



Case Report on Ayurveda Insight on Dushta Vrana -Non-Healing Wound Treatment

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ABSTRACT

In Ayurveda, vrana refers to a tissue-destruction process on healing which leaves a scar. It is broadly categorized into shuddha vrana (clean wound) and dushta vrana (infected or chronic wound). Dushta vrana is marked by foul odor, discoloration, excessive discharge, and pain, with slow or non-healing tendencies. Chronic wounds present major clinical challenges and burden health systems worldwide. Ayurveda management for chronic, non-healing wound/ dushta vrana based on shashti upakrama. Aim of the study was to evaluate ayurveda interventions in chronic non-healing wound management. Design of the study is a single case report based on care guidelines of an 82-year-old male who had a chronic non-healing wound over the posterior aspect of the left lower limb, persisting for more than two months despite conventional treatment. The setting of the study was at the clinic as the outpatient level. The patient was treated with oral and topical ayurveda medicines, including kaishora guggulu, gandhaka rasayana, guduchi kwatha, and external therapies like parisheka, alepa, and bandhana among shashti upakrama. Clinical evaluation was based on wound size, granulation tissue formation, discharge, pain, edema, and subjective relief. Progressive improvement was seen in all parameters. Complete re-epithelialization, reduction in pain, absence of discharge, edema, and itching were noted by the end of the treatment. No adverse effects were reported. Case study highlights the potential of classical Ayurveda wound care principles— particularly shashti upakrama—in successfully managing chronic dushta vrana. Integrating such approaches into chronic wound care may offer effective and safe alternatives to conventional modalities.

Keywords: Alepa, Non-Healing Wound, Dushta Vrana, Guggulu, Kashaya, Shashti Upakrama.

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INTRODUCTION

In ayurveda, vrana is derived from the root "Vrana Gatra Vichurnane," [1] indicating a state of tissue disruption or damage. It is classified into *nija* (endogenous origin due to *dosha* imbalance) and *agantuja* (trauma-related) types. *Nija vrana* is caused due to vitiated *dosha* and *rakta* while *agantu* type is caused due to animal or bird bites, pressure, alkali or sharp things [2]. *Vrana* considered to be a disease of *bahir marga* [3]. *Vataadi dosha* and *rakta* are basic elements of *vrana* similarly various *dhatu*s and *upadhatu*s may take part in manifestation of the diseases. A *vrana* changes into *dushta vrana* either due to *dosha dushti* or due to improper treatment. *Dushta vrana* is the term used to describe a wound that either does not heal or heals very slowly (*deergha kalanubandhi*). It is usually characterized by *ati samvruta*, *ati mrudu*, *puti puya mamsa sira snayu prabhriti*, *daha*, *paka*, *raga*, *kandu*, *shopha* etc [4]. The prevalence of such wounds in India is approximately 4.5 per 1000 population [5], common on lower extremity wounds. According to *hareeta samhita*, the etiology and pathogenesis of *dushta vrana* include tainted food and beverages, carrying a large weight, intense activity and mental elements like fear and wrath, defective surgical procedures like *mithya bandha*, *atisneha*, and *roukshya*. These factors lead to *raktadushti*, in-turn to *mamsa* and *medodhatu dushti* resulting in *dushta vrana* [6]. Tools for diagnosis are *vrana srava*, *vedana* and *gandha* to identify the *dosha* dominance, *varna* for the diagnosis of predominance of *dosha* and *avastha* of *vrana* and *akruti* to understand the prognosis and *shashti upakrama* (60 therapeutic measures) are recommended for the treatment of

various stages of *vrana*, including cleansing (*shodhana*), healing (*ropana*), and tissue regeneration. Here, topical application of medicated oil, wound irrigation and oral administration of compound *ayurveda* medicine for accelerated re-epithelialization, minimizing the pain and preventing the infection was adopted. The patient was successfully treated for the *dushta vrana* by administering *shamana oushadhi* with external applications. The observation aimed to evaluate ayurveda interventions in chronic non-healing wound management.

