

## Ubhayparimarjan Chikitsa in the management of Madhumehjanya Dustavrana (Diabetic Foot Ulcer): Case Study

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Diabetic foot ulcer is the most common complication of diabetes mellitus with a poor prognosis due to micro and macro vascular change as a result of an uncontrolled sugar level. According to Ayurveda, diabetic foot ulcers are known as Dusht Vran because they do not heal and have unpleasant-smelling wounds. In this case study, A 70-year-old male patient newly diagnosed case of diabetes mellitus with complaints of severe itching, swelling and scaling, cracks, with mild bleeding, pus and watery discharge on bilateral lower limb with associated complaints Pada Daha (burning sensation in feet). He was accidentally diagnosed with type-2 Diabetes mellitus after investigation, FBS (212.4 mg/dl) and HbA1c (10.5 %). The management of diabetic foot ulcers includes multimodal approaches like blood sugar level control, infection control, debridement of wound, vascular assessment and proper wound care. The patient was treated on the line of Ubhayparimarjan Chikitsa. Bahirparimarjana Chikitsa: - Nimba Patra Kashay for Padaprakshalana Aragwadha Patra Kalka for Lepa. Anthaparimarjana Chikitsa: Shodhana Chikitsa: Panchatiktapancha Prasritika Basti for 16 days. Shaman Chikitsa: Phalatrikadi Kwatha, Kaishore Guggulu, Madhumehari Churna etc. for three months. The wound was effectively managed through Ayurvedic intervention, resulting in significant improvement in clinical signs, symptoms, and normalization of laboratory parameters.

**Keywords:** Madhumehjanya Dustavrana, Panchatiktapancha Prasritika Basti, Anthaparimarjana, Bahirparimarjana

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## Introduction

Diabetic foot ulcer (DFU) is a serious and common complication of diabetes mellitus, often associated with neuropathy, peripheral vascular disease, and impaired wound healing due to chronic hyperglycemia. About 15–25% of diabetic people will have it at some point in their lives, and it is the primary cause of non-traumatic lower limb amputations globally.[1] The pathogenesis of DFU involves a complex interplay of micro vascular and macro vascular damage, infection, and impaired immune response, contributing to delay wound healing and poor prognosis.[2] In Ayurveda, chronic non-healing ulcers such as DFUs are classified under *Dushta Vrana*, which are described as wounds that do not heal easily, are foul-smelling, exudative, and often associated with systemic imbalances.[3]

The Ayurvedic approach emphasizes a holistic treatment strategy incorporating *Ubhayaparamarjana Chikitsa* - a dual modality of internal and external purification and healing. This includes *Shodhana Chikitsa* (detoxification therapies), *Shamana Chikitsa* (palliative management), and local wound care using herbal decoctions and formulations.[4] Ayurvedic interventions included *Bahirparamarjana Chikitsa*[5] (external therapies) like *Nimba Patra Kashaya* for *Padaprakshalana* and *Aragwadha Patra Kalka* for local applications, along with *Antarparamarjana Chikitsa* (internal therapies) such as *Panchatikta Pancha Prasritika Basti*, *Phalatrikadi Kwatha*, *Kaishore Guggulu*, and *Madhumehari Churna*. The integrated approach led to significant clinical improvement and normalization of laboratory parameters.

## Case Report

### Patient Information

A 70-year-old male patient, a retired teacher visited the outpatient department of *Kayachikitsa* (OPD No.332023189099) National Institute of Ayurveda, Jaipur on 3rd November 2023 with complaints of severe itching, burning, swelling and scaling, cracks, with mild bleeding, pus and watery discharge on bilateral lower limb. With Associated complaints *Pada Daha* (burning sensation in feet). He was accidentally diagnosed with type-2 Diabetes mellitus after investigation.

The patient was asymptomatic about before 2 month. He gradually developed severe itching, burning, and swelling at the bilateral over the dorsal surface of the feet, between the fingers. The itching, burning, was intolerable, so he visited the nearest allopathic hospital give some local treatment but no relief then patient visited an Ayurvedic hospital. There was no history of any other trauma, systemic illness as well as no history of previous medical or surgical or any other comorbidities.

