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A CASE REPORT ON TROPHIC ULCER MANAGED WITH MUNZIJ,MUSAFFIYATH DEBRIDEMENT , TOPICAL ANTI SEPTIC ,ANTI MICROBIAL AND ENZYMATIC PROTEOLYTIC AGENTS

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Abstract :-

A trophic ulcer is very difficult to heal and it affect the quality of life of the patients. We present a case of 46yrs old female with k/c/o HTN/DM/DYSLIPIDEMIA/HYPOTHYROIDISM/OBESITY. The case was well managed with unani and modern protocols of managing ulcers the open wound was completely healed 6-7weeks with local application of pulp of papaya and sterile dressing with regular aseptic dressing.

Keywords :-Trophic ulcer, papaya, Diabetic ulcer, munzij.

INTRODUCTION:-

Diabetes mellitus remains a growing problem in the Western world, as do the various manifestations of the disease we focus here upon the diabetic foot(9) in 2021,38.4million Or 11.6%of the population had diabetes. 29.7million were diagnosed diabetes, 8.7 million not diagnosed.[8]

An ulcer is a discontinuity of the skin and mucous membrane which occurs due to microscopic death of tissue[1]. It's a one of the important varying A etiological factor and presence of complicated systemic disease make the treatment is very difficult chronic ulcer on old people definitely cause considerable

morbidity and diabetic ulcer of the leg can cause life threatening complications such as DKA &SEPTICEMIA. The word trophic ulcer is derived from Greek word trophe-Nutrition [2].

Defines the trophic ulcer as a previous pressure ulcer caused by external trauma to a part of the body that is in poor condition because of disease, vascular insufficiency a loss of afferent nerve fibers. [3]

Trophic means concerned with nourishment applied particularly to a type of efferent nerves believed to control the growth and nourishment the parts they innervate. [4]

Tropical ulcer is an area of persistent skin and tissue loss caused by infection with 1 or more organism. The condition is most common is malnourished people living in trophic. [5]

Specific examination of the feet with shoes and socks off in every consultation lessens the like hood that missed injuries or ulcers will occur and is probably far more important than the focus of A1c. The surgeons can play a important role in approach the diabetic foot. However approximately 1in 10 diabetes have diabetic foot ulcer (DFU) TO be most common cause of non traumatic limb amputation and diabetic foot precedes more than 80% of amputations. In fact, half of the patients who develop a DFU will be dead in 5 years. [9]

An ulcer will develop if a localized arterial thrombosis occur to an area of skin

(arteriosclerotic) or if the venous drainage is impaired (venous ulcer) . These occur when the skin becomes insensitive through damage to the sensory nerve supply as in diabetic neuropathy. Lack of sensation allows an area to be easily damaged, particularly constant or often pressure such as soles of the feet. [12]

