

Wound healing activity of Single Herb Katupilla (*Securinega leucopyrus*) in Diabetic foot - Clinical images

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Abstract: No abstract is required as this is clinical images.

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Case summary:

A female patient aged 65 years presented with a single chronic wound on her left toe since one month, along with pus discharge, no presence of bleeding as well as of pain were noted. There was presence of characteristic smell and slight rise of body temperature. The patient was under medications for diabetes mellitus and hypertension since one year [Tab. Metformin, Glibenclamide and Enalapril]. On local examination it was found that the wound was unhealed chronic infected wound. The site of the wound was ventral aspect of the left great toe, associated with purulent pus discharge along with bad smell. Unhealthy thickened margin and the slough was also noted on the floor of the wound. Blood investigation were done, and noted that FBS was 163mg/dl and PPBS was 223mg/dl. Case was diagnosed as chronic diabetic unhealed wound (diabetic foot).

Plan of treatment:

External medications: Everyday dressing of the foot with *Katupilla* oil (powder of *Katupilla* mixed with sesame oil) was done as mentioned below

- ✓ Cleaning the wound with normal saline.
- ✓ Wipe the rinsed wound till the moisture sucked up by the cotton gauze
- ✓ Applied locally the *Katupilla* oil on the floor of the wound
- ✓ Pack of sterile gauze was kept on wound and bandaged.

Internal medications: Following two Ayurved medicines and modern medicines prescribed by physician were continued during treatment.

- ✓ *Vijayasaradi kwatha*- 20 ml two times a day after food
- ✓ *Mamejava ghanavati* - 2 tab three times a day before food.

- ✓ Tab. Metformin- 500mg in morning before breakfast.
- ✓ Tab. Glibenclamide- 5mg at night before dinner.
- ✓ Tab. Enalapril 5mg once afternoon daily after food.

Observations:

1. On the 1st day: It was noted the infected floor and unhealthy granulation tissue surround the wound, along with the bad smell. No bleeding was noted
2. On the 3rd day: The floor became clean than that of the first day, and hypopigmentation on some area of the margin was noted. No bleeding was observed. The bad smell was significantly reduced.
3. On the 7th day: The healthy granulation tissue was noted, the floor was cleaned. No smell was noticed. The wound was fresh and healthy.
4. On the 10th day: More marginal healthy growth was observed, soft margin, healthy floor were noted.
5. On the 15th day: wound size was significantly reduced, showing healthy granulation tissues which are growing, healthy and fresh floor. Complete soft margin was noted.
6. On the 20th day: a little bit fresh bleeding was noted during rinsing and wiping off the floor, shows the good vascularity / neuvasculatization on the part.
7. On the 30th day: marginal granulation tissue noted faster to close the wound floor with wound contraction. No bleeding and smell were noticed.
8. On the one 45 days: Complete closure of the wound, hyper pigmented scar tissue was noted.

Clinical Images:



Wound status BT 1st day



Wound status on 3rd day



Wound status on 7th day



Wound status on 10th day



Wound status on 15th day



Wound status on 20th day



Wound status on 30th day



Healed wound AT on 45th day

Guarantor: Corresponding author is guarantor of this article and its contents.

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