



Case Study

MANAGEMENT OF MADHUMEHAJANYA DUSTA-VRANA WITH INDIGENOUS DRUG FOLLOWED BY JALOKAVACHARAN

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ABSTRACT

Mithya-ahara vihara is a causative factor leading to become a diabetic. Ayurveda, a science of life, take forward to human being to live healthy. Complications of uncontrolled diabetes mellites (DM) presents with micro and macro vascular changes, atherosclerosis, developing progressive neuropathy, and ischemia in specifically lower limbs. In diabetic patients, regular and proper foot care is an important one. Neuropathic changes may result in formation of ulcers, it may be due to repeated injuries. Presence of infection may hamper in healing of ulcer. These factors inherited to become chronic or non-healing type. Prevention of ulcer can be done with medications and regular dressing.

In Ayurveda, non-healing ulcer can be resembled with *Dusta Vrana*. Assessment of *Dosha prakopa* decides to which *Vrana Chikitsa upakram* (treatment plans) is to be implicated. On the basis of *Ayurved chikitsa siddhanta*, an attempt is made to treat a case of *Dusta vrana*. A 55 years old male patient presented with ulcers in left foot with pain, swelling, pus discharge for 6 months. On the basis of *Lakshans* and *Dosha* assessment (sign and symptoms), he was diagnosed as *Madhumehajanya dusta vrana*. This patient was treated successfully with *Jalokavacharana* (leech Application) followed by indigenous drugs. After 6 months of regular treatment, ulcers were completely healed.

INTRODUCTION

Diabetes is one of most dreadful metabolic disorder. The prevalence of diabetic mellitus (DM) increasing day by day due to changes life style, urbanization, lack of physical activity, obesity, ageing factors are most common cause. Most of the people are not aware that they are suffering from DM because of there was not going to regular health check-ups, such people are more risk to developing the complications like Neuropathy, Atherosclerosis, Retinopathy, Renal Failure and ulceration in the foot and related other complications. The prevalence of this disease is 10.5% of the adult population (20-79 years) have diabetes.

By 2045 IDF projections show that 1 in 8 adults affects with the DM approximately 783 million, will be living with diabetes, an increase of 46%. Over 90% people with DM have Type -2. It growing is burden to individuals and families and countries¹.

Diabetic foot ulcer is one of the common complication of DM. Due to improper foot care, repeated trauma with presence of Neuropathy changes leads to Diabetic foot ulcer (DFU). Global prevalence DFU was 6.3% (95%CI: 5.4-7.3%), higher in males (4.5%, 95%CI: 3.7-5.2%) than in females (3.5%, 95%CI: 2.8-4.2%), and higher in type 2 diabetic patients (6.4%, 95%CI: 4.6-8.1%) than in type 1 diabetics (5.5%, 95%CI: 3.2-7.7%)².

If proper treatment and wound care was not done leads to spread of infection finally it required to repeated amputation. Treatment for DFU is one of the challenging to medical fraternity now a days being advanced medications and facilities also. DFU can be correlated with the *Madhumehajanya Dusta Vrana*. Clinical features resembles with the *Dusta Vrana*, that

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is the *Krucchra Sadhya Vyadhi* (difficult to heal). Because of various challenging factors, progressing for complications leads to delayed healing or non-healing.

An attempt is made on the basis of *Ayurved chikitsa siddhanta* (treatment plans/management) to healing ulcer with minimal invasive procedure with cost effectiveness. *Acharya Sushrut* clearly explained the treatment of *Vrana* in *Shasti-upakrama* elaborately for all types of *Vranas*. The treatment of *Madhumeha janya dusta vrana* is similar to the treatment of *Dusta vrana* involving *Doshas* and *Dushyas (Dhatus)*.

Meta-analysis of various published articles, textual references and other resources were implicated for deciding a treatment plan.

Case report

History: A 55 years old male (known case of DM under medication since 15 years) patient came with

presenting complaints of pain, swelling and pus discharge in left foot since 6 months. Patient having an history of amputation of second toe in left foot (October 2020). On examination maggots were present in wound. Pus culture and sensitivity report suggests presence of gram-positive cocci and bacilli. Patient was under regular medication for diabetes and for infection control following medicines as Tab. Clindamycin (600 mg, BD), Tab. Augmentin (625 mg, TDS) and Tab. Pantop (40 mg OD) were (On and Off) and regular dressing with normal saline prescribed from allopathic hospital, but no further improvement was observed.

