



Case Study

AYURVEDIC INTERVENTION IN VENOUS STASIS DERMATITIS WITH TYPE 2 DIABETES MELLITUS

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ABSTRACT

Venous Stasis Dermatitis (Stasis Dermatitis), a chronic cutaneous consequence of Chronic Venous Insufficiency, poses a therapeutic challenge in patients with diabetes mellitus due to impaired healing and vascular compromise. Based on its clinical manifestations, VSD can be correlated with *Uttana Vatarakta* in Ayurveda, which presents with *Lakshanas* resembling *Kushta*. Conventional therapy mainly provides symptomatic relief and has limited long-term benefits in diabetic patients, highlighting the need for effective Ayurvedic management. A 68-year-old female with known Type 2 Diabetes Mellitus (duration: 10 years) presented with pain, itching, burning sensation, oedema, inflammation, ulcer discharge, hyperpigmentation with 1 month's duration, diagnosed as Stasis Dermatitis. Baseline Venous Clinical Severity Score (VCSS) was 17/30. Managed with *Jalaukavacharana*, Wet compression, along with internal medicines over 20 days. Pain, itching, burning sensation, oedema, inflammation, and discharge resolved completely. VCSS improved from 17/30 at baseline to 4/30 post-treatment, further improving to 2/30 at follow-up 1 month, suggesting that an integrative Ayurvedic approach centred on *Jalaukavacharana*, wet compression, and local wound care may effectively reduce disease severity, promote ulcer healing, and improve quality of life in Venous Stasis Dermatitis while supporting glycaemic control.

INTRODUCTION

Venous stasis dermatitis (VSD) is a chronic inflammatory skin disorder that develops secondary to chronic venous insufficiency (CVI). Persistent venous hypertension causes venous valve dysfunction, leading to capillary leakage, fibrin deposition, hemosiderin accumulation, tissue oedema, and chronic inflammation.^[1] It presents with pruritus, pain, burning sensation, oedema, hyperpigmentation, varicosities, and eczematous skin changes, which may progressively lead to venous ulceration if left untreated.^[1] The condition significantly affects patients' quality of life and is associated with a high risk of recurrence.^[2] The condition is particularly challenging in patients with type 2 diabetes mellitus

due to impaired wound healing, increased risk of chronic ulcers, and vascular complications.^[3] Conventional management, including compression therapy, topical corticosteroids, emollients, and wound care, primarily provides symptomatic relief, while long-term disease control remains difficult in many patients.^[1] Based on its clinical presentation, VSD can be correlated with *Uthana Vatarakta* in Ayurveda, in which vitiated *Vata* and *Rakta* manifest with cutaneous features resembling *Kushta-samana lakshanas*.^[4] Such as discolouration, itching, pain, burning sensation, swelling, and ulceration. Ayurvedic management aims to correct the underlying *Dosha* imbalance, purify *Rakta*, promote wound healing, and improve tissue health through both local and systemic interventions. The present case report describes the successful Ayurvedic management of Venous Stasis Dermatitis in a patient with Type 2 Diabetes Mellitus using *Jalaukavacharana*, local wound care, and internal Ayurvedic medications. Clinical outcomes were assessed using the Venous Clinical Severity Score (VCSS), which demonstrated marked improvement in

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disease severity, symptom relief, ulcer healing, and associated glycaemic status.

Patient Information

A 68-year-old female with Type 2 Diabetes Mellitus, hypertension, and a 10-year history of left lower limb varicose disease presented with one month of hyperpigmentation, swelling, aching pain, oozing, and severe itching over the medial aspect of the left lower leg, ankle, and foot. The symptoms began as intermittent itching and skin discolouration and progressively developed into a non-healing ulcer over the left medial malleolar region. She had a positive family history of varicose disease and was not receiving any treatment for her varicose disease.

Personal History

Appetite: Normal

Bowel: Constipated

Bladder: 4-5 times/day, 2-3/nights

Sleep: disturbed due to itching and pricking pain

Diet: Mixed (predominantly sweet food)

Occupation: homemaker, cattle rearer and farmer

General examination

Pallor, icterus, cynosis, clubbing- absent

Oedema- Present along left ankle joint ++

Integumentary System

A single irregular ulcer (1 × 2cm) was present over the medial aspect of the left lower leg above the medial malleolus, with healthy granulation tissue, sloping edges, and serous discharge. The surrounding skin showed hyperpigmentation, eczematous changes, induration, erythema. Pitting oedema around the left ankle and varicosities of the affected limb were noted. The ulcer was tender with an indurated base, the surrounding skin was cold to touch compared with the contralateral limb, and the dorsalis pedis and posterior tibial pulses were feeble.

