

Case Study

Ayurvedic Management of Dusta Vrana WRT Trophic Ulcer - A Single Case Study

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How to cite this article:

Kumar V. Ayurvedic Management of Dusta Vrana WRT Trophic Ulcer - A Single Case Study. *J Adv Res Pharm Sci Pharmacol Interv* 2022; 5(1): 5-6.

Date of Submission: 2022-05-03

Date of Acceptance: 2022-06-15

A B S T R A C T

An ulcer is a break in the continuity of the covering epithelium - skin or mucous membrane. Trophic ulcer is a type of neurogenic ulcer, this caused by repeated injury or pressure in an area which has lost sensation of pain and delays wound healing process by malnutrition, vascular insufficiency and neurological deficit. Sushruta mentioned shasti upakrama as the line of treatment in vrana. Kalka and kashaya shodana and taila ropana are among them. Nimba kalka and triphala kashaya shodana and jatyadi taila ropana heals the vrana. Case report of A 46 yrs male diabetic patient presented with ulcer in central fore foot, painless and difficult to walk.

Keywords: Trophic Ulcer, WRT, Triphala

Introduction

The word 'trophic' is derived from greek word trophe = nutrition. Trophic ulcer as a pressure ulcer caused by external trauma to a part of the body that is in poor condition because of disease, vascular insufficiency or loss of afferent nerve fibres.¹ This ulcer starts with callosity under which suppuration takes place. The pus comes out and the central hole forms the ulcer which gradually burrows through the muscles and the tendons to the bone.

Wound healing includes various component which makes tissue regeneration in the affected area. Failure in the process leads to dusta vrana (chirasthithi)² or non healing ulcer.

Management of trophic ulcer is nutritional supplement, control the disease, rest, surgical debridement, regular dressing, vaccum assisted closure, once the ulcer granulates well, flap cover or skin grafting is done.

Acharya sushruta mentioned 60 upakramas for management of vrana, kalka, kashaya and taila are among them nimba kalka, triphala kashaya shodana and jatyadi taila ropana used here to management of dusta vrana.

Case Report

A 46 year male diabetic patient treated on Out Patient Department of Tapovana Ayurvedi Medical College, Doddabathi Davangere. Presenting with compliants of ulcer over the centre of left fore foot since 1½ yrs. Before 1½ years patient had callosity over the centre of fore foot associated with pain. Patient approached a local doctor they advice corn cap, after putting the cap the area become more painfull and discharge comes, for that he remove the cap that needs daily dressing but it fail to heal comploty. Patient had history of Diabetic under medication, had done skin grafting surgy for the ulcer in the same foot in planter region. Family history was not significant for presenting complaint.

Clinical Features

General Examination

- Pallor - Present
- Icterus - Absent
- Cyanosis - Absent
- Lymphadenopathy - Absent
- Oedema - Absent

Systemic Examination

- Pulse - 76 bpm
- BP - 120/90 mmHg
- RS - NVBS heard
- CVS - S₁S₂ heard
- P/A - Soft , No Organomegaly

Locomotor Examination

- On inspection: Bilateral limbs normal, scar mark on left foot planter aspect
- On Palpation: Temperature normal, no tenderness
- Reflexes are normal

Ulcer Examination

On Inspection

- Site: left center fore foot
- Size: 4*3*1cm
- Shape: oval
- Edges: punched out
- Floor: slough
- Base: muscle
- Surrounding skin: healthy

On palpation

- Tenderness over the ulcer or surrounding skin, absent
- Edges: indurated
- Base: mobile
- Peripheral pulse: both the limbs normal

Investigations

Haematological and urine investigations done, sugar lits are high and discharge sent for culture and sensitivity to rule out tuberculous ulcer.

Treatment

Internal Medication

- Nishamalaki choorna 2tsp bd before food with hot water
- Tab insol N 2bd after food with hot water
- Kaishora guggulu 2bd after food with hot water for 20 days
- Chitrakadi vati 2bd before foob with hot water for 10 days

Wound Care

- Excise the indurated edges with scalpel take care of surroundings
- Wound washed every day with freshly prepared triphala kashaya, freshly prepared nimba kalka applied for 2hr for first 20 days once again washed with triphala kashaya then jatyadi taila dressing for Roopana
- Only wound wash with triphala kashaya and jatyadi taila dressing till wound healing
- Pathya : Shaali, Shashtika

Results

Diabetis comes under control with ovar medication. Indurated area excise day by day, slough reduced with shodana therapy, gradually floor filling with granulation tissue takes place healed completely by 30days of treatment.

Discussion

Trophic ulcer features such as chronisity, indurated punched out edges, non healing are related to Dustvrana. For the management of vrana Acharya Sushrutha mentioned 60 upakramas kalka, kashaya shodhana and taila roopana among them. Nimba kalka and triphala kashaya dose shodhana, Nimba contains anti-bacterial, anti-fungal and properties that may help in accelerating the wound healing process.³ In addition, nimba contains an excellent amount of amino acids, vitamins and minerals that is very important in wound healing process in proliferative phase.⁴ The Triphala Kwatha contains active compounds in them such as Gallic acid, Chebulinic acid, Ellagic acid, Flavonoids, Tannins and Polyphenols (Aringin, Quercetin, Homoorientin, Isorhamnetin, Hypaconitine, and Acaciin), which are responsible for its effective immune stimulatory and immunosuppressant property.⁵ It is reported to be an effective antibacterial agent against Gram-positive and Gram-negative bacteria, antifungal agent.⁶ Jatyadi taila contains, tannins, steroids, flavonoids, alkaloids which helps in faster healing of wounds, with the use of above drugs proliferation of news cell along with granulation tissue develops along with general condition of the patient improved with ovar medication and avoding pressure over the wound promotes wound healing completely in 30 days of treatment.

Conclusion

Trophic ulcer can be taken under the features of Dushtavrana, so adopting initial shodhana and ropana treatment is beneficial along with improving the general condition and it can be prevented by regular foot examination and hygiene.

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