Ayurvedic Management of Atrophie Blanche - A Case Study

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ABSTRACT

Atrophie Blanche (AB) is typically described as a variable dimensioned, smooth, ivory-white plaque stippled with telangiectases and is surrounded by hyperpigmentation. AB commonly occurs in middle-aged women on the lower legs or feet, often associated with ulcerations and chronic venous insufficiency (CVI). The ulcers are slow to heal and painful. We report the case of an Atrophie Blanche (Livedoid Vasculopathy) which inadequately treated for more than 8 years. We review the pathogenesis (Samprapti), typical clinical presentation (Purva Roopa and Roopa), diagnostic workup and treated through various Panchakarma procedure and Shamana Yogas.

Key words: Atrophie Blanche, Panchakarma, Chronic Venous Insufficiency (CVI).

INTRODUCTION

Atrophie Blanche (AB) was originally described by Milianin 1929 as a lesion of variable dimensions that consists of a smooth, ivory-white plaque with an irregular hyperpigmented border and surrounding telangiectasias.1-8 Since then, the term AB has been surrounded by ambiguity due to the use of several synonyms such as segmental hyalinising vasculitis, capillaritis alba, livedo reticularis with summer ulcerations, livedo vasculitis and painful purpuric ulcers with a reticular pattern of the lower extremities (PURPLE).3,6 Also, Livedoid vasculopathy, a more extensive variant of AB, has been used interchangeably with AB in the literature.10 It needs to be emphasised that the term AB, whilst a defined clinical entity, is purely descriptive and does not indicate a specific diagnosis or aetiology.8,11 In modern science pathogenesis of AB is controversial6 and as such, there is confusion about its appropriate management. But on the basis of sign and symptoms, Atrophie Blanche can be correlated with Vata Rakta. In this article, we report chronic leg ulcer patient associated with AB in order to formulate a tentative plan of management of such cases.

CASE REPORT

Patient: 34 year-old Hindu female.

History: Recurrent raised erythematous skin rash over lower legs past 8 years. These rashes have been occurring in crops, associated with severe burning pain and fade over a period of 3 years into hyperpigmented areas. No history of rashes in any other area. No reduced sensation or Weakness.

Investigations

Doppler study - Deep venous thrombosis in the proximal part of the right deep femoral vein. Venous collaterals and varicosities in the ankle region of both lower limb.

Skin biopsy - Consistent with small vessel vasculitis.
Previous Treatments
- Tab. Defcort 24 mg
- Tab. MMF 50 mg
- Tab. Hydroxychloroquine 400 mg
- Tab. Shelcal 500 mg
- Tab. Ecosprin 75 mg
- Tab. Methylcobalamin 1500mcg
- Tab. Pregabalin 75 mg

Treatment
Patient treated with Basti Karma and Virechna Karma followed by the Shamana Yoga.

Table 1: Treatment planned with follow-ups

<table>
<thead>
<tr>
<th>No. of visit</th>
<th>Date of Treatment</th>
<th>Treatment Planned</th>
<th>Follow up treatment</th>
</tr>
</thead>
</table>
| 1<sup>st</sup> visit | 02/11/13 | 1. Manjisthadhi Kshara Basti  
2. Twaka Nirgundhi Parisheka | 1. Kaishore Guggulu 1 tid  
2. Manjisthadhi Kwatha 40 ml bd  
3. Gandhak Rasyana 1tid  
4. Aroygavardhni Rasa 1tid |
| 2<sup>nd</sup> visit | 08/03/14 | 1. Manjisthadhi Kshara Basti | 1. Kaishore Guggulu 1 tid  
2. Manjisthadhi Kwatha 40 ml bd  
3. Gandhak Rasyana 1tid  
4. Aroygavardhni Rasa 1tid |
| 3<sup>rd</sup> visit | 19/7/14 | 1. Manjisthadhi Kshara Basti | 1. Kaishore Guggulu 1 tid  
2. Manjisthadhi Kwatha 40 ml bd |

Basti Procedure

Basti should be administered after analyzing the factors like Dosha, Oushadhi, Desa, Kala, Satmya, Agni and then decide the course of the Basti. In the present context Manjisthadhi Kshara Basti is administered in Yoga Basti course.

