

ORIGINAL RESEARCH PAPER

Ayurveda

EFFECT OF AYURVEDA ON DIABETIC ULCER: CASE STUDY

KEY WORDS:

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INTRODUCTION

Ulcer is one of the common problems of having Diabetes. High blood sugar may affect tiny blood vessels, that supply the nerves in the legs, resulting in burning pain or numbness in the feet, which is called as "Peripheral neuropathy" and also it reduces pain sensation. Diabetic ulcer generally consists of a triad ie. Peripheral Neuropathy, Ischaemia (decreased blood supply) and Infection. Any type of trauma, puncture, cut, burn even ingrown toe nail can lead to Diabetic foot ulcer. One may not be aware of these minor injuries due to peripheral neuropathy, so ulcers may develop and enlarge before they are noticed.

AIM OF THE STUDY

This study was to establish the Ayurvedic management strategies of Diabetic Foot Ulcer, starting from prevention of re-occurrence to the options for treatment and cure of Ulcers.

MATERIAL AND METHODS

The study was conducted on 8 numbers of Diabetic Ulcer patients in both OPD and IPD of deptt. Of KAYACHIKITSA, Govt. Ayurvedic College and Hospital, Jalukbari, Guwahati.

- Sample size:8
- Data collection: Daily OPD and IPD basis
- Sex Ratio: M:F = 6:2
- Age Range: 35-60 years

CASE REPORT

CASE 1: 1. Ulceration over right dorsal aspect of foot for last 1

2. H/O swelling of the right foot 10 days back. WAGNER CLASSIFICATION [1]: GRADE 1

CASE 2: 1.Ulceration over the dorsal aspect of left foot and also in between great toe and second toe for last 2weeks.

2. Presented with a cavity which connects dorsal to planter aspect of the foot.

WAGNER CLASSIFICATION: GRADE 1

CASE 3...:1. Ulceration over left planter aspect of foot for last 20 days.

2. Tingling sensation of left foot for last 1 month.

WAGNER CLASSIFICATION: GRADE 2

CASE 4:1. Swelling and redness over left foot for last 3 months.

- $2. Developed \ a \ cavity \ with \ drainage \ of \ pus \ over \ planter \ aspect \ of \ left foot for \ last \ 3 \ months.$
- 3. Severe burning pain over the foot along with restriction of movement of the foot for last 3 months.

WAGNER CLASSIFICATION: GRADE 1

CASE 5: 1. Ulceration over left lower leg for last 4 months.

2. H/O of cut injury during working.

WAGNER CLASSIFICATION: GRADE 2B

CASE 6:1. Ulceration over little finger of right foot for last 10 days.

2. Blackish discolouration of whole foot for last 15 days.

WAGNER CLASSIFICATION: GRADE 1

CASE 7: 1.Multiple openings with pus drainage over medial aspect of left leg for last 8 days.

2. Severe pain over left leg for last 8 days.

WAGNER CLASSIFIC ATION: GRADE 1

CASE 8:1. Ulceration over dorsal and planter aspect of right foot near little finger for last 2 months.

2. Numbness over right foot for last 2 months.

WAGNER CLASSIFICATION: GRADE 3

MECHANISM OF LOCALLY APPLIED DRUGS:

ARAGVADH (Cassia fistula Linn.):

Rasa: Madhur[2]

Guna: Guru, Mridu, Snigha

Veerya:Seeta_[2] Vipak: Madhur_[2]

Gana: Kusthaghna [4] Aragvadhadigana [5] Lakshadigana [6] Kandughna_[7] Vranasodhana_[8]

Affects on local application [2]: Sothaghna and Vedanasthapana

It shows Hypoglycemic activity by presence of Catechin.

It shows antibacterial activity against specially gram negative bacterias and having potent larvicidal activity. $_{[3]}$

HARIDRA (Curcuma longa) : The formulation Haridra khanda [9]has been used

Rasa:Tikta, katu [10] Guna:Ruksha, Laghu [10] Veerya:Ushna. [10]

Vipak: Katu.[10]

 $Gana:Kusthaghna_{\tiny{[11]}}Vishaghna_{\tiny{[12]}}Lekhaniya_{\tiny{[13]}}$

 Affect on local application [10]: Lekhan, Vranaropan, Vranasodhana, Sothahara, Vedanasthapana and Krimighna.

Curcumin is considered to have properties of Glycation and decreased oxidative stress caused by hyperglycemia, also it provides neuroprotective actions $_{[14]}$

MANJISTHA (Rubia cordifolia Linn): For local use, Mahamanjisthadi kadha $_{\mbox{\tiny IISI}}$ has been used.

Rasa:Tikta, kasay, Madhu,161

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Guna: Guru, Ruksha,161 Veerya: Ushna_[16] Vipak: Katu[16]

 $Gana: Priyanva digana_{\tiny{[17]}} Vranaropana_{\tiny{[18]}} Sandhaniya_{\tiny{[18]}}$

Affect on local application $_{[16]}$: Sothahara , Vranaropana ,Kusthaghna.

It Provides significant suppression of reactive oxygen species from polymorphonuclear leukocytes and proinflammatory cytokine induced monocytes. It shows neuroprotective affects by increasing Glutathione levels & promotes Epithelization.[19]

HONEY:

Rasa: Madhur, kasay [20] Guna: Ruksha, Seeta, 201 Veerya: Ushna_[20] Vipak: Madhur[20]

Affect on local application: Sandhaniya, Lekhana [20]

Honey"s antibacterial activity due to presence of hydrogen peroxide, generated by the enzyme that bees add to nectar. It has enzymatic debridement activity and promotes growth of healthy granulation tissue. Also via osmotic action, honey draws out wound"s unnecessary fluid. [21]

JATYADITAILA [22]: Rasa:Tikta, kasay

Guna:Laghu,Ruksha

Affects on local application: Shodhana, Ropana, Raktaprasadana. It is considered to anti inflammatory, antioxidant, analgesic, anti ulcer, anti microbial and Haemostatic. [23]

YASAD BHASMA:

It is Seetal, Kasay and Ropak $_{[24]}$

Zinc serves as a cofactor in numerous transcription factors and enzyme systems including zinc-dependent matrix metalloproteinases that augment autodebridement and keratinocyte migration during wound repair [28]

DISCUSSION

The study entitled "Effects of Ayurveda on Diabetic ulcer: Case study" has been done on 8 numbers of patients in the deptt. Of Kayachikitsa, Govt. Ayurvedic College, Guwahati , with the aim to establish Ayurvedic Management of Diabetic footulcer.

During the course of treatment, we have observed the good prognosis of wounds. The size of the wounds decrease with appearance of healthy granulation tissue and condition of foot (swelling, blackish discolouration, numbness) also improved. No side effects has been noticed during treatment period.

CONCLUSION

Diabetic ulcers are most commonly caused by poor circulation, hyperglycemia and nerve damage. Diabetic foot can be prevented with good glycemic control, regular foot assessment, appropriate foot wear, patient education and early management of pre-ulcerative lesion.

ATTACHMENTS



CASE 2



CASE 3 CASE 4





CASE 5



CASE 6

CASE 7

CASE 8

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CASE 1

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