Effect of Panchavalkala Qwatha Parisheka Followed by Jatyadi Taila Dressing in the Management of Venous Ulcer - A Single Case Report

Dr. Bhagyashree P. Hegde1, Dr. Syeda Ather Fathima2, Dr. Shivalingappa J. Arakeri3, Dr. Mohasin Kadegaon4, Dr. Geetanjali Hiremath4

1PG Scholar, 2Principal, 3Associate Professor and HOD, 4Assistant Professor,
1, 2, 3, 4Department of Shalyatantra, Taranath Govt. Ayurvedic College and Hospital, Ballari, Karnataka, India

ABSTRACT
Venous ulcer is the most common type of leg ulcers which constitutes 81% of total ulcers. Increased venous hydrostatic pressure/abnormal venous hypertension in the lower 1/3rd of leg, ankle, and dorsum of foot is the cause for venous ulcers. Despite great advancement in wound management, no treatment has proven its definite success in healing of these ulcers. Acharya Sushruta is the one who elaborately explained Vrana in his treatise. Depending on the nature of Vrana, one can wisely choose treatment among Shashti upakramas which are highly effective and curative also. A case of 50 year old male patient diagnosed with Venous Ulcer over lateral aspect of Right lower 1/3 rd of leg with profuse serous discharge and pain since 6 months was treated with Panchavalkala Qwatha Parisheka followed by Jatyadi taila dressing for 40 days. Dressing was done daily for first 20 days. After 1 week of follow up, again dressing was done daily for rest of the days. Ulcer got completely healed at the end of 40 days. Hence this simple and cost-effective treatment had proven to be effective in the management of venous ulcer.

KEYWORDS: Panchavalkala Qwatha parisheka, Jatyadi Taila, venous Ulcer, Vrana

INTRODUCTION
Ulcer refers to discontinuity in the covering epithelium, skin or mucous membrane(1). Among ulcers, venous ulcer constitutes 81% of leg ulcers. Up to 40% of the adult population in resource-rich countries have diseases of the veins of the leg. This extraordinary prevalence along with the associated impairment in health-related quality of life makes an important area of surgical practice. India has high prevalence rate of 4.5 cases per 1000 population in a year(2). Increased venous hydrostatic pressure/venous hypertension in the lower 1/3rd of leg, ankle, dorsum of foot is the cause for venous ulcers. Venous ulcers are usually painless unless they are infected, having serous or serosanginous discharge, hyper pigmentation, Induration and tenderness in the surrounding skin.(3)

Vrana is the disease which is as old as civilization. We find references about vrana since vedic era. Acharya Sushruta is the one who elaborately explained Vrana in his treatise. Shalyatantra explains Vrana and its management as one of its major targets. Depending on the nature of Vrana, one can wisely choose treatment among shashti upakramas which are highly effective in the management of Vrana.

How to cite this paper: Dr. Bhagyashree P. Hegde | Dr. Syeda Ather Fathima | Dr. Shivalingappa J. Arakeri | Dr. Mohasin Kadegaon | Dr. Geetanjali Hiremath "Effect of Panchavalkala Qwatha Parisheka Followed by Jatyadi Taila Dressing in the Management of Venous Ulcer - A Single Case Report" Published in International Journal of Trend in Scientific Research and Development (IJTSRD), ISSN: 2456-6470, Volume-4 Issue-4, June 2020, pp.1340-1342, URL: www.ijtsrd.com/papers/ijtsrd31393.pdf

Copyright © 2020 by author(s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (http://creativecommons.org/licenses/by/4.0/)

CASE REPORT
A 50 year old male patient with the complaint of wound in the lateral aspect of right lower limb associated with serous discharge and pain since 6 months came to OPD of Taranath Govt.Ayurvedic College and Hospital, Ballari(Karnataka).

History of Present illness:
Patient was apparently normal 6 months back. One day he noticed a small boil over lateral aspect of right lower limb, which burst opened spontaneously with serous discharge and severe itching. Due to poor hygiene and lack of rest the condition worsened and he developed pain at the wound site.

