



# Conservative Management of a Non-Healing Diabetic Foot Ulcer: A Case Report

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## KEYWORDS

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## ABSTRACT:

**Background:** Diabetic foot ulcers (DFU) are challenging complications of diabetes mellitus, often leading to infection, gangrene, and amputation. Despite advances in surgical and pharmacological wound care, non-healing ulcers continue to pose significant morbidity<sup>1</sup>.

**Objective:** To document the successful management of a chronic, non-healing diabetic foot ulcer using an Ayurvedic treatment protocol after repeated failures with conventional Allopathic management.

**Methods:** A 72-year-old male with type 2 diabetes presented with a necrotic, infected ulcer over the right foot. Following unsuccessful treatment with antibiotics, debridement, and partial amputations, the patient underwent a three-month Ayurvedic regimen comprising internal medications - Kaishore Guggulu DS, Sarivadyasava, Nishamalaki Choorna and external therapies - Udvartana, Jyathydhi Taila wound dressings<sup>2,3</sup>.

**Results:** Within three months, the ulcer showed progressive granulation, reduction in discharge, and eventual complete epithelialization. No recurrence or infection was noted, avoiding surgical grafting.

**Conclusion:** The case illustrates the potential of Ayurvedic interventions in managing complex diabetic ulcers where conventional modalities have failed.

## Introduction

Diabetic foot ulceration remains one of the most debilitating complications of diabetes, affecting approximately 15–25% of diabetic individuals during their lifetime<sup>1</sup>. Chronic hyperglycemia impairs microvascular circulation and delays wound healing, predisposing to infection, necrosis, and amputation. Conventional treatment often includes debridement, antibiotics, and skin grafting; however, recurrence and poor wound closure remain common challenges<sup>2</sup>.

Ayurveda offers a holistic approach to wound management focusing on shodana, dosha balance, and promotion of tissue regeneration. This paper presents a case of a chronic, non-healing diabetic foot ulcer that was successfully managed through Ayurvedic

intervention after the failure of multiple surgical and Allopathic therapies<sup>3,4</sup>.

## Case Presentation

A 72-year-old male, known case of type 2 diabetes mellitus, hypertension presented with a deep ulcer over the lateral aspect of the right foot involving the fourth and fifth toes. The ulcer exhibited necrosis, foul discharge, and poor granulation despite several rounds of antibiotic therapy and surgical procedures at tertiary centers. Due to the high cost and uncertain prognosis of recommended skin grafting, the patient sought management at our hospital.

## Treatment Protocol

Treatment Duration: December 24, 2024 – March 21, 2025



External Therapies:

- Udvartana : Applied to enhance local blood circulation and facilitate the removal of metabolic waste.

- Jyathydhi Taila dressing: Daily wound cleansing followed by dressing with Jyathydhi Taila, known for its antimicrobial and wound-healing efficacy.

Internal Medications:

Formulation	Dose	Frequency	Purpose
<b>Kaishore Guggulu DS</b>	1 tablet	Thrice daily after food	Detoxification and anti-inflammatory action <sup>5</sup>
<b>Sarivadyasava</b>	20 ml with equal water	Thrice daily after food	Blood purification and glycemic control <sup>5</sup>
<b>Nishamalaki Choorna</b>	1 teaspoon with lukewarm water	Thrice daily after food	Antioxidant and rejuvenative support <sup>5</sup>

Outcome

Gradual improvement was observed within two weeks, marked by reduced foul smell and granulation tissue

formation. By the end of three months, the ulcer was completely epithelialized with normal skin texture, no discharge, infection, or necrotic tissue, and the patient regained full weight-bearing capacity.

Figure 1. Initial ulcer before treatment.



Figure 2. Mid-treatment showing granulation tissue formation.





Figure 3. Complete healing and epithelialization of wound.



### Discussion

This case exemplifies the potential synergy between Ayurvedic wound-healing formulations and metabolic correction in chronic diabetic ulcers. Jatyadhi Taila supports debridement and tissue regeneration through its Tikta-Kashaya Rasa and Sheeta Virya attributes. Kaishore Guggulu acts systemically to reduce inflammation and purify Rakta dhatu, while Nishamalaki and Sarivadyasava aid glycemic stability and antioxidant defense.

Unlike conventional wound care, which focuses primarily on local factors, Ayurveda's focus on dosha equilibrium, rakta shuddhi, and vrana ropana creates a holistic environment for tissue regeneration. The successful outcome without surgical intervention underscores the potential for complementary Ayurveda-based care in managing refractory diabetic ulcers.

### Conclusion

This case highlights that chronic, non-healing diabetic foot ulcers can be effectively treated through Ayurvedic management within 12 weeks. The combination of internal and external therapies facilitated complete healing, improved quality of life, and prevented further surgical complications.

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