

Prathibha M, Ananta S Desai, Basavaraj G Saraganachari, Poojashree N K, Navya R. A comprehensive approach to the management of venous ulcers (Vrana) – A case report. Jour. of Ayurveda & Holistic Medicine, Vol.-XIII, Issue-II (Feb. 2025).



Journal of Ayurveda & Holistic Medicine

<https://jahm.co.in>

eISSN-2321-1563

CASE REPORT

OPEN ACCESS

A COMPREHENSIVE APPROACH TO THE MANAGEMENT OF VENOUS ULCERS (VRANA) – A CASE REPORT

PRATHIBHA M^{1*}, ANANTA S DESAI², BASAVARAJ G SARAGANACHARI³, POOJASHREE N K⁴, NAVYA R⁵

¹ Ph.D. scholar, G.A.M.C. Bengaluru, Assistant Professor, Department of Panchakarma, Shri Dharmasthala Manjunatheshwara Institute of Ayurveda and Hospital, Bengaluru

² Professor & Head, Dept. of Panchakarma, G.A.M.C. Bengaluru

³ Professor and Head, Department of Panchakarma, ⁴ Second Year PG Scholar, Department of Panchakarma, ⁵ Second Year PG Scholar, Department of Shalaky Tantra, Shri Dharmasthala Manjunatheshwara Institute of Ayurveda and Hospital, Bengaluru

Corresponding Author Email: prathibhagbhat.7482@gmail.com

Access this article online: <https://jahm.co.in>

Published by Atreya Ayurveda Publications under the license CC-by-NC-SA 4.0

Submitted on- 24-01-25

Revised on- 18-02-25

Accepted on-20-02-25

ABSTRACT

Chronic ulcers, known as *Dushta Vrana* in Ayurveda, are structural deformities affecting the skin and deeper tissues, often presenting with pain (*ruja*), discharge (*srava*), and other symptoms due to *dosha* vitiation or trauma. Acharya Sushruta has outlined sixty methods for ulcer management, and despite advancements in conventional medicine, some chronic wounds remain unresponsive to standard treatments, necessitating alternative approaches. This case highlights the efficacy of Ayurvedic treatment in managing a chronic non-healing ulcer in a 67-year-old non-diabetic, non-hypertensive female with a two-year history of a foul-smelling ulcer on her right leg. Symptoms included darkened and thickened skin around the ulcer, bilateral foot swelling, cellulitis in the left leg, and sleep disturbances due to pain and restricted mobility. Ayurvedic interventions included *Sarvanga Utsadana*, *Bashpa Sweda*, *Sarvanga Parisheka*, *Manjishtadi Kshara Basti*, *Jaloukavacharana*, and regular wound dressing with Ayurvedic formulations. The treatment effectively healed the ulcer, alleviating associated symptoms such as foul odor, swelling, and pain, leading to restored mobility and an improved quality of life. The case underscores the potential of Ayurvedic therapies in managing chronic non-healing ulcers like *Dushta Vrana*, highlighting the need for larger-scale studies to establish standardized treatment protocols and validate Ayurveda's role in chronic wound management.

KEYWORDS: *Dushta vrana*, ulcer, *Manjistadi kshara basti*, *Jaloukavacharana*, Regular dressing.

1. INTRODUCTION

Dushta Vrana is a chronic ulcer that can manifest anywhere in the body due to *dosha* imbalance or trauma. According to *Acharya Sushruta*, *Vrana* is classified into *Agantuja Vrana* (trauma-induced) and *Nija Vrana* (*dosha*-induced). *Sushruta Samhita* describes *Dushta Vrana* as excessively covered (*Atisamvrita*) or uncovered (*Ativivrita*), too hard (*Atikathina*) or soft (*Atimrudu*), elevated (*Utsanna*) or depressed (*Avasanna*), hot (*Atyushna*) or cold (*Atisheeta*), discolored, ugly, painful, suppurative, and chronic. Venous leg ulcers result from chronic venous insufficiency due to venous valve dysfunction, causing 70-90% of chronic leg ulcers. If untreated, they can lead to cellulitis, gangrene, or amputation. Causes include DVT, obesity, injury, chronic constipation, and prolonged standing. Venous hypertension damages capillaries, leading to inflammation and delayed healing. Conventional treatments like wound dressing, compression therapy, skin grafting, sclerotherapy, and surgery have limitations. In Ayurveda, this condition correlates with '*Sira Janya Dushta Vrana*.' Numerous Ayurvedic formulations effectively treat ulcers and skin disorders. This case, with two years of chronicity and worsening despite conventional treatment, warranted an Ayurvedic approach.

