Scalpel to Scar with Ayurveda: Post-Debridement Application of 2 KampillakaTaila in a Leprotic Ulcer Case to Avert Amputation – A Holistic Case Report

by Jana Publication & Research

Submission date: 12-Sep-2025 05:23PM (UTC+0700)
Submission ID: 2690355736
File name: IJAR-53783.pdf (1.26M)
Word count: 4656
Character count: 27071

Scalpel to Scar with Ayurveda: Post-Debridement Application of KampillakaTaila in a Leprotic Ulcer Case to Avert Amputation – A Holistic Case Report

BACKGROUND:
The resurgence of *ShalyaTantra* as a modern surgical discipline remains incomplete without honoring its foundational science — *Vrana Chikitsa*. Chronic neuropathic wounds, particularly in leprotic conditions, pose challenges to both classical and contemporary treatment approaches. *KampillakaTaila*, derived from *Mallotusphilippensis*, is a time-tested Ayurvedic formulation recognized for its *Ropana* (regenerative) and *Krimighna* (antimicrobial) properties. This case study exemplifies a truly integrative, innovative, and holistic wound care model. **OBJECTIVE:** To evaluate the clinical effectiveness of *KampillakaTaila* in the post-debridement management of a chronic leprotic wound, using **a** holistic integrative protocol based on Ayurvedic*Vrana Chikitsa*, modern surgical hygiene, *Rasayana* therapy, and mind-body support. **Methodology:** A 53-year-old female with a non-healing leprotic plantar ulcer underwentsurgical debridement**,** followed by some weeks of antibiotics. Thereafter, a fully integrative protocol was initiated: **Topical care**: *KampillakaTaila application* **Internal Rasayana**: *Guduchi*, *Ashwagandha***Lifestyle & Support**: *SatvavajayaChikitsa*, balanced diet, foot offloading. **Monitoring:** Weekly wound assessment with five clinical parameters over 49 days(up to wound healing)**Results**: Surface area reduced from 1200 mm^2 to 14.2 mm^2 (98.8%)Pain, odour, discharge, and granulation scores reached 0 by Day 21Meanhealingrate: 24.2 mm^2/day (±12.72), 5.58%/day (±3.59%).No recurrence, reinfection, or second debridement required. **Conclusion:** This case successfully demonstrates how the integration of *KampillakaTaila* with surgical care, internal *Rasayana*, and psychosomatic healing forms a complete therapeutic system. It fulfills the holistic, evidence-based, and culturally rooted approach to modern surgery, where traditional wisdom informs innovation.

Keywords: *KampillakaTaila*, Leprotic Ulcer, Post-Debridement Healing, Integrative Wound Care, *Rasayana*, *SatvavajayaChikitsa*, Holistic Approach

INTRODUCTION:

The global incidence of leprosy is **21.2** cases per million individuals. In India, the rate of leprosy is **0.62** for every **10,000** people.[1]Research indicates that about **7%** of leprosy patients have foot ulcers. However, for those who have lost feeling in their fe[2], this rate can rise to **34%.**[2]This shows how important neuropathy is in causing ulcers. **Leprosy** is a chronic infectious disease caused by ***Mycobacterium leprae***, primarily affecting the skin,peripheral nerves, mucosa of the upper respiratory tract, and eyes.[3] It manifests in a wide clinical spectrum, from tuberculoid (paucibacillary) to lepromatous (multibacillary) forms, depending on the host's immune response. Neuropathy is a hallmark of the disease, leading to loss of sensation, muscle weakness, deformities, and secondary complications such as trophic ulcers**.**A **leprotic ulcer**, also referred to as a **trophic** or **neuropathic ulcer**, is characterized as a chronic ulceration occurring on an anesthetic foot**,**[4]The presence of a leprotic ulcer significantly contributes to the morbidity associated with leprosy.

