

MANAGEMENT OF VARICOSE ULCER THROUGH AYURVEDA: A CASE REPORT

Rashida O. K.^{*1} and Namitha T. P.²¹Post Graduate Scholar, Dept. of Shalyatantra, Govt. Ayurveda College, Kannur, Kerala, India.²Assistant Professor, Dept. of Shalyatantra, Govt. Ayurveda College, Kannur, Kerala, India.

*Corresponding Author: Rashida O. K.

Post Graduate Scholar, Dept. of Shalyatantra, Govt. Ayurveda College, Kannur, Kerala, India.

Article Received on 24/11/2024

Article Revised on 14/12/2024

Article Accepted on 04/01/2025

ABSTRACT

Varicose ulcers are chronic wounds resulting from long-standing venous insufficiency. They are characterized by delayed healing, pain, and recurrent infections, significantly impacting the patient's quality of life. Modern treatments often fail to provide sustained results, leading patients to seek alternative therapies. This case report discusses the Ayurvedic management of a 64-year-old female patient with a 10-year history of varicose ulcers. The treatment included internal medicines, local applications, and Jalukavacharanam (leech therapy). Significant improvement was observed in the ulcer's healing, reduction of pain, and quality of life, suggesting that Ayurveda offers effective interventions for chronic venous ulcers.

KEYWORDS: Jalaukavacharana, varicose ulcer, venous ulcer, leech therapy.

INTRODUCTION

Venous or varicose ulcers are the most common chronic wounds associated with venous hypertension caused by venous valve incompetence or obstruction. These ulcers are typically located in the gaiter area of the lower limb, presenting with irregular margins, granulation tissue, and chronic inflammation. The prolonged nature of these ulcers, coupled with complications like infections and pain, presents a therapeutic challenge. In Ayurveda, chronic non-healing ulcers (Dushta Vrana) are managed using Shodhana (cleansing) and Ropana (healing) therapies with internal and external applications. This case report explores the holistic approach of Ayurveda in managing a chronic venous ulcer, emphasizing personalized treatment protocols and their outcomes.

CASE REPORT STUDIED: A 64-year-old female patient, Prema Valli (OP No. 24374, IP No. 1281), visited the Shalyatantra OPD with a presenting complaint of an ulcer over the left lower limb persisting for 10 years. She developed a small wound on her left lower limb that progressively increased in size and was painful, accompanied by swelling in the same limb. Initially, she consulted an allopathic physician and underwent admission with daily dressing. Though the ulcer began healing, she got discharged prematurely, leading to its recurrence. Over the years, multiple consultations with physicians failed to resolve the ulcer completely. Two months ago, the patient was admitted to our hospital. At this time, she presented with a large ulcer on the left lower limb, pain, and a burning sensation. The pain worsened with prolonged standing, walking, and when

the leg was in a dependent position. She is a known case of HTN/DLM.

The family history of patient suggests that her daughter is experiencing complaints of varicose veins. The patient reports regular bowel habits, with one bowel movement per day. Her Appetite is normal, but sleep is occasionally disturbed due to pain. She is being prescribed Atorvastatin 10 mg once daily at night and Amlodipine 5 mg once daily in the morning.

General Physical Examination: On general physical examination, the patient appeared undernourished but well-hydrated. She was fully conscious, oriented to time, place, and person, and cooperative. There were no signs of pallor, icterus, clubbing, cyanosis, or lymphadenopathy. Vital signs were normal with a pulse rate of 76 beats per minute, blood pressure of 120/80 mmHg, and a respiratory rate of 18 breaths per minute. Blood investigations revealed hemoglobin at 12 gm% and an ESR of 25 mm/hr.

Ulcer Examination

Inspection	Two ulcers + One over medial malleolus and another anterior to it
Edges	Raised
Margins	Irregular
Discharge	Pus
Surrounding skin	Blackish
Palpation	Tender

Depth	2-3mm
Base	Subcutaneous tissue
Bleeding	+ on touch
Induration	Negative
Local temperature	Slightly raised

Diagnosis: Venous ulcer (varicose ulcer) confirmed by ultrasonography (USG).

Treatment:

1. Daily Dressing: Procedure: Wound cleaned with Triphala kshalana. Packed with Jatyadi Ghrita.
2. Jalukavacharana (Leech Therapy): Three sittings conducted at two-week intervals.
3. Internal Medicines:
Punarnavadi Kashaya: To reduce edema and improve circulation.
Drakshadi Kashaya: For systemic detoxification and overall health improvement.

