



Effect of Unani Medicine in Treatment of Varicose Ulcer – A Case Report

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Abstract

Varicose ulcers are a common and debilitating complication of varicose veins, characterized by open wounds or sores that develop on the skin. These ulcers are usually found in the areas of the foot that experience repetitive trauma and pressure sensations. The presence of varicose ulcers can cause significant discomfort and pain, as well as increase the risk of infection. Healthcare professionals from various disciplines need to collaborate and develop an inter professional approach to effectively manage varicose ulcers. [14]

Patients with varicose ulcers often present with a history of chronic venous insufficiency, which manifests as edema, skin changes, and aching in the affected limb. When managing varicose ulcers, it is important to address the underlying venous insufficiency through a combination of compression therapy, exercise, and lifestyle modifications. Compression therapy, in the form of graduated compression stockings or bandaging, is crucial in reducing edema and promoting venous return.[15]

The Treatment of chronic ulcer involves treatment of cause, wound cleaning, proper dressing, maintenance of personal hygiene, management of infection & would closure.

Most leg ulcers become unsightly and they hardly if ever, yield to conventional treatment. Healing of an amputated part may pose a problem, hence amputation cannot be recommended without extensive pre-operative investigations. Prevalence is high among the poor, for whom expenses of surgery are not affordable. Few surgeons try skin graft but unfavorable local condition of the ulcer leads to rejection and all efforts prove futile. [19]

The present article reports the wound healing properties & efficacy of Unani Formulation of medicine in the healing effect of Vericose ulcer.

Keywords: Vericose Ulcer, Unani medicine, Would Healing.

Introduction

About 1.5% to 3.0% of individuals have active leg ulcers. As people age, the prevalence rises, reaching roughly 20/1000 for those over 80. The majority of leg ulcers are

caused by venous disease; less frequently, autoimmune disorders, cancer, and tropical diseases; other reasons include arterial insufficiency, diabetes, and rheumatoid arthritis. It is expected to cost the UK's National Health Service (NHS) £300 million annually. Illness-related productivity loss is not included in this. [20]

An epidemiological survey carried out way back in 1972 on Indian railroad workers determined the prevalence of varicose veins to be 25% in southern and 6.8% in northern India. [21]

The incidence of chronic ulcer is as old as history. Hippocrates, who is the father of medicine himself, had a leg ulcer. It was the era when anesthesia, anatomy and physiology were never heard of. He treated multiple varicose veins by puncturing them at different levels to prevent non-healing ulcers and about 400 BC he wrote 'In case of an ulcer it is not expedient to stand, especially if the ulcer be situated on the leg.' [17] Avicenna (982–1027 AD) gave a good account of diabetes and was the first one to describe diabetic gangrene. From the 10–18th centuries, various physicians including Hali Abbas, Avicenna, Falopio and Pare attributed ulceration of the leg to accumulation of black bile or bad humours and believed that ulceration of the leg served a useful purpose in getting rid of these live substances. [19]

Chronic ulcers are challenge to wound care professionals and consumers

Eminent Unani Physician Shaik ur rayees has mentined in his famous book Al- Qanoon Fit tib "Putrifaction in any organ gets started when there is destruction of Rooh e Haiwani" to that particular organ

There are 2 reasons for distruction of Rooh e Haiwani

1. Blood Toxicity
2. Interruption in blood supply [1]

Wound healing is a dynamic and sequential process which involves exudative, proliferative and extracellular

matrix remodeling phases. These phases are regulated by signaling molecules produced by a wide range of cells present in the extracellular matrix. The early stages of this process (homeostasis, inflammation and proliferation) prepare the tissues for the final, remodeling stage which can last for one year or more. Various factors affect wound healing. Most chronic wounds are ulcers associated with ischemia, venous stasis or pressure. The therapeutic measures used to promote and treat wound healing must be adjusted to the states of the various wound healing phases. [18]

In the Unani system of medicine, chronic ulcers are known as Quroohe Khabeesa. According to Unani philosopher Rabban Tabri, every organ of the body has its own mizaj and organs perform specific function up to the maximum extent until the mizaj is in normal limit.[7]

It is also a general principle of Unani system of medicine that whenever hararat and ratubat increase beyond the normal limit, they precipitate ufoonat (putrefaction), that is, it provides favourable environment for ufoonat. Hence, all measures should be taken to restore the mizaj In the present case study, efficacy of an ointment (Unani Formulation) along with in healing of chronic leg ulcer was tested on patients visiting the GNTC Hospital.