Chronic, non-healing lesions known as leprotic ulcers are commonamongindividuals with **Hansen's disease (leprosy),**particularly those who also have**peripheral neuropathy.** These ulcers have multifactorialetiologywithlesionsdueto weakening of the immune response, unnoticed trauma toaffectedareas, bacteriologic super-infection, loss of sensory detection and poor wound management.[5,6]The ulcers are difficult to treat duetolimited vascularization, ongoing mechanical loading and decreaseinnociceptiveresponse.They occur at sites of weight-bearing,typicallyon the plantarsurfaces.[7]These ulcers have a strong tendencytowardsrecurrence and oftenrequiresystematic andlocal treatment.

Leprosy (Hansen's disease) is one of the main skin diseasessubsumedby***MahaKushta***, and is identified in Ayurveda as a form of*Kushta*.[8,9]Leprosy ischronic, progressive, and deformingpropertiesmapexactlyonto the definitions of *Kushta*, which containmorethan one *Dhatu(Rasa, Rakta, Mamsa, and Lasika),* and all three *Dosha*.[10]Othercharacteristicsthatareclinicallypresent in leprosycanbe frequently observed,as the clinical manifestations of both*Kitibha*and*KakapadaKushta*.[11]

सप्तद्रव्याणिकुष्ठानांप्रकृतिर्विकृतिमापन्नानि[१]भवन्ति।
तद्यथा- त्रयोदोषावातपित्तश्लेष्माणःप्रकोपणविकृताः,
दूष्याश्चशरीरधातवस्त्वङ्मांसशोणितलसीकाश्चतुर्धा[२]दोषोपघातविकृताइति।

(*Cha. Ni* 5/ 1, 2)

As a substantial discontinuity or breach of structural integrity in the body often represented as a wound, ulcer or lesion, ***Vrana***isatechnicalterm in Ayurveda.[12]Thereferencesto*Vrana*inIndian*Ayurvedic*medicalliteratureareinnumerable, demonstratingitspositionalsignificance in *Shalyatantra* .*Vrana*may be broadly classified into two categories: *Dushta Vrana*and *Shuddha Vrana*. ***Dushta Vrana*** is a chronic or infected wound, while,***Shuddha Vrana*** is a clean or healing wound. *Dushta Vrana*represents non-healing, unpleasant, infected wounds with poor regeneration potential as a result of *Tridosha* vitiation and *DhatuKshaya* (tissue degeneration)Meanwhile,*ShuddhaVrana*typicallydepicts acute wounds with good granulation tissue and predictable healing.

*Charaka*elucidates the chronicity of*Dushta Vrana*–its deformity and excess discharge, but Sushruta lists its assortments of proprieties as: blackish discoloration, purulent exudate, putridodor, severe pain, and irregular margins [13]. In *Ayurvedic* pathogenesis, these wounds mayoccurfrom imbalances within (***NijaVrana***), or external traumas (***AgantujaVrana*).**[15] Therapeutic options commonly include***Vrana Shodhana*** *(*disinfecting/cleaning), ***Vrana Ropana*** (healing), ***Rasayana*** (rejuvenation) alongwithlifestylemodifications;thus,emphasizesa holistic approach to management and aims to restore both dynamics locally and systemicallyin the body. [16]

वृणोति[३९]यस्माद्रूढेऽपिव्रणवस्तुननश्यति।
आदेहधारणात्तस्माद्व्रणइत्युच्यतेबुधैः[४०]॥४०॥

(*Su.Su* 21 /40)

