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EFFICACY OF AYURVEDIC MANAGEMENT OF DUSHTA VRANA: A CASE REPORT

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ABSTRACT

Chronic lower-limb wounds are a significant clinical challenge, particularly among elderly individuals, due to delayed healing, persistent discharge, pain, and the risk of secondary infection. Ayurveda describes various therapeutic approaches for wound management under the principles of Vrana Chikitsa, including Vrana Dhavana, Vrana Pichu, Vrana Dhoopana, and the application of medicated Ghrita and Taila. Acharya Sushruta has described sixty Upakramas for the comprehensive management of Vrana. This case report describes the sequential Ayurvedic management of a chronic wound over the anterior aspect of the left calf in an 88-year-old male patient with a previous history of varicose ulcer approximately eight years earlier. The patient presented with profuse purulent discharge, foul smell, watery discharge, pain, and heaviness of the affected lower limb. Management was provided on an outpatient basis, with regular clinical follow-ups beginning on 12 July 2025. The treatment protocol included internal medications such as Guduchi, Tapyadi Loha, Sukshma Triphala, Daruharidra, Khadira, Sariva, and Manjishtha, administered with Mahamanjishthadi Kwatha as Anupana. Local wound management was modified sequentially according to the clinical presentation and stage of healing. Procedures included Vrana Dhavana with herbal

decoctions, application of Jatyadi Ghrita, Vrana Pichu with medicated preparations, Vrana Dhoopana, application of herbal Kalka with Madhu and Ghrita, and subsequent Sthanik Abhyanga. This case report documents a stage-wise Ayurvedic approach to the management of a chronic lower-limb wound and highlights the importance of individualized local treatment and regular clinical monitoring. Objective wound measurements, the duration of treatment, and documented clinical outcomes are essential to describe the observed progress and evaluate the clinical course.

KEYWORDS: Varicose ulcer, Vrana Chikitsa, Vrana Dhavana, Vrana Pichu, Ayurveda, Chronic wound.

INTRODUCTION

A wound is defined as a disruption in the continuity of the skin and underlying soft tissues, which may be associated with pain, inflammation, discharge, edema, tissue discoloration, and functional impairment. Wounds may arise from traumatic injuries, infections, vascular insufficiency, pressure-related damage, or systemic diseases that interfere with normal tissue repair. Sushruta has described sixty Upakramas (therapeutic measures) for the management of Vrana (wounds), highlighting the comprehensive approach of Ayurveda towards wound care.[1]

Chronic wounds remain a significant clinical challenge because persistent inflammation, microbial colonization, impaired circulation, and delayed tissue regeneration can prolong the healing process. Varicose ulcers, commonly associated with chronic venous insufficiency, develop due to venous hypertension and progressive tissue changes that impair normal wound healing. Such wounds may present with persistent exudation, discomfort, delayed tissue repair, and reduced quality of life, particularly in elderly patients. Comprehensive wound management requires identification of the underlying etiology, regular assessment of the wound, appropriate cleansing, debridement when indicated, infection control, pressure offloading where necessary, nutritional optimization, and management of associated medical conditions.

Conventional wound care aims to reduce microbial burden, promote healthy granulation tissue formation, support epithelialization, and facilitate wound closure. Natural therapeutic agents possessing antimicrobial, anti-inflammatory, antioxidant, and tissue-reparative properties have also received attention as potential adjuncts to wound management. However,

their use should be guided by clinical evidence and integrated with appropriate standard wound-care practices.

In Ayurveda, wound management is described under the broader principles of Vrana Chikitsa. Sushruta has elaborated various therapeutic measures for wound care, emphasizing the selection of interventions according to the nature, stage, and clinical characteristics of the wound. Local procedures such as Vrana Dhavana (therapeutic wound cleansing), Vrana Pichu (application of a medicated-soaked dressing), Vrana Dhoopana (fumigation), and the application of medicated Ghrita and Taila may be employed as indicated by the clinical condition. These interventions are traditionally selected with the objectives of wound cleansing, management of local symptoms, maintenance of a suitable wound environment, and support of tissue repair. Internal medications may also be considered according to the patient's overall clinical condition and Ayurvedic assessment.

