

SPHATIKA TANKANAJALA ASSOCIATIVE AYURVEDIC MANAGEMENT IN
VARICOSE ULCER – A CASE REPORTSandeep^{1*}, Vinay R. Kadibagil², Anusha K. R.³, Manaswini⁴ and Suresh⁵^{1,3,4,5}PG Scholar Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan.²Professor Sri Dharmasthala Manjunatheshwara college of Ayurveda and Hospital, Hassan.

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ABSTRACT

Varicose ulcers are open lesions which mainly occur due to improper functioning of venous valve usually in legs. They are also known as stasis ulcers or gravitational ulcers. If not treated early or properly, it may lead to infection, periostitis, malignancy, gangrene, etc. Contemporary science advocates both conservative as well as surgical treatment for this condition. According to Ayurveda, this condition can be correlated with *siragata dushta vrana*. Acharya Sushruta explained in detail about *vrana* and for its treatment *Shastiupakramas* are described. This is a case study of 59 year female patient diagnosed with left leg varicose ulcer. Considering ayurvedic samprapti she was managed with sphatika tankana jala wash, abhyanga, application dressing and some internal medications. The assessment was done on basis of relief of signs and symptoms and ulcer size. A single case study shows finest results in 6 weeks. No recurrence of wound also observed since 1 year.

KEYWORDS: Venous ulcer, *Siragata dushta vrana*, *Sphatika tankana jala* wash, *Abhyanga*, Assessment.**INTRODUCTION**

Varicose ulcers are open lesions which mainly occur due to improper functioning of venous valve usually in legs. They are also known as stasis ulcers or gravitational ulcers. 70 to 80% of leg ulcers are venous ulcers and prevalence rate of venous ulcers ranging from 0.18% to 1%.^[1] It also caused due to raised intravenous pressure, chronic constipation, trauma, obesity, congenital absence of valve etc.^[2]

Chronic cases of varicose vein or venous valve incompetence leads to venous hypertension allowing blood protein fibrinogen leakage resulting in fibrin plug formation around the veins, this prevent diffusion and exchange of nutrients. So, delayed wound healing.^[3]

Continuous venous hypertension proceeds into capillary proliferation, inflammation and leads to ulcer formation. It is commonly developed around and above the medial malleolus due to presence of large number of perforators which transmit pressure changes directly into the superficial system.^[4] If not treated early or properly, it may lead to infection, periostitis, malignancy, gangrene, etc.^[5] Modern medical science advocates both conservative as well as surgical treatment for this condition.

According to *Ayurveda*, this condition can be correlated with *siragata dushta vrana*. Acharya Sushruta explained

detail about *vrana* and for its treatment Acharya sushruta described *Shastiupakramas*. Wound healing is a natural process but due to etiology, it becomes *dushta vrana* (Non healing ulcer). So this case was taken up to establish the known better results of *sphatika tankana jala* as a *prakshalana* with other known applications and internal medications.

CASE REPORT

A 59 years old female patient, housewife presented with complaints of non-healing ulcer at medial malleolus of left leg since 4 years. Initially patient experienced varicosity in left leg from the level and below the knee joint then hyperpigmentation, oedema, pain and small sore developed at medial malleolus of left leg. Later it proceeded to formation of ulcer. The ulcer was incidious in onset and progressive.

Patient had taken treatment along with regular dressing but complete relief was not achieved. Hence, she consulted to surgeon, they advised her for debridement. Patient was not willing for that, so she consulted ayurvedic hospital.

Past history: Known case of Hypertension since 4 years, on treatment of antihypertensives and antacids. No history of Diabetes mellitus and surgical managements.

Personal history: Patient has good appetite and a vegetarian. Bowel-bladder functions and sleep were normal.

Local examination: In Standing position dilated, tortuous veins were seen at the level of left knee joint and above the medial malleolus.

Brodie: Trendelenburg test was positive so varicosity was confirmed by this test.

Discoloration of left lower leg skin. Pulsation of dorsalis pedis and posterior tibial artery were found. Lymph nodes were unpalpable.

Ulcer examination

Site – Medial aspect of left lower limb

Smell- Foul smell ++

Discharge- Purulent

Base- Indurated

Unhealthy granulation, pale yellow

Slough- Present

Margins- Inflamed and oedematous

Edges- Inflamed and sloping

Local temperature- increased

Investigations

Hb- 11.4 gm%

WBC- 8900/ cu mm

RBC- 5200millions/mm³

Bleeding Time- 1 min 20 sec

Clotting Time- 4 min 15 sec

Urine - Normal

Blood sugar level (Random) – 99 mg/dl

HbsAg- Non reactive

HIV- Non reactive

Sr. Creatinine- 1.1 mg/dl

Venous colour doppler

Multiple incompetent perforators seen in the lower limb; competent SF (Sephanofemoral) and FP (Femoropoplital) valves; No evidence of DVT or Ischemia.

Diagnosis: Non healing varicose ulcer.