Symptomsofleprosy can be classified as ***Nija Vrana Kushta***, whichisan ulcerative skin disease of internal origin dueto systemic *Dosha* vitiation, in the chronic conditionin which ulceration is occurring. This provides conventional classification for the treatment and a deeper understanding of the disease's pathophysiology. Conventional wound managementistypicallytheprovision of antibiotics and surgical debridement, butchronic ulcers relatedto leprosy often have a delayed response or recurrence. This highlights the importance of combined integrative treatment plans,whichinclude evidence-based *Ayurvedic*formulations withcontemporarybiomedicaltreatment plans, forinstance,*KampillakaTaila*.*Kampillaka* is the Latin name for ***Muell, Mallotusphilippinensis. Arg.,*** and it is partof the *Euphorbiaceae* family. [16]Among eight ***Sadharana Rasas***[17] which have been classified,it was described as a *Phalinidravya*[18] by *Acharya Charaka* and included in the *Shyamadi varga*[19]by *Acharya Sushruta*.*Suvarnadivarga* in *Raja Nighantu*has this plant,*ChandanadiVarga*[20] of*DhanvantariNighantu*has it. [21]*Kampillaka*hasbeenmentionedtocurevarious ailments, including *udara, gulma, krimiroga, prameha, raktvikara, kshatha, kushta*, and virechana[22]; however, of significance is its use in (wound) *vrana*. While discussing *vrana*,*AcharyaCharaka*inthediscussiononthe***DwivraniyachikitsaAdhyaya*,** stated*KampillakTaila*'s*vranaropak*[23]property

"दूर्वास्वरससिद्धंवातैलंकम्पिल्लकेनवा॥

दार्वीत्वचश्चकल्केनप्रधानंव्रणरोपणम् ।"

(*Ch.Chi*.25/93)

These typesof treatment aim to restore tissue integrity and systemic equilibrium holistically aswellasalleviatesymptoms. Leprosy and *AyurvedicKushta*conveystrikingsimilarities, which reinforce the importance of anintegrative treatment plan that utilizes***Shodhana***(detoxifying), ***Shamana*** (palliative), and ***Rasayana***(rejuvenative)therapies.[24]This integrative frameworkpromotes the inclusion of both modern dressings and approaches to wound care with traditional *Ayurvedic* treatments to better address complex chronic wounds. The aim of this study is to illustrate how effectively*KampillakaTaila* works to enhance wound healing after debridement in leprous ulcers, though a modern integrativeframework.

CASE PRESENTATION:

A 53 year old female,accompanied by her son,presented to our OPD of S*halyatantra*with complaints of Non-healing ulcer at plantar aspect of right foot associated with a foul smell for the past 3 years,pain and pus discharge from ulcer from last 8 days.She also had toe deformities.She was previously advised below knee amputation at another hospital and came to us for a second opinion .After taking history found that she was a known case of leprosy since 12 years with no history of Diabetes, Hypertension and any other systemic illness.

Vitals of patients were within normal limits.No any systemic abnormality detected.Routine blood test were within normal limits.Orthopaedic consultation was taken advised below knee amputation due to deep seated infection involving bone.Considering patients relatively middle age,potential postoperative disability and impact on quality of life ,we opted for a conservative surgical approach.

Table No 1. Ulcer Assessment Criteria

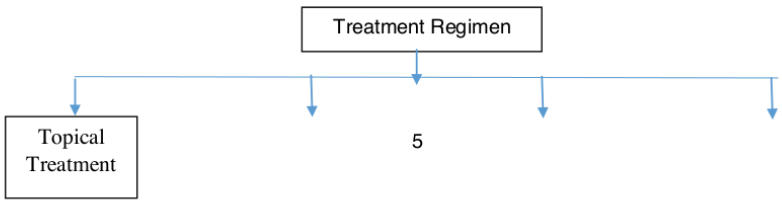
Sr No.	Criteria	Findings
1	Location	Plantar aspect of right foot and at webspace between 2nd and 3rd toe
2	Number	3
3	Size	3^3 cm ,2^1 cm,1^1cm
4	Shape	Oval
5	Exudate (Amount and Consistency)	Mild ,Thick
6	Necrotic Tissue (Slough)	Present
7	Margins	Irregular and oedematous
8	Edges	Irregular ,not well defined
9	Floor	Pale yellow
10	Odour	Mild
11	Surrounding Skin	Swelling
12	Sinus tracts and tunnelling	Present

