



## MADHUMEHAJANYA DUSTA VRANA- AYURVEDIC MANAGEMENT

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### ABSTRACT:

Prameha is one of the Ashtamahagada occurring mainly due to Santarpana nidanas involving ten dushyas, which eventually results into Madhumeha. Due to improper management, complications occur in the form of Prameha Pidakas which if further untreated results into Madhumehajanya dusta vrana. Pramehajanya dustavrana (non-healing ulcer) can be co-related to Diabetes Mellitus (DM) and Diabetes Foot ulcer respectively in contemporary science. This paper discuss the management of diabetic foot ulcer patient who have been taking allopathic medicine for long time and have been suffering from chronic non healing ulcer in lower limb managed using traditional yoga mentioned in keralaliya visha chiktisa grantha. For management of wound only external treatment was given. Trimurti yoga mentioned in Prayogasamuchayam was used for kshalana (cleaning) and nimba kalka (paste) local application. After a treatment of 45 days, the ulcer was completely healed leaving only the scar mark.

**Key words:** *Prameha, Agada yoga, Diabetic mellitus, kshalana*

## INTRODUCTION

Diabetes affects approximately 415 million people worldwide<sup>[1]</sup>. Diabetes Mellitus (DM) and its morbid complication are imparting heavy burden to individuals and the healthcare system. Ayurveda offers a wide range of therapeutics for the long-term management and prevention of complications. *Prameha* is one of the *Ashtamahagada* occurring mainly due to *Santarpana nidanas* involving ten *dushyas*, which eventually results into *Madhumeha*. *Prameha* and *Madhumeha* are used as synonyms in the context of *Upadrava* ( complications). *Prameha Upadrava* develops due to improper treatment or excessive vitiation of *dhatu*s<sup>[2]</sup>. Based on etiology and clinical features, *Prameha* and *Madhumehajanya dusta vrana* can be correlated to Diabetes Mellitus (DM) and Diabetes Foot Ulcer (DFU) respectively in the contemporary science. As per the WHO, 2% of all deaths in India are due to Diabetes, which can be attributed to the complications of Diabetes Mellitus rather than to the disease alone<sup>[3]</sup>. Among the DM complications, understanding the Diabetic Foot Ulcer, a complication which involves Neurological, Vascular and Musculoskeletal components of the foot plays a vital role as it affects approximately 15% of diabetic patients during their lifetime. Among them, between 0.03% and 1.5% of patients with diabetic foot, require an amputation<sup>[4]</sup>. Many studies show a prolonged inflammatory phase in diabetic wounds, which cause a delay in the formation of mature

granulation tissue and a parallel reduction in wound tensile strength<sup>[5,6]</sup>. In *Madhumeha* the lower limbs vessels become weakened and unable to expel *doshas*. This leads to accumulation of *doshas* (*meda* and *rakta* along with other *dosha*, *dushya*) followed by formation of *prameha pidika* which converts into wounds after putrefaction i.e, diabetic ulcer. Present case study deals with a 55year old woman patient with nonhealing ulcer on her medial aspect of left leg near to ankle joint, known DM patient for 10 years. *Trimurti yoga* mentioned in *Prayoga sammuchayam*<sup>[7]</sup> in the context of *mandali visha chikitsa* used for *kshalanam* (cleaning), *nimba patra kalkam* (paste of neem leaf) for local application. Hence, this study was designed to explore the wound healing properties of *Trimurti yoga along with nimba patra kalka*.

## CASE REPORT

A female patient of age 55 years came to outpatient department of hospital for treatment of non- healing ulcer which occurred as a complication of Diabetes Mellitus.

Presenting complaints

- Ulcer on her left ankle joint since last six months.
- Associated with severe pain, itching and burning sensation, profuse purulent discharge and foul smell

On examination,

- Four ulcers were seen on medial aspect of ankle joint of left leg
- 1<sup>st</sup> ulcer size- 6x8x0.5 cm

- II<sup>nd</sup> ulcer size- 1x1x0.3cm
- III<sup>rd</sup> ulcer size - 0.5x0.2x0.2cm
- IV<sup>th</sup> ulcer size- 0.3x0.2x0.2cm
- Ulcers were with punched out edges and irregular margins.
- The floor was covered with slough and the area around the ulcers were red and oedematous.
- Tenderness was also present in its adjoining area, and lymph nodes were not involved.

#### HISTORY OF PRESENTING COMPLAINTS

According to patient, 6 months back while cleaning house she felt slight itching in the lower limbs of left foot while scratching a small ulceration occurred for which she applied betadine ointment, as days passed slight oozing was noticed in the wound, gradually the size of ulcer increased so she consulted an allopathic physician and took medicine for which she had no relief. Gradually the symptoms increased with foul smell from wound. Later thick purulent discharge

filled the ulcer. Lastly, she came for Ayurvedic management at hospital.

