

Role of *Siravedha* and Adjunct *Ayurvedic* Therapies in the Management of Venous Leg Ulcer (VLU): A Single Case Report.

Kamayani Maurya,¹ Foram Joshi,^{2*} Rahul Ghuse³

¹ Senior Research Fellow ((SRF), Dept. of Shalya Tantra, All India Institute of Ayurveda (AIIA), Goa, India

² Assistant Professor, Dept. of Shalya Tantra, All India Institute of Ayurveda (AIIA), New Delhi, India

³ Assistant Professor, Dept. of Kaumar Bhritya, All India Institute of Ayurveda (AIIA), Goa, India

ABSTRACT:

Venous Leg Ulcers (VLUs) develop as a complication (C6) of chronic superficial venous insufficiency (SVI). Multiple causes like, valvular incompetence, lack of pumping function of calf muscles, lymphatic overload and oedema hampers the wound closure. This case report presents 49-year-old male butcher with five years' history of non-healing venous leg ulcer on the left gaiter zone (Medial aspect) limb. The case was managed by applying conventional wound care with *Ayurvedic* therapies, including *Panchvalkala Kwatha* wound wash, *Apamarga Kshara Taila* local wound dressing, *Nadi Swedana* (hot fomentation by vapour of hot water), and weekly *Siravedha* (therapeutic bloodletting venepuncture), with adjuvant drug like *Haritaki Churna*, *Kaishor Guggulu*. Complete healing was achieved by day 63. The Wound Area reduction (WAR) was noted 0.269 cm sq./day and time taken for Wound area reduction was 3.705 days/cm², indicating accelerated recovery. *Siravedha* helped by de-loading the *Vata* vitiated *Rakta* by reducing oxidative stress, improved microcirculation, and promoted tissue regeneration. *Apamarga Kshara Taila* dressing showed wound debriding effect.

KEYWORDS: *Apamarga Kshara Taila*, *Siravedha*, *Sirajvrana*, *Venous Ulcer*.

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*Corresponding Author:

Dr Foram Joshi

Assistant Professor, Shalya Tantra, All India Institute of Ayurveda (AIIA), New Delhi, India

Email: drforamj@gmail.com

INTRODUCTION:

Venous leg ulcers are end stage of established condition of superficial venous insufficiency. Venous stasis, decreased tissue perfusion, local tissue hypoxia, increased oxidative stress over tissues plays major role in hampering tissue healing. [1] Observed population of Venous leg ulcers (VLUs) have been documented ranging between 70–80% among all non-healing ulcers. [2] Prevalence rate of which have been reported 0.1%–0.3% in the general population, and it is rising to 1%–4% in those over 65. [3] Despite appropriate treatment, the average time for healing VLUs varies from 6 to 12 months, and one-fifth of VLU cases do not heal within 24 months. [4] A lack of inclination to cure between 1.5 and 3 months or lack of healing within 12 months after optimal therapy is referred to as therapy resistance. [5] *Apamarga Kshara Taila* have been found earlier helpful in augmenting healing due to its tissue debridement effects. Here we see additional role of *Siravedha* (~Therapeutic bloodletting through venipuncture).

Methodology

Patient Information

A 49-year-old male, butcher, reported to Shalya Tantra outpatient department with 5 years chronic history of developing recurrent non-healing ulcer in left gaiter zone, blackish discolouration. He was also having episodic swelling in left calf and foot with same duration of time. Recurrent

calf cramps, stiffness, itching (on - off) were also observed by the patient from same duration of time. Patient also revealed suffering from irregular bowel habit characterizing with hard consistency and irregular frequency of stool with unsatisfactory bowel emptying experiences since same duration on gradual episodes. Patient reported aggravation of swelling especially during

Past History:

Patient has not reported any medical history of T2DM, Hypertension, Thyroid disorder, Tuberculosis or any other long-term medications. Patient revealed history of Lt. Lower limb foam sclerotherapy for left lower limb above knee perforators of medial aspect (May 2024), and got temporary relief in clinical sign and symptoms. Later to this within 3 months again he started having discolouration of gaiter zone, itching and oedema in left lower limb.

