




Ayurvedic Management of Dushtavrana (Non-Healing Ulcer)– A Case Report

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Abstract: Treatment of non-healing ulcers (*dushtaVrana*) is a clinical challenge. Even though contemporary medicine can manage infected wounds through antibiotics, non-healing wounds are still a problem to be solved. Ayurveda contributes significantly in the management of *dushtavrana* through its holistic approach. This case report discusses a 52-year-old male patient who complained of a non-healing ulcer over the left big toe's metatarsophalangeal joint area for six months. With associate complains of pricking pain and itching in the nearby area of the ulcer. Cleaning of the ulcer was done with *Nomura arka* (Distillation preparation of cow urine) followed by *Dhara* (wash) with *kwatha* prepared out of *lodhra* (*Symplocos racemosa Roxb*), *yashtimadhu* (*Glycyrrhiza glabra*), *manjishta* (*Rubi cordifolia*). *Sadhyovirechana* (Purgation therapy) is performed with *trivritulehua* and milk. Orally *Aragwadhadikashaya*, *Sarivadhyasava*, and *Guggulupanchapalachurna* were administered. After 15 days of treatment, there was considerable relief in the pain, and the wound started healing. One month of treatment led to the complete healing of the wound. *Parisheka* of *lodra*, *yashtimadhu*, and *manjishtakwatha* helps clean and heal the wound due to its *vrana*hara, *sandhaneeya* action. *Virechana* with *Trivritulehya* helps in the elimination of vitiated *pitta*, which allows for enhancing wound healing. *Aragwadhadikashaya* helps in *dushtaVranashodhana* and reduces the itching. *Sarivadhyasava* is *samapachaka*, *pittahara* and *pidakahara*. *Guggulupanchapalachurna* contains *Guggulu*, *Pippali*, *Triphala*, etc. as its contents. Hence it contributes to the management of pain and healing of the ulcer.

Keywords: *DushtaVrana*, non-healing ulcer, *Lodhra*, *Yashtimadhu*, *Manjishtakwatha*, *Dhara*, *Sadhyovirechana*, *Guggulupanchapalachurna*, *Sarivadhyasava*

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I. INTRODUCTION

Among the eight branches of *Ayurveda*, the branch which deals with wound management and surgical management is *Shalyatantra*. Even after much advancement in medicine, managing *Vrana* (ulcer) is still challenging for the clinician. The definition of *vrana* is *Vranagatraavachurnane*. This means *Vrana* (ulcer) causes the discontinuity of the body tissue.¹ *Nija* (intrinsic factor) and *aganthuja* (extrinsic factor) factors are the *nidana* (cause) of *Vrana* manifestation. *Ninja Vrana* (inherent characteristic) forms due to the vitiation of *doshas*, and *aganthuja Vrana* (extrinsic factor) conditions due to the affliction of teeth, nails, or sharp instruments, etc. ²*Dushta Vrana* is such ulcers which won't heal fast or respond to the treatment immediately. *Doshairadhishtitodushtaha* is the description for *dushta Vrana* (non-healing ulcer). This means the ulcers in which *dosha* has taken the seat are *dushta*³. *Nija Vrana* (ulcer formed by intrinsic factor) or *aganthuja Vrana* (ulcer formed by extrinsic factor), if not treated well, can turn to *dushta Vrana* which will need proper *shodhana* (cleaning) for it to get heal⁴. The ulcer is defined as an interruption of continuity of a surface with an inflamed base. There are mainly two types of ulcers, clinical and pathological. In clinical ulcers, there are further classifications of ulcers, such as acute, sub-acute, and chronic ulcers. When the edge of the ulcer is inflamed with slough on the floor and blood-stained or purulent discharge, it can be considered an acute ulcer. The edge is terraced, and the slough separates the granulation tissue on its bottom; the slough is seen in subacute ulcers. Indurated base, unhealthy granulation tissue on the floor, and slightly everted, round elevated edges are the characteristic features of chronic ulcer⁵. Wounds are prevalent in developing as well as developed countries. The prevalence of wounds in the population was 15.03 per 1000. The prevalence of acute and chronic wounds is 10.55 and 4.48 per 1000 respectively⁶. Wound and its management are described in *Sushrutasamhitachikitsasthana*. *Sushruta* advises *shashtiupakrama* for the treatment of the wound⁷. *Shodhana* (wound cleaning), *Kshalana*, *Ropana* (wound healing), *Sandhana*, and *raktastambhana* (hemostasis) are the major *karma* (action) expected for the management of *Vrana* (ulcer). *Gomutraarka* has been used for cleaning wounds. *Parisheka* is done with water (decoction) made out of *lodhra* (*Symplocos racemosa Roxb*), *yashtimadhu* (*Glycyrrhiza glabra*), *manjishta* (*Rubiacordifolia*). These drugs have the properties