The management of chronic wounds, particularly in elderly individuals with a history of vascular disease, requires careful monitoring for infection, impaired circulation, and other factors that may hinder healing. Accordingly, Ayurvedic interventions should be administered alongside appropriate clinical evaluation and standard wound-care measures to ensure patient safety and comprehensive management.

The present case report describes the sequential Ayurvedic management of a chronic wound over the anterior aspect of the left calf in an elderly male patient with a previous history of varicose ulcer. It aims to document the treatment protocol, modifications undertaken during follow-up, and the observed clinical course of wound healing.

MATERIALS AND METHODS

Place of Study

Panchakarma Outpatient Department (OPD), Seth Tarachand Ramnath Charitable Ayurvedic Hospital, Pune, Maharashtra, India, in association with Tilak Ayurved Mahavidyalaya, Pune.

CASE DETAILS

Patient Information

An 88-year-old male patient attended the Panchakarma OPD with a chronic wound over the anterior aspect of the left calf region. The patient had a previous history of a varicose ulcer approximately eight years before the present consultation.

The patient was managed on an outpatient basis, with regular clinical follow-ups. The first documented follow-up was on 12 July 2025. As modifications were made to the internal medications and local treatment during successive visits, the treatment course is presented as sequential therapeutic phases rather than as a single fixed prescription.

Chief Complaints

- Chronic wound over the anterior aspect of the left calf.
- Profuse pus discharge (+++).
- Foul smell (+++).
- Watery discharge from the wound.
- Heaviness of the left lower limb.
- Pain at the affected site.
- Wound size- Height 12cm, width 5cm

History of Present Illness

The patient presented with a chronic wound over the anterior aspect of the left calf. The wound was associated with marked purulent discharge, foul smell, watery discharge, pain, and heaviness of the affected lower limb. The patient reported a previous history of varicose ulcer approximately eight years earlier.

The patient received sequential outpatient treatment, with the therapeutic approach modified according to the clinical condition and stage of wound healing.

Past History

The patient had a history of varicose ulcer approximately eight years before the present consultation. No significant history of other systemic illness was reported.

GENERAL CLINICAL EXAMINATION

Age: 88 years Sex: Male Pulse: 74/min

Blood Pressure: 130/80 mmHg

There was no other significant abnormality reported on general systemic examination.

LOCAL WOUND EXAMINATION

Site: Anterior aspect of left calf region Size: Height-12cm

Top width-4.5cm

Middle width- 4.2 cm Bottom width- 3.5cm

The wound was depressed and was associated with.



- Pus discharge: +++
- Foul smell: +++
- Pain: Present
- Heaviness of leg: Present
- Watery discharge: Present
- Swelling :mild

The wound was clinically suggestive of a chronic non-healing wound requiring systematic wound cleansing and subsequent wound-healing measures.

SAMPRAPTI (PATHOGENESIS)

Table 1: Samprapti Ghataka.

Component	Description
Nidana	Previous history of varicose ulcer
Dosha	Kapha-Pitta pradhan
Dushya	Rakta, Mamsa, Meda, Sira, Snayu
Agni	Sama
Ama	Ishat
Srotas	Raktavaha, Mamsavaha and Rasavaha Srotas
Srotodushti	Sanga and Vimargagamana
Udbhava Sthana	Left calf-anterior aspect
Adhishthana	Vranasthana -anterior aspect of the left calf
Vyaktasthana	Left calf-anterior aspect
Rogamarga	Bahya Rogamarga
Vyadhi Swabhava	Chirakari (chronic)
Sadhyasadhyata	Kashtasadhya

Samprapti Flow

Previous history of varicose ulcer –> Underlying venous insufficiency –>

Venous hypertension and impaired tissue perfusion –> Delayed tissue repair and persistent

wound –>

Purulent discharge, foul smell, pain and watery discharge –> Chronic Vrana requiring stage-wise management

Ayurvedic interpretation

Sira Dushti → Rakta Sanga → Sthanik Rakta Dushti → Mamsa and Twak Dushti → Puyotpatti → Dushta Vrana → Delayed Vrana Ropana.