2. CASE REPORT

2.1. Clinical findings: A 67-year-old homemaker, married, upper middle class non-diabetic, non-hypertensive female with a 10-year history of varicose veins and 2-year history of venous ulcers, previously treated with allopathy and skin grafting,

experienced recurrence of a non-healing wound on her right foot. The ulcer was painful, with sero-purulent discharge, skin thickening, and foot swelling. She also had a history of cellulitis in the left leg for 3 years, which affected her routine activities and led to weight gain, making walking difficult, requiring a wheelchair. She was admitted to Sri Dharmasthala Manjunatheshwara Ayurveda Hospital, Bengaluru. Demographic details of the Patient are mentioned in (Table 1), other History was taken with the Patient's informed consent

Table 1: Other History of the Patient

Past Medical History	H/o varicose vein since 10 years. known case of Hypothyroidism since 24years. cellulitis since 3 years. (left leg) Not k/c/o – DM /HTN
Past Surgical History	H/o Hysterectomy (2018)
Past Surgical History	Nothing contributory
Personal History	Diet : Mixed Appetite: Good Sleep : disturbed sleep Micturition : 4-5 times/day Bowel: 1-2 times /day

2.2 Diagnosis

The diagnosis was made based on the clinical findings. Varicosity on the right calf region tested positive for Trendelenburg test and negative for Mose's sign. A palpable pedal pulsation confirmed

it to be a varicose ulcer and differentiated it from a deep vein thrombotic ulcer. Doppler study

confirmed the absence of DVT

2.3 Investigations

TABLE -2 Venous Doppler Study

Both lower limbs venous Doppler study On 7/10/2024	<ul style="list-style-type: none"> • Incompetent bilateral sapheno-femoral junction • Diffuse subcutaneous and soft tissue edema in bilateral lower limbs • No evidence of Deep Venous thrombosis
Both lower limbs arterial Doppler study	<ul style="list-style-type: none"> • Below knee vessels could not be assessed due to diffuse soft tissue and subcutaneous edema

Table 3- Arterial Doppler Study

	Right PSV (cms/sec)	Flow Pattern	Left Psv (Cms/sec)	Flow pattern
Common Femoral artery	82	Triphasic	68	Triphasic
Superficial Femoral artery	47	Triphasic	33	Triphasic
Popliteal artery	40	Triphasic	20	Triphasic

2.5 Treatment given

Therapeutic intervention and oral medicines

The treatment approach was customized according to the patient's medical history, symptoms, and the particular Dosha and Dushya involved in the

disease presentation. An integrated treatment protocol was adopted, including *basti chikitsa*, *parisheka* and regular dressing. detailed treatment protocol and oral medications explained in Table 3.

Table 3. Intervention timeline

Plan of care	Procedure	1-15 days
<i>Niruha Basthi</i>	<i>Manjistadi kshara basti</i> Honey -80ml <i>Saindhava lavana-05gms</i> <i>Manjistadi taila -80ml</i> <i>Manjistadi ksharabasti kalka +Tripala churna+kapikachu churna -40gms</i> <i>Manjistadi Kashaya -300ml</i> <i>Dhanyamla+Gomutra -50ml+50ml</i>	On 2nd,4th and 6th day.
<i>Anuvasana Basthi</i>	<i>Yastimadhu taila -20ml</i> <i>Manjistadi taila -20ml</i>	On 1st ,3rd,5th,7th and 8th day

