

**TO EVALUATE THE ROLE OF PANCHVALKALA KWATHA
DHAWANA KARMA IN THE MANAGEMENT OF NON-HEALING
VARICOSE ULCER – A CASE STUDY**

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Article Received on
25 August 2021,

Revised on 15 Sept. 2021,
Accepted on 05 October 2021

DOI: 10.20959/wjpr202113-21987

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ABSTRACT

Venous ulcers (Varicose ulcers or stasis ulcers) are the wounds occurring due to inappropriate functioning of venous valves, commonly of legs. It is most common and serious chronic venous insufficiency complication. The overall incidence rate is 0.76 % in men and 1.42 % in women. When venous valve gets damaged, it prevents the backflow of blood, which causes pressure in the vein that leads to hypertension, which stretches the veins resulting in ulcer formation. If not treated properly, the ulcers may get infected leading to cellulitis or gangrene and eventually may need amputation of the part of limb. In Ayurveda, varicose ulcers can be correlated with 'Siragata Dushta Vrana'. Acharya Sushruta has advocated the *Shashti*

upakrama^[1] (60 procedures) for treating the *dushta vrana*, among which *Dhawana/Parishek*^[2] become third *upakrama*/procedure that means *parishek* procedure is included in first top 3 procedures and is useful in infected and non-healing wounds. Patients with varicose ulcers was advised to take 'Sukshma Triphala' internally and 'Panchavalkala Kwatha Dhawana' over lower limb daily twice a day followed by cleaning and dressing of wound which proved very effective and the ulcer healed completely in 30 days.

KEYWORDS:– Varicose ulcer, *Siragata dushta vrana*, *Shashti upkrama*, *Parishek*.

INTRODUCTION

Varicose ulcers are wounds occurring due to improper functioning of venous valve, usually of the legs.^[3] Damaged venous valves prevent the backflow of blood and causes pressure in the veins. Hence an arterial pressure reduces significantly than venous and therefore, blood is not pumped as effectively into area.^[4] Without cleaning and regular dressing, the ulcers can spread quickly. Venous ulcers can be very painful and may limit mobility and quality of life. The longer the duration of venous ulcers, more is the damage to skin and greater the difficulty in healing. The annual prevalence of venous leg ulcer among the elderly is 1.69 %. The overall incidence rate is 0.76 % in men and 1.42 % in women.^[5] The etiological factors include increased intravenous pressure, secondary to deep vein thrombosis, chronic constipation, longstanding occupation etc. The pathogenesis starts with persistently increased intravenous pressure which damages the venous walls and result in stretching, loss of elasticity, hyperlipodermatic sclerosis and finally ulcer formation. Confirmation of diagnosis is done by ultrasound scanning of the lower limb venous system.

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, septicemia etc. may occur.

In Ayurvedic perspectives, we can co-relate varicose ulcers with *siragat dushta vrana*. *Sushruta* has described wound management in a most scientific way and given *shashthi upakrama*^[6] (procedures) to treat wound / *vrana* among these third one *upakrama* is *parishek / Dhawana* which is very effective in infected wounds and varicose ulcers.

CASE REPORT

A 46 years old male patient presented to M. A. Podar Ayurvedic Hospital, Worli, Mumbai, Maharashtra, with complaints of reddish ulcer above lateral malleolus of the right leg for more than 6 weeks, patient had symptoms of varicose vein since 2 years i.e pricking pain, burning sensation, oedema and blackish discoloration over the right lower leg, he was treated with *Jaloukavacharan* and some herbal medicines for the same but not cured completely. Patient was addicted to tobacco and alcohol for last 10 years but had stopped since 4 months. He was habituated to standing for long time for his job i.e., about 7 to 8 hours since 10 years.

There is a history of hypertension since 1 year, there is no evidence of Diabetes, Asthma, Tuberculosis or any major illness. Similarly, there was no history of previous surgery in past.