Investigation

Hb- 11.8g/dl

ESR- 45mm/hr

FBS= 162mg/dl

PPBS- 234mg/dl

Table 1: Samprapti ghataka

<i>Dosha</i>	<i>Vata, Pitta pradhana Tridosha</i>
<i>Agni</i>	<i>Samagni</i>
<i>Dooshya</i>	<i>Rasa, Raktha, Mamsa, Meda</i>
<i>Srotodushti</i>	<i>Sanga, Vimargagamana, Siragrandi</i>
<i>Adhishthana</i>	<i>Twak, Sira</i>
<i>Rogamarga</i>	<i>Bahya,</i>

Treatment procedures

Table 2: External Treatment Procedures

S.No	Treatment procedure	Medicines used	Duration
1.	Wet compression	<i>Guluchyadi kashyam</i>	20Days
2.	<i>Kshalanam</i>	<i>Triphala kashyam</i>	20days
3.	<i>Jaloukavacharanam</i>		2 times

Table 3: Internal Medicines

S.No.	Name of medicine	Dose	Time	Duration
1.	<i>Manjishtadi kashyam + Punarnavadi kashyam 90ml A/F + Guggulupanchapala choornam</i>	3tsp-0-3tsp 90ml BD 2tsp-0-2tsp	Before food	20 days
2	<i>Chandrapraba Gulika</i>	1-0-1	After food	20 days
3	<i>Nishakathakadi kashyam + Pramehoushadi</i>	1tsp-0-1tsp	<i>Panam</i>	20 days
4	<i>Dhanwantharam Tab</i>	2-0-2	After food	20 days
5	<i>Ashtachooram</i>	1tsp BD	With food	20 days

Table 4: Discharge Medicines

S.No.	Name of medicine	Dose	Time
1.	<i>Gugglutikthakam Kashyam</i>	90ml-0-90ml	Before food
2.	<i>Punarnavadi kashyam 90ml A/F</i>	60ml - 0 - 60ml	Before food
3.	<i>Nishakathakadi kashyam</i>	90ml - 0 - 90ml	After food

4	<i>Pinda Tailam</i>	External application over left lower leg	
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OBSERVATIONS AND RESULTS**Table 5: Venous Clinical Severity Score (VCSS, 2010 revised version) - left lower leg, ankle, foot**

Symptoms	1 st visit	20 th day	Follow-up
Pain	3	0	0
Inflammation	2	0	0
Induration	1	0	0
Ulceration (active)	1	0	0
Active ulcer duration	1	0	0
Active ulcer size	1	0	0
Edema	1	0	0
Hyperpigmentation	2	1	1
Varicose Vein	2	2	1
Compression therapy	3	1	0
VCSS	17/30	4/30	2/30

Table 6: Details of symptoms of patient left lower leg, ankle, foot

Symptoms	1 st visit	20 th day	Follow-up
Discharge	+++	Nil	Nil
Burning sensation	+++	Nil	Nil
Itching	+++	Nil	Nil

Table 7: Blood sugar levels

Blood Sugar	1 st visit	20 th day	Follow-up
FBS	162mg/dl	130mg/dl	120mg/dl
PPBS	234mg/dl	200mg/dl	140mg/dl

1st OP Visit**Fig 1****During IP treatment****Fig 2****Fig 3****After treatment****Fig 4**

DISCUSSION

Venous Stasis Dermatitis can be correlated with *Uttana Vatarakta*, a condition in which aggravated *Vata* is obstructed by vitiated *Rakta* (*Raktavarta Vata*), producing cutaneous manifestations resembling *Kushtha-samana lakshanas*.^[4] This requires a combined *Vatashaamaka-Raktadushtihara* treatment (therapy that pacifies vitiated bodily humour and purifies vitiated blood tissue). The coexistence of Type 2 Diabetes Mellitus further complicates the condition because impaired wound healing and metabolic dysfunction delay tissue repair, necessitating an individualised treatment approach.