### Clinical Findings

**Local examination:** Location - A wound bilateral over the dorsal surface of the feet and between Metatarso-phalangeal, inter phalangeal joint of both foot. Slough coated the wound floor, and keratinized inflammation encircled the edges. Tendons not exposed, Discharge Sanguino purulent, Smell-foul, Blackish discoloration of dorsal surface and, Surroundings-edematous with rise in local temperature, Peripheral pulsation- Dorsalis pedis, posterior tibial and popliteal artery pulsation well appreciated and movements of both big toe and whole foot was normal.

**General examination:** The patient was fully conscious, well oriented to time, place & person. Appearance- Distressed, Body built and strength- Moderate. There was no pallor, icterus, clubbing & cyanosis but mild swelling and blackish scaling over the dorsal surface both leg. No Lymphadenopathy, Gait-limping gait. Blood Pressure:110/70mm of Hg, pulse rate: 82/ minutes, tongue was normal with mild coating. A systemic examination was done, and no abnormality was detected. Subsequently, he was admitted to inpatient department (IPD) On 3rd November 2023 for therapeutic interventions.

**Investigation:** 4th November 2023, his hemoglobin was 14.6gm.%, Total WBC count was 11580 and ESR-37, TSH-5.81micro IU/ml, Fasting blood sugar 212.4mg/dl and HbA1c 10.5%.

**Arterial Doppler:** Normal

**Chest X ray:** normal study

### **Dashavidha Pareeksha (Tenfold of Examination)**

The patient had *Kapha Pittaja Prakruti* (Physical constitution). *Vikruti (Morbidty)* was *Kapha-Pitta Prakopaj (Kapha-Pitta aggravation)* with *Dhatuvradhi* (Boost of body tissues).

He had *Madhyam* (Medium) *Satvam* (Mental strength) *Satmya* (Homologation), *Pramana* (Body proportion), *Samhanan* (Body built or compactness), *Sara* (Purest body tissue), *Aharashakti* (Intake of food), further he had *Avara Vyayama Shakti* (Less physical activities) *Jarana Shakti* (Digestive fire) and *Vayah* (Age) of the patient were *Vridhavastha*[6] (Old age). *Madhyam Kostha* (Bowel easy to purgate), *Mandaagni* (Loss of digestive fire) and *Madham Bala* (Moderate physical strength).

### Diagnostic Assessment

Assessment criteria based on the effect of the intervention on subjective and objective parameters. The patient had raised blood sugar. The patient also presents cardinal features of Diabetes polyuria, polydipsia, *Prabhoot Avil Mutrata* with *Poorvarupa* (premonitory symptom) of *Alasya* (laziness), *Shithilangata* (flabbiness of the body), *Karapada Daha* and *Suptata* (burning and numbness over palm and sole), *Mukha Talu Kantha Shosha*[7] (palate, throat, and mouth dryness) and bilateral calf muscular soreness.

*Samprapti* of the condition indicated that *Kapha* dominating *Tridosha* was involved, and that the expression of *Kaphadhikya Prameha*[8] was caused by the vitiation of *Mamsa*, *Meda* (fattissue), *Kleda* (stickiness), and *Mutra* in the *Basti* (urinary bladder). All these symptoms confirm the diagnosis of type-2 diabetes. The clinical examination of the diabetic foot ulcer involved assessing its size, shape, margins, floor, and depth. Diabetic foot ulcer patient was diagnosed using the Wagner classification, which included Grade I, blood tests or other investigation. After analyzing the signs and symptoms according to modern and *Ayurvedic* principles, the patient was diagnosed as *Madhumehjanya Dustavrana* (Diabetic foot ulcer) and treatment was planned according to Ayurveda.

### Therapeutic Intervention

The treatment was customized based on the severity of the ulcer, as determined by the Wagner classification, as well as the *Dosha* and *Dushya* involved in the disease's manifestation. *Ayurvedic* treatment was planned to control diabetes mellitus (DM) and enhance the ulcer healing process.

