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Ayurvedic treatment modalities in diabetic ulcer : case study

Ashwini Dharmaji Nirmale*[1], Radha Tushar More[2],

[1]Deputy Medical Superintendent, Govt. Ayurved Hospital, Jalgaon, M.S., India

[2]Clinic Head, Madhavbaug Chiplun, Dist. Ratnagiri, M.S., India

***Corresponding author:** ashwininirmale99@gmail.com

Abstract:

Diabetic foot as defined by the World Health Organization is, "The foot of a diabetic patient that has the potential risk of pathologic consequences, including infection, ulceration, and/or destruction of deep tissues associated with neurologic abnormalities, various degrees of peripheral vascular disease, and/or metabolic complications of diabetes in the lower limb". [1, 2]

Diabetic Foot (DF) is one of the most common complications for admissions imposing tremendous medical and financial burden. [3] The lifetime risk of a person with diabetes having a foot ulcer could be as high as 25%. [4]

The prevalence of foot ulcers in diabetics attending a centre managing diabetic foot (both indoor and outdoor setup) in India is 3%.[5,6] Foot ulcers among outpatient and inpatient diabetics attending hospitals in rural India was found to be 10.4%.[7]this case gives the ayurvedic treatment modalities used in diabetic foot ulcer. Where drugs like *Gudmar churna [Gymnema sylvestre], Triphala kwath* works to heal the ulcer. Also like *Haridra churna* [*Curcurma longa*] which having anti-inflammatory properties.

Keywords: diabetic foot, diabetic ulcer, *Triphala kwath Dhawan, Gudmar churna haridra churna.*

Introduction:

Diabetic foot care is one of the most ignored aspects of diabetes care in India. [8] treatment of any pre-ulcerative sign on the foot of a patient with diabetes. This includes removing callus, protecting blisters and draining when necessary, treating ingrown nails.

To protect their feet, instruct an at-risk patient with diabetes not to walk barefoot, in socks, or in thin soled slippers and prescribe planter pressure relieving effect during walking and encourage the patient to wear this footwear.

In wound care

Clean the ulcer's with clean water or saline, debride them when possible in order to remove debris from the wound surface and dress them with the sterile inert dressing in order to control excessive exudate and maintain a warm, moist environment in order to promote healing.
Do not use hydrogen peroxide, EUSOL and povidone iodine and chlorhexidine,etc.
Do not use anti microbial dressing with the goal of improving wound healing or
Do not offer the patient electricals stimulation therapy, autologous platelet rich plasma gel, regenerative wound matrices and *delteparin*. growth factors, platelet derived growth factors, epidermal growth factors and transforming growth factors and also hyperbaric oxygen therapy.9

Aims and objectives-

- To reduce the blood glucose levels by ayurvedic drugs.
- To progress the healing of wound.

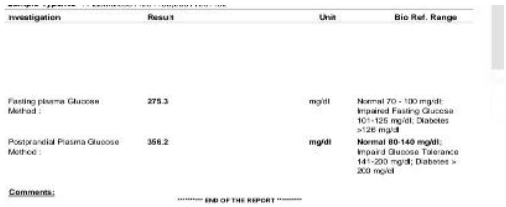
Case history:
45 yrs old male pt was visited our hospital opd with c/o – wound on rt toe since 2 month pt got injured by stone while walking barefoot , that causes wound at rt toe. with h/o uncontrolled diabetics from last 2 yr.

family history: all the family members are reported healthy.

