tripathi, Edited by Ravindra Agadi, Varanasi, Chaukhamba Surabharati Prakashan; 2017. P 265.
- Kamalahara Pulipanda, MN. Patrudu, K. Sahithi. A brief review on the ayurvedic concept of corona with special reference to Janapadodhwamsa; A review article, Approval 8, June 2020.
- Prakash L Hegde, Harini A, A Textbook of Dravyaguna Vijnana, Vol 2, Chap 33, New Delhi, Chaukhambha Publications; 2018. P 317.
- 11. Prakash L Hegde, Harini A, A Textbook of Dravyaguna Vijnana, Vol 2, Chap 62, New Delhi, Chaukhambha Publications; 2018. P 581.
- 12. Yogaratnakara, Edited by Madham Shetty, Suresh Babu, Vol 2, Chap 39, Varanasi, Chaukhamba Sanskrit series office; 2018. P 1250.
- Prakash L Hegde, Harini A, A Textbook of Dravyaguna Vijnana, Vol 2, Chap 103, New Delhi, Chaukhambha Publications; 2018. P 909.

Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Anu P et al: Ayurvedic Management Of Stasis Dermatitis: A Case Study. International Ayurvedic Medical Journal {online} 2022 {cited February 2022} Available from:

http://www.iamj.in/posts/images/upload/545 549.pdf