



Case Study

THE COMBINED EFFECT OF VIRECHANA AND VRANABASTI IN TREATING CHRONIC VENOUS ULCER- A CASE REPORT

Pavitra Hombanna^{1*}, Gopikrishna B J², Sahanasheela K R³, Shyam Warma³

¹PG Scholar, ²Professor and Head, ³Assistant Professor, Dept. of Shalya Tantra, SDM College of Ayurveda, Hassan, Karnataka, India.

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ABSTRACT

Sushruta has explained various methods for *Vrana Chikitsas*. *Virechana* is vital to remove the vitiated *Dosha* from the body in turn normalize them and prevent recurrence of the wound. The local application of *Vranabasti* is one of the best substitutes for of chronic wound healing and *Jathyadi Taila* has better *Shodhana & Ropana* effect. **Case:** A case of 45 year old man, who presented with complaints of two venous ulcers in medial and lateral aspect of right ankle associated with pain, discharge, slough, oedema and discolouration of the skin since 2 years has been taken for the current study. **Method:** After initial *Deepana* and *Pachana*, *Snehapana* was administered with *Mahatiktaka Ghrita*. After *Abhyantara* and *Bahya Snehana* and *Svedana*, *Virechana* was administered with *Avipattikara Churna*. *Vranabasti*, was done every day for 30 minutes after the *Samsarjana Karma* **Results:** There was significant improvement in the size of the wound and nature of the surrounding tissues. **Conclusion:** The combination of *Virechana* and *Vranabasti* can be used as a line of treatment for the management of Chronic Venous Ulcer.

*Address for correspondence

Dr Pavitra Hombanna
PG Scholar,
Dept. of Shalya Tantra,
SDM College of Ayurveda,
Hassan, Karnataka, India.
Email:
phombanna47@gmail.com

INTRODUCTION

Varicose veins are caused by venous valves that do not properly prevent the backflow of blood, or venous reflux, from deep veins back to the superficial veins located between the skin and muscles. Any condition that causes blood to pool in the veins of the leg is a potential cause of venous ulcers, including varicose veins, deep vein thrombosis, or heart failure^[1].

According to the revised CEAP classification published in 2004, a venous ulcer is defined as: full-thickness defect of the skin, most frequently in the ankle region, that fails to heal spontaneously and is sustained by chronic venous disease. Venous ulcers usually occur at the malleolar region both on the medial and lateral aspects of the ankle. However, they are also known to occur on the supra-malleolar and infra-malleolar regions of the leg and foot, respectively. They are resistant to spontaneous healing. Venous ulcers may not cause mortality but are a cause of considerable morbidity if not treated properly. Venous ulcers are very tedious to treat, and have significant recurrence after healing^[2].

Conservative management of venous ulcers includes use of compression stocking or bandage to prevent worsening of varicose veins, foot elevation, antibiotics and regular cleaning and dressing of terminal interruption of reflux source technique (TIRS) by sclerotherapy, laser ablation of varicose veins or surgical correction of superficial venous reflux is performed^[3]. If varicose ulcer is not treated properly or left untreated then, wound infection causing increased pain, swelling, redness and pus, loss of mobility and even severe complications like osteomyelitis, septicaemia or malignancy etc. may occur. Statistics revealed that recurrence of venous ulcers is quite common, ranging from 54 to 78% by the fifth year after healing. Hence, we can say that in spite of all advances in health sciences, varicose ulcer management is still a difficult task for the surgeons.

In *Ayurveda* the *Prakupit Vata Dosha* compresses, raises and squeezes the net work of veins^[4]. In *Ayurveda* it is considered as *Krichhra Sadhya Vyadhi* (curable with difficulty) in early

stage and *Asadhya* in late stages affecting the vital parts of the body. *Sushrutas* school of thought considers the *Rakta* (blood) as *Dosha* because the blood plays main role in the pathogenesis of many disorders. Because blood vessels are involved, there is definitive involvement of *Pitta Dosha*. Along with *Pitta*, *Vata* alone or *Vata* and *Kapha* are vitiated in their site of affliction, i.e., in weight bearing area like calf and ankle^[5].

Ultimately the imbalanced *Doshas* disturb the vessels and the blood of that particular area (venous blood). Thus the blood is stagnated due to obstruction of the pathway of the blood vessels leading to the cause of *Dushta Vrana*^[6]. This can be treated successfully with *Shodhana* (purification) and *Shamana* (pacification) therapy. So, the fore mentioned benefits of *Virechana* and *Vranabasti* were assessed in alleviating the symptoms and in the healing process of varicose ulcer in the patient^[7].

Case Report

A male patient of 52 years, who was a shop keeper by profession, came with a complaint of a non-healing ulcer on the right lower leg since 2 years. His problems started 4 years back when gradually he developed intermittent aching and heaviness in both the calves which increased on prolonged standing and relieved with rest. He neglected these complaints and 3 years back he started to develop blackish discoloration below the right ankle with itching.

Eventually he developed small ulcer in the medial aspect of right ankle which increased in size. Later he developed similar ulcer on the lateral aspect of the right ankle as well. Ulcer persisted even after the treatment at other centers and hence he approached SDM College of Ayurveda and Hospital, Hassan for better management. His past history is insignificant.

