

**A CASE STUDY ON VRANA SHODHANA AND VRANA ROPANA
CHIKITHSA IN THE MANAGEMENT OF MADHUMEHAJANYA
DUSHTA VRANA**

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Article Received on 15 Sept. 2026,
Article Revised on 05 Oct. 2026,
Article Published on 01 Nov. 2026,
<https://doi.org/10.5281/zenodo.23388639>

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How to cite this Article: ¹Dr. Prathibha H. C.,
³Dr. Bharathi D. A., ²Dr. Shankar S. (2026). A
Case Study On Vrana Shodhana And Vrana
Ropana Chikithsa In The Management Of
Madhumehajanya Dushta Vrana. World Journal
of Pharmaceutical Research, 15(20), 1116–1131.
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ABSTRACT

The word *Prameha* is derived from the root “*Mih Sechane*”, meaning “watering.” In reference to diseases of human beings, it may have the meaning of excessive urination, qualified by the prefix “*Pra*”, which denotes excess in both frequency and quantity. *Prameha* is derived from *Pra* and *Miha*. It is a condition characterized by excessive outflow of urine. *Prameha* is a *Santarpanajanya Vikara* that may progress to *Madhumeha*, and when aggravated by improper diet and lifestyle, uncontrolled diabetes, and inadequate management, it can lead to *Prameha Pidaka*, which may progress into a difficult-to-manage chronic non-healing wound as a severe diabetic complication. Diabetes causes a limb loss approximately every 20 seconds, and about 15% of people with diabetes develop a foot ulcer during their lifetime. Up to 85% of diabetes-related

amputations are preceded by foot ulcers, with recurrence rates reaching 70%. Globally, diabetes contributes to 40–60% of non-traumatic lower-limb amputations, although up to 85% of diabetic foot complications are preventable. This paper discusses the management of diabetic foot ulcer patients who have been taking allopathic medicine for long time and have

been suffering from chronic non healing ulcer in lower limbs, using *Panchavalkala Prakshalana*, *Kshara Jala Prayoga* and wound dressing with *Jatyadi Taila*. As *Deha Shodhanartha* along with further controlling and preventing measures, both *Virechana* and *Basthi* adopted. The present case highlights the potential role of Ayurvedic management in the treatment of chronic non-healing ulcers. Compared with conventional approaches, which may require procedures such as skin grafting in advanced cases, the Ayurvedic treatment provided satisfactory healing without reported complications. The patient showed significant improvement within two to three months, with the treatment being cost-effective and associated with a reduced risk of recurrence.

KEYWORDS: *Prameha*; *Madhumeha*; Diabetic Foot Ulcer; *Duṣṭa Vrana*; *Panchavalkala Prakshalana*; *Jatyadi Taila*.

INTRODUCTION

Diabetic foot ulcer is defined as a group of disorders where in neuropathy, ischemia and/or infection may lead to tissue breakdown and subsequently potential amputation. Nearly ¾ th of all lower limb amputations are attributed to diabetic related foot ulcers. Up to 1/4th of patients with Diabetes mellitus has the risk of developing an ulcer of the foot. Poor hygiene, inadequate foot care, and lack of proper footwear significantly increase the risk of diabetic foot ulcers and lower-limb amputations.

Burden of DFU

Approximately 19–34% of people with diabetes develop a foot ulcer during their lifetime. Each year, around 2% of people with diabetes develop a new diabetic foot ulcer.^[1]

तस्य चैवम्प्रवृत्तस्यापरिपक्वा एव वातपित्तश्लेष्माणो यदा मेदसा सहैकत्वमुपेत्य मूत्रवाहिस्रोतांस्यनुसृत्याधो गत्वा बस्तेर्मुखमाश्रित्य निर्भिद्यन्ते तदा प्रमेहाञ्जनयन्ति ॥४॥ su ni 6/4

When the incompletely formed *Vāta*, *Pitta*, and *Kapha*, having combined with *Meda* (fat/adipose tissue), travel through the urinary channels downward and reach the outlet of the urinary bladder, they become discharged/break through there and produce the disorders known as *Prameha*.^[2]

