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# Ayurvedic management of diabetic wound - A Case Study

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## ABSTRACT

India is the diabetic capital of the world gaining the status of a potential epidemic. 25% cases of diabetes mellitus turns into grievous complications like a diabetic foot. 5% of the entire lower limb surgeries are known to be amputation of the foot due to a diabetic wound (*Dushtavrana*). The treatment of a diabetic wound requires a team of a physician, a surgeon and an endocrinologist and measures are taken to control the sugars of the patient, however, to prevent further aggravation and worsening of the patients condition, foot amputation is considered as the final decision. However, Ayurvedic intervention proves to be a silver lining in the dark cloud of diabetic complications. Definitely, if done with full dedication by the physician and followed by the patient, amputation of the foot can be avoided and sugars can be controlled with visible healing of the skin. This case study will reveal the management of a diabetic wound through *Antaha-Parimarjana* (internal medications) and *Bahir - Parimarjana* (external applications) *Chikitsa* till the recovery.

**Key words:** Diabetic wound, *Dushtavrana*, Amputation, Ayurvedic intervention.

## INTRODUCTION

The management of diabetic foot disease may seem poorly defined by comparison with complications such as nephropathy, hyperlipidaemia and retinopathy, for which clear guidelines exist. A multidisciplinary team, approach, particularly in specific diabetic foot clinics, is very successful in avoiding and treating foot complications, This strategy has been shown to reduce both the incidence of major leg amputation (by 40% or more) and the duration of in-patient admissions for the treatment of diabetic foot

ulceration.<sup>[1],[2]</sup> The major challenges relating to diabetes foot are;

1. Foot ulceration is common, affecting up to 25% of patients with diabetes during their lifetime.<sup>[3]</sup>
2. Over 85% of lower limb amputations are preceded by foot ulcers and Diabetes remains a major cause of non-traumatic amputation across the world with rates being as much as 15 times higher than in the non-diabetic population.
3. Prevention is the first step towards solving diabetic foot problems. Although it was estimated that an ankle is lost to diabetes somewhere in the world every 30 seconds, a more important fact is that up to 85% of all amputations in diabetes should be preventable.<sup>[4]</sup>
4. Strategies aimed at preventing foot ulcers are cost-effective and can even be cost-saving if increase education and effort are focused on those patients with recognized risk factors for the development of foot problem.<sup>[5]</sup>
5. Diabetes is now the most common cause of Charcot neuro-arthropathy in western countries,

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another condition that should be generally preventable.<sup>[6]</sup>

High blood glucose levels for longer durations damage blood vessels leading to reduced blood flow to the foot. This poor blood circulation contribute to the formation of ulcers and impairs wound healing. Elevated blood glucose levels over time can damage the nerves of foot decreasing persons ability to notice pain and pressure. Loss of sensations further lead to develop pressure spots and accidentally injure the skin, soft tissues and bones. Nerve damage, poor circulation and chronically high blood glucose levels increase the risk of foot. According to *Acharya Susruta, Rasa* carrying channels in patients suffering from *Madhumeha* become weakened. So, *Doshas* fail to come back to the upper part of the body, hence they cause much problem in the lower half of the body and ultimately give rise to *pidika / vrana / vidhradhi / ulcer*.<sup>[7]</sup>

In *Sushruta Samhita*, diabetic foot is correlated with '*Madhumehaja Vrana*'. During its description, *Sushruta* stated that the management of these *Vranas* are difficult i.e. *Kasta Sadhaya*. According to *Sushruta*, *Meda* and *Rakta* along with other *Dosha* and *Dushya* lead to the formation of *Premea Pidika* which later converted to non-healing wounds and also further specified that wounds over lower limb are difficult to heal.<sup>[8]</sup>

## CASE REPORT

A 36 year old male patient came to my OPD in Mumbai a few years back of the occupation of a chef. He had complains of non healing wounds over left foot (planter aspect) with a gangrenous sole over a period of two months. On enquiry, patient was found to be a case of controlled diabetes since three years, however which became uncontrolled since last six to eight months. He was on anti diabetic treatment on insulin and hypoglycemic from a renowned diabetologist from near by allopathic hospital and his blood glucose levels were within normal limits. But from last two months he developed non- healing wounds over left foot. He took treatment for the same from modern medicine surgeons but due to

uncontrolled sugars diagnosed recently the prognosis was poor. When he came to my clinic he was already advised left foot amputation as a prevention to avoid further complications. After careful examination of wound it was found that the wound was irregular in shape with unhealthy granulation tissue. On further inspection the surrounding areas of wound shows inflammatory changes with unpleasant foul smelling watery discharges. So my main aim was to treat the impending diabetic condition and prevent the foot amputation which came as a major challenge.

The following investigations were done; BSL (F) 191mg/dl, BSL (PP) 254mg/dl, HbA1C 8.4, urine sugar +++

### Treatment given

*Bahyachikitsa* - external treatment

1. Daily wound was washed *Panchvalkala* and *Triphala Kwatha*.
2. *Dhupana* of the wound with *Nimba, Jatamansi, Musta, Triphala, Guggula, Manjishtha* and a drop of *Gandhaka Druti*.
3. *Jatyaditaila Pichu* on a surgical pad and dressing of wound.

This was done twice a day.

### Abhyantara Chikitsa - internal treatment

- 1) *Vachaharidradi Gana* tablets (250mg twice a day before meals)
- 2) *Asanadi Gana* tablets (250mg twice a day before meals)
- 3) *Medopachak Vati* (250mg twice a day before meals)
- 4) *Gandhaka Rasayana* (250mg twice a day before meals)
- 5) *Triphala Guggula* (500mg thrice a day before meals)

This treatment was given for a period of 45 days.

## RESULTS

The results were found to be miraculous and gave the patient a new ray of hope. Within six weeks

granulation tissue was formed and it is shown in the results below.



**Figure 1: Before treatment**



**Figure 2: After 6 weeks treatment**

## CONCLUSION

The treatment of diabetic foot with above Ayurvedic drugs is found quite satisfactory. These drugs not only cured the condition but are also patient friendly without any side effects unlike allopathic drugs. *Panchvalkala* decoction has *Shodhana* property, daily washing of wounds with well prepared decoction leads to cleansing of wounds. *Dhupana* dissolves hard fibrous tissue and generates healthy base for healing and *Jatyadhi* oil contains flavonoids, tannins, steroids, alkaloids and glycosides which helps in faster healing of wounds. The oil is antimicrobial, anti bacterial and

non irritant. Above case reveals that treating diabetic foot with above Ayurvedic formulations is better alternative for treating diabetic foot.

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