



Case Study

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PANCHAVALKALA KASHAYADHARA IN VENOUS STASIS ULCER

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ABSTRACT

A chronic wound is a wound that does not heal within 3 months. Venous stasis ulcer is a type of chronic ulcer. A 37 year old male presented with two ulcers near left ankle joint since 6 months, associated with itching followed by hyper pigmentation. Gradually an ulcer near lateral malleolus of left leg was formed with pain, itching and seropurulent discharge. Slowly one more ulcer was formed nearby medial malleolus of same leg with itching; discharge and mild cellulitis were noticed. There was no history of fever, constipation and other systemic illness. A positive family history was noted. This case was diagnosed as venous stasis ulcer, from detailed history taking and Trendelenburg's test. Internally Amritotharam Kashayam was given 15 ml + 45 ml of water, twice daily for first 7 days. Externally Panchavalkala Kashaya Dhara (38^o C) was administered for 20 minutes, twice daily from the first day to 28th day. The clinical features like pain, itching, swelling and discharge were not found after 14 days of treatment and Hyper pigmentation slightly improved. The ulcer was almost healed at the 4th week. Panchavalkala possesses, Kashaya Rasa, Stambhana, Grahi and Krimighna. Thus, it possesses anti-viral, anti-bacterial and anti - parasitic effect, which help to cure the ulcer.

Keywords: Venous stasis ulcer, Dushta Vrana, Panchavalkala, Dhara

INTRODUCTION

A chronic wound is a wound that does not heal in an orderly set of stages and in a predictable amount of time; the wound that do not heal within 3 months are often considered as chronic¹. Chronic wounds remain in the inflammatory stage for long period. To overcome that stage and jump-start the healing process, a number of factors need to be addressed such as bacterial burden, necrotic tissue and moisture balance of whole wound¹. The causes of chronic ulcer can be problems with blood supply or drainage, nerve damage, excess pressure, cancer, infection etc². The exact cause of chronic ulcer is not clear. These wounds cause physical strain, emotional stress and financial burden to the patient. Pressure ulcer, venous stasis ulcer, diabetic ulcer, Marjolin's ulcer are a few examples for non-healing ulcer or chronic ulcer.

Venous ulcer is due to chronic venous insufficiency. It is due to improper function of venous valve of leg³. Around 70 to 90% of chronic leg ulcer is venous origin⁴. The cause of venous ulcers is high pressure in the veins of the lower leg. The veins have one-way valves that keep blood flowing up towards heart. When these valves become weak or the veins become scarred and blocked, blood can flow backward and pool in the legs. This is called venous insufficiency⁵. This leads to the high pressure in the lower leg veins. The increase in pressure and build-up of fluid prevents nutrients and oxygen from getting to tissues. The lack of nutrients causes cells to die, damaging the tissue, and a wound can form⁵. Signs and symptoms are leg swelling, heaviness, cramping, dark red-purple- brown-hardened skin, itching and tingling, shallow sore with a red base, unevenly shaped borders etc⁵. On physical examination, venous ulcers are generally irregular and shallow, granulation tissue and fibrin are often present in the ulcer base, and other findings include lower extremity varicosities, oedema, venous dermatitis associated with hyperpigmentation and hemosiderosis or haemoglobin deposition in the skin⁶.

If this ulcer left untreated, it can lead to cellulitis, gangrene and even amputation. Recurrence is very common in this ulcer. The incident rate in male is less than female. The primary risk factors for venous ulcer development are older age, obesity, previous leg injuries, deep venous thrombosis, and phlebitis⁶. The results of a study confirm that, in patients with varicose veins, those with skin changes of chronic venous insufficiency and deep vein incompetence are at greatly increased risk of ulceration⁷. However, the risks may also be increased in those who smoke, obese, and have restricted ankle movement and reduced calf muscle pump power⁷. The general treatments are compression therapy, dressings, antibiotics, anti-inflammatory drugs and if necessary surgical management.

In Ayurveda venous ulcer is correlated to Dushta Vrana. Acharya Sushruta is indicated Nyagrodhadi Gana Kashaya Dhara in Dushta Vrana. Panchavalkala are present in Nyagrodhadi Gana⁸. Other Acharyas also explained about Panchavalkala Gunas like Stambhana, Grahi, Kashaya Rasa and Roganunashana.

Case study

A 37 year old male presented with two ulcers near left ankle joint since 6 months. At first the patient developed itching, followed by hyper pigmentation. Gradually a small sore at the lateral malleolus was formed. Eventually it got burst out and developed into ulcer. The ulcer was gradual in onset and progressive in nature. He was undergone allopathic treatment, and prescribed with antibiotics and topical antiseptic cream and got improvement while taking medicine. As soon as the medicines stop, ulcer forms with great intensity of itching. An ulcer near lateral malleolus of left leg is 1 x 1.5 cm approx. with pain, itching and seropurulent discharge. Gradually another ulcer was formed 0.5 x 1 cm with itching and discharge and mild cellulitis were noticed nearby medial malleolus of left leg. There was no history of fever, cough,

pain in abdomen and constipation. His appetite and sleep was normal. He did not mentioned diabetic mellitus, hypertension and thyroid disease. The patient is a shop-keeper, his long standing job versus his condition. The family history showed that his mother was having varicosity in both legs.

