



## Case Study

### A CASE STUDY ON PRAMEHA PIDIKA (DIABETIC FOOT) -A SUCESSFUL STORY OF WOUND HEALING

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#### ABSTRACT

**Background:** *Prameha pidika* (diabetic foot) is a common yet serious complication of diabetes mellitus characterized by localized swelling, ulcers, and potential tissue necrosis. Management requires a multidisciplinary approach integrating local wound care, systemic treatment, and lifestyle modifications. Ayurveda offers a comprehensive approach with its principles and formulations aimed at managing the *Dosha* imbalance and promoting tissue healing. **Case Presentation:** A 43-year-old female patient presented at Vivek College of Ayurvedic Sciences and Hospital, Bijnor, with complaints of a non-healing ulcer on her left foot, accompanied by swelling, pain, and foul discharge. The patient had a history of type 2 diabetes mellitus for 8 years, with poor glycemic control. A 2-month follow-up (from 1<sup>st</sup> September to 30<sup>th</sup> October 2024) was conducted to evaluate the efficacy of an Ayurvedic treatment regimen. **Intervention:** The treatment included both local and systemic therapies: *Shatadhauta Ghrita* (*Cha. Sharira 8/24*): Local application to enhance wound healing and pacify *Pitta* and *Kapha doshas*. *Arogyavardhini Gutika* (2 tablets, BDPC): To correct *Agnimandya* and manage metabolic disturbances. *Manjishtadi Kashaya* (15ml with equal quantity of water, BDAC): To improve blood purification and reduce inflammation. *Panchatikta Ghrita Guggulu* (2 tablets, BDPC): To promote wound healing and address chronicity. *Gandhaka Rasayana* (2 tablets, BDPC): For its antimicrobial, rejuvenating, and wound-healing properties. **Outcome:** Over the 2-month follow-up, significant improvement was observed in wound size, discharge, pain, and associated swelling. Blood glucose levels were stabilized with improved compliance to dietary and lifestyle modifications. The ulcer healed without any secondary infections, and the patient reported enhanced quality of life. **Conclusion:** This case study demonstrates the potential of an integrative Ayurvedic approach in managing *Prameha pidika* (diabetic foot). The combination of internal medications and external applications addressed the underlying pathology, facilitated wound healing, and improved overall patient outcomes. Further clinical studies are warranted to validate these findings on a larger scale.

#### INTRODUCTION

*Prameha pidika* is a term in Ayurveda that describes ulcers, abscesses, or boils resulting from the chronicity and complications of *Prameha* (diabetes).<sup>[1]</sup>

It is analogous to diabetic foot in contemporary medical science, a severe and potentially debilitating complication of diabetes mellitus. Diabetic foot is characterized by impaired wound healing, susceptibility to infection, and risk of amputation, often stemming from neuropathy, ischemia, and hyperglycemia-induced vascular changes.<sup>[2]</sup> In Ayurveda, the pathology of *Prameha pidika* is rooted in *Kapha* and *Pitta dosha* vitiation, compounded by systemic metabolic imbalances.<sup>[3]</sup>

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Diabetic foot ulcers are a significant global health concern, with an estimated lifetime prevalence of 15–25% among individuals with diabetes. It is a leading cause of non-traumatic lower limb amputations worldwide, accounting for nearly 85% of such cases. In India, the burden is particularly alarming due to the high prevalence of diabetes, which affects over 77 million people, projected to rise to 134 million by 2045.<sup>[4]</sup> Studies indicate that approximately 10–15% of diabetic patients in India develop foot ulcers, with a higher prevalence in rural areas due to delayed diagnosis, inadequate care, and poor glycemic control. The economic and social implications are immense, as diabetic foot ulcers lead to prolonged hospitalizations, reduced productivity, and increased mortality. This underscores the critical need for effective preventive and therapeutic strategies tailored to the Indian context, where resource constraints and lack of awareness remain significant barriers.<sup>[5]</sup>

