IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Ayurvedic Management of a Chronic Varicose Ulcer (Dushta Vrana): A Case Report

A CARE-Format Case Report

1Dr Basavaraj Uppin, 2Dr. Ranjith Kumar, 3Dr. Sailash M

1final year pg schlor department of shalya tantra, 2Professor, 3Postgraduate Scholar

1ayurveda mahavidyala and hospital hubballi,

2Dept, of Shalya Tantra, Ayurveda Mahavidyalaya and Hospital, Hubballi,

3Department of Shalya Tantra, Ayurveda Mahavidyalaya & Hospital, Hubballi

Abstract

Varicose ulcers are chronic, non-healing wounds that frequently correspond to the clinical presentation of *Dushta Vrana* in Ayurveda. This report describes the case of a 35-year-old male worker who presented with a healing varicose ulcer around the ankle joint that had persisted for seven to eight months. The management protocol involved a phased, localized Ayurvedic intervention implemented over seventy days, including continuous *Prakshalana* with a *Panchavalkala* solution, initial topical application of an *Anubhoota Yoga* formulation of *Dhathura Taila*, and subsequent intensive *Vrana Basti* therapy with *Jatyadi Ghrita*. These localized treatments were supported by concurrent systemic oral medications. Following completion of this integrative protocol, the ulcer achieved complete clinical closure.

Keywords

Dushta Vrana, *Siraja Vrana*, Varicose Ulcer, *Vrana Basti*, *Panchavalkala kwatha*

Introduction

Chronic lower extremity wounds, particularly varicose ulcers, present substantial clinical challenges due to their prolonged and often stagnant healing trajectories. Within the Ayurvedic framework, these persistent lesions are classified and managed under the principles of *Dushta Vrana*. The established clinical protocol necessitates a systematic progression from *Shodhana* (purification and targeted debridement) toward *Ropana* (tissue healing and epithelialization).

The underlying hemodynamics of varicose ulcers typically involve sustained venous hypertension secondary to valvular incompetence and microcirculatory dysfunction. In classical surgical texts, this clinical picture closely parallels the description of *Siraja Vrana*, where localized vascular engorgement and the subsequent vitiation of Doshas lead to chronicity, tissue breakdown, and delayed healing. This case

report details the successful application of a staged, integrative treatment regimen, combining modern pathophysiological understanding with targeted Ayurvedic wound care principles, to resolve a chronic varicose ulcer.

Patient Information

Age / Gender	35 years / Male
Religion	Hindu
Occupation	Worker
Date of presentation	April 25, 2025
Chief complaint	Healing varicose ulcer around the ankle joint, present for 7–8 months
Medical history	Not a known case of diabetes mellitus or hypertension
Surgical history	No prior surgical interventions related to this wound or other conditions

Clinical Findings

Examination Parameter	**Findings**
Site	Lower third of the leg
Number	Single
Size	Large (spanning majority of the lower distal leg) **9 × 4.5 cm**
Shape	Irregularly oval, vertically elongated
Margin	Fibrosed and regular
Edge	Gently sloping
Floor *(Wound Bed)*	Slough present
Slough / Necrosis	Present
Discharge / Exudate	Scanty, moist serous seen
Surrounding area	dark hemosiderin hyperpigmentation, fibrotic skin thickening characteristic of lipodermatosclerosis.
Bleeding on touch	no
Palpation	Tenderness – present Temperature – mild raise in temperature Base : bony part felt

Diagnostic Assessment

Haematological Investigations

- Haemoglobin: 11.6 g/dl
- Total leukocyte count: 8,040 cells/mm³
- Erythrocyte sedimentation rate (ESR): 120 mm/hr (elevated)
- Platelet count: 465,000 cells/mm³
- Differential count: Neutrophils 66%, Lymphocytes 27%, Eosinophils 2%, Monocytes 5%

Biochemical and Serological Investigations

- Random blood sugar: 98.2 mg/dl
- Serum creatinine: 0.70 mg/dl
- ID1 & 2: Negative; HbsAg: Negative