The chronicity of the wound may be understood through the principles of Vrana Chikitsa, with possible involvement of Vata in delayed tissue repair and Pitta–Rakta in inflammatory manifestations.

AYURVEDIC MANAGEMENT

The treatment was administered in sequential phases, incorporating internal medications and local wound-care procedures. The selection and modification of medicines and procedures were based on the presenting clinical features and subsequent clinical assessments.

TREATMENT PROTOCOL

1. Shamana Chikitsa — Internal Medications

The general internal medication protocol included the following medicines: Table 2: Internal Medications.

Sr.No.	Drug name	Administration
1.	Guduchi	250mg TDS
2.	Tapyadi Loha	250mg TDS
3.	Sukshma Triphala	250mg TDS
4.	Daruharidra	250mg TDS
5.	Khadira	250mg TDS
6.	Sariva	250mg TDS
7.	Manjishtha	250mg TDS
8.	Mahamanjishthadi Kwatha	20ml+ 20ml lukewarm water.

The internal medications were modified periodically according to the patient's clinical condition and the progression of wound healing.

During the later phase of treatment, 10ml Mahatiktaka Ghrita was added twice daily.

In the final phase, the internal medications included Cap. Dhanwantar 101, Samshamani Vati, and Laghusutshekhar Vati, one tablet each.

The exact doses and duration of individual medicines were changed time to time according to the condition of vrana.

2. Local Treatment

Local treatment was performed sequentially according to the stage of wound healing.

Phase I: Initial wound management

Vrana Dhavana was performed using a decoction prepared from Daruharidra, Triphala, Nimba, Khadira, and Lodhra. Following cleansing, scraping and after dhavan, Jatyadi Ghrita was applied locally.

Phase II: Management after seven days

After seven days, local treatment was modified to include Pichu with Vranadhavana Taila, followed by the application of Vranaropana Taila.

Phase III: Subsequent local management

During the subsequent phase, Vrana Dhoopana was performed using Nimbapatra, Triphala Guggulu, and Jatamansi.

Following this phase, Vrana Pichu was continued with Jatyadi Ghrita and Madhu in the morning and Vranaropana Taila in the evening.

Phase IV: Later wound-care phase

In the later phase, Vrana Dhavana was performed using Panchavalkala Kwatha. This was followed by the application of Nimbapatra Kalka mixed with Madhu, Ghrita, and Tila Kalka.

At this stage, Mahatiktaka Ghrita 10ml was also introduced internally twice daily.

Phase V: Maintenance phase

During the maintenance phase, Vrana Dhavana was performed once weekly. Vrana Pichu was continued with Jatyadi Ghrita and Madhu in the morning and Vranaropana Taila in the evening.

Subsequently, the morning application was modified to Yashti Ghrita with Madhu, while Vranaropana Taila was continued in the evening.

Phase VI: Later healing phase

With progressive clinical improvement in the wound, Sthanik Abhyanga using Dhanwantar Taila was introduced as an additional local therapeutic intervention.

FOLLOW-UP

The patient was followed regularly on an outpatient basis. The first documented follow-up was on 12 July 2025. During subsequent visits, the wound was clinically assessed, and the internal medications and local procedures were modified according to the presenting features and stage of wound healing. On the follow up of 01/112025, the wound was healed totally.

The treatment course was not a fixed prescription throughout the entire period. Instead, successive therapeutic phases were adopted, including wound cleansing, local application of medicated preparations, Pichu, Dhoopana, and later supportive local treatment.

RESULTS

A progressive reduction in wound dimensions was observed during the treatment period.

The wound height decreased from 13 cm on 12/07/2025 to 4 cm on 04/10/2025. The transverse measurements also showed progressive reduction, particularly at the upper and lower portions of the wound.

Along with reduction in wound size, the patient showed improvement in local wound characteristics, including reduction of discharge, foul smell, pain and heaviness of the leg.

After the later treatment period, the wound showed marked clinical improvement. On 01/11/2025, the patient reported no complaints

Table 2: Serial Assessment of Wound Dimensions.

