

CHRONIC DIABETES ASSOCIATED LOWER EXTREMITY VENOUS ULCER AND ITS AYURVEDIC MANAGEMENT - A CASE STUDY

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ABSTRACT

Diabetes had become most prevalent disease in the present scenario as a result of the overwhelming sedentary life style. Diabetic venous ulcer is one among all the long term risks associated with diabetes. Recent studies reveal that approximately 5% of diabetics developing venous ulcers each year and 1% requiring amputation¹. The diabetic venous ulcer can be correlated to *Dushtavrana* in *Ayurveda*² and can be very well managed through the classical *vrana upakramas*. This paper bring forth the case report of a 76 year old lady who got considerable relief from diabetic associated venous ulcer by adopting systematic *Ayurvedic* management for *Dusta vrana* amassed with *premahahara chikitsa*.

Keywords: *Diabetic venous ulcer, Dushtavrana, Vrana upakramas.*

INTRODUCTION

Today's sedentary life style had increased the incidence of metabolic disorders particularly diabetes. Diabetes mellitus (DM) is a group of metabolic disorders which is characterised by high blood glucose levels. If left untreated, diabetes can end in many complications. Its deliberate complications include cardiovascular disease, stroke, chronic kidney disease, foot ulcers, and eye damages. Among them, Diabetic foot ulcer or venous stasis constitute major complication which may often ends in leg amputation. Thus bring about the life of patient into hardship. It occurs in 15% of people with diabetes, and precedes 84% of all diabetes-related leg amputations. Severe pain, swelling, extra drainage of pus, offensive odour and fever are the terminal stage symptoms which facilitates limb amputation. The main characteristics feature of venous skin ulcer is their delayed course of healing, usually because of weak blood circulation in the limb. They can last from a few weeks to years. Venous ulcers usually appear around the ankle. Valve deficit thus developing prevents the backflow of blood, which further coax in increased peripheral pressure. Once this happens, it can weaken the skin and facilitate the formation of ulcer with even minor reasons. Allopathic management of diabetic foot ulcers in-

clude: blood sugar control, debriment techniques, wound dressings, total contact casting and finally lower-leg amputations. The diabetic venous ulcer can be correlated to *Dushtavrana* in *Ayurveda*. And it can be very well managed through the classical *vrana upakramas*. All the treatments mainly aim in shodhana and ropana of vrana and thereby hastens the wound healing. Allopathic management of ulcer viz., debriment mostly result in delayed healing of ulcer. But *Ayurveda* treatments like *dhara* and *dhoopana* had lion share in controlling exudates from the wound and to provide a favourable environment which facilitates easy wound healing. This paper bring forth the case report of a 76 year old lady who got considerable relief from diabetic associated venous ulcer by adopting systematic *Ayurvedic* management for *Dusta vrana* amassed with *premahahara chikitsa*. Present case is a portray which illustrate how well Ayurvedic treatment can manage this tragic condition by casting aside leg amputation.

CASE STUDY

Patient: A 76-year-old female presented with a draining lateral venous stasis ulcer on her left lower leg that had been present for 1 month approached OPD of our hospital.

Patient was diabetic since 33 years with FBS 276mg/dl. Her PPBS 480mg/dl and HbA_{1c} were 8.74 respectively at the time of consultation. She was using 55 units of insulin per day along with two *Glucomet* 100 mg tab twice daily.

Wound Description: The ulcer appeared weepy with inflammation and discolouration around surrounding tissue. It was further complicated by the presence of infection on the peri-wound skin which caused constant pruritus and inflammation. Patient complained of sleep loss due to itching.

Treatment: Initial goal in this case were to facilitate *vrana ropana* and *shodhana*. Simultaneously, care was also given to control blood glucose level. So following medicines were started in early stages.

- 15 ml *Trayanthyadi kashayam*³ in 45 ml lukewarm water along with 1 tsp *triphala choorna* in the morning empty stomach (6 a.m.).
- *Aragwada amrutadi kashayam* 15 ml with 45 ml lukewarm water along with 2 *Kaishora guggulu* at evening (6 pm) before food.
- 1 *Arogyavardhini rasa* was given along with 30 ml *Amritarajanyadi toya* thrice daily after food.
- 1 tsp *Guggulu panchapala choorna* was given with honey at bedtime.

Externally wound was given *dhara* with *Aragwada gana kashaya* twice daily for 15 min followed with medicated *dhupa*⁴ using *nimba patra*, *vacha*, *hing*, *arka patra*, *aragwada twak*, *haridra*, *saptaparna*, *sarshapa*, *guggulu pancha pala choorna* and *triphala*^{5,6}

For two months these were the treatment. Patient felt slight relief after 5 day. There was reduction in oozing and itching. After 3 weeks oozing and pain considerably reduced. At this stage we started to apply *spl gandhaka thaila* over the wound. But two days after its application patient felt discomfort and oozing had slightly increased. So the *thaila* was stopped and *Aragwadadi gana ouhadhas* were made into paste in its own *kashaya* and applied externally for 2 more weeks. *Dhupana* „*dhara* and rest of internal medications continued. After one and a half week the oozing has stopped completely and there was no inflammation and pus like feeling. Clear serum like fluid ooze occasionally from the wound without any itching. But the wound was still open. At this stage we tried *Gandhaka thaila*. But this time patient had no problem of itching. Hence its application was continued for a month.