MATERIAL AND METHODS

Design: Observational data of a single case report based on care guidelines.

Materials Used or Person Involved: An 82-year-old male who had a chronic non-healing wound over the posterior aspect of the left lower limb, persisting for more than two months despite conventional treatment.

Setting: The observations were conducted at the clinic as the outpatient level.

Interventions: The patient was treated with oral and topical *ayurveda* medicines, including *panchavalkala kwatha*, *ishwarimula kwatha* and *guduchi kwatha* for wound cleansing, ointments like Grab, Obra skin and Eladi for application, *jatyadi taila* and *yashtimadhu taila* for bandaging; *Nimbadi kashaya* Tablet, *kaishora guggulu*, *gandhaka rasayana*, and *Infix Nano*, *Guggulutiktaka ghrita capsules*, for oral usage. The external therapies like *parisheka*, *alepa*, and *bandhana* among *shashti upakrama* (60 treatment modalities of wound care) were the modalities used.

Assessment: Clinical evaluation was based on wound size, granulation tissue formation, discharge, pain, edema, and subjective relief.

CASE REPORT

The study aimed to evaluate ayurveda interventions in chronic non-healing wound management. The study was designed as a single case report based on care guidelines; who visited the clinic at out-patient level. 82-year-old man came to the *ayurveda* outpatient department on April 12, 2023, complaining of a non-healing wound over the posterior aspect of the left lower limb, associated with itching for one month, along with pain and swelling. He had a pertinent past history of fall from his motor vehicle one month prior, with no immediate visible injury. He was prescribed analgesics at a local clinic. However approximately after 15 days he began experiencing tapping-type of pain, progressive swelling and discoloration over the affected area. A painful bruise-like lesion developed, which rapidly progressed into a non-healing wound. Subsequently, it was diagnosed with necrotizing fasciitis and managed conservatively with intravenous antibiotics and regular wound dressings. Reconstructive surgery was advised for further management. Although symptomatic relief was observed with medications, the condition worsened after a month, which presented as increased swelling, itching and purulent discharge. At this stage, the *ayurveda* management was sought by the patient; due to the reappearance and worsening of symptoms, including pain, itching, swelling, and pus discharge.

PAST HISTORY

History of trauma to the left foot following a fall from a motor vehicle.

Known case of type II diabetes mellitus for two years and hypertension for three years. No history of altered bowel habits.

PERSONAL HISTORY

Appetite: Normal. Diet: Vegetarian. Sleep: Normal includes daytime sleep for approximately 2 hours

Bowel: Once daily. Micturition: 5-6 times/day. Addiction: Nil

GENERAL EXAMINATION

Pulse: 80/min, regular Blood Pressure: 120/70 mmHg

Respiratory Rate: 19/min/regular SPO₂: 98% on room air Pallor: Present (noted on palms and nail beds)

Icterus: Absent. Cyanosis: absent. Lymphadenopathy: Present (inguinal lymph nodes). Clubbing: Absent

SYSTEMIC EXAMINATION

Respiratory system: Normal vesicular breathing sound heard

Cardiovascular system: S1 and S2 audible heard at the fifth intercostal space. Central nervous system: well oriented to person, place and time

Per abdomen: Soft, non-tender, bowel sound present

ASHTAVIDHA PAREEKSHA

Nadi: Pittakapha *Mala*: Once daily, Normal *Mutra*: 5-6time/day *Jihwa*: Coated

Drik: Prakrita *Akruti*: Madhyama *Shabda*: Prakruta *Sparsha*: Ushna

INVESTIGATION

Postprandial blood sugar: 146 mg/dl Haemoglobin: 7.5 g/dl Blood urea: 36mg/dl Creatinine: 0.6 mg/dl

Urine analysis: Protein: Trace. Glucose: Nil. Ketone bodies: Nil. Urobilinogen: Normal

LOCAL EXAMINATION

The patient was examined in a well-lit room with adequate exposure and privacy, ensuring a thorough assessment of the ulcer characteristics.