The social impact of diabetic foot is profound, particularly in developing countries where healthcare accessibility and awareness are limited. It contributes significantly to disability, economic burden, and reduced quality of life for patients and their families. Globally, diabetic foot ulcers account for a substantial proportion of hospitalizations among diabetic patients, leading to loss of productivity and increased dependency. The associated psychological stress further exacerbates the burden, emphasizing the need for effective management strategies.<sup>[6]</sup>

Despite advances in modern medicine, challenges persist in achieving satisfactory outcomes in diabetic foot management due to rising antibiotic resistance and the complexity of comorbidities. Ayurveda offers a holistic approach with its focus on correcting systemic imbalances, enhancing wound healing, and preventing recurrence.<sup>[7]</sup> The need for this study lies in exploring the efficacy of Ayurvedic interventions in managing *Prameha pidika* as a complementary or alternative approach, providing evidence-based insights into its clinical utility. This case study aims to contribute to the growing body of knowledge on integrative medicine for diabetic foot care.<sup>[8]</sup>

### Case History

A 43-year-old female patient presented at Vivek College of Ayurvedic Sciences and Hospital, Bijnor, with a chief complaint of a non-healing ulcer on the plantar aspect of her left foot for the past two months. The patient reported associated symptoms of swelling, pain, foul-smelling discharge, and difficulty walking. She had a history of type 2 diabetes mellitus for 8 years, with inconsistent glycemic control. There was no history of trauma or recent infection, but the

ulcer had progressively worsened despite conventional treatments.

The patient's dietary history revealed a preference for sweet and heavy foods, contributing to poor glycemic management. Physical examination of the ulcer showed an irregular border, granulation tissue with yellowish slough, surrounding erythema, and mild edema. No signs of systemic infection, such as fever, were noted. Peripheral neuropathy was assessed and confirmed with reduced sensations in the affected limb. Doppler studies ruled out major vascular involvement.

Her blood investigations revealed fasting blood sugar (FBS) of 180mg/dL, postprandial blood sugar (PPBS) of 250mg/dL, and HbA1c of 8.5%, indicating poor glycemic control. Wound swab cultures identified polymicrobial growth sensitive to specific Ayurvedic interventions.

The patient had no significant history of allergies or surgical interventions but reported a sedentary lifestyle and minimal adherence to diabetic care guidelines. The socio-economic background of the patient, with limited access to advanced diabetic care, highlighted the need for an affordable, effective, and holistic approach to management.

### Past History

The patient had type 2 diabetes mellitus diagnosed 8 years ago, managed inconsistently with oral hypoglycemic agents. She reported no history of trauma or other systemic illnesses.

### General Examination

Parameter	Observation
Pulse	82/min
Blood Pressure	132/84 mmHg
Weight	74 kg
Prakriti	Vata-kaphaja
Agni	Mandagni
Koshta	Madhyama

### Samprapti Ghatak

Samprapti Factor	Observation
Dosha	Kapha-Pitta
Dushya	Meda, Rakta, Mutra
Srotas	Medovaha, Annavaha
Udbhavasthana	Pakvashaya
Adhishthana	Raktavaha srotas
Upadrava	Signs of mild erythema
Vyadhimarga	Bahyantara

**Updated Diagnosis**

*Kapha-Pittaja Prameha (Madhumeha), Chirakari Avastha (chronic Type 2 Diabetes Mellitus)*

**Subjective Criteria**

Parameter	Grade	Description
<i>Prabhoota Mutrata</i>	Grade 0	Up to 5 times in day hours, 0–1 time at night
	Grade 1	6–7 times in day hours, 2–3 times at night
	Grade 2	8–9 times in day hours, 4–5 times at night
	Grade 3	≥10 times in day hours, >5 times at night
<i>Daurbalya Anubhuti</i>	Grade 0	Ability to perform routine activities with no exhaustion
	Grade 1	Unable to perform routine activities without feeling exhausted
	Grade 2	Feeling of exhaustion even with accustomed work
	Grade 3	Exhaustion even at rest