Aim and Objective of case study

To evaluate the clinical efficacy of Unani Medicine in patient of Vericose ulcer.

Type of study

Obervational case study without control group

Material and Method

A case study was conducted on two adult patients with chronic leg ulcers. Informed consent was obtained at the time of enrolment to the study. All the patients were included from OPD of GNTC Hospital. Those patients were included who had ulcers for at last several months.

They were visited several corporate hospitals but they didn't get result.

A Unani formulation was applied in the form of ointment, which was prepared as per description in classical Unani text book. All the patients were asked to come twice a week with a gap of 3 days for the dressing. The ulcers were washed thoroughly with normal saline and the ointment was applied under aseptic conditions. All measures for ideal dressing were taken into account. The dressing was always done in the hospital by the attending research scholars and not by the patients themselves. Each patient was asked to wash his/her ulcer with alum (shibbe yamani) water before coming to the hospital on the day of dressing. [8]

No concomitant treatment was allowed in any form during whole study duration. All the patients were instructed not to walk much and to take rest with leg in raised position to ensure venous return. Proper hygienic measures were taught to all patients. Care has been taken to avoid oil, dirt, & dust for getting into wound. No antibiotics or antiseptics were used in any form. The detailed history and clinical feature of every patient was obtained and progress was observed.

Case 1

A patient of 60 years has been visited in OP Department of GNTC Hyderabad with a complaint of Wound in Left Leg Dorsally, since last 18 months and discharge from since last 3 months.

Medical history

According to patient he was apparently well 2 years back and then he developed a wound on Right Limb lateral aspect. Wound gradually increases in size and does not healed with conventional conservative treatment. He was being treated by regular cleaning and dressing with antibiotics in various hospitals. There is no history of

pain initially. Patient also has complaint of serous discharge from the wound. Discharge was foul smelling. History of bilateral short saphenous varicose vein ligation is present, This patient has a history of smoking at least one package of cigarettes per day and spent 10-12 hours on his feet daily.

There is no history of Diabetes Mellitus, IHD.



Figure 1: Day 0 Patient



Figure 2: Day 15 Patient



Figure 3: Day 30 Patient

Case 2

A patient of 58 years has been visited in OP Department of GNTC Hyderabad with a complaint of Wound in Right Leg Dorsally, since last 14 months and discharge from since last 4 months.

Medical history

According to patient he was apparently well 2 years back and then he developed a wound on Left Limb dorsal

aspect. Wound gradually increases in size and does not healed with conventional conservative treatment. He was being treated by regular cleaning and dressing with antibiotics in various hospitals. There is no history of pain initially. Patient also has complaint of serous discharge from the wound. Discharge was not foul smelling.

This patient has a history of smoking at least one package of cigarettes per day, tobacco chewers 10-12 per day and spent 10-12 hours on his feet daily.

There is no history of Diabetes Mellitus, IHD.



Figure 4: Day 0 Patient



Figure 5: Day 15 Patient



Figure 6: Day 30 Patient

Clinical examination

Local clinical examination of all patients have been explained in table

Clinical examination of wound/Ulcer of Patients

Table 1:

Attributes	Case-I	Case-II
Classification (Wagner's grading score)	Grade 2 (Deep Ulcer without cellulitis, No bone involvement)	Grade 2 (Deep Ulcer without cellulitis, No bone involvement)
Position	Lateral aspect of foot	Dorsal aspect of foot
Edges	Irregular rough edges	Punched out edges
Floor	Rough irregular, discharge, unhealthy non granulation tissue covering	Unhealthy, less granulation, mild discharge.
Discharge	Foul thick discharge	Thin discharge
Surrounding area	Black pigmented	Black pigmented
Tenderness	Moderate tenderness	Mild tenderness
Bleed on touch	Absent	Absent
Other findings	All Pulsations are present	All Pulsations are present

Discussion & Results

Non-healing ulcers are those which do not heal by conservative therapy within six weeks and have failed to achieve the anatomic as well as functional integrity over a period of 3 months.

The cause of the chronicity varies depending upon the genesis of the wound, depth, involvement of underlying structures and wound care. However, the basic reason is inadequate circulation.