OBSERVATION AND RESULTS

	Day 0	Day 10	Day 20	Day 30
Pain	++	+	No pain	No pain
Discoloration	+++	++	+	+
Discharge	+++	++	No discharge	No discharge
Temperature	Increased	Slightly noted	Normal	Normal
Granulation tissue	Unhealthy granulation with slough	Unhealthy granulation with slough	Healthy granulation	Healthy tissue
Smell	+++	++	+	No smell

Management

In Ayurveda, it can be correlated with *Sirajanya dushta vrana* (Venous related ulcers), *Rakta- twak- mamsa dushti* is seen. *Acharya Sushruta* described in detail about *Vrana* (Wound) and its management. *Shashti upakramas* deals with the management of *Vranashotha* (Edematous wound), *Vrana* and cosmetic repair of formed scar. Keeping the principles of *Acharya Sushruta* in *Vrana Chikitsa* following treatment was planned.

1. Vrana pariseka

Acharya sushruta described in detail about *vranachikitsa*. So in view of *prakshalana*(cleaning) here *Sphatika tankana jala* was used. Here *sphatika tankana jala* wash is done daily twice in lukewarm state with a normal distance continuously like dhara for three to four minutes. This is to be continued as a wound cleaning procedure under aseptic conditions.

2. Application and Dressing

After *prakshalana* (Cleaning) with *sphatika tankana jala* the wound was cleaned with cotton and very minimal pressured *abhyanga* (Massage) was done with *jatyaditaila* and dressing done with gauze piece soaked in mixture of *triphala ghruta* and *jatyaditaila*. No any tight *bandhana* (Bandage) was done, here wound was left free after placing of gauze on wound. This is done twice daily.

3. Triphala guggulu

It includes fine powders of *Triphala* with *pippali* each in equal quantity and *guggulu* in 5 parts^[6] and advised to take 2 BD after food.

Pathyaapathya

In *ahara Purana yava* (Old barley-*Hordeum vulgare*), *godhuma* (Wheat-Triticum aestivum), *shali* (Rice-*oryza sativa*), *shashti shali*(Rice grown with in 60 days). *Manda* (Preparation done with 1part rice and 14 parts water), *Peya* (Preparation done with 1part rice and 14parts water), *Vilepi* (Preparation done with 1part rice and 4parts of water) were advised to take.^[7] Patient is also advised for leg elevation during relaxing time.

Pictures



Day 0
Figure 01



Day 10
Figure 02



Day 20
Figure: 03



40th day (Completion of treatment)
Figure: 04

DISCUSSION

Prakshalana of *Sphatika tankana jala* eliminates the unwanted slough, any remnants of dried skin, purulent discharge. Helps in removal of foul smell, local itching, acts as wound healing due to *kshara guna* as a special property of *sphatika* and *tankana*.

Abhyanga is done with mixture of *jatyaditaila* and *triphalaghruta*. It improves circulation, strength, texture, tone of skin, etc.^[8] It is *Twak prasada* (Improves skin tone), *Mardavakara* (Softner), *Varnahara* (Wound healing), *Vataghna* (Allivates vata dosha).^[9]

Triphalaguggulu is given daily acts as *vra*na ropana (Wound healing), *sravahara* (decreases discharge), *vata* and *mala anulomana* (Eliminates vata and feces), *Tridosha shamaka* and *deepaka pachaka* (Carminative and digestant).

CONCLUSION

A single case study showed promising results in management of varicose ulcer with simple *prakshalana* of *sphatika-tankana jala* along with internal medication and regular wound dressing. It also terminates the chances of surgical intervention. No recurrence was found since 1 year.

REFERENCES

1. Cornwall JV, Dore CJ, Levis TD, Leg ulcers, Epidemiology and etiology, Br J Surg, 1986; 73: 693-6.
2. www.idol.in/venousulcer
3. Shriram Bhatt, SRB manual of surgery, Chapter 1st L, 5th edition, Jaypee brothers and medical publishers, Ansari-road, Daryaganj, New Delhi-110002, 2017; 238: 48, 38-24.
4. Shriram Bhatt, SRB manual of surgery, Chapter 1st L, 5th edition, Jaypee brothers and medical publishers, Ansari road, Daryaganj, New Delhi-110002, 2017; 238: 48, 38-24.
5. S. Das, A concise textbook of surgery, chapter 15th, 9th edition, Das publication, 13, old mayor's court, Kolkata-700005, 2016; 268-272.
6. Sharangadaharasamhita, madhyamakhandha chapter, Chaukhamba surabharati Prakashana, Varanasi 221001, 2013; 7: 82-83.
7. Vaidya Vijay Shankar Kale, Charak Samhita, Chikitsasthan Chaukhamba sanskrit Pratishthan, Delhi-110002, 2014; 29: 40-41.
8. Bramhanand Tripathi (Dr), Ashtang Hrudayam,, Sutrasthana, Chaukhamba Sanskrit Pratishthan, Delhi-110007, 2014; 2-8.
9. Antaram Sharma (Dr), Sushruta Samhita, Uttartantra, Chaukhamba sanskrit prakashana, Varanasi-221001, 2015; 45-112.