

“CLINICAL EVALUATION OF KAMPILLAKADI TAILA IN DUSHTA-VRANA”

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ABSTRACT

According to *Ayurveda*, every *Vikriti* is brought on by a disruption in *Doshas*, which in turn leads to the dysfunction of *Dhatus* and *Srotas*. These disturbances may produce ideal circumstances for the emergence of chronic illnesses. Similarly, *Vrana* is caused not just by the individual vitiated *Dosha*, but also with the combined vitiation of *Dhatu*, *Srotas* and some external factors. The clinical trial, titled “Clinical Evaluation of *Kampillakadi Taila* in *Dushta-Vrana*” aimed to evaluate the clinical efficacy of classical *Ayurvedic* formulation in the management of *Dushta-Vrana*. Total 34 patients were taken on the basis of diagnostic criteria based on inclusion and exclusion criteria. *Kampillakadi Taila* was applied locally, according to the size of *Dushta-Vrana* with the help of specially designed frame (*Vrana-vasti*) 15 minutes, once daily. Dressing was done with sterile bandage and changed daily. Assessment of

therapeutic outcomes was conducted using subjective parameters (pain, itching) and objective parameters (tenderness, foul smell, floor/granulation tissue, size and discharges), with statistical analysis performed to evaluate the efficacy of *Taila*. The results demonstrated that the treatment was highly effective, with 73.5% of patients achieving complete or marked relief, and all patients demonstrating some degree of clinical improvement with no complications or recurrences during the treatment or follow up period.

KEYWORDS: *Dushta-Vrana*, *Kampillakadi Taila*, wound management, chronic wounds, non-healing ulcers, *Vrana-vasti*.

INTRODUCTION

Acharya Sushruta has elaborately described classification of *Vrana* and how to manage them, which is crucial for any surgical treatment or practice. Recent advances in surgery across a range of specialties have significantly decreased the incidence of wound infection by reducing, to some extent, the obstacles related to wound healing. Still wound management continues to be a matter of speculation. Healing of *Vrana* is a natural process but due to the interference of vitiated *Doshas*, *Vrana* becomes *Dushta* and normal healing process gets delayed. Achieving better wound healing with minimal scar and controlling pain effectively are the prime motto of every surgeon.^[1]

One of the main causes of delayed healing and the development of *Dushta Vrana* is wound infection. Infection must be eliminated in order to achieve *Dushta Vrana*'s good healing. *Acharya Sushruta* was fully aware of these kinds of issues. So he has described different *Vrana Shodhana* and *Vrana Ropana* methods in the sixty *Vrana* management procedures (*Shashti Upakramas*). In *Shashti Upakrama*, *Acharya Sushruta* has mentioned several preparations such as *Kashaya*, *Varti*, *Kalka*, *Sarpi*, *Raskriya*, *Avachurnan* and *Taila* to be used for *Shodhana* and *Ropana* of *Vrana*. *Vrana-vasti* is one amongst them. It refers to pooling of a layer of oil directly over the wound.^[2] Four types of *Snehas*, *Ghrita*, *Taila*, *Vasa*, and *Majja* have been given importance in *Ayurveda*. Among these, the use of *Taila* (medicated oil) and *Ghrita* (medicated ghee) for therapeutic purposes has often been highlighted.^[3] In *Ayurvedic* classics, many herbal preparations in the form of topical application have been described for *Shodhana* and *Ropana* of *Dushta-Vrana*. *Ayurvedic* oils can be called distilled elixirs. They absorb quickly and have great power. They penetrate deeper tissues, aiding in the healing of wound. *Kampillakadi Taila* is one such traditional remedy with strong wound-healing qualities that is listed in *Charak Samhita*. This formulation contains *Kampillaka*, *Vidanga*, *Kutaja*, *Aamlaki*, *Haritaki*, *Vibhitaki*, *Bala*, *Patol*, *Nimba*, *Lodhra*, *Musta*, *Priyangu*, *Khadira*, *Dhataki*, *Sarja* (*Raal*), *Ella*, *Aguru* and *Chandana*. There exhibits various pharmacological actions, viz. antimicrobial, anti-inflammatory, analgesic, antioxidant and wound healing effect. *Tila Taila* possesses *Guru*, *Snigdha*, *Tikshna*, *Sukshma*, *Vyavayi*, and *Vikasi* characteristics, and its lipid base in this formulation promotes the absorption of active ingredients. The synergistic therapeutic impact of these substances aids in the wound