Clinical Examination

Clinical findings revealed a non-healing leg ulcer of irregular shape was observed in Lt. lower limb premalleolar site lateral and anterior aspects. As per CEAP classification, it was falling in C6 (skin changes with active ulceration), etiologically Es (secondary), anatomically Ap (perforating veins), pathophysiological (obstruction). A detailed physical examination was performed, which included the measurement of the ulcers (Ulcer 1: 3.5*4 cm and Ulcer 2; 2.5*1.2 cm) (measured with digital Vernier calliper) and assessment of symptoms. The

ulcers were located in Left lower limb gaiter zone anterior and lateral 1/3rd aspect. Ulcer margins were irregular and covered with slough. Ulcer edges were punched out and peri wound skin was discoloured. Peri wound oedema and induration was felt with the examination. As per r-VCSS (revised Venous Clinical Severity score) it was recorded-18 (before treatment). His B-WAT (Bates Jensen Wound Assessment Tool) was reported 34 before treatment (Table 1: Case Timeline with BT and AT). [Fig.1]

Investigations

On investigation, CBC, His haemoglobin was reported (13.3 g. %), Total leucocyte count (TLC) was $6900 \times 10^3/\text{cmm}$, Differential leucocyte count (DLC) - PLEMB- 69/23/6/2/0. were performed, including ESR (13 mm/hr), FBS (114 mg/dL), and PPBS (133 mg/dL). Other tests such as virological markers for HIV, HBsAg, HCV and VDRL were reported non-reactive. Left lower limb venous colour doppler study revealed the presence of incompetent perforator veins (diameter 4.4 mm) at above knee level. Aerobic and Fungal culture studies for the exudations of ulcers reported absence of microorganisms.

3. Case Management:

After necessary clinical assessments and investigations, the case was managed by local and systemic measures together. For local procedures the patient was prescribed for *Siravedha* (~Therapeutic bloodletting by venesection) procedure (Following SOP developed of the

department considering pre-intra-post procedure steps) at the interval of 7 days and total 4 sittings were completed throughout the therapeutic cycle of the patient [Table 2: SOP of *Siravedha*].

It was performed by puncturing maximum embossed vein by using sterile needle no 18-21G, 3-4 cm distal from the tourniquet in sitting position after *Nadi Swedana* (~Therapeutic Fomentation). [Fig.2] Almost 150-200 ml bloodletting was done through this method. After cessation of bloodletting the needle was removed, and the site was cleaned with povidone iodine solution. Dressing was done with *Haridra* (*C. longa* Linn.) powder followed by patient was asked to rest in sitting/sleeping position with elevated and supported limb. Non healing ulcer was cleaned everyday by with lukewarm *Panchavalka Kwatha* (a decoction made from the barks of *Ficus* species). Followed by local cleaning and wound wash, *Apamarga Kshar Taila* (medicated oil) was applied over the non-healing ulcer once daily. The wound was covered with the sterile gauze, pad and bandage. A reverse crape bandage was being applied in descending order to promote venous return. The patient was advised to keep his foot elevated during the rest (Table 3: Therapeutic Timeline). For systemic care, the patient was prescribed *Sahacharadi Kashaya* (20 ml twice daily after food with lukewarm water), *Haritaki* Powder (*T. chebula* Retz.) 6 g at bedtime with lukewarm water, and *Kaishor Gugglu* (2 tablets after food twice daily with lukewarm water). Clinical outcomes

were assessed throughout the therapeutic time [Fig. 3, 4, 5].

5. Follow-up and Outcome

Complete healing of VLUs was achieved with regular treatment of 63 days. The r- VCSS was reported 5 after the treatment. Bates Johnsen Wound Assessment Tool reported reduction in score from 34 before treatment to 13

after treatment. Time taken for reduction of wound area was measured by following equation.

Wound Area Reduction Rate= $\frac{\text{Total time taken in days}}{\text{Total Area of wound in (Cm}^2\text{)}}$

