

Access this article online

Quick Response Code:



Website:

https://www.jrasccras.com/

DOI:

10.4103/jras.jras_12_23

Effect of Ayurveda interventions in the management of venous stasis dermatitis in a patient with type 2 diabetes: A case report

Chandini Chandrasekharan, Sulochana Bhat, Amulya Kannan, Anagha Jenu

Abstract

BACKGROUND: Venous insufficiency disorder associated with diabetes is a concerning condition. It can result in venous stasis dermatitis, also known as stasis eczema, characterized by inflammatory changes in the lower extremities. A similar condition is described in Ayurveda as *Vatarakta*, which can present as *Kushtasamakshanas* (early symptoms resembling skin disorders) in the lower limbs due to vitiated *Vata* (bodily humor) and *Rakta Dhatu* (blood tissue). Ayurvedic intervention promises successful results through both *Shodhana* (detoxification) and *Shamana* (pacifying/palliative) treatment along the line of management in *Vatarakta* disease. Managing such problems in diabetes patients must be well-planned to prevent rising blood sugar levels. Therefore, venous stasis dermatitis in diabetic individuals can be effectively treated with *Shamana* (pacifying therapy) combined with *Sadyovirechana* (therapeutic purgation without prior administration of medicinal oil/ghee).

PATIENT INFORMATION: A 54-year-old woman with type 2 diabetes mellitus approached for the Ayurvedic management of inflammatory changes on her right lower leg. She complained of hyperpigmentation, swelling, aching pain, dryness, and severe itching of the right lower leg along the medial aspect of the ankle and foot for 6 months.

DIAGNOSIS: According to CEAP (clinical, etiological, anatomical, and pathophysiological) classification, this clinical condition was identified as venous stasis dermatitis with $C_{4a} E_p A_p P_o$ (changes in skin and subcutaneous tissues in the form of pigmentation/eczema, primary, perforating veins, obstruction, respectively). Before beginning Ayurvedic treatment, an assessment using the revised venous clinical severity score (RVCSS) revealed a score of 7.

INTERVENTIONS: *Vatashaamaka-Raktadushtihara* treatment (therapy that pacifies vitiated bodily humor and purifies vitiated blood tissue) was provided to the patient for 60 days which included *Deepana-Pachana* (digestive and metabolism-enhancing therapy) followed by *Sadyovirechana* (therapeutic purgation without prior administration of medicated oil/ghee) using *Nimbamritadi Eranda Tailam* and *Samana* Treatment (pacifying therapy) including local application of *Nalpamaradi Kera Tailam*.

OUTCOME: After 60 days of treatment, there was a noticeable improvement in all symptoms except varicosity, and the RVCSS dropped from 7 to 3.

CONCLUSION: Even though treating venous insufficiency issues in diabetic individuals may be challenging, a well-planned Ayurvedic therapy regimen that includes *Sadyosodhana* (therapeutic purgation without prior administration of medicinal oil/ghee) and *Shamanatreatment* (pacifying therapy) can have excellent results and offer hope for the treatment of several disorders associated with diabetes.

Keywords:

Ayurveda therapy, *Sadyovirechana*, *Vatarakta*, venous stasis dermatitis

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: WKHLRPMedknow_reprints@wolterskluwer.com

How to cite this article: Chandrasekharan C, Bhat S, Kannan A, Jenu A. Effect of Ayurveda interventions in the management of venous stasis dermatitis in a patient with type 2 diabetes: A case report. *J Res Ayurvedic Sci* 2023;7:171-7.