The patient was having controlled diabetes mellitus (on oral antidiabetic drugs) since last 10 yrs. There was no history of HTN, Tuberculosis, and any other major systemic disorder. All the vital parameters were within the normal limits. Patient was haemodynamically stable except slightly increase in blood sugar level ie, Blood sugar (F)-130mg/dl

According to ayurveda the condition was diagnosed as *madhumehajanya dusta vrna*. Since the patient was having a controlled blood glucose level. *Vrna ropana* (healing) procedures were done. Only external treatment was done and no internal medicines were given, patient was advised to follow *pathya ahara* (wholesome diet) in order to maintain the blood glucose level in the normal range.

**Table 1: Intervention**

SL NO	MEDICINE	DOSE	DURATION	OBSERVATION
1	<i>Trimurti yoga</i>	10gm powder in 2litres of water boiled and cooled used to clean the ulcers- (E/A)	20mintues once daily – 45days	• Oozing,pain ,foul smell, pus discharge reduced within 1week
2	<i>Nimba kalka</i>	15 gm of paste of fresh leaves for	Once daily – 45 days	• Healthy granulation

		local application		tissue -by the end 1 week <ul style="list-style-type: none"> <li>• Completely healed by 45 days</li> </ul>
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In the above prescription *Trimurti yoga* is used for *kshalanam*. It is a combination of *nimba* (*Azadirachta indica* A.Juss) , *neeli* (*Indigofera tinctoria* L) and *karanja* (*Pongamia pinnata* L) . *Trimurti yoga* is traditional formulation from *keraliya visa chikitsa grantha* mentioned in *trithiya paricheda* (3<sup>rd</sup> chapter) of *Prayogasamuchayam*. The formulation was once widely used by *keraliya visha vidhyas* for non-healing ulcer produced by *mandali damsha* (viper bite). The formulation is used as *tridosasamana*. So this formulation was given for cleaning the non-healing ulcers. *Nimba patra kalka* which is a classical formulation used in *dustavrna*(non-healing ulcer).

Cleaning of wound using *Trimurti kwatha* (decoction) and dressing with *nimba patra kalka* packed in a sterile gauze was done for 45 days. Ulcer got completely healed within this period leaving only minimal scars

*Raktamoksha*(bloodletting) using *Jaluka* (leach therapy) was done prior to discharge to improve microcirculation of the area and thus to prevent the reoccurrence of ulcer.

Follow up -1 month- no signs of recurrence were noticed.



**Fig 1- BEFORE TREATMENT**



**Fig 2 – AFTER TREATMENT**

**DISCUSSION**

**A. Effect on Vrana Vedana(pain):**

Tenderness was completely reduced at the end of 2<sup>nd</sup> week. *Shothhara* property was due to *Tikta*, *Kashaya rasa* present in *Nimba*<sup>[10]</sup>, *karanja*<sup>[8]</sup>.

**B. Effect on Vrana Varna(colour):**

Slough was completely reduced at the end of 1<sup>st</sup> week. *Shoshana*, *ruksha stambhana* properties was due to *Ruksha guna* present in *Nimba*<sup>[10]</sup>, *Karanja*<sup>[8]</sup> and *nili*<sup>[9]</sup>, which act by its *shoshana and stambhana* properties thus removing slough and promote the formation of healthy granulation tissue.

**C. Effect on Vrana Srava(discharge):**

Profuse, purulent discharge was completely reduced after 5 days of treatment

**D. Effect on Vrana Gandha(smell):**

Intolerable, unpleasant foul smell reduced at the end of 1st week. *Vishaghna* activity present in *nili*<sup>[9]</sup> and antibacterial effect of *nimba*<sup>[10]</sup> helped to remove foul smell from *vrana(ulcer)*.

**E. Effect on Vrana Aakriti (shape):** *Madhumehajanya Vrana* completely healed with minimal scar at the end of treatment.

**CONCLUSION**

This case study reveals that local application of *nimba patra kalka along with trimurti yoga for kshlanam (cleaning wound)* was found to be very effective in the management of *Madhumehajanya vrana*. All the ingredients of *trimurti yoga* have collective potential of anti-inflammatory, antibacterial, wound cleaning, wound healing properties which helped for perfect wound healing in *Madhumehajanya vrana*. The study concluded that *trimurti yoga* and application of *nimba patra kalka* possesses highly qualitative efficacy in *Vrana ropana* with fine scarring. Number of drugs present in the formulation is also less when compared to other formulation

used and all the drugs are easily available. Further clinical trials should be done to create new dimensions in management of *dusta vrana*.

**DECLARATION OF PATIENT CONSENT:**

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

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