

Management of Chronic Non Healing Ulcer with Application of Apamarga Kshara Jala: A Case Study

Dr Priyadarshini Vijay Hanje¹, Dr. Amit R Shedge M.S.(shalyatantra)²

¹M.S (ShalyaTantra PhDscholar), ²HOD Professor shalyatantra Department .
LRP Ayurved Medical College, Islampur, Maharashtra.

Abstract

Diabetic foot complications, especially in chronic cases, often culminate in ischemic pain and even limb amputation. Post-amputation ischemic pain remains a significant concern, affecting quality of life and wound healing. This case study explores the efficacy of *Apamarga Kshara jala * Dressing in managing chronic non healing wound in a 65-year-old male with a history of uncontrolled diabetes mellitus and tobacco chewing, who had undergone 3rd digital amputation of left leg. Application of Apamarga Kshara jala showed marked improvement in pain and wound healing over 20 days.

Index Terms: Ischemic pain, Diabetic foot, Apamarga kshara jala , Ayurveda, Amputation

1. Introduction

Ischemic pain post-amputation is typically due to inadequate blood supply, compounded by underlying conditions such as peripheral artery disease (PAD) and diabetes mellitus (DM). Traditional Ayurvedic approaches like kanduhara ,Lekhana, Shoolaprashamana,Shothahara,Vrunaropan ,have gained renewed interest for their potential to enhance blood flow and reduce inflammation.

Case Presentation

Patient Profile:

- Age/Sex: 65-year-old male
- Complaints: Severe ischemic pain post-amputation, non-healing ulcers on dorsum and sole of right foot, pus discharge, foul smell, and swelling
- History:
 - Uncontrolled DM for 4 years (not on regular medication)
 - Chronic smoking and tobacco chewing for 20 years
 - Underwent foot amputation 1 months ago
- Diagnosis (Ayurvedic):Dusta vrana (Chronic Non Healing Wound)

Materials and Methods

Conservative Management:

- Wound cleaning with Normal Saline
- Complete slough removal
- Diabetic and high-fiber diet
- Hygiene maintenance
- Alternate day dressing

Apamarga kshara jala application Protocol:

- Applied under aseptic conditions
- A gauze dipped in Apamarga Kshara jala is applied over wound
- Complete slough removal should be done with the gauze
- Procedure repeated for alternate days for 7 days

Results

- Day 0: Severe pain, foul-smelling pus, discoloration
 - Day 1: Noticeable pain relief
 - Day 3: Reduced swelling and odor
 - Day 20: Significant wound healing and improved tissue coloration
- Day-1 Day-20



Discussion

Pathophysiology of Post-Amputation Ischemic Pain:

- PAD: Reduced blood flow due to arterial narrowing
- Phantom Limb Pain: Neurological component possibly linked to ischemic-type symptoms
- Neuroma: Pain due to abnormal nerve growth at the amputation site
- The Apamarga Kshara help to dissolve unhealthy fibrous tissues and draining out the infected contents to provide a conducive healing surface and ultimately to eradicate microorganism. The kshara jala possess anti-inflammatory, antimicrobial and antioxidant activity to prevent slough formation and

enhance healing process. Kshara jala play important role simultaneously towards debridement, scapping and healing of wound.

Conclusion

Methanolic extracts of Apamarga leaf possess Analgesic and Antipyretic activity, Etanolic and aqueous extracts show wound healing activity, Antioxidant constituents or anti-inflammatory role of apigenin, ferulic acid and salicylic acid could collectively contribute potential application of Achyranthes aspera extract in treating chronic inflammatory disease.

Reference:

1. Shastri Kaviraj Ambikadatta Sushruta Samhita Choukamba Sankrit Sansthan Varanasi edi. 2011 sutrasthan 22/7 pg no .123.
2. A Review on management of warts in Ayurveda. U R Shekar Namburi, Omprakash, and G.B. Bapu.
3. Bhavaprakash Nighantu, Dr Krushnachandra chunekar; Guduchyadi Varga page no 62.
4. Critical Review On Ksharaploth and its Therapeutic Aspects, Ananthkumar V Shekokar, Vijay P Ukhalkar.
5. World Journal of Pharmaceutical Research : Banerjee et al.