

**TO EVALUATE THE ROLE OF MANJISHTADI VIKESHKA IN THE  
MANAGEMENT OF DUSHTA VRANA WITH SPECIAL REFERENCE  
TO VENOUS ULCER: A CASE STUDY**

**Dr. Sangamesh Kabbur<sup>1\*</sup>, Dr. Padma Bhat<sup>2</sup>, Dr. Sweta Tyagi<sup>3</sup>**

<sup>1</sup>Post Graduate Scholar, Dept. of Shalya Tantra, Sri Sri College of Ayurvedic Science and Research, Bangalore, Karnataka, India.

<sup>2</sup>Associate Professor, Dept. of Shalya Tantra, Sri Sri College of Ayurvedic Science and Research, Bangalore, Karnataka, India.

<sup>3</sup>Professor & HOD, Dept. of Shalya Tantra, Sri Sri College of Ayurvedic Science and Research, Bangalore, Karnataka, India.

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**\*Corresponding Author**

**Dr. Sangamesh Kabbur**

Post Graduate Scholar, Dept. of  
Shalya Tantra, Sri Sri College of  
Ayurvedic Science and Research,  
Bangalore, Karnataka, India.



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Ulcer.” was undertaken.

**ABSTRACT**

Venous ulcers, or stasis ulcers, account for 70-80% of chronic lower extremity ulcerations. The lesion is usually superficial; the floor contains beefy red granulation tissue and there is moderate to severe discharge. So adequate drainage/ absorption and maintenance of adequate moisture is necessary to avoid white and fragile margins leading to delayed healing. Paraffin-impregnated gauze is often used as contact layer dressing in such superficial wounds and ulcers. There is a need for drugs which have *Vrana shodhaka*, *Vrana ropaka*, *Rakta shodhaka*, *Kushtaghna*, *Kandughna*, *Krimighna* etc. properties, *Manjishtadi gana* has all the above said properties. To overcome the lacunas of the conventional methods of topical applications, to standardize and re-validate the advanced dressing techniques in Ayurveda like *Vikeshika*, this study entitled “To evaluate the role of *Manjishtadi Vikeshika* in the management of *Dushta Vrana* with special reference to Venous

**KEYWORDS:** *Dushta vrana*, Venous ulcer, *Vikeshika*, *Manjishtadi vikeshika*.

## INTRODUCTION

Venous ulcer is a severe clinical manifestation of long-term venous disease or chronic venous insufficiency. They are recurrent in nature with associated morbidity and reduced quality of life.<sup>[1]</sup>

It is responsible for about 70% of chronic ulcers of the lower limb. They are most prevalent among persons of older age with concomitant chronic venous insufficiency.<sup>[2]</sup>

The prevalence rate ranges from 0.12% to 1.69% and incidence rate ranges from 0.3% to 1.33%. The previous studies have shown that Venous ulcer occur more frequently in women than in men. i.e the incidence rate is 0.76% for men and 1.42% for women.<sup>[3]</sup>

The characteristic features of Venous ulcer such as foul smell, discharge, chronicity can be correlated to *Durgandhita, Puyasrava, Deerghakalaanubandhitwa Lakshanas of Dushta Vrana*. Acharya Sushruta has expounded usage of *Taila* as one among the measure of *Shashti Upakrama* in the management of *Dushta Vrana*.<sup>[4]</sup> But the conventional method of applying *Taila* is a messy process and doesn't serve the purpose of contact layer dressing.