Table 2: Yoga Basti course

<table>
<thead>
<tr>
<th>Basti</th>
<th>M</th>
<th>N</th>
<th>M</th>
<th>N</th>
<th>M</th>
<th>N</th>
<th>M</th>
<th>M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>6&lt;sup&gt;th&lt;/sup&gt;</td>
<td>7&lt;sup&gt;th&lt;/sup&gt;</td>
<td>8&lt;sup&gt;th&lt;/sup&gt;</td>
</tr>
<tr>
<td>Quantity</td>
<td>30 ml</td>
<td>480 ml</td>
<td>30 ml</td>
<td>480 ml</td>
<td>30 ml</td>
<td>480 ml</td>
<td>30 ml</td>
<td>30 ml</td>
</tr>
</tbody>
</table>

M= Matra Basti, N= Niruha Basti

In this course Matra basti is serving as both poorvakarma as well as paschatakarma.
Matra Basti procedure

In Matra Basti only Sneha is given which should always be Pakva and lukewarm at the time of administration.

Basti drugs: 30ml of Dhanwantra Taila along with 5g of Saindhava Lavana.

Procedure proper: It can be further divided as
- Poorvakarma
- Pradhanakarma
- Paschatkarma

Poorvakarma

In afternoon the body of the patient should be anointed with suitable Sneha and Sweda. Then patient advised to have his prescribed meal and made to take a short walk. There after she is asked to lie down in Vama Parshwa position with his right leg flexed.\(^{[13]}\)

Pradhanakarma

The Sneha prescribed for Matra may be taken in the Basti-Putaka and tied well placing the Basti Netra in position. The trapped air in Basti-Yantra is expelled by gently pressing the Basti-Putaka. Then the anal region and the Netra should be smeared with oil. Gently probe the anal orifice with the index finger of the left hand and introduce the Basti Netra through it into the rectum up to first Karnika. Keeping in the same position, press the Basti-Putaka with right hand with adequate force. Remove carefully the Basti-Netra when a little quantity of Sneha remained inside the Bastiputaka.\(^{[14]}\)

Paschatkarma

The patient is kept lying on his back as long as it would take to count up to hundred. The patient should be gently struck three times on each of the soles and over the buttocks. The lower limb should be raised thrice. If patient gets the urge for defecation one can attend. But in the event of Sneha passes immediately, another Matra Basti can be given. After passing the motion with Sneha in proper time the patient is allowed to take light food if he feels hungry.\(^{[14],[15]}\) The ideal time for coming out of Basti Sneha is 3 Yama i.e. 9 hours, but it may be retained for 24 hours if it is not disturbing the patient.

Niruha Basti procedure - It can be classified as;
- Poorvakarma
- Pradhanakarma
- Paschatkarma

Poorva Karma: It includes preparation of Basti, Basti Sammilana, Filling of Basti Putaka and Atura Siddhata.

Table 3: Preparation of Basti.

<table>
<thead>
<tr>
<th>Ingredients</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madhu</td>
<td>4 Pala (80ml)</td>
</tr>
<tr>
<td>Madhuchista Tila Taila</td>
<td>3 Pala (60ml)</td>
</tr>
<tr>
<td>Madhuka</td>
<td>1/3 Pala (10 gm)</td>
</tr>
<tr>
<td>Madana Phala</td>
<td>1/3 Pala (10 gm)</td>
</tr>
<tr>
<td>Indrayava</td>
<td>1/3 Pala (10 gm)</td>
</tr>
<tr>
<td>Satapushpa</td>
<td>1/3 Pala (10 gm)</td>
</tr>
<tr>
<td>Manjisthadi Kwatha</td>
<td>5 Pala (100 ml)</td>
</tr>
<tr>
<td>Amla Kanji</td>
<td>5 Pala (100 ml)</td>
</tr>
<tr>
<td>Gomutra</td>
<td>5 Pala (100 ml)</td>
</tr>
</tbody>
</table>

Basti Dravya Sammilana

To start with, first of all 80ml of Madhu and 1 Karsha of Saindhava Lavana was taken in a vessel and mixed well, with wooden churner and then Sneha i.e. 60ml of Moorchita Tila Taila was added slowly and steadily, followed by addition of Indrayava, Madhuka, Madanaphala, Satpushpa each 10 g. and churned well, with a wooden churner. Manjisthadi Kwatha, Amla Kanji, Gomutra each 100ml were added in slow stream manner and churned well with a wooden churner to get homogenous mixture. Hence ideal preparation of Manjisthadi Kshar Basti was obtained.