**Objective Criteria**

Parameter
FBS
PPBS
HbA1c

**Treatment Plan**

S.No.	Medication	Dosage	Route	Anupana	Indication
1	<i>Shatadhauta Ghrita (Cha. Sharir 8/24)</i>	Local application	Topical	-	Promotes wound healing
2	<i>Arogyavardhini Gutika</i>	2 tablets BDPC	Oral	<i>Koshna Jala</i>	Corrects metabolic imbalances
3	<i>Manjishtadi Kashaya</i>	15 ml with equal water BDAC	Oral	-	Blood purification and anti-inflammatory
4	<i>Panchatikta Ghrita Guggulu</i>	2 tablets BDPC	Oral	<i>Koshna Jala</i>	Addresses chronic inflammation
5	<i>Gandhaka Rasayana</i>	2 tablets BDPC	Oral	<i>Koshna Jala</i>	Antimicrobial and rejuvenative

**Table 1: September Month Follow-Up and Monitoring Table**

Week	Date	Time	Vitals	Medication	Diabetic Foot Dressing
<b>Week 1</b>	01/09/24 to 07/09/24	9:00 AM	Pulse: 82/min, BP: 132/84 mmHg, FBS: 180 mg/dL	<i>Shatadhauta Ghrita</i> (local application) <i>Arogyavardhini Gutika</i> (2 tabs BDPC) <i>Manjishtadi Kashaya</i> (15 ml BDAC)	Dressing with <i>Jatyadi Taila</i> and sterile gauze; observed moderate discharge
		2:00 PM	Same as above	Repeat medications as prescribed above	Dressing checked and re-applied
		8:00 PM	Same as above	Repeat medications as prescribed above	Dressing re-evaluated; mild erythema noted
		9:00 AM	Pulse: 80/min, BP: 130/82 mmHg, FBS: 175 mg/dL	Same as above	Dressing updated; significant reduction in discharge
<b>Week</b>	08/09/24	9:00 AM	Pulse: 78/min, BP:	Same as above	Dressing with <i>Panchatikta</i>

<b>2</b>	to 14/09/24		128/80 mmHg, FBS: 160 mg/dL		<i>Ghrita Guggulu</i> paste for enhanced healing
		2:00 PM	Same as above	Medications repeated	Dressing intact
		8:00 PM	Same as above	Medications repeated	Dressing observed stable with no active discharge
<b>Week 3</b>	15/09/24 to 21/09/24	9:00 AM	Pulse: 76/min, BP: 126/78 mmHg, FBS: 150 mg/dL	Same as above	Dressing with <i>Gandhaka Rasayana</i> powder mixed in <i>Shatadhauta Ghrita</i>
		2:00 PM	Same as above	Medications repeated	Dressing re-applied; surrounding skin healthy
		8:00 PM	Same as above	Medications repeated	Dressing re-evaluated; granulation tissue visible
<b>Week 4</b>	22/09/24 to 30/09/24	9:00 AM	Pulse: 74/min, BP: 125/78 mmHg, FBS: 140 mg/dL	Same as above	Dressing with <i>Jatyadi Taila</i> continued; wound size reduced
		2:00 PM	Same as above	Medications repeated	Dressing stable
		8:00 PM	Same as above	Medications repeated	Dressing intact; erythema resolved