Center of Excellence in Diabetes (COE), Central Ayurveda Research Institute (CARI), Bengaluru, Karnataka, India

Address for correspondence:

Dr. Chandini Chandrasekharan, Central Ayurveda Research Institute (Unit of CCRAS), #12, Utharahally, Kanakpura Main Road, Thalaghattapura PO, Bengaluru 560109, Karnataka, India.
E-mail: chandni.nambiar@gmail.com

Submitted : 23-01-2023

Revised : 26-06-2023

Accepted : 26-06-2023

Published : 18-08-2023

Introduction

Diabetes-related venous insufficiency problems have the potential to be very dangerous. In total, 10% of people with venous insufficiency developed skin changes.^[1] Venous stasis dermatitis or stasis eczema can develop over time as a result of persistent inflammatory alterations that lead to the deposition of fibrin and hemosiderin along with localized edema.^[2] Itching, dryness, skin discoloration, agonizing discomfort in one or both legs, and ankle swelling (typically on the inside of the ankle) in the affected lower limb are some of the early indications and symptoms of this condition.^[3] It can worsen if untreated, and ongoing skin changes could eventually result in ulceration. A similar condition is correlated with the early stages of *Vatarakta* in Ayurveda with *Kushtasamalakshana* (symptoms resembling skin disorders).^[4] Its general care involves corticosteroid applications and compression stockings,^[5] whereas Ayurvedic therapies are highly effective in this condition. However, it is challenging to manage *Vatarakta* in diabetic patients. Diabetic patients must be carefully managed to prevent increased blood sugar levels and for preventing vascular complications. Therefore, in this specific scenario, it is possible to forego *Raktamokshanatreatment* (bloodletting therapy) and *Sodhanasnehapana* (therapeutic oleation consuming a specific lipid in huge quantities).^[6] Instead, a *Shamanatreatment* (pacifying therapy) coupled with *Sadyovirechana* (therapeutic purgation without prior administration of medicinal oil/ghee) can be administered.

Patient information

A 54-year-old female patient who is a known case of type 2 diabetes visited the outpatient department with complaints of hyperpigmentation, swelling, aching pain, dryness, and severe itching of the right lower leg along the medial aspect of the ankle and foot for 6 months. She was diagnosed with right lower limb varicose disease (8 years back) and had no family history of varicose disease. Six months back, her complaints started with occasional itching and discoloration of the skin along the inner aspect of her right ankle, which worsened gradually. She was not under any particular medication for this condition. At the same time, she has been taking

Metformin hydrochloride tablets IP 500mg twice daily after food for her diabetes for the past 2 years.

Clinical findings and diagnostic assessment

This case is diagnosed under the clinical, etiological, anatomical, and pathophysiological categories of CEAP (clinical, etiological, anatomical, and pathophysiological) classification of venous disorders.^[7] Clinically, it is classified as C_{4a} (changes in skin and subcutaneous tissues in the form of pigmentation/eczema), etiologically as E_p (primary), anatomically as A_p (perforating veins), and pathophysiological as P_o (obstruction). Her venous Doppler scan (right lower limb) showed incompetent perforators and superficial varicosities in the right lower limb with right medial mid-leg-1 and right lateral mid-leg-1. The assessment was done based on the revised venous clinical severity scale.^[8] Clinical findings have been made based on Ayurvedic and modern examination methods.

Ashtavidha Pareeksha (eightfold examination)

1. *Naadi* (pulse): 76/min
2. *Jihwa* (tongue): *Alipta* (not covered with a white coating)
3. *Malam* (Stool): Regular, once daily
4. *Mutram* (urine): Three to four times/day, one to two times/night
5. *Shabda* (voice): *Spashta* (clear)
6. *Sparsha* (tactile examination): *Mandoshna* (neither too hot nor cold)
7. *Drik* (eye and eyesight): *Avishesha* (no abnormality detected)
8. *Akruti* (body stature): *Madhyama* (moderate)

Dasavidha Pareeksha (10-fold examination of patient)

1. *Prakriti* (physical constitution): *Vata-pitta*
2. *Vikriti* (morbidness): *Kapha-Vatapradhana Tridosha* (predominance of *Kapha* and *Vatadosha*)
3. *Saara* (tissue elements): *Madhyama* (moderate)
4. *Samhanana* (compactness): *Madhyama* (moderate)
5. *Satmya* (homologation): *Sarvarasasatmya* (homologous to all tastes)
6. *Satwa* (psychic condition): *Madhayama* (moderate)
7. *Ahara Shakti* (power of intake and digestion of food): *Madhyama* (moderate)
8. *Vyayama Shakti* (power of performing exercise): *Madhyama* (moderate)
9. *Vaya* (age): *Madhyama* (moderate)