like *Vranashodhana* (wound cleaning) and *Vranaropana* (wound healing). All three medicinal plants are included in *sandhaneeyamahakashaya Gana* of *Charaka* and will give the best healing effect to the body tissue. *Sadhyavirechanahelp*s eliminate vitiated *pitta* and *Vata* outside the body, which is indicated in non-healing ulcers⁸. This will contribute to better healing of the wound. *Aragwadhadikashaya* is indicated in *dushta Vrana* by *Ashtanga hridaya*⁹. *Sarivadyasavam* and *Guggulupanchapalamchurnam* has given better result in the management of *dushta Vrana* (non-healing ulcer). This case reports a clinical issue of *dushta Vrana* (non-healing ulcer) with the history, examination findings, treatment, observation and result achieved discussed in detail.

I.1 Case report

A 52-year-old male patient came to the OPD complaining of a non-healing ulcer over the left big toe's metatarsal phalangeal joint area for six months. Pricking pain and itching were associated with complaints along with disturbed sleep. The patient was normal 6 months before later, he observed small eruptions occurring on the metatarsal phalangeal joint of the left big toe. Within one week, it ruptured and formed a wound. He neglected the injury, but later, it started getting pain and itching along with puss discharge. Details of the ulcer examination findings are given in Table 1. The patient went to my hospital for medical, but even after three months of treatment, the patient was not getting any positive results. Gradually the size of the ulcer increased. Hence he approached us for Ayurvedic care for the ulcer. The patient has worked in the printing workshop for 32 years and has smoked for 20 years. There was no significant history of varicose veins for the patient. He was not known for diabetes mellitus, hypertension, and thyroid dysfunction.

I.2 Family history

There is no significant disease seen in the family.

I.3 Investigations

There was no history of any major surgeries or other systemic illnesses. ESR was 75 mm/hr, CRP was noted as 23 mg/L, and ASO - 455 IU. The patient was treated with medications and therapies mentioned in Table 2

2. OBSERVATIONS

Table 1: Ulcer examination	
Site	Metatarso phalangeal joint area of the left big toe
Size	6 × 3.5 × 0.5 cm in dimension.
Number	one
Discharge	Purulent with discharge
Margin	Irregular
Floor	Unhealthy, Covered with slough
Pain	Present
Temperature	Locally raised
Lymph node involvement	Nil

3. METHODOLOGY

Table 2: Details of treatment done

SL.No	Medicine	Dose and time of administration	Anupama(Adjuvant)	Duration
1.	Gomutraarka –cleaning	Quantity sufficient -Twice daily	-	30 days
2.	Lodhra, YashtimadhuManjishtakwatha – dhara	Twice daily for 15 to 20 minutes	-	30 days
3	Trivrutlehya - Sadhyovirechana	40 gm morning 7.00 am	Milk	1 day
4	Aragwadhikashaya	15 ml twice daily – Before food	-	28 days
5	Sarivadhyasava	15 ml twice daily – After food	-	28 days
6	Guggulupanchapalachurna	2 tsp twice daily - After food	-	28 days

Table 3: Method of kwatha preparation

SI No	Medicine	Quantity
1	Lodhra,	100 gm
2	Yashtimadhu	100 gm
3	Manjishta	100 gm
4	Water	1-litre

Lodhra, YashtimadhuManjishtakwathais prepared by keeping 100 gm of each powder (table 3) in 1-litre water and boiled and reduced to 500 ml. This kwatha is then allowed to become moderately hot and used to do *parisheka* over the wound region.

3.1 Observation and results

Reduction in the symptoms like pain, itching, and discharge started reducing within seven days of the treatment. Finally, after 28 days of the scheduled treatment, the wound healed completely. The observations are results are given in table 3-4.

Table 4: Observations in symptoms

SI.No	Symptoms	Before treatment	After treatment
1	Pain	+++	-
2	Itching	+++	-
3	Discharge	++	-
4	Foul smell	++	-

+ - Mild; ++ - Moderate; +++ - Severe

Table 5: Observation of the dimension of ulcer

SI.No	Day	Dimension
1	1 st day	6 ×3.5 cm
2	7 th day	5×2 cm
3	21 st day	4×1.5 cm
4	28 th day	Healed

3.2 Stages of wound healing

1st day of treatment (Figure 1)-As mentioned in table 5, the wound had 6 X 3.5 cm dimensions on the first day of treatment. It was sloughed with whitish unhealthy granulation tissue. There was a foul smell and pain on the site of the ulcer. Seventh days of treatment (Figure 2)-The wound size decreased to 5x2 cm in dimension. White slough was cleaned, and a healthy condition to promote healing was begun. The foul smell was reduced. However, the pain was

still present. 21st day of treatment (Figure 3)-Healthy granulation started, and the ulcer began to heal. Epithelial cells started proliferation. Size reduced to 4 X 1.5 cm as mentioned in table 5. Pain reduced. The foul smell from the wound stopped the patient started feeling very comfortable. No exudation or sloughing noted. Treatment was continued for one more week. 28th day of treatment (Figure 4)- The wound was in the excessive healing phase. Remodelling of the tissue was observed. No infection, no tissue necrosis or peri-wound oedema was noted.

