



## 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* (*SymplocosracemosaRoxb*), *yashtimadhu* (*Glycyrrhizaglabra*), *manjishta* (*Rubiacordifolia*). *Sadhyovirechana* (Purgation therapy) is performed with *trivrutlehua* 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 *lodhra*, *yashtimadhu*, and *manjishtakwatha* helps clean and heal the wound due to its *vranahara*, *sandhaneeya*action. *Virechana* with *Trivrutlehya* helps in the elimination of vitiated *pitta*, which allows for enhancing wound healing. *Aragwadhadikashayam* helps in *dushtaVrana*shodhana and reduces the itching. *Sarivadhyasava* is *mapachaka*, *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 *vranais Vranagatratavachurnane*. This means *Vrana* (ulcer) causes the discontinuity of the body tissue.<sup>1</sup> *Nija* (intrinsic factor) and *aganthuja* (extrinsic factor) factors are the *nidana* (cause) of *Vrana* manifestation. *Nija 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.<sup>2</sup> *DushtaVrana* is such ulcers which won't heal fast or respond to the treatment immediately. *Doshairadhishtitodushta* is the description for *dushtaVrana* (non-healing ulcer). This means the ulcers in which *dosha* has taken the seat are *dushta*<sup>3</sup>. *NijaVrana* (ulcer formed by intrinsic factor) or *aganthujaVrana* (ulcer formed by extrinsic factor), if not treated well, can turn to *dushtaVrana* which will need proper *shodhana* (cleaning) for it to get heal<sup>4</sup>. 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 ulcer<sup>5</sup>. 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 respectively<sup>6</sup>. Wound and its management are described in *Sushrutasamhitachikitsasthana*. *Sushruta* advises *shashtiupakrama* for the treatment of the wound<sup>7</sup>. *Shodhana* (wound cleaning), *Kshalan*, *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 *Iodhra* (*Symplocosracemosa Roxb*), *yashtimadhu* (*Glycyrrhizaglabra*), *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. *Sadhyovirechanah* helps eliminate vitiated *pitta* and *Vata* outside the body, which is indicated in non-healing ulcers<sup>8</sup>. This will contribute to better healing of the wound. *Aragwadhadikashaya* is indicated in *dushtaVrana* by *Ashtanga hridaya*<sup>9</sup>. *Sarivadhyasavam* and *Guggulupanchapalamchurnam* has given better result in the management of *dushtaVrana* (non-healing ulcer). This case reports a clinical issue of *dushtavrana* (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

**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

## 2. OBSERVATIONS

### 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	Aragwadadhikashaya	15 ml twice daily – Before food	-	28 days
5	Sarivadhyasava	15 ml twice daily – After food	-	28 days
6	Guggulpanchopalachurna	2 tsp twice daily - After food	-	28 days

**Table 3: Method of kwatha preparation**

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

*Lodhra, YashtimadhuManjishtakwatha* is 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**

Sl.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**

Sl.No	Day	Dimension
1	1 <sup>st</sup> day	6 × 3.5 cm
2	7 <sup>th</sup> day	5 × 2 cm
3	21 <sup>st</sup> day	4 × 1.5 cm
4	28 <sup>th</sup> day	Healed

#### 3.2 Stages of wound healing

1<sup>st</sup> day of treatment (Figure 1)-As mentioned in table 5, the wound had 6 × 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. Seven<sup>th</sup> days of treatment (Figure 2)-The wound size decreased to 5×2 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.21<sup>st</sup> day of treatment (Figure 3)-Healthy granulation started, and the ulcer began to heal. Epithelial cells started proliferation. Size reduced to 4 × 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 soughing noted. Treatment was continued for one more week. 28<sup>th</sup> 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: 1<sup>st</sup> day of treatmentFig 2 : 7<sup>th</sup> day of treatmentFig 3: 21<sup>st</sup> day of treatmentFig 4: 28<sup>th</sup> 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 betadine<sup>10</sup>. Mentioning of *arkaprayoga* (use of arka) is found in ayurvedic texts<sup>11</sup>. Charaka has explained that gomutra (cow urine) has *krimihara* (Antimicrobial) properties<sup>12</sup>. Gomutraarka has *vranashodhana* effect due to its *teekshnaguna* and *kashaya*, *tiktakaturasa*. *Vranashodhana* 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* (*SymplocosracemosaRoxb*), *yashtimadhu* (*Glycyrrhizaglabra*), *manjishta* (*Rubiacordifolia*) helps in promoting the union of the discontinuity of the skin. All three medicinal plants are included in *sandhaneyamahakashayaGanaby Charaka*. All these drugs have *sheetaveerya* (cold potency), which helps in *raktastambhana* (hemostasis) and local *pitta shaman*. *Amapachaka*, *krimihara*, *vranahara*, and *vishahara* properties of *sandhaneyamahakashayaganah* help 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. *Aragwadadhikashayahas* been indicated for managing *dushtaVrana* by *Ashtanga hridaya*<sup>13</sup>. The ingredients in *Aragwadadhikashaya* have *tipta*, *kashaya* and *madhura rasa*. *Kashaya* and *tiktarasa* (taste) lead to *Vranashodhana* (wound cleaning) and *Vranaropana* (wound healing). *Sarividhyasava* has 24 medicinal plants as its ingredients<sup>14</sup>. 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* (*CommiforaMukul*), *pippali* (*Piper longum*), *Triphala*, *twak* (*Cinnamomumzeylanicum*) and *ela* (*Elettariacardamomum*) in it. This churna is mentioned in *churnaprakaranana* of *sahasrayoga*. The ingredient in this formulation acts as *ku* (*shthara* and *krimihara* (anti-microbial))<sup>15</sup>. 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 *dushtaVrana* (non-healing ulcer) with external and internal Ayurvedic procedures. *Gomutragave* a better result in non-healing ulcers along with *Lodhra*, *Yashtimadhu*, *Manjishtakwatha* –*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 Nicy 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

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## 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.