management.^[4,5] In this study, 34 patients of *Dushta- Vrana* were randomly selected in which *Kampillakadi Taila* was used in the form of *Vrana-vasti*, in *Dushta-Vrana* 15 minutes, once daily, ensuring complete healing by virtue of its *Shodhan* and *Ropana* characteristics.

AIM AND OBJECTIVES

- To evaluate the efficacy of *KAMPILLAKADI TAILA* in *Dushta- Vrana*.
- To find out any adverse effect of *KAMPILLAKADI TAILA* in *Dushta -Vrana*
- To find out effect of traditional medicinal plants.
- To provide complication free treatment.
- Complete exploration of all *Ayurvedic* as well as modern literature in reference to *Vrana* and its management.
- To find out a cost-effective, economical and easily accessible curative conservative management of *Dushta- Vrana*.

MATERIALS AND METHODS

A. SELECTION OF PATIENTS

Patients with classical features of the *Dushta-vrana* attending the OPD/IPD (not medical camps) of *Shalya-Tantra* Department of Rishikul Campus Hospital, UAU, Haridwar were selected for this clinical study irrespective of sex, religion, occupation etc. Detailed proforma was prepared on the basis of *Ayurvedic* text and allied sciences. The patient fulfilling the inclusion and exclusion criteria were registered on this proforma and scoring of the different clinical features was done on the assessment criteria.

B. INCLUSION CRITERIA

- All age groups patients
- Both male and female patients
- Patient suffering from *Dushta-Vrana* (Non healing ulcers) on any part of the body.
- Burn wounds
- Non-specific ulcers.

C. EXCLUSION CRITERIA

- Patient with bleeding disorders
- Known case of Syphilitic ulcers
- Known case of Tubercular ulcers

- Underlying bony lesions
- Patient with evidence of malignancy and malignant ulcers
- HBsAg, HIV positive patient.

D. WITHDRAWAL CRITERIA

- Aggravation of symptoms
- Intercurrent illness
- Personal matters
- Other difficulties
- Leave against medical advice (LAMA)
- Adverse reaction, if any, will be reported to ADR cell immediately, patient will be treated accordingly and will be excluded from the study.

NATURE OF THE STUDY

The clinical study was divided into three phases-

- 1) **Diagnosis phase**
- 2) **Interventional phase**
- 3) **Assessment phase**

1) DIAGNOSIS PHASE

All patients of *Dushta-Vrana* were diagnosed on the basis of clinical presentation of *Dushta-Vrana*, by both *Ayurvedic* and modern parameters.

A) EXAMINATION OF PATIENT

Each case was thoroughly examined and investigated as per the detailed proforma designed for this present clinical study on *Dushta-Vrana*. Each patient was examined under the following headings.

1. History of the Patient: Complete history of the patients with presenting complains like onset of wound, pain and duration was noted. History of past illness (diseases like Tuberculosis, Diabetes, Hypertension, Neurological origin, etc.) was also taken to elicit the exact cause; family history and treatment history was also noted.

2. Systemic Examination: Each patient was examined thoroughly for different systems like Gastro intestinal, Cardio-vascular, Respiratory, Nervous, Urogenital, and Locomotory system. If any system was found abnormal, the specific investigation was carried out and confirmed to treat the afflicted system first.

3. Local Examination

A. Inspection Number of *Dushta-Vrana*, Size, Shape, Site, Edge, Margin, Floor, Discharge and Surrounding skin of *Vrana* were noted.

- **Palpation** It was done to elicit tenderness, bleeding on touch and its relation with the deeper structures.
- Edge, Margin, Base and surrounding skin of *Vrana* were carefully palpated.