Date	Height	Top width	Middle width	Bottom width
12/07/2025	13cm	5cm	4.5cm	3.7cm
02/08/2025	12 cm	4.5cm	4.2cm	3.5cm
05/08/2025	10.5cm	4.3cm	4.1cm	3.2cm
13/08/2025	10cm	2.6cm	4cm	2.5cm
18/08/2025	9cm	2 cm	4cm	2cm
21/08/2025	9cm	1.5cm	3cm	2cm
25/08/2025	8.5cm	1.5cm	3cm	1.5cm
05/09/2025	8.5cm	2cm	2.5cm	1.5cm
13/09/2025	7cm	1cm	2cm	1cm
24/09/2025	6cm	1cm	2cm	1cm
04/10/2025	4cm	0.5cm	0.7cm	0.3cm
01/11/2025	-	-	-	-



DISCUSSION

Clinical Course

The case documents the use of sequential Ayurvedic internal medications and local wound-care procedures in an elderly patient presenting with a chronic left calf wound and a previous history of varicose ulcer.

The treatment protocol was modified during successive outpatient follow-ups rather than maintained as a single fixed prescription. Local management included herbal decoction-based wound cleansing, application of medicated Ghrita and Taila, Pichu, Dhoopana, and subsequent supportive local treatment.

Pathogenesis

The chronic wound over the anterior aspect of the left calf may be understood through the Ayurvedic concept of Vrana. The previous history of varicose ulcer suggests a possibility of impaired local circulation and prolonged disturbance of tissue healing.

Persistent discharge, foul smell, pain and delayed healing indicate an unhealthy wound

environment requiring proper Vrana Shodhana before complete Vrana Ropana.

From an Ayurvedic perspective, chronicity of the wound may be associated with disturbance of Vata, Pitta and Kapha according to the clinical features. Pain and heaviness may be associated with Vata involvement, while discharge, inflammation and foul smell indicate the involvement of Pitta and Kapha components.

Affected tissues (Dushya)

The tissues involved in the wound may include.

- Twak
- Rakta
- Mamsa
- Meda
- Sira

Local pathology

The chronic wound was associated with discharge, unhealthy wound characteristics and delayed tissue repair. Therefore, initial treatment was directed towards cleansing and removal of unhealthy material, followed by promotion of healthy tissue formation.

MECHANISM OF ACTION OF THERAPEUTIC INTERVENTIONS

The treatment was planned in a sequential manner, beginning with Vrana Shodhana and progressing towards Vrana Ropana.

Triphala

Triphala consists of Amalaki, Haritaki and Vibhitaki. It is traditionally used in wound cleansing and is described as possessing properties supportive of local purification and tissue healing.

Nimba

Nimba is traditionally used in conditions involving infection and inflammation. Its use in Vrana Dhavana may help in maintaining a clean wound environment.

Daruharidra

Daruharidra is traditionally used in inflammatory and infected conditions and was incorporated during the initial wound-cleansing stage.

Khadira

Khadira possesses Kashaya properties and is traditionally used in conditions involving discharge and tissue disorders. Khadira Kwatha was therefore incorporated during wound cleansing.

Lodhra

Lodhra is traditionally described for its Kashaya and wound-supportive properties and was included in the initial decoction.

Jatyadi Ghrita

Jatyadi Ghrita is a classical topical preparation used in Vrana Chikitsa. Its application was continued during the healing phase to support healthy tissue formation and epithelialization.

Madhu

Honey was used along with Jatyadi Ghrita during Vrana Pichu. It helps maintain a moist wound environment and is traditionally recognized for wound-cleansing and healing-supportive properties.

Panchavalkala Kwatha

Panchavalkala Kwatha was introduced during a later stage of treatment for wound cleansing and preparation of the wound bed.

Kalka

Nimbapatra Kalka + Madhu + Ghrita + Tila Kalka.

This combination was used during the later healing phase with the objective of supporting Vrana Ropana and healthy tissue regeneration.

