

## THERAPEUTIC SYNERGY OF MANJISHTADI KASHAYA BASTI AND JALOUKAVACHARANA IN THE COMPREHENSIVE MANAGEMENT OF VARICOSE ULCER: A CASE REPORT

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Article Received on 31 May 2026,  
Article Revised on 20 June 2026,  
Article Published on 01 July 2026,  
<https://doi.org/10.5281/zenodo.21031810>

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**How to cite this Article:** Dr. Priyanka N. H.<sup>1\*</sup>, Dr. Shakuntala S. P.<sup>2</sup> (2026). Therapeutic Synergy Of Manjishtadi Kashaya Basti And Jaloukavacharana In The Comprehensive Management Of Varicose Ulcer: A Case Report. World Journal of Pharmaceutical Research, 15(13), 1034-1042.

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### ABSTRACT

**Background:** Varicose ulcers are a major complication of chronic venous insufficiency and account for approximately 75% of chronic lower limb ulcers. Recurrence and delayed healing are common with conventional management. Ayurveda correlates this condition with *vatarakta* leading to *Vrana*. **Objective:** To evaluate the combined effect of *Manjishtadi Kashaya Basti* and *Jaloukavacharana* in the management of varicose ulcer. **Methods:** A single case study of a 45-year-old male patient presenting with varicose ulcer of the left lower limb was managed using *Ayurvedic Panchakarma* procedures and internal medication. **Results:** Significant reduction in pain, edema, discharge and ulcer size was observed along with improved granulation and wound healing. **Conclusion:** The integrative *Ayurvedic* approach showed promising results in managing varicose ulcers by addressing both systemic

pathology and local wound healing.

**KEYWORDS:** Varicose ulcer, *Vatarakta*, *Vrana*, *Jaloukavacharana*, *Basti* therapy.

### INTRODUCTION

Varicose ulcer, also known as a venous ulcer, is one of the most common chronic non-healing

ulcers of the lower extremities. It develops as a consequence of chronic venous insufficiency, where incompetent venous valves lead to venous hypertension, impaired blood circulation, tissue hypoxia, and subsequent ulcer formation. These ulcers are commonly located around the medial malleolus and are characterized by persistent discharge, pain, edema, skin pigmentation, and delayed healing. The prevalence of varicose ulcers is increasing due to prolonged standing occupations, obesity, sedentary lifestyles, and advancing age. If left untreated, they can lead to serious complications such as recurrent infections, cellulitis, thrombophlebitis, and gangrene in severe cases, significantly affecting the patient's quality of life.<sup>[1]</sup>

Conventional management includes compression therapy, wound dressing, antibiotics for secondary infections, venous surgery and lifestyle modifications. Although these approaches may provide symptomatic relief and promote healing, recurrence rates remain high because the underlying venous pathology often persists. Therefore, there is a growing need for effective and holistic treatment modalities that address both local wound healing and systemic pathology.

In *Ayurveda*, the clinical presentation of varicose ulcer can be correlated with *Vatarakta*<sup>[2]</sup> associated with *Vrana*. *Vatarakta* is a disorder resulting from the vitiation of *Vata Dosha* and *Rakta Dhatu*, leading to obstruction of normal circulation, pain, discoloration, inflammation, and tissue degeneration. Chronic progression of *Vatarakta* may culminate in the formation of *Vrana*<sup>[3]</sup> (ulcer), particularly when there is persistent vitiation of *Doshas* and impairment of tissue nourishment. The pathological process involves *Rakta Dushti*, *Srotorodha* (obstruction of channels), and *aggravated Vata*, which collectively contribute to delayed wound healing and chronic ulceration.

*Ayurvedic* management focuses on eliminating the root cause through *Shodhana Chikitsa* (purificatory therapies) and promoting tissue repair through *Shamana Chikitsa* (pacifying therapies). Among the *Panchakarma* procedures, *Jalaukavacharana* (leech therapy) is indicated for *Rakta Dushti* and local inflammation, while *Basti Karma* is considered the prime treatment for *Vata* disorders. In addition, local wound care measures such as *Vrana Shodhana* and *Vrana Ropana* facilitate cleansing and healing of the ulcer. These interventions not only promote ulcer healing but also improve venous circulation, reduce pain and edema, and minimize the risk of recurrence.

The present case report aims to evaluate the therapeutic efficacy of a combined *Ayurvedic* treatment approach involving *Panchakarma* procedures and internal medications in the management of a chronic varicose ulcer. The clinical outcomes were assessed based on changes in ulcer size, pain, edema, discharge, granulation tissue formation, and overall wound healing, thereby exploring the potential role of *Ayurveda* as a safe and effective alternative in the management of chronic venous ulcers.

