

DIBETIC FOOT – A CASE STUDY***Dr. Meenal P. Thosar¹ and Dr. Vaibhav V. Kamble²**

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ABSTRACT

Besides ample of things, India is also known for its Ancient Eternal system of medicines- AYURVED. Ayurved deals with each and every aspect of diseased as well as healthy life. Concepts of Ayurveda are really miraculous on many critical conditions. It contains huge treasure of guidelines aiming to heal the wounds. Acharyas, particularly Sushrutacharya has enlightened the path of healing by explaining multiple medicines, local applications, surgical and para-surgical procedures. The Father of Surgery has given a great emphasis on variety of wounds and wound healing using 60 techniques called SHASHTI-UPAKRAMAS. Their various combinations are very

effective in treating life threatening wounds and non-healing ulcers like Diabetic Foot ulcers. Combinations of those treatment options as per need, phase and state of ulcer or wounds, non-healing ulcer can also be healed. Present case report is based on one of such cases of diabetic foot ulcer, where Paad Awagaha, Parishek, Dhoopan, Ksharkarma, Jalaukavacharan, local applications and oral medication in a required combination caused miraculous healing.

KEYWORDS: Non- healing wound, Diabetic footulcer, Dhoopan, Paad Awagaha.

INTRODUCTION

Thousands of years before today's modern medicine, ancient sages recognized role of psycho & soma in diseases. Their scientific study established as Ayurved contains ample of combinations for treating critical & chronic diseases. Non-healing ulcers is one of the variety where Ayurved can accept the challenge to heal the chronic wounds & bad ulcers.

A diabetic foot is a pathological condition that results directly from Diabetes Mellitus or It is long term complication of Diabetic Mellitus. High blood glucose levels for longer duration damages the blood vessels leading to reduce the blood flow to the foot. This poor blood circulation contributes to the formation of ulcers and impairs wound healing. Diabetes Mellitus develops peripheral nerve dysfunction which leads to reduce ability to feel pain, That means the minor injuries may remain unnoticed for a long while. During review of literature it was observed that, diabetic patients have up to 25% lifetime risk of developing a foot ulcer.^[1] The annual incidence of diabetic foot ulcers is ~ 3%.^[2]

According to Sushruta channels Carrying 'Rasa' in patients suffering from Madhumeha becomes weakened. So Doshas fail to come back to upper part of the body, hence they causes the much problem in lower half of the body and ultimately gives rise to pidaka/ vrana/ ulcer.^[3] The Father of Surgery has given a great emphasis on variety of wounds and wound healing using 60 techniques called SHASHTI-UPAKRAMAS. It is very effective in treating life threatening wounds and non-healing ulcers like Diabetic Foot ulcers. Combinations of those treatment options as per need, phase and state of ulcer or wounds, non-healing ulcer can also be healed. Awagaha, Parishek, Dhoopan, Ksharkarma, Jalaukavacharanand local applications as well as oral medication in a required combinations were chosen in present case study.

CASE REPORT

A male patient of age 55 years, attended Opd of Shalyatantra Department, having complaints of wound at right foot since 2 months, pus discharge from wound site and on taking brief history patient had a history of wound due to thorn prick and patient was found to be under treatment for DM & HTN from some other hospital. But there was poor control of sugar level Patient took allopathic treatment for wound but no relief. There was a threat of amputation needed if BSL & ulcer are not controlled at earliest. Patient decided to take Ayurvedic treatment and he came to our hospital for further management.

Name –xyz

Age- 55 yrs

Occupation – Farmer

Present Complaints

- 1) Wound at right foot -2 months
- 2) Pus discharge -1 month

- 3) Foul smell-15 days (evident even from 5 feet distance)
- 4) Mild burning sensation at wound site -15days
- 5) Multiple black eschars

Clinical History- 1) H/O- Thorn prick before 2 months

2) K/C/O- DM 2 & HTN

General Examination (On arrival)

BP- 130/90 mmHg Pulse-Regular

Bowel- Regular Micturition- Normal

Appetite- Poor

Nails/Nakha- ShwetabhEyes/Netra – No reports regarding retinopathy

Systemic Examination

CVS- NAD

P/A - NAD

RS- AEBE, Clear

CNS-Conscious, Oriented

Local Examination

Wound present at right foot on Dorsal, Medial & Ventral Aspect of foot

Vrana pariksha

Type–Dushtavrana

Hetu -Aagantuj (Thorn prick)

Vrana- Aashrya (Aadhishthan)- Twak, Rakt, Sira, mansa, Meda.^[4]

Vranopdravas^[5]

1) **Vranasya** –foul smell, Profuse pus discharge, Escher blackish yellow slough, Mild burning sensation at wound site, pain and tenderness, Paadshoth.

2) **Vranitasya**- JwaraYadakada, Kshudhamaandya, Nidralpata.

Vranapanchak

1) **Aakruti**-Dimensions –Length -8.4 cm (Approx measured by scale & tape)

Breadth-11.5 cm

Depth-uneven

Margins-irregular, inflamed.