Treatment History
When he developed pain and profuse serous discharge, he consulted nearby physician and was treated with analgesics and antibiotics and advised for daily dressing. But he...
neglected the condition and discontinued the treatment due to economical issue. Hence he consulted TGAMCH for further management.

**Personal history**
- Appetite-Good
- Bowel-Once/day
- Micturition-4-5 times/day
- Sleep-Disturbed due to pain
- Habit- Tobacco chewing since 20 years, Smoking since 10 years left one year back.

**Occupational History**
- He is a coolie worker and works for 8-10 hours/day.

**General Examination**
- Built-Moderate
- Pallor-Absent
- Icterus-Absent
- Clubbing- Absent
- Cyanosis- Absent
- Lymphadenopathy- Absent
- Edema- Absent
- Systemic Examination:
  - CVS- S:S:S heard, no added sounds
  - RS-Chest Bilaterally Symmetrical, NVBS heard
  - CNS-Conscious, well oriented
  - P/A- Soft, Non tender, no palpable mass.

**Local Examination of Ulcer**
- Inspection:
  - Site-lower 1/3rd of Right limb, 5 cm above lateral malleolus
  - Size-4cmx6cmx1/2 mm
  - Shape- Irregular
  - Floor-Pinkish Granulation tissue with slight slough
  - Edge-sloping
  - Discharge-Serous
  - Surrounding area-Black Pigmentation with dry scales

**Palpation**
- Temperature-Not raised
- Tenderness- Slightly present at the margin
- Pulsations- Dorsalis Pedis Artery: Palpable
- Posterior Tibial Artery: Palpable
- Margin- Tender, Indurated.

**Investigations**
- Hb%-11.3gm%
- WBC-6,500/ml
- ESR-20mm in 1st hour

**Treatment Planned**
- Oral Medication:
  - Manjishtadi kashaya 15ml TID
  - T. Amrata guggulu 1 TID
  - T. Saptamrita Loha 1 BD
- External Application:
  - Initially wound was cleaned with Normal Saline thoroughly.
  - Kashaya was prepared from Panchavalkala Qwatha choorna and Parisheka was done in its warm state for 5 minutes.
  - Dressing was done with Jatydi Taila.

This methodology was done daily for 20 days. After 7 days of follow up again dressing was done daily for rest of the days.

**RESULTS**
- The ulcer got healed completely after 40 days of treatment leaving behind a scar. Patient got relief from pain and itching.

**DISCUSSION**
- Sushruta while explaining Parisheka, tells that it pacifies pain just like water pacifies fire afflicted house. Depending on the involvement of doshas the drugs are selected for Parisheka. In Vata dosha involvement, kashaya prepared out of Sarpita, Mamsrana, and Vatahara oushadhahas is used. In Pitta dosha involvement ksheera, ghrita, madhu, sharkara, ksheerivruksa kashaya are used. In Kapha variety taila, mutraksharodaka are used.

**Mode of Action**
- Panchavalkala-Nyagrodha, Udumbara, Ashwatha, Plaksha, Pareesha
**Action Of Jatyadi taila**

Jatyadi Taila is already proven best Vrana shodhaka\(^1\).

**Composition of Jatyadi Taila**

| Flavanoids, Glycosides, Tannins, Essential oils, Steroids | Help in wound healing. |

In vivo experiment of Jatyadi Taila shows significant increase in Protein, Hydroxyproline and Hexasamine content in the granulation tissue.

**CONCLUSION**

Venous Ulcers take longer duration for healing, sometimes requiring surgical procedure for the management. We have got many formulations for wound healing in our classics, but their effectiveness have to be proved by adopting them depending upon the condition. In present scenario wound management is difficult because of its prolong duration of healing. Simplification in the management, cost effectiveness and reduction in the duration of the treatment are the need of the hour. Panchavalkalakwatha Choorna and Jatyadi Taila are such kind of medicines which are easily available and cost-effective which have shown their significant results within minimal duration of time.

**REFERENCES**