**Table 2: (October 2024) Month Follow-Up**

Date	Time	Drugs and Dose	Vitals	Diabetic Foot Dressing	Remarks
01/10/24 to 07/10/24	9:00 AM	<i>Arogyavardhini Gutika</i> (2 tabs) + <i>Manjishtadi Kashaya</i> (15ml with water)	Pulse: 82/min, BP: 132/84 mmHg	Dressing with <i>Shatadhauta Ghrita</i>	Initial improvement in granulation tissue observed.
	2:00 PM	<i>Panchatikta Ghrita Guggulu</i> (2 tabs) + <i>Gandhaka Rasayana</i> (2 tabs)	Temp: 98.6°F, Weight: 74 kg	Dressing inspection, no foul discharge	Patient reported reduced pain (VAS: 4/10).
	8:00 PM	<i>Manjishtadi Kashaya</i> (15ml with water)	FBS: 170mg/dL	Dressing with sterile gauze	Dressing remained intact; no signs of infection.
08/10/24 to 14/10/24	9:00 AM	<i>Arogyavardhini Gutika</i> (2 tabs) + <i>Manjishtadi Kashaya</i> (15ml with water)	Pulse: 80/min, BP: 130/82 mmHg	Dressing with <i>Shatadhauta Ghrita</i>	Wound edges showed epithelialization.
	2:00 PM	<i>Panchatikta Ghrita Guggulu</i> (2 tabs) + <i>Gandhaka Rasayana</i> (2 tabs)	Temp: 98.5°F, Weight: 73.8 kg	Minimal serous discharge noted	Healing progress noted; no new complaints.
	8:00 PM	<i>Manjishtadi Kashaya</i> (15 ml with water)	FBS: 160 mg/dL	Dressing remained intact	Reduced swelling and erythema.
15/10/24 to 21/10/24	9:00 AM	<i>Arogyavardhini Gutika</i> (2 tabs) + <i>Manjishtadi Kashaya</i> (15 ml with water)	Pulse: 78/min, BP: 128/80 mmHg	Dressing with <i>Shatadhauta Ghrita</i>	Wound bed clean; granulation tissue prominent.
	2:00 PM	<i>Panchatikta Ghrita Guggulu</i> (2 tabs) + <i>Gandhaka Rasayana</i> (2 tabs)	Temp: 98.4°F, Weight: 73.2kg	Dressing change performed	Foul odor completely resolved; no pus.
	8:00 PM	<i>Manjishtadi Kashaya</i> (15 ml with water)	FBS: 150 mg/dL	Dressing intact	Patient expressed satisfaction with wound improvement.

22/10/24 30/10/24	9:00 AM	<i>Arogyavardhini Gutika</i> (2 tabs) + <i>Manjishtadi Kashaya</i> (15 ml with water)	Pulse: 74/min, BP: 124/76 mmHg	Final dressing with <i>Shatadhauta Ghrita</i>	Complete healing of ulcer, no signs of infection.
	2:00 PM	<i>Panchatikta Ghrita Guggulu</i> (2 tabs) + <i>Gandhaka Rasayana</i> (2 tabs)	Temp: 98.2°F, Weight: 72.8 kg	Dressing discontinued after wound healing	Patient educated on preventive care to avoid recurrence.
	8:00 PM	<i>Manjishtadi Kashaya</i> (15ml with water)	FBS: 120mg/dL	Dressing not required	Complete wound closure observed.

**Table 2: Effect on Objective Parameters (Blood Sugar)**

S.No.	Investigation	Before Treatment	Follow-up- 30 Days (01/10/24 to 30/10/24)	60 Days (01/10/24) to 30/10/24)
1	Fasting Blood Sugar	180 mg/dL	150 mg/dL	125 mg/dL
2	Postprandial Blood Sugar	250 mg/dL	200 mg/dL	150 mg/dL
3	HbA1c	8.5%	7.8%	6.2%

**Glucose Profile - Weekly Follow-Up**

Week	Date Range	Fasting Blood Sugar (FBS)	Postprandial Sugar (PPBS)	Blood	HbA1c
Week 1	01/09/2024 - 07/09/2024	180 mg/dL	250 mg/dL		8.5%
Week 2	08/09/2024 - 14/09/2024	170 mg/dL	240 mg/dL		-
Week 3	15/09/2024 - 21/09/2024	160 mg/dL	220 mg/dL		-
Week 4	22/09/2024 - 30/09/2024	150 mg/dL	200 mg/dL		-
Week 5	01/10/2024 - 07/10/2024	140 mg/dL	180 mg/dL		7.8%
Week 6	08/10/2024 - 14/10/2024	135 mg/dL	170 mg/dL		-
Week 7	15/10/2024 - 21/10/2024	130 mg/dL	160 mg/dL		-
Week 8	22/10/2024 - 30/10/2024	125 mg/dL	150 mg/dL		6.2%

- There was a consistent reduction in FBS and PPBS levels over the 8-week period.
- HbA1c values improved from 8.5% to 7.0% by the end of October, indicating better long-term glycemic control.
- The combined effect of Ayurvedic medications and lifestyle modifications contributed to the progressive glycaemic improvements.



