



AYURVEDIC MANAGEMENT OF DIABETIC WOUND: A CASE STUDY

BABASAHEB N. GADVE¹ SMITA K. CHEKE^{2*}

^{1*}Professor and HOD, ^{2*}2nd year PG Scholar Department of Shalya tantra, CSMSS Ayurveda Mahavidyalaya, Chhatrapati Sambhajnagar (Aurangabad), Maharashtra, India.

Corresponding Author Email: smitacheke11@gmail.com Access this article online: www.jahm.co.in

Published by Atreya Ayurveda Publications under the license CC-by-NC-SA 4.0

Submitted on- 11-02-24

Revised on- 12-02-24

Accepted on-12-02-24

ABSTRACT:

Diabetic patients are vulnerable to develop non healing ulcers. Treatment modalities like conservative, good diabetic control, wound toileting seem to be incomplete by looking at prevalence rate of amputation in diabetic patients. This case management of diabetic foot ulcer in 65 years male. Complete wound healing was achieved in 30 to 40 days with unit healing time (UHT) of 5.88 days/cumm. Local cleaning by *Triphala Kwatha* has showed antimicrobial effect which augmented the healing process while *Vranshodhak Taila* application enhanced tissue debridement. Internal *Ayurveda* medication like *Arogyavardhini vati* and *Rakta pachak yog* with *pathya-apathya* (prescribed diet and regimen) pacified vitiated *kapha-vata pradhan Tridosha* and enhanced tissue rejuvenation and repair by their pharmacological properties.

Keywords: Diabetic foot ulcer, *dusht vran*, wound healing

INTRODUCTION

India is having 88 million diabetic population nationwide with 8.9% prevalence rate^[1]. Diabetic foot ulcer (DFU) is a devastating complication of lower limb due to involvement of peripheral neurovascular insufficiency and localized infection in presence of Diabetes mellitus. Diabetic foot ulcer is most common complication in newly detected type 2 diabetes^[2]. Diabetic foot consist of infection, ulcer and loss of tissues. Diabetic foot ulcer is type of non-healing wound which require local disinfectants, various methods of sterile antiseptic dressing, diabetic correction and correction of peripheral neurovascular ailments and also surgical intervention like debridement of wound and the last option is amputation of foot due which normal functioning get hampered. Diabetic ulcer is considered as a *Madhumehajanya Dushtavrana* in *ayurvedic* clinicians. It's management is also similar to *Dushta vrana* ^[3]. Ayurvedic management of diabetic ulcers includes appropriate *panchakarma* therapies, local application of herbal medicines, diabetic care and certain food regimens ^[4]. There are so many ayurvedic formulations given orally to control blood sugar level and to enhance wound healing. In this case the patient is treated with oral medication and local application of *ayurvedic tail* after wound debridement.

CASE REPORT

Present complaints-

A 65 Years old male patient having diabetes mellitus since 10 yrs. regularly on medication Tab.Glimepiride 4 mg and having ulcer over lateral malleolus of left foot with pain. Also having pus

discharge with foul smelling at that site along with difficulty in walking since 1 month came to OPD of *Ayurveda* Rugnalaya for diagnosis and management.

CLINICAL FINDINGS –

Shoola (Pain)

Puyastrav (Pus discharge)

Durgandh (Foul smell)

Kriyakashtata (Limited painful movement of left foot)

Physical Examination

The physical examination of the patient revealed temperature of 98.2°F, pulse – 78/min, respiratory rate of 19/min, blood pressure of 120/70 mmHg, and oxygen saturation. *Ashtavidha Pariksha* of patient revealed *Nadi* (pulse) was of *Vata pradhana* (dominant) *pitta*, *Samyak mala pravartana* (Normal stool), *Samyak mutra pravartana* (Normal urine), *Sama jivha* (White coated tounge), *Samyak kshudha* (Normal Appetite), *Samyak trishna* (Normal thirst), *Samyak drika* and was of *Madhyam* (Average) *Akriti* (Built). Routine investigations were done which are within normal limits and are as follows Hb- 12 gm% ; WBC - 8000 /cumm ; RBC - 4800/cumm ; Blood sugar level (fasting) – 96 mg/dl ; Blood sugar level (post prandial) – 143 mg/dl ; HbsAg – Non Reactive; HIV – Non reactive.

Local examination

Site – Left lateral malleolus

Size – 3cm* 2cm* 1cm

Number - 1

Margin – Irregular

Floor – Whitish slough

Base – Soft tissue

Discharge – purulent

Inspection – Round shape

Tenderness - ++

Palpation – Raised local temp.

Table 1 – Intervention

Total treatment duration is 1 month.