<i>Sarvanga utsadana</i> followed by <i>Nadi sweda</i>	with <i>udwarthana churna +tripala churna</i> mixed with <i>dhanwantara taila</i> and <i>tripala Kashaya</i>	✓
<i>Sarvanga parisheka</i> done upto bilateral knee joint	With <i>dashamoola Kashaya + Dhanyamla</i>	✓
Regular dressing	with MgSo4 + glycerin (left leg)- cellulitis Betadine+metrogl(right leg)- ulcer Wound wash was done using Sarshapa Arka	1 st and 2 nd days 3 rd day to 15 th day.
<i>Jaloukavacharana</i>	was done 2 sittings	On 1 st day and last day of treatment .
Oral medications	1. <i>Tripala Guggulu (1-1-1) AF</i> 2. <i>Nityananda rasa (1-1-1) AF</i> 3. <i>Chandraprabha vati (1-1-1) AF</i> 4. <i>Manjistadi Kashaya (10ml-10ml-10ml)</i> 5. <i>Kadirarista (10ml-10ml-10ml)</i> 6. <i>Amruttotara Kashaya (5ml-5ml-5ml)</i>	✓

3. OBSERVATIONS AND RESULTS

The following observations were made before and after the treatment.

- Pain - Before treatment - VAS score 3/10
After treatment - VAS Score 8/10

(The reduction in pain was quite significant)

- Weight - Before treatment – 106kg
- After treatment – 94.3 kg
- Swelling- Significantly reduced
- Discolouration – reduced



Fig.1a and 1b shows the ulcer before the treatment



Fig.2a and 2b shows the ulcer after the treatment

4. DISCUSSION

Varicose ulcers and their complications are a common and recurring problem. The primary objective of treatment is to reduce venous congestion, enhance tissue perfusion, and promote tissue healing. Typically, conservative management involves a conventional regimen of elastic stockings, leg elevation during rest, and calf muscle exercises, with most patients responding well to these methods. However, some ulcers become refractory to treatment, leading to significant disability and, in severe cases, the need for limb amputation.^[5,6]

the potential benefits of *Manjistadi Kshara Basti* in treating venous ulcers:

1. **Improves Circulation and Reduces Venous Congestion:** Venous ulcers often occur due to poor blood circulation and venous insufficiency. *Manjistadi Kshara Basti*, by improving the flow of blood and lymph, can help reduce venous congestion and enhance tissue perfusion, leading to improved oxygen and nutrient supply to the affected tissues.

2. **Promotes Wound Healing:** The herbs used in *Manjistadi Kshara Basti*, particularly *Manjistha*, are known for their wound-healing properties (*Vrana Ropaka*). These herbs support tissue regeneration and healing by reducing inflammation and promoting cellular repair, essential for healing venous ulcers.
3. **Cleanses and Detoxifies:** The *Kshara* (alkaline substance) used in the enema has cleansing properties (*Vrana Sodhaka*). It helps in detoxifying the body by removing accumulated toxins (*ama*) from the blood and tissues, which can impair healing and contribute to the formation of ulcers.
4. **Reduces Inflammation:** Chronic inflammation is a significant contributing factor to venous ulcer formation and persistence. The anti-inflammatory properties of *Manjistha* and other herbs used in the treatment help reduce swelling and inflammation around the ulcer, promoting faster healing and alleviating pain.
5. **Improves Blood Quality:** The *Rakta Shodhaka* (blood-purifying) properties of *Manjistadi Kshara Basti* help in enhancing the quality of

the blood, which is crucial for tissue regeneration. It ensures that the healing tissues receive adequate nutrients and oxygen, reducing the likelihood of further ulceration.

6. **Strengthens Blood Vessels:** The treatment also strengthens the blood vessels (*Raktaprasadaniya*), making them more resilient and improving overall circulation. This can help prevent the recurrence of venous ulcers by addressing the underlying cause of venous insufficiency.
7. **Immunomodulatory Effect:** The *Rasayana* (rejuvenating) properties of the treatment enhance the body's immune response, which is vital for preventing infections and promoting overall recovery.