In *Vranalepana-bandhavidhi Adhyaya*, Acharya Sushruta has mentioned about *Vikeshika* and explained about its qualities that it should not be *Ati Snigdha, Ati Rooksha or Vishama*. Also, Research has also shown the prevalence of psychological issues in Infertility patients, like anxiety due to impotence and sexual inadequacy.<sup>[5]</sup> Acharya Charaka also compares the man incapable of procreation to a shadowless, single-branched, foul-smelling tree devoid of fruits that has no purpose or plays no role in the world.<sup>[6]</sup>

Acharya Vagbhata mentions about administration of medicines through *Vikeshika* for *Vrana Vishodhana* in *Vrana* associated with *Pooti Mamsa, Utsanga, Sagathi* and *Puya*. Here *Vikeshika* serves the purpose of sustained release of drug thereby resulting faster healing.<sup>[7]</sup>

As venous ulcer is associated with cellulitis, inflamed margins, pigmented surrounding skin due to hemosiderin deposition, eczema, dermatitis, lipodermatosclerosis, the intervention must also address them. In *Ayurveda*, drugs which have *Vrana Shodhaka, Vrana Ropaka, Rakta Shodhaka, Kushtaghna, Kandughna* and *Krimighna* properties serve this purpose.

In *Bhaishajya Ratnavali*, Acharya Govinda Das has mentioned about *Manjishtadi Taila*. The *Taila* comprises of *Manjistha, Rakta Chandana, Murva, Tila Taila* etc., with *Karmas* of

*Raktapitta Shamana, Daha Prashamana & Vrana Ropana*. Thus, this *Yoga* is taken as a *Vikeshika* for the management of Venous ulcers.<sup>[8]</sup>

### AIM AND OBJECTIVE

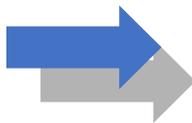
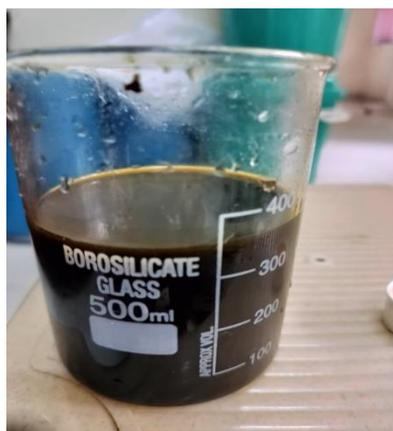
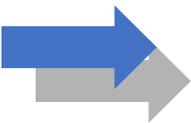
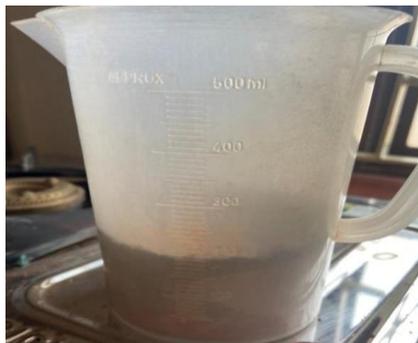
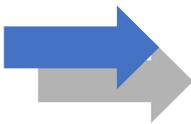
To evaluate the role of *Manjishtadi vikeshika* in the management of *Dushta Vrana* with special reference to Venous Ulcer.

### CASE STUDY

The following is a case study of a 52-year male patient who presented with the chief complains of ulcer over dorsal aspect of right foot for 6 months. He was being treated with oral medications and dressings. Study was done after obtaining an informed consent from the patient. He was treated with *Manjishtadi vikeshika* for dressing daily.

### MATERIALS AND METHODS

<b><i>Manjishtadi Vikeshika</i></b>	
Materials	<i>Manjishta – 1 part</i> <i>Rakta Chandana – 1 part</i> <i>Murva – 1 part</i> <i>Tila taila –</i> <i>Madhuchishta -</i> Sterile Gloves Sterile pads Gauze pieces Normal Saline Roller bandage Micropore
Method of Preparation	1. <i>Manjishtadi Taila</i> was prepared as per the classical reference of <i>Taila Kalpana</i> . 2. <i>Madhuchishta</i> was added to the Taila in 1:10 proportion. 3. 5ml/100 sq cm of this <i>Siktha Taila</i> was impregnated over the gauze of 10cm X 10cm and covered in wax paper. 4. After Ethylene oxide Sterilization, Silver zip lock packaging was done. 5. The prepared <i>Vikeshika</i> was stored in a cool place.
Procedure	<i>Manjishtadi Vikeshika</i> was placed over the wound after cleaning with NS and dressing with sterile gauze pieces and pads was done once daily.
Study Duration	35 Days
Assessment	Assessment done on 0 <sup>th</sup> , 7 <sup>th</sup> , 14 <sup>th</sup> , 21 <sup>st</sup> and 28 <sup>th</sup> day Follow up on 35 <sup>th</sup> day





**DAY 0**



**DAY 7**



**DAY 14**



**DAY 21**



**DAY 28**



**DAY 35**

Table 2: Subjective symptoms assessed on 0<sup>th</sup>, 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> and 35<sup>th</sup> day.