B) INVESTIGATIONS

Laboratory Investigations

- Haematological investigations- Hb%, TLC, DLC, ESR, BT, CT
- Biochemical investigations - B.Sugar (Fasting, PP or Random), LFT, B. Urea, S. Creatinine
- Viral marker – HBsAg, HCV, HIV.

2) INTERVENTIONAL PHASE

In this phase dressing was done with *Kampillakadi Taila* (*Vrana- vasti*).

TYPE OF STUDY

A. Critical study

This part was studied with the help of *Ayurvedic* and other classical literature with relevant modern medical literature.

B. Clinical study

The patients were randomly selected from OPD/IPD of department of Shalya-Tantra Rishikul Campus Hospital, U.A.U, Haridwar (U.K.) India. A written informed consent was obtained after counselling the patients of *Dushta-Vrana* for participation in the study. A careful clinical examination and necessary investigations were performed as per Proforma. After establishing diagnosis and CTRI registration, patients were registered for clinical trial. Diagnosis was made on the basis of *Lakshanas* of *Dushta-Vrana*, viz. *Gandha*, *Varna*, *Srava*, *Vedna*, *Aakriti*. So 34 patients were treated with local application of *Kampillakadi Taila* on *Dushta-Vrana*.

METHOD OF TREATMENT

- **Selected Drugs:** *Kampillakadi Taila*
- **Route of administration:** Local application
- **Method of applying *Kampillakadi Taila***

Procedure: After proper cleaning with sterile swabs, *Kampillakadi Taila* was applied locally, according to the size of *Dushta-Vrana*. It was applied over *Dushta-vrana* in appropriate desired amount with the help of specially designed frame (*Vrana-vasti*). *Dushta -Vrana* was cleaned by sterile swabs. Then *Kampillakadi Taila* was applied locally (*Vrana-vasti*) for 15minutes, once daily.

Dressing was done with sterile bandage and was changed daily.

3) ASSESSMENT PHASE

Assessment was done on the basis of following objective and subjective parameters before and after treatment.

Subjective Parameters

1. Pain (VAS Scale)
2. Itching.

Objective Parameters

1. Tenderness
2. Foul Smell
3. Floor/Granulation
4. Size
5. Discharge.

Grading for Assesment of Pain (VAS Scale).

No pain	0
Mild pain	1,2,3
Moderate to Severe pain	4,5,6
Very Severe pain	7,8,9
Worst pain	10

Grading for Assessment of Itching.

Grade-0	No Itching
Grade-1	Slight and localized
Grade-2	More and localized but not disturbs sleep
Grade-3	Continuous itching disturbs sleep

Grading for assessment of Tenderness.

Grade-0	Tolerance to pressure
Grade-1	Little response on sudden pressure
Grade-2	Wincing on face on super light touch

Grade-3	Resists to touch
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Grading for Smell.

Grade-0	No smell
Grade-1	Little smell
Grade-2	Unpleasant but tolerable
Grade-3	Foul smell which is intolerable

Grading for Granulation.

Grade-0	Smooth, regular, healthy granulation tissue
Grade-1	Smooth, irregular with less granulation tissue
Grade-2	Rough, irregular with moderate discharge, firm scar
Grade-3	Rough, irregular with profuse discharge, hard scar

Grading for Discharge.

Grade-0	No discharge
Grade-1	Scanty occasional discharge
Grade-2	Often discharge
Grade-3	Profuse continuous discharge

Grading for Size.

Grade-0	No discontinuity of skin
Grade-1	Up to 5 cm
Grade-2	More than 5cm but less than 10 cm
Grade-3	More than 10 cm

ASSESSMENT OF DEHA PRAKRITI

Deha Prakriti was assessed after taking detailed history of the patients according to proforma.

ASSESSMENT METHOD

The overall improvement was assessed by the patient's sign and symptoms according to subjective and objective parameters. It was done on every 15 days, upto three months maximum.

PERIOD OF STUDY

The period of study was 18 months.

DURATION OF TREATMENT

The duration of treatment was 3 months, maximum.

FOLLOW-UP

It was done on interval of 15 days for a period of one month after completion of therapy for evaluation.