Fig 1: 1st day of treatmentFig 2 : 7th day of treatmentFig 3: 21st day of treatmentFig 4: 28th day of treatment

4. DISCUSSION

Clinical features like itching, discharge and a foul smell were reduced in the first seven days of treatment. By two weeks, the wound started responding by giving healthy granulation. By the end of 4 weeks, the wound healed, with a scar left at the site. *Gomutraarka* has a better effect on the management of ulcers. It helps in reducing itching, foul smell, discharge from the ulcer, and depth and size of the ulcer. It also helps in improving healthy granulation than betadine¹⁰. Mentioning of *arkaprayoga* (use of arka) is found in ayurvedic texts¹¹. *Charaka* has explained that *gomutra* (cow urine) has *krimihara* (Antimicrobial) properties¹². *Gomutraarka* has *vranshodhana* effect due to its *teekshnaguna* and *kashaya*, *tiaktaturasa*. *Vranshodhana* and *Vranaropana* property help in the removal of the puss and collection from the wound to facilitate the granulation. *Dhara* (wash) with *kwatha* prepared out of *lodhra* (*Symplocos racemosa* Roxb), *yashtimadhu* (*Glycyrrhiza glabra*), *manjishta* (*Rubiacordifolia*) helps in promoting the union of the discontinuity of the skin. All three medicinal plants are included in *sandhaneeyamahakashaya Ganaby Charaka*. All these drugs have *sheetaveerya* (cold potency), which helps in *raktastambhana* (hemostasis) and local *pitta shaman*. *Amapachaka*, *krimihara*, *vranshodhana*, and *vishahara* properties of *sandhaneeyamahakashaya ganahelp* improve its ability to heal the wound. *Virechana* is one of the *Shashti*

upkarama mentioned in Ayurveda. This helps in cleansing the entire body and eliminating *pitta* and *Vata*, responsible for inflammation and pain in the body. *Aragwadadhikashaya* has been indicated for managing *dushta Vrana* by *Ashtanga hridaya*¹³. The ingredients in *Aragwadadhikashaya* have *tikta*, *kashaya* and *madhura rasa*. *Kashaya* and *tiaktarasa* (taste) lead to *Vranshodhana* (wound cleaning) and *Vranaropana* (wound healing). *Sarivadyasava* has 24 medicinal plants as its ingredients¹⁴. This has the potency to reduce inflammation, pain and itching in the body. It helps to bring back the normal texture of the skin. *Guggulupanchapalamchurna* contains *Guggulu* (*Commifora Mukul*), *pippali* (*Piper longum*), *Triphala*, *twak* (*Cinnamomum zeylanicum*) and *ela* (*Elettaria cardamomum*) in it. This churna is mentioned in *churnaprakaranana* of *sahasrayoga*. The ingredient in this formulation acts as *askushtahara* and *krimihara* (anti-microbial)¹⁵. This contributes to the pain management in the ulcer patient by taking care of *Agni* (digestive fire).

5. CONCLUSION

This case report discusses the effective management of *dushta Vrana* (non-healing ulcer) with external and internal Ayurvedic procedures. *Gomutra* gave a better result in non-healing ulcers along with *Lodhra*, *Yashtimadhu*, *Manjishta*, *kwatha* – *dhara*. These two external procedures over the ulcer helped clean the wound, enhancing blood circulation and healthy

granulation. *Sadhyovirechana* with *rivrutlehya* helped to remove vitiated *doshas* from the whole body. This contributes to better healing of the long-standing ulcer. *Dutta vranahara* property of *Aragwadadhikashaya* significantly contributes to the *shamanachikitsa*. *Sarivadhyasava* and *Guggulupanchapalachurna* helped reduce inflammation, pain, discharge, and itching.

6. AUTHORS CONTRIBUTION STATEMENT

Dr Nycy B S performed, conceptualized and designed the manuscript after an extensive literature search. Dr Rajkumar Gupta prepared the original draft. Dr Priyal Bansal and Dr

Twinkle Joshi provided valuable input in designing the manuscript.

7. ETHICAL APPROVAL STATEMENT

Written informed consent was obtained from the patient, which includes his permission to take pictures and use them for publication in the journal.

8. CONFLICT OF INTEREST

Conflict of interest declared none.

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