Pain Assessment <sup>[9]</sup>	0 No Pain	1-3 Mild pain	4-6 Moderate pain	7-10 Severe pain
0th day		+		
7th day		+		
14th day	+			
21st day	+			
28 <sup>th</sup> day	+			
35th day	+			
Burning Sensation [10]	Grade 0 No burning	Grade 1 Mild burning	Grade 2 Moderate burning	Grade 3 Severe burning
0th day			+	
7th day		+		
14th day		+		
21st day	+			
28 <sup>th</sup> day	+			
35th day	+			

Table 3: Objective symptoms assessed on 0<sup>th</sup>, 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> day, 35<sup>th</sup> day.

Item	Assessment <sup>[11]</sup>	0 <sup>th</sup> day Score	7 <sup>th</sup> day Score	14 <sup>th</sup> day Score	21 <sup>st</sup> day Score	28 <sup>th</sup> day	35 <sup>th</sup> day Score
1. Size	1 = Length x width <4 sq. cm 2 = Length x width 4--<16 sq. cm 3 = Length x width 16.1--<36 sq. cm 4 = Length x width 36.1--<80 sq. cm 5 = Length x width >80 sq. cm	3	3	3	3	2	2
2. Depth	1 = non-blanchable erythema on intact skin 2 = Partial thickness skin loss involving epidermis &/or dermis 3 = Full thickness skin loss involving damage or necrosis of subcutaneous tissue; may extend down to but not through underlying fascia; &/or mixed partial & full thickness &/or tissue layers obscured by granulation tissue 4 = Obscured by necrosis 5 = Full thickness skin loss with extensive destruction, tissue necrosis or damage to muscle, bone or supporting structures	3	3	3	3	3	3
3. Edges	1 = Indistinct, diffuse, none clearly visible 2 = Distinct, outline clearly visible, attached, even with wound base 3 = Well-defined, not attached to wound	2	2	2	1	1	1

	base 4 = Well-defined, not attached to base, rolled under, thickened 5= Well-defined, fibrotic, scarred or hyperkeratotic						
<b>4. Undermining</b>	1 = None present 2 = Undermining < 2 cm in any area 3 = Undermining 2-4 cm involving < 50% wound margins 4 = Undermining 2-4 cm involving > 50% wound margins 5 = Undermining > 4 cm or Tunnelling in any area	1	1	1	1	1	1
<b>5. Necrotic Tissue Type</b>	1 = None visible 2 = White/grey non-viable tissue &/or non-adherent yellow slough 3 = Loosely adherent yellow slough 4 = Adherent, soft, black eschar 5 = Firmly adherent, hard, black eschar	3	3	2	2	2	1
<b>6. Necrotic Tissue Amount</b>	1 = None visible 2 = < 25% of wound bed covered 3 = 25% to 50% of wound covered 4 = > 50% and < 75% of wound covered 5 = 75% to 100% of wound covered	2	2	2	2	2	1
<b>7. Exudate Type</b>	1 = None 2 = Bloody 3 = Serosanguineous: thin, watery, pale red/pink 4 = Serous: thin, watery, clear 5 = Purulent: thin or thick, opaque, tan/yellow, with or without odour	3	3	1	1	1	1
<b>8. Exudate Amount</b>	1 = None, dry wound 2 = Scant, wound moist but no observable exudate 3 = Small 4 = Moderate 5 = Large	4	3	2	2	2	2
<b>9. Skin Colour Surrounding Wound</b>	1 = Pink or normal for ethnic group 2 = Bright red &/or blanches to touch 3 = White or grey pallor or hypopigmented 4 = Dark red or purple &/or non-blanchable 5 = Black or hyperpigmented	1	1	1	1	1	1
<b>10. Peripheral Tissue Edema</b>	1 = No swelling or edema 2 = non-pitting edema extends < 4 cm around wound 3 = non-pitting edema extends > 4 cm around wound 4 = Pitting edema extends < 4 cm around wound 5 = Crepitus and/or pitting edema	2	2	1	1	1	1