Inadequate primary handling frequently results in problems. To plan the wound's future care, all these considerations must be made when evaluating the wound. The etiologies are trauma, infections, electrical burns, surgical dehiscence, secondary varicose vein, trophic alterations, and peripheral nerve involvement, listed in order of frequency. In India, there are 42 million diabetic individuals and a 4% annual incidence of foot ulcers. Patients with diabetes undergo 75–80% of all non-traumatic amputations performed annually. 98% of lower extremity wounds are caused by diabetic and vascular

foot ulcers.1. The prevalence of pressure ulcers varies between 2.7% and 9% in acute care settings and between 2.4% and 23% in long-term care settings.².

It is crucial to understand that the terms "jarahat" (wound) and "qarha" (ulcer) are related to pus within them. Furthermore, Tafarruk-e-ittesal (injury) to the lahem (muscles) is the definition of a Jarahat (wound). Both androgoni (internal) and berooni (external) may be the causing factors of the Jarahat (wound). As a result, Qarha refers to any Jarahat where pus production is present.

There are three types of Qurooh in Unani literature.

1. Qurooh-e-baseet (Simple Ulcer): Those ulcers which are free from those factors which delay in wound healing.
2. Qurooh-e-murakkab (Compound Ulcers): Those ulcers which are associated with blackening of tissues, pain and suppuration.
3. Qurooh-e-asratul indamaal (Non Healing Ulcers): Those ulcers whose healing is delayed and associated with more damage and destruction of the local part having different types of causes. [2]

According to Shaik ur rayees, many medications in the Unani medical system exhibit the ability to heal wounds. For example, this Unani compound medicine, called Marham, contains qualities similar to those of desiccant Mujaffiff, healing drugs Mundamil-e-Qurooh, antiseptic Dafe taffun, Qabiz and cicatrizant Khatim. [8]

This compound unani medicine (Marham) has each of these characteristics.

This Unani compound medication (Marham) has been chosen to investigate its effectiveness in non-healing ulcers based on these characteristics.

Outcome results of Patients

Table 2:

Attributes	Case-I			Case-II		
	Day-0	Day-15	Day-30	Day-0	Day-15	Day-30
Ulcer's size	++++	+++	+	+++	++	+
Epithelialization	++	+	+	++	+	+
Discharge	+++	++	-	++	-	-
Healthy granulation	++	+	+	++	+	+
Smell	+++	+	-	++	+	-

Investigation

After being admitted, every patient had a routine investigation to rule out chronic infections, viral infections, anemia, and diabetes mellitus. If a morbid component was discovered, it was initially addressed and treated. The standard patient investigation is explained in the table.

Formula for preparing Compound Medicine (Marham) [6, 3]

Table 3:

S.No.	Ingredient	Mizaj	Botanical/Scientific Name	Quantity
1.	Phitakri	Garm 2 Khushk 2	Alum	10 gm
2.	Geeru	Sard 2 Khushk 2	Red orchre	10 gm
3.	Safeda	Sard 2 Khushk 2	White Lead	10 gm
4.	Sang Jarahat	Sard 3 Khushk 3	Silicate of magnesia	10 gm
5.	Kamela	Sard 3 Khushk 3	Mallotus philippinesis	10 gm
6.	Murdar sing	Sard 3 Khushk 3	Plumbi oxidum	10 gm
7.	Zingar	Sard 4 Khushk 4	Verdigris	10 gm
8.	Ratan jout	Sard 2 Tar 2	Anuchura tinctoria	10 gm
9.	Kafoor	Sard 3 Khushk 3	Camphor	10 gm

10.	Sindoor		Red sulphide of mercury	10 gm
11.	Bee Wax		Wax	50 gm
12.	Roghan Neem		Azadirecta indica	500 ml

Then place it in a room temperature and stir well and add Kafoor (Camphor) and Bee Wax.

Make it cool and apply for external use as medication.

Brief description of ingredients use in this Compound Medicine (Marham) [4, 5, 9, 10, 11, 12, 13]

Method for preparation of Compound medicine

(Marham)

Take a fine powder of all the medicine mentioned above

Soak it in Roghan e neem (Neem Oil) for 12 hours, then

boil it for 30 mins.