कालेनोपेक्षिताः सर्वे यद्यान्ति मधुमेहताम्॥२०॥

मधुरं यच्च सर्वेषु प्रायो मध्विव मेहति।

सर्वेऽपि मधुमेहाख्या माधुर्याच्च तनोरतः॥२१॥A H ni 10/20

When all the *Pramehas* are neglected or remain untreated for a long time, they eventually develop into *Madhumeha*. Since the urine passed in this condition is generally sweet like honey, it is called *Madhumeha*. Thus, these disorders are known as *Madhumeha* because of the sweetness of the urine and the body.^[3]

सर्वेषां सर्वदोषजत्वेऽप्युत्कर्षतो दोषग्रहणं ।

All doshas are involved in the present case study.

विना प्रमेहमप्येता जायन्ते दुष्टमेदसः।

तावच्चैता न लक्ष्यन्ते यावद्वास्तुपरिग्रहः॥१०४॥Cha su 17/104

These conditions can also arise independently, even without *Prameha*, due to vitiated or abnormal *Meda* (fat/adipose tissue). They do not become clinically noticeable until the affected *Meda* becomes sufficiently established or accumulates in its proper site (*Vāstu*).^[4]

In *Madhumeha* the lower limbs vessels become weakened and are 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 foot ulcer. Present case study deals with a 45year old male patient with nonhealing ulcer Over The Dorsum And Plantar Aspect Of Right Foot – for 6 Months known DM patient for 5 years.

Deha Shodhana, *Vrana Shodhana* and *Vrana Ropana* action on *Madhumehejanya Dushta Vrana* help in the reduction of *Puya*, *Srava*, *Vedana*, *Vaivarnya* and *Dourgandhya* in the present case.

CASE REPORT

- A male patient aged 48-year, known case of type 2 diabetes mellitus for the past 5 years on regular medications and previously asymptomatic, Patient Complains Of Non Healing Ulcer Over The Dorsum And Plantar Aspect Of Right Foot - for 6 Months
- Patients have consulted and taken oral medications. But not relieved by the above said complaints For which he came to Shalya Tantra department for further evaluation and management.

Anubandhi Vedana

- C/o swelling and itching in surrounding regions.

- C/o pain in the right lower limb occasionally.

Past interventions and outcomes

- Patient was apparently well before June 2025 .When patient was walking in bare foot he got pricked by iron nail and gradually he developed wound in the plantar aspect of right foot. He has taken modern medications along with wound dressing, for a week due to uncontrolled diabetes the size of the wound is increased in the plantar aspect till middle toe which became infected and progressed to gangrene, for which he underwent amputation of the middle toe on 21-07-2025.
- Again, the patient got iron nail pricked in the plantar aspect and gradually he developed a non-healing ulcer over the plantar aspect of the right foot.
- Patient also gave a H/O wound caused by hot water spillage over the dorsum of foot, associated with swelling and itching in surrounding region and pain in the right lower limb occasionally.

Drug History

Tab. Cyblex M 60 XR 1-0-1 A/F for 5 years

Family History

- Mother: Hypertensive & Type II Diabetes Mellitus.

Personal history

आहार	<i>Shad Rasa Yukta Ahara</i>
जठराग्नि	<i>Sama</i>
विहार	<i>Shramaja</i>
बल	<i>Madhyama</i>
व्यसन	<i>Madhyapana</i> , coffee intake 5-6 times per day
निद्रा	<i>Samanidra</i>

Ashta Vidha Pareeksha

नाडी परीक्षा	<i>Vata Pitta</i>
मूत्र परीक्षा	<i>Prakruta</i>
मल परीक्षा	5-6 Times Per Day
जिह्वा परीक्षा	<i>Aliptata</i>
शब्द परीक्षा	<i>Prakruta</i>
स्पर्श परीक्षा	<i>Anushna Sheeta</i>
दृक् परीक्षा	<i>Prakruta</i>
आकृति परीक्षा	<i>Madhyama</i>