Precipitating factors :-

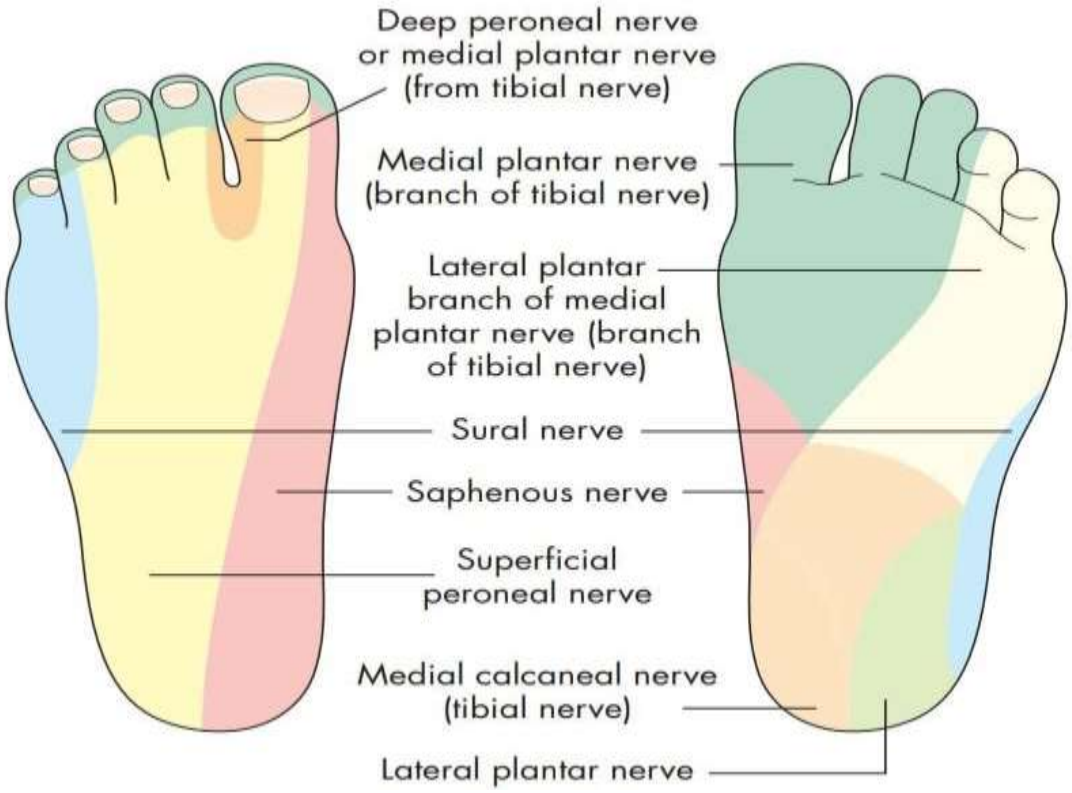
Malnutrition, pressure, anemia, sensory loss, moisture. [6]

Prevalence :-

The incidence of pressure ulcer ranges from 2.7% to 9% in the acute care settings, in comparison to 2.4% to 23% in long term care facilities. It is a localized area of tissue necrosis that develops when the soft tissue Necrosis that develops when the soft tissue is compressed between a bony prominence and an external surface. (10)

PATHOPHYSIOLOGY :-

The foot is a complex structure of 26 major bones 33 joints and there are four layers of muscles in the sole of the foot the blood supply of the foot is form the anterior and



posterior tibial arteries plus the peroneal artery.[9, 11] and various larger muscles controlling movements such as dorsi and plantar flexion and small internal muscles controlling finger movements of the foot and toes ,such as dorsi and plantar flexion and small internal muscles controlling the finger movements of the foot and toes. The principal role of the foot is balance, weight bearing, weight distribution, and bipedal locomotion. The autonomic dysfunction also produces subnormal capillary stunting and fragility of vessels at the dermal, subdermal interphase, making these vessels more susceptible to disruption which is the original cause of bleeding and ulcer formation beneath callus. These are the types of DFU.[9]

Neurogenic	e.g. Hansens disease, syringomyelia, pressure ulcers in paraplegics, spina bifida, diabetic neuropathy, alcoholic polyneuropathy, etc.
Vascular (arterial)	Poor arterial supply, e.g. peripheral vascular disease, arteriosclerosis, microangiopathy as in diabetes
Vascular (venous)	Venous disease – venous stasis ulcers
Systemic causes or malnutrition	e.g. vitamin B 12 deficiency, severe avitaminosis, ulcers over deposits of gout

