

## A CLINICAL CASE STUDY OF PANCHAVALKAL KASHAYA AND JATYADI OIL IN THE MANAGEMENT OF DUSTA VRANA W.S.R TO VENOUS ULCER

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### ABSTRACT

Varicose vein is a condition in which the superficial veins of the limb are dilated, tortuous and elongated. Varicose veins are a common condition where the veins usually in the legs, become enlarged, twisted and often visible beneath the skin. This is because when the valves inside the veins become weak or damaged, leading to improper blood flow and pooling in the veins, causing discomfort and sometimes even leading to complications like pain, swelling, and ulcers. This type of ulcer is called Venous ulcer. Venous ulcers are a type of chronic wound that typically occur on the lower legs, often as a complication of underlying venous insufficiency. When the veins in the legs are unable to effectively return blood to the heart, blood can pool in the veins, leading to increased pressure and poor circulation in the affected areas. This can damage the skin and tissues, eventually causing an

ulcer to form. In Ayurveda *Acharya Sushruta*, inserted Venous ulcer into the Dusta Vrana. Vrana is defined as a structural deformity in the skin and deeper structures (Gaatra avachurnana), associated with ruja (Pain), srava (Discharge) etc. and caused either by the vitiation of the doshas (Humours of the body) or by trauma. In Dusta Vrana, symptoms like *Deerghakalaanubandhi* (Chronic), *Teevra ruja* (Painful), *Teevra puti srava* (Smelly discharge) etc. Studies from India about the prevalence of venous leg ulcers are limited. The chronic wound management strategies include compression therapy and antimicrobial therapy (If infected). However, in unresponsive cases, surgery (Skin grafting) is done. A 30 year old non-diabetic, non-hypertensive male taken Modern treatment after a wound on his Right leg did not respond to the conventional medicines even after 1 years of treatment. The

ulcer was painful and foul-smelling, to the extent of disturbing her sleep and restricting his daily activities. His Ayurvedic treatment given as follows: Panchavalkal kashaya for Vrana shodhan and Jatyadi Oil For Pichu Dharan and packing as vrana ropak. Ayurvedic treatment was effective in healing the Dushta vrana completely in this case.

**KEYWORDS:** Varicose vein, Venous ulcer, Dusta vrana, Panchavalkal kashaya, Jatyadi oil.

## INTRODUCTION

### **Dilated, Tortuous and Elongated superficial veins of the limb are called varicose veins**

Varicosity is the penalty for verticality against gravity. The blood has to flow from the lower limbs into the heart against gravity because of the upright posture of human beings. In many cases, varicose veins are asymptomatic. Raised intra-abdominal pressure also precipitates varicose veins, more commonly in females due to repeated pregnancy. The complications of varicose veins are responsible for hospitalisation of the patient.<sup>[1]</sup>

Primary varicose veins occur as a result of congenital weakness in the vein wall due to defective connective tissue and smooth muscle. They can also be due to muscular weakness or due to congenital absence of valves. Very often, the valve at the saphenofemoral (SF) junction is incompetent/absent. The valves can also be absent where the superficial veins join the deep veins.

Secondary varicose veins, Women are more prone for varicose veins because of the following reasons.

- Pregnancy and pelvic tumours cause proximal obstruction to the blood flow.
- Pills (oral contraceptive pills) alter the viscosity of blood.
- Progesterones dilate vessel wall.
- Congenital arteriovenous (AV) fistula increases blood flow and increases venous pressure.
- Deep vein thrombosis can occur as a result of road-traffic accidents, postoperatively, etc. This can lead to destruction of valves resulting in varicose veins.<sup>[2]</sup>
- Other causes are Chronic venous insufficiency, Deep vein thrombosis (DVT), Varicose veins, Obesity, Prolonged standing or sitting & Age (older adults are more prone)

Complications of Varicose vein included Eczema & dermatitis, Lipodermatosclerosis, Haemorrhage, Thrombophlebitis and Venous ulcer.

