



# INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

## Ayurvedic Management Of Acute Necrotizing Fasciitis: A Case Report

1Dr.Nikhil S. Pandule, 2Dr.L.R.Soni

1MS (Shalyatantra) scholar , 2Professor in Shalyatantra, HOD Of Shalyatantra

1Department of Shalyatantra, DMM Ayurved Mahavidyalaya, Yavatmal -445001 , Maharashtra state ,India,

2Department of Shalyatantra, DMM Ayurved Mahavidyalaya Yavatmal-445001, Maharashtra state,India

### Abstract

Wound care requires condition-specific interventions. Ancient texts such as the Sushruta Samhita provide detailed guidance on surgical management of wounds. Allergic wounds of uncertain origin often present challenges to surgeons. This report discusses a case of necrotizing fasciitis that developed after application of an herbal paste by a traditional healer in Meghalaya. In Ayurveda, such infected and chronic wounds are described as Dusta Vrana. The patient was initially managed with antibiotics for three days, followed by Ayurvedic oral formulations and local therapies. Complete wound healing, including restoration of skin, was achieved within three weeks. No recurrence has been observed during follow-up.

**Keywords:** Ayurveda, Necrotizing fasciitis, Dusta Vrana, Wound healing

### Introduction

Ayurveda, the ancient Indian medical system, incorporates both medical and surgical care. Among its eight branches, Shalya Tantra corresponds to surgical science and is elaborated in the Sushruta Samhita. This text describes classification, pathology, and treatment of wounds (Vrana), including those caused by toxins, infections, or trauma.

Healthy wounds are termed Shuddha Vrana, whereas chronic, infected, and non-healing wounds are identified as Dusta Vrana. These wounds are particularly difficult to manage, especially when triggered by allergens or toxins. In some cases, they may progress to necrotizing fasciitis, a severe bacterial infection spreading rapidly through fascia and subcutaneous tissues. This condition, if left untreated, can lead to septicemia and systemic complications.

The present case highlights Ayurvedic management of necrotizing fasciitis that developed after the local application of an herbal paste by a traditional healer.

## Case Report (Methods)

A 40-year-old male presented to the Shalya Tantra OPD at DMM Ayurvedic hospital in Yavatmal with an infected, necrotizing wound extending from the right elbow to the hand. Symptoms included pain, pus discharge, foul odor, blisters, malaise, and low-grade fever. The lesion had developed three days after applying a herbal paste to a pre-existing eczematous patch.

### Initial management:

The wound was debrided and cleaned with betadine solution.

Broad-spectrum antibiotics (Tab. Moxclav 625 mg TDS) and anti-inflammatory medication (Zerodol-SP BD) were administered for three days to control systemic infection.

### Ayurvedic management:

After stabilization, antibiotics were discontinued, and Ayurvedic treatment was started.

### Wound cleansing: Triphala Kwatha twice daily.

Oral medications: Arogyavardhini Vati (1 tab BD), Gandhak Rasayana (1 tab BD), Mahamanjisthadi Kwatha (10 ml BD).

Local application: Panchatikta Ghrita applied after adequate cleaning.

Dietary advice: Avoidance of pitta-aggravating foods and adherence to a light, easily digestible diet.

### Results

Within five days: Reduction in pus discharge, foul odor, and pain.

After two weeks: Significant granulation and epithelialization.

By three weeks: Complete wound healing with restoration of skin integrity.

On follow-up for three months: No recurrence was observed.

## Discussion

The integrated approach of short-term modern medicine with long-term Ayurvedic management provided effective wound healing. Triphala Kwatha aided in wound cleansing and microbial control, while Arogyavardhini Vati and Gandhak Rasayana addressed systemic imbalance and skin pathology. Mahamanjisthadi Kwatha acted as a detoxifying, anti-inflammatory, and wound-healing formulation. Local application of Panchatikta Ghrita further promoted granulation and epithelialization by pacifying aggravated pitta, kapha, and rakta doshas.

Ayurvedic medicines provided a synergistic effect by addressing both systemic and local pathology. Importantly, their use minimized the duration of antibiotic therapy, reducing the risk of drug-related side effects.

## Conclusion

This case demonstrates that necrotizing fasciitis of allergic or toxic origin can be correlated with Dusta Vrana described in Ayurveda. The condition was successfully managed with Ayurvedic oral and local treatments following short-term antibiotic use. Complete healing was achieved within three weeks without recurrence. Larger clinical studies are needed to validate these findings and establish integrative treatment protocols.