Table 1: Local examination of the lower one-third of the right lower leg, ankle joint, and foot

S.no.	Clinical features	Before treatment		After treatment	
		Right leg	Left leg	Right leg	Left leg
1.	<i>Vaivarnya</i> (skin discoloration)	Moderate	Nil	Mild	Nil
2.	<i>Kandu</i> (itching)	Severe	Nil	Nil	Nil
3.	<i>Rukshatwa</i> (dryness)	Severe	Nil	Nil	Nil
4.	<i>Gulphasandhi Sotha</i> (swelling around ankle joint) (in circumference)	33 cm	30 cm	30 cm	30 cm
5.	<i>Ushmatwa</i> (warmthness/local temperature) *	99.2°F	97°F	97°F	97°F
6.	<i>Ruja</i> (tenderness)	Nil	Nil	Nil	Nil

*Local temperature was measured using the thermal scanner

10. *Pramana* (measurement of body constituents): *Madhyama* (moderate)

Therapeutic intervention

Informed consent was taken from the patient. The patient was treated with Ayurvedic medicines while considering her preexisting diabetic condition. The patient received *Triphala Churna*^[9] and *Chitrakadivati*^[10] as part of the *Deepana-Pachana* therapy (digestive and metabolism-enhancing therapy). After that, *Nimbamritadi Eranda Tailam*^[11] was used to induce *Sadyovirechana* (therapeutic purgation without prior administration of medicinal oil/ghee). Followed by *Sodhana* (detoxification therapy), *Mahamanjishtadi Kashaya*,^[12] *Sahacharadi Sevyatailam*,^[13] *Kaisora Guggulu*,^[14] *Gandhaka Rasayanam*,^[15] and the local application of *Nalpamaradikera Tailam*^[16] were advised

as a part of pacifying therapy. A medication adherence form for self-reporting by the patient was given at the beginning of the treatment and was used to measure the 98% medication adherence over the 60-day treatment term. There were no adverse events during the treatment. Blood sugar levels were unchanged before and after the therapy while the patient continued taking her regular diabetes medication. Since the end of the course of treatment, the patient has not reported any concerns of recurrence.

Discussion

Vatarakta is a disease that can be effectively managed when treated with Ayurveda in its early stages. It is a state of *Raktavorutavata*^[17] (Aggravated *Vata* undergoes

Table 2: Revised venous clinical severity scale^[8]

Sl. no.	Parameters	Scoring	Score before treatment		Score after treatment	
			Right leg	Left leg	Right leg	Left leg
1	Pain	0—None 1—Mild (Occasional pain or other discomforts) 2—Moderate (Daily pain or other discomfort but not preventing regular daily activities) 3—Severe (Daily pain or discomfort and limits regular daily activities)	1	0	0	0
2	Varicose vein	0—none 1—Mild (Few scattered) 2—Moderate (Confined to calf or thigh) 3. Severe (involves calf and thigh)	2	0	2	0
3.	Venous edema	0—None 1. Mild (Limited to foot and ankle area) 2. Moderate (Extends above the ankle but below the knee) 3. Severe (Extends to knee and above)	1	0	0	0
4.	Skin pigmentation	0—None 1—Mild (Limited to peri malleolar area) 2—Moderate (Diffuse over the lower third of calf) 3. Severe (Wider distribution above the lower third of calf)	2	0	1	0
5.	Inflammation	0—None 1—Mild (Limited to perimalleolar area) 2—Moderate (Diffuse over lower third of calf) 3—Severe (Wider distribution above lower third of calf)	1	0	0	0
6.	Induration	0—None 1—Mild (Limited to perimalleolar area) 2—Moderate (Diffuse over lower third of calf) 3. Severe (Wider distribution above lower third of calf)	0	0	0	0
7.	Active ulcer number	0—None 1 2 >3	0	0	0	0
8.	Active ulcer duration	N/A				
9.	Active ulcer size	N/A				
10.	Use of compression therapy	0—None 1—Intermittent use of stockings 2—Wears stockings most days 3—Full compliance: stockings	0	0	0	0
Total score			7	0	3	0

