



A case study of jalaukavacharan in management of non healing diabetic ulcer

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ABSTRACT:



Diabetes mellitus is known for its multifaceted complication with neuropathy & subsequent diabetic wounds frequently. The prevalence of foot ulcer ranges from 4% to 10% among persons diagnosed with diabetes mellitus. These ulcers frequently become infected and need hospitalization. The basic reason of ulceration is infection and causes progressive tissue necrosis with poor wound healing in presence of ischemia. A healthy wound in a normal body heals earlier with a minimum scar as compared to a non-healing diabetic ulcer. In order to overcome or diminish the consequences a common treatment must be implemented.

Therefore in the present concept, all efforts are directed to keep the wound clean during the various stages of its healing. The need for cost effective, easy to handle, available to all hands modality in the management of such wound is necessary. Acharaya sushruta explains vrana as a condition in which there is discoloration and need for the regeneration of damaged tissue in the 8 explained vrana vastu. Vrana is described in sushruta samhita, sutrasthana and chikitsasthana with 60 treatment modalities explained in shashti upakram, ghrita. Ghrita application is one of the 60 explained modalities.

KEYWORD: Non healing diabetic ulcer, jalaukavacharan, Diabetes mellitus

INTRODUCTION:

Diabetes mellitus is known for its multifaceted complication with neuropathy & subsequent diabetic wounds frequently. The prevalence of foot ulcer ranges from 4% to 10% among persons diagnosed with diabetes mellitus. These ulcer frequently become infected and need hospitalization. The basic reason of ulceration are infection and cause progressive tissue necrosis with poor wound healing in presence of ischemia. A healthy wound in a normal body heals earlier with a minimum scar as compared to a non-healing diabetic ulcer. In order to overcome or diminish the consequence's a common treatment must be implemented.

Therefore in the present concept, all efforts are directed to keep the wound clean during the various stages of its healing. The need for cost effective, easy to handle, available to all hands modality in the management of such wound is necessary. Acharaya sushrut explains vrana as a condition in which there is discolouration and need for the regeneration of damaged tissue in the 8 explained vrana vastu. Vrana is described in sushrut samhita, sutrastahan and chikitsasthan with 60 treatment modalities explained in shashti

upakram, ghrit. Ghrit application is one of the 60 explained modalities.

Jalaukavacharan has property of vranaropan krumighna, puyanashak, kandu nashak and release herudin which is instant medication which help to increase wound healing. Use of the traditional management in such conditions may help in avoiding surgical procedures, which is a key factor for patients of low socio-economic status.

CASE STUDY:-

A patient 45 year old male patient, k/c/o diabetes mellitus since 6yrs visited the Q.P.D with the complaint of a non-healing wound on right limb (shin bone region) just above ankle, since 2 months. The patient had history of Agantuj hetu (~accidental trauma) and was undergoing treatment under local medical practitioner and daily dressing for almost 2 months. Patient consulted a renowned surgeon of other hospital and was suggested debridement followed by skin grafting. Since the patient wanted to recover without any surgical intervention and hence was willing for the open trial study.

P/M/H:- K/C/O diabetes mellitus since 6yrs, no h/o hypertension, Kochs or any



other systemic disease. Present medication tab. GMP 2, Dose 1 O.D

P/S/H: No any surgical history

H/O ADDICTION: addiction to alcohol for more than 12 years, no other addiction.

H/O DRUG ALLERGY: No history of allergy to any specific drug.

General Examination:

Pulse - 80/min, B.P: 130/80 mm of Hg, Afebrile, general condition: Fair

LOCAL EXAMINATION:

INSPECTION: Infected wound just above the right ankle at shin bone region with

active foul smelling pus discharge with no active bleeding.

PALPATION: mild tenderness, with discharge on pressure.

INVESTIGATION:

Blood sugar (fasting & post prandial) fasting 134mg/dl, post prandial 188 mg/dl.

C.B.C report showing raised level of W.B.C level & ESR. Culture sensitivity of

OBSERVATION:

the pus sample collected from the wound swab which did not show any specific changes or resistance to any anti-biotic. Serum creatine: within normal limits.

AIM:

ASSESSMENT OF MANAGEMENT OF NON HEALING DIABETIC ULCER MANAGEMENT

TYPE OF STUDY:

Interventional open single case study

MATERIAL & METHOD:

MATERIAL: Jalukavacharan for local application

METHODS: jalukavacharan was used as local application on wound for two month.

The wound was first daily cleaned with normal saline and the jaluka was applied covered with sterile gauze piece.

MEDICATION:

1. Tab. Gmp 2 one O.D
2. Tab. Enzoflam s.o.s
3. Inj. Amikacin 1gm intramuscular for 5 days.

SYMPTOMS	DAY 1	DAY 7	DAY 15	DAY 22	DAY 30	DAY 37	DAY 45	DAY 52	DAY 60
SIZE OF WOUND	10cmx4 cm	9.5x3.8	9.2x3.6	8.4x3.3	8.2x3.1	7.3x2.6	6.4x2.1	5.1x1.6	4.2x0.8

GRANULAT ION	Slough yellowish	Slough yellowish	yellow ish	Mild yellowish	pinkish	pinkish	Dark pinkish	red	red
DISCHARGE	Foul smell	Mild foul smell	Mild foul smell	No smell	No smell	No smell	No smell	No smell	No smell

The application of jalaukavachran in the trail showed successful results. From the observation

table it is clear that there were positive changes in size, granulation tissue, discharge.

DISCUSSION:

According to ayurvedic literature explained by acharya susruta The treatment for prmejhanya vrana jalukavacharan keeps the wound margins soft, avoids fibrosis of wound edges leading to development of healthy and soft skin.

RESULT:

At the end of the 60 day trail the jalukavachran application showed

remarkable results. Wound healed approximately by 45 % in size with no discharge from the 15th day and healthy granulation tissue. The patient was satisfied as the surgical procedures advised were avoided.

References:

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