Venous ulcer is also called gravitational ulcer. Precipitating factors are venous stasis and tissue anoxia. Deep vein thrombosis is also an important cause of venous ulcer wherein valves are either destroyed or incompetent due to damage. Sustained venous pressure results in extravasation of cells, activation of capillary endothelium resulting in release of free radicals. These free radicals cause tissue destruction and ulceration. Lipodermato-sclerosis, tissue anoxia are the other factors.<sup>[3]</sup>

Venous ulcer are situated just above the medial malleolus. The ulcers are oval, small, painless, superficial with pigmentation all around. Symptoms includes Pain (which can range from mild to severe), Swelling in the lower legs or ankles, Itchy or dry skin around the ulcer, A red or brownish discoloration of the skin near the ulcer, A shallow, irregular-shaped wound that can ooze fluid or become infected, Dilated veins above the ulcer give the clue to the diagnosis.

In Ayurvedic aspect venous ulcer correlates to *Dusta vrana*. According to *Acharya Sushruta* *Dushta vrana* can occur due to either dosha imbalances (*Nija vrana*) or as a result of trauma (*Agantuja vrana*), and it manifests with a variety of symptoms depending on the nature of the imbalance or injury.

**व्रण गात्रविचूर्णने, व्रणयतीति व्रणः ।<sup>[4]</sup>**

Vrana is basically of 2 types- *Dushta vrana* and *Shudha vrana*. *Shudha Vrana* (Acute ulcer) is easily treatable, whereas *Dushta vrana* is a chronic ulcer, mostly unresponsive to any treatment.

*Acharya Sushruta* define some clinical features about *Dusta Vrana*:-

**तत्रातिसंवृतोऽतिविवृतोऽतिकठिनोऽतिमृदुरुत्सन्नोऽवसन्नोऽतिशीतोऽत्युष्णः**

**कृष्णरक्तपीतशुक्लादीन् वर्णानामन्यतमवर्णो भैरवः पूतिपूयमांससिरास्नायुप्रभृतिभिः पूर्णः**

**पूतिपूयास्त्राव्युन्मार्ग्युत्सङ्गमनोज्ञदर्शन - गन्धोऽत्यर्थं वेदनावान् दाहपाकरागकण्डूशोफपिडकोप**

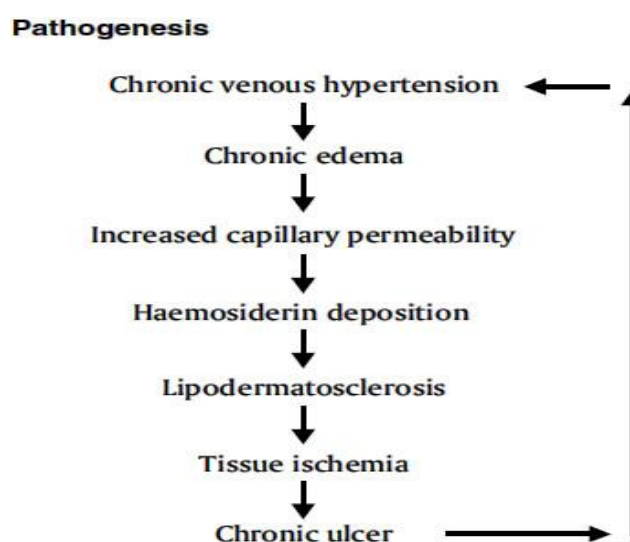
**द्रुतोऽत्यर्थं दुष्टशोणितासावी दीर्घकालानुबन्धी दुष्टव्रणलिङ्गानि ।<sup>[5]</sup>**

The symptoms of *Dushta vrana*, like *Deerghakalaanubandhi* (Chronic), *Teevra ruja* (Intense pain), and *Teevra puti srava* (Foul-smelling discharge), align with the clinical presentation of conditions like venous leg ulcers (VLU).

Acharya Sushruta has described sixty methods for treating such vranas (ulcers).

व्रणस्य षष्टिरूपक्रमा भवन्ति तद्यथा - अपतर्पणमालेपः ..... सर्पिस्तैलं..... रक्षाविधानम्<sup>[6]</sup>

In this case study, chronicity which was of 1 years and the worsening of the condition over this time despite continued modern medication indicated that the wound was non responsive to the treatment. Moreover, due to low financial stability, he could not afford to continue the expensive treatment and hence chose Ayurveda.



A brownish discoloration around a venous ulcer is typically caused by a buildup of a pigment called "hemosiderin," which is released from broken red blood cells when blood pools in the veins due to poor circulation, a common sign of venous insufficiency; this discoloration is often referred to as "stasis dermatitis" and is considered a characteristic feature of a venous ulcer.