Several studies have highlighted the benefits of *manjistadi kshara basti* and *Jaloukacharana* (leech therapy) in treating venous leg ulcers, showing promising outcomes. Ayurvedic medicine has demonstrated its potential in managing many chronic and challenging conditions. Ayurveda offers a variety of formulations designed to treat skin ailments. In the case at hand, a selection of Ayurvedic drugs was used that possess properties such as *Vrana ropaka* (wound healing), *Vrana sodhaka* (wound cleansing), *Rakta shodhaka* (blood purifying), *Sothahara* (anti-inflammatory), *Raktaprasadaniya* (haematinic), and those that strengthen blood vessels and have *Rasayana* (immunomodulatory) properties.^[7,8]

5.CONCLUSION

Venous ulcers, often linked to chronic venous insufficiency (CVI), result from impaired blood circulation and skin damage. Conventional treatments are costly and often ineffective. Ayurveda offers a holistic approach by improving circulation, strengthening veins, and promoting ulcer healing, with fewer side effects than conventional therapies. However, the lack of clinical evidence requires large-scale studies to validate Ayurvedic treatments. Well-designed research could provide insights into Ayurveda's effectiveness for venous ulcers, offering a cost-effective, holistic alternative and supporting the integration of traditional practices with modern medical care.

6. DECLARATION OF PATIENT CONSENT

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

7. CONFLICT OF INTEREST

Conflict of interest is declared none

8.REFERENCES

1. Yadavaji Trikamaji (editor). Charaka Samhita of Charaka, chikitsastana, chapter 1, verse no.6. 2nd edition, Varanasi; Chowkhambha Sanskrit Sansthan;2002:396

Prathibha M, Ananta S Desai, Basavaraj G Saraganachari, Poojashree N K, Navya R. A comprehensive approach to the management of venous ulcers (Vrana) – A case report. *Jour. of Ayurveda & Holistic Medicine*, Vol.-XIII, Issue-II (Feb. 2025).

2. Margolis DJ, Bilker W, Santanna J, Baumgarten M. Venous leg ulcer: incidence and prevalence in the elderly. *J Am Acad Dermatol*. 2002 Mar;46(3):381-386.
3. Das S. *Concise Textbook of Surgery*, 8th ed. Kolkata: S Das Publication; 2014. p.268-269.
4. Williams NS, Bulstrode CJK, O'Connell PR, editor. *Bailey & love's short practice of surgery*, 26th ed. FL: CRC press; 2013. p.908-911.
5. Bapat RD, Acharya BS, Juvekar S, Dahanukar SA. Leech therapy for complicated varicose veins. *Indian J Med Res*. 1998 Jun;107:281-284.
6. Samarnayake GVP, Pushpakuamr AAJ, Waliwita WALC. Case study of leech application in varicose ulcer. *International Journal of Scientific and Technology Research* 2016;5(5):260-262.
7. Anonymous. *Ayurvedic Formulary of India*, Part-I, 1st ed. New Delhi: Department of Indian Systems of Medicine and Homoeopathy, Ministry of Health and Family Welfare, Government of India; 2003.
8. Ratha KK, Aswani PS, Dighe DP, Rao MM, Meher SK, Panda AK. Management of Venous Ulcer through Ayurveda: A Case Report. *J Res Ayurvedic Sci* 2018;2(3):202-208.

Access this article online - <https://doi.org/10.70066/jahm.v13i2.1568>



CITE THIS ARTICLE AS

Prathibha M, Ananta S Desai, Basavaraj G Saraganachari, Poojashree N K, Navya R. A comprehensive approach to the management of venous ulcers (Vrana) – A case report. *J of Ayurveda and Hol Med (JAHM)*. 2025; 13(2):49-55

Conflict of interest: None

Source of support: None