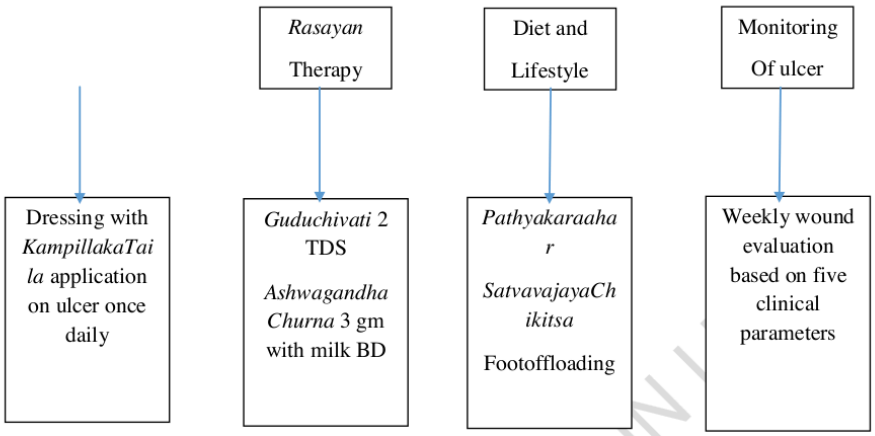
The patient was admitted and underwent surgical debridement of ulcer .After that following postoperative protocol administered for 5 days to prevent secondary infection,as the ulcer extended to the bone level.

Postoperative Management:

Sr No.	Drug Name	Route	Dose
1	InjPiptaz 4.5gm in 100 ml NS	IV	TDS
2	Inj Pan 40 mg	IV	OD
3	Tab Acticlosp	Oral	BD
4	Tab Chymoral Forte	Oral	BD
5	Tab Limcee 500 mg	Oral	BD

Above treatment was given for 5 days and then following treatment regimen given :





CLINICALASSESSMENT CRITERIA FOR STUDY :

Subjective criteria – 1. *Vrana Vedana* (Pain)

Objectivecriteria -

1. *Vranaakruti* (Surface area)

2.*Vrana strava* (discharge)

3. *Vranagandha* (odour)

4.*Vranavarna* (color of granulation tissue)

SUBJECTIVE CRITERIA:

VranaVedana (Pain):

Pain will be assessed on Visual analogue scale.

Table no. 1:

Explanation	Score	Grade
No pain	0	0
Mild pain	1-3	1
Moderate pain	4-6	2
Severe pain	7-10	3

Objective Criteria –

1.*Vrana Akruti* (Surface area):

Size of wound will be taken by length and width of Wound.

This equation is to calculate the area of irregular surface"

Kundin's formula - Akun = L X W X 0.785 mm2

2.*Vrana Strava* (Discharge):

Table no.2.: Assessment criteria for *Strava* (Discharge)

Signs	Grade
No discharge	0
Mild discharge (If the patients wets 1 gauze piece in 24 hrs)	1
Moderate discharge (If the patients wets 2 gauze pieces in 24 hrs)	2
Severe discharge (If the patients wets more than gauze pieces in 24 hrs)	3
Excruciating discharge (Continuous and profuse discharge)	4

(Size of gauze piece – 10 cm ^10cm double layered)

3.*Vrana Gandha* (Odour)

Table no. 3: Assessment criteria for *Gandha* (odour)

Signs	Grade
No smell	0
Minimal bad smell	1
Tolerable unpleasant smell	2
Foul smell which is intolerable	3

4. *VranaVarna* (color of granulation tissue):

Table no. 4: Assessment criteria for *Varna* / Granulation tissue formation

Signs	Grade
Normal pigmentation	0
Brown color	1
Grey color	2
Pale yellow /blue /reddish color	3

Drug Name: ***Kampillakataila***(prepared in our rasdept)

Dose: 2 to 3 ml as per requirement of local application on wound

Duration: Till complete healing of wound

Follow up: 1st, 7th, 14th, 21st upto wound healing

Fig. 01 *KampillakaTaila*

OBSERVATION:

The patient was observed over a period of 49 days following surgical debridement and the initiation of an integrative treatment protocol involving *KampillakaTaila*, Internal *Rasayana,* and supportive therapies.