METHOD OF DATA COLLECTION

After the completion of treatment, the assessment was done on same criteria as before starting the treatment and scoring was done on the same pattern. The different tables of scores, obtained before, during and after treatment, was prepared for the comparison and statistical analysis was done.

OBSERVATIONS

- Total thirty-four patients were taken for the study.
- Maximum patients were Male (79.41 %).
- Maximum patients were belonging to 41-50 years age group (29.41%).
- Maximum patients were Hindu (91.18%).
- Maximum patients were from Rural area (52.94 %).
- Maximum patients were Literate (64.71 %).
- Maximum patients were Moderate Physical Worker (64.71%).
- Maximum patients were belonging to lower middle class (50%).
- Maximum patients were having average appetite (73.53%).
- Maximum patients were having Mixed diet (58.82%).
- Maximum patients had Irregular bowel habit (55.88%).
- Although (48.72%) were not showed addiction but the other (51%) group were found to be addicted with Smoking/Alcohol (15.38%), Tobacco/Gutaka (12.82 %), Alcohol (12.82%), Smoking (10.26%) and none reported other types of addictions.
- Maximum patients were Married (55.88%).
- Maximum patients were having *Twak Sara* (41.18 %).
- Maximum patients were having *Madhyam Samhanana* (73.53%).
- Maximum patients were having more than two months chronicity of *Dushta Vrana* (64.71%).
- Maximum patients were having *Vata-pittaj* (76.47%).
- Maximum patients were having disturbed sleep (62%).
- Maximum patients had depressed Physiological status (47.06%).
- Maximum patients were having single *Dushta Vrana* (88.24%).

- Maximum patients were Oval/irregular in shape (44.12%).
- Maximum patients were having less than 5 cm size of *Dushta Vrana* (67.65%).
- Maximum patients had *Dushta Vrana* at Lower limb (73.53%).
- Maximum patients were having *Avara Abhyavarana Shakti* (47.06%).
- Maximum patients were having *Avara Jaarana Shakti* (52.94%).

RESULTS

Statistical analysis - For this single group study, the Wilcoxon signed rank test was applied.

TABLE NO. 1: Effect of *Kampillakadi Taila* on Subjective Parameters.

Subjective	N	Mean ± SD (BT)	Mean ± SD (AT)	Median BT	Median AT	W (W ⁺ , W ⁻)	% Effect	Z- Value	P Value	Result
Pain	34	1.97 ± 0.80	0.29 ± 0.52	2.0	0.0	0 (0,561)	85.08	5.105	<0.001	HS
Itching	34	1.44 ± 1.11	0.32 ± 0.59	1.0	0.0	0 (0,351)	77.56	4.619	<0.001	HS

The therapy demonstrated a statistically **highly significant result**, (P- <0.001 in subjective parameters (pain and itching).

TABLE 2: Effect of *Kampillakadi Taila* on Objective Parameters.

Objective Parameter	N	Mean ± SD (BT)	Mean ± SD (AT)	Media n BT	Median AT	W (W ⁺ , W ⁻)	% Effect	Z- Valu e	P Valu e	Result
Tenderness	34	1.88 ± 0.84	0.32 ± 0.53	2.0	0.0	0 (0, 465)	82.82	4.885	<0.00 1	HS
Foul Smell (Odour)	34	1.26 ± 1.02	0.15 ± 0.36	1.0	0.0	0 (0, 325)	88.37	4.491	<0.00 1	HS
Floor	34	2.29 ± 0.58	0.29 ± 0.46	2.0	0.0	0 (0, 595)	87.17	5.195	<0.00 1	HS
Discharge	34	1.56 ± 0.66	0.12 ± 0.33	2.0	0.0	0 (0, 528)	92.46	5.076	<0.00 1	HS
Size	34	1.26 ± 0.45	0.18 ± 0.39	1.0	0.0	0 (0, 496)	86.05	5.200	<0.00 1	HS

The therapy demonstrated a statistically **highly significant result**, ($P < 0.001$) in subjective parameters (Tenderness, Foul Smell (Odour), Floor, Discharge, Size).

