

MANAGEMENT OF DUSHTAVRANA W.S.R TO TROPHIC ULCER – A CASE STUDY

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ABSTRACT

An ulcer is a break in the continuity of the covering epithelium- skin or mucous membrane. Trophic ulcer is a kind of non specific ulcer. Wound healing is a mechanism where the body attempts to restore the integrity of the injured part. A clear wound heals earlier with a minimum scar as compared to contaminated wound. Several factors affect the normal process of wound healing such as site of ulcer, vascular insufficiency, malnutrition, neurological deficit and drugs like corticosteroids. Acharya Sushruta mentioned 60 *upakramas* for the management of *vrana*, *Kalka* and *Ksharakarma* are among them. *Tilakalka, Madhu* with *NimbaKalka* does *shodhana*; *Tilakalka, Madhu* with *Ghrita* does *ropana* and *kshara* does *lekhana, shodhana* and enhances healing in *Dushtavrana*. A case report of 18 year young male presented with an ulcer over the ball of the left foot which was painless, slough on the floor and loss of sensation over the distal 2/3rd of left foot has been presented here.

Keywords: *Dushtavrana, Kalka, Alepa, Ksharakarma.*

INTRODUCTION

Trophic ulcer is characterized by tissue necrosis and ulceration beneath the callosity due to prolonged pressure associated with neurological deficit. Wound healing is a complex method to achieve anatomical and functional integrity of disrupted tissue by various components. General and local factors affect the natural process of wound healing. Failure or delay in the process of wound healing leads to *Dushtavrana* (*deerghakalanubandhi*) or non healing ulcer.

Management of Trophic ulcer is nutritional supplementation, rest, surgical debridement and regular dressing, vacuum assisted care or once the ulcer granulates well, flap cover or skin grafting is done.

Acharya Sushruta described 60 *upakramas* for the management of *vrana*, *Kalka* and *Ksharakarma* are among them, both does *shodhana* and *ropana* which is required in the management of *Dushtavrana*. *Kalkalepa* and *Ksharakarma* are non invasive procedure, without

any major complications and cost effective which can be incorporated in day to day practice.

CASE REPORT:

A 18 year old young male was admitted in the In Patient Department of Government Ayurveda Medical college, Bengaluru (8-11-2014) Presenting with the complaints – ulcer over the ball of left foot since 2 years. Before 2 years pt observed callosity over the ball of left foot associated with swelling. Patient approached local hospital, swelling was laid open, pus was drained and daily dressing was done, but it was fails to heal completely.

Patient had history of TB Spine and underwent laminectomy for the same 10 years back, as a complication patient developed left lower limb foot drop and patient had completed the course of Anti tubercular treatment and cured. There was no history of DM, HTN, Epilepsy, Leprosy. The family history was also not significant with the patient's presenting complaint.

CLINICAL FINDINGS:

General examination:

- Pallor – Absent
- Icterus – Absent
- Cyanosis – Absent
- Kynolychia – Absent
- Lymphadenopathy – Absent
- Oedema – Absent

Systemic examination:

- Pulse - 70 bpm, regular
- BP – 110/70 mmHg
- RS – Normal vesicular breath sounds heard.
- CVS – S₁S₂ heard, no added sounds.
- P/A – Soft, no organomegaly.

Locomotor examination:

- On Inspection – Left sided foot drop, wasting of the bilateral lower limb.
- On Palpation – Flabby muscles.
- Tactile sensitivity – touch, temperature, pain
- Absent over distal 2/3rd of the foot.
- Reflexes – Diminished ankle and knee jerk.
- Babinski sign – Negative.

Ulcer examination:

On Inspection:

- Site – Ball of left foot
- Size – 2*2*1cm in dimension
- Shape – Oval
- Edges – Punched out,
- Floor – Slough
- Base – Muscle,
- Surrounding skin – Healthy

On palpation: – No tenderness over the ulcer or surrounding skin, edges were indurated, base was mobile and peripheral pulses of both lower limb pulses were normal.

Investigations – Haematological and urine investigations were within normal limits and discharge from the floor of ulcer was sent for culture and sensitivity to rule out tuberculous ulcer.

Therapeutic intervention:

From 10th November to 10th December 2014

Internal medication:

1. Agnitudivati 1-0-1 before food for 5 days.
2. Brahmighrita 0-0-1 tsp with milk at bed time for 6 months.
3. Swamla compound 1-0-1 tsp before food with milk for 6 months

Wound care:

1. Everyday ulcer was cleaned with freshly prepared *Panchavalkalakashaya*.
2. Freshly prepared *Krishna Tilakalka*, *Nimbakalka* in the media of *Madhu* made into homogenous mixture and applied over ulcer for 2 hrs for first fifteen days (till attaining complete granulation tissue) for next fifteen days (till complete healing), *Nimbakalka* was substituted by *Ghrita* was made into homogenous mixture and applied over the ulcer.
3. *Tankanakshara* which is available in our OPD was applied over the indurated edges and left for 1 minute and washed with normal saline followed for 7 days, when edges become soft and sloppy application of *kshara* was stopped.

Pathya: *Shaali, Shashika, Amalaki, Dadima, Saindhava* and patient was advised to wear MCR slippers.

Apathya: *Divaswapna and Vyayama*.

RESULTS:

The slough over the floor was reduced gradually and pink granulation tissue appeared by the 15th day of treatment. Slowly filling of the ulcer takes place and completely healed by 30th day of treatment.

Patient followed up for 6 months with no signs of recurrence.

DISCUSSION

Trophic ulcer features such as unhealthy granulation tissue over ulcer, indurated edges and chronicity of ulcer and neurological deficit - can be simulated with *Dushtavrana*. For *Vrana* management Acharya Sushruta mentioned 60 *upakramas* – *kalka* and *ksharakarma* are among them which does both *shodhana* and *ropana* of *vrana* in a short duration of time without any major complication and cost ef-

fective too. *Nimbakalka* with *Krishnatilakalka* and *madhu* does *shodhana* of *dushtavrana* which becomes *shuddha*. *Go ghrita* substituted for *Nimbakalka* does *ropana* of *shuddhavrana*. The *kshara* applied over indurated edges does *lekhana, shodhana* of edges and makes it soft, dead tissues were removed from the edges chemically and proliferation of new cells takes place along with the granulation tissue over the floor and by improving the general condition of the patient and avoiding the pressure and injury to the ulcer which was insensitive area facilitated the healing of ulcer completely without any hindrance at 30th day of treatment.

CONCLUSION

Trophic ulcer can be enlisted under the features of *Dushtavrana*, so adopting initial *shodhana* and *ropana* treatment is beneficial along with improving the general condition and it can be prevented by regular foot examination and local hygiene.

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Trophic ulcer over ball of left foot



Day -1



During course of treatment



Day -15



Day – 20



Day – 25



Day- 30

Source of Support: Nil

Conflict Of Interest: None Declared

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