## METHODS

A 30 year old patient came to Shalya OPD, Govt. Ayurveda College & Hospital, Patna, non-diabetic, non-hypertensive male, rickshaw driver, complained of a non-healing wound on his right leg for 1 years. He had consulted surgeons in the past who treated with various medicines prescribed as (Tab Amoxycilline, Tab Clavunic acid, Tab Linozolid, Tab Pentoxifylline orally. Ointment Mupirocin, Muconazole Nitrate, Clobetasol Propionate & neomycin Sulphate externally Application) but he experienced severe pain in his leg, to the extent of disturbing in sleep. There was a severe watery & granulated tissue with pus

discharge from the wound, making it difficult for walking. This was the first occurrence of such an ulcer on the leg, and the patient did not have any family history of the same.

Upon Ayurvedic consultation, the patient was diagnosed with Pitta pradhana Sarakta Tridoshaja Dushta Vrana (An ulcer predominant of all the three doshas of the body especially Pitta Dosa) based on the symptoms like Krishna Rakta varna (Blackish red colour), Amanogna darshana (Ugly looking), Atyartha gandha (Foul smelling), Atyartha vedanavan (Painful), Paka, and Ragata (Inflamed & Red coloured).

### On examination of wound

Ulcer is irregular in shaped which was approximately 5 cm x 3 cm x 0.3 cm in size was present on the lower aspect of the right leg, just below the tibialis anterior. It had sloping edges and the floor was covered with red granulation tissue. There was serous purulent discharge from it and the surrounding area was eczematous and pigmented (Brownish). A few varicose veins were present in the area below the ulcer. Varicosity on the right calf region tested positive for Trendelenburg test. A palpable pedal pulsation confirmed it to be a varicose ulcer. Doppler study confirmed the absence of DVT. (fig. 1)

In Ayurvedic Roga pariksha revealed Krishna Rakta varnayukta (Deeply pigmented), paka ragayukta (Inflamed), atyartha gandhayukta (Odorous), Amanogna darshaniya vrana (Ugly looking wound) on the left leg.



Fig. 1

### Therapeutic intervention

The patient was prescribed the following Ayurvedic medicines:-

1. Panchanimbadi Churna - 3g
- Giloy Satva - 250mg



Gandhak Rasayan - 125mg

Ras manikya - 125mg

With luke warm water in BD dose

2. Arogyavardhani vati - 1 tabs (125 mg each) in BID dose.
3. Kaishora guggulu- 2 tabs (250 mg each) in the evening.
4. Ashwagandhadi Churna - 3gm with milk in BD dose
5. Panchavalkal Kashaye - 15ml with 15 ml of warm water-in Alternate day for ulcer dressing
6. as Vrana shodhan karma
7. Jatyadi oil (Application of medicated pichu on the ulcer) as Vrana ropana (Wound healing).

**Diet and Regimen:** The patient was advised to elevate his leg above the heart, avoid sun exposure, sleeping in the day and staying late at night. He was advised to follow a diet and regimen which would help to balance Pitta, Rakta and Vata doshas. The patient was asked to avoid spicy, sour, oily, fermented, and refrigerated food items.

### Follow Up and Outcomes

After the initial 10 days of treatment, the ulcer started to heal. The pain & discharge got reduced and the patient got the confidence to continue the treatment. Gradually, the ulcer showed more signs of healing and at the end of 40 days; it had healed completely. Fig. 2,3 ulcer on the 20th and 30th days of treatment. A follow up after 3 months & 6 months confirmed the non-recurrence of the ulcer.