Patient visited to RD memorial Ayurved hospital Bhopal for further treatment on 29th April 2022 to a hope for curing his condition, he was admitted in Shalya IPD. A complete history ,local examination and systemic examinations was done.

Table 1: Details Clinical findings, *Astavidha* and *Dasha vidha Pareeksha*

Clinical Findings		<i>Astavidha Pareeksha</i>	<i>Dashavidh Pareeksha</i>
BP	120/80mm/Hg	<i>Nadi-Kaphaja</i>	<i>Pakriti: Kapha vataja</i>
Pulse	72/min	<i>Mala-Sama</i>	<i>Vikriti-Dosha Kaphaja</i>
Temp	Normal	<i>Mutra -Phenayukta</i>	<i>Dushya-Mamsa</i>
Hb	11.8gm%	<i>Jivha - Lipta</i>	<i>Agni-Manda</i>
RBS	124.6mg/dl	<i>Shabhda-Samanya</i>	<i>Samhanana-Madhyama</i>
RBC count	4.30 million/cu mm.	<i>Sparsha-Sheeta Sparsha</i>	<i>Saara-Madhyama</i>
WBC count	8800/cumm	<i>Druk-Samanya</i>	<i>Pramana-Madhyama</i>
HIV	Negative	<i>Akruti-Samanya</i>	<i>Satva-Madhyama</i>
			<i>Satyama-Avara</i>
			<i>Aharashakti-Madhyama</i>
			<i>Vyayama Shakti-Madhyama</i>
			<i>Vaya-Madhyama</i>

Local Examination Findings

Patient having multiple pores of ulcerations in left foot with inflamed surrounding skin, Floor was covered with slough tissue with unhealthy granulation tissue, the edges were inflamed edematous. Ulcer having foul smell, profuse blood mixed pus discharge and localized pain. On examination, anterior tibial pulse was present in normal caliber.

On the basis of *Astavidha, Dashavidha Pareeksha*, and clinical findings it was diagnosed as a case of *Dusta Vrana*. In *Ayurved chikitsa siddhanta*, including various *Pareekhsaya bhava* (factors), the treatment of *Dusta vrana* was planned with local wound care along with internal medications and *Jalaukavacharan* (Leech application with Regular Interval) was done.

Ulcerated area was cleaned (*Vrana-prakshalan*) with a combined formulation made from a combination of *Panchavalkal kwath, Kasis bhasma* and *Sphatik bhasma*. After cleaning of wound, it was dressed with a mixture of *Jatyadi taila* and *Karanja taila*.

Treatment plan:

Consent details: A informed consent was taken from the patient in written format before starting the treatment

Duration of the treatment: 6 months

After Admission All the Allopathic Medicines were advised to stop except oral medication for DM

Table 2: Wound Care, Oral medications and leech Application details

Wound care	<i>Panchavalkal kwath</i> (200 ml), <i>Kasis bhasma</i> (1gm) and <i>Sphatik bhasma</i> (2gm)	For <i>Vrana prakshalana</i> daily once and advised to dip the limb in <i>Kwath</i> for 15 minutes before dressing
	<i>Jatyadi taila</i> and <i>Karanja taila</i>	Q.S. for daily dressing
Oral Medicine	<i>Tab. Arogyavardhini vati</i> (250 mg approx.)	500 mg with water
	<i>Tab. Kaishor guggulu</i> (500 mg approx.)	1000 mg with water
	<i>Tab. Gandhak rasayan</i> (125 mg approx.)	250 mg with water
	<i>Tab. Astamurti rasayan</i> (125 mg approx.)	250 mg with water
	<i>Mahamanjishthadi kwath</i>	50 ml with equal quantity of water
	<i>Amalaki churna</i> 2 grams + <i>Giloya satva</i> 500 mg+ <i>Yashada Bhasma</i> 125mg	Two times daily with water
	<i>Dashmula Kwatha</i>	50 ml
For local cleansing	<i>Jalukavacharan</i>	Weekly once with regular intervals

Observations and results

After admitting the patient, the oral medication was started with specific period on the basis of requirement (table 2) and discontinued it simultaneously. The regular dressing was done followed by *Vrana prakshalana* (prepared fresh *Kwatha* with *Kwatha dravyas* as mentioned in table.1 about 200 ml mixed with lukewarm water advised to dip the foot for 15 minutes daily before dressing) and *Jalukavacharana* with regular intervals. After 10 days the culture was negative and the swelling was started

to reduce and gradually foul smell was disappeared. The regular assessment and modifications in the treatment was done on the basis of requirement (oral medication). Positive results were observed. Ulcers were started to changes in color and formation of healthy granulation tissue and healing of pores were observed in these initial period of treatment. After completion of the 6 months of the treatment wound was completely healed.