### **Case Presentation Chief complaints**

c/o Swollen and prominent veins over left leg since 2 years. Non healing wound over left lower leg since 8 – 9 month.

### **Associated complaints**

Itching sensation over the affected area since 2 years.

### **History of present illness**

A 45-year-old male, not a known case of diabetes mellitus, hypertension, or thyroid dysfunction, was apparently in good health two years ago, Then he first noticed prominent, tortuous, and dilated veins over both lower limbs Since 2 year. The onset was gradual, and the condition has been progressive since then. The patient gives a history of prolonged standing for approximately nine years and frequent travel related to his occupation.

About 2 year ago, he developed itching over the lateral aspect of the left leg, which was followed by scratching of the affected area that led to minor bleeding. Subsequently, he noticed the formation of a small ulcer at the same site, which gradually increased in size. Over time, two additional ulcers appeared adjacent to the initial lesion, all located on the lateral aspect of the left leg.

He reports occasional pain, itching, and watery discharge from the ulcers. There is no history of trauma, fever, or similar lesions elsewhere. For this he consulted nearer hospital but he did not felt relief so he came to our hospital for further management.

### **Past History**

Medical history - N/K/C/O Hypertension, Diabetes Mellitus, Thyroid Dysfunction.

**Family history:** Not suggestive.

**Table 1: Showing subject's personal history.**

Name - XYZ	Micturation – Normml
Age – 45 years	Bowel habit – Normal( once / day)
Sex – Male	Appetite - Normal
Marital status – Married	Weight – 101kg
Occupation – Sales representative (cold drink agent)	Height – 166 cm
Sleep – Good	Addiction – Gutaka chewing, Tea consumption – 2-3times/day.

**Table 2: Showing Ashtasthana pareeksha.**

<i>Nadi</i>	<i>Prakruta, 78bpm</i>
<i>Mutra</i>	<i>Prakruta 3-4times/day 1-2 times/night</i>
<i>Mala</i>	<i>Prakruta Once in a day</i>
<i>Jihwa</i>	<i>Alipta</i>
<i>Shabda</i>	<i>Prakruta</i>
<i>Sparsha</i>	<i>Prakruta</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akriti</i>	<i>Sthoulya</i>

**Table 3: Showing Dashavidha pareeksha.**

<i>Prakriti: Kapha Vata</i>	<i>Satmya: Katu Pradhana Sarva Rasa Satmya</i>
<i>Vikriti: Dosha – Rakta Pradana Tridosha Dushya – Twak, Rasa, Rakta, Mamsa, Medha. Upadhatu – Sira, Snayu, Kandara</i>	<i>Ahara Shakti: Madhyama</i>
<i>Sara: Madhyama</i>	<i>Vyayama Shakti: Avara</i>
<i>Samhanana: Madhyama</i>	<i>Vaya: Madyhama Vaya (45 year)</i>
<i>Satva: Madhyama</i>	<i>Pramana: Sthul Shareera</i>

**Systemic examination**

Central nervous system: Higher mental functions intact, no abnormality detected

Cardiovascular system: S1 S2 heard, no abnormality detected.

Respiratory system: NVBS heard, no abnormality detected Gastrointestinal system: P/A- soft, tenderness absent.

**Examination of ulcer****Inspection**

Site: Gaiter region (lateral aspect of left leg).

Number: 3 ulcers. Largest 2x3 cm. Medium 2x2 cm, small 1x1 cm Size and shape: Shallow

and irregular shape.

Margin: Sloping edge Floor: Granulation tissue Discharge: Serous.

Surrounding skin: Hyper pigmentation Presence of dilated and tortuous veins **Palpation.**

Local temperature: Normal.

Tenderness, induration around: Present Ulcer edge: Soft, non-indurated.

Ulcer characteristics Base: Painless, bleeds on touch.

Granulation: Healthy Slough present.

### Vascular Examination

Peripheral pulses

- Dorsalis pedis : Not felt (left limb)
- Posterior tibial : Present

### Neurological examination

- Sensation over foot and leg: Normal

### Lymphatic examination

- Inguinal lymph nodes: Mild enlarged.

**Table 4: Showing Samprapti Ghataka.**

<i>Dosha</i>	<i>Rakta pradhana Tridosha</i>	<i>Udbhavasthana</i>	<i>Pakvashaya</i>
<i>Dushya</i>	<i>Twak, Rakta, Mamsa, Medha, Sira</i>	<i>Sancharasthana</i>	<i>Sarva Shareera</i>
<i>Agni</i>	<i>Jatharagni, Dhatvagni</i>	<i>Vyaktasthana</i>	Left lower limb lateral aspect
<i>Agnidushti</i>	<i>Jatharagni and Dhatwagni Mandya</i>	<i>Adhistana</i>	<i>Uru Janu Jangha</i>
<i>Srotas</i>	<i>Raktavaha, Mamsavaha.</i>	<i>Rogamarga</i>	<i>Bhaya roga marga</i>
<i>Srotodushti</i>	<i>Sangha, Vimargagamana</i>	<i>Sadhyasadhyata</i>	<i>Yapya</i>