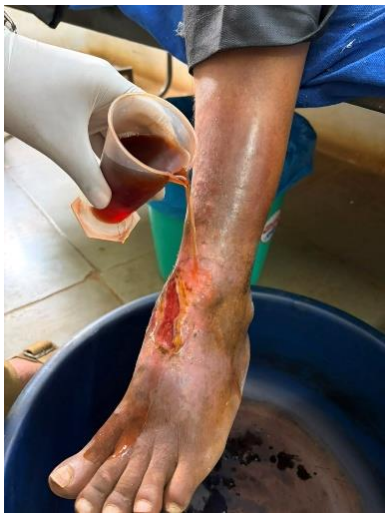
Timeline

Date / Timeline	Treatment	Wound Presentation
April 25, 2025	Initial presentation	Baseline ulcer 9 × 4.5 cm with slough and discharge
May 5, 2025	Baseline assessment	Bates-Jensen Wound Assessment (total score 42)
Days 1–40	Phase 1: Daily Panchavalkala Prakshalana followed by Dhathura Taila (Anubhoota Yoga) dressing	-
Days 41–55	Phase 2: Continued Panchavalkala Prakshalana with Vrana Basti using Jatyadi Ghrita	-
Days 56–70	Phase 3: Panchavalkala washing followed by standard daily Jatyadi Ghrita dressing	-
Throughout treatment	Concurrent 2-month systemic oral regimen (Tab Viscovas, Cap Grab, Tab Kaishora Guggulu, 1-0-1 each)	-
June 20, 2025	Repeat assessment	Bates-Jensen Wound Assessment (total score 0)
July 12, 2025	Final evaluation	Completely healed and closed

Therapeutic Intervention

The clinical management strategy integrated localized wound care (*Sthanika Chikitsa*) with systemic oral medications, delivered across three local-treatment phases:

Phase	Duration	Intervention / Treatment
Phase 1	Days 1–40	Daily *Prakshalana* using a Panchavalkala solution, immediately followed by dressing the wound with an *Anubhoota Yoga* formulation of Dhathura Taila.
Phase 2	Days 41–55	Continued daily Panchavalkala *Prakshalana*, transitioning to specialized local application of *Vrana Basti* utilizing Jatyadi Ghrita to accelerate healing.
Phase 3	Days 56–70	Ongoing Panchavalkala washing followed by standard daily dressings with Jatyadi Ghrita.



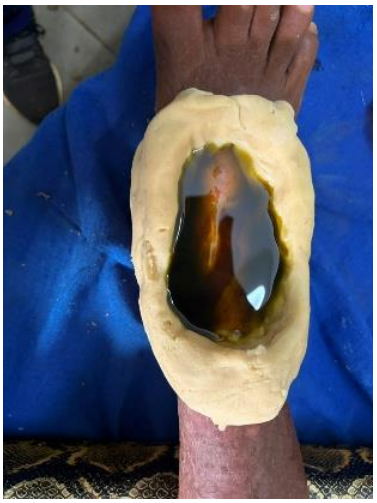


Figure 1 : Image of Panchavalkala Seka and Vrana Basti with Jatyadi ghrita

Concurrent Systemic Medication (2 months)

- Tab Viscovas – 1-0-1
- Cap Grab – 1-0-1
- Tab Kaishora Guggulu – 1-0-1

Mode of action

Panchavalkala Prakshalana

- **Indication:** *Vrana Shodhaka* (Wound Cleanser) and *Kledahara* (Exudate Reducer).
- **Main Action:** Prepares the wound bed via autolytic debridement and bioburden clearance.

Dhathura Taila / Mantam Taila

- **Indication:** *Shothahara* (Anti-inflammatory) and *Vedanasthapana* (Analgesic).
- **Main Action:** Manages slough, reduces morbid discharge, and relieves local venous engorgement (*Siraja Vrana*).

Vrana Basti with Jatyadi Ghrita

- **Indication:** *Vrana Ropaka* (Healing Promoter) and *Mamsa Dhatu Vardhaka* (Granulation Enhancer).
- **Main Action:** Provides a *Snigdha* (unctuous) environment to accelerate tissue repair and epithelialization.