$$\frac{63 \text{ days}}{17 \text{ cm}^2} = 3.705 \text{ days/cm}^2$$

Table 1: Clinical evaluation of case report before and after treatment

Sr. No.	Clinical Findings	Before treatment	After treatment
1	Clinical complaints		
	Non healing Ulcer	Present	Absent
	Localized Pain	Present	Absent
	Active Exudation	Present	Absent
	Itching Surrounding to ulcer	More localized & often itched but not disturbs sleep	Absent
2	Clinical findings of ulcer examination: local vascular & neurological assessment		
	Ulcer site	Lateral side in gaiter zone	
	Area		
	Ulcer 1	3.5* 4 cm	-
	Ulcer 2	2.5*1.2 cm	-
	Margins	Irregular	-
	Edges	Sloping	-
	Appearance	Non healing	Healed
	Condition	Infected, open wound	Non infected, healing ulcer
	Edema	Present	Decrease
	Odour	Absent	Absent
	Discharge	Serous	Absent
	Tenderness	+	Absent
	DPA Pulse (Right Lowe Limb)	Active	Active
	DPA Pulse (Left Lowe Limb)	Active	Active
3	Classification		
	CEAP	6 (Skin changes with active ulceration)	5 (Healed Ulcer)
	r-VCSS	18	5
4	Investigations		
	TLC	7,100	7000
	DLC	69/23/6/2/0	63/26/08/02/01

	Hb%	16.5	15.7
	ESR	13	11
	FBS	114	108
	PPBS	153	126
	HbA1C	5.7	6.2
	S. Creatinine	1.1	1.00
	S. Bilirubin	0.6	0.6
5	Serology Markers		
	Serum HIV	Non-Reactive	
	Serum HBsAg	Non-Reactive	
	Serum VDRL	Non-Reactive	
	Serum HCV	Non-Reactive	

Table No. 2 SOP of *Siravedha* (Bloodletting through Venesection)

<u><i>Poorva Karma:</i></u>	
• Informed written consent from indicated patient, was taken for the procedure.	
• Vital assessment of the patient was done.	
• <i>Sahacharadi</i> Oil <i>Sthanik Abhyanga</i> and <i>Sthanik Nadi Swedana</i> was done for 10 min (each) just prior to the <i>Siravedha</i> Procedure.	
• Needle, tourniquet, measuring glass etc. required materials were procured.	
• Patient was asked to sit on procedure table by bending knee and hanging his leg down side	
<u><i>Pradhana Karma</i></u>	
• Tourniquet was tied just above the embossed spider veins of leg (Below Knee).	
• After availing vasodilatation, 20G needle was inserted gently at 45-degree angle by counselling the patient.	
• Patient was relaxed and the needle was kept in same position after receiving streak of bleeding up to the complete cessation of bleeding by itself and was collected in the kidney tray.	
<u><i>Pashchata Karma</i></u>	
• After cessation of bleeding, the needle was removed and fine powder of <i>Haridra</i> (<i>C. longa</i> Linn.) was sprinkled just after that.	
• Dry dressing was done.	
• Reverse crepe bandage was tied from foot to knee / covering site of the vein puncture.	
• Patient was instructed to rest for half an hour elevating affected limb up to 6 inch above heart level in supine position.	

Table No. 3 Therapeutic time line

Date	Day of event	Event	Detail of event	Assessment
05 October 2024	Day 0	The patient visited OPD <i>Shalya Tantra</i>	Clinical evaluation of the case and patient consultation and counselling followed by investigations	CEAP classification of venous Ulcer C6 (skin changes with active ulceration), Etiologically Ep (primary), Anatomically Ap (perforating veins), pathophysiological: (obstruction) rVCSS-18 B-WAT Score-34 VLU- Non-Healing
Case enrolled on 07 October 2024				
07 October 2024 to 07 November	Day 1- Day 30	<i>Siravedha</i> in every 7 days for 4 times in a month	In every 7 days for 4 times 1 st -15.10.2024, 2 nd -22.10.2024, 3 rd -29.10.2024, 4 th -05.11.2024	...Progressive reduction of wound area and oedema were well noticed
07 October 2024 to 07 November 2024	Day 1- Day 30	<i>Pachana Anulomana</i> , Anti-Inflammatory, inflammation reduction	<i>Haritaki Churna</i> 6 gm with lukewarm water after meal at bed time, <i>Sahachadi Kashaya</i> 40 ml twice in a day before food, <i>Kaishor gugglu</i> 250 mg twice in a day after food, <i>Panchguna Taila</i> for L/A(massage)	
7 October 2024 to 09 December 2024	Day 1- day 62	<i>Vrana Prakshalana</i>	Wound wash with <i>Panchvalkala Kwatha</i>	
7 October 2024 to 09 December 2024	Day 1- day 62	<i>Taila</i> and <i>Vrana Bandhana</i>	Wound dressing with <i>Apamarga Kshara Taila</i>	
10 December 2024	Day 63			CEAP classification of venous Ulcer C-5 (Healed ulceration) rVCSS-5

				B-WAT Score-13 VLU- Healed
Follow up 12.12.2025	After 1 year follow up			Closed wound was noted and any new ulcers or oedema observed. Normalcy in bilateral lower limb skin was observed.



