

## MANAGEMENT OF VENOUS ULCER THROUGH SIDDHA SYSTEM OF MEDICINE – A CASE STUDY

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### ABSTRACT

A venous ulcer is a complication of varicose vein or deep vein thrombosis. It is the common and a recurrent form of leg ulcers encountered in general practice. Its improper care can cause gangrene and may require amputation of the affected limb. Conventional treatment though is effective but requires surgical intervention and not always affordable. The venous ulcer has resemblance with '*Naatpatta Athushta Viranam*' as per Siddha literature. A 54-years-old female presented with one non-healing ulcer in the lateral aspect of lower one third of the left leg of 24 month duration resulted from venous stasis.

Significant healing in wound observed after 2 weeks with Siddha internal and external medications. No recurrence of the wound also observed after 20 weeks of follow-up.

**KEYWORDS:** Siddha, Venous Ulcer, *Athushta Viranam*.

### INTRODUCTION

Venous leg ulcer (VLU) is a complication of varicose veins or deep vein thrombosis. It is also called gravitational ulcer.<sup>[1]</sup> They are the most common cause of leg ulcers, accounting for 60-80% of them.<sup>[2]</sup> The prevalence of VLUs is between 0.18% and 1%.<sup>[3]</sup> Over the age of 65, the prevalence increases to 4%.<sup>[4]</sup> On an average 33-60% of these ulcers persist for more than 6 weeks and are therefore referred to as chronic VLUs.<sup>[5]</sup> These ulcers represent the most advanced form of chronic venous disorders like varicose veins and lipodermatosclerosis.<sup>[6]</sup>

Risk factors for development of VLUs include older age, female sex, obesity, trauma, immobility, congenital absence of veins, deep vein thrombosis (DVT), phlebitis, and factor V Leiden mutation.<sup>[7]</sup>

### **Poor prognostic factors**

- a. Duration of more than 1 year - recurrence rate in these ulcers is more than 70%
- b. Larger wounds
- c. Fibrin in >50% of wound surface
- d. Ankle-brachial pressure index (ABPI) <0.8
- e. History of venous stripping/ligation.

Chronic venous leg ulcer results in reduced mobility, significant financial implications, and poor quality of life. There are no uniform guidelines for assessment and management of this group of conditions, which is reaching epidemic proportions in the prevalence. There is a wide variation in the healing and recurrence rates of these ulcers in the Indian population due to differing nutritional status, availability of medical facilities and trained medical staff to diagnose and manage such conditions. These guidelines are devised based on current available evidence to help all concerned in accurately assessing, correctly investigating and also providing appropriate treatment for this condition.<sup>[8]</sup> Different treatment modalities are now available for the management of VLU.

### **CASE HISTORY**

A female patient of age 54 was reported at the out-patient department of the National Institute of Siddha with the chief complaints of ulceration in the lateral aspect of lower one third of the left leg for 24 months. She referred to the in-patient department as the part of the management of ulcer. Past history - Known case of hypertension since 4 years under allopathic treatment. She was undergoing surgery for varicose vein 32 months back.

### **General Examination**

General condition and appearance found good, normal weight (BMI=25 kg/m<sup>2</sup>); the skin of both legs (lower one third) is hyper pigmented and thickened. No pallor, icterus, cyanosis, clubbing, lymphadenopathy, and koilonychias were seen, mild edema observed around the leg ulcer.

**Systemic Examination**

No abnormality was found

**Ulcer Examination****Inspection**

Site	- Lower one third of lateral aspect of left leg
Number	- One
Shape	- Oval
Edge	- Slopping
Floor	- Pale in colour
Discharge	- Mucopurulent
Surrounding area	- Blackish and dilated vein are present

**Palpation**

Tenderness	- present
Base	- slight induration present

Pulsation of dorsalis pedis, anterior tibial artery, posterior tibial artery, popliteal artery and femoral artery were normal.

Venous Doppler of left lower limb revealed no evidence of deep vein thrombosis, incompetent 5 perforator of upper and middle part of left leg. From these features this ulcer is diagnosed as Venous ulcer.

**Treatment plan**

Internally - Siddha medications

Externally- Regular cleaning and dressing with *Maththan thylam*

**Ulcer measurement**

Measurement	1 <sup>st</sup> day	15 <sup>th</sup> day	35 <sup>th</sup> day	50 <sup>th</sup> day
Length	8.5cm	4.5cm	2cm	Healed
Breadth	5cm	3cm	1.5cm	Healed

1<sup>st</sup> day15<sup>th</sup> day35<sup>th</sup> day50<sup>th</sup> day

## DISCUSSION

The chronic non-healing ulcers are called '*Natpatta Athushta Viranam*'. Wounds are classified into two major divisions in the Siddha System of medicine, that is '*Thushtta viranam*' (Healing Ulcers) and '*Athushtta viranam*' (Non-healing Ulcers).<sup>[9]</sup> 16 types of wounds are comprised in the 3 major divisions that are: *Vali Viranam*, *Azhal Viranam* and *Iya Viranam*. *Vali* and *Azhal* category of the wound can be treated with oil based (*Thailam*) medicines and *Iyam* category of wounds are treated with oil (*Thailam*) or powder-based

(*Chooranam/Parpam*) medicines. Ulcers are also treated by various external therapies like *Kattu* (Bandage), *Poochchu* (Liquid application), *Podi* (Powder), *Kalimbu* (Ointment), *Kaaram* (Chemical cauterly), *Seelai* (Medicated gauze), which is mentioned in the Siddha system.<sup>[10]</sup> In this study, the patient was given to the Siddha internal medicines and externally *Maththan thylam* dressing.

## CONCLUSION

Venous ulcer is the commonest among leg ulcer and its recurrence rate is also high. Modern treatment modalities practicing nowadays are not satisfactory and very expensive. The venous ulceration can be effectively managed through Siddha internal and external medication without any adverse effect. This observation endorses a step toward the validating practice of Siddha intervention in the venous ulcer. Moreover, study with adequate sample size is required to generate evidence.

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