Rogi Pareeksha

प्रकृति	पित्त-कफ प्रकृति:
विकृति	वात कफ-पित्त विकृति: प्रमेहप्रधान विकृति:
सार	मध्यम
संहनन	मध्यम
प्रमाण	मध्यम
सात्म्य	मध्यम
सत्त्व	मध्यम
आहारशक्ति	अवर
व्यायामशक्ति	अवर
वय	मध्यम

GENERAL EXAMINATION

Average build

Moderately nourished

Weighing 69 kg

Pallor

Icterus

Clubbing

Cynosis

Lymphadenopathy

NORMAL

Vital Signs

Pulse rate–82/min (regular),

Blood pressure–130/70 mmHg,

Respiratory rate–20/min,

Temperature–98.4°F.

Systemic examination

Cardiovascular system	Inspection: Normal Palpation: Normal Auscultation: S1 S2 heard, No murmurs Percussion: Normal
Respiratory system	Inspection: Normal Palpation: Normal

	Auscultation: Normal Vesicular Bronchial sound, No added sounds Percussion: Resonant
Gastrointestinal system	Abdomen: Scars: None Discoloration: Absent Umbilicus: Centrally placed, inverted Palpation: no tenderness and abnormal found Percussion: Normal Auscultation: Bowel sounds: Normal.
Central nervous system	Intact and conscious Orientation to time and place

Local examination / स्थानिक परीक्षा

On Inspection

Site: Ulcer is predominantly present in the right foot of Dorsum of the 2nd toe (Web Space)

And Plantar aspect of the amputated 3rd Toe

Size: Approximately

Dorsum Of Foot – 4-5 Cm Length

3-4 Cm Width

Plantar aspect – 1-2 cm width

4-5 cm length with sinus tract

Shape - Irregular shape

Margin - Inflamed and Edematous

Edge - Slopping edge - Dorsum

Punched out –Plantar region

Floor - Is covered with red granulation tissue and unhealthy tissues with slough

Surrounding Skin: Hyperpigmented, swollen And Inflamed

Discharge: Sero Purulent Discharge Is Noticed

On Palpation

- Local Raise of Temperature
- No Tenderness On Both The Sides
- Ulcer Is Mobile And No Induration
- Ulcer Does Not Bleed On Touch
- Dislocation Noted At Metatarsophalangeal Joint Of 1st Finger

Base - Dorsum Involved Underlying Muscle

Plantar Both Muscle And Bone Left Lower Limb Is Normal

- **Examination of lymph nodes** – No enlarged lymph nodes
- **Vascular insufficiency** - No signs of suggestive vascular insufficiency