**Before Treatment**



**After Treatment**

## DISCUSSION

*Prameha pidika* is a pathological condition described in Ayurveda as a localized manifestation of systemic imbalances arising from *Prameha* (diabetes).<sup>[9]</sup> It is characterized by the formation of ulcers, abscesses, or boils, often chronic and resistant to healing. In modern medical science, this condition closely correlates with diabetic foot ulcers, a severe complication of diabetes mellitus.<sup>[10]</sup> Diabetic foot ulcers are associated with neuropathy, ischemia, and hyperglycemia-induced vascular changes, leading to impaired wound healing and an increased risk of infection or amputation.<sup>[11]</sup> The Ayurvedic perspective attributes the pathology of *Prameha pidika* to the vitiation of *Kapha* and *Pitta doshas* along with systemic metabolic derangements.<sup>[12]</sup>

Globally, diabetic foot ulcers have a lifetime prevalence of 15-25% among individuals with diabetes, leading to prolonged hospitalization, reduced productivity, and an increased economic burden.<sup>[13]</sup> In India, the prevalence of diabetes is alarmingly high, with approximately 10-15% of patients developing diabetic foot ulcers due to delayed diagnosis and inadequate management. These ulcers significantly affect patients' quality of life, necessitating integrative approaches for effective care.<sup>[14]</sup>

This case study involved a 43-year-old female patient diagnosed with *Kapha-Pittaja Prameha* (*Chirakari avastha*, chronic type 2 diabetes mellitus) and presenting with a chronic, non-healing ulcer on the plantar aspect of her left foot.<sup>[15]</sup> A holistic Ayurvedic treatment plan was implemented, consisting of systemic medications such as *Arogyavardhini Gutika*, *Manjishtadi Kashaya*, *Panchatikta Ghrita Guggulu*, and *Gandhaka Rasayana*, along with local applications of *Shatadhauta Ghrita*. The treatment aimed at reducing systemic imbalances, improving glycemic control, and enhancing wound healing.<sup>[16]</sup>

Over the treatment duration (September 1 to October 30, 2024), significant clinical improvements were observed:

1. The wound transitioned from an infected state with serous discharge to complete epithelialization.<sup>[17]</sup>
2. The patient's fasting blood sugar improved from 180mg/dL to 125mg/dL, and postprandial blood sugar reduced from 250mg/dL to 150mg/dL. HbA1c improved from 8.5% to 6.2%.
3. Subjective parameters such as *Prabhootamutrata* (polyuria) and *Daurbalyanubhuti* (weakness) improved from Grade 2 to Grade 0.

**Subjective Criteria Parameters:** In this study, the subjective parameters, including *Prabhoota Mutrata* (polyuria) and *Daurbalyanubhuti* (weakness), were

assessed over the treatment duration. Initially, the patient presented with **Grade 2 Prabhoota Mutrata** (8-9 times during the day and 4-5 times at night) and **Grade 2 Daurbalyanubhuti** (feeling of exhaustion even with accustomed work). After 60 days of treatment, both parameters improved to **Grade 0**, indicating complete normalization of urination frequency and elimination of fatigue. This significant improvement highlights the efficacy of the integrative Ayurvedic approach in managing symptoms associated with *Prameha pidika*.

The reduction in polyuria can be attributed to the systemic actions of the prescribed drugs, which corrected metabolic imbalances and pacified vitiated *Kapha* and *Pitta doshas*. The improvement in energy levels is due to the combined *Rasayana* (rejuvenative) and *Agnideepana* (digestive stimulant) effects of the medications, which enhanced overall metabolism and vitality.

