



## AYURVEDIC MANAGEMENT OF ATROPHIE BALANCHE W.S.R TO VATARAKTA: A CASE REPORT

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**ABSTRACT** Atrophie blanche (AB) is typically described as a variable dimensioned (star shaped or polyangular), smooth, ivory-white plaques stippled with telangiectasis and is surrounded by hyper-pigmentation due to haemosiderin deposition. AB commonly occurs in middle-aged women on the lower legs or feet, often associated with ulcerations and chronic venous insufficiency (CVI). These ulcers are slow to heal and painful. In this study, we reported a case of 34-year-old female patient suffering from Atrophie Blanche (Livedoid Vasculopathy) since more than 8 years complaining of erythematous rashes on B/L lower limbs along with burning pain & hyperpigmentation. She had taken allopathic treatment for that but no relief was observed. Then she opted for ayurvedic treatment. Here, she was treated on the basis of principles of Vatarakta including Shodhana (Basti & Virechana) and Shamana chikitsa

**KEYWORDS :** Atrophie blanche, Vatarakta, Basti chikitsa, Virechana.

### Introduction

Atrophie blanche (AB) was originally described by Milian in 1929 as a lesion of variable dimensions that consists of a smooth, ivory-white plaques with an irregular hyperpigmented border and surrounding telangiectasias<sup>2-8</sup>. 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 reticular pattern of the lower extremities (PURPLE)<sup>3,6,9</sup>. Also, Livedoid vasculopathy, a more extensive variant of AB<sup>3</sup>, has been used interchangeably with AB in the literature<sup>10</sup>. 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<sup>8,11</sup>. In modern science pathogenesis of AB is controversial<sup>6</sup> 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 female

**HISTORY:** Recurrent raised erythematous skin rashes over lower legs past 8 years. These rashes have been occurring in crops & associated with severe burning pain and fade over period of 3 years in to hyperpigmented areas. No history of rashes in any other area. No reduced sensation and weakness.

### INVESTIGATION:

1. 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 limbs.
2. Skin biopsy- Consistent with small vessel vasculitis.

### PREVIOUS TREATMENTS:

1. Defcort 24 mg
2. Tab. MMF 50 mg
3. Tab. Hydroxychloroquine 400 mg
4. Tab. shelcal 500 mg
5. Tab. Ecosprin 75 mg
6. Tab. Methylcobalmine 1500mcg
7. Tab. Pregablin 75 mg

### TREATMENT:

Patient treated with Basti karma and Virechna karma followed by the Shamana yoga.

**Table-1**

No. Of visit	Date of Treatment	Treatment Planned	Follow up treatment
1 <sup>st</sup> visit	02/ 11/21	<ul style="list-style-type: none"> <li>Manjisthadhi kshara Basti (Yoga basti)</li> <li>Twaka Nirgundhi Parisheka</li> </ul>	<ul style="list-style-type: none"> <li>Kaishore gugglu 1 tid</li> <li>Manjisthadhi kwatha 40 ml bd</li> <li>Gandhak rasyan 1tid</li> <li>Aroygyavardhni vati 1tid</li> </ul>

2 <sup>nd</sup> visit	26/11/21	<ul style="list-style-type: none"> <li>Manjisthadhi kshara Basti (Yoga basti)</li> <li>Twaka Nirgundhi Parisheka</li> </ul>	<ul style="list-style-type: none"> <li>Kaishore gugglu 1 tid</li> <li>Manjisthadhi kwatha 40 ml bd</li> <li>Gandhak rasyan 1tid</li> <li>Aroygyavardhni vati 1tid</li> </ul>
3 <sup>rd</sup> visit	25/1/22	<ul style="list-style-type: none"> <li>Manjisthadhi kshara Basti (Yoga basti)</li> <li>Twaka Nirgundhi Parisheka</li> </ul>	<ul style="list-style-type: none"> <li>Kaishore gugglu 1 tid</li> <li>Manjisthadhi kwatha 40 ml bd</li> <li>Aroygyavardhni vati 1tid</li> <li>Kamdudha rasa 1tid</li> </ul>
4 <sup>th</sup> visit	24/02/22	<ul style="list-style-type: none"> <li>Manjisthadhi kshara Basti</li> </ul>	<ul style="list-style-type: none"> <li>Kaishore gugglu 1 tid</li> <li>Manjisthadhi kwatha 40 ml bd</li> <li>Aroygyavardhni rasa 1tid</li> </ul>
5 <sup>th</sup> Visit	27/04/22	<ul style="list-style-type: none"> <li>Virechna karma</li> <li>Snehapana followed by panchatikta Ghritha</li> </ul>	<ul style="list-style-type: none"> <li>Kaishore guggulu 1 tid</li> <li>Manjisthadhi kwatha 40 ml bd</li> <li>Aroygyavardhni vati 1tid</li> </ul>