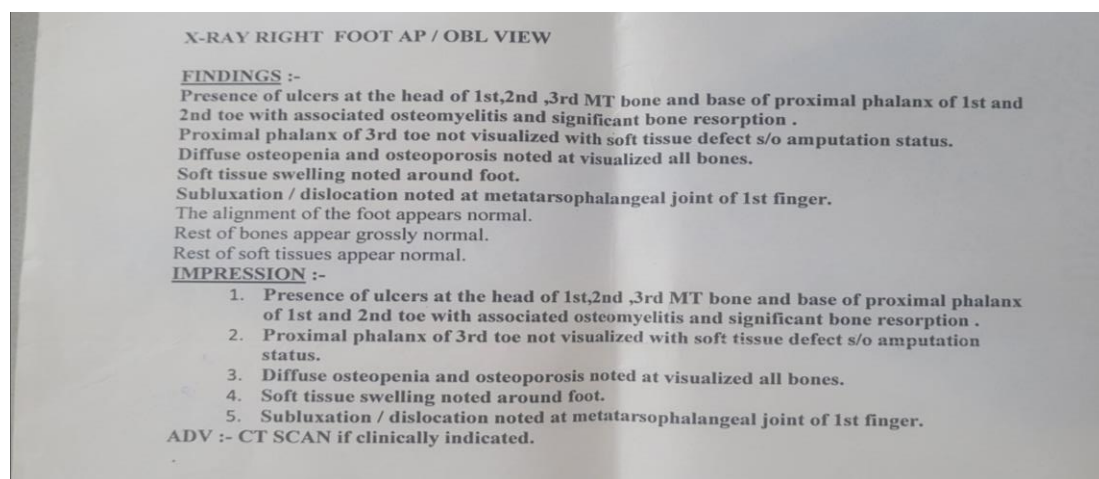
Laboratory investigation

RENAL FUNCTION TEST (RFT)				
BIOCHEMISTRY				
INVESTIGATION NAME	VALUES	UNITS	REF RANGE	METHODOLOGY
RANDOM BLOOD SUGAR (RBS)	463	mg/dl	80-140	GOD-POD
BLOOD UREA	30	mg/dL	15-43	Urease /GLDH
SERUM CREATININE	1.0	mg/dL	0.6-1.2	Jaffe compensated
SERUM ELECTROLYTES				
SERUM SODIUM	126.0	mmol/L	136-146	DIRECT ISE
SERUM POTASSIUM	4.3	mmol/L	3.5-5.1	DIRECT ISE
SERUM CHLORIDE	91.9	mmol/L	98-110	DIRECT ISE
End Of Report				

HAEMATOLOGY				
INVESTIGATION NAME	VALUES	UNITS	REF RANGE	METHODOLOGY
CBC (COMPLETE BLOOD COUNT)				
HAEMOGLOBIN	10.9	g/dl	13-17	SLS haemoglobin
PCV	32.6	%	40-50	Calculated
PLATELET COUNT	222000	Cells/cumm	150000-450000	Electrical impedance
RBC COUNT	3.81	Mill/cumm	4.5-5.5	Electrical impedance
MCV	85.6	fL	80.7-95.5	Calculated
MCH	28.6	pg	27-32	Calculated
MCHC	33.4	%	31.5-34.5	Calculated
RDW-CV%	12.0	%	11.5-14.1	Calculated
TOTAL COUNT (WBC)	13330	Cells/cumm	4000-10000	Flowcytometry
DIFFERENTIAL COUNT				
NEUTROPHILS	88	%	42.9-78.4	Flowcytometry/ manual
LYMPHOCYTES	05	%	14.1-45.8	Flowcytometry/ manual
EOSINOPHILS	01	%	0.3-6.2	Flowcytometry/ manual
MONOCYTES	06	%	3.3-9.2	Flowcytometry/ manual
BASOPHILS	00	%	0-1	Flowcytometry/ manual
ESR	94	mm/hour	0-15	Westergren
BT & CT				
BLEEDING TIME	2min30sec	min/sec	1-5	Duke's
CLOTTING TIME	4min 30sec	min/sec	4-9	Capillary tube
End Of Report				

BIOCHEMISTRY				
INVESTIGATION NAME	VALUES	UNITS	REF RANGE	METHODOLOGY
LIPID PROFILE				
CHOLESTEROL TOTAL	83	mg/dl	Desirable : <180 Borderline: 180-240 High : >240	Oxidase/Peroxidase
CHOLESTEROL - LDL	42	mg/dL	Desirable :0 - 130 Border line :130 -159 High Risk >160	Direct
CHOLESTEROL - HDL	14	mg/dl	35-80	Direct
TRIGLYCERIDES	123	mg/dL	Desirable : <150 Borderline :150-199 High : 200-499 Very High :> 500	Glycerol phosphate Oxidase/Peroxidase
VLDL CHOLESTEROL	24	mg/dL	< 30	Calculated
TOTAL CHOL / HDL CHOL RATIO	5.7	.	0-5	Calculated
LDL CHOLESTROL / HDL CHOLESTROL RATIO	2.9	.		
LIVER FUNCTION TEST (LFT)				
TOTAL BILIRUBIN	0.5	mg/dl	0.2-1.1	Diazotized sulfanilic
DIRECT BILIRUBIN	0.4	mg/dL	0-0.4	Diazotized sulfanilic
SGOT	14	U/L	0-40	IFCC With out pyridoxyl phosphate
SGPT	15	U/L	0-41	IFCC without pyridoxal phosphate
TOTAL PROTEIN	5.9	g/dL	6.6-8.7	BIURET
SERUM ALBUMIN	3.4	g/dl	3.5-5	Bromocresol green
GLOBULIN	2.5	g/dL	2.3-3.5	Calculated
A/G RATIO	1.3		0.8-1.8	Calculated

