

# A SINGLE CASE STUDY OF VARICOSE ULCER TREATED WITH APPLICATION OF PRATISARANIYA APAMARGA KSHARA

Rajashree Meher<sup>1</sup>

<sup>1</sup> P.G. Department of Shalya Tantra, K.A.T.S. Ayurvedic College & Hospital, Ankushpur, Berhampur, Ganjam

## Corresponding Author:

Dr. Rajashree Meher, P.G.  
Department of Shalya Tantra,  
K.A.T.S. Ayurvedic College &  
Hospital, Ankushpur,  
Berhampur, Ganjam, Email id –  
[rajashreemeher1996@gmail.com](mailto:rajashreemeher1996@gmail.com)

## Abstract:

In present era, varicose veins are more common ailments causing physical impairments in daily activities. Many years of venous disease follow the formation of varicose Ulcer, mostly in the gaiter's zone. So, the varicose ulcers are most commonly seen in the age group between 40 years to 60 years. In the present study a 55-year-old male, non-hypertensive, non – diabetic patient complaint of painful non healing ulcer having slough & exudate with surrounding hyperpigmentation and itching above the ankle in the left leg. After 7 months of conventional treatment using antibiotics & anti-inflammatory drugs there was no improvement in the wound condition. As per sign & symptoms, the case was diagnosed as pitta pradhan sarakta tridosaja dusta Vrana. So, for proper debridement, pratisaraniya apamarga kshara was applied in the ulcerated lesion and for pitta samana & rakta shodhana, Jalauk avacharana was conducted along with internal administration of drugs like Arogyavardhini vati, Gandhak Rasayan, Guggulu tiktaka kasaya, kaishora Guggulu, cap viscovas. After ayurvedic intervention the wound gets completely healed within 36 days. This shows the importance of ayurvedic treatment in chronic ulcers.

## Key words

Varicose Ulcer, Dusta Vrana, Pratisaraniya Ksara, Jalauka avacharana.

## INTRODUCTION:

Varicose veins are one of the most common conditions causing a physical impairment in the quality of life <sup>1</sup>. Majority of Varicose Ulcers which mostly occur in the gaiter's zone (the area above the medial malleolus & below the calf muscles) due to presence of large numbers of perforators follow many years of venous disease. so the patients are

usually of the age group of 40 years to 60 years <sup>2</sup>.

Women are affected far more than men.

Two main aetiologies are responsible for formation of Varicose Ulcer. Firstly, Ulceration may be associated with visible varicose veins and secondly such Ulceration may follow thrombosis and phlebitis in the deep & perforating veins <sup>3</sup>. Mostly the varicose Ulcers are having sloping edge with healthy granulation tissue covered by slough

## CASE REPORT

& exudate in the ulcerated lesion. Almost all venous ulcers are having surrounding haemosiderosis seen as hyperpigmentation and inflammatory lesion. The most chronic ulcer develops Lipodermatosclerosis with associated fibrosis of subcutaneous tissue.<sup>4</sup>

Based on the symptoms the present case may be compared with pitta pradhan sarakta tridosaja dusta Vrana as it is associated with symptoms like ragata (inflammation), krishna rakta varnata (blackish red colouration), vedana (painful), putisrava (purulent discharge), kandu (itching) with presence of slough.

So In this case study for proper debridement of Ulcer application of pratisaraniya apamarga kshara was done. Pittahara & Rakta shodhana treatment like Jalauka avacharana was planned along with internal administration of some tridosahara drugs.

## CASE REPORT

A 55 year old male, vendor, complaint of nonhealing ulcer with surrounding red irritated skin rash above the ankle on the left leg & pain in the ulcerated lesion since 7 months.

## H/O PRESENT ILLNESS

Patient was apparently healthy 7 months ago. Gradually he developed itching & redness above the medial malleolus in the left leg and an ulcer was formed. During long standing & walking, he felt pain in the ulcerated lesion. He went through various modern medication i.e. antibiotics &

analgesics, but there was no improvement on wound healing so that the patient visited the Shalya Tantra OPD of KATS Ayurvedic College & Hospital, Ankushpur, Berhampur on Dt. 28/09/2024.

## H / O PAST ILLNESS

- The patient has the history of Varicose vein since 5 years.
- P/H/O skin grafting was done on the ulcerated lesion in the left hand on Dt. 27/12/2023.
- No family history related to the disease was detected.