Atura Siddhata

Atura should be administered Anuvasana Basti one day before the administration of Manjisthadi Kshar Basti.
Basti in the morning, the patient should be given Sthanik Abhyanga and Swedana.

**Pradhana Karma**

**Basti Pranidhana**

Sukhoshna Basti Draya is to be applied in the anal region and on the Basti Netra, the cotton piece and the air bubble should be removed and thumb should be keep on the Netra while introducing it. Then Bastinetra is introducing gradually in the parallel direction to that of the vertebral column up to ¼ part of Netra until the nearer Karnika fixes over the anus. Then the Bastiputaka is clutch in the left hand and the right is put on the Putaka. After this Bastiputaka is press gradually with the constant pressure, neither too fast nor too slow without tremoring of the hand. By asking the patient to breath-in, push the Bastidraya into the rectum till a little quantity remains in the Putaka otherwise Vayu enters into the Pakvashaya, and then withdraw the Netra gradually. Then patient is asked to lie down in the supine position gradually, massage over buttocks is to be done slowly and softly 3-4 times. After this, the patient is asked to lie in a comfortable position with a pillow below the hips till he gets the urge for defection and when he gets the urge ask him to sit in Utkatasana and pass the urge.

If patient gets natural urge within 15 minutes then he is advised to evacuate the bowel and if patient does not get motions up to 45 minutes another Shodhana Basti should be given.

**Paschat Karma**

After the Basti Drava is evacuated, the patient is advised to take bath with luke warm water and there after, the diet containing Sali rice and Rasa (meat soup) is to be given. The time duration which is double the days of Basti course is called as Parihara Kala. During this period patient is supposed to take Pathya in terms of Ahara and Vihara, in present context Parihara Kala was for 16 days.

**Virechan Karma**

**Poorva Karma**

- Deepapanapachana with Chitrakadivati 2 tid for 3 days
- Snehapana with Panchtiktka Guggulu Ghritha for 4 days in Arohanakrama till Samyak Snigdha Lakshana is achieved.
- Sarvangaabhyanga with Mahanaryan Taila followed by Bhaspasweda for 4 days.

**Pradhan Karma**

- Trivrtha Avaleha 40 g. was given
- Vegaki - 14 Vega
- Antaki - Kaphanta
- Shuddhi - Madhyam

**Paschat Karma**

Samsarjana karma is given for 5 days.

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**On 2/11/15**

![Image of the patient's condition on 2/11/15](image)

**On 08/03/14**

![Image of the patient's condition on 08/03/14](image)

**On 19/07/14**

![Image of the patient's condition on 19/07/14](image)
After regulating the Vata Dosha and removing the Avarana next step to strengthening the Rakta Dhatu. For strengthening the Raktaahasrotho Moola and Rakta Dhatu, Virechana had been planned.

CONCLUSION

Type of Dosha, Dusthi, Gati of the Dosha are the reason for the manifestation of a disease. These three factors put in a single line is called Samprapti. Treatment should be according to Samprapti whatever nomenclature given by allied sciences.

REFERENCES


DISCUSSION

The history of irregular food habit, excessive anger, sleeping in day time, intake of excessive sweet food items and luxurious life style (Santarpanoth Karma) and all above the patient belonging to Sukumar Prakruthi. Which may lead to Vata Sonitha. As described by the Maharishi Atreya Punnarvasu in Vatasonitha Adhyaya two type of Samparpti one is Samanya Samparpti and another one is Avarna Samparpti, in which vitiated Vata Dosha does the Avarna of Rakt Dhatu and to remove the Avarna, Kshara Basti is selected.

Due to excessive increase of Sheetha Guna of Vata Dosha which lead to the Rakta Stambhana in Sira and hamper the Sara Guna of Rakta because of this Drava Bhaga of Rakta increased. So Manjisthadhi Kwatha had been selected all the drug of Manjisthadhi Kwatha are having Ushna Guna which subdue the Sheetha Guna of Vata Dosha and due the Raksha and Ushna Guna these drugs does the Shoshana of the excessive Darva Bhaga of the Rakta Dhatu. Manjisthadhi Kwatha is a target specific drug for Rakta Dahtu.


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