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Case Study

# AYURVEDIC PRINCIPLE OF *VRANA* (DIABETIC FOOT ULCER)

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## ABSTRACT

Diabetic Foot Ulcer (DFU) is one of the most common and serious complications of diabetes mellitus, often leading to infection, gangrene, and amputation due to neuropathy and micro-macrovascular complications associated with chronic hyperglycemia. In Ayurveda, such non-healing ulcers can be correlated with *Dushta Vrana*, which results from *Prameha, Rakta dushti*, and *Meda dushti*. Ayurveda describes various treatment modalities for *Dushta Vrana*, including *Shodhana, Ropana, Raktamokshana, Vrana prakshalana*, and internal medications. This case report presents 66 yrs old female patient with a chronic non–healing ulcer above right medial malleolus associated with pain around ulcer. The patient is a known case of Type II Diabetes mellitus and hypertension. The ulcer was managed by Ayurvedic medicines and local wound care. After a treatment period of several weeks, significant improvement was observed in pain, discharge, slough, and wound size, followed by healthy granulation tissue formation and complete wound healing without complications. This case demonstrates that Ayurvedic management based on *Dushta Vrana* and *Prameha Chikitsa Siddhanta* can be effective in the management of diabetic foot ulcer and may help in preventing complications like amputation and recurrent infection.

## INTRODUCTION

Diabetes mellitus can be co-related with *Madhumeha* in Ayurvedic literature whereas the diabetic foot ulcer can be correlated with *Prameha Pidaka. Prameha Pidaka* comes under category of *Dushta Vrana* which is considered *Duschikitsya* due to vitiation of *Tridosha, Rasa, Rakta, Mamsa* and *Meda dhatu*. Chronic hyperglycemia leads to *Kleda Vriddhi*, *Meda Dushti*, and *Rakta Dushti,* resulting in poor wound healing and recurrent infections.

Diabetic foot ulcer develops due to peripheral neuropathy, microvascular and macro-vascular changes, and reduced immunity. Prolonged hyperglycemia causes glycosylation of tissues, leading to impaired circulation, ischemia in lower limbs, reduced sensation, and increased susceptibility to infection. Histopathological studies show delayed formation of healthy granulation tissue due to prolonged inflammatory phase in diabetic wounds. These ulcers are often non-healing and may require surgical debridement, and in severe cases, limb amputation becomes necessary.

Ayurveda describes comprehensive management for *Madhumeha* and *Dushta Vrana*, which includes both systemic and local treatment. Ayurvedic management of diabetic foot ulcer focuses not only on wound healing but also on controlling *Madhumeha*, improving circulation, removing vitiated blood, and promoting tissue regeneration.

Hence, Ayurvedic treatment can play an important role in the effective management of diabetic foot ulcer and prevention of complications such as limb amputation.

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## AIM

To evaluate the effect of Ayurvedic management in the treatment of diabetic foot ulcer *(Dushta Vrana)* and its role in wound healing.

**OBJECTIVE**

- To study the etiopathogenesis of diabetic foot ulcer.
- To assess wound healing after Ayurvedic treatment.
- To evaluate reduction in pain, discharge, and size of ulcer.

**Case Report**

A female patient aged 66 yrs, came to the hospital with complaints of swelling and pain around the ulcer situated above medial malleolus of right foot. The patient was known case of Type II Diabetes mellitus for 8 yrs and hypertension for 12 yrs. Her laboratory investigation within normal limits except random blood sugar level – 195.5mg/dl, HbA1c – 8%. Urine examination revealed presence of sugar and proteins.