There are **four stages** of pressure ulcer formation are as follows

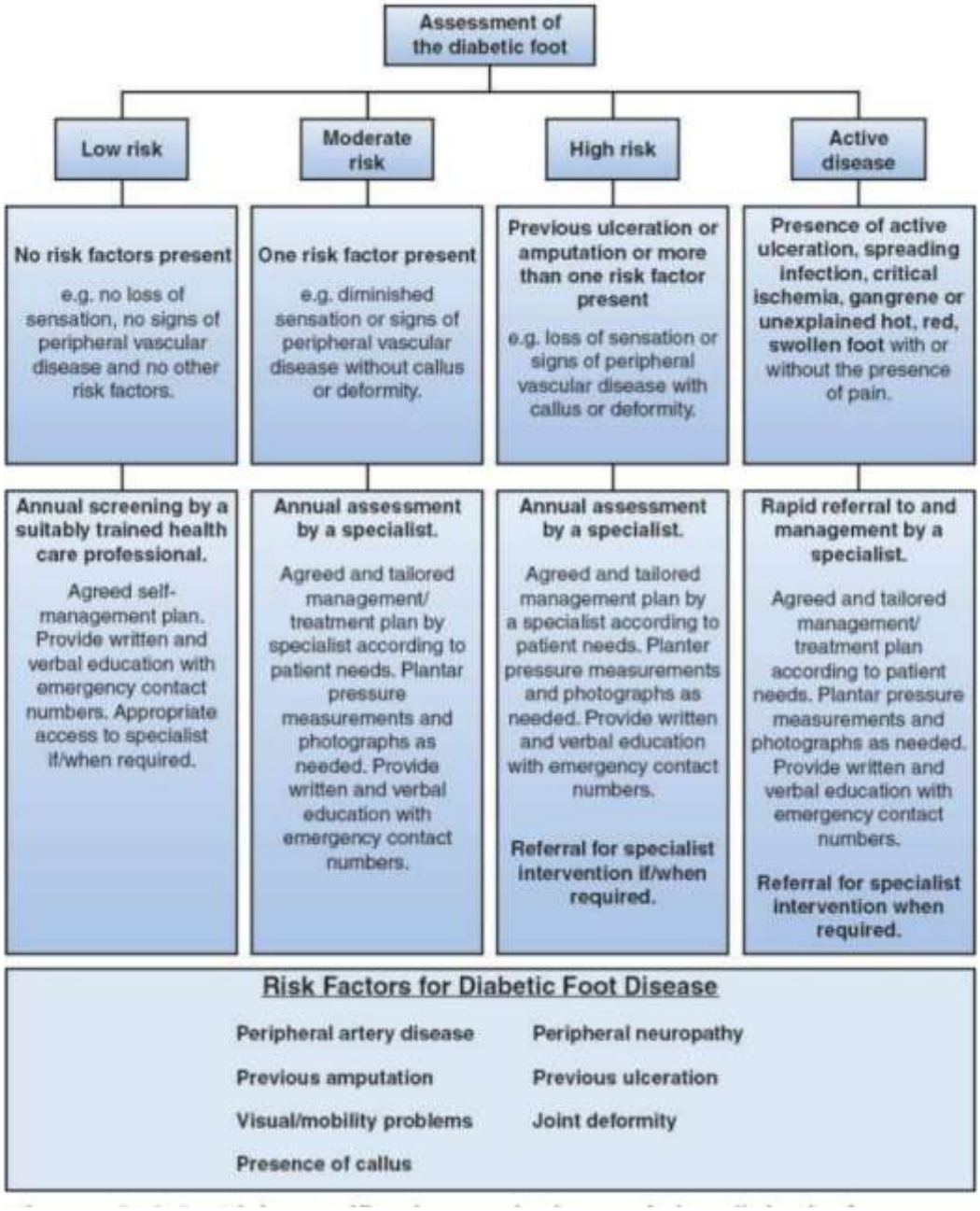
Stage 1-no balancing erythema of intact skin

Stage2-partial thickness skin loss involving epidermis or dermis both

Stage3-full thickness skin loss, but not through the fascia

Stage 4- full thickness skin loss with extensive involvement of muscle and bones. [10]

CLINICAL ASSESSMENT OF THE DIABETIC FOOT [9]



Case discussion :-

- A 46years old adolescent female with comorbidities of Hypertension, diabetes, hypothyroidism and dyslipidemia's on regular medication. She came to outpatient department with H/O Non traumatic, non healing ulcer over the left leg from 8months . She has been admitted outside 1month back and underwent debridement. But no improvement.
- On examination patient is conscious, oriented with normal blood pressure and high blood sugar levels.
- local examination suggestive of foul smelling, purulent discharge from the wound. She had normal peripheral pulses on left leg including dorsalis pedis, anterior and posterior tibial arteries. She had normal proprioception but decreased sweating and temperature around the wound. No restriction of ankle joint.
- Inspection :- Trophic ulcer over heel of the left leg

1. Size:- 2×2.8×1.8cm
2. Shape:- Pale, scanty granulation tissue with surrounding dead skin
3. Edge :- Punched out edges is seen
4. Discharge:- Exudate and serous discharge
5. Surrounding area: Thick and dark