Tab Kaishore Guggulu

- **Indication:** *Rakta Shodhaka* (Blood Purifier) and *Vata-Rakta* Pacifier.
- **Main Action:** Clears microcirculatory blockages (*Avarana*) and resolves underlying systemic inflammation.

Tab Viscovas

- **Indication:** *Srotoshodhaka* (Channel Cleanser) and *Rakta Sanchara Vardhaka* (Circulation Enhancer).
- **Main Action:** Directly addresses venous stasis and resolves local edema (*Shotha*) and engorgement (*Sira Granthi*).

Cap Grab

- **Indication:** Systemic *Rasayana* (Rejuvenative) and *Dhatu Poshaka* (Tissue Nourisher).
- **Main Action:** Mitigates tissue depletion (*Dhatu Kshaya*) to sustain and accelerate natural cellular repair from within.

Follow-up and Outcomes

The implementation of this comprehensive, Ayurvedic treatment approach resulted in a definitive and highly positive clinical outcome. The chronic ulcer, which initially measured 9 × 4.5 cm and exhibited slough and discharge, demonstrated continuous progressive granulation and epithelialization throughout the three-phase protocol. The wound was documented as completely healed [n 70 days on July 12, 2025.

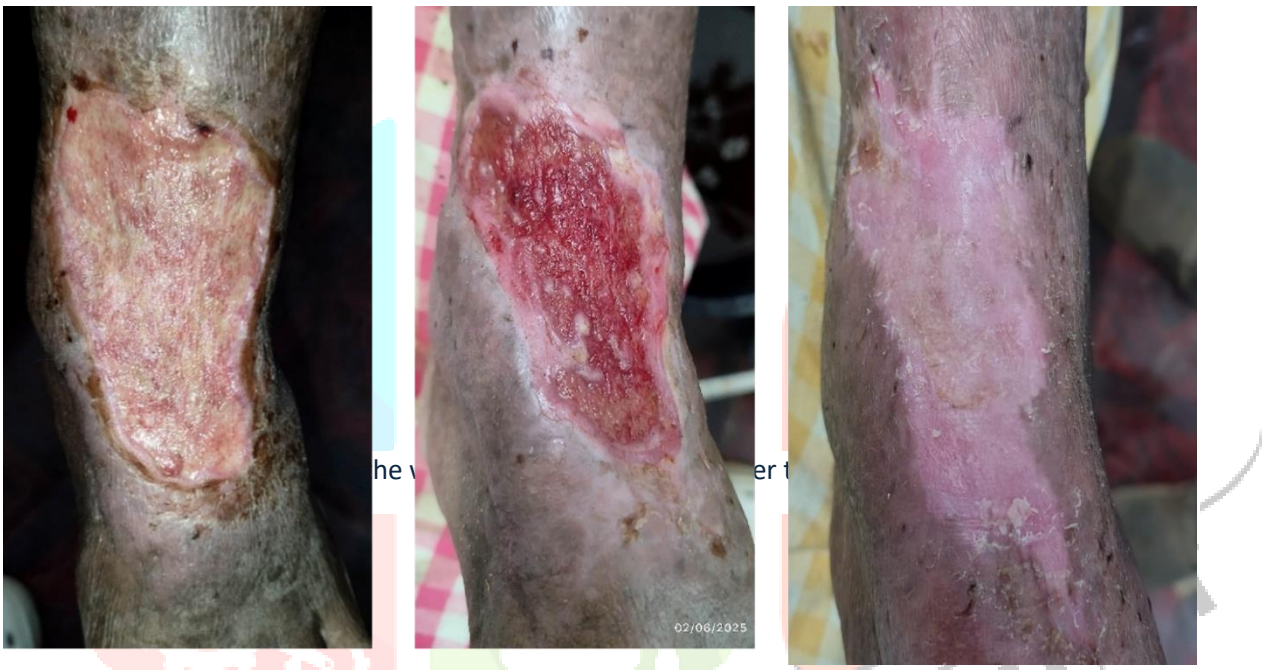


Table 1. Changes in signs and symptoms as per the Bates-Jensen Wound Assessment Tool

