

Focused Local Treatment Options of Ayurveda in Refractory Venous Ulcer of the Leg

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Abstract

Non-healing ulcers, mostly infected are difficult to manage. When wounds are further complicated by underlying vascular or neuro-pathology, it becomes indeed a challenge to manage such wounds. Chronic wounds associated with varicose veins of the leg always pose indeterminate course.

This case series portray the feasibility and applicability of systemic and local Ayurvedic interventions in three different cases of infected non-healing ulcers of the lower limb. Venous pathology was a common factor present in all the three patients. A comprehensive ayurvedic management was planned and executed which included shodhana, shamana, rasayana, satvavajaya and vaikrutapaha measures. Treatment methodology was rightly derived from the principles of shastirupakrama and implemented at appropriate wound healing phases.

Keywords

Venous ulcers, shodhana, shamana, rasayana, shastirupakrama.

Introduction

Chronic wounds are defined as wounds that have failed to progress in an orderly and timely manner to restore the anatomic and functional integrity of the injured site¹. Many leg ulcers run a chronic course that refuse to heal for various reasons such as infections, repeated trauma, venous and arterial insufficiency, undernourishment, neurogenic causes and many other associated systemic diseases like diabetes mellitus. The sequel of a chronic non-healing wound includes social, physical, or psycho-social impact affecting quality of life of the individual, keeping aside specific clinical manifestations of the wound. Analyzing various local and systemic factors that may be impeding wound healing helps to select appropriate wound management protocol.

In this case series, the common factor of lower limb varicose veins was the prime element affecting pace of wound healing and its recurrence. Venous leg ulcer is an indicator of chronic venous insufficiency and ambulatory venous hypertension. Restoring normal anatomy is difficult in such cases since there is often full thickness skin loss. These factors challenge the ayurvedic surgeon while treating chronic leg ulcers, many times with dominant varicose veins with history of failed skin graft.

Therapeutic measures aim at different levels of intervention – to control infection, to reduce venous stasis thereby improving venous return and to create a favorable local environment for the wound to heal by the principle of secondary intention of wound healing.

Report of Case Series

Three male patients aged between 35 and 60 years were admitted in the Salyatantra ward of our hospital under IPD NO: 246/22, 637/22, and 220683 for the complaint of non-healing wounds located over medial aspect of lower limbs. The patients presented with multiple infected ulcers.

The patients, not known cases of diabetes or hypertension, but known cases of varicose veins (CEAP 5), started having complaints of aching pain, itching and discoloration of lower limbs for period of 3 – 6 weeks prior formation of ulcers.

Patients had to work in standing posture for prolonged hours when their symptoms such as itching and pain got aggravated. As the condition progressed to abrasion of skin and developed wound which failed to heal, the subjects were advised to undergo skin graft which they refused and consulted OP department of Salyatantra at Vaidyaratnam ayurveda college, Ollur. The patients were admitted in the hospital for an average period of 45 days and the wound showed healthy healing. Patients were clinically stable throughout the course of treatment in the hospital without any signs of toxemia.

Treatment Employed

a) Shodhana : Systemic cleansing

1. Virechana– Nitya virechana

Drug: Bhrihat Triphala Choorna 5 grams

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with lukewarm water at bedtime).

b] Shamana treatment : Systemic internal medicines

(Duration- 30 days)

1. Aragwadhadikashayam
(15ml kashaya mixed with 60ml Boiled and cooled water, BD;
Before food)
2. Tab. Kaishora Guggulu 1 BD with Kashaya
3. Khadirarishtam 25ml, BD, after food
4. Cap. Gandhaka Bhasma 1tds, after food
5. Cap. Rasasindooram 1tds, after food

c] Shamana and Rasayana : Systemic internal medicines and rejuvenators

(Duration- 15 days)

1. Mahamanjishtadikashayam
(15ml kashaya mixed with 60ml Boiled and cooled water, BD;
Before food)
2. Madhusnuhi Rasayana 1 Tsf, BD with kashaya
3. Vilwaadi Gutika 1BD, after food

d] Satvavajaya - Psycho-supportive adjuvant (External Treatment)

(Duration- 07days)

1. Takradhara for head (Processed with.....)

e] Vrana shodhana and ropana : Local external treatment for the wound

(Duration - 45 days on an average)

1. Jaloukavacharana – for Vrana shodhana and improves microcirculation (scheduled sittings)
2. Cleaning and dressing under aseptic conditions
3. Vrana dhoopana with Guggulu – for vranashodhana (cleansing) and to reduce discharge
4. Triphalakwatha Parisheka (wound irrigation)–for shodhana (cleansing), to control pain and infection
5. JatyadiGhrita – for shodhana (cleansing), to alleviate pitta, to control inflammation and helps ropana (healing) of wound

f] Rasayana and Vaikrutapaha (Rejuvenators / resulting healthy scar / avoid recurrence)

(Duration - 30 days on an average)

1. Tiktakam kashayam
(15ml kashaya mixed with 60ml Boiled and cooled water, BD;
Before food)
2. Tiktakam ghritam 1tsf with warm water at bedtime
3. Vilwaadigutika 1BD, after food

Discussion

The treatment was phased and scheduled to be administered in successive stages. Select treatment protocol of tridoshaja-dushtavrana was implemented in this case series, depending upon the rate of wound healing. Considering the pathology, symptoms and complications of lower limb ulcers with compromised venous

return, treatment advocated for three patients has proven to be effective.