Table 3: Therapeutic intervention

Days	Mode of intervention	Interventions	Dose and frequency	Time of administration	Total duration	Observation during the treatment
First 5 days	Oral	1. <i>Triphala Churnam</i>	3g once daily with warm water	At night, after the food	5days	Appetite and digestion improved.
		2. <i>Chitrakadi Vadi</i>	Two tablets twice daily with warm water	Half an hour before food in the morning and evening	5days	
6th day	Oral	Therapeutic purgation was given with <i>Nimbamritadi Eranda Tailam</i>	25 mL added in 150 mL warm water	Early morning on the empty stomach	1 day	12 Vegas noticed.
7th day	Nil	Antidiabetic medicines continued*	–	–	1day	A slight reduction in itching in the right leg and [at right lower leg] a feeling of lightness in the body observed
8th–37th day	Oral	1. <i>Mahamanjishtadi Kashaya</i>	20 mL <i>Kashayam</i> twice daily	One hour before food in the morning and evening	30days	1. Reduction in itching, pigmentation, dryness, and swelling noticed. 2. Pain relieved. 3. Local temperature became normal.
	Oral	2. <i>Sahacharadi sevya Tailam</i> (seven)	½ tsp along with the <i>Mahamanjishtadi Kashaya</i>	Only in the morning	30 days	
	Oral	3. <i>Kaisora Guggulu</i>	Two tablets twice daily	After food in the morning and evening	30days	
	Oral	4. <i>Gandhaka Rasayana</i>	One tablet twice daily	After food in the morning and evening	30days	
38th–53nd day	Local application	5. <i>Nalpamaradikera Tailam</i>	10 mL once daily	Before taking bath	30 days	1. Considerable reduction in pigmentation noted. 2. Relief of pain, swelling, itching and dryness observed.
	Oral intake continued	1. <i>Mahamanjishtadi Kashaya</i>	20 mL <i>kashayam</i> twice daily	One hour before food in the morning and evening	16 days	
	Oral intake continued	2. <i>Kaisora guggulu</i>	Two tablets twice daily	After food in the morning and evening		
	Oral intake continued	3. <i>Gandhaka Rasayana</i>	One tablet twice daily	After food in the morning and evening		
53rd–60th day	Local application continued	4. <i>Nalpamaradikera Tailam</i>	10 mL once daily	Before taking bath		Scattered, mild pigmentation persists
	Local application continued	1. <i>Nalpamaradi keratailam EA</i>	10 mL once daily	Before taking bath	7 days	

*Patient is under *Nisamalakichurnam* tablets (two tablets twice daily before food), *Chandraprabhavati* (one tablet twice daily after food), and Metformin hydrochloride tablets IP 500 mg twice daily after food for the management of diabetes along with the above medication

obstruction by vitiated *Rakta Dhatu*), and it is mentioned that prodromal signs and symptoms of *Vatarakta* are very similar to signs and symptoms of skin disorders.^[4] This requires a combined *Vatashaamaka-Raktadushtihara* treatment (therapy that pacifies vitiated bodily humor and purifies vitiated blood tissue). However, when diabetes mellitus is present with *Vatarakta* as a comorbidity, management will be challenging and should be done within the confines of the diabetic patient's medical conditions. Therefore, *Shamana* treatment (pacifying therapy) and *Sadyovirechana* (therapeutic purgation without prior administration of medicinal oil/ghee) were

given in this situation without affecting the blood sugar level. Digestive and metabolism-enhancing medications were used initially, and appetite improved.^[9,10]

It is mentioned in the Ayurvedic classics that doing *Virechana* (therapeutic purgation) in diabetic patients is usually not an easy procedure because of vitiated or deranged adipose tissue distribution in the body.^[18] Hence, the formulation *Nimbamritadieranda Tailam* was selected for inducing *Teekshna Shodhana* (therapeutic purgation using medicines of high potency) in the patient. Therapeutic purgation using *Tailakalpana*