## PERSONAL HISTORY

- Diet- mixed
- Appetite – moderate
- Sleep- Good, 7-8 hours/ day 2-3 hours in the afternoon
- Micturition- 5-6 times / day
- Bowel – regular, twice / day
- Habit- tea – 2 cups / day

## ROGI PAREEKSHA

## GENERAL EXAMINATION:

- Tongue – uncoated
- Pulse – 76/min
- BP – 130/80 mm Hg
- Temperature – 98.4 °F

**CASE REPORT**

- Respiratory rate- 16 cycles /min
- Height – 142 cm
- Weight – 60 kgs

**SYSTEMIC EXAMINATION:**

- Cardiovascular system examination: S1, S2 heard, no added murmurs
- Respiratory System examination: Normal vesicular breath sound heard
- Per abdomen examination: Soft, Tenderness absent, organomegaly not found.
- Central Nervous System Examination – Conscious, Orientation to time, place, person

**EXAMINATION OF ULCER****HISTORY:**

- Mode of onset- spontaneous
- Duration – 7 months
- Pain – present
- Discharge – No
- Associated disease – Varicose vein

**LOCAL EXAMINATION:****INSPECTION**

- Size: 3.5 cm × 3 cm × 2.5 mm was present, the anterior part of ulcer measures about 2.5 cm
- Shape: oval
- Number: one

- Position – above the medial malleolus on left leg
- Edge – slightly indurated
- Floor – Slough present
- Discharge – purulent
- Amount – scanty
- Smell- absent
- Surrounding area – Hyper pigmented

**PALPATION**

- Edge – Slightly indurated
- Margin- Slightly thickened
- Base – slightly indurated
- Depth- 3 mm
- Bleeding -on touch absent
- Surrounding skin- No marked increased temperature
- Tenderness – present at the medial aspect of Wound
- Fixity to deeper structure – absent

**INVESTIGATION:**

- Hb- 11.4 gm %
- FBS – 94 mg/dl
- PPBS – 150 mg/dl
- HIV – Non reactive
- HbsAg- Non reactive

## CASE REPORT

**METHODS:**

After through local & systemic Examinations & investigations the patient was selected & informed consent was taken.

### **APPLICATION OF PRATISARANIYA APAMARGA KSHARA**

The apamarga kshara was applied in the ulcerated lesion followed by irrigation of lemon juice to neutralize the effects of kshara. [Refer Fig 1 (a) & 1 (b)]

### **JALAUKA AVACHARANA (HIRUDO THERAPY)**

- At first the collected Jalauka was transferred to the water added with a pinch of turmeric.
- After the Jalauka get activated, they were taken out from the water & kept over the ulcerated site.
- The leech after getting attached to the ulcerated area attained a horse shoe shaped over the neck region.
- A wet gauze piece was spread over the body of leech to provide wet & humid environment.
- Leech was allowed to stay over the site for 45 min. If it didn't detach by itself within 45 minutes / if any pain has been occurred while sucking blood, then leech was detached by putting a small pinch of turmeric over its mouth end.

- The site of leech bite was cleaned well and the site was packed with turmeric and bandaging was done. (Refer Fig 2)

**TREATMENT:****INTERNAL ADMINISTRATION**

- Arogyavardhini vati – 2 tab BD BF with LWW
- Gandhak Rasayan – 2 tab BD BF with LWW
- Kaishora Guggulu – 2 tab BD AF with LWW
- Viscovas – 1tab TDS AF with LWW
- Guggulu tiktaka kasaya – 15 ml BD AF with equal quantity of water

**EXTERNAL ADMINISTRATION**

- 1<sup>st</sup> 3 days- dressing done with conventional medicines
- 4<sup>th</sup> day – 1<sup>st</sup> sitting of pratisaraniya ksara application was done
- 5<sup>th</sup> day – Normal dressing with Vrana ropana taila
- 6<sup>th</sup> day – 2<sup>nd</sup> sitting of pratisaraniya ksara application
- 7<sup>th</sup> – 10<sup>th</sup> day – dressing with Vrana ropana taila
- 11<sup>th</sup> Day – 1<sup>st</sup> sitting of Jalauka avacharana
- 18<sup>th</sup> Day – 2<sup>nd</sup> sitting of Jalauka avacharana
- 23<sup>rd</sup> day – 3<sup>rd</sup> sitting of Jalauka avacharana

## CASE REPORT

- Other days – Dressing done with Vrana ropana taila

**OBSERVATION & RESULTS:**

- On the day of admission – wound was lodged with exudate and slough with purulent discharge (Refer fig 3)
- On 7<sup>th</sup> day – after application of 2<sup>nd</sup> sitting of pratisaraniya kshara, complete debridement was achieved. (Refer fig 4)
- On 11<sup>th</sup> day –after 1<sup>st</sup> sitting of jalauka avacharana : There was reduction in the depth of wound, formation of marked granulation tissue, absence of discharge. (Refer fig 5)
- On 19<sup>th</sup> day – after 2<sup>nd</sup> sitting of jalauka avacharana : Reduction in wound size, Increased formation of granulation tissue having sloping edge were observed. (Refer fig 6)
- On 24<sup>th</sup> day – after 3<sup>rd</sup> sitting of jalauka avacharana; Wound size along with surrounding inflammation & edema of the leg were reduced. (Refer fig 7)
- On 30<sup>th</sup> day – Marked reduction in the wound size & depth of the wound along with formation of healthy granulation tissue were noticed (Refer fig 8)
- On 36<sup>th</sup> day – on the day of discharge: There was complete reduction in the pedal edema

along with surrounding inflammation .Formation of scar tissue were initiated. (Refer fig 9)

**DISCUSSION:**

Acharya Sushruta has mentioned the application of pratisaraniya kshara in dusta Vrana <sup>5</sup>. .Due to lekhana, shodhana & ropana properties of kshara, complete debridement was achieved after application of 2 sitting of pratisaraniya kshara .<sup>6</sup>

Due to madhura & Sita Guna, Jalauka is used in the treatment of pittaja rakta dusti.<sup>7</sup> Because of presence of certain chemicals in leech's saliva like Hirudin (potent anticoagulant), Bdelin & Eglin (anti- inflammatory drugs), Hyaluronidase (having antibiotic action), acetylcholine (vasodilator) and some anaesthetic agents, Jalauka avacharana promotes blood circulation, provide capillary tissue exchange & raises the nutrition to tissue which ultimately help in regeneration of tissue.