At the time of admission, patients were having wound sepsis although they were clinically stable (vitals were maintained). At this initial phase, diagnosis was made as tridoshaja-dushtavrana and treatment plan was focused to arrest the progression of infection along with systemic shodhana. Sequential procedures of Jaloukavacharana, vranadhoopana were administered in addition to cleaning and dressing, twice daily under strict aseptic conditions. Jaloukavacharana reportedly helps to improve circulation at capillary level thereby enhancing granulation tissue formation for healthy healing. Guggulu was the drug of choice for vranadhoopana which helped to control the embedded infection². Internal medications such as Aragwadhadi kashayam, Tab. KaishoraGuggulu, Khadirarishtam, Gandhaka Bhasma Cap and Rasasindooram Cap were prescribed for 30 days in phase 1 of treatment plan.

Next phase of treatment focused at shodhana (cleansing) of the wound. Additional to vranadhoopana, parisheka and routine wound dressings with jatyadighrita were done during this period. Medicines having rasayana property (systemic and tissue rejuvenators) were included since dhatukshaya is the inevitable sequel of all chronic and complicated ailments³. Internal medicines were modified to Mahamanjishtadi kashayam, Madhusnuhirasayana and Vilwaadigutika for 15 days.

Dushtavrana (non-healing infected ulcers) showed a slow transition to the lakshanas of ruhyamanavrana (healing ulcers) by the above combination of medicines as shaman-oushadhis and nityavirechana as dosha-shodhana treatment. Rationality behind selecting virechana(purgation) is because of its specific indication in chronic wounds with vata and pitta dosha predominant features.

Additionally, takradhara (to head) as an adjuvant to the main course of treatment was opted as a supportive measure, since patients with chronic illness are known to suffer from psychological distress. Takradhara administered as vata-pittashamaka showed positive subjective changes.

Finally, medicines which possessed both

shodhana and ropana property simultaneously were prescribed for wound healing⁴. Marked improvement in healing stages of all the wounds were carefully noticed and recorded.

It took an average of 02 months for the wounds to exhibit the signs of roodha vrana (healed ulcer). After attaining complete healing of the wounds, patients were advised to continue oral

medications for one month in order to avoid recurrence. Further, use of compression stockings and evading long hours of standing posture were suggested to the patients since there was evident chronic venous insufficiency⁵ in all three cases.

Table 1: Findings of ulcer examination before and after treatment

CRITERIAS	EXAMINATION FINDINGS ON THE DAY OF ADMISSION			EXAMINATION FINDINGS AFTER TREATMENT
PATIENT	Patient 1 246/22	Patient 2 637/22	Patient 3 220683	
NUMBER	2	1	1	0
SITE	i&ii -near medial malleolus extending proximally over left lower limb.	Involves whole circumference of the left lower limb from mid-foot to mid-calf	3cms above medial malleolus- right lower limb	Nil
COLOUR OF THE FLOOR OF THE ULCER	Yellowish - red	Yellowish- red, black. Slough present	Pale pinkish	Scar formed
SHAPE	Irregular	Irregular	Oval	Nil
SMELL	Present, Offensive	Present, Offensive	Present	Absent
DISCHARGE	Present, Purulent,	Present, Purulent, Thick	Present, serous	Absent
MARGIN	Irregular	Irregular	Irregular	-
EDGE	Sloping	Sloping	Sloping	-
FLOOR	Covered with slough	Covered with slough	Covered with diffuse slough	-
GRANULATION TISSUE	No uniform distribution	Absent	Unhealthy granulation tissue seen	-
SURROUNDING AREA	Hyperpigmentation, venous eczema present	Inflamed, skin appendages lost	Inflamed	Normal
SIZE OF ULCER	a) 10.5 x 8 cms b) 11.2 x 7.6cms	20 x 15cms	6 x 4.5 cms	Healed
BASE	Hard	Hard	Hard	-
BLEEDING ON TOUCH	Absent	Absent	Absent	Absent
TENDERNESS-	Present, severe	Present, severe	Present, mild	Absent
INDURATION	Present	Present	Absent	Absent
LOCAL RISE IN TEMPERATURE	Present	Present	Present	Absent
SENSATION	Present, hypreaesthesia+	Present, hypreaesthesia+	Normal	Normal
VACULARITY	Dorsalis pedis, Tibialis posterior, Popelital, Femoral- palpable	Popelital, Femoral- palpable	Dorsalis pedis, Tibialis posterior, Popelital, Femoral- palpable	Normal
LYMPHNODES	Enlarged – inguinal group	Enlarged – inguinal group	Not enlarged/ not palpable	Not enlarged/ not palpable

Images:

Patient ID	Before treatment Day 1	During treatment Day 20	After treatment Day 45
246/22 Ulcer site: medial malleolus extending proximally over left lower limb			
637/22 Ulcer site: whole circumference of the left lower limb from mid- foot to mid-calf			
220683 Ulcer site: 3cms above medial malleolus - right lower limb			

Image: Procedure Jaloukavacharana



Image: Procedure Jaloukavacharana



Conclusion

The cases were changed since two out of three the patients refused to undergo skin graft for non-healing infected ulcers and approached ayurveda as the prime treatment option. This

case series cites an example to highlight the importance and execution of a premeditated clinical protocol in highly complex leg ulcers complicated by varicose veins and chronic venous insufficiency. The Ayurvedic treatment has proved to be effective in managing and healing the ulcers without complications.

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