Based on the patient's clinical condition and disease progression, a combination of oral medications and external therapies was planned in a phased manner for treatment.

RESULTS

The assessment of the outcome was carried out by comparing the signs and symptoms before and after the completion of Ayurveda treatment. Both objective parameters (site, size, margin, granulation tissue, discharge, smell, edema, and tenderness) and subjective parameters (pain, burning sensation, and itching) were evaluated. Table.1.

Table 1: Characteristics of ulcer

Parameters of ulcer	Findings
Site	Posterior aspect of the left leg (calf region)
Size	Approximately 20*9 cm
Margins	Irregular and inflamed
Granulation tissue	Absent
Pain	Localized pain at rest
Discharge	Seropurulent in nature
Odor	Unpleasant but tolerable
Burning sensation	Mild and localized
Itching sensation	Frequent and localized
Edema	Present (Pitting type)
Tenderness/temperature	Local tenderness and increased local temperature noted

Significant clinical improvement was observed in the patient over the treatment course. The size of the wound was reduced completely, resulting in a fibrous scar mark. Parameters such as pain, discharge, burning sensation, itching, and edema were completely resolved. More than 50% granulation tissue formation was noted, and discoloration was markedly reduced. Table 2.

Table 2: Comparison of Clinical Parameters Before and After Treatment

Assessment parameter	Before treatment	After treatment
Wound size	20*9 cm	Fibrous scar mark
Granulation tissue	Absent	Present, > 50%
Pain	Localized, even during rest	Pain
Discharge	Seropurulent	Absent
Burning sensation	Localized	Absent
Itching	Frequent	Absent
Edema	Pitting edema	Not present
Discoloration	Peripheral blackish hue	Mild lightning noted

DISCUSSION

The management of *dushta vrana* needs meticulous, stage-wise approach because it is difficult to treat and prone to recurrence. In the present case, based on clinical features the *vrana* exhibited *pitta* and *kapha* dominance. Wound healing is a complex process with phases as *shuddha vrana*, *rohata vrana*, *roodha vrana* [7]. The treatment adopted in the current study is adhered with *shashti upakrama* as explained by of *acharya Sushruta* [8]. Among the sixty *upakramas*, *parisheka*, *kashaya mrudu karma*, *daruna karma*, *krishna karma*, *bandha*, *ahara*, *sneha/ghrita prayoga*, *varnya lepa* and *shamana* were employed appropriately throughout different stages. The basic principle is to minimize the damage to the tissues and provide nutrients to the healing tissues and optimization of environment for rapid wound healing.

Parisheka (Wound Irrigation with kashaya)

Parisheka is especially indicated in *vrana shophya*, as *doshagni* gets subsided quickly by *parisechana*. *Kashaya* is indicated in *vrana* which is having *durgandha*, *kleda* and *picchila*. *Parisechana* was done with *kashaya* of *panchavalkala*, *Ishwari mula kwatha* and *guduchi kwatha* on subsequent visits [9] based on the dominant *doshas* and wound condition.

Kashaya 1 [Panchavalkala kwatha]– Exhibit *stambhaka*, *grahi*, and *rakta shodhaka* actions. Its *sheeta veerya* and *tikta-kashaya rasa* helped in reducing discharge and *pitta*-related inflammation¹⁰ and aided in *vrana shodhana*.

Kashaya 2 [Ishwari mula kwatha] – *Tikta rasa* and *teekshna guna*, it does *srotoshodhana* and promoted granulation tissue formation through improved circulation as it penetrates the drug to the surrounding tissue as well as to the vascular system there by enhanced the blood flow by removing the obstruction. Due to *rooksha guna* it imparted dryness and detachment of slough [11] thus promoted *vrana ropana*.