Examination on day 1st

On examination, a large reddish ulcer and many small oval ulcers with sloping edges were found. along with this mild serous discharge around lateral malleolus of the right leg. The large ulcer measured 5.5 cm in length, 3.5 cm in width and 1.5 cm in depth with two to three small ulcers without granulation of tissue. The patient also had swelling and blackish discoloration around right ankle joint and feet with tenderness around the ulcer. Varicosity on calf region of the lower limb tested positive for Trendelenburg test which was suggestive of varicose ulcer's features.

Based on symptoms such as *ativivrutta vrana* (spreading nature), *utsanna* (elevated margins), *rakta varna* (reddish), *strava* (secretion), *daha* (burning sensation) and *shopha* (swelling) present in patient, he was diagnosed as having *dushta vrana* with *pittapradhana tridoshajanya*. Informed consent was obtained from the patient for case study.

MATERIAL AND METHODS

1. After the assessment, *Panchavalkala kwatha*^[7] was prepared with *Panchavalkala bharad* and water, then *kwatha* was filtered with fine sieve.
2. With warm *Panchavalkala kwatha* first 10 minutes *Avagahan Karma* was done at that site.
3. Then with warm *Kwatha Dhawan* of ulcers done regularly for 20 minutes twice a day i.e., is morning and evening for 30 days.
4. After that cleaning of wound done with normal saline.
5. Patient was advised to take *Sukshma Triphala Vati* 500mg BD internally and was advised for constant leg elevation for maximum time.

OBSERVATION

The patient was assessed for following *lakshanas* (symptoms),

Sr. no.	Lakshanas/ Symptoms	Before Treatment	After 15 Days of Treatment	After Treatment
1	Size	5.5*3.5*1.5 Cm	3.5*3*1 Cm	Wound Healed Completely
2	Smell	Foul Smell	No Smell	No Smell
3	Discharge	Profuse Discharge	Mild Discharge	No Discharge
4	Hyperpigmentation	Blackish Hyperpigmentation	Blackish Brown Hyperpigmentation	Reddish Brown Pigmentation
5	Epithelization	No Epithelization	Moderate Epithelization	Wound Healed

6	Granulation Tissues	No Granulation Tissues	Granulation Tissues	Wound Healed
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RESULT

With *Panchvalkal kwatha Dhawan* and adjuvant *Sukshma Triphala* internally the varicose ulcer healed completely within 30 days i.e, patient was cured from non-healing ulcer. The image during, between and after treatment supports the statement mentioned.



Probable mechanism of action of *panchavalkala kwath dhawankarma*

This herbal mixture is composed of following five astringent herbs^[8]

1. *Nyagrodha* (*Ficus benghalensis*)
2. *Udumbara* (*Ficus glomerata*)
3. *Ashvattha* (*Ficus pedigiosa*)
4. *Parisha* (*Thespesia populanea*)
5. *Plaksha* (*Ficus lacor*)

Panchavalkala possess astringent property which is responsible for wound contraction and increased rate of epithelialization in the granulation formation and scar remodeling phase. *Panchvalkala* have both *Shodhana* and *Ropana* properties which promotes wound healing. It is also having *kledaghna* property which removes *vikruta kleda* from the *dushta vrana* which is the main cause for the varicose ulcer. *Panchvalkala kwatha* also shows *raktashuddhikar* and *vrana-ropana* property which is helpful for wound healing process.^[9,10]

It can be concluded that anti- microbial, anti- inflammatory and wound healing property of *panchvalkala* is useful in the management of chronic non healing wound. Along with this *sukshma triphala vati* (*Triphala* and *kajjali*) 500mg internally was given which is having *kledaghna*, *lekhaniya*, *jantughna* and *Yogavahi* properties. Due to *yogavahitva* and anti-

microbial property of *kajjali* wound healing process is promoted rapidly without complications.^[11,12]

CONCLUSION

With *Panchavalkala kwath Dhawan* and *sukshma triphala* the non- healing varicose ulcer completely healed within 30 days. On the basis of this study *Panchavalkala kwatha dhawan* proved its efficiency as wound healing property by its antimicrobial, anti- inflammatory, free radical scavenging activity with clinical results of early wound healing. None of complications like severe bleeding, wound infection or hypersensitivity were observed during the therapy.

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