CLINICAL PATHOLOGY				
INVESTIGATION NAME	VALUES	UNITS	REF RANGE	METHODOLOGY
URINE ANALYSIS				
PHYSICAL EXAMINATION				
COLOUR	PALE YELLOW			
APPEARANCE	CLEAR			
CHEMICAL EXAMINATION				
PH	6.0		4.5-8	Automated
SPECIFIC GRAVITY	1.010		1.01-1.03	Automated
URINE ALBUMIN	PRESENT (+)		ABSENT	Automated/Manual
URINE SUGAR	PRESENT(++++)		ABSENT	Automated/Manual
KETONE BODIES	PRESENT (+)		ABSENT	Automated/Manual
BILE SALT	ABSENT		ABSENT	Automated/Manual
BILE PIGMENT	ABSENT		ABSENT	Automated/Manual
UROBILINOGEN	NORMAL		NORMAL	Automated/Manual
MICROSCOPIC EXAMINATION				
PUS CELLS	1-2		0 - 3/ Hpf	Microscopic
EPITHELIAL CELLS	2-3		3 - 5/ Hpf	Microscopic
RBC'S	25-30		0 - 0 / Hpf	Microscopic
GRANULAR CASTS	NOT SEEN		ABSENT	Microscopic
CRYSTALS	NOT SEEN		ABSENT	Microscopic
HYALINE CAST	NOT SEEN		ABSENT	Microscopic



SAMPRAPATHI GHATAKA

Dosha	<i>Dosha Tridoshaja Vyadhi with predominance of Kapha</i>
Dushya	<i>Dhatu – Tvak, Rakta, Mamsa, Meda, Vasa</i>
Agni	<i>Jatharagni, Dhatvagni and Bhutagni</i>
Agni dushti	<i>Mandagni.</i>
Ama	<i>Mandagni Janya Ama</i>
Srothas	<i>Rasavaha srotas • Raktavaha srotas • Mamsavaha srotas • Medovaha srotas</i>
Vyaksthana	<i>Twak</i>
Adhishtana	<i>Amashaya</i>
Rogamarga	<i>Bahya roga marga</i>
Swabhava	<i>Chirakari/dheergakalanubandhi</i>
Prabhava	<i>Yapya</i>

THERAPEUTIC INTERVENTION WITH TIMELINE

Management was planned according to Ayurvedic principles of *Vrana Chikitsa* with emphasis on *Deha Shodhana*, *Vrana Shodhana* (cleansing) and *Ropana* (healing) measures.

	From	To	Treatment Plan
Amapachana and Agnideepana	12-09-2025	6-10-2025	<i>Deepana Pachana</i>
Shodana	6-10-2025	14-10-2025	<i>Virechana</i>
	6-11-2025	13-11-2025	<i>Basthi</i>
Shamana	14-11-2025	18-2-2026	Oral medications

Internal medication First treatment plan	<i>Deepana and Pachana Dravyas</i>		
Sl.No.	Drug	Dose	<i>Anupana</i>
1	<i>Mahatiktaka Kwatha</i>	2tsp tid b/f	With leukwarm water
2	<i>Tab. Chitrakadi Vati</i>	Tid b/f	With leukwarm water
3	<i>Cap. Bonton</i>	Tid b/f	
4	<i>Cap Panchavalka</i>	Tid b/f	
5	<i>Tab Mehabhaya</i>	Tid b/f	For 20 days

Wound dressing with	
1	<i>Triphala Kwatha Prakshalana</i>
2	<i>Nimba Kshara Plotha</i>
3	<i>Jathyadi Taila</i> (wound pack)