- Hence, it is concluded that effect observed in all 34 patients was Highly significant.

Table No. 3: Percentage (%) Wise Effect Of *Kampillakadi Taila*.

Objective Parameter	Improvement %
Pain	85.08
Itching	77.56
Tenderness	82.82
Foul Smell (Odour)	88.37
Floor	87.17
Discharge	92.46
Size	86.05
Average % Effect	85.64%

Average % effect was **85.64%** across all evaluated subjective and objective parameters. Among all parameters, **discharge** showed the highest improvement (**92.46%**), followed by **foul smell (odour)** (**88.37%**), **floor of the wound** (**87.17%**), **wound size** (**86.05%**), **pain** (**85.08%**), **tenderness** (**82.82%**), and **itching** (**77.56%**).

These findings indicate that the treatment was highly effective in promoting wound healing by markedly reducing pain, itching, tenderness, foul smell, discharge, and wound size, while significantly improving the condition of the wound floor. The high average percentage of improvement further confirms the excellent overall therapeutic efficacy of the intervention.

Table 4: Overall effect of the *Kampillakadi Taila*.

RESULT	No of patients	% of patients
Complete Relief 100%	17	50
Marked Relief (76%-99%)	08	23.5
Moderate Relief (51%-75%)	06	17.7
Mild Relief (26%-50%)	03	8.8
No change (0-25%)	00	00
TOTAL	34	00

Out of the **34 patients** who completed the study, 17 patients achieved **complete relief (100% improvement)** following the treatment. 8 patients achieved **marked relief (76–99%**

improvement), while 6 patients experienced **moderate relief (51–75% improvement)**. **Mild relief (26–50% improvement)** was seen in 3 patients. Notably, none of the patients showed **no relief (0–25% improvement)**.

➤ These findings indicate that the treatment was highly effective, with **73.5%** of patients achieving complete or marked relief, and all patients demonstrating some degree of clinical improvement.

DISCUSSION

Every surgeon's main goal is to improve wound healing with the least amount of scarring and efficiently manage pain along with other factors. This study evaluated the efficacy of *Kampillakadi Taila* in the form of *Vrana -vasti* in *Dushta-Vrana*. *Kampillaka* possesses *Kapha-nashaka*, *Katu rasa*, *Ushna Virya*, and *Laghu* properties, which helps to get rid of excess fluid and pus, and promote wound cleansing (*Shodhana*).^[6,7] The *Krimighana* activity of *Vidanga* and *Neem* helps combat microbes and supports collagen deposition and cell growth^[8,9,10,11], while *Kutaja* aids in *Dushta Vrana Vishodhana*.^[12,13] *Triphala*, *Khadira*, and *Dhataki* provide *astringent (Stambhana)* action,^[14,15,16,17,18,19] promoting wound contraction and closure. Other ingredients contribute antibacterial, anti-inflammatory, analgesic, antioxidant, and wound-healing actions.^[20,21,22,23] The parameters of the wound were recorded and assessment was made based on the changes observed in the signs & symptoms of *Vrana*.

In this study, after applying *Vrana-vasti* on the patient's *Dushta-Vrana*, good results were observed. Average % effect of *Kampillakadi Taila* was 85.64%. Highly Significant ($P < 0.001$) improvements were seen in both subjective and objective assessments. Patients experienced reduced pain and itching. Objectively, wound size, tenderness, bad odor, and discharge from the wound, unhealthy granulation tissue, and surrounding inflammation all decreased. Healthy granulation tissue developed progressively, and the wound healed satisfactorily. No adverse effects were reported.

CONCLUSION

In conclusion, the study establishes that *Kampillakadi Taila* is safe, effective, and cost-friendly modality for managing *Dushta-Vrana* without any adverse effect.

This formulation provides a non-invasive, and easily applicable alternative to conventional surgical method. The findings underscore the relevance of integrating classical *Ayurvedic*

wound care practices into allopathic clinical settings to improve healing outcomes, reduce morbidity, and enhance patient quality of life. Additionally, all patients responded favourably to this traditional herbal mixture (*Kampillakadi Taila*), which had no adverse effect over the duration of the study.