**Table-2**

Basti	M	M	N	M	N	M	N	M
Days	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>
Quantity	60 ml	30 ml	480 ml	60 ml	480 ml	60 ml	480 ml	60 ml

### Matra Basti procedure

Basti drugs: 60ml of dhanwantra taila along with 5g of Saindhava lavana.

### Niruha basti procedure

#### Preparation of Basti

**TABLE NO.-3**

INGREDIENTS	QUANTITY
MADHU	4 PALA (APRX. 80 ML)
MURCHITA TILA TAILA	3 PALA (APRX. 60 ML)
MADHUKA	1/3 PALA (APRX. 10 G.M.)
MADAN PHALA	1/3 PALA (APRX. 10 G.M.)
INDAR YAVA	1/3 PALA (APRX. 10 G.M.)
SATAPUSHPA	1/3 PALA (APRX. 10 G.M.)
MANJISTHADHI KWATHA	5PALA (APRX.100 ML)
AMALA KANJI	5PALA (APRX.100 ML)
GOMUTRA	5PALA (APRX.100 ML)

### Basti sammilan

To start with, first of all 80ml of Madhu & 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 Inderyava, Madhuka, Madanphal, Satpushpa each 10 gm and churned well, with a wooden churner. Manjisthadi kwatha, Amala kanji, Go-mutra each 100ml were added in slow stream manner and churned well with a wooden churner to get homogenous mixture. Hence ideal preparation of Manjisthadi kshara basti was obtained.

**Virechan karma  
Poorva Karma**

- Deepana-pachana with chitrakadi-vati 2 tid for 3 days
- Snehapana with Panchtiktkka guggulu ghritha for 7 days in arohanakrama till samyaka snigdha lakshana is achieved
- Sarvanga Abhyanga with Mahanaryana taila followed by bhaspasweda for 3 days.

**Pradhan Karma**

Trivrtha avlhea 40 gm. is given  
Vegaki - 19 vega  
Antaki - kphanta  
Sudhi- Madhyam  
Paschat Karma  
samsarjana karma is given for 5 days.

ON 2/11/21



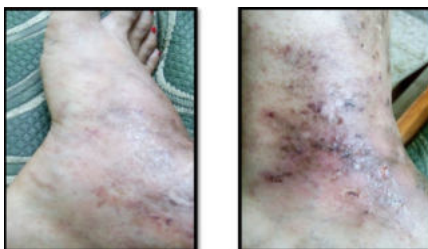
ON 26/11/21



ON 25/01/22



On 24/02/22



ON 27/04/22



**Discussion:**

The history of irregular food habit, excessive anger, sleeping in day time, intake of excessive sweet food items and luxurious life style (Santharpoth karna) and all above the patient belonging to sukumar prakruthi, Which may lead to vatasonitha. As described by the Maharishi Atreya Punarvasu in Vatarakta Adhyaya two type of samparpti one is simple samparpti and another one is avarna samparpti, In which vitiated vata dosha does the avarna of Rakta Dhathu to remove the avarna; kshar basti selected.

Due to excessive increase of sheetha guna of vata dosha which lead to the rakta stambhan in sira and hamper the sara guna of rakta because of this darva bhaga of rakta increased. So Manjisthadi kwatha had been selected all the drug of manjisthadi kwatha are having ushna guna which subdue the sheetha guna of Vata Dosha and due the Ruksha and Ushna guna these drugs does the shoshana of the excessive darva bhaga of the rakta dahtu. Manjisthadi kwatha is a target specific drug for rakta dahtu. After regulating the Vata Dosha and removing the avrana next step to strengthening the Rakta Dhathu. For strengthening the Raktavahasrothas moola and Rakta Dhathu; Virechna 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 samparpti. Treatment should be according to samparpti known as samprapti vighatana.

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