



A CASE REPORT ON INTEGRATED APPROACH FOR THE MANAGEMENT OF DUSHTA VRANA WITH SPECIAL REFERENCE TO DIABETIC FOOT ULCER

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DOI: <https://doi.org/10.5281/zenodo.18438696>

How to cite this Article: Dr. Sahana H. S.^{*1}, Dr. Shailaja S. V.^{*2}. (2026). A Case Report on Integrated Approach For The Management of Dushta Vrana With Special Reference To Diabetic Foot Ulcer. European Journal of Biomedical and Pharmaceutical Sciences, 13(2), 126–130.

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Article Received on 05/1/2026

Article Revised on 25/01/2026

Article Published on 01/02/2026

ABSTRACT

Vrana (wound/ulcer) presents as a break in the integrity of skin and deeper tissues with pain and discharge. Chronic non-healing wound remain a clinical challenge. Ayurvedic principles of *Shodhana* (cleansing) and *Ropana* (healing) are applied for management. To report the assessment and management of a chronic wound using Ayurvedic wound care techniques. A 46 year old male with type 2 diabetes mellitus presented with 20 days old irregular non healing ulcer in the plantar aspect of right foot characterised by foul smell, pus discharge, covered with necrotic tissue, and slough, tenderness are noted at the site of ulcer. Under aseptic precautions wound debridement done under SA and cleaning of the ulcer done, he received IV antibiotics for 5 days and oral medications for healing of the wound with daily dressing. Treatment included wound cleaning with betadine solution followed by *panchavalkala kashaya prakshalana* followed by daily dressing with *jatyadi taila* were applied for 14weeks to promote the healing. The clinical signs of *dushta vrana* improved, all achieved through external dressing and internal medications given for 14weeks without amputation of the part. Non healing diabetic foot ulcer of a diabetic patient is almost healed successfully by integrated approach.

KEYWORDS: *Vrana*, wound healing, Ayurvedic management, *Shodhana*, *Ropana*.

INTRODUCTION

Dushta Vrana (chronic ulcers) are a frequently encountered problem in present era produced commonly as a complication of trauma or pathologic insult and it causes long term agony to the patient.^[1] *Dushta Vrana* is a type of *Vrana* which manifest with delayed healing or remains non healing for a long time.^[2] *Dushtavrana* is characterized by *Atisamvruta*, *Ativivruta*, *Atikatina*, *Atimrdu*, *Utsanna*, *Avasanna*, *Atisita*, *Atiushna*, *Krishna*, *rakta*, *peeta*, *shukla varna*, terrifying filled with *putipooya mamsa-sira-snayu*, *atyarta vedana* accompanied with *Daha*, *Paka*, *Raga*, *srava*, *putigandha* and *deergakalanubandhitva*.^[3] *Dushta Vrana* can be correlated to chronic wounds/ulcer. Chronic wounds are a major public health problem, the prevalence of chronic wounds in India is said to be 4.48 per 1000 of

population.^[4] Patients with chronic wounds/ulcers are frequently treated with either systemic or topical antimicrobial therapy, Hyperbaric Oxygen Therapy, Vacuum-assisted closure, skin grafts which are expensive.^[5] *Acharya Sushruta* mentioned 60 *upakramas* for *vrana*. *Taila* is one among them which helps in *shodana* and *ropana*.^[6] *Jatyadi Taila* which is mentioned in *Sharangadhara samhitha* for *dushta vrana*,^[7] it does *Shodhana* and *ropana* of *Vrana*. *Saptavimshatika Guggulu* mentioned in *Cakradatta* is also indicated in *Dushta Vrana*.^[8] For *Vrana shodhana* *Panchavalkala Kashaya* was used.^[9] This case review outlines the clinical process and outcomes of managing a chronic *Vrana* using Ayurvedic protocols highlighting relevant assessments, interventions, and results.

MATERIALS AND METHODS

Study Design

Single case observational study.