General examination

Pulse – 83/min
 BP – 120/90mmHg
 RR – 18/min
 HR – S1S2 heard
 Temp. – 94.70 F
 Weight – 75kg
 Height – 162cm
 BMI – 28.6Kg/m² (over weight)

Pallor
 Icterus
 Cyanosis
 Clubbing
 Lymphadenopathy
 Koilonychias

} not present

Prakruti – Kapha-Pitta

Local examination

Inspection

Surrounding skin – slightly oedematous, hyper pigmented
 Surface/ floor – irregular
 No. of ulcers – 2 in No.
 Size – 1) 1 X 1.5 cm (just above lat. Malleolus)
 2) 0.5 X 1 cm (on med. Malleolus)
 Site – left lower limb; on lat. Malleolus and near med. Malleolus

Palpation

Tenderness – grade 1
 Surrounding skin – pitting oedema
 Temperature – mild increase
 Examination of lymph node – inguinal palpation was not found.
 Dorsalis pedis pulse – felt

Trendelenburg’s test - positive

Investigation

Blood Routine – all the values were found normal (Hb%, TC, DC, FBS, PPBS) except ESR (24 mm/hr)
 HIV – non-reactive

Diagnosis

This case is diagnosed as venous stasis ulcer, from detailed history taking and Trendelenburg’s test.

Therapeutic intervention

Ethical Approval: A written consent was taken from the patient.

Venous stasis ulcer is correlated to Dushta Vrana in Ayurveda. In Vrana Chikitsa, Acharya Sushruta had explained Vrana Shodhana and Vrana Ropana Karma for healing the Vrana. In the management of Vrana, Acharya had described Shashtirupakrama. Parisheka or Dhara is one among Shashtirupakrama. In this case, a Shamana type of intervention was planned because Rogibala and Rogabala was Madhyama.

Internally Amritotaram Kashaya was given 15 ml + 45 ml of water, twice daily for first 7 days for Pachana.

Externally Panchavalkala Kashaya Dhara (38°C) was administered at 12 Angula height, for 20 minutes, twice daily from the first day to 28th day. The patient was asked for follow up after 28 days (46th day of treatment).

RESULTS

The clinical features like pain, itching, swelling and discharge were not found after 14 days of treatment and Hyper pigmentation slightly improved. The ulcer was almost healed at the 4th week. After the follow up period of 1 month, the patient was feeling better enough and started going for his job. Figures of ulcers BT and AT are kept which shows significant difference between BT and AT. (Figure 1 and Figure 2, Figure 3 and Figure 4)



Figure 1: BT (near left lateral malleolus)



Figure 2: AT (near left lateral malleolus)



Figure 3: BT (near medial malleolus of left leg)



Figure 4: AT (near medial malleolus of left leg)

DISCUSSION

In this present study an attempt is made to know the effectiveness of Panchavalkala Kashaya Dhara in venous stasis ulcer. In Ayurveda venous ulcer is correlated to Dushta Vrana. In Vrana Chikitsa Acharya Sushruta has explained Shashtirupakrama, in

which Parisheka is the 3rd Upakrama⁹. Nyagrodhadi Gana Kashaya Parisheka is indicated in Dushta Vrana by Acharya Sushruta. Nyagrodhadi Gana contains Panchavalkala; it is easily available and cost effective too.

In this case, Panchavalkala Kashaya is prepared and its Dhara was administered for 20 minutes, from day 1 to 28th day. Vata (*Ficus benghalensis*), Ashwatha (*Ficus religiosa*), Udumbara (*Ficus racemosa*), Plaksha (*Ficus lacor*) and Parisha (*Thespesia populnea*) are together called Panchavalkala. It contains Kashaya Rasa mainly; Tannins are the major chemical constituents in it. Tannins have been reported to possess ability to increase the collagen content, which is one of the factors for promotion of wound healing¹⁰. Tannins have shown anti-viral, anti-bacterial and anti-parasitic effect.

Kashaya Rasa is having Stambhana and Grahi Guna, which is used in Srava Pradhana Vyadhi. Panchavalkala is Twak Prasadaka too. The Guru Guna of Panchavalkala might have acted upon pain. It has Sheeta Veerya but Kaphahara and Kledahara. All these above mentioned Gunas show the Vrana Shodhana and Ropana effect of Panchavalkala.

The Vyadhi Bala and Rogibala were Madhyama; hence Shamana Chikitsa was planned. Amaja Lakshanas like Gouravam, Alasyam, Aruchi and Klama were observed. Hence Amritotaram Kashaya 15 ml + 45 ml of water twice daily was given for first 7 days. Nirama Lakshana was obtained within 7 days due to Pachana effect of Amritotaram Kashaya and was stopped. Panchavalkala Kashayadhara had started from day one up to 28 days. Patient was asked to take rest and to follow Pathya in Ahara and Vihara (keeping the leg in Trendelenburg's position with the help of pillow). In each week, marked improvement in pain, itching, swelling and discharge were found. Panchavalkala means the bark of 5 drugs, which is easily available and its Kashaya preparation is also an easy procedure. Thus, it can be concluded that the early stage of venous stasis ulcer is curable with a simple-cost effective technique; i.e. Panchavalkala Kashayadhara.

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