	extends >4 cm around wound						
<b>11. Peripheral Tissue Induration</b>	1 = None present 2 = Induration, < 2 cm around wound 3 = Induration 2-4 cm extending < 50% around wound 4 = Induration 2-4 cm extending > 50% around wound 5 = Induration > 4 cm in any area around wound	2	1	1	1	1	1
<b>12. Granulation Tissue</b>	1 = Skin intact or partial thickness wound 2 = Bright, beefy red; 75% to 100% of wound filled &/or tissue overgrowth 3 = Bright, beefy red; < 75% & > 25% of wound filled 4 = Pink, &/or dull, dusky red &/or fills < 25% of wound 5 = No granulation tissue present	3	2	2	2	2	2
<b>13. Epithelialization</b>	1=100% wound covered, surface intact 2 = 75% to <100% wound covered &/or epithelial tissue extends to > 0.5cm into wound bed 3 = 50% to <75% wound covered &/or epithelial tissue extends to <0.5cm into wound bed 4 = 25% to < 50% wound covered 5 = < 25% wounds covered	2	2	1	1	1	1
<b>Total Score</b>	34	31	26	24	20	20	20

## RESULTS

Reduction of Symptoms of ulcer was achieved within 14-21 days of *Manjishtadi vikeshika* application and later complete healing was achieved without any other complications.

## DISCUSSION

*Acharya Sushruta* in *Vranalepana Bandhavidhi Adhyayaopakrama* has explained, the qualities of *Vikeshika* as, it should not be *Ati Snigdha*, *Ati Rooksha*, *Vishama*. If it is *Ati Snigdha*, it will cause more *Kledha*. If it is *Ati Rooksha*, it leads to *Vrana Chedha*. And if it is *Durnyasa* (not properly applied), it will damage the margins of the *Vrana*, delaying wound healing.<sup>[12]</sup>

These quality standards mentioned by *Acharya Sushruta* are similar to contact layer dressing.

*Vikeshika* serves the purpose by sustained release of drug thereby resulting faster healing and its sterility has lowered the risk of contamination.

*Manjishtadi Taila* possesses the properties of *Raktapitta Shamaka*, *Daha Prashamaka* & *Vrana Ropaka*.

*Guru*, *Snigdha*, *Madhura Tikta Kashaya Rasa*, *Raktapittahara* and *Vrana Ropaka* properties of *Manjishtadi Vikeshika* helps in *vrana sankocha*, *twakdoshahrana*, *shodhana* and *ropana*.

The active principles of the *Manjishtadi Vikeshika* viz. inflammatory modulators such as Rubimallin (*Manjishta*), Marsden (*Murva*) has Pregnae glycosides, Marsden, D- cymarose, Asclepobiose, which has anti-inflammatory and along with angiogenic property of *Pterocarpus santillinus* which helped in reduction of inflammation and promoted granulation.<sup>[12]</sup>

*Murva* which contain Pregnae glycosides which boosts the Immuno- modulatory properties and is Anti-angiogenesis which prevents the wound's hyper granulation.<sup>[13]</sup>

## CONCLUSION

*Manjishtadi Vikeshika* serves as a cost-effective and easily applicable dressing material that fulfils the essential criteria of an ideal contact layer dressing while promoting the desired healing in *Dushta Vrana*. Its application caused no irritation at the wound site, and patients experienced minimal discomfort during each dressing change, thereby reducing the distress commonly associated with burn wound care. Overall, the wound management process appeared smoother, more comfortable, and clinically effective.

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