CASE REPORT

A male patient aged about 46 years with a k/c/o diabetes mellitus since 10 years and hypertension since 1 year was apparently healthy 2 years ago. Patient developed blisters over plantar aspect of right foot after walking in bare foot for which he visited jain hospital and took treatment. Ulcer at right foot was healed after treatment but small opening persist at plantar aspect below the greater toe but patient did not had any symptoms. Since 2 days patient noticed blackish discoloration below the opening at medial aspect extending laterally over plantar region of right foot along with pain, after a day pus mixed serous discharge was seen along with fever. For this compliant patient consulted SKAMCH & RC for further evaluation and management.

POORVA VYADHI VRUTTANTA

✓ Surgical history – tarso metatarsal amputation of left foot – 2 years ago.

Patient developed blisters over plantar aspect of left foot after walking in bare foot which converted into ulcer and gangrenous changes were seen at for which he took treatment in Mahaveer jain hospital where patient underwent tarso-metatarsal amputation of left foot.

CHIKITSA VRUTTANTA

On medication

For diabetes mellitus

- Tab. Glimestar – 3 1-0-0 - before food
- Vildapride DM 1-0-0 - before food

LOCAL EXAMINATION/ULCER EXAMINATION



On inspection

Site – plantar aspect of right foot
 Shape – Irregular
 Number - 1
 Swelling – absent
 Discoloration - present
 Size - 10 x 4 cm
 Edge - Inflamed
 Floor – Necrotic Tissue
 PusDischarge- present
 Surrounding area - Inflamed

On Palpation

Tenderness – Present
 Local Rise Of Temperature – Present

- Tab pioz 15 0-0-1 - before food

For hypertension

- Telmisartan 40 1-0-0 – after food

Personal history

- ✓ Diet - Mixed
- ✓ Appetite - Good
- ✓ Sleep - Disturbed
- ✓ Micturition - 4-5 times/day, 3-4 times/night
- ✓ Bowel - Regular, 1-2 times/day
- ✓ Habits - Alcohol since 20 years, Smoking 1 pack/day

Family history : Nothing contributory

General examination

- ✓ Temperature - 99.4⁰ F
- ✓ Pulse - 74 bpm
- ✓ Blood pressure - 130/90 mm hg
- ✓ Respiratory rate - 18 cycles/min
- ✓ Height - 179 cm
- ✓ Weight - 75 kg
- ✓ BMI - 23.1 kg/m²
- ✓ Gait - limping gait

Systemic examination

- RS - Normal vesicular bronchial sounds, no added sounds.
- CVS - S1, S2 heard and no murmurs heard.
- Per Abdomen - Soft, Non tender in all the quadrants.
- CNS - Higher mental functions intact. Patient is oriented to time, place and person.



Induration –

Absent

Bleeding –

Absent

VRANA PAREEKSHA

Vrana sthana - Dakshina paada
 Vrana varna - krishna varna
 Vrana vedhana - Toda
 Vrana srava - Pooya srava
 Vrana Gandha - Pooti gandha

INVESTIGATIONS

WBC Count – 18,000 cells/cumm
 ESR – 95mm/hr
 FBS – 155 mg/dl
 PPBS- 188 mg/dl

128



Day 1



Day 16



Day 29



Day 53



Day 65



Day 72



Day 83



Day 94



Day 121

DISCUSSION

Chronic *Vrana* is difficult to manage due to factors such as persistent inflammation, infection, and underlying systemic conditions. *Ayurvedic* approaches integrate both local cleansing and systemic balancing therapies rooted in classical texts, aiming to transform *dushta vrana* to *shuddha vrana* and facilitate healing. These include therapeutic cleansing (*prakshalana*), application of medicated substances with *shodhana* and *ropana* properties, and oral medicaments that support tissue repair and *dosha* equilibrium.

Modern parallels of wound management (debridement, antimicrobial dressings, glycemic control in diabetics) share similar goals of reducing bioburden and facilitating

healing, suggesting complementary frameworks across medical paradigms.

The positive outcome in this case supports the potential role of Ayurveda-based wound care in select chronic ulcers, though larger studies with controlled designs are needed to strengthen evidence and develop protocols.

CONCLUSION

This case review demonstrates successful management of chronic *Vrana* through structured Ayurvedic wound care. With systematic assessment and tailored interventions combining local and systemic therapies, almost complete healing was achieved. This supports

further research into integrative wound management strategies within Ayurvedic practice.

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