Virechana in Dushta Vrana

General line of treatment of *Vata Vikar* viz. *Snehana* (oleation), *Svedana* (sudation) *Virechan*, *Asthapana* and *Anuvasana Basti* are also included in *Shasti Upakrama*. Hence these procedures may effectively manage *Siragatavata* and its complication- *Dusta Vrana*. *Virechana Karma* is also applicable in diseases related to *Raktavahini*. *Virechana Karma* is also indicated in *Dirghakalanubhandhi Vrana* (chronic wound) vitiated with *Vata-Pitta Doshas*.^[4]

Third Treatment Plan						
Virechana Karma 6-10-2025 to 14-10-2025						
From 6-10-25 to 9-10-25	Snehapana with Kalyanaka Gritha					Assessment
	Date	6/10/25	7/10/25	8/10/25	9/10/25	Till
	Amount	30ml	60ml	90ml	120ml	Samyak
	Time	7:30am	7:45am	7:30am	7:30am	Snighdha Lakshana attained
	Appetite time	12:30pm	1:30pm	1:45pm	1:30pm	
10/10/25 to 12/10/25	Sarvanga Abhyanga with Mahatiktaka Gritha and Bashpa Sweda					
13/10/25	Virechana with Ttrivruth Lehya 30gm					6 vegas
	Samsarjana Karma					5 days
Follow up 7 days after						
Oral medications start from 18/10/25	Tab Triphala Guggulu tid b/f Tab Gandhaka Rasayana tid b/f					

Erandamuladi Niruha Basti

जङ्घोरुपादत्रिकपृष्ठशूलं कफावृत्तिं मारुतनिग्रहं च॥४१॥ ch si 3/41

Which is helpful in treating *Vata Kaphaja* (diseases due to *Vata Dosha* and *Kapha Dosha*) disorders, *Pakshaghat* etc[5 *Siddhi Sthan* chapter 3 verse 41]. It has *Srotosodhan* (purification of micro channels) properties. It may be helpful in treating the occlusion of vessels with its *Srotosodhaka* properties. *Basti Karma* is indicated in rough and more painful *Vata Dusta Vrana* (wound vitiated with *Vata Dosha*) situated mainly in lower body parts which were present in his case.^[5]

Basthi Chikithsa [Yoga Basthi]	From 6-11-2025 to 13-11-2025
1. Sthanika Abhyanga f/b Nadi Sweda	On regular basis
2. Anuvasana Basthi	With Guggulu Tiktaka Gritha 50ml
3. Eranda Mooladi Niruha Basthi	1. Nimba Erandamoola Twak Churna Kwatha 2. Madhu -30ml 3. Saindhava Lavana-10gms 4. Shatapushpa Kalka Churna-10gms 5. Majishtadi Taila 80ml

Shamanoushadhi

Maharasnadi Kwatha	10ml-10ml-10ml B/F	With leukwarm water
Tab Triphala Guggulu	1-0-1 B/F	
Cap Grab	1-0-1 B/F	
Triphala Guggulu	2-0-2 A/F	
Panchavalka Kwatha	Vrana Pariseka	Local treatment done for 6 months from day 1 till complete healing
Jathyadi Taila	Vrana Pichu	Daily dressing
Review after		20days



Figure 1: Day 1, Before Treatment Right Lower Limb.



Figure 2: Day 15, After application of *Panchawalkala Qwatha Dhavan* and application of *Jathyadi Taila*.



Figure 3: Day 30, After application of *Panchawalkala Qwatha Dhavan* and application of *Jathyadi Taila* along with *Shodhana* therapy.



Figure 4: Day 90, After application *Nimba Kshara Plotha* - local application.



Figure 5: Day 120, After application *Nimba Kshara Plotha* - local application.



Figure 6: Complete healing.