As Vrana ropana taila is indicated in Dusta vrana & it's almost ingredients are having shodhana & ropana properties, so regular dressing with it gave tremendous result in wound healing.

## PICTURES:



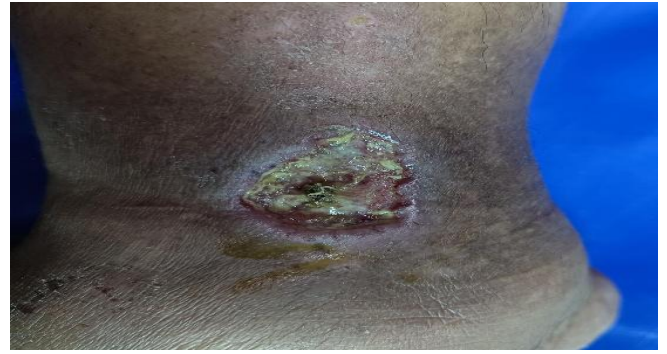
**Fig 1.a:** Application of 1<sup>st</sup> sitting of Apamarga pratisaraniya kshara



**Fig 1. b:** Irrigation with lemon juice 1 min after applying the apamarga pratisaraniya kshara



**Fig 2:** 2<sup>nd</sup> sitting of Jalauka avacharan



**Fig 3:** On the day of admission – wound was lodged with purulent discharge and exudates



**Fig 4:** On 7<sup>th</sup> Day – after 2<sup>nd</sup> sitting of pratisaraniya kshara



**Fig 5:** On 11<sup>th</sup> day – after 1<sup>st</sup> sitting of Jalauka avacharana

## CASE REPORT



**Fig 6:** On 19<sup>th</sup> day – after 2<sup>nd</sup> sitting of Jalauka avacharana



**Fig 7:** On 24<sup>th</sup> Day -after 3<sup>rd</sup> sitting of Jalauka avacharana



**Fig 8:** On 30<sup>th</sup> day -Size of the wound was reduced with formation of healthy



**Fig 9:** On the day of discharge 36<sup>th</sup> day complete reduction of wound size and pedal edema . formation of scar tissue

### CONCLUSION:

In varicose Ulcer, venous hypertension followed by deposition of fibrin around the capillary bed caused tissue hypoxia leading to severe uncontrolled inflammation & preventing proper regeneration of wound.

The present case study due to its long association eventually caused rakta dusti & chronicity paved the way for vitiation of vata resulting pain in the ulcerated lesion. So as per ayurvedic point of view this was diagnosed as pitta pradhan sarakta tridosaja dusta Vrana. Hence Pittahara, Rakta shodhana & tridosahara treatment was planned by administering some internal medication with application of pratisaraniya apamarga kshara & Jalauka avacharana.

The chronic varicose Ulcer which had not healed for 7 months despite of many courses of

## CASE REPORT

antibiotics and anti-inflammatory therapy, healed in 36 days with ayurvedic intervention which suggests the efficacy of ayurvedic treatment in the healing of chronic ulcers.

## REFERENCES:

1. Bailey and love's short practice of Surgery, Volume 2, 28<sup>th</sup> edition, chapter 62, pg 1039, summary box 62.1
2. S Das, A manual on clinical Surgery, 16<sup>th</sup> edition, chapter 4, pg <sup>73</sup>
3. Somen Das, A concise text book of surgery, 11<sup>th</sup> edition, chapter 16, Pg <sup>268</sup>
4. Bailey and love's short practice of Surgery, Volume 2, 28<sup>th</sup> edition, chapter 62, pg 1040
5. Sushruta Samhita, edited with Ayurveda tattva sandipika Hindi commentry by kaviraj Ambikadutta Shastri, Chaukhambha Sanskrit Sansthan, varanasi, part 1 Sutra sthana 11 th chapter sloka 7
6. Sushruta Samhita, edited with Ayurveda tattva sandipika Hindi commentry by kaviraj Ambikadutya Shastri, Chaukhambha Sanskrit Sansthan, varanasi, part 1 Sutra sthana 11 th chapter sloka 5
7. Sushruta Samhita, edited with Ayurveda tattva sandipika Hindi commentry by kaviraj Ambikadutya Shastri, Chaukhambha Sanskrit Sansthan, varanasi, part 1 Sutra sthana 13 th chapter sloka 6