(medicated oil) helps eliminate vitiated *Pitta* (one of the regulatory factors of the body that is, responsible for digestion and metabolism) and *Kapha* (regulatory factor responsible for body fluids and keeping the body constituents cohesive) *Doshas* (vital regulatory factors of the body) from the body without aggravating *Vata Dosha* (bodily humor).^[6] This formulation contains *Eranda Taila* (castor oil/*Ricinus communis*), *Nimba* (*Azadiracta indica*), *Amrita* (*Tinospora cordifolia*), *Rohini* (*Picrorhiza kurroa*), and *Manjishta* (*Rubia cordifolia*), *Patola* (*Trichosanthes dioica*), *Guggulu* (*Commiphora wightii*), and *Nisha* (*Curcuma longa*) as the main ingredients. *Eranda Taila* pacifies *Vata* and has *Saraguna* (the quality of a substance responsible for easy peristalsis); *Ushna* properties (hot in potency and contains ricinoleic acid) aid in its stimulant laxative action. Most drugs in *Nimbamritadi Eranda Taila* possess *Raktashodhaka-Prasadana* (blood purifying and quality improving) properties, which contribute to its anti-inflammatory action and act as an effective detoxifier. *Nimbamritadi yoga* (*Guggulutiktakam*)^[11] is indicated for various skin diseases, *Prameha* (diabetes mellitus), and *Vatarakta* as per the ayurvedic classics and thus plays a significant role in the management of venous stasis eczema by relieving symptoms like itching, pigmentation, swelling and other features of inflammation as shown in Table 1.

Another crucial formulation used in managing this specific situation is the *Mahamanjishtadikashaya*. It mainly contains *Manjishta* (*Rubia cordifolia*), *Nimba* (*Azadiracta indica*), *Amrita* (*Tinospora cordifolia*), *Musta* (*Cyperus rotundus*), *Nisha* (*Curcuma longa*), *Katurohini* (*Picrorhiza kurroa*), and *Bakuchi* (*Psoralea corylifolia*). The formulation is rich in antioxidants, contains blood detoxifiers that help in blood purification and acts as *Sothahara* (which relieves swelling/anti-inflammatory). These qualities help reduce pigmentation, venous edema, and itching.

Sahacharadi Sevy Taila used in this therapy is primarily a *Vatashamana* (medicine that pacifies vitiated *Vata dosha*) formulation. The chief ingredients of this formulation are *Vatahara* (medicines that eliminate vitiated *Vatadosha*) drugs like *Sahachara* (*Strobilanthes ciliates*), *Bilva* (*Aegle marmelos*), *Agnimantha* (*Premnamucronata*), *Gokshura* (*Tribulus terrestris*), *Kushta* (*Saussurealappa*) and *Abhiru* (*Asparagus racemosus*) along with cow milk and Sesam oil (*Sesamum indicum*). Due to linoleic acid and fatty acids, *Tilataila* (sesame oil) is one of the most excellent natural moisturizers. It is also high in vitamin E and works wonders as a skin-friendly antioxidant.^[19] In this case, *Tailapana* (intake of medicated oil) is advised for a short period to eliminate vitiated *Vata dosha* and thereby helps to reduce dryness and pain. Among the *Chatusnehas* (four types of unctuous substance/lipid), *Taila* preparations possess *Vata-Kapha-Medohara* (eliminates vitiated *Vata*, *Kapha Doshas*, and fat tissues)^[20] properties which further

helps to relieve the symptoms without altering the sugar level.

Similarly, *Nalpamaradikerataila*, a highly successful formulation traditionally used to treat eczematous skin and discoloration, was used in this treatment for local application. *Nalpamara*, a group of four *Ficus* trees (*Ficus racemosa*, *Ficus microcarpa*, *Ficus benghalensis*, and *Ficus religiosa*),^[16] is *Kapha-Pittahara* (medicines that eliminate vitiated *Kapha* and *Pitta dosha*). It possesses anti-inflammatory and antioxidant properties^[21] and may aid in reducing the inflammatory changes due to venous stasis eczema when formulated with a natural moisturizer like coconut oil (oil from *Cocos nucifera* fruit).