Day	***Vrana Vedana***	***Vranaakruti(mm2) Length ^ Breadth***	***Vranastrava***	***Vranagandha***	***Vranavarna***
1st	2	1200	3	2	1
7th	2	857.1	2	1	1
14th	1	714.2	1	1	1
21st	0	571.4	0	0	0
28th	0	342.8	0	0	0
35th	0	257.1	0	0	0
42nd	0	114.2	0	0	0
49th	0	14.2	0	0	0

The five *Ayurvedic* clinical parameters—***Vrana Vedana*** (pain), ***Vrana Akruti*** (surface area in mm^2), ***Vrana Strava*** (discharge), ***Vrana Gandha*** (odor), and ***Vrana Varna*** (color/granulation tissue appearance)—were used in assess the progress of the patients wound healing abilities. The assessment of **Day 1** revealed a large painful ulcer, measuring **1200 mm^2** in surface area, with dusky granulation tissue, huge amounts of discharge and an offensive odor. During further assessments for a weekly basis evidence presented with consistent improvement value. At **Day 14** the granulation tissue became more ordered with pain and discharge significantly decreased. By **Day 21**, the *Vrana Akruti* decreased the surface area to **571.4 mm^2** simultaneously the pain, discharge, odor and appearance of color and granulation tissue were resolved (all scoring 0). After **49 days**, only **14.2 mm^2** of surface area remained, **98.82%** reduction in wound surface area, and the wound nearly closed completely due to time and consistency of *KampillakaTaila* and supportive care, demonstrating that the subjective and objective issues, have all been resolved.

Figure 3.Before Surgery Figure 4. Day 1 Figure 5. Day 7 (Granulation Tissue Formation)

Figure 6.Day 35th (Healing Stage) Figure 7. Day 49th (Healed Scar)

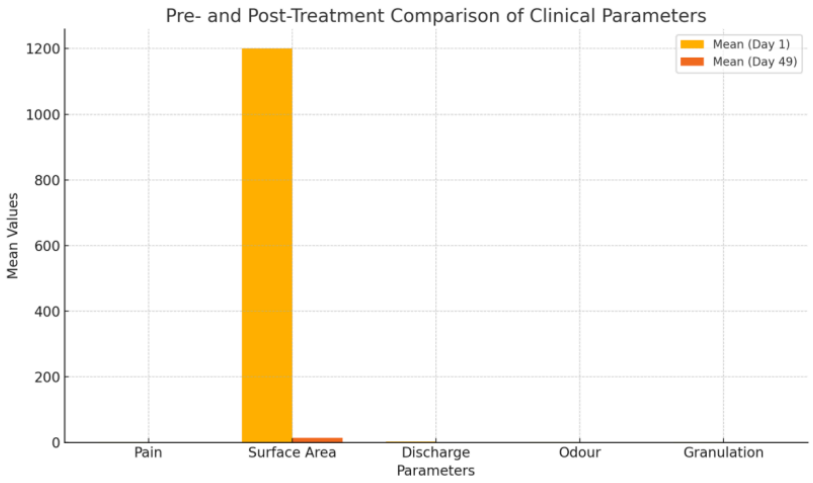
STATISTICAL ANALYSIS:

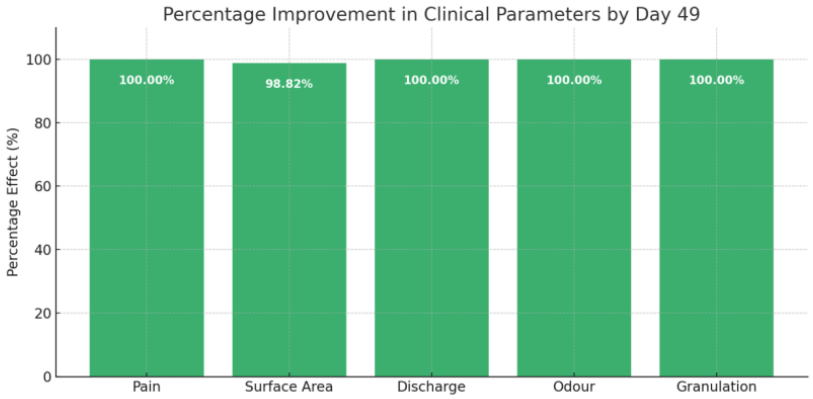
By **Day 49**, all parameters subjected to assessment had shown statistically significant clinical improvements attributed to the standardized holistic wound management protocol. In the case of the **pain** score, the mean decreased from 2.0 to 0.0, a **100% decrease** ($p < 0.05$, Wilcoxon signed-rank), with a **standard deviation of 0.92**. In the case of **discharge and odor**, the mean baseline scores were 3.0 ($p < 0.05$) and 2.0 ($p < 0.05$), and both reached 0.0 by Day 49,

with **standard deviations of 1.16 and 0.76** respectively, again representing **100%** improvements. In one important objective measure, the wound **surface area** decreased from **1200.0 mm² to 14.2 mm²,** a contraction of 98.82 percent, with a **standard deviation of 402.92**. This was statistically significant ($p < 0.05$). The **granulation tissue** score increased from 1.0 to 0.0 (100 percent effect, **SD=0.52**) . The **Wilcoxon signed-rank test** was employed to verify the changes were not due to chance, but represented an actual therapeutic benefit. These outcomes demonstrate the effectiveness of the *KampillakaTaila* ,Internal*Rasayana* And Lifestyle Regulations in facilitating complete and sustained wound healing.

Sr. No	Parameter	Mean(Day 1)	Mean (Day 49)	Standard Deviation	% Effect
1	Pain	2.0	0.0	0.92	100.00 %
2	Surface area	1200.0	14.2	402.92	98.82 %
3	Discharge	3.0	0.0	1.16	100.00%
4	Odour	2.0	0.0	0.76	100.00%
5	Granulation tissue	1.0	0.0	0.52	100.00 %

Graphical representation also showsacontinueddecrease in the mean scores for all parameters and confirmed that by **Day 49** clinical outcomes are **98 % to100 % effective**. Norecurrent signs, secondary infections, or furtherdebridementwereidentified in one follow-up period. All wound parameters analyzeddemonstrated significant change over the course of 49 days from the integrative treatment planof topical ***KampillakaTaila***, internal *Rasayana*therapy, and lifestyle modifications.





DISCUSSION:

Integrative Holistic Wound Care in a Leprotic Ulcer

This case shows how effective a thorough strategy can be in treating a chronic foot ulcer linked to leprosy. After the initial surgery to remove dead tissue and antibiotic treatment for the infection, the patient's plan combined *Ayurvedic*ideas with modern wound care. Key aspects included using topical *KampillakaTaila* dressings, administering *Rasayana* therapy with *Guduchi* and *Ashwagandha,* and providing additional support measures like stress

management through *SatvavajayaChikitsa,* a nutritional diet, and foot offloading. By treating the wound locally and improving the patient's overall healing ability and mental health, this approach created a favourable environment for recovery. The method draws from traditional *Ayurvedic Vrana Chikitsa* while connecting age-old wisdom with current surgical practices, illustrating how established knowledge can lead to new ideas in wound care.

1) *KampillakaTaila* – Traditional Wisdom and Wound-Healing Efficacy

The topical use of *KampillakaTaila,* an herbal oil made from *Mallotusphilippensis*, also known as Kamala, played an important role in managing wounds. *Ayurvedic* literature praises Kampillaka as a **"miracle remedy"** for injuries. It falls under *Sadharana Rasa* and is known for its strong wound-healing and antimicrobial properties. *Mallotusphilippensis* contains many bioactive compounds, such as **flavonoids, tannins, and saponins,** which offer **anti-inflammatory** and **antimicrobial benefits**. Applying this oil helps promote the growth of healthy granulation tissue and new skin cells. It improves local blood flow and keeps the wound moist and sterile. A pilot study on acute wounds found *KampillakaTaila* to be both safe and effective. Its benefits are related to **strong anti-inflammatory, antimicrobial, and pain-relieving effects.**