Kashaya 3 [Guduchi kwatha] – Indicated in *pitta-shleshma* conditions, it supported *nirameekarana*, *dhatu vardhana*, immune modulation, and provided *rasayana* effects. Aqueous extracts have been also reported to influence cytokine production, stimulate and activate immune effector cells [12] thus effective as *dhatu vardhana*.

Alepa

By *alepa / shamana* pain is quickly subsided, it also helps in resolution of swelling, cleanse the wound bed and aids in speedy purification (*utsadana*) and healing/granulation -*ropana* [13]. Here ointments like Grab, Obra skin and Eladi ointment was used as *alepa*.

Ointment 1 [Grab] contained *nimba*, *daruharidra*, *yashtimadhu*, *sariva*, *haridra*, *yashada bhasma* etc. which shows *putighna* (prevents foul smell), *kandughna* (prevents itching) and *lekhana* (cleansing property) properties thus augmented the *vrana shodhana*.

Ointment 2 [Obraskin] was selected for the next visit for the purpose of *vrana ropana*. Since it contains *jati*, *nimba*, *patola*, *haridra* which provided better wound contraction, epithelialization and granulation tissue formation and neovascularization.

Ointment 3 [Eladi]: with *ela*, *kushta*, *mamsi* etc. contributed to *twak prasdana* by detoxification and restoration of skin texture and tone in the final healing phase.

Bandhana (Dressing)

Alternate-day wound dressing using *jatyadi taila* and *yashtimadhu taila* facilitated effective wound bed cleansing and protection. The application of *bandhana*(dressing) maintained wound hygiene, preserved moisture, and promoted an optimal environment for healing [14].

Taila 1 [Jatyadi taila] – Contains *jati patra*, *haridra*, *daruharidra*, *tutha*, *lodhra*, *hareetaki*. *Tikta rasa*, *katu vipaka*, and *lekhana* actions, it helped *lekhana* by slough removal and *twak- mamsa sthireekarana* by enhancing the tensile strength enhancement. *Vrana shodhana* and *avasdana* properties are found in *katu vipaka* [15].

Taila 2 [Yashtimadhu taila] – Contained *tila taila*, *ksheera*, *yashtimadhu*, *dhatu*. Exhibited *lekhana*, *shoshana*, *sandhaneeya*, and *ropana* properties and *varnya* which served in *ropana* of *vrana* [15].

Oral Medications and Internal Therapies (Time Line)

A sequence of capsules and tablets was used based on the pathophysiological stage of *vrana* and patient's *dosha* status. **Table.3.**

First Visit (Shodhana phase): Fig.1,2,3.

Capsule 1 [Grab] Containing *vrana pahari rasa*, *gandhaka rasayana*, *arogy vardhini vati*, *guduchi*, *manjishtha* – targeted *putighna*, *kandughna*, and *lekhana* properties.

Tablet 1 [Nimbadi kashaya Tablet] *Tikta rasa*, *chedana*, *lekhana*, *shodhana* actions – effective in managing slough and discharge. [16]

Second Visit (Granulation Phase): Fig.4,5,6,7.

Capsule 2 [Kaishora guggulu] *guduchi*, *triphala*, *trikatu*, *dantimula*, *trivrut*, *vidanga*, *guggulu*, *go ghrita* exhibited *krimighna*, *rakta shodhaka*, and *srotoshodhaka* effects [17].

Tablet 2 [Gandhaka rasayana] *gandhaka*, *triphala*, *guduchi*, *nagakeshara*, *amalaki* – offered *vrana ropana*, *daha shamana*, and *kledahara* actions [18].

Third Visit (Tissue Restoration Phase): Fig: 8.

Fourth Visit (Dhatu vardhana Phase): Fig.9,10.

