



THE EFFECT OF VIRECHANA AND VRANAHARINI TAILA VRANA BASTI IN VARICOSE ULCER (DUSHTA VRANA) – A CASE STUDY

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ABSTRACT:

Venous ulcer (stasis ulcer, varicose ulcers) are the wounds caused due to abnormal or insufficient drainage of blood through veins of an individual, usually these occurs in lower limbs as the blood drainage is almost totally in antigravity direction. It is one among the most serious complications of chronic venous insufficiency. In Ayurveda, this condition can be correlated with *Dushta vrana*. *Maha ruja*(excessive pain) , *Pooti Gandha* (foul smell) are mentioned among the symptoms of these, which were clearly observed in the mentioned case. In *Sushrutha Samhita*, *Aacharya* has mentioned *Shashti Upakrama*, which are 60 procedures for the management of the various type of wounds. The local application of *Vrana Basti* is one of the best substitutes for the chronic wound healing and *Jatyadi Taila* has better *Shodhana* and *Ropana* effect. **Case:** A case of 25 year old man, who presented with complaints of venous ulcer in medial aspect of right ankle associated with pain, discharge, slough, oedema and discolouration of the skin since 1 year has been taken for the current study. **Method:** After proper history taking and examination: patient was treated with *Pancha Valkala Kashaya Prakshalana* followed by *Vrana basti* with *Vranaharini Taila* over the site of *Vrana*. **Results:** The treatment yielded beneficial results in pain caused by *Dushta vrana*, as well as it remarkably reduced the extent and size of the wound. **Conclusion:** The Ayurvedic treatment protocol is useful in preventing reoccurrence of the symptoms. *Vranaharini Taila* used to do *Vrana Basti* in this particular case has properties of *Janthughana*, *Varnya*, *Lekhana*, *Kapha Vata Shamana*, *Ropana*, etc. due to virtue of these properties it helps in fast and complete healing of the *vrana*.

Keywords- *Dushta Vrana*, *Vrana Basti*, *Vranaharini Taila*, *Siraja Vrana*

INTRODUCTION

Acharya *Sushruta* explains *Vrana* as the condition where in tissues undergo destruction and also causes discoloration of the affected region^[1]. Healing of *Vrana* is a natural process, but due to interference of vitiated Dosha, *Vrana* becomes *Dushta* and normal healing gets worsens the condition of the patient's psychological and physical state to a greater extent. *Dushta Vrana*, being a chronic ailment causes long-term suffering and needs some effective treatment. In Ayurveda it is considered as *Krichra Sadhya Vyadhi* in early stage and *Asadhya Vyadhi* in late stages affecting vital parts of the body. *Dhanwantari* school of thought considers the *Rakta* as Dosha because the blood plays major role in the pathogenesis of many disorders. Along with *Rakta* and Pitta, *Vata* alone or along with *Kapha* are vitiated in their site of affliction. Ultimately imbalance of Dosha disturb the vessels and leads to manifestation of diseases. Under *Dushta Vrana*, non healing chronic ulcers like infected traumatic ulcers, venous ulcer, diabetic ulcer, and arterial ulcer can be considered. In India the prevalence of chronic ulcer was at 4.5 per 1000 population^[2]. 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^[3].

Conservative management of venous ulcers includes use of compression stockings or bandage to prevent worsening of varicose veins, foot end elevation. Laser ablation of varicose veins, sclerotherapy or surgical correction of varicose veins is also performed^[4].

Ultimately this can be treated with *Shodhana* and *Shamana* therapy. So, the fore mentioned benefits of *Vrana Basti* were assessed in alleviating the symptoms and in the healing process of varicose ulcer in the patient.

CASE REPORT

Objective of case study: To evaluate clinical efficacy of *Vranaharini Taila Vrana Basti* in the patient with Varicose ulcer.

Type of study: Observational single case design without control group

Study center: SDM College of ayurveda and hospital, Hassan, Karnataka

Name of the patient- Not mentioned

Registration no: OP-036726 and IPD-117821

Date of Admission- 11/01/22, Age- 25 yrs,

Gender- Male, Religion- Hindu, Occupation- bakery shop shopkeeper, Diet- Veg - Non Veg

Both

Chief complaints and its duration- a non-healing ulcer on the medial aspect of right lower leg since 1 year. His problem started one and half year back when gradually he developed intermittent aching and heaviness in right calf which increased on prolonged standing and relieved with rest. He neglected these complaints and 1 year 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. Ulcer persisted for long time and hence he approached SDM College of Ayurveda and Hospital, Hassan for better management. Patient is not a known case of Diabetes, Hypertension, Asthama, and Tuberculosis, Heart disease or any other major illness. Similarly, there was no surgical history and addiction history.