Item	Before Treatment (May 5, 2025)	After Treatment (June 20, 2025)
Wound (location)	A	A
Size	2	0
Depth	3	0
Edges	5	0
Undermining	1	0
Necrotic tissue amount	4	0
Exudate type	5	0
Exudate amount	4	0
Skin colour surrounding the wound	5	0
Peripheral tissue oedema	3	0

Peripheral tissue induration	1	0
Granulation	4	0
Epithelialization	5	0
Total score	42	0

Note: “A” refers to a wound over the dorsum of the left foot.

Discussion

The successful resolution of this chronic ulcer highlights the efficacy of a structured clinical transition from *Shodhana* (purification) to *Ropana* (healing) therapies. The initial localized interventions effectively prepared the wound bed by actively managing slough and discharge. Following this optimal preparation, the subsequent intensive tissue-promoting applications facilitated the necessary environment for robust granulation. Furthermore, the concurrent administration of targeted systemic oral medications likely played a crucial role in addressing the underlying systemic pathology that had previously delayed physiological healing for several months. The overall therapeutic rationale is supported by both classical Ayurvedic literature and contemporary clinical principles. Systematic tracking of the patient's improvement using the Bates-Jensen Wound Assessment Tool further validates the clinical efficacy of integrating these classical treatment protocols within a modern wound management setting.**Patient Perspective**

Not formally documented in the available records; the clinical course indicates the patient experienced progressive symptomatic improvement and complete wound closure over the seventy-day treatment period, without reported adverse effects.

Informed Consent

Informed consent for the treatment protocol and for publication of clinical details and wound images was obtained from the patient, as is standard for case reporting of this nature.

Conclusion

This case demonstrates that a staged, integrative Ayurvedic protocol — combining Panchavalkala Prakshalana, Dhathura Taila dressing, Vrana Basti with Jatyadi Ghrita, and supportive systemic oral medication — can achieve complete closure of a chronic varicose ulcer (Dushta Vrana) that had persisted for several months, supporting the integration of classical Shodhana-Ropana principles with modern wound assessment tools in clinical practice.

References

1. Sushruta. Sushruta Samhita (Chikitsa Sthana). Translated by Srikantha Murthy KR. Vol 2. Varanasi: Chaukhambha Orientalia; 2012.

2. Sharma PV. Sushruta Samhita: With English Translation of Text and Dalhana’s Commentary along with Critical Notes. Varanasi: Chaukhambha Visvabharati; 2013.

3. Eberhardt RT, Raffetto JD. Chronic venous insufficiency. Circulation. 2014;130(4):333-346.

4. Sushruta. Sushruta Samhita (Nidana Sthana). Translated by Srikantha Murthy KR. Vol 1. Varanasi: Chaukhambha Orientalia; 2012.

5. Ayurvedic Pharmacopoeia Committee. The Ayurvedic Formulary of India. Part I. 2nd ed. New Delhi: Department of AYUSH, Ministry of Health and Family Welfare, Government of India; 2003.

6. Sharangadhara. Sharangadhara Samhita. Translated by Srikantha Murthy KR. Varanasi: Chaukhambha Orientalia; 2016.

7. Das G. Bhaishajya Ratnavali. Edited and Translated by Mishra S. Varanasi: Chaukhambha Surbharati Prakashan; 2007.

8. Biswas TK, Mukherjee B. Plant medicines of Indian origin for wound healing activity: a review. Int J Low Extrem Wounds. 2003;2(1):25-39.

9. Kumar B, Vijayakumar M, Govindarajan R, Pushpangadan P. Ethnopharmacological approaches to wound healing—exploring medicinal plants of India. J Ethnopharmacol. 2007;114(2):103-113.

10. Bates-Jensen BM, Vredevoe DL, Brecht ML. Validity and reliability of the Pressure Sore Status Tool. Decubitus. 1992;5(6):20-28.