Base-indurated

Floor-covered with slough and unhealthy granulation tissue

2) **Gandh**- Foul smell evident from even 5 feet distance

3) **Varna**-Eschar blackish yellow

4) **Strava**- Blood stained frankpus discharge

5) **Vedana**- Mild burning sensation at wound site, pain and tenderness.

Treatment

A) Shodhana (Till Dushta Vrana persists)

1) Wound cleaning with Triphala+ Haridra Kwath (Paadparishek+ Awagaha)

2) Debridement done frequently.

3) Daily Triphala + Haridra Kwathpaad Avagaha for 10 min.

4) Ksharkarma done once.

5) Vranadhoopana done daily.

(Nibmbapatra +Guggulu +Sarjaras+Karpoor+Rason Twak+Raanshenya (Dry cow dung))

Counter incision was given to drain collection of pus in pocket at dorso-medial site of foot.

6) Oral Drugs

1) Sukshma -Triphala Vati-2 TDS

2) Aarogyavardhini Vati 2 BD for one mandal (In Dushtavastha)

3) Gandhakrasayan 2 BD (In Ruhyamaanvastha)

4) Vasantkusumakar-ras 1 on alternate days upto 20 days

5) Phaant – Daruharidra + Yashtimadhu + Jambubeej + Ashwagandha + Aamalki =
Samabhag Churna with Koshnajal Faant.

B) Ropana

1) Cleaning of wound with Triphala +Haridra Kwath.

2) Jalaukavacharan done once to enhance local circulation.

3) Dressing of wound with Jatyadi Tailpichu on alternate days.

OBSERVATION

This wound was treated as DushtaVrana .According to Ayurveda the Diabetic wound is treated as Dushtavrana. Various upakramaa form Shashtiupkrama were followed as

mentioned by Sushrutacharya. From start to end of treatment the stages of vrana were observed from view point of healing i.e. from Dushta Avasthato Rudha Avastha as follows,

Sr. No	Vranavastha	Days
1.	Dushta to Shuddha	50-55
2.	Shuddha to Ruhyaman	25-30
3.	Ruhyaman to Rudha	30-40

1) DushtatoShuddha:^[6] - In this case Shuddhavastha was clearly evident in 50-55 days.

After that the signs of Shuddha Vranai.e no peripheral odema, (now pedisdorsalis was palpable), blue zone at edges, sloping margins due to Granulation Tissue formation, no pain, no pus discharge were seen at wound site. (Tribhihidoshaihianakranta, Shyavaushtha, Pidakisama, Avedno, Nirastrav).

2) Shuddha to Ruhyaman:^[7] - This stage persisted for approx. 25-30 days. Showing the signs of Ruhyaman Vrana i. e Grayishlustercoluration (Kapotvarnapratima), no any kind of dischargr (kledavargita), no further propogation of ulcer (sthir), ulcer crater healing with Healthy granulation (chipitikavant) were seen at the site of wound.

3) Ruhyaman to Rudha:^[8] - This phase took approx. 30-40 days to complete.

Signs of Samyagrudhavrana were seen as Rudhavartma (healing complete), Agranthi no thick fibrosis, no hyper granulation, neither keloid formation), Ashoona (no pain), Aruja (nontender), Twaksavarnata (no skin discolouration), Samatal (even floor) at the site of wound.



Before TT



During TT



Dhupana Karma

**Healing Stage****During TT at healing stage****After TT**

Changes were made in treatment according to Avastha of Vrana. Patient was allowed to continue his Anti diabetic treatment suggested by diabetologist (i.e. insulin which was also reduced to minimal doses once the vrana started healing).

DISCUSSION

Faant Kalpna was suggested as an Ayurvedic medication for Blood sugar control. Simultaneously oral & Local treatment was given as stated above. After good control of blood sugar level healing rate was increased & vice versa also was observed.

Initially Blackish yellow & deeply situated slough was present. After debridement, Triphala+ Haridra Kwath was used for Paadavagaha. This Kwath helped a lot in removal of slough and for cleansing of wound.

Dhoopana was followed after awagaha and cleaning of ulcer. Dhoopana acted miraculously to disinfect the wound, reduce inflammation and pain, reduce foul smell rapidly, reduce discharge and facilitated debridement. Dressing with Kshartail was done in early stage for Shodhana purpose only.

After vranashuddhi, daily dressing with Jatyadi Tail was done for Ropana i.e. to promote Healthy granulation tissue formation i.e. the main step in healing of wound. During whole treatment duration neither any antibiotic nor anti-inflammatory analgesic drug from modern medicine was used.

On discharge, wound was completely healed, No keloid, Nontender, Kshudhavadhan, Samyaknidra.

CONCLUSION

The above case study reveals general line of treatment for Diabetic foot. Ayurvedic formulations and Granthokt treatment modalities gives better results and can be the best choice of treatment of Diabetic foot.

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