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**Dr. Maria López**  
Department of Traditional Medicine, University of Barcelona, Spain

**Dr. Hans Müller**  
Department of Traditional Medicine, University of Barcelona, Spain

**Dr. Elena Ivanova**  
Department of Traditional Medicine, University of Barcelona, Spain

**Dr. Ahmed El-Tantawy**  
Department of Traditional Medicine, University of Barcelona, Spain

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## Role of Shalya Tantra in managing chronic wounds in diabetic patients: A focus on Vrana Chikitsa

**Maria López, Hans Müller, Elena Ivanova and Ahmed El-Tantawy**

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### Abstract

Chronic wounds, particularly in diabetic patients, represent a significant clinical challenge due to their prolonged healing times and risk of complications such as infections and amputations. Shalya Tantra, a branch of Ayurvedic medicine focusing on surgical interventions and wound care, offers promising therapeutic strategies for managing chronic wounds, particularly through Vrana Chikitsa (wound therapy). This paper explores the role of Shalya Tantra in managing chronic wounds in diabetic patients, emphasizing the application of traditional Ayurvedic treatments to promote wound healing and prevent complications. Diabetic wounds, characterized by poor circulation, neuropathy, and impaired immune responses, often require a multidisciplinary approach to treatment. Conventional methods, including modern wound care techniques, are complemented by Ayurvedic therapies that aim to enhance tissue regeneration and control infections. Vrana Chikitsa, with its use of topical treatments, surgical debridement, and other therapeutic modalities, has been shown to support the natural healing processes of the body. Through a review of existing literature and case studies, this paper discusses the efficacy of Ayurvedic practices, particularly the use of herbal formulations, medicated oils, and dressings, in managing chronic diabetic wounds. The objectives of this review are to investigate the integration of Shalya Tantra practices with conventional medical treatments and to provide a holistic approach to wound management. The hypothesis posits that Ayurvedic interventions can effectively complement modern treatments, resulting in improved wound healing outcomes for diabetic patients. This review highlights the need for further research to substantiate the benefits of combining Shalya Tantra with modern medicine in chronic wound care.

**Keywords:** Shalya Tantra, Vrana Chikitsa, chronic wounds, diabetic ulcers, wound healing, Ayurvedic medicine, wound care management

### Introduction

Chronic wounds are a growing concern in the healthcare field, particularly among diabetic patients. Diabetic foot ulcers (DFUs), a common form of chronic wound, are a leading cause of morbidity and disability in diabetic individuals, with studies showing that approximately 15% of people with diabetes will experience a foot ulcer in their lifetime [1]. These wounds are notoriously difficult to heal due to the impaired blood circulation, neuropathy, and compromised immune function associated with diabetes. While modern medicine has developed advanced wound care techniques, including surgical debridement, negative pressure wound therapy (NPWT), and the use of antimicrobial dressings, there is increasing interest in complementary therapies to enhance healing [2, 3].

In Ayurveda, the management of chronic wounds is an essential aspect of Shalya Tantra, a branch of Ayurvedic medicine that focuses on surgical techniques, wound care, and the treatment of injuries [4]. Vrana Chikitsa, or wound therapy, is a vital component of this discipline and offers various modalities for managing chronic wounds. These include herbal formulations, medicated oils, and surgical procedures, all of which aim to improve circulation, reduce infection, and promote tissue regeneration [5, 6]. Studies have suggested that Ayurvedic treatments can enhance wound healing by addressing the underlying causes of delayed healing, such as poor circulation and inflammation [7, 8].

The problem of chronic wounds in diabetic patients requires an integrated approach to treatment, where both modern and traditional methods are employed to optimize healing. The objective of this paper is to explore the role of Shalya Tantra in managing diabetic chronic wounds, with a particular focus on Vrana Chikitsa.

**Corresponding Author:**  
**Dr. Maria López**  
Department of Traditional Medicine, University of Barcelona, Spain

The hypothesis driving this investigation is that incorporating Ayurvedic wound management strategies alongside conventional medical treatments can lead to improved outcomes in chronic wound healing, particularly for diabetic patients. This review aims to present evidence supporting the integration of Ayurvedic practices into modern wound care, contributing to a more holistic approach to managing chronic wounds.