Personal history:

- Diet – mixed, no diabetic
- Sleep – abbreviated
- Appetite – always hungry
- Micturition – 6-7 per day time, 2-3 per night
- Bowel – mild constipation
- Habits – tea 3-4 times daily
- General examination-tongue – uncoated
- Pulse -83/min
- Bp – 120/88 mm of Hg
- Temp. – afebrile
- Respiratory rate -20/min
- Height -154cm
- Weight-62.2 kg

Lab reports –
Before Treatment



Investigation	Result	Unit	Bio Ref. Range
Fasting plasma Glucose Method :	275.3	mg/dl	Normal 70 - 100 mg/dl; Impaired Fasting Glucose 101-125 mg/dl; Diabetes >126 mg/dl
Postprandial Plasma Glucose Method :	356.2	mg/dl	Normal 80-140 mg/dl; Impaird Glucose Tolerance 141-200 mg/dl; Diabetes > 200 mg/dl

Comments:
********** END OF THE REPORT **********

After Treatment

Investigation	Result	Unit	Bio Ref. Range
Fasting plasma Glucose Method :	102.1	mg/dl	Normal 70 - 100 mg/dl; Impaired Fasting Glucose 101-126 mg/dl; Diabetes >126 mg/dl
Postprandial Plasma Glucose Method :	165.1	mg/dl	Normal 80-140 mg/dl; Impaird Glucose Tolerance 141-200 mg/dl; Diabetes > 200 mg/dl

Comments:
********** END OF THE REPORT **********

Systemic examination:
R/s – clear, no any added sounds.
CVS – normal

Local examination:

- No swelling found near the wound .
- No sign of local inflammation near wound
- No erythema
- Present discharge

Ulcer examination – Infected;
Mode of infection – Due to walking barefoot

- Duration – 2 month
- Pain – present
- Site – rt toe 2cm length, 2cm breadth, 1cm depth in circular shape
- Margins inflamed dead skin present
- Floor pale yellowish
- Discharge present
- Tenderness present

Treatment given –

Dietary advice –

- Non diabetic diet was adviced included balanced meal with high fibre, carbohydrates, proteins and fats.
- Intake of lean proteins like skinless poultry, beans, tofu, eggs, nuts, seeds.
- Avoided surgery drinks, refined grains, and processed foods.
- Alcohol drinking restricted.
- Pt was advised to use footwear specially advised for diabetic.

systemic treatment –

- firstly uncontrolled diabetic was controlled by combination of *gudmar churna (2gm) haridra (1gm).*
- Tab. *Aarogyavardhini* 2bd for 3month given to pt internally with *koshna jal anupan.*
- *Sukshma triphala churna* 1tsp daily with *koshnajal* in bd given.

Local treatment –

- *Vrana Dhawan* with *triphala kwath* daily after that daily dressing was done for 2 months.

Observations:

On the first day of treatment all debride from wound is removed surgically because of that wound floor and margins became fresh. In early days after the *vrana Dhawan* the wound became dry. All discharge was dried.

On the floor of wound the new growth started .

Before treatment

After treatment

Results:

In nearly within 2 months of dressing routine wound was healed completely.

Discussions:

In this diabetic patient firstly we focused on the management of blood sugar levels by given ayurvedic *Gudmar churna* which proves the effect on lowering blood sugar in various research papers. Some studies also observed that G. *sylvestre* includes stimulating the secretion of pancreatic insulin. Also Some studies shows Gudmar administration initiates the regeneration of pancreatic islets cells and Gudmar inhibits the absorption of glucose from gut. [10] and in *Nighantu Aadarsh; Arka adi varga* in *gudmar dravya* he stated that *Gudmar* helps in *Kushta, Meh, Kapha roga* by his *Tikta Ras*. That helps us to lower the blood sugar levels and enhance the healing process.

Internal use of *Aarogyavardhini vati* proved his efficiency in liver and pancreatic also many metabolic disorders.

Next we focused on the cleaning of wound on first visit we did debridement of infected wound after that setting we daily washed the wound by *triphala kwath* which has a *shodhan* property. Daily dressing done which helps to give warmth and moist environment for healing.

In final results the Haridra *churna* and *Gudmar churna* daily consumption lowers the blood sugar and enhanced the cell regeneration also by

dhawan with *Triphala kwath* the chances of secondary infection are avoided.

Conclusion:

This clinical case study concluded that there is great effect in internal and external use of Ayurved medicinal treatment with debridement of wound in non healing diabetic ulcer.

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