Kaisora Guggulu Gutika (1-0-1): To manage inflammation and promote wound healing.

Avipathy Choorna (1 tsp HS): To regulate bowel movements and reduce pitta.

Hemi-C Tablets (1-0-1): To improve hemoglobin levels and wound healing During the treatment period the patient showed symptom like reduced sleep and mood swings due to pain, referred to manasikam OPD and adviced to take additionally Manasamitra vataka 0-0-1 Aswangandharishta 20ml BD.

RESULT

The clinical features of Varicose ulcer were Improved at the end of first month and the wound was healed completely at the end of second month.



Before treatment



After 1 month of treatment



After 2 months of treatment

DISCUSSION

Varicose ulcers occur due to chronic venous insufficiency, leading to increased venous pressure and skin breakdown. Conventional management primarily focuses on symptomatic relief and surgical interventions. However, these approaches often fail to ensure long-term healing and may lead to recurrences. Ayurveda identifies chronic ulcers under the umbrella of Dushta Vrana, where impaired doshas, particularly Kapha and Pitta, obstruct normal tissue healing.

Drug action

1. **Triphala Kshalana:** The cleansing property of Triphala promotes debridement of necrotic tissue and provides an antimicrobial effect.
2. **Jatyadi Ghrita:** This formulation accelerates wound healing through its Ropana (healing) and anti-inflammatory properties.
3. **Jalukavacharana (Leech Therapy):** Leech therapy is a Raktamokshana (bloodletting) procedure that alleviates venous congestion, improves local circulation, and reduces inflammation.
4. **Internal Medications:** Punarnavadi and Drakshadi Kashaya's facilitated systemic detoxification and reduced edema, while Kaisora Guggulu addressed chronic inflammation. Avipathy choorna corrected digestive imbalances, and Hemi-C tablets improved hemoglobin levels to enhance healing.

Ahara Vihara followed during case study: These Ahara and Vihara were advised to be followed by patient during course of treatment.

Ahara (Dietary Recommendations)

1. **Rasa and Guna-based Diet:** Ahara having madhura (sweet) and kashaya (astringent) rasas were recommended to pacify Pitta and Kapha doshas.
2. **Specific Foods to Include:** Green leafy vegetables like Spinach, Moringa (Drumstick leaves) to promote healing. Whole grains like Barley, rice, and millets for easy digestion. Turmeric (anti-inflammatory), cumin, coriander, and ginger to enhance digestion and reduce inflammation.
3. **Foods to Avoid:** Excessively spicy, oily, or salty foods, as they can aggravate Pitta and worsen inflammation. Heavy foods like curd, cheese, and fried items that promote Kapha and Ama (toxins). Cold and refrigerated foods that hamper Agni (digestive fire).
4. **Hydration:** Drink warm water or herbal teas to maintain circulation and flush out toxins. Avoid excessive caffeine or cold drinks.

Vihara (Lifestyle Recommendations): Advise resting with the legs elevated to reduce venous congestion and promote circulation. Avoid prolonged standing or sitting. The combined approach of local and systemic therapies improved granulation, reduced wound size, and alleviated associated symptoms, underscoring the effectiveness of Ayurvedic management.

Advise on Discharge

1. Keep ulcer area clean & dry
2. Avoid tight clothing around the legs to prevent venous compression
3. Practice Pranayama and meditation to Reduce stress which can impede healing
4. Perform self-massage with medicated oils like saharadi taila to improve circulation and relieve discomfort

CONCLUSION

This case highlights the role of Ayurvedic treatment in managing chronic venous ulcers. The integrated approach of Shodhana and Ropana therapies addressed both local and systemic factors, leading to significant clinical improvement. Such personalized and holistic interventions offer promising results in the treatment of chronic wounds where modern treatments fall short.

REFERENCES

1. Charaka Samhita, Agnivesha's treatise refined and annotated by Charaka and redacted by Drudabala, with Ayurveda Deepika commentary by Chakrapani. Varanasi: Chaukambha Sanskrit Sansthan; reprint, 2004; 63.
2. Sushruta Samhita, edited by Kaviraja Ambikadutta Shastri. Varanasi: Chaukambha Sanskrit Sansthan; reprint, 2009.
3. Pandey GS. Bhavaprakasha Nighantu. Varanasi: Chaukamba Bharati Academy; reprint, 2015.
4. Kumar SP, et al. Management of venous ulcers with Ayurveda: A case series. International Journal of Ayurveda Research, 2020; 5(2): 120–124.