In this case, the wound's condition quickly improved after *KampillakaTaila* dressings were applied. Three weeks after beginning the oil treatment, the ulcer was filled with healthy granulation (as shown by those parameters scoring 0 by day 21) and all symptoms of infection and inflammation had all but vanished, including pain, discharge, and an unpleasant odor. The antimicrobial qualities of the oil probably kept the wound clean after debridement and avoided further infections. Its tissue-regenerating and anti-inflammatory properties would have facilitated the ulcer's rapid contraction and epithelialization. Crucially, over the course of **49 days,** the ulcer's surface area shrank by roughly **98.8% (from 1200 mm² to just 14.2 mm²),** with an average healing rate of roughly **24 mm² per day**.This improvement demonstrates *KampillakaTaila's* efficacy as a natural wound-healing agent that supports the body's natural healing processes without the need for additional antibiotics or surgical debridement. Essentially, the herbal oil served as a bioactive dressing, continuously delivering antimicrobial and pro-healing agents to the wound site to sustain the healing process initiated by surgery.

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2) *Rasayana* Therapy – Internal Rejuvenation and Immune Support

Guduchi(Tinosporacordifolia) and *ashwagandha* (Withaniasomnifera) alongwiththe*Ayurvedic*treatment*Rasayana,*bothweretakenorally. Rejuvenators such as *rasayanas*are thought to improve immunity, abilityto regenerate, and ability to withstand stress. These herbs providedimportant systemic help for chronicwoundhealing.

***Guduchi* (Tinosporacordifolia):**

*Guduchi*is a traditional *Rasayana*that **supports immunity and tissue repair**. *Ayurveda* claims that it has *vrana-rohana* (wound-healing) properties and is a **potent immunomodulator**. Ancient surgeons were aware of its efficacy in healing wounds.Recent research has validated *Guduchi's* role in wound healing; in experimental models, Tinosporacordifolia extracts have demonstrated a significant improvement in wound healing, including increased granulation tissue production, reduced inflammation, and faster re-epithelialization. Its antimicrobial and anti-inflammatory qualities can help promote healing by lowering the bioburden on the wound bed. Along with *KampillakaTaila's* local action, *Guduchi*most likely improved the body's capacity for self-healing and the immune system's ability to prevent reinfection.

***Ashwagandha* (Withaniasomnifera):**

Another popular*Rasayana* that reduces stress and increasesenergy is *ashwagandha*. Chronic wounds are considered a local pathology and stress to the wholeperson; systemic stress can impairwound healing.Increasesinstress on the body and mind elevate cortisol and sympathetic neurotransmitterlevelsthat are significantly decrease wound healing and couldincreasesusceptibility to infection. *Ashwagandha***decreases stress and increases the immune** system and healing hormones. Clinical studies have shown that administration of *ashwagandha*can decrease chronic stress levels and reduce serum cortisol. In addition, *ashwagandha*appears to have**antioxidant** and **anti-inflammatory** properties that couldhelpsupport tissue healing. In the holistic treatment plan that was put in place, it is likely that*ashwagandha*helped reduce the patient's stress and thesubsequent fatigue thereby indirectly hastening improved wound healing through neuroendocrine-immune regulation accelerating wound healing through **neuroendocrine-immune modulation.**

As internal co-therapies, *guduchi* and *ashwagandha* worked together to address systemic variables involvedin the complex task of wound healing. *Ashwagandha*providesbenefitsinrevitalizing&reducingstressand*Guduchi* provided immune system support,enhancingefficacy and supporting healing directly. In addition to facilitativelyassisting tissue healing, this internal support likelyimproved the patient's energy, sleep, and overall sense of wellnessthroughoutthehealingprocess, which,althoughcritical,areoftenoverlookedtreatmentoutcomes for wound healing healing.