Sr.No.	Oral Medication	Dose	Anupana	Treatment Duration
1.	<i>Arogyavardhini vati</i>	250 mg 2bd	Warm water	1 month
2.	<i>Sukshma Triphala vati</i>	250 mg 2bd	Warm water	1 month
3.	<i>Raktapachak Yog</i>	500 mg 1bd	Warm water	1 month
4.	<i>Manspachak Yog</i>	500 mg 1bd	Warm water	1 month
5.	<i>Mahamanjsthadi kadha</i>	20 ml bd	Warm water	1 month
6.	<i>Panchavalkal kwath dhavan</i>	For cleaning	-	1 month
7.	<i>Vran shodhan tail</i>	For cleaning and as an antiseptic	-	1 month
8.	<i>Vran ropan tail</i>	For healthy granulation tissue formation	-	1 month

Follow Up and Outcomes –

Table 2 Gradation of Symptoms –

Sr.No.	Symptoms	Grade No.0	Grade No.1	Grade No.2	Grade No.3	Grade No.4
1.	<i>Shoola</i>	No <i>shool</i>	Occasional	mild	moderate	severe
2.	<i>Strava</i>	No <i>strava</i>	Occasional	mild	moderate	severe
3.	<i>Durgandh</i>	No <i>Durgandha</i>	Occasional	Mild	moderate	severe
4.	<i>Kriyakashtata</i>	No <i>Kriyakashtata</i>	Occasional	Mild	moderate	severe
5.	Tenderness	No Tenderness	Occasional	mild	moderate	severe

Table 3 Changes in symptoms before and after treatment –

Sr. No.	Symptoms	Before treatment	After 7days	After 14days	After 21days	After 28days	After treatment
1	<i>Shool</i>	4	3	3	2	1	0
2	<i>Durgandh</i>	4	3	2	1	1	0
3	<i>Kriyakashtata</i>	4	3	2	1	1	0
4	Tenderness	4	2	2	1	1	0

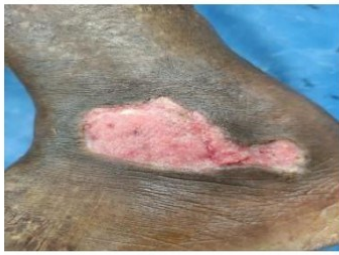


Fig.1: Picture before treatment



Fig.2: Picture during treatment



Fig. 3: Picture after treatment



Fig.4: Picture wound healed completely

RESULTS

Wound was healed completely in 4 weeks after the starting of treatment. Pain during walking was completely reduced and the patient can walk comfortably without pain. Pus discharge from the wound completely stopped in 3 weeks.

DISCUSSIONS

According to *sushruta* the diabetic foot ulcer can be correlated with *madhumehjanya vran* and during its description *sushruta* stated that this is *kasht sadhya vran*^[5]. According to *sushruta vasa* and *meda* along with other *dosh* and *dushya* lead to formation of *pramehjanya pidika* which is later converted into non healing wound and further wound over lower limb is difficult to heal^[6]. For the proper healing of the wound *pathya aphyta* are explained to the patient which are described by *sushrut Acharya*^[7]. All the medicine which are used

in this case are classical medicines having literary references for treating *madhumeh* along with healing of the wound. In this case the medicated oil which is used locally will work by its *shodhan* and *ropan* properties of the drugs are used for preparing medicated oil.

CONCLUSION

This case study has proved the potential of ayurvedic principles of wound management in diabetic foot ulcer. By using principles of ayurvedic wound management according to *shashti upkram* which was explained by *sushrut acharya*. Wounds can be treated successfully without using antibiotics orally as well as intravenously.

REFERENCES

1. Prevalence of Diabetes in India. International Diabetes Federation. www.idf.org/our-network/regions-members/south-east-asia/members/94-india.html. Updated March

- 2020, Accessed August 1, 2020.
2. Das A, Pendsey S, Abhaykar M, Malabade R. Management of Diabetic Foot in an Indian Clinical Setup: An Opinion Survey. CUREUS. 2020; 12 (6):e8636. Published 2020
 3. Jun 15. DOI:10.7759/CUREUS.8636
 4. Maharshi Sushruta, Ambika Datta Shastri, Sushruta Samhita part 1, sutrasthan, chapter no 23, verse no.7, page no.126 Varanasi; Chowkhamba Sanskrit sansthan.; Reprint 2019.
 5. Saxena Varsha. Shrivastav Niraj. Management of Diabetic Foot Ulcer in Ayurveda. Intenational Journal for Interdisciplinary and Multidisciplinary Studies. 2015: 2 (7);19-24
 6. Maharshi Sushruta Ambika Datta Shastri, Sushruta Samhita part 1, sutrasthan, chapter no 23, verse no.7, page no.126 varanasi; Chowkhamba Sanskrit sansthan; Reprint 2019.
 7. Maharshi Sushruta, Ambika Datta Shastri, Sushruta Samhita part 1, nidansthan chapter no6, verse no16, page no329, varanasi; Chowkhamba Sanskrit sansthan, Reprint 2019
 8. Maharshi Sushruta, Ambika Datta Shastri , Sushruta Samhita part 1 , sutrasthan, chapter no.19, verse no16 and 32-34, page no.104-106 varanasi; Chowkhamba Sanskrit sansthan, Reprint 2019.

CITE THIS ARTICLE AS

Babasaheb N. Gadve, Smita K. Cheke. Ayurvedic management of diabetic wound: A case study. *J of Ayurveda and Hol Med (JAHM)*. 2023;12(1):119-123

Conflict of interest: None

Source of support: None