These results show that the therapy greatly improved the state of the wound floor and significantly reduced pain, itching, tenderness, bad odor, discharge, and wound size, indicating that it was highly successful in encouraging wound healing.

REFERENCES

1. *Sushruta*. Chi 1/6. In: Y T Acharya(eds.) *Sushruta Samhita*. Varanasi: Chaukhambha Publications; 2006: 396.
2. *Sushruta*. Chi 1/6. In: Y T Acharya(eds.) *Sushruta Samhita*. Varanasi: Chaukhambha Publications; 2006: 396.
3. Shivani Koul. Classical and Modern Review on Sneha Kalpana w.s.r to Ghrita Kalpana. International 33477 Sakshi Bisht and Ajay Kumar Gupta, Varunadya taila: A critical review Journal of Ayurveda and Pharma Research, 2023: 98–104. <https://doi.org/10.47070/ijapr.v11i8.2912>.
4. *Charaka Chikitsa Sthana* 25/91 Charaka Samhita Of Agnivesa Edited by Pt.Kashinathsastri or Dr.Gorakha Nath Chaturvedi (edition 2011) Chaukhamba publications part-2 *Chikitsa Sthana*.
5. Bhaavaprakaasha, Vidyotini Teeka by Shree Harihara Prasad Pandey, Chaukhambaa Sanskrita Bhavan, Eleventh edition 2009.
6. *Dravyaguna-Vijnana* -by Prof. P. V. Sharma published in by Chaukhamba publications, 2009; 2: 522.
7. Database on Medicinal Plants by P. C. Sharma, M.B. yelne & T. J. Dennis published in by pearl offset press, 2005; 5: 103.
8. *Dravyaguna-Vijnana* -by Prof. P. V. Sharma published in by Chaukhamba publications, 2009; 2: 504.
9. Database on Medicinal Plants by P. C. Sharma, M. B. yelne & T. J. Dennis published in by pearl offset press, 2005; 5: 480.
10. *Dravyaguna-Vijnana* -by Prof. P. V. Sharma published in by Chaukhamba publications, 2009; 2: 150.
11. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4791507>.

12. *Dravyaguna-Vijnana* -by Prof. P. V. Sharma published in by Chaukhamba publications, 2009; 2: 464.
13. Database on Medicinal Plants by P. C. Sharma, M. B. yelne & T. J. Dennis published in by pearl offset press, 2005; 5: 349.
14. *Dravyaguna-Vijnana* -by Prof. P. V. Sharma published in by Chaukhamba publications, 2009; 2: 759.
15. Database on Medicinal Plants by P. C. Sharma, M. B. yelne & T. J. Dennis published in by pearl offset press, 2005; 5: 11.
16. *Dravyaguna-Vijnana* -by Prof. P. V. Sharma published in by Chaukhamba publications, 2009; 2: 754.
17. Database on Medicinal Plants by P. C. Sharma, M. B. yelne & T. J. Dennis published in by pearl offset press, 2005; 3: 284.
18. *Dravyaguna-Vijnana* by Prof. P. V. Sharma published in by Chaukhamba publications, 2009; 2: 239-241.
19. Kumar, N., & Khurana, S. Phytochemistry and medicinal potential of the *Terminalia bellirica*. Roxb., (Bahera). Indian Journal of Natural Products and Resources, 2018; 9(2): 97–107. <https://core.ac.uk/download/pdf/229213926.pdf>.
20. Database on Medicinal Plants by P. C. Sharma, M. B. yelne & T. J. Dennis published in by pearl offset press, 2005; 2: 160.
21. <https://phcogrev.com/sites/default/files/PharmacognRev-18-35-82.pdf>.
22. *Dravyaguna-Vijnana*-by Prof. P. V. Sharma published in by *Chaukhamba* publications, 2009; 2: 472.
23. Database on Medicinal Plants by P. C. Sharma, M. B. yelne & T. J. Dennis published in by pearl offset press, 2005; 5: 208.