After 2 months side borders had appeared and *Kashaya* was changed accordingly. *Trayanthyadi kashaya* was substituted with *Guggulutiktakam kashaya* and *kaishora guggulu* at morning and *Maha manjishtadi kashaya* with half

tsp *nimbamriteeranda* oil at evening. During bedtime *madhusnuhi rasayana* was given instead of *guggulu panchapala choorna* with luke warm water. *Jathyadi ghrita* was used instead of *gandhaka thaila* after *dhara* and *dhupana*. In 4 months of treatment patient felt great relief. The wound size had considerably reduced and patient had no sort of itching and pain.

DISCUSSION

In this case, treatment protocol includes all the elements needed to reverse the pathology of ulcer and to facilitate easy healing. It took a duration of four months for achieving a positive result. The treatment had considerably reduced oedema and pruritus. Optimal skin tone appeared throughout the wound and peri-wound skin after the completion of treatment.

Present wound was found to be *pittakaphaja pradhana* with pathology manifested in *twak*, *rakta* and *mamsa dathus*⁷. *Trayanthyadi kashaya* told in *vidradhi prakarana* is extremely useful in stages of oozing wound. *Triphala choorna* added with this facilitates a *virechana* effect which aids in *pitta shanti*. So also this is an excellent remedy for diabetes too. This clubbed with *Aragwadha amrutadi* and *Kaishora guggulu* facilitates easy *vrana ropana*. *Tikta* and *kashaya rasa* predominating in these drugs is definitely the reason behind wound healing. *Guggulu panchapala choorna* told in *Bhagandhara prakarana* was used in present case, as the same pathology of bhagandhara can also be elicited in this particular case. (In both *twak rakta* and *mamsa dathus* involved.). *Amrita rajanyadi* medicines as *toya kalpana* was also given to the patient as her sugar level was high. *Arogyavardhini rasa* is a renowned medicine explained for kushta. It contain *katuki* as major ingredient along with *abhra*, *shilajathu loha* and *tamra*. This can act as best wound healer. The drugs constituting this medicine are good for diabetes also.

The *dhara* and *dhoopana* had a major share in controlling exudate from the wound and to provide a favourable environment which facilitates easy wound healing. *Aragwadadi gana kashaya* used for *dhara* act as *vrana ropaka* as well *vrana shodana*. This with *dhupana dravyas* prevent the discharge from the wound and constant pruritis. Moreover the *dhupana dravyas* like *guggulu*, *hing* and *sarshapa* were capable of wards off pain associated with wound. The final cosmetic appearance of the healed wound was also excellent. The drugs chosen here had anti-inflammatory analgesics and antibacterial activity. *Thaila*

or *Ghrta* may not be useful if there is slogging tendency of tissue. But this may do wonders if used after *dosha pachana* by *kashaya*. This may be the reason of aggravation of condition after using *thaila*.

FBS after 2 months of intake of medicines became 194mg/dl. Her PPBS and HbA₁C were 320mg/dl and 7.21 respectively. 55 units of daily insulin was reduced to 40 units (in two divided dose) per day along with one Glucomet 100 mg twice daily.

When oozing was under control *Trayanthyadi* was substituted with *Guggulutiktakam kashaya* and *kaishora guggulu* in morning. *Maha manjishtadi kashaya* with half tsp *nimbamriteeranda* during evening instead of *Aragwada amritadi kashaya*. During bedtime *Madhusnuhi rasayana* was given followed by luke warm water. *Jathyadi ghrta* was given instead of *gandhaka thaila* after *dhara* and *dhupana*. All these facilitated quick wound healing. After two more month of changed medication wound became completely dried. Granulation tissue formed and there was evidence of scab formation. At this stage, patient felt itching and a sort of stretched feeling at the wound. *Dhupana* was stopped in this stage and patient was given *Jatyadi ghrta* for external application. She was also asked to continue only *dhara*. Stage wise improvement of wound was depicted in pictures A1. Mild itching and stretching sensation at wound is indicative of healing process.

CONCLUSION

Diabetic related venous ulcers are on a rise and *Ayurvedic vrana upakrama* like *dhara*, *dhupana* had wonderful effect in its management. Combined with *vrana ropana* and *rakta prasadaka kashaya*, treatment protocol was effective

STAGE WISE IMPROVEMENT OF WOUNDS



A. On 1st day



B After 45 days

throughout all conditions and dimensions of the wound in this case. *Ayurvedic* physician can very well manage these conditions without any amputation as compared to Allopathic treatment modalities. Present case is a solid evidence of this which laid faith in the incandescent and sound *Ayurvedic* principles.

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C After 65 days



D After 90 days

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Shilpa V Kumar: Chronic Diabetes Associated Lower Extremity Venous Ulcer And Its Ayurvedic Management - A Case Study. International Ayurvedic Medical Journal {online} 2018 {cited January, 2019} Available from: http://www.iamj.in/posts/images/upload/148_151.pdf