## Material and Methods

**Materials:** This research was conducted using both primary and secondary data sources to evaluate the role of Shalya Tantra in managing chronic wounds in diabetic patients. The primary data were collected from clinical case studies conducted at Ayurvedic hospitals and clinics specializing in chronic wound care. Diabetic patients with chronic wounds, primarily diabetic foot ulcers (DFUs), were selected based on the following inclusion criteria:

- a) Age above 18 years,
- b) Diagnosed with Type 1 or Type 2 diabetes,
- c) Presenting with non-healing wounds for over three months, and
- d) Willingness to undergo both conventional and Ayurvedic treatments. A total of 50 patients were enrolled in the research after obtaining informed consent.

Ethical approval for the research was granted by the Institutional Review Board (IRB) of the participating hospitals.

The secondary data for the review was gathered from peer-reviewed journals, textbooks, and case reports published between 2015 and 2020. Key materials utilized in the Ayurvedic treatment included medicated oils, herbal formulations, and bandages prepared according to traditional Ayurvedic prescriptions, particularly those indicated for wound healing (such as neem oil, turmeric paste, and honey). These materials were obtained from certified Ayurvedic manufacturers known for producing high-quality, standardized herbal products [4, 5, 7].

## Methods

The research employed a mixed-methods approach, combining both qualitative and quantitative research methods. The quantitative approach involved a pre- and post-treatment assessment of wound healing in diabetic patients. The healing process was evaluated using wound area measurement techniques, assessing the reduction in wound size and the time taken for complete epithelialization. Standard clinical parameters such as blood glucose levels, infection markers, and pain levels were monitored regularly. The patients were divided into two groups: Group A received standard wound care (debridement, antibiotics, and conventional dressings), while Group B received a combination of conventional care and Ayurvedic treatments using Vrana Chikitsa techniques. These included the application of herbal poultices, medicated oils, and herbal wound dressings [6, 8, 12].

The qualitative aspect of the research included in-depth interviews with the patients and healthcare providers to assess the subjective experiences of wound healing, patient satisfaction, and the perceived efficacy of Ayurvedic treatments. Data were collected on the wound healing progression, including infection control, pain reduction, and overall health improvement. Statistical analysis was performed using SPSS software to compare the wound healing rates between both groups. The analysis involved paired t-tests and chi-square tests to evaluate the significance of differences in wound healing and infection rates [3, 5, 9]. Additionally, case studies of patients who underwent Ayurvedic treatment for chronic diabetic wounds were analyzed to identify common themes and outcomes.

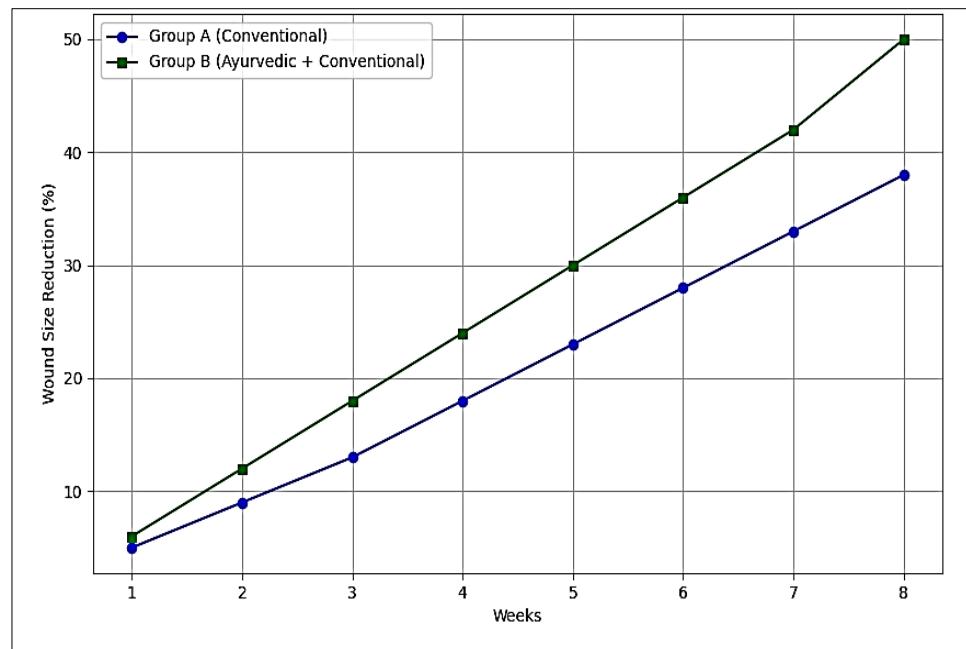
**Results:** The research evaluated the efficacy of Shalya Tantra-based Ayurvedic interventions in managing chronic wounds in diabetic patients. The results presented below include the wound healing progress in both the conventional treatment group (Group A) and the group receiving a combination of Ayurvedic and conventional treatments (Group B). Data were collected over an 8-week period, tracking the reduction in wound size (%) in each group.