Local examination: On examination he has ulcer in the medial aspect of right leg, involving medial malleolus (14x 12 cm) since 1 year. Ulcer had sloping edge with minimal slough

and oedematous. Surrounding skin was having blackish discoloration and arterial pulsations were present.

Venous doppler study showed incompetence of below knee perforators, No evidence of DVT or Ischemia. Hence a diagnosis of chronic venous ulcer was made.

Diagnosis: Non healing varicose ulcer

INTERVENTION

Treatment was aimed at *Vrana Shodhana* and *Ropana* by *Sthanika* and *Abhyantara Shodhana* and *Shamana Chikitsa*.

Abhantara Shodhana was done by administrating *Virechana* with *Trivrut Leha* 50gm along with *Triphala Kashaya* 100ml based on weight of the patient. The Vegas obtained were 22.

Vrana Prakshalana was done with *Pancha Valkala Kashaya* everyday before *Vrana Basti*.

Vrana Basti with *Vranaharini Taila*

Procedure: floor of the ulcer was cleaned with normal saline and surrounding area was cleaned with surgical spirit. With wheat flour dough a wall of around 2cm is erected around ulcer and *Anushnasheeta Vranaharini Taila* was poured into this well and whole floor was covered with oil. When this oil gets cool it is taken out and warm oil is poured again. This process is done for 30 minutes. After the procedure dough was removed with the help of cotton and wound was then bandaged with

Jatyadi Taila. This procedure was done for 28 days.

Shamana Chikitsa: Patient was advised to take *Nimbadi Guggulu* (Two tablets two times a day) and *Aragwadadi kashaya* (15ml twice daily with luke warm water) internally.

OBSERVATIONS

Improvement was present during the course of *Vrana Prakshalana* and *Vrana basti* in Pain, discharge and skin discoloration. However, no untoward complications were observed throughout the course of treatment.

Table 1: comparison of symptoms

Symptoms	Before <i>Vrana Basti</i>	After <i>Vrana Basti</i>
Pain	++++	+
Slough	Present	Absent
Itching	Present	Absent
Serous discharge	Present	Absent
Granulation tissue	Absent	Present
Size of the wound (cms)	14 x 12 cms	8 x 4 cms



FIG 1: wound examination day 1



FIG 2: Application of Vranabasti



FIG 3: Wound examination Day 15



FIG 4: Wound examination Day 30

DISCUSSION

The pain intensity was reduced as there was a progression of healing process. The slough formed with unhealthy granulation tissue was reduced with marked growth of new healthy tissue.

Vrana Prakshalana: an uninterrupted rime factor of pouring the *Dravya* and *Rasa Gunadi Bhedas* of in total have helped in removing the slough and debris of the wound with no mechanical trauma and the healing effect may be action of the drug as well as the body capacity to replenish the healing process the hurdles are removed.

Vrana Basti: acts on the basis of *Shodhana* and *Ropana*. Also by the virtue of fat/lipid metabolism depending on the media.

Vranaharini Taila dissolves hard fibrous tissue and generates healthy base for healing and also promotes healing of ulcer. *Vranaharini Taila* contains *Raktavalli*, *Karpoora*, *Karanja Taila*, *Nimba Taila*, *Tila Taila* and base as *Navaneeta* and Cocounut oil. These ingredients are found to have antioxidant property along with Vitamin K, Vitamin B6, Magnesium, Copper, Calcium, Iron and Zinc.

'*Aragwadadi kashaya*' has '*Raktasodhaka*' and '*Sophahara*' character. Hence, it helps to facilitate formation of Healthy tissues and also strengthens the blood vessels, thus corrects venous circulation. As per Ayurvedic texts, '*Aragwadha*' purifies the *Raktadhatu* due to its '*Raktasodhaka*' character. Further, once *Rakta* is purified, its bi product (*updhatu*) i.e. „*Sira*“ (veins) also gets purified, thus may corrects venous dysfunction when used internally along with adjuvant therapy.

In *Nimbadi Guggulu*, *Nimba* (*Azadirachta indica*) is the main component which has *kushtagna*, *krimighna*, *pitta kaphahara karma*. Chemical constituent *Nimbidin* having antifungal, antimicrobial, antiviral

CONCLUSION

The present approach of *Vranabasti* with "*Virechana*" and adjuvant Ayurvedic

treatment, the non healing varicose ulcers completely healed within 30 days with complete symptomatic relief in 15 days.

Vranaharini Taila Vrana Basti is the new substitute for *Dushta vrana*. It does the action of *Shodana* and *Ropana*. It is a simple OPD level procedure, relatively painless, can do without anesthesia. *Vrana Basti* will remove only unhealthy granulation tissue, so wound size will not increase.

Patient perspective: Patient was very much satisfied as his ulcers got healed completely. Before treatment, the condition had affected his daily routine and profession.

Informed Consent: Patient provided informed consent for the publication of this case report.

Ethics: The study was conducted adhering to

all ethical principles in clinical

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