Figure 1: Before treatment



Figure 2: After treatment

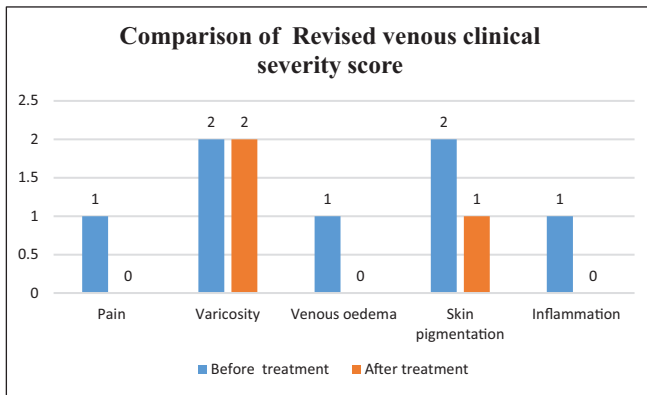


Figure 3: Graphical representation of comparing revised venous clinical severity score* before and after the treatment. *Despite no change in the degree of varicosity, the overall score went from 7 to 3. Only those variables that apply to the patient are taken into account here

Kaisoraguggulu, which contains the chief ingredients *Amrita* (*Tinospora cordifolia*), *Guggulu* (*Commiphora wightii*), and *Triphala* (*Terminalia chebula*, *Terminalia bellerica*, and *Phyllanthus emblica*), possesses anti-inflammatory and analgesic property. It is indicated in *Kushta-Prameha-Vatarakta Rogas* (skin disorders, diabetes mellitus, and venous insufficiency/rheumatoid disorders)^[14] and may help relieve pain and inflammation in the affected area. Figures 1 and 2 can be compared to see the pre–post changes associated with Ayurveda treatment.

Gandhakarasyana is another *Rakthasodhaka* (blood purifier) formulation that acts as an anti-inflammatory agent. It has *Shuddhagandhaka* (purified sulfur) as the primary ingredient. The liver detoxifies blood with the help of a sulfur-rich substance called glutathione.^[22] Thus, sulfur is essential for producing glutathione and plays a vital role in detoxification. Consuming *Gandhakarasyana* as appropriate for the disease condition can help reduce pigmentation and inflammation, as shown in Tables 1–3 and Figure 2.

As seen in Table 2 and Figure 3, there was no change in the varicosity of the right lower leg, even at the end of the treatment period. This might be attributed to anatomical/structural abnormalities in the venous system, which are challenging to manage with a single course of treatment. However, the clinical scoring and local examination findings show the patient significantly improved following the treatment.

Conclusion

Although treating venous insufficiency conditions in diabetic patients might be difficult, a well-planned Ayurvedic therapy regimen that incorporates *Sadyosodhana* (therapeutic purgation without prior administration of medicinal oil/ghee) and *Samana* Treatment (pacifying therapy) can bring about a positive

outcome and also offers hope for the management of a variety of illnesses where diabetes is linked.

Financial support and sponsorship

“Centre of Excellence in research and clinical services for Madhumeha (Diabetes mellitus)”, Central Ayurveda Research Institute, Bengaluru (CCRAS), under central sector scheme Ayurswasthya Yojana, Ministry of AYUSH, Govt. of India.

Conflicts of interest

There are no conflicts of interest.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. The consent for publication of picture and clinical information to be reported in the journal was obtained from the patient. The patient understand that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