3) **Mind-Body Support and Lifestyle Interventions**

The incorporation of lifestyle and mind-body interventions into the treatment plan is particularly remarkable in this case demonstrating a truly holistic approach. The Ayurveda method of mind-control and psychological therapy, ***SatvavajayaChikitsa*** was used to enable the patient to cope with the emotional burden of a chronic illness and a non-healing wound. As psychological stress has been scientifically demonstrated to have a real negative impact on wound healing physiology, stress management strategies (**stress management**

counselling, **meditation,** or other **mind-calming exercises**) would have helped reduce anxiety and depression. Moreover, a motivated mentally balanced patient is more responsive to unloading the foot, maintaining hygiene in the wound area and adhering to dietary recommendations, thus psychosomatic support likely augmented patient compliance by keeping the patient upbeat and stress-free, as if an imaginary pharmacological intervention had a similar augmenting role in assistance with compliance.

The protocol also emphasized **dietary nutrition and offloading**, two pragmatic aspects of integrative care:

- A balanced diet rich in **proteins, vitamins A, C, and D, zinc**and other nutrients was recommended to provide the **building blocks for tissue healing**. The basis of wound healing is nutrition; for example: collagen formation requires sufficient protein, whilevitaminsC and zincareimportantfortheimmune system and tissue regeneration. In this specific case, providing the patient with a healthy diet that was perhapsmodifiedforeasydigestion and anti-inflammatory accordingto*Ayurveda*, would have hastened the healing of the ulcer and fortified the integrity of the skin to act as a food-based *Rasayana*.
- **Offloading**was used **to relieve pressure**to the plantar ulcer. Offloading, thatisusingrest,specializedfootwearorcrutchestohaltfurtherstressontheulcerandallowhe aling,Because the patient's ulcer was in a weight-bearing location,offloading would preserve newly formed tissues since the ulcer would have broken down withanactivitypatternof regular walking.

RESULTS:

Five *Ayurvedic* clinical parameters—***VranaVedana*** (pain), ***VranaAkruti*** (surface area in mm^2), ***VranaStrava*** (discharge), ***VranaGandha*** (odor), and ***VranaVarna*** (granulation tissue appearance)—were used to assess the patient's wound healing progress. The initial assessment on **Day 1** revealed a large, painful ulcer measuring atotal surface area of**1200 mm^2,** dusky granulation tissue, a foul odor, and moderate to copious discharge.All parameters showed consistent improvementswith weekly assessments. By **Day 14**, amoreorganizedgranulationtissuewasencountered, and pain and discharge had decreased significantly.The wound surface area continuedto decrease by **Day 21** to **571.4 mm^2** and all ***VaranVedana, Strava, Gandha*** and ***Varna***were resolved (all had a score of 0). By **Day 49**, *KampillakaTaila*applicationwasconsistentalong with internal ***Rasayana*** therapy and lifestyle changes.Thewoundwasnearlyclosed with only **14 .2 mm^2** of surface area remainingrepresenting a**98.82 %** reduction of the surface area.

After49days, the wound area decreased from **1200 mm^2 to 14.2 mm^2 (98.8 percent**); pain, discharge, odor, and granulation all returned to **normal by Day 21**; the **mean rate** of healing was **24.2 mm^2/day (5.58 percent reduction per day);** and there was no recurrence, reinfection, or needforseconddebridement.

CONCLUSION:

- ***KampillakaTaila*** which integrates*Ayurvedic*teachings with contemporary surgery, wondrouslyaccomplished a **safe, low-cost, and culturally aligned model** for treating chronic wounds.
- **Holistic tissue repair**is accomplished when contemporary surgical methods are merged with *Ayurvedic*treatment.
- **Complete closure of a wound, resolution of symptoms, and no recurrence or complications**wereobtained, which lends credence to the **classical framework of *Vranachikitsa***and avoids the need for futuresurgeries or extended antibiotics. A new **biopsychosocial model** for wound care emerged.
- Through an integrative and holistic approach, this study aids in**treating the patient**, **not just the ulcer.**

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