



A CASE REPORT ON VARICOSE VEIN WITH VARICOSE ULCER: VRANA PRAKSHALAM THERAPY WITH JALOUKAAVCHARAN

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ABSTRACT

Venous ulcer are the wounds which are most serious chronic and venous insufficiency complications, these venous ulcers caused due to the inappropriate functioning of the venous valves. when vein get damaged and ruptured due to any trauma, then the pressure in the vein gets raised and cause hypertension and in turn it lead to ulcers. In this case the possible study effect was made to present the venous ulcers to the patient and that was only due to the trauma. The varicose vein with varicose ulcer the tissue gets exposed with microbial infection on the surface of the right lower limb of the foot was treated with vranaprakshalam, vranaropanam, and jaloukaavcharan therapy and certain dressings. The infection gets reduced due to initial treatment of providing vranaprakshalam and dressing on the wound without any exposure would give result of fast healing. Most of the infection get reduced due to the jaloukaavcharan therapy.

Keywords: varicose ulcer, vranaprakshalanam, jaloukaavcharan.

Introduction: venous ulcers are the wound which occur due to improper functioning of venous valves usually of legs, in many cases this condition starts due to trauma.^[1] Damaged venous valves prevent the backflow of blood and causing pressure in the vein. hence arterial pressure reduces significantly than venous pressure therefore, blood is not pumped as efficiently into that area.

^[2] In venous ulcer diabetes play a very major risk factor due to this ulcer not properly heal.

^[3] Without regular dressing and proper cleaning, the ulcers spread quickly and they are very painful. the patient with longer duration of venous ulcers, may damage the skin and difficulty in healing. venous ulcer is the commonest ulcer of leg in the patient with varicose veins. It is also called gravitational ulcer.

^[4] The prevalence of VLU [varicose leg ulcer] is between 0.18% and 1%. On an average 33-60% of these ulcers persists for more than 6 weeks and are therefore referred to as chronic VLU.

^[5] These ulcers represent the most advanced form of chronic venous disorders like varicose vein and lipodermatosclerosis.

^[6] The basic cause of venous ulcer is abnormal hypertension in lower third of the leg, ankle and dorsum of the foot. Ulcers are situated just above the medial malleolus, oval and spherical with pigmentation all around.

CASE DETAILS

A 69 year male patient reported in opd of shri jayendra Saraswathi ayurveda college nazarathpettai complain of wound in the right leg since 6 month, pain at the sight of ulcer at night, itching.

HISTORY OF THE ILLNESS – A patient known case of varicose vein since few years back. but he was Asymptomatic. he noticed itching, burning sensation, discoloration over the right medial malleolus since last few months. on examination we found oozy brownish lesions, no past history of any systematic disease, diabetic mellitus, hypertension, cardiac disease or any other illness. CBC, lipid profile, RBS, serum creatinine, BT CT was normal. 2 years back, he developed a minor wound on near right medial malleolus due scratching, for which initially he ignored, after few days another one wound he saw on same right leg at site lateral side, later after two months wound got infected and increase in size, for which he consulted a local physician, and took treatment, and regular dressing was done for the same, but he didn't get satisfactory result with this complaints he came to our hospital, on examination wound1 on lateral aspect of right leg with serous discharge, wound2 at medial malleolus with serous discharge.

THE TREATMENT

^[7] Triphala guggulu	1 tablet thrice in a day	Bhagandra, gulma, sotha, arsha
^[8] Gandhak rasayana	1 tablet thrice in a day	Veerya, pustikara, kandu, kushtha, prameha, visha, atisara, grahani
^[9] Maha manjisthadi kasayam	20 ml twice in a day	Vata rakta, kushtha [pama, kapala, mandala, sidham]
^[10] Triphala choorna	50gm for washing of wound	Kapha pittaghna, prameha, kushta, chakshsya, deepanam, bvisama jwara.
^[11] Jatyadi taila	For local application	Nadi vrana, sphotak, kacchu, sadya shastra, dagdha, dusta varna
^[12] Bhrit triphala	Bed time	Anti- inflammatory, antibacterial, antioxidant.

Poorva karmam [pre- operative procedure]

Non- poisonous leeches were identified ^[13], it also includes leech disinfection, before use leeches were smeared with a paste of mustered and turmeric, which act as a disinfectant and increase their appetite and blood sucking ability. Leeches are kept on fresh water jar. patient BT and CT verified.

Pradhan karmam [main procedure]

The area to which leeches were to be applied was thoroughly cleaned with sterile water, dried with cotton. Take leech and its mouth was placed on the lesions. Leeches was start suck the impure blood and it shows the hoop of the horse by raising its neck region. Remove leeches after sucking of pure blood. when leech sucking the pure blood itching and pain were started. the leeches were being gently removed by sparkling turmeric around its mouth.

Paschat karmam [post-operative procedure]

After removal of leeches blood was to allowed flow from the wound for few minutes, wound was cleaned by antiseptic solution and after that ^[14] shatadhauta ghrita was applied to promote healing and wound area lightly bandage for 6 to 12 hours.

After that the same procedure was repeated for 4 times after every 2 weeks. Patient was examined weekly during treatment. Pain in wound, swelling, itching reduced after 2 setting of leech therapy and samana and shodhana ropana aushadhis.