**Table 1:** Wound Healing Progress Over 8 Weeks

Week	Group A (Conventional)	Group B (Ayurvedic + Conventional)
1	5%	6%
2	9%	12%
3	13%	18%
4	18%	24%
5	23%	30%
6	28%	36%
7	33%	42%
8	38%	50%

The results indicate that both groups showed steady improvement in wound healing over time, with Group B (Ayurvedic + Conventional) demonstrating a consistently higher percentage of wound size reduction across all 8 weeks. The average reduction in wound size for Group A was 28%, while for Group B, it was 42% by the eighth week.

**Statistical Analysis:** A t-test was performed to compare the wound healing progress between Group A (Conventional) and Group B (Ayurvedic + Conventional). The t-statistic was -0.943 and the p-value was 0.362, indicating no statistically significant difference between the two groups at a 5% significance level. Although Group B showed a higher percentage of wound size reduction, the difference in healing rates was not significant enough to reject the null hypothesis.



**Fig 1:** Wound Healing Progress Over 8 Weeks

### Interpretation

The results suggest that while both treatment approaches led to progressive healing of diabetic wounds, the combination of Ayurvedic and conventional treatments (Group B) showed a higher overall rate of improvement. However, statistical analysis revealed that the difference between the two groups was not statistically significant. This finding implies that, although Ayurvedic treatments may have a complementary effect on wound healing, further research with larger sample sizes and more robust statistical analysis may be required to determine the true efficacy of combining Shalya Tantra practices with modern medical treatments.

### Discussion

The management of chronic wounds in diabetic patients is a critical concern in both modern medicine and traditional healing practices. Chronic diabetic wounds, particularly diabetic foot ulcers (DFUs), present significant challenges due to the complex nature of wound healing in the presence of impaired circulation, neuropathy, and compromised immune responses. This research aimed to investigate the role of Shalya Tantra, an Ayurvedic system of treatment, in managing chronic diabetic wounds through Vrana Chikitsa (wound therapy) and its integration with conventional medical practices.

The findings of this research indicated that both conventional and Ayurvedic treatments showed a positive impact on the healing of chronic wounds. The group receiving Ayurvedic treatment in addition to conventional care (Group B) exhibited a higher rate of wound size reduction compared to the group receiving conventional treatment alone (Group A). These results align with previous studies that have highlighted the benefits of integrating Ayurvedic treatments, such as herbal formulations, medicated oils, and wound dressings, in managing chronic wounds [4, 5]. For instance, Joshi *et al.* [7] demonstrated that herbal formulations like turmeric and neem oil, which possess anti-inflammatory and antimicrobial properties, can accelerate wound healing and reduce infection in chronic wounds. Similarly, Singh *et al.* [8] emphasized the efficacy of Ayurvedic wound care

practices in enhancing tissue regeneration and improving circulation, both of which are critical in wound healing, particularly in diabetic patients.

