



A CASE STUDY ON DUSTA VRANA (DIABETIC FOOT ULCER)

Sudha. L

Pancha Karma 1st year PG Scholar (AMV College and Hospital Hubballi. Karnataka, India.)

Corresponding Author: sudhamurthy001@gmail.com

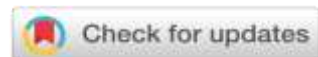
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ABSTRACT

Dustavrana (chronic ulcers) are frequently encountered problems in the present era. They are produced commonly as a complication of trauma or pathogenic insult, and they cause long-term agony to the patients. Diabetes patients have poor glycemic control, and frequent foot ulcers lead to amputation of the leg. *Acharya Sushruta* has explained *Vrana* in detail in “*Sushruta Samhita* “ as a concourse of wound healing procedures described by *Sushruta* still holds its place today. *Sushruta* has described 60 measures for managing the *Vrana*, including local and systemic use of different drugs and treatment modalities.

Keywords: *Dustavrana, Diabetic ulcer, Kashaya Dhara, Lepa.*

INTRODUCTION

Dustavrana nowadays become the most challenging issue for practitioners. As we encounter daily with these cases in which having many complications and lastly end up with the amputation, to reduce these complications have to find the good solution for the betterment of the patient’s health.

Case Report:

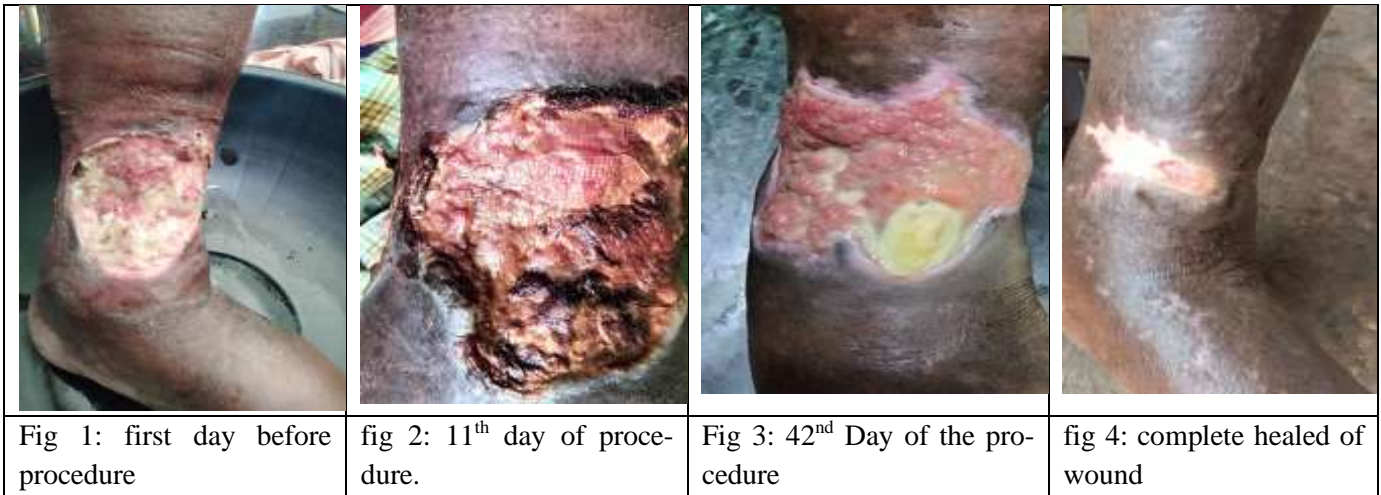
A 75-year-old male patient presented with complaints of non-healing ulcers. He was accidentally injured by a self-fall 11 months back; the wound formed over the medial aspect of the ankle joint. The local doctor treated him with antibiotics and analgesics, and daily dressing was done for three months. The patient didn’t get relief, so he visited the multispecialty hos-

pital. They were done with the scraping of the wound and given antibiotics and analgesics. The also patient didn't get relief; hence approached the Surgeon and again, scraping was done, as a result of which the surface and depth of the wound were increased. The patient continued with antibiotics, analgesics, and daily dressing for three months. Later, he developed oedema of the bilateral lower limb, pus and slough of the wound. On investigation, the patient was diag-

nosed to have antibiotic resistance and with normal parameters of KFT and CBC. There was a history of DM and HTN for 25 years. The family history was also not significant with the patient's disorder.

Local examination:

A slough covered the floor. An ulcer is seen over the medial aspect of the ankle joint, measuring about 08cm X 12cm X 01cm in dimension with purulent discharge and irregular margins.



MATERIALS AND METHODS

SL NO	PROCEDURE	DURATION OF PROCEDURE	DURATION
01	<i>Triphala and Haridra Kashaya Dhara</i>	45 min	16\10\22 to 21\10\22
02	<i>Haridra Lepa</i>	05 min	16\10\22 to 19\10\22
03	<i>Manjista Kashaya Dhara</i>	30 min	22\10\22 to 13\11\22
04	<i>Jatyadi Taila Dhara</i>	20 min	22\10\22 to 13\11\22
05	<i>Panchavalkala kashaya Dhara</i>	30 min	22\10\22 to 13\11\22
06	B\L lower limb <i>Abhyanaga</i> with <i>Manjistadi Taila</i> followed by <i>Dhanyamla Dhara</i>	23\11\22 to 3\12\22	
07	<i>Panchavalkala Kashaya Prakshalana</i> and dressing	From 14\12\22	
08	<i>Jaloukavacharana</i>	On 25\11\22	

SHAMANA AUSHADI

<i>Amlapitta Mishrana</i>	1\2 tsf – 0 – 1\2 tsf
<i>Capsule Grab</i>	1-0-1
<i>Chandraprabhavati</i>	2-0-2
<i>Panchakolajala</i>	1 Lts\day
<i>Dhanwantarigulika</i>	1-0-1
<i>Mahamanjistadikada</i>	10ml-0-10ml

Tiktakakashaya

10ml-0-10ml

DISCUSSION

Effect on the Vedana: Throbbing pain in the beginning reduced at the end of the 2nd week of the procedure. Due to the *Shodana effect of the Triphala and Haridra Kashaya and the Ropana effect of the Jatyadi tail and Panchavalkala Kashaya*.

Effect on the Srava: At the end of the 1st week, the purulent discharge from the wound was reduced entirely due to the *Karshana effect of the Triphala and Haridra Kashaya Dhara and the Haridra Lepa*.

Effect on the Ghand: The foul smell at the beginning of treatment was reduced entirely at the end of the 1st week.

Effect on the Akrti: On the 10th day, the depth of the *Vrana* was reduced. This may be due to the *Vrana Ropana effect of the Jatyadi tail*.

Effect on the Varna of Vrana: A colour change occurred when *Dusta Vrana* converted into *Shudda Vrana*. At the end of the 6th day of the procedure, the

slough was reduced, and the floor's colour converted to pink.

Amlapitta Mishrana and *Dhanwantari Gulika* are used for severe gastritis due to the duration of intake of antibiotics and analgesics.

Panchakola Jala used to increase the *Agni*.

CONCLUSION

Triphala and Haridra Kashaya help in the *Lekhana* and *Shodana* of the wound. *Manjista Kashaya, Panchavalkala Kashaya, Jatyadi Taila* and *Jatyadi Ghrita* help in the *Ropana* of the wound.

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