Figure 1: Before treatment (Ventral aspect)



Figure 2: Before treatment (Dorsal aspect)



Figure 3: After treatment (Ventral aspect)



Figure 4: After treatment (Dorsal aspect)

DISCUSSION

Acharya Sushrut elaborately described *Dusta vrana* and *vrana-upakrama* (management of wound) in the contest of *Shashti upakrama* in detail. *Pramehajanya vranas* treated as similar to *Dusta vrana chikitsa*³.

Acharya Sushrut mentioned *Samshodhana*, *Langhana*, *Ahara* and *Raktamokshana* advised for *Dusta vrana chikkitsa*. *Vrana shodhana kashayas* for *Vrana dhavan* and *Taila* for *Shodhana* for all types *Dusta vranas*⁴.

In chronic wounds presence of infection improper blood supply and discoloration in the skin, *jalukavcharana* play highly effective role for removing the toxins and formation new capillaries, increase in blood flow with this *Shodhan* and *Ropana* of the wound takes fast.

Usually treatment of *Vrana* is planned with various treatment plans indicating in reference of *Shasti upakrama* with external and internal treatments such as *Krimighna*, and *Vishagna* treatment is given.

Panchavalkala kwatha consist of five drugs having *Kashaya rasa* predominant useful for *Vrana shodhana* (removing the infection) and *Ropana* (healing) of the wound⁵. *Kasisa bhasma* having *Lekhana* properties it helpful to remove the slough from the wound⁶. *Dashmoola* is one of the most powerful combinations of ten herbs *Bilva*, *Patala*, *Agnimantha*, *Shyonaka*, *Gambhari*, *Brahati*, *Gokharu*, *Kantakari*, *Prishniparni*, *Shalaparni* it has an anti-inflammatory, analgesic, and anti-platelet effects comparable to that of aspirin.⁷ *Jatyadi taila* having *Vrana shodhana*, *Ropana* properties, it helps to remove the toxins and purifies the wound support early wound healing⁸. *Mahamanjisthadi kashaya* are mentioned in *Kandughna*, *Varnya*, *Deepaniya*, *Dahaprashamana* and *Vayasthapana mahakashaya*. *Kaishor Guggulu* indicated in *Rakta dushti* contains drugs like *Guduchi*, *Guggulu*, *Triphala* and *Trikatu*⁹. *Gandhaka rasayana* is very useful in chronic *Vrana*, *Dushta vrana*, *Pooyayukta vrana*. *Gandhaka* by itself is *Jatughna* destroys *Sukshma krimi*, *Jantu* etc from the *Vrana*, reduces weakness developed due to *Vrana*. This *Kalpa* acts as best *Kushtaghna*, *Vishagna*, *Rasayana*, *Kledghna*, helps in faster wound healing. Also used in *Nadivranas* with pus and *Dhushita rakta* and in cases of post surgical wound healing in *Arsha*¹⁰.

CONCLUSION

On the basis of this case study, diabetic foot ulcer is Difficult to cure if it is not treated in initial stage and unless proper diagnosis. It proves the potential of Ayurvedic principles of wound management in diabetic foot ulcer by implicating *Vrana chikitsa siddhanta* such as *Shashti-upakrama* which was explained by *Acharya Sushrut* without using antibiotics orally as well as intravenously.

Raktamokshan procedure is used to increased microcirculation over the affected site which is helpful for removing micro pathogens.

Oral medication (herbo-mineral compound formulations) has a beneficial effect to relieving the symptoms of wound and to healed up the ulcer. *Vrana Prakshalana* by *Kashaya dravya* also play important role in removing the local infection and cleansing the wound, reduction of inflammation and helpful for healthy granulation tissue. By In such condition Ayurvedic treatment also can play an important role in giving result to the patient.

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