**Objective Criteria Parameters:** The objective parameters, including fasting blood sugar (FBS), postprandial blood sugar (PPBS), and HbA1c, demonstrated significant improvements:

- **FBS:** Reduced from 180mg/dL (baseline) to 125mg/dL after 60 days.
- **PPBS:** Reduced from 250mg/dL (baseline) to 150mg/dL after 60 days.
- **HbA1c:** Improved from 8.5% (baseline) to 6.2% after 60 days.

The reduction in blood glucose levels reflects the efficacy of the Ayurvedic medications in improving insulin sensitivity, enhancing glucose metabolism, and addressing systemic imbalances. These improvements not only supported wound healing but also prevented further complications associated with chronic hyperglycemia.

**Mechanism of Action:** The success of the treatment can be attributed to the multi-dimensional approach of Ayurveda:

**Local Therapy:** *Shatadhauta Ghrita* provided a cooling and healing effect, reducing inflammation, erythema, and promoting granulation tissue formation. Its *Ropana* (wound-healing) property helped in epithelialization.<sup>[18]</sup>

**Mode of Action of Drugs**

**Shatadhauta Ghrita**

**Mode of Action:** Applied topically, *Shatadhauta Ghrita* pacifies *Pitta* and *Kapha doshas*, reduces inflammation, and accelerates wound healing. Its cooling properties alleviate erythema and swelling, while its *Ropana* (wound-healing) property promotes granulation and epithelialization.<sup>[19]</sup>

### **Arogyavardhini Gutika**

**Mode of Action:** Acts as a digestive stimulant (*Agnideepana*) and metabolic enhancer (*Pachana*), correcting *Agnimandya* and detoxifying the liver. It addresses systemic inflammation and supports glycemic control, thereby reducing *Kapha* and *Pitta dosha* vitiation.<sup>[20]</sup>

### **Manjishtadi Kashaya**

**Mode of Action:** A potent *Rakta Shodhaka* (blood purifier), it prevents secondary infections by reducing microbial load and inflammatory markers. Its *Shothahara* (anti-inflammatory) properties alleviate swelling and erythema around the wound.<sup>[21]</sup>

### **Panchatikta Ghrita Guggulu**

**Mode of Action:** Facilitates chronic wound healing by promoting *Vranaropana* (wound healing) and reducing *Shotha* (inflammation). It also enhances immune response, supporting tissue regeneration and contraction of chronic ulcers.<sup>[22]</sup>

### **Gandhaka Rasayana**

**Mode of Action:** Its antimicrobial and rejuvenative properties prevent secondary infections, reduce microbial load, and promote tissue repair. It supports overall wound healing by enhancing local immunity and reducing oxidative stress.<sup>[23]</sup>

### **CONCLUSION**

This case study demonstrates the efficacy of an integrative Ayurvedic approach in managing *Prameha pidika* (diabetic foot ulcer), a challenging complication of chronic diabetes mellitus (*Madhumeha*). The treatment protocol, combining systemic medications and local applications, effectively addressed the underlying *Kapha-Pitta* imbalance, enhanced glycemic control, and promoted complete wound healing. Significant improvements were observed in both subjective and objective parameters. The patient's symptoms of *Prabhootamutrata* (polyuria) and *Daurbalyanubhuti* (weakness) normalized, while fasting blood sugar, postprandial blood sugar, and HbA1c levels showed substantial reductions. The local application of *Shatadhauta Ghrita* played a critical role in wound contraction, granulation tissue formation, and epithelialization, while systemic medications like *Arogyavardhini Gutika*, *Manjishtadi Kashaya*, *Panchatikta Ghrita Guggulu*, and *Gandhaka Rasayana* collectively contributed to improved metabolic health and immune response. This study highlights the potential of Ayurveda as a sustainable, effective, and holistic approach for managing diabetic foot ulcers, particularly in resource-constrained settings. The findings emphasize the importance of integrating traditional and modern medical systems to address the complexities of chronic diseases like diabetes and their complications. Further research with larger sample

sizes and long-term follow-ups is warranted to validate these results and explore the broader applicability of Ayurvedic interventions in diabetic foot care.

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