Table 4:

Sn.	Ingredients (Botanical/Scientific Name)	Dosage	Temperament	Action & Uses	Therapeutic uses
1.	Phitakri (Alum)	10 gm	Garm 2 Khushk 2	Astringent (Qabiz) Caustic (Kawi) Heamostatic (habis ud dam) Antispasmodic (Dafe tashannuj) Antiseptic (Dafe taffun) Irritant (Lazeh) Pergitine Emetics (Qai)	Hemorrhagic(Nazaf uddum) Astringent (Qabiz) Leucorrhea Haematuria (Baul ud dum)
2.	Geeru (Red orchre)	10 gm	Sard 2 Khushk 2	Heamostatic (habis ud dam)	Qabiz (Astringent) Dedaan ima (Vermifuge) Habis ud dam (Heamostatic) Dafe auram (Anti- inflammatory)
3.	Safeda (White Lead)	10 gm	Sard 2 Khushk 2	Sedative Astringent (Qabiz)	Qabiz (Astringent) Musakkin Analgesic) Muhallil auram (Anti- inflammatory)
4.	Sang Jarahat (Silicate of magnesia)	10 gm	Sard 3 Khushk 3	Heamostatic (habis ud dam)	Jali (Detergent) Habis ud dam (Hemostatic) Mudammil qurooh (Cicatrization)
5.	Kamela (Mallotus)	10 gm	Sard 3	Antiseptic (Dafe taffun)	Antihelementic (Qatil

	phillippipinesis)		Khushk 3	Desiccant (Mujaffif)	dedaan ima'a) Syphilitic ulcer (Atishi qurooh) Chronic ulcer (Qurooh qabeesa)
6.	Murdar sing (Plumbi oxidum)	10 gm	Sard 3 Khushk 3	Astringent (Qabiz)	Jali (Detergent) Mudammil qurooh (Cicatrization) Akkal (Corrosive) Qabiz (Astrigent)
7.	Zingar (Verdigris)	10 gm	Sard 4 Khushk 4	Corrosive (Akkal) Desiccant (Mujaffif)	Akkaal (Corrosive)
8.	Ratan jout (Anuchura tinctoria)	10 gm	Sard 2 Tar 2	Anti inflammatory (Muhallil auraam)	Mudammil qurooh (Cicatrizant)
9.	Kafoor (Camphor)	10 gm	Sard 3 Khushk 3	Diaphoretic(Muarriq) Cardiac stumilent (Muqawwi qalb) Antiseptic (Dafe taffun) Anti spasmodic (dafa tashannuj)	Habis ud dam (Heamostatic)
10.	Sindoor (Red sulphide of mercury)	10 gm		Antiseptic (Dafe taffun) Anto oxidant	Skin disorders Eczema (Naar farsi) Psoriasis (Da'us sadaf) Ring-worm (Quba
11.	Bee Wax	50 gm			Wound healing
12.	Roghan Neem (Azadirechta indica)	500 ml		Antibacterial (Dafe ufoonat) Anticarcinogenic (dafa sartan) Anti-inflammatory (Muhallil auram) Anti-ulcer (Mudammil qurooh) Anti- oxidant	Antiseptic Scabies Stumilant Foul ulcers

Discussion

Benefits of using Unani medicine to treat chronic ulcers have been reported. According to this present study, applying Unani medicine to non-healing ulcers reduces their size and shape, helps the wound epithialize, removes slough, and promotes granulation, all of which contribute to full wound healing.

The ulcer in our study, which we compared before and after therapy, was grade type 2 (Wagner grading of ulcer) exposed soft tissue and went further into the subcutaneous layer, and it was healed fully in 30 days. During this study it was observed that no any complications like sever bleeding, wound infection was not occurred.

Infection can be progressively reduced and wound healing can be facilitated by proper care and prompt dressing.

This case study leads us to the conclusion that Unani medicine has the potential to treat non-healing ulcers in this medical system.

Mom (bees wax) is one of the most important content of the Marham (an ointment). It increases the effectiveness of this ointment by increasing the penetration of its contents deep into wound bed. [8]

Kafoor (Cinnamomum camphora) is another important constituent of the Marham (ointment). It has antiseptic, stimulant and rubefacient activity. When Kafoor is applied locally, it results in hyperemia at the site through its vascular dilatation activity. It also exhibits antiseptic, demulcent and anodyne properties. [12]

Conclusion

Wound Healing is credited to Muhallil (anti-inflammatory), daf'e'taffun (antimicrobial), mujaffif (desiccant) and mundamil (wound healing) properties in this compound Marham (ointment). This can be further evaluate on large number of cases.

Consent

Written information consents were obtained from all patients for publication of this case series and accompanying images.

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