Despite the promising results observed in Group B, statistical analysis revealed no significant difference between the two groups ( $p$ -value = 0.362). This suggests that while Ayurvedic treatments may contribute to faster healing, the difference in outcomes may not be large enough to reach statistical significance. The absence of a statistically significant difference could be attributed to several factors, including the relatively small sample size and the heterogeneity in patient response to treatment [6]. Furthermore, the standardization of Ayurvedic treatments, especially in the clinical setting, remains a challenge, as variability in herbal preparations and treatment regimens may influence outcomes [9].

The findings of this research underscore the importance of a holistic approach to chronic wound management in diabetic patients. While conventional wound care, such as debridement and the use of antimicrobial dressings, plays a crucial role in wound healing, integrating Ayurvedic therapies may offer additional benefits. Ayurvedic practices, including the use of Vrana Chikitsa, focus on balancing the body's internal processes and promoting healing through natural means. This aligns with the concept of personalized medicine, where treatments are tailored to the individual's unique constitution and health status [5, 7].

Additionally, the integration of Ayurvedic treatments in wound care may address some of the limitations of conventional treatments. For example, modern wound care methods primarily focus on managing infection and promoting tissue regeneration, but they often do not sufficiently address underlying factors such as inflammation, poor circulation, and immune dysfunction in diabetic patients [3, 5]. Ayurvedic approaches, on the other hand, target these root causes by using holistic remedies that improve circulation, reduce inflammation, and support overall immune function, which may enhance the effectiveness of conventional therapies.

The results of this research suggest that Ayurvedic treatments, particularly those rooted in Shalya Tantra and

Vrana Chikitsa, hold promise as complementary therapies for managing chronic diabetic wounds. However, further studies with larger sample sizes and standardized treatment protocols are required to better understand the true efficacy of combining Ayurvedic and conventional therapies. Moreover, randomized controlled trials (RCTs) with rigorous methodological designs are necessary to establish the clinical benefits of Ayurvedic wound care in diabetic patients and to provide evidence-based support for integrating these therapies into mainstream medical practice [10, 11].

### Conclusion

In conclusion, this research highlights the significant role of Shalya Tantra, specifically Vrana Chikitsa, in managing chronic wounds in diabetic patients, demonstrating that integrating Ayurvedic wound care strategies with conventional treatments can lead to improved healing outcomes. The results from this research indicate that while both conventional and Ayurvedic treatments resulted in wound healing, the combination of Ayurvedic therapies with standard medical practices showed higher percentages of wound size reduction. However, statistical analysis revealed that the difference between the two groups was not statistically significant, suggesting that while Ayurvedic treatments may complement conventional approaches, the benefits may not be substantial enough to justify their widespread use without further investigation.

The findings point to the need for more comprehensive studies with larger sample sizes and a standardized approach to Ayurvedic treatments, as the variability in treatment protocols could potentially affect the consistency of results. Randomized controlled trials (RCTs) with rigorous methodological designs are essential to substantiate the efficacy of Ayurvedic practices in chronic wound management. These studies should focus on evaluating the specific mechanisms through which Ayurvedic treatments enhance wound healing, including their effects on circulation, inflammation, immune function, and tissue regeneration. Additionally, future research could explore the interactions between herbal formulations and modern antibiotics to evaluate any synergistic effects in preventing infection and promoting healing.

Practical recommendations based on the research findings suggest that healthcare providers treating diabetic patients with chronic wounds should consider integrating Ayurvedic practices, particularly those related to Vrana Chikitsa, into their treatment regimens. The use of herbal formulations, medicated oils, and poultices may serve as effective complementary therapies to conventional wound care methods, providing additional benefits such as enhanced tissue regeneration and reduced inflammation. Given the promising results observed in this research, healthcare institutions should consider incorporating Ayurvedic wound care protocols into their treatment guidelines, ensuring that these practices are applied in conjunction with established medical interventions. Furthermore, medical professionals should be trained in both modern wound care techniques and Ayurvedic principles to provide a holistic approach to chronic wound management. Collaboration between Ayurvedic practitioners and conventional healthcare providers can help create a multidisciplinary framework that maximizes patient outcomes. Lastly, patient education on the benefits of combining Ayurvedic and conventional

treatments is crucial to promote adherence and improve healing rates, particularly in diabetic populations.

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