References

- Bergan JJ, Schmid-Schönbein GW, Coleridge Smith PD, Nicolaides AN, Boisseau MR, Eklof B. Chronic venous disease. *Minerva Cardioangiolog* 2007;55:459-76.
- Stephen C, Nicholls MD. Sequelae of untreated venous insufficiency. *Semin Intervent Radiol* 2005;22:162-8.
- Eczema types: Stasis dermatitis overview. Available from <https://www.aad.org/public/diseases/eczema/types/stasis-dermatitis>. [Last accessed on 09 Jan 2023].
- Vagbhata, Hridaya A, Vaidya SL, editors. Sarvangasundari commentary by Arunadatta. In: Reprint, Nidanaasthana, 16/3-4. Delhi: MothilalBanarasidas Publishers; 1999:354.
- Sundaresan S, Migden MR, Silapunt S. Stasis dermatitis: Pathophysiology, evaluation, and management. *Am J Clin Dermatol* 2017;18:383-90.
- Vagbhata, Hridaya A, Vaidya SL, editors. Sarvangasundari commentary by arunadatta. In: Reprint., Sutrasthana, 18/56. Delhi: MothilalBanarasidas Publishers; 1999. p. 143.
- Wittens C, Davies AH, Broholm R, Baekgaard N, Editor's choice: Management of chronic venous disease clinical practice guidelines of the European Society for Vascular Surgery (ESVS). *European Journal of Vascular and Endovascular Surgery The Official Journal of the European Society for Vascular Surgery* 2015;49:678-737
- Vasquez MA, Rabe E, McLafferty RB, Shortell CK, Marston WA, Gillespie D, et al. Revision of the venous clinical severity score: Venous outcomes consensus statement: Special communication of the American Venous Forum Ad Hoc Outcomes Working Group. *J Vasc Surg* 2010;52:1387-96.
- Susruta, Samhita S, Acharya VJT, Acharya N, editors. Nibandhasangraha commentary of Delhanaacharya. In: Reprint., Sutrasthana: 38/ 56-57. Varanasi: ChaukhambhaKrishnadas Academy; 2014:168.
- Govindadasa S, Bhaishajyaratnavali, Brahmasankaramisra S, editors. Vidyothini commentary of Sri Ambikadatta Sastri, 8/26-27. 3rd ed. Varanasi: Choukhamba Sanskrit Series; 2014. p. 276.
- Vagbhata, Hridaya A, Vaidya SL, editors. Sarvangasundari Commentary by Arunadatta. In: Reprint., Treatmentstana, 15/57-60. Delhi: Mothilal Banarasidas Publishers; 1999:342.

12. Krishnan Vaidyan KV, Gopala Pillai S. Sahasrayogam (Malayalam). 27th ed. Alappuzha: Vidyarambham Publishers; 2007:210.
13. Vagbhata, Hridaya A, Vaidya SL, editors. Sarvangasundari Commentary by Arunadatta. In: Reprint., Treatmentstana, 15/69-71. Delhi: Mothilal Banarasidas Publishers; 1999:344.
14. Krishnan Vaidyan KV, Gopala Pillai S. Sahasrayogam (Malayalam). 27th ed. Alappuzha: Vidyarambham Publishers; 2007:157.
15. Sastri VL, Yogaratnakara, Tiwari PV, Kumara A, editors. In: Reprint., 76/28-35. Varanasi: Chaukhambha Vishvabharati; 2010. p. 1249.
16. Krishnan Vaidyan KV, Gopala Pillai S. Sahasrayogam (Malayalam). 27th ed. Alappuzha: Vidyarambham Publishers; 2007. p. 289.
17. Vagbhata, Hridaya A, Vaidya SL, editors. Sarvangasundari Commentary by Arunadatta. In: Reprint., Nidanaasthana, 16/33. Delhi: Mothilal Banarasidas Publishers; 1999. p. 362.
18. Susruta, Samhita S, Acharya VJT, Acharya N, editors. Nibandhasangraha commentary of Delhanaacharya. In: Reprint., Treatment Sthana 12/6. Varanasi: Chaukhambha Krishnadas Academy; 2014:454.
19. Wei P, Zhao F, Wang Z, Wang Q, Chai X, Hou G, et al. Sesame (Sesamum indicum L.): A comprehensive review of nutritional value, phytochemical composition, health benefits, development of food, and industrial applications. Nutrients 2022;14:4079. doi: 10.3390/nu14194079
20. Vagbhata, Hridaya A, Vaidya SL, editors. Sarvangasundari commentary by Arunadatta. In: Reprint., Sutrasstana, 16/8. Delhi: Mothilal Banarasidas Publishers; 1999. p. 124.
21. Muthuswamy RM. A review on ethnobotanical, phytochemical and pharmacological studies of Nalpamaram. Research Journal of Pharmacognosy and Phytochemistry 2021;13:1-7.
22. McGuckin B. Detoxification and the mineral sulfur. Available from: <https://www.drmcguckin.com/detoxification-and-the-mineral-sulfur/>. [Last accessed on 09 Jan 2023].

