

AYURVEDIC MANAGEMENT OF DIABETIC FOOT ULCER WITH SHASTRA KARMA
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ABSTRACT

Diabetic foot ulcer (DFU) is a debilitating complication of diabetes mellitus and remains a major cause of non-traumatic lower-limb amputation worldwide. Chronic ulcers are often resistant to healing due to poor vascularity, neuropathy, infection, and impaired immune response. In Ayurveda, such non-healing ulcers may be correlated with *Madhumehajanya Dushta Vrana* described under *Prameha Pidaka*. The present case study describes the successful management of a diabetic foot ulcer through a combination of Ayurvedic surgical intervention (*Shashtra Karma*), wound cleansing (*Vrana Shodhana*), and topical application of *Kshara Taila*, along with internal medications for systemic support. A 53-year-old female with uncontrolled Type 2 diabetes presented with a painful, inflamed ulcer near the great toe. Surgical debridement followed by daily *Triphala Kwatha* irrigation, *Kshara Taila* dressing, and administration of *Tab. Nishamalaki* and *Guggulu Tiktaka Kashaya* led to complete ulcer healing within one month. This case highlights the relevance of classical Ayurvedic wound management principles in contemporary diabetic foot care.

KEYWORDS: Diabetic Foot Ulcer, Dushta Vrana, Kshara Taila, Shastra Karma, Ayurveda, Wound Healing.

INTRODUCTION

Diabetes mellitus is increasing at an alarming rate globally, and foot complications remain among its most devastating long-term consequences. The lifetime risk of developing a diabetic foot ulcer is estimated to be nearly 25%, and recurrence rates remain high. Diabetic foot infections contribute significantly to healthcare expenditure, prolonged hospitalization, disability, amputation, and mortality.^[1]

The pathogenesis of diabetic foot ulcer involves a triad of peripheral neuropathy, ischemia due to micro- and macro-angiopathy, and susceptibility to infection.^[2] Hyperglycemia impairs leukocyte function, delays collagen deposition, and compromises wound healing.

In Ayurveda, chronic non-healing ulcers with purulent discharge, pain, discoloration, and slow healing are described under *Dushta Vrana*. *Prameha Pidaka*, one of the complications of *Prameha*, closely resembles diabetic foot ulcers due to the involvement of vitiated *Kapha* and *Pitta*, impaired tissue metabolism, and reduced vitality of lower limbs. Classical texts emphasize *Shodhana* (cleansing), *Ropana* (healing), and timely surgical interventions such as *Chedana*, *Lekhana*, and *Kshara Karma* for managing such wounds.^[3]

This case study documents the application of these classical principles in the treatment of a diabetic foot ulcer.

CASE REPORT**Patient Details**

A 53-year-old female presented with:

- Painful swelling over the posterior aspect of the right great toe
- Symptoms persisting for 15 days
- Known case of Type 2 Diabetes Mellitus, irregular on prescribed medication

Laboratory Findings

- **FBS:** 305 mg/dl
- **PPBS:** 364 mg/dl
- **HbA1c:** 7.2%

Diagnosis

Madhumehajanya Dushta Vrana (Diabetic Foot Ulcer)

TREATMENT PROTOCOL

Ethical considerations were followed, and informed consent was taken.

1. Shastra Karma (Surgical Debridement)

- Under Aseptic precautions, Local anesthesia administered with lignocaine 2% to the base of the swelling after Test Dose.
- Necrotic slough removed, mild discharge was noticed.
- Debridement performed until healthy tissue visualized

- Hemostasis achieved followed by dressing with Kshara taila

2. Local Wound Care**a. Vrana Prakshalana (Wound Cleansing)**

Daily irrigation using lukewarm *Triphala Kwatha* for *Vrana Shodhana*.

b. Kshara Taila Dressing

Applied daily to achieve *Shodhana* and to *Ropana* (promote granulation).

3. Internal Medications

- **Tab. Nishamalaki** 2-0-2 after food with water.
- **Guggulu Tiktaka Kashaya** 3 tsp twice daily with warm water before food.

4. Diet and Lifestyle changes was advised**RESULTS**

Progress was monitored for one month. Observations included:

- Gradual reduction in pain and discharge by day 7
- Significant reduction in inflammation and swelling
- Formation of clean granulation tissue by week 2
- Complete wound closure by the end of week 4
- Improved glycemic parameters
- No recurrence during follow-up

**DISCUSSION**

The chronicity of diabetic foot ulcers makes them challenging to treat, often necessitating multidisciplinary approaches. Ayurveda provides clear guidelines for the management of contaminated, infected, or chronic wounds through the principles of *Vrana Shodhana* and *Vrana Ropana*.

Role of Shastra Karma

Debridement is essential when necrotic tissue hampers healing. Sushruta describes *Chedana Karma* for removing dead tissue, which aligns closely with modern surgical debridement.

Role of Triphala Kwatha

Triphala possesses proven antimicrobial, anti-oxidant, and wound-healing properties. Its cleansing action enhances wound bed preparation and facilitates faster epithelialization.^[4]

Role of Kshara Taila

Kshara has scraping, cleansing, and drying properties beneficial for infected wounds. It reduces slough, prevents microbial growth, and enhances tissue regeneration.^[5]

Role of Internal Medicines

Nishamalaki aids in glycemic regulation and improves tissue metabolism.^[6]

Guggulu Tiktaka Kashaya is indicated in deep-seated infections, inflammatory conditions, and chronic ulcers.^[7]

The integration of these interventions demonstrates clear clinical benefits in diabetic wound healing.

CONCLUSION

The present case study demonstrates that the combined use of surgical procedure, external and internal ayurvedic medications can significantly accelerate healing in diabetic foot ulcers. When applied alongside standard glycemic management, Ayurveda offers an effective approach in DFU care.

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