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Treating Varicose Ulcer with Haridra Churna : Review Article

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Abstract

Vol - IV

Venous ulceration is the most severe and debilitating outcome of chronic venous insufficiency in the lower limbs and accounts for 80 percent of lower extremity ulcerations. They are the wounds occurring due to inappropriate functioning of venous valves, usually of the legs. It is one of the most serious chronic venous insufficiency complications. The overall incidence rate is 0.76% in men and 1.42% in women1. They cause significant socioeconomic impact due to recurrence and the long interval between onset and healing. If venous ulcers are not appropriately managed, they present high rates of healing failure and recurrence. The diagnosis is mainly clinical but needs to be differentiated from other causes of lower limb ulcers. Doppler ultrasound is the diagnostic investigation2. Treatment options for venous ulcers include conservative management, mechanical treatment, medications, and surgical options. The goals of treatment are to reduce oedema, improve ulcer healing, and prevent recurrence. Haridra churna Avachurnan can be used for conservative management of varicose ulcer as it is kaphapitaghna and Varnya3.

Keywords: Venous Ulcer; Chronic Venous Insufficiency, Haridra Churna.

1. Introduction:

Varicose ulcer also called as venous ulcer, post-thrombotic ulcer, and gravitational ulcer is a common complication among people having varicose veins. It is said to have two main pathologies, firstly the above said reason i.e. associated with demonstrable varicose veins and secondly such ulceration may follow thrombosis and phlebitis in the deep perforating veins. So it is the complication of varicose veins or deep vein thrombosis. It accounts for 80 percent of lower extremity ulcerations¹, having overall incidence rate of 0.76% in men and 1.42% in women¹.

2. Aims and Objectives:

The aim of this review article is to elaborate the various aspects related with pathophysiology, diagnosis and treatment of venous ulcers and presenting Haridra churna Avachurnan as conservative treatment of varicose ulcers. aiirjournal.com

2.1. Pathophysiology²:

Varicose veins which are recanalised or DVT

\downarrow

The valves are either destroyed or incompetent due to damage or impregnated laterally in organised thrombosis

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Results in patent but valve less deep venous system

Valves of perforators are also damaged

Vol - IV **Issue-VI** JUNE 2017 ISSN 2349-638x Impact Factor 3.025 \downarrow So venous stasis occurs mostly in lower and medial part of leg, where there is maximum number of perforators \downarrow Chronic venous hypertension around ankles \downarrow Causes haemosiderin deposition in subcutaneous plane from lysed RBCs \downarrow Eczema \downarrow Stasis dermatitis \downarrow Lipodermatosclerosis J, Fibrosis Anoxia \checkmark ULCERATION

2.3. Clinical Presentation and Diagnosis^{2,4,6}

It is a critical part of management to determine the aetiology of venous ulcer to plan for proper management of venous ulcers. It can be merely diagnosed by its site and also presence of varicose veins around it, but Ascending functional phlebography or venograpy can be done to see the size of lumen of the deep vein , presence of valves and existence of high pressure. Also investigations such as ankle-brachial index, colour duplex ultrasonography, plethysmography and venography may be helpful in doubtful cases.

3. Treatment:

After diagnosis of venous ulcer it can be treated in following ways:

Conservative Management^{2,4}:

1) The ulcer is formed due to venous stasis and oedema on leg, so it is most important to reduce the oedema and maintain the oedema free leg throughout the healing of the ulcer and even after its full healing. So, elevation of the leg to 90° to the horizontal plane with passive movements of foot and ankle and active movements of calf muscles are advised.

2) Firm elastic 'blue line 'bandage is applied from base to toes up to knee joint. The most important factor in healing of such ulcer is use of high level compression and 30 to 45 mm Hg pressure is ideal for early healing.

3) Orally: Antibiotics according to culture and sensitivity reports.

4) Locally: Most exudative ulcer with slough base and poor granulation tissue requires daily cleaning and dressing until the ulcer becomes dry. For that EUSOL $/H_2O_2$ may be used. Zinc and calamine absorbent bandage are proven very effective.

Surgical Managemnet:

And then when ulcer bed granulates well, split skin graft (Thiersch graft) or Pinch graft is placed. Also Sclerotherapy, subfascial ligation of cockelt and dott, bypass operation, valvular repair these surgical interventions may be needed in case of incompetency of valve and to deal with incompetent perforators which will prevent the formation of ulcer in future.

3.1 Haridra churna as conservative treatment of varicose ulcer^{3,5}

But as far a conservative treatment is considered eating antibiotics has its own flaws like GIT disturbance, developing of resistance etc. Also the dressing material, different bandages are costly and the effect is delayed. So, for this purpose in Ayurveda drug named 'Haridra' can be used as conservative treatment of varicose veins for healing, decreasing slough, reducing the pus discharge, and promoting granulation tissue growth.

Haridra consist of the dried rhisozomes of *Curcuma Longa Linn* (family: *Zingiberaceae*), also called as Rajani, Nisha , Ratri, Haldi, Haridra and has following properties:

RASA- Katu , Tikta

GUNA- Rukshya

VIRYA-Ushna

VIPAK- Katu

KARMA- Krimighna, kushtaghna, Varnya, Vishaghna, kaphapittaghna, pramehanashak. Constituents- Essential oil and colouring matter (Curcumin)

Therapeutically can be used in : Pandu, Prameha, Vrana, Visha Vikara, Kushta, Vataroga, Shitapitta, Pinasa

Acharya Bhavprakasha⁷ said

हरिद्रा कटूका तिक्ता रुक्षोष्णा कफपितनुत ।

वर्ण्या त्वग दो<mark>ष मेहास्त्रशोष पाण्डु</mark> व्रणा पहा । (भा.प्र.)

While in Dhanvantari nighantu⁸ Haridra is praised like following:

हरिद्रा तुरसे तिका रुक्षोष्ण विषकुष्ठनुत । मेहकण्डूव्रणान हन्ति देहवर्णविधयिनी ।। विशोधनी कुमिहरा पीनसारुचिनाशिनी। (ध.नि.)

310-63

4. Discussion ¹⁰:

Oedema over leg, pus discharge from wound , presence of slough and no presence of granulation tissue along with presence of varicose veins around are the clinical features of varicose ulcer , can also be called as Dushta Vrana⁸ which can be treated by Kaphapitaghna, kandugha, krimighna properties of the Hridra. So, after providing the leg with required amount of external compression, elevation, oral dose of antibiotics , Haridra churna avachuran can be used locally to reduce the slough, reduce the pus discharge and enhance the growth of granulation tissue. Haridra churna can show fast recovery in wound which can help in reducing the dose of antibiotics. Also supporting the concept of 'vaikrutapaham' , Varnya karya of Haridra can help in restoring the normal look of the affected part.

5. Conclusion:

Venous ulcers are fairly common problem in the present era. Though they are not common cause of mortality but they cause significant morbidity and impairment of work. Timely diagnosis and treatment may prevent the development of severe complication. Vigilant self care and regular follow up to a trained physician is the key of long term success. And to help with that Haridra churna avachurnan can be proven as a good conservative treatment for healing of wound.

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