**Wound Examination**

1. Site – Above right medial malleolus
2. Number- 1
3. Shape- Oval
4. Size- 2.5 X 1.5 Cm
5. Edge – Sloping
6. Floor – Yellowish, slight slough
7. Surrounding area - Reddish discoloration

**General physical Examination**

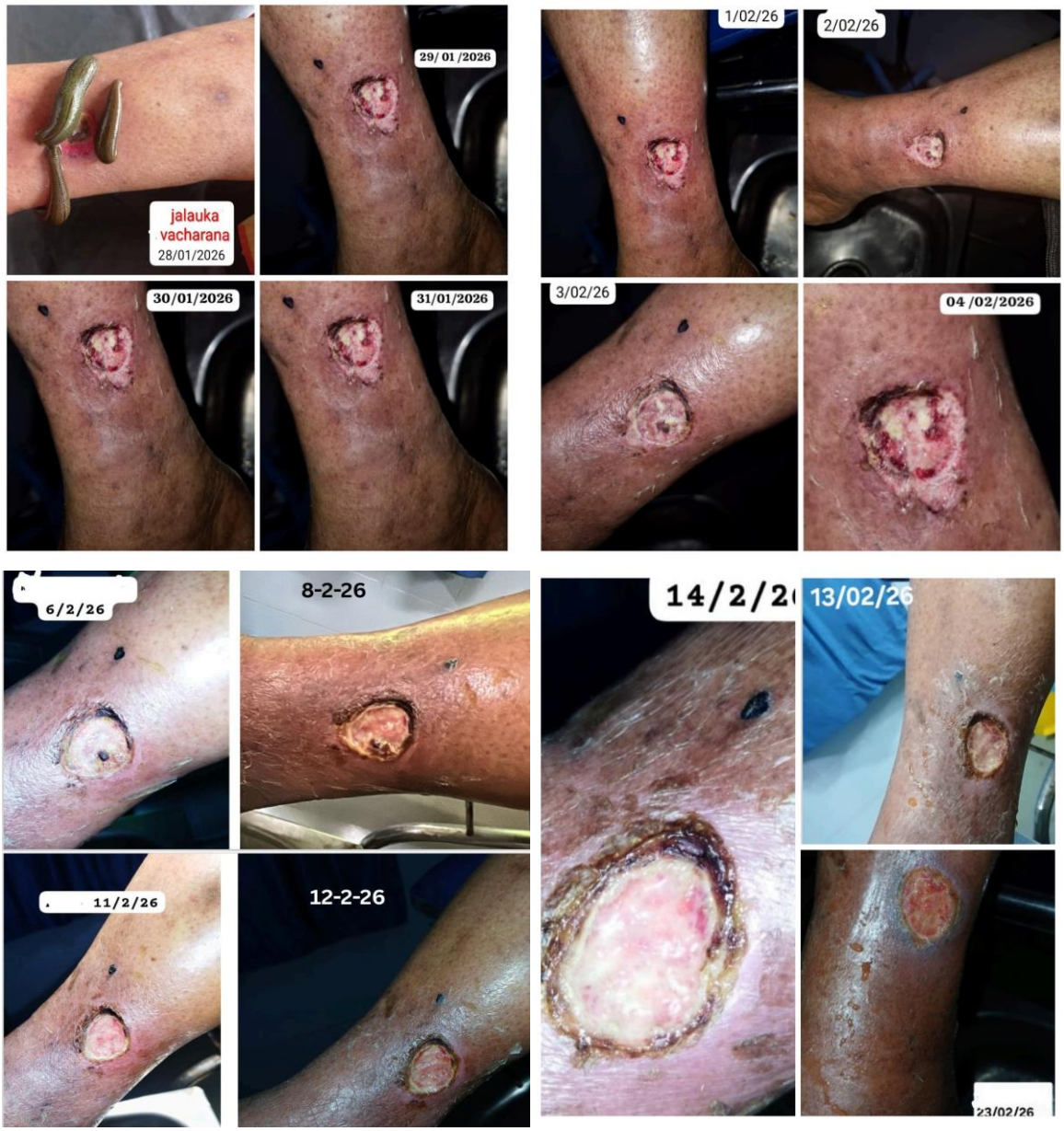
Pulse- 76/min
BP- 130/88 mmHg
Eyes- No pallor
RR- 17/min
Bowel habits- Regular, 1-2 times/day
Urine- Regular, 7-8 times/day
CNS- Patient well oriented
CVS- S1S2 heard normal
RS- Clear,
P/A- Soft, non-tender