Fig. 2

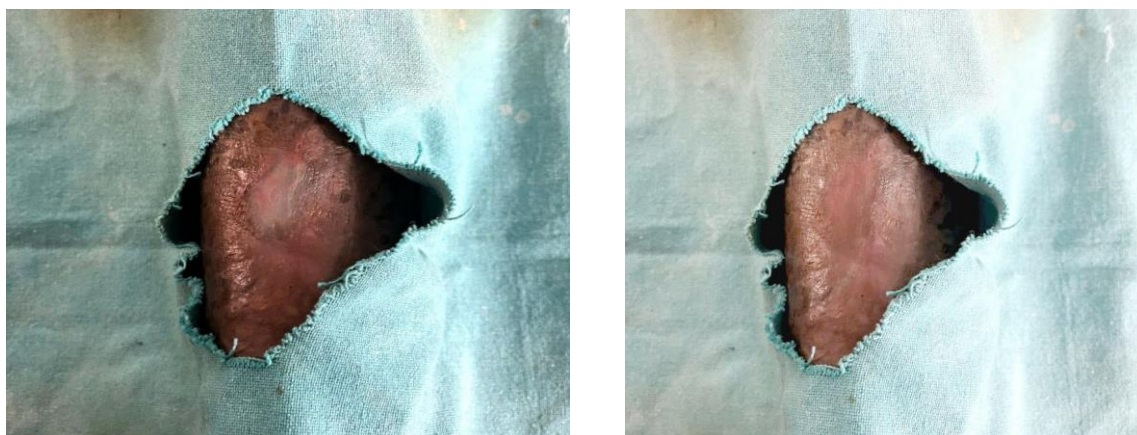


Fig. 3

## DISCUSSION

### Case summary

The patient had been on multiple courses of antibiotics and anti-inflammatory drugs over the past year. Despite this, the ulcer showed no signs of healing, leading to significant mental distress and feelings of annihilation. This unresponsiveness to treatment represented a major limitation in the case. Notably, the patient was non-diabetic, non-hypertensive, and strictly adhered to the prescribed dietary regimen and timely intake of medications.

### Pathophysiology

Incompetence of the valves in the superficial and deep veins of the leg results in venous hypertension. This condition leads to excessive deposition of fibrin around the capillary beds, which elevates intravascular pressure. The excessive fibrin reduces oxygen permeability by 20-fold, causing tissue hypoxia and impairing wound healing. Additionally, various inflammatory cells become trapped in the fibrin matrix, promoting severe, uncontrolled inflammation. This inflammatory response prevents proper regeneration of the wound, further complicating the healing process.

In this case, Ayurvedic treatment would likely focus on balancing the doshas (particularly Pitta, which is associated with inflammation and infection), addressing local factors like poor circulation or tissue damage, and incorporating herbs and therapies that promote healing. Some strategies that could be considered include:

- **Detoxification (Shodhana):** Panchavalkal kashaya has ingredients Vata (Ficus benghalensis), Udumbara (Ficus racemosa), Ashvattha (Ficus religiosa), Parisha (Thespesia populnea), Plaksha (Ficus lacor). All Drugs are kashaya Ras pradhan is known

for its anti-inflammatory, antimicrobial, and wound-healing properties relates to ulcer management:

- **Herbal treatments:** A range of Ayurvedic herbs have anti-inflammatory, antimicrobial, and healing properties that could be orally to promote healing and reduce infection or inflammation.
- **Balancing the doshas:** A focus on Pitta reduction might be necessary, especially with the signs of intense pain and foul-smelling discharge, which suggest Pitta dominance. Dietary changes, lifestyle adjustments, and the use of cooling and soothing herbs could help restore balance.
- **Wound care:** After vrana sodhan by panchavalkal kashaya apply pichu of Jatyadi oil as Vrana Ropak.
- **Long-term lifestyle support:** Ayurveda also focuses on overall lifestyle changes to support healing and prevent recurrence, including stress management, dietary adjustments (Focusing on anti-inflammatory, nourishing foods), and adequate rest.
- **Compression therapy:** to improve circulation Wound care (Cleaning, dressing, and possibly debridement)
- **Elevation of the legs:** to reduce swelling.

Given that this patient chose Ayurveda due to financial constraints, the treatment would likely need to be cost-effective but still comprehensive. The focus might shift more towards **local remedies** (such as herbal poultices or oil applications) and dietary recommendations that can be easily incorporated into daily life.

It's inspiring that the patient is open to exploring Ayurveda, and with a holistic approach, there could be positive outcomes even if modern medicine has not been able to fully address the issue.

## CONCLUSION

The chronic venous ulcer which had not healed for 1 years despite many courses of antibiotics and anti-inflammatory therapy, healed in 40 days with Ayurvedic intervention. This suggests the efficacy of Ayurvedic therapy in the healing of chronic ulcers. Non recurrence of the ulcer even after 6-months of the stoppage of medicines indicates the complete reversal of pathology in the venous level itself.



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