**Table 5: Showing Treatment protocol adopted and observation noted.**

Date	Treatment given	No of days
19/6/2025 to 1/7/2025	<i>Mahamanjishtadi Avagaha</i>	12 days
22/6/2025 to 1/7/2025	<i>Mahamanjishtadi Kashaya Basti ( 500 ml) Madhu – 100 ml Saindhava Lavana – 10gm Balaguduchyadi Taila – 70ml Shatapuspha Churna – 20gm Mahamanjishtadi Kwatha - 300ml. Anuvasana Basti with</i>	<i>Kala pattern (10 days)</i>

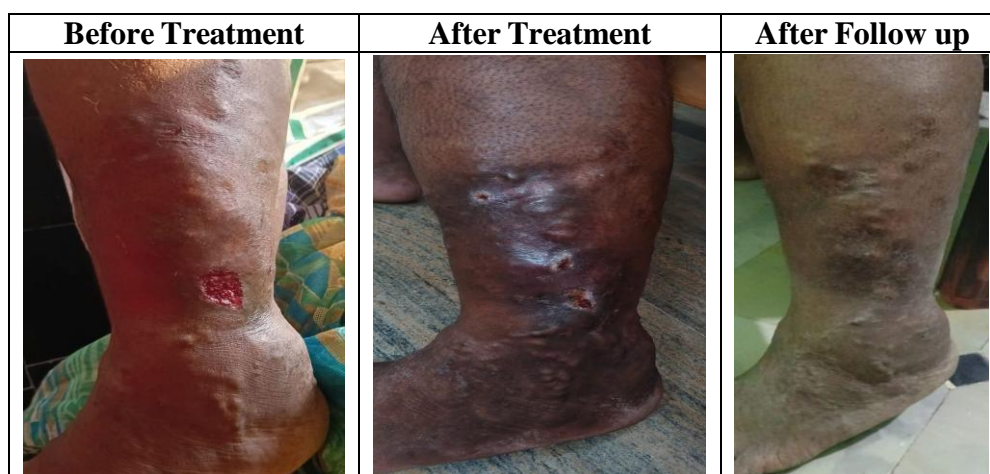
	<i>Mahamanjishtadi</i> (30ml) <i>and Triphala taila</i> (30 ml )	
30/6/2025	<i>Jaloukavacharana</i>	1 day

*Shamanoushadi* given after discharge

<i>Kanchanara guggulu</i>	1 TID After food
Syp Cardorium plus	15 ml BD after food

## OBSERVATION AND RESULTS

**Table 6: Showing Observation and Results.**



**Table 7: Showing overall assessment before and after treatment.**

Symptoms	Before treatment	After treatment	After follow up
Ulcer Size	Three ulcers present: Large ulcer – 2 × 3 cm, Medium ulcer – 2 × 2 cm, Small ulcer – 1 × 1 cm	Marked reduction in ulcer size. Large ulcer reduced to approximately 1 × 1 cm, medium and small ulcers almost healed with healthy granulation tissue.	Complete healing of all ulcers with scar formation and no residual ulceration
Ulcer Floor	Slough and unhealthy granulation tissue present	Healthy granulation tissue observed	Complete epithelialization achieved
Pain	Moderate pain present	Significant reduction in pain	No pain
Tenderness	Present	Mild	Absent
Skin Changes	Hyperpigmentation and induration present	Hyperpigmentation persists with reduced induration	Healed scar with no active inflammation

## DISCUSSION

Varicose ulcer is a chronic venous ulcer that develops due to prolonged venous hypertension resulting from valvular incompetence of superficial and perforator veins. In *Ayurveda*, this

condition can be correlated with *Vatarakta* leading to *Vrana*, where vitiated *Vata* causes dilatation, tortuosity, and dysfunction of veins, while chronic stagnation of *Rakta* leads to ulcer formation and delayed wound healing.

The present case involved a 45-year-old male with a history of prolonged standing for approximately nine years and frequent travel related to his occupation. These occupational factors are recognized risk factors for the development of chronic venous insufficiency and varicose veins. The patient initially developed dilated and tortuous veins in both lower limbs, followed by itching, skin changes, and ulcer formation over the lateral aspect of the left leg. The chronicity of symptoms, progressive nature of venous changes, and non-healing ulcers indicate long-standing venous hypertension and impaired tissue nutrition.