Figure-1: Day 1 non-Healing venous ulcer of Left Lower Limb



Figure-2: *Siravedha* Procedure



Figure-3: Positive Granulation



Figure-4: Wound Area Reduction



Figure-5: Complete Heal

DISCUSSION:

Sushruta states that complete healing involves two key stages—*Vrana Shodhana* (~wound cleansing) and *Vrana Ropana* (~wound healing). While treating non healing venous leg ulcer demands for two major aspects; i.e., micro and macro vascularization of affected area and Tissue rejuvenation. In venous ulcers, excessive reactive oxygen species (ROS) significantly contribute to oxidative stress, leading to cellular damage and cytotoxicity that hinder wound healing. ROS interfere with normal tissue repair and prolong inflammation. Therefore, eliminating excess ROS is a promising strategy to promote healing in chronic wounds. [6] Reducing oxidative stress enhances cellular function, supports tissue regeneration, and accelerates wound closure, ultimately improving clinical outcomes for venous ulcer patients.

Nadi Swedana, an *Ayurvedic* therapy, exerts *Sheeta-Shoola-Stambhaghna* properties, which ultimately improves local tissue perfusion, through peripheral vasodilatation and microvascular circulation, and promotes healing by tissue regeneration and tissue nutrition. [7] *Siravedha* (Therapeutic bloodletting by venepuncture), basically helps by elimination of *Vata* vitiated blood and believed to be helpful in removing hemosiderin deposition from the affected lower limb, ultimately helps in tissue perfusion and tissue regeneration.

Panchavalkala Kwatha, a *Penta* herbal decoction rich with tannins, phytosterols, and flavonoids, offers cleansing effect through its *Kashaya* (~astringent) properties. It delivers multimolecular therapy for tissue debridement, with anti-inflammatory effect. [8-9]

Sahacharadi Kashaya, a blend of *Vata* pacifying herbs like *Nagara* (*Zingiber officinale* Roscoe.), *Devdar* (*Cedrus deodara* Roxb.) and *Sahachara* (*Barleria prionitis* Linn.), helps in managing calf cramps by virtue of *Vatanulomana* and *Vata Shamana*. [10] The presence of Heptane diamide, N, N'-di-benzoyloxy-Benzoic acid, Phenol, 2-methoxy-4-(1-propenyl), Eugenol, Tetra decanoic acid, 3-Decanone, 1-(4-hydroxy-3-methoxyphenyl)-(Gingerol), Abietic acid have been found in *Sahacharadi kashaya*. [11] These molecules are known to have anti-inflammatory properties, that ultimately helps in reducing localized muscle cramp and venous oedema. *Kaishor Guggulu*, containing *Guggulu*, *Triphala*, and *Guduchi*, exerts anti-inflammatory action, detoxifying, and circulation-boosting effects to address inflammation and poor circulation in venous ulcers. [12]

Apamarga Kshara Taila, combines *Kshara* and *Kshara Jala*, offering alkaline pH (>7), low acid value (0.3559), and high saponification value (226.84), makes it effective for faster tissue debridement of chronic ulcers. [13] it supports healing by debriding dead tissue, enhancing circulation, and

improving the wound environment—thereby accelerating recovery. [14-15-16] *Haritaki* (*T. chebula* Retz.) powder represents hydrolysable tannins which helps in healing activity. Ellagic acid, ascorbic acid, Gallic acid helps in reducing the oxidative stress of tissues. [17]

Study Limitations:

The observations made here, are solely dependent on single case. Hence, effects can't be generalized. Additionally, Seasonal variations, *Dosha* levels, patient-specific factors, including absence of comorbidities and adherence to therapy, may have influenced the clinical outcome and may differ subject specifically. Here In this study, there wasn't any control/comparator, hence, comparison and isolation of effect of each intervention can't be claimed.

CONCLUSION:

Regular sterile dressing, unloading of macro vascularization channels through *Sirvavedha* (~Bloodletting through venesection) may have improved local tissue perfusion at wound site and may enhanced healing rate. No adverse reactions were observed, confirming its safety and effectiveness.

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Declaration of Patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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