On examination he had two ulcers in the lateral and medial aspect of right leg were present:

1. Lateral side of left lower limb slightly involving the lateral malleolus (9X7X0.5cms) since 2 years

2. Medial side of left lower limb above medial malleolus (4X3X0.5cms) since 6 months.

Ulcers had sloping edge with minimal slough on floor and edematous margin. Surrounding skin was having blackish discoloration and the arterial pulsations were intact. Haematology was insignificant. Venous Doppler study showed incompetence of below knee perforators. Hence a diagnosis of chronic venous ulcer was made. Ayurvedic diagnosis was made as *Tridoshaja Dushta Vrana*

Intervention

Patient was admitted in the IPD section and *Deepana Pachana* was given with *Panchakola Phanta* 100ml thrice a day for 3 days. After making sure that patient had attained the *Niraama Avastha*, *Arohana Shodhana Purva Snehapana* with *Maha Tiktaka Ghrita* was given. Dosage of the *Sneha (Maha Tiktaka Ghrita)* was increased every day after assessing the *Agnibala* and *Koshta* (30ml, 60ml, 100ml, 140ml and 180ml). *Samyak Snigdha Lakshanas* were attained on the 5th day.

Sarvanga Abhyanga and *Bashpa Sweda* were administered for 3 days. *Virechana* was given with *Avipattikara Churna* 80 gms and *Triphala Kashaya* 100ml. Patient had 18 *Vegas* with *Kaphantha* and attained *Madhyama Shuddhi*. *Samsarjana Krama* was adopted for 3 days.

Vrana Prakshalana was done with *Panchavalkala Kwatha* every day before *Vranabasti*. A *Pali* is erected around the wound with *Masha Pishti* about 2cm height & thickness of about 0.5 cm. Luke warm oil is poured into the *Pali* on the wound. When this oil get cool it is taken out & warm oil is poured again. This process is done for a period of 30 minutes for 15 days.

Observations

Improvement was present during the course of *Virechana* Therapy and *Vranabasti* in Pain, Wound and Skin discoloration. However, during the course of *Deepana* and *Pachana* patient did not find any significant relief. No untoward complications were observed throughout the treatment.

Table 1: Comparison of Symptoms

Symptoms	Before Treatment	After <i>Virechana</i>	After <i>Samsarjana Karma</i>	After <i>Vranabasti</i>
Pain	++++	+++	++	+
Itching	Present	Present	Absent	Absent
Slough	Present	Absent	Absent	Absent
Granulation tissue	Absent	Present	Present	Present
Serous discharge	Present	Present	Absent	Absent
Size of the wound (cms)	1. 9x7x0.5 2. 4x3x0.5	1. 8x7x0.5 2. 3x3x0.5	1. 7x6x0.5 2. 2x2x0.25	1. 4x3x0.25 2. 0.5x0.5x0.1



DAY 1

Left lateral malleolus (9X7X0.5cms)



DAY 1

Left medial malleolus (4X3X0.5cms)



DAY 13

During Vranabasti Left medial malleolus (2x2x0.25cms)

After Virechana Karma



DAY 11

Left lateral malleolus (8x7x0.5cms)



DAY 11

Left medial malleolus (3x3x0.5cms)

After Samsarjana Karma



DAY 13

Left lateral malleolus (7x6x0.5cms)



DAY 13

Left medial malleolus (2x2x0.25cms)

After Vranabasti



DAY 28

Left lateral malleolus (4x3x0.25cms)



DAY 28

Left medial malleolus (0.5x0.5x0.1cms)

DISCUSSION

Patient was diagnosed to be having *Tridoshaja Dushta Vrana* with predominance of *Pitta* and *Rakta* in *Adhashakha* with *Twak* and *Mamsa* as *Vrana Vasthu*. The chief *Dhathu* involved was *Rakta* and *Upadhatu* was *Twak*, *Mamsa* and *Sira*. The ulceration was considered to be in the *Bahudoshavastha* and hence *Virechana Karma* is selected for elimination of *Pitta* and *Rakta Dosha*, *Vata anulomana* and *Vrana Ropanartha*. As *Sira* is a *Upadhatu* of *Rakta*, *Virechana Karma* helps in wound healing^[8].

Jathyadi Taila by its *Chedana*, *Amapachana*, *Kapha Vata Shamana*, *Janthughna*, *Varnya*, *Lekhana* etc properties checks the *Vrana Varna*, *Vedana*, *Gandha*, *Srava*, *Akruthi*, *Kandu* and removes slough

in the wound. Thus helps in formation of healthy granulation tissue formation. These effects of *Jathyadi Taila* are further enhanced by the procedure of *Vranabasti*. Conventionally ulcer healing is seen at 12-15 weeks with high compression system. The total duration for healing of the ulcer was 45 days and it has significant healing in 20 days after *Virechana Karma*.

CONCLUSION

Patient has shown significant improvement in various parameters after the treatment and this remarked improvement is seen in just forty five days. Not only the size of wound has reduced but also symptomatically patient has shown improvement with minimal days of treatment.

Hence this combination of *Virechana* with *Vranabasti* can be a good option of treatment with cost effective and lesser time schedule.

From this study it was inferred that *Virechana* along with *Vranabasti*:

- Significantly reduces the signs and symptoms of varicose ulcer
- Enhances wound healing process and reduces the morbidity of the patients.
- Is cost effective, less invasive and can be administered easily for majority of age groups.

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