Patent Drug: [Infix Nano] has ingredients like *bhumiamalaka ghana*, *guduchi ghana*, *kala megha ghana*. Especially indicated in *shotha*, *kushta* and *vrana*. It shows broad-spectrum activity by a pool of organic and inorganic nanoparticles. It cleanses circulating endotoxins and treats pruritus, enhances tissue repair response in acute and chronic skin lesions [19].

Snehapana and Ghrita-based Formulations

Snehapana is indicated in patients with *upadrava*, *rookshata* in the *shareera*, *krushata* due to *vrana* [20].

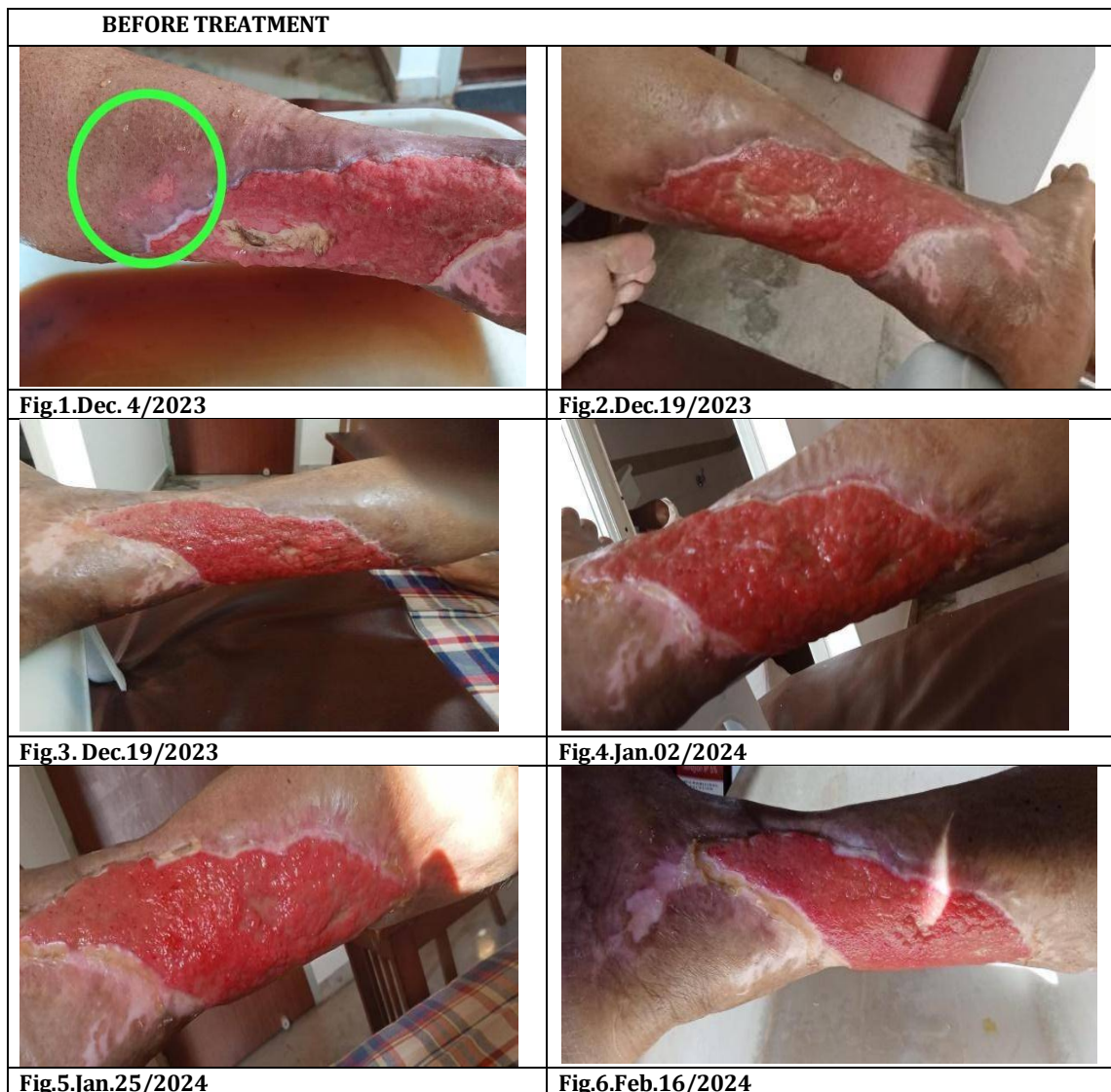
Guggulu tiktaka ghrita Capsule – Used in the later stage for *shamana snehapana*, especially in *rookshata* and *upadrava* caused by chronic wounds. *Tikta rasa* provided *shothahara* and *ropana* effects, regulating inflammation and aiding tissue regeneration [21].