Vrana Dhoopana

Vrana Dhoopana was done with varti made of Nimbapatra, Triphala Guggulu and Jatamansi was incorporated as an adjunct local procedure during the treatment.

INTERNAL MEDICATIONS

The internal medicines were selected with the intention of supporting the management of chronic wound pathology and associated Rakta and Twak involvement.

Guruchi, Daruharidra, Khadira, Sariva and Manjishtha were used as part of the internal

regimen, with Mahamanjishthadi Kwatha as Anupana.

Mahatiktaka Ghrita was subsequently initiated twice daily during the later phase of wound management.

CLINICAL PROGRESSION

The serial measurements demonstrate gradual reduction in wound dimensions. The wound height showed the following progression.

13 cm → 10.5 cm → 10 cm → 9 cm → 8.5 cm → 8.5 cm → 7 cm → 6 cm → 4 cm

Similarly, the width at the upper and lower portions showed progressive reduction during follow-up.

This serial reduction, together with improvement in the patient's complaints, indicates progressive wound healing during the treatment period.

Ayurvedic Interpretation of Wound Management

The principles of Vrana Chikitsa emphasize appropriate wound cleansing and the selection of local therapeutic preparations according to the characteristics of the wound. In this case, Vrana Dhavana formed the initial component of local management, using herbal decoctions prepared from Daruharidra, Triphala, Nimba, Khadira, and Lodhra.

The subsequent use of Jatyadi Ghrita, Vranadhavana Taila, and Vranaropana Taila represented a sequential approach to local wound care. Vrana Pichu provided a method for sustained contact between the medicated preparation and the wound surface. Vrana Dhoopana was incorporated during the subsequent phase, followed by further modifications to local applications.

The later introduction of Panchavalkala Kwatha for wound cleansing and Nimbapatra Kalka mixed with Madhu, Ghrita, and Tila Kalka reflected additional changes in the local treatment protocol. Mahatiktaka Ghrita was introduced internally during the later phase, while the final phase included Dhanwantari Taila for Sthanik Abhyanga.

These interventions can be described as components of a multimodal Ayurvedic wound-management approach. However, the specific contribution of each medicine or procedure cannot be isolated in a single case receiving several concurrent interventions.

Clinical Considerations

The patient's advanced age and chronic wound history are important factors in interpreting the case. A chronic lower-limb ulcer associated with previous varicose disease warrants assessment of venous function, arterial circulation, infection, nutritional status, and other factors affecting wound healing.

The presence of profuse purulent discharge and foul smell at presentation makes assessment for local infection particularly important. Ayurvedic treatment should not replace indicated investigations, vascular assessment, appropriate wound dressings, compression therapy when clinically indicated and safe, or antimicrobial treatment when required.

CONCLUSION

The present case demonstrates the role of a systematic, sequential Ayurvedic wound-care protocol in the management of a chronic wound over the anterior aspect of the left calf in an elderly male patient.

The treatment consisted of sequential Vrana Dhavana, Vrana Dhoopana, Vrana Pichu and Vranaropana, supported by internal Ayurvedic medication. The wound showed progressive reduction in its dimensions and improvement in clinical features during treatment.

The combination of wound cleansing, appropriate topical medicated preparations and supportive internal medication may have contributed to progressive improvement of the wound.

The patient reported no complaints on 01/11/2025, indicating sustained clinical improvement during follow-up.

PATIENT PERSPECTIVE

At the beginning of treatment, the patient experienced pain, heaviness of the leg, pus discharge, foul smell and watery discharge from the wound. During the course of treatment, these complaints gradually reduced along with reduction in wound dimensions.

At the final follow-up on 01/11/2025, the patient reported no complaints.

Table 3: Assessment of treatment.

Assessment parameter	Before treatment	After treatment
Number of wounds	1	Nil
Site	Left calf-Anterior aspect	-
Wound dimensions	12cm*4.5cm*	-
Wound healing	Nil	More than 95%
Slough	Present++	Nil
Pain	Present	Nil
Wound discharge	Present-Thick,serous, purulent exudate	Nil
Itching	Present	Nil
Local edema	Present	Nil
Skin discoloration	Present	Mild

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