- Palpation :- induration of the edge is seen in chronic ulcers and long standing varicose ulcers it said to be a host defense mechanism
- Mobility:- Gentle attempt is made to move the ulcer to know it's fixity to underlying cause.
- Bleeding :- On gentle palpation on deep it bleeds
- Relevant clinical examination:- No
- Regional lymph nodes:- Enlarged

- Peripheral pulses and sensation are intact
- Function of the joint :- Restricted due to pain.
- Systemic examination:-

  RS-BAE^{+}, No added sounds,

  CVS-s1s2 $^{+}$ no murmurs

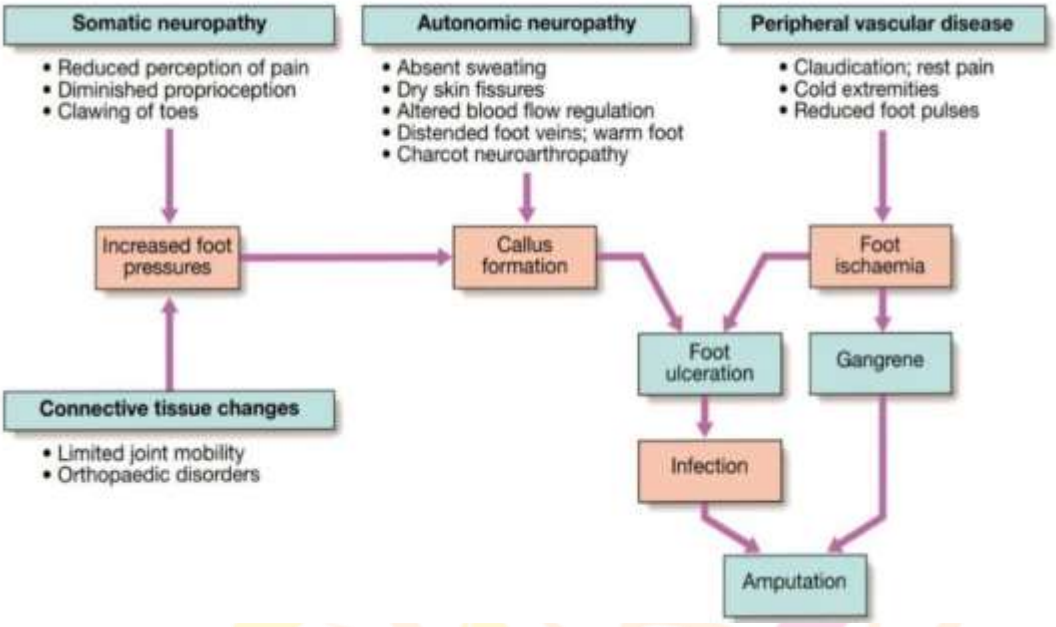
  P/A-soft, non tender no organomegaly

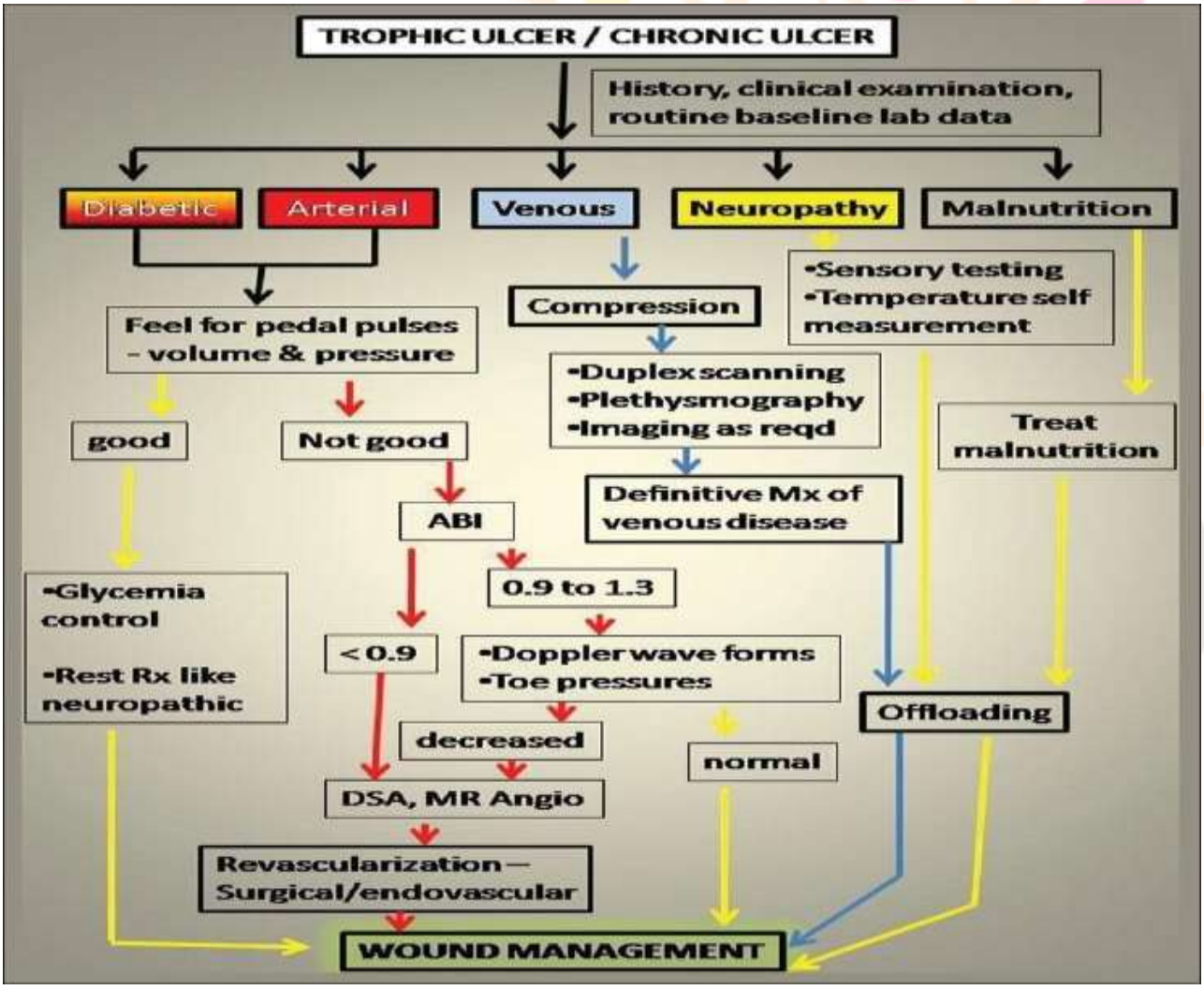
  CNS-NAD


Day-0
First week


5th week

Care plan :[13,14]





Discussion:-

Diabetic foot ulcers, which associate neuropathy, ischemia and venous hypertension need specialized care, An appropriate knowledge of the lesion etiopathology provides the key to understand the approach and diagnosis, it's treatment reducing the risks associated to delay diagnosis or inappropriate treatments. The scientific evidence supports the use of compressive therapies an efficient and safe alternative of ulcers of mixed origin. Compression significantly improves edema and reduced exudate.

In this case presentation of the wound is initially debridement done after that doing daily dressings under sterile condition with topical application of antiseptic, anti microbial and enzymatic debriding agents alternatively pulp of papaya applied. Patient had a serous discharge from the wound and uncontrolled sugar levels, Which were advised orally Qurs-e-ziabetes, Qurs-e-tabasheer, habb-e - shifa, munzij, musaffiyat and OHA's along with supportive and symptomatic treatment done. [16].

X ray Rt foot taken - No evidence of osteomyelitis. Therefore, we need efficient system and structure ensuring appropriate evaluation and compliance by the patient providing appropriate care. Patients involvement and that of their environment improve results. During the process the patient became aware of the importance of taking care herself. After 7weeks of treatment the right foot has completely healing has been achieved.

Conclusion :-

It can be concluded that local application of papaya pulp,antimicrobial, anti septic and enzymatic debriding agents is found to be very effective in trophic ulcer. These patients could be started on a care

program which would address their specific needs and help bring down devastating complications like amputation.

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