हिंदी सारांश

टाइप 2 मधुमेह वाले रोगी में वेनस स्टैसिस डर्मेटाइटिस के प्रबंधन में आयुर्वेद के हस्तक्षेप का प्रभाव - एक केस रिपोर्ट

चांदनी चन्द्रशेखरन, सुलोचना भट, अमूल्य कन्नन, अनाथा जेनु

पृष्ठभूमि: मधुमेह से जुड़े शिरापरक अपर्याप्तता विकार एक चिंताजनक स्थिति है। इसके परिणामस्वरूप शिरापरक स्टैसिस डर्मेटाइटिस हो सकता है, जिसे स्टैसिस एक्जिमा के रूप में भी जाना जाता है, जो निचले छोरों में सूजन संबंधी परिवर्तनों की विशेषता है। इसी तरह की स्थिति को आयुर्वेद में वातरक्त के रूप में वर्णित किया गया है, जो वात और रक्त धातु के दूषित होने के कारण निचले अंगों में कुष्ठ जैसे लक्षणों के रूप में अभिव्यक्त हो सकता है। आयुर्वेदिक चिकित्सा शोधन और शमन उपचार और वातरक्त रोग के प्रबंधन के माध्यम से सफल परिणाम प्रदान कर सकती है। बढ़ते रक्त शर्करा के स्तर को रोकने के लिए मधुमेह रोगियों में ऐसी समस्याओं का प्रबंधन अच्छी तरह से नियोजित किया जाना चाहिए। इसलिए, मधुमेह वाले व्यक्तियों में शिरापरक स्टैसिस डर्मेटाइटिस का इलाज शमन और सद्योविरेचन के साथ प्रभावी संयोजन से इलाज किया जा सकता है।

रोगी जानकारी: टाइप-2 मधुमेह से पीड़ित एक 54 वर्षीय महिला ने अपने दाहिने निचले पैर में सूजन संबंधी परिवर्तनों के आयुर्वेदिक प्रबंधन के लिए संपर्क किया। रोगन को छह महीने तक हाइपरपिग्मेंटेशन, सूजन, पीड़ादायक दर्द, सूखापन और दाहिने निचले पैर के साथ-साथ टखने और पैर के मध्य भाग में गंभीर खुजली की शिकायत थी।

निदान: CEAP वर्गीकरण (clinical, etiological, anatomical, and pathophysiological classification) के अनुसार, इस नैदानिक स्थिति की पहचान C4a Ep AP PO के साथ शिरापरक स्टैसिस डर्मेटाइटिस (वातरक्त) के रूप में की गई।

चिकित्सा: रोगी को 60 दिनों के लिए वातशामक-रक्तदुष्टिहारा उपचार प्रदान किया गया जिसमें दीपन-पचाना के बाद सद्योविरेचन के बाद निंबामृतादि एरंड तैलम और शमन उपचार का उपयोग किया गया, जिसमें नलपामरादि केरा तैलम का स्थानीय अनुप्रयोग भी शामिल था।

परिणाम: उपचार के 60 दिनों के बाद, वैरिकोसिटी को छोड़कर सभी लक्षणों में उल्लेखनीय सुधार हुआ और RVCSS score 7 से गिरकर 3 हो गया।

निष्कर्ष: मधुमेह वाले व्यक्तियों में शिरापरक अपर्याप्तता के मुद्दों का इलाज करना चुनौतीपूर्ण हो सकता है। हालाँकि, एक सुनियोजित आयुर्वेदिक चिकित्सा पद्धति जिसमें सद्योशोधन और शमन उपचार शामिल हैं, उत्कृष्ट परिणाम दे सकते हैं और मधुमेह से जुड़े कई विकारों के इलाज के लिए आशा प्रदान कर सकते हैं।