**Local treatment**

1. *Viddhakarma*– 2 Angula above *Kshipra marma (Ubhaya Hastapada).*
2. *Jalaukavacharana*- 3 *Jalauka* applied on wound
3. *Viddha Karma*– 4 *Angula* above and below *Sankuchit Janu Sandhi* (right side)
4. *Lepana Karma- Dashang Lepa Choorna*+ 1 tsp *Shatadhout Ghrut*- Paste applied on the skin around the ulcer
5. *Vrana Karma*
   - *Vrana Dhavana* with *Panchavalkala Kwatha*.
   - *Triphala Churna Avachurnana*
   - *Vrana Dhoopana* with *Triphala Varti*
   - *Vrana Bandhana*

**Systemic Treatment**

| S.No. | Name of medicine | Dosage | Adjuvant/instructions |
|---|---|---|---|
| 1 | Tab. *Kaishor Guggulu* | 2-0-2 | Take before food in breakfast and dinner |
| 2 | Cap. Verafin | 1-1-1 | Take after food |
| 3 | *Varun Twak, Triphala, Nimba, Shirisha, Khadira, Guduchi, Vasa, Patola* | 50ml- 50ml – 50ml | Mix 2 tsp powder in 500 ml water boil and reduce to 150ml<br>Take at 10 AM, 4 PM and 10 PM |
| 4 | Tab. *Dooshivishari Gulika* | 2-2-2-2 | Take at 10 AM, 2 PM, 6 PM, and 10 PM. |
| 5 | Tab. *Patolkaturohinyadi Kashayam* | 2-2-2-2 | Take at 9 AM, 1 PM, 5 PM, and 9 PM. |
| 6 | Tab. *Gandharva Haritaki* | 2 tab | Take at bedtime with warm water. |
| 7 | *Guduchi, Musta, Vidanga* | 5gm each | Mix 1 tsp powder in 2.5 L. water, boil for 5 mins. Drink warm throughout the day in divided doses. |




## DISCUSSION

For the management of diabetic foot ulcer, Ayurvedic antidiabetic drugs were given along with local treatment. *Jalaukavacharana* and *Viddhakarma* were performed which helped in *Rakta Shodhan* and *Pittta Shaman*. Then *Lepana* of *Dashanga Lepa* was done which helped in *Kleda Shoshana* and *Vrana Shodhana. Vrana Karma* was done for continuous 7 days which includes *Vrana Dhavan, Dhoopana, Avchurnana* and *Bandhana*. This helped for faster healing of ulcer. Internal medicines were given having properties of *Rakta Shodhana, Shothahara, Kleda Shoshana, Vrana Shodhana and Ropana, Rakta Prasadana* and which improves peripheral circulation.

Following sustained treatment, the wound condition improved significantly, becoming clean and showing healing features. The wound size and depth reduced progressively, and the bluish margins denoted the *Rohita Vrana* phase. Full healing was noted after six weeks, without prescribing any antibiotics. *Pathyapathya* was advised as per mentioned in Sushrut Samhita.

Leech therapy and bloodletting may promote wound healing by improving blood circulation, removing micro thrombi, and sucking deoxygenated blood, which allows fresh blood to perfuse the wound area. It also reduces venous congestion, promotes wound contraction, tissue proliferation, helps control infection, and may regulate glucose at the cellular level.

## CONCLUSION

The present case establishes the potential of Ayurvedic wound management in diabetic foot ulcer. With appropriate use of Ayurvedic therapies and controlled blood sugar levels, healing can be achieved without antibiotic intervention.

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