Ahara (Dietary Advice)

The patient was advised *laghu* (light), *ushna* (warm), and *deepana* (digestive-stimulating) diet to support *agni* and tissue repair, minimizing *ama* and promoting *srotoshuddhi* [22].

Table 3: Time Line, Interventions, Duration, and Therapeutic Benefits

Visit	Oral Medication	External Application	Duration	Therapeutic Benefits
First Visit	<i>Amrutottara kashaya</i> - 15 ml with 15 ml warm water, twice daily	<i>Jatyadi Taila</i> + <i>Yashtimadhu Taila</i> for dressing	5 days	<i>Deepana, pachana</i> , initial <i>vrana shodhana</i>
Second Visit December - February	Grab capsule - 1 capsule, thrice daily. <i>Nimbadi kashaya Tablet</i> - 1 tablet, thrice daily	<i>Panchavalkala kwatha parisheka</i> Grab Ointment + <i>Obraskin ointment</i>	2 ½ months	<i>vrana shodhana, krimighna</i> , reduce discharge/infection
Third Visit March-May	<i>Kaishora guggulu</i> - 1 tablet, thrice daily. <i>Gandhaka rasayana</i> - 1 tablet, thrice daily	<i>Ishwari mula kwatha parisheka Eladi</i> Ointment	3 months	<i>Raktashodhana</i> , anti-inflammatory, promote <i>vrana ropana</i>
Fourth Visit June- August	<i>Guggulu tiktaka ghrita</i> Capsule - 1 capsule, twice daily. <i>Manjishtadi Kashaya Tablet</i> - 1 tablet, twice daily - <i>Infix Nano Tablet</i> - 1 tablet, twice daily.	<i>Guduchi kwatha parisheka</i> - Grab Ointment	3 months	<i>Raktashodhana, dhatuposhana, rasayana</i> , final wound healing
Dietary Advice	Easy digestible food- <i>peya, yavagu, mudga yusha</i> Ghee, Bitter vegetables			





CONCLUSION

Case study provides evidence for the adoption of *shashti upakrama* in the management of chronic, non-healing wounds (*dushta vrana*). Through a planned therapeutic regimen comprising of internal medications, external applications and dietary guidance, significant improvements were observed on both objective and subjective parameters, ranging from complete re-epithelialization, reduction of wound discharge, edema, pain, and discoloration, to restoration of the normal skin texture. The combined use of formulations such as *kaishora guggulu*, *gandhaka rasayana*, and *guduchi kwatha*, along with local therapies like *jatyadi taila* and *grab* ointment, facilitates wound debridement, immune modulation, and granulation tissue formation. The absence of adverse effects further highlights the safety and therapeutic promise of *ayurveda* interventions in chronic wound care.

List of Abbreviations: As such no abbreviations are used in this article. S1-First Heart Sound, S2- Second Heart Sound.

Ethical approval and consent to participate: Ethical approval is not applicable, as it is done at a non-institute level, at a private clinic on OPD basis, and consent to participate is already provided.

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Authors Contribution is mentioned in the provided file already.

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