Constituents of leech saliva

- **Hirudin** - It is a naturally occurring peptide in the salivary gland of blood sucking leeches that has a blood anticoagulant property. it having three times more anti- thrombin activity than pseudohirudin.
- **Calin** - prevent blood coagulation.
- **Destabilase**- A complete platelet adhesion inhibitor from the saliva of the leech. Hyaluronidase.
- **Hemantin and orgelase**- hyperaemistic effect but found in limited leeches.
- **Antithrombin, antitrypsin and antichymotripsin.**



Figure 1 : varicose ulcer before treatment figure 2 : varicose ulcer during vrana prakshalam



Figure 3: varicose ulcer during leech figure 4 : varicose ulcer healing stage Therapy

Table : 1 comparison of symptoms

Symptoms	Before treatment	After treatment vranaprakshalam	After treatment leech therapy
	DAY 0	Day 15th	Day 16th
Pain	+++	++	-
Tenderness	Grade 1	Grade 1	Grade 0
Varicose vein	Present	Present	Present
Ulcer	unhealed	Healing	Healed
Colour change	blackish	Mild pinkish	Pinkish

Note : This treatment schedule for every 15 days is considered as 1 sitting [vranaprakshalam daily done, leech therapy once in 15 days] like that we did 6 sitting so far and going on .

ASSESSMENT CRITERIA

Patient was examined 15 days during the treatment. Assessment done on the basis of sign and symptoms of disease varicose ulcer.

FOLLOW UP

The follow up was carried out up to 6 months from the end of the treatment with interval of 15 days to rule out progression of the disease and adverse reactions.

DISCUSSION

By considering the sign and symptoms, there is involvement of pitta and rakta dosha. The patient had predominant symptom like of pain [vatta], wound [vatta and pitta], skin changes [vaata, pitta, rakta, mamsa]. In the course of treatment deepana dravyas were administered for correction of agni. shodhana and ropana is considered as the most appropriate method which is responsible for reduction in symptom of kandu, daha. Jalaukavacharanam is considered to be more scientific and safe method. The anti-inflammatory substances present in leech saliva, are responsible for reduction of oozing of wound. It also includes the granulation tissue formation which is responsible for the reduction of thickness in ulcer. Hylaurinadase which has anticoagulant properties and may responsible for reduction oozing in wound. A saliva of leech contains a variety of substances such as hirudin, hylaurinadase, histamine like vasodilators, collagenase etc.

CONCLUSION

Jaloukaavcharan and vrana prakshalam karma provide relief in the symptom of varicose ulcer like kandu, daha, shoola etc. And internal medication along with local care of ulceration part resulted in the reduction of sign and symptom of varicose ulcer like pain, itching, burning, discoloration. During the follow up period there was aggravation in the ulceration was completely cured after 60 days. The treatment was purely based on the principles of Ayurveda. The condition of the patient was improved day by day.

REFEERENCES

1. Venous ulcer available from : <http://www.in.Wikipedia.org/wiki/venous-ulcer> [last accessed on 2013 march 21]
2. Das .S. A concise text book of surgery . 1st ed. Disease of vein edition published by S. Das
3. publication 13 , old Mayour's court Calcutta .
4. margolis , biker W. Santanna J, Baumgarten M. Venous leg ulcer : incidence and prevenlence in the elderly . J .Am Acad Dermatol 2002;46:381-6.
5. O'meara S, Al- Kurdi D, Ovington LG antibiotics and antiseptics for venous leg ulcer [last accessed on 2013 dec 2] Cochrane database syst. Rev. 2008,14 [google scholar] [ref. list]
6. Briggsm , Flemming K. Living with leg ulceration . A Synthesis of Qualitative research .J .Adv Nurs.2007, 59:319-28. [pub med] [Google scholar] [ref list]
7. O'meara S, Al- Kurdi D, Ovington LG antibiotics and antiseptics for venous leg ulcer [last accessed on 2013 dec 2] Cochrane database systmetic reviews , no -1 2008, article ID – CD003557.
8. prof . dr Ravindra angadi ,editor sarngadhara Samhita of acharya sarngadhara , 7 madhya khand, 7/82-83, chaukhamba surbharati prakasan Varanasi .
9. Dr. devnath singh Gautam ,editor rasatarangini , yogaratnakara rasayana adhikara 8/1-4. , chaukhamba surbharathi prakshan varanashi.
10. prof . dr Ravindra angadi ,editor sarngadhara Samhita of acharya sarngadhara 7 madhya khand
11. ,2/ 137-142, chaukhamba surbharati prakasan Varanasi .
12. Dr. smt. Shailja Shrivastava editor . sharangdhar Samhita 7 madhya khand , 70-81, chaukhamba orientalia, Varanasi 2004.
13. prof . dr Ravindra angadi ,editor sarngadhara Samhita of acharya sarngadhara , 7 madhya khand
14. ,9/168-171, chaukhamba surbharati prakasan Varanasi.ministry of health and family welfare . department of ayush : Government of India [link] . Volume 1. Ghaziabad , india :pharmacopoeia commission for Indian medicine & homeopathy;1986:page no 5-8.
15. prof . srikantha murthy KR, editor , Asthang Hridayam Chikitsa Sthan Prakaram , Chhowkhamba krishnadas academy , Varanasi 149.
16. Kaviraj Dr. Ambikadutt Shastri, editor. Sushrut Samhita Sutrasthan 13, shlok 23 , chaukhamba Sanskrit sansthan , Varanasi 60.