**Table 1: Timeline of Events**

Date	Events	Intervention
3 November 2023	The Patient came to OPD with chief complaint of severe itching, burning and scaling with cracks, bleeding, pus and watery discharge on bilateral lower limb with associated complaints of <i>Pipasadhikya</i> (excessive thirst) <i>Mukha Osthala Talu Kantha Shushakta</i> (dryness in mouth, palate and throat), <i>Pada Daha</i> (burning sensation in feet).	Assessment of patient condition and the patient was admitted in IPD for the management of same.
4 November 2023	FBS (212.4 mg/dl) and HbA1c (10.5 %). The was first time diagnosed for type2 DM	<p>Oral Medicine</p> <ol style="list-style-type: none"> <li>1. Ashtamurti Rasayana-250 mg + Shuddha Gandhaka-250 mg + Mukta Shukti Pishti-250 mg + Pittantaka Yoga-2 Gm for BD</li> <li>2. Phalatrikadi Kwatha[9] 10 ml Twice a day empty stomach</li> <li>3. Kaishore Guggulu 500 mg twice a day after food with lukewarm water</li> <li>4. Arogyavardhini Vati 500 mg twice a day after food with lukewarm water</li> <li>5. Madhumehari Churna 3 gm twice a day before food with lukewarm water</li> <li>6. Haritaki Churna 3 gm HS with lukewarm water</li> </ol> <p>Local ulcer treatment</p> <p>Vrana Shodhana, Vrana Ropana,</p> <ul style="list-style-type: none"> <li>■ Nimba Patra Kashay for Padaprakshalana</li> <li>■ Aragwadha Patra Kalka for Lepa</li> </ul>
12 November 2023	FBS 165 mg/dl	Continue same treatment

21 November 2023	FBS 160 mg/dl The patient got mild relief in itching, burning and scaling, cracks and patient get complete relief in bleeding, pus and watery discharge on bilateral lower limb.	Advise to continue same treatment prescribed on 4 November 2023 and Stop Padaprakshalan and Lepa. Add on 777 oil for local application and Panchakarma Procedure Panchatiktapancha Prasritika Basti[10] for 16 days
05 December 2023	Complaints were reduced (FBS140.5 mg/dl) and patient got a good improvement	Advice to continue the same treatment prescribed on 21 November 2023
23 December 2023	Significant reduction in the complaint and blood sugar level (FBS- 127.5 mg/dl)	Advice to continue same treatment prescribed on 21 November 2023.
22 April 2024	Highly Significant reduce blood sugar level (FBS- 118 mg/dl), HbA1c (5.24 %). No other complaints	No treatment

## Results

After 1 month 20 days of treatment in IPD level, the symptomatic improvement in subjective parameters like itching, burning, swelling and scaling, cracks, with mild bleeding, pus and watery discharge along with marked reduction in blood sugar level. For the next three months, *Madhumehari Churna*, *Arogyavardhini Vati*, *Kaishore Guggulu* and *Haritaki Churna* were continued for assessing the improvement in each follow-up on the basis of subjective and objective parameters. The clinical course showed progressive and sustained improvement. The patient's FBS levels dropped from 212.4 mg/dl to 118 mg/dl and HbA1c from 10.5% to 5.24% over the course of treatment. Patient reported a good feeling for physically at the end of treatment. *Ayurvedictreatment* has given better results and improved the quality of life.