Raktamokshana is considered half of all the treatment modalities in surgery, and it is especially indicated in *Shasti Vrana Upakrama Jalaukavacharana* (medicinal leech therapy) type of *Raktamokshana* in *Sukumara*,^[5] it promotes the removal of vitiated blood, improves local microcirculation, and facilitates wound healing. Additionally, leech saliva contains bioactive substances such as hirudin, calin, histamine, and hyaluronidase, which exert anticoagulant, vasodilatory, and wound-healing effects by improving local blood flow, enhancing tissue perfusion, and promoting tissue repair.^[6]

Triphala Kashaya was used for *Vrana Prakshalana* owing to its *Rakta Shodhaka* and *Kledahara* properties. Its antibacterial, antioxidant, and anti-inflammatory activities aid ulcer cleansing, reduce microbial load and inflammation, and promote wound healing. Wet compression with *Guluchyadi Kashaya* was administered for *Pitta Kapha Samana*, *Rakta Prasadana*, and *Kleda Shoshana*. The immunomodulatory, antioxidant, and anti-inflammatory properties of *Guluchi* (*Tinospora cordifolia*) help reduce oedema and inflammation while facilitating tissue regeneration and ulcer healing.

Internal Medication

Manjisthadi Kashaya was administered for its *Rakta Shodhana* (blood purifying) *Kandughna* (anti pruritic), and *Dahaprashamana* (relieves burning sensation) properties. Its *Tikta-Kashaya rasa* and *Sheeta guna* help pacify *Pitta doṣa*, alleviate itching and burning sensations, and improve skin discolouration.^[7] *Punarnavadi Kashaya* was used for its *Kapha Pitta Shamana*, *Rakta Shodhana*, *Shophahara*, and *Kleda Shoshana* properties, contributing to reduction of inflammation, oedema, and tissue congestion.^[8] *Guggulu Panchapala Choorna* was administered for its *Tridosahara*, *Srotoshodhana*, *Lekhana*, *Vrana Shodhana*, and *Vrana Ropana* actions, supporting wound cleansing and tissue regeneration.^[9]

Considering the associated Type 2 Diabetes Mellitus, metabolic correction and glycaemic

regulation were essential components of management, while promoting wound healing was an important therapeutic objective. *Chandraprabha Gulika* was administered for its *Pramehahara*, *Kapha-Vata Shamaka*, *Agnideepana*, and metabolic regulatory actions. Its reported anti-hyperglycaemic, hypolipidaemic, anti-inflammatory, and *Sophahara* effects, along with the tissue regenerative potential of *Shilajatu* (fulvic acid), may support glycaemic control, reduce oedema, and promote collagen synthesis, vascular integrity, and wound healing.^[10] *Nishakathakadi Kashaya*, a classical *Pramehahara* formulation, may contribute to improved glycaemic status through anti-hyperglycaemic mechanisms involving DPP-4 inhibition, modulation of diabetes-related pathways, and preservation of pancreatic β -cell function.^[11] *Pramehoushadhi*, containing *Amalaki* and *Haridra*, was also administered for its *Pramehahara* properties and potential role in improving glycaemic status.^[12] *Dhanvantaram Gulika* and *Ashtachoorana* were included for their *Deepana*, *Pachana*, and *Vatanulomana* actions, improving digestive function (*Agni*) and correcting metabolic disturbances that may influence wound healing.^[13,14]

Guggulu Tikthaka Kashaya was continued as discharge medication for its *Kapha Vatahara*, *Kledahara*, *Lekhaniya*, *Vrana Shodhana*, and *Vrana Ropana* properties, supporting inflammation reduction, wound cleansing, and ulcer healing, and may maintain the healing process during follow-up^[15] along with this externally *Pinda Taila*, indicated for *Ruja* and *Daha* in *Vatarakta*,^[16] may reduce pain, burning, inflammation, and oedema through its soothing and anti-inflammatory actions, supported by experimental evidence of oedema inhibition.^[17]

CONCLUSION

This case study shows the effectiveness of Ayurvedic management in treating venous stasis dermatitis with type 2 diabetes mellitus. An integrative Ayurvedic approach incorporating *Jalaukavacharana*, local wound care, and internal medications resulted in marked improvement in symptoms, ulcer healing, VCSS, and glycaemic status, suggesting its potential as a supportive management approach for Venous Stasis Dermatitis in patients with Type 2 Diabetes Mellitus.

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