Local Assessment Parameter with results

Assessment parameters	On examination	After <i>Virechana</i>	After one month of <i>Virechana</i>	After one month of <i>Basthi</i>	After three months of treatment
Swelling	Present	Reduced slightly	Reduced	Reduced	Reduced
Discharge	Present	moderate	mild	Reduced	Reduced
Foul smell	Present	moderate	mild	Reduced	Reduced
Size of wound	4-5cm	4 -4.5cm	Around 3-2cm	Around 1-1.5cm	Healed
Discolouration	Surrounding skin is blackish discolouration	Surrounding skin is blackish discolouration	Reduced in discolouration	Reduced in discolouration	Reduced

DISCUSSION

Diabetic foot ulcer (DFU) remains one of the most challenging complications of diabetes mellitus, often presented as a chronic, non-healing wound. In Ayurveda, it can be correlated with *Madhumehjanya Vrana*, which is classified by *Acharya Sushruta* as a *Kashta Sadhya Vrana* (difficult-to-heal ulcer). The chronicity and poor healing tendency are due to the involvement of *Meda and Vasan* along with vitiated *Tridosha and Dushya*, ultimately leading to *Pramehjanya Pidika* that progresses into *Dushta Vrana*.^[6]

In this case, the line of management was based on *Shashti upakrama* for *Vrana Chikitsa* as mentioned by *Sushruta*, incorporating both *Shodhana* (cleansing / purification) and *Ropana* (healing-promoting) measures.

- *Triphala Guggulu* was selected as a systemic medicine owing to its description in *Chakradutta* as *Vrana shothahara*. Its anti-inflammatory, antimicrobial, and analgesic activities are well-documented and align with modern wound healing phases such as inflammation, angiogenesis, collagen deposition, and epithelialization. Thus, it served as a systemic support for controlling inflammation and infection while promoting tissue repair.
- *Mahamanjistadi Kashaya*, with its *Rakta-Shodhana* (blood-purifying) and *Vata-Pitta Shamaka* properties, was indicated for chronic wounds presenting with foul smell, burning sensation, discharge, and delayed healing. By improving microcirculation and reducing local inflammation, it supported wound healing from within.
- Local intervention such as *Panchavalkala Kwatha Parisheka* provided wound cleansing and symptom relief, reducing discharge, odor, and burning sensation, while *Jatyadi Taila* dressing enhanced granulation and epithelialization due to its *Vrana Shodhana* and *Ropana* properties. The combination of systemic formulations and local application sensed both *Shodhana* (removal of vitiated *Dosha and Dushti*) and *Ropana* (facilitating healthy tissue regeneration). Alongside this, strict adherence to *Pathya-Apathya* played a crucial role, as improper diet and lifestyle (*Mithya Ahara-Vihara*) are considered key contributors to chronicity of *Vrana*. Overall, the outcome of this case reinforces that Ayurvedic management, when applied systematically, can be highly effective in managing chronic diabetic foot ulcers, reducing complications, and preventing surgical interventions such as amputation. This aligns with the integrative understanding that wound healing is a complex, multi-phased process requiring control of infection, regulation of blood glucose, removal of necrotic tissues, and promotion of tissue

regeneration. Treatment is outlined based on risk level, which is determined by the presence of peripheral neuropathy, deformity, and ulcer history. Treatment combines patient education, orthoses, footwear, and a timetable for ongoing skin and nail care. Ulcer care includes paring of calluses, debridement of infected or nonviable tissue, dressings, and off-loading. *Madhumehajanya Vrana* (diabetic foot ulcer) is considered a *Kashta Sadhya Vranain* Ayurveda due to its chronicity and poor healing tendency. In this case, the application of principles described by *Acharya Sushruta* particularly *Shashti Upakrama* of *Vrana Chikitsa* proved effective. Through a combination of local measures (*Panchavalkala Kwatha Parisheka, Jatyadi Taila*) and systemic formulations (*Triphala Guggulu, Mahamanjistadi Kashaya*, etc.), the *Dushta Vrana* gradually transformed into *Shuddha Vrana* and ultimately healed completely, leaving only minimal scarring.

CONCLUSION

This case highlights that Ayurvedic management offers a safe, holistic, and cost-effective approach for chronic non-healing wounds like diabetic foot ulcers. By addressing both systemic pathology (*Dosha–Dushya Sammurchana*) and local wound healing, Ayurveda provides not only ulcer closure but also improvement in overall health and quality of life. Hence, it may serve as an effective complementary strategy to conventional care in preventing complications such as recurrent infections and amputations.

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