According to *Ayurvedic* principles, prolonged standing and excessive strain lead to *Vata Prakopa*, particularly *Vyana Vata Vaigunya*, causing derangement of normal circulation. Simultaneously, *Rakta Dushti* results in stagnation of blood within the veins, producing venous congestion, edema, itching, discoloration, and ultimately ulceration. The condition therefore represents a combined pathology of *Vata*, *Rakta*, and *Mamsa Dhatu Dushti*.

The treatment protocol adopted in this case primarily focused on correcting the underlying *Dosha* imbalance, improving circulation, reducing venous stasis, and promoting wound healing.

#### ***Mahamanjishtadi Kwatha***

*Mahamanjishtadi Kwatha* is well known for its *Raktashodhana*, *Rakta Prasadana*, and *Shothahara* properties. Other drugs, such as *Manjishta*<sup>[4]</sup>, *Triphala*<sup>[5]</sup>, *Vacha*<sup>[6]</sup> and *Nimba*<sup>[7]</sup>, help improve microcirculation, reduce inflammation, and eliminate vitiated *Rakta*. This contributes to reduction of venous congestion, itching, discoloration, and discharge from the ulcer. The formulation also supports wound healing through its anti-inflammatory and antioxidant action.

#### ***Balaguduchyadi Taila***

*Balaguduchyadi Taila* contains ingredients such as *Bala*, *Guduchi*, *Sura-daru* (*Cedrus deodara*), *Sarala* (*Pinus roxburghii*), *Jatamamsi* (*Nardostachys jatamansi*), *Chandana* (*Santalum album*), *Kuṣṭha* (*Saussurea lappa*), *Tagara* (*Valeriana wallichii*), and *Devadaru*, processed in sesame oil. The formulation is described as *Vatahara* and *Vedanasthapana*,

making it useful in diseases dominated by aggravated *Vata*.<sup>[8]</sup>

*Balaguduchyadi Taila* administered as *Anuvasana Basti* effectively pacifies aggravated *Vata*, improves tissue nourishment, reduces pain and inflammation, and promotes wound healing. Its use as an adjunctive therapy in varicose ulcer contributes to enhanced ulcer healing and improved quality of life in patients suffering from chronic venous insufficiency."

### ***Triphaladi Taila***

*Triphaladi Taila Anuvasana Basti* was administered in this case due to the predominance of *Vata doṣa* in varicose ulcer. The formulation contains *Triphala*, *Bala*, *Yaṣṭimadhu*, and other drugs possessing *Vatahara*, *Śhothahara*, *Raktaprasadana* and *Vraṇaropana* properties.<sup>[9]</sup> *Anuvasana Basti* helps in pacifying aggravated *Vata*, improving circulation, reducing inflammation and edema, and promoting wound healing. The ingredients of *Triphaladi Taila* enhance tissue nourishment, facilitate granulation and epithelialization, and support ulcer healing. Thus, *Triphaladi Taila Anuvasana Basti* plays a significant role in reducing pain, discharge, swelling, and ulcer size while improving overall wound healing in varicose ulcers.

### ***Jalaukavacharana***

*Jalaukavacharana* (leech therapy) plays a significant role in the management of varicose ulcers by removing vitiated blood (*Dushta Rakta*) from the affected area. This helps reduce local congestion, inflammation, pain, and edema. The bioactive substances present in leech saliva improve microcirculation, enhance venous drainage, and facilitate the supply of oxygenated blood to the ulcer site. Improved blood circulation promotes granulation tissue formation and accelerates wound healing. Furthermore, reduction of venous stasis and local tissue hypoxia helps break the pathogenesis of chronic venous ulceration, leading to improvement in skin discoloration and overall ulcer healing.<sup>[10 11]</sup>

### **Overall Outcome**

The combined treatment approach addressed both the systemic pathology and local ulcer pathology. Systemic therapies corrected *Vata-Rakta* imbalance and improved circulation, while local bloodletting promoted wound healing. The integrated management resulted in reduction of itching, pain, discharge, and ulcer size, along with improvement in the condition of varicose veins and surrounding skin.

## CONCLUSION

The present case demonstrates that *Ayurvedic* management can be effective in the treatment of varicose ulcer (*vatarakta leaing to Vrana*). The combination of *Mahamanjishtadi Kwatha Avagaha*, *Mahamanjishtadi basti*, and *Jalaukavacharana* helped address the underlying *Vata-Rakta Dushti*, improve venous circulation, reduce inflammation, and promote wound healing. Significant improvement was observed in symptoms such as pain, itching, discharge, and ulcer size. The treatment also contributed to better local circulation and enhanced tissue regeneration without any adverse effects. This case highlights the potential role of *Ayurvedic* therapies as a safe and holistic approach in the management of chronic venous ulcers.

However, larger clinical studies with longer follow-up periods are required to validate these findings and establish the efficacy of *Ayurvedic* interventions in the management of varicose ulcers on a broader scale.

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