**After 30th Day**



**1st Day**



**After 50th Day**





After 3rd Month

## Discussion

Diabetic foot ulcer (DFU) is a common and challenging complication of diabetes mellitus, often resulting from peripheral neuropathy, ischemia, and immune dysfunction due to long-standing hyperglycemia. It affects approximately 15–25% of diabetic patient during their lifetime and remains the leading cause of non-traumatic lower limb amputations globally.[11,12] Modern management focuses on glycemic control, wound debridement, infection management, vascular assessment, and pressure offloading.[13]

In Ayurveda, such chronic, non-healing, foul-smelling wounds are classified as *Dushta Vrana*, characterized by features like *Krimiyukta* (infected), *Puyayukta* (purulent), and *Durgandha* (foul-smelling) wounds that resist healing.[14] In this case, the diagnosis of *Madhumehjanya Dushta Vrana* aligns with the chronic wound in a newly diagnosed type 2 diabetic patient, displaying classical symptoms like *Pada Daha* (burning feet), foul discharge, and blackish discoloration, indicating *Kapha-Pitta vitiation* and impaired *Rakta-Meda* metabolism. The Ayurvedic treatment protocol in this case followed the line of *Ubhayparimarjana Chikitsa*, combining both *Bahirparimarjana* (external purification and healing) and *Antarparimarjana* (internal purification and palliative treatment) approaches.[15]

The *Bahirparimarjana Chikitsa* included *Nimba Patra Kashaya Padaprakshalana* and *Aragwadha Patra Kalka Lepa*. *Nimba* (*Azadirachta indica*) is known for its *Krimighna*, *Raktaprasadana*, and *Shodhana* properties, making it highly effective for cleansing infected wounds.[16] *Aragwadha* (*Cassia fistula*), *Pittahara* and *Vranashodhana*, further enhances local wound healing due to reducing inflammation and promoting tissue regeneration.[17] The internal treatment (*Antarparimarjana Chikitsa*) aimed at systemic detoxification and restoration of metabolic function. The use of *Panchatiktapancha Prasritika Basti* was crucial, as *Tikta rasa* pacifies *Pitta* and *Kapha*, cleanses *Rasa* and *Rakta dhatu*, and supports wound healing. *Basti* therapy is considered the prime treatment for *Vata* and chronic metabolic disorders like *Madhumeha* according to *Charaka Samhita*. [18] Studies have shown *Basti*'s effectiveness in diabetic wound healing by improving glycemic control and tissue perfusion.[19] *Shamana Chikitsa* with *Phalatrikadi Kwatha*, *Kaishore Guggulu*, *Arogyavardhini Vati*, *Madhumehari Churna*, and *Haritaki Churna* continued throughout the treatment period. These formulations are extensively used in *Prameha* management for their *Tikta*, *Katu* and *Kashaya* properties, aiding in *Ama Pachana*, *Agni Deepana*, and tissue detoxification.[20] For e.g. *Kaishore Guggulu* is known for its anti-inflammatory, wound-healing properties and antioxidant.[21]

The clinical course showed progressive and sustained improvement. The patient's FBS levels dropped from 212.4 mg/dl to 118 mg/dl and HbA1c from 10.5% to 5.24% over the course of treatment. Subjectively, the patient experienced relief from itching, discharge, and burning, with complete resolution of the ulcer. The results affirm that Ayurvedic intervention not only controlled hyperglycemia but also successfully addressed the chronic wound, preventing further complications or amputation. These findings resonate with other case reports and studies which have shown that Ayurvedic therapies, especially those involving *Basti Karma* and *Vrana Ropana Dravyas*, significantly accelerate healing in chronic diabetic wounds. [22,23]

## Conclusion

This case highlights the potential benefits of Ayurvedic treatment in managing type 2 diabetes mellitus and diabetic foot ulcers.

The application of *Ubhayparimarjan Chikitsa*, which combines both local and systemic therapies, not only aids in wound healing but also controls the underlying pathology of diabetes. The holistic Ayurvedic approach, combining systemic and local therapies such as **Basti**, herbal formulations, and wound care, led to significant improvement in the patient's symptoms and overall quality of life. This integrative strategy offers a promising complementary or alternative option alongside conventional diabetic foot ulcer management.

**Declaration of Patient Consent:** The authors certify that they have obtained patient consent form, where the patient/caregiver has given his/her consent for reporting the case along with the image and other clinical information in the journal. The patient/caregiver understands that his/her name and initials will not be published, and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.

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