

Case Report



Ayurvedic management of *Dushta Siraj Vrana* (Venous Ulcer): A case report.

¹Tanuja Bagankatter Manjappa, ²Lohit Kalal, ³Rajimunnisa Begam Shaik, ⁴*Devaki Raghavendra Sunil Kumar

ABSTRACT:

Background: A venous ulcer (varicose ulcer/stasis ulcer) is a wound that occurs due to inappropriate functioning of the venous valve, usually of the leg. It is regarded to be the most serious complications of chronic venous insufficiency and is a nightmare for suffering patient. If the management wasn't properly done, the ulcer might be infected causing pain, swelling, redness, pus formation, cellulitis, gangrene, mobility loss, and eventually may need amputation. However, the recurrence of venous ulcers is a common clinical challenge. Debridement, wound dressings, use of antiseptic solutions, analgesics, administration of antibiotics form the conventional line of surgical management. There is no such protocol that enhances the wound healing property in contemporary science. Ayurveda literature correlates, this condition to *Dushta Siraj vrana* (non-healing ulcer). *Kshara karma* (application of caustic alkali), one among *Shasti Upakramas* (sixty procedures), was explained by *Ayurvedacharyas* for the effective treatment of *Dushta vrana*. In the present case study, we have prepared and used *Palasa Kshara*, as per classical references. **Clinical findings:** Edematous venous ulcer wound size - 6x3cm; Depth - 2.2cm was treated with *Palasha kshara pratisarana* (application of caustic alkali paste made of *Butea monosperma*) to the patient, suffering with the history of five months. **Outcomes:** In 30-day treatment duration with one follow-up post-treatment the slough was completely removed, and this aided in wound healing. No adverse events were seen. **Conclusion:** A case of *Dushta Siraj Vrana* was effectively treated using *Palasa Kshara Pratisarana*, dressing with *Jatyadhi ghrtha* and supportive internal medications *Gandhaka Rasayana*, *Triphala guggulu* followed by debridement. No adverse effects seen during 1 month treatment period and a follow up. This case study proves the potential of *Palasha kshara pratisarana* in *Dushta Siraj vrana management*. Comparative clinical studies, Randomized controlled trials can be initiated using *Palasha Kshara pratisarana* in Venous ulcers.

KEYWORDS: *Palasha kshara pratisarana*, *Shashti Upakramas*, Venous ulcer, *Dushta vrana*, *Kshara karma*, Case Report.

RECEIVED ON:

20-08-2025

REVISED ON:

03-10-2025; 10-10-2025

ACCEPTED ON:

21-10-2025

Access This Article Online:

Quick Response Code:



Website Link:

<https://jahm.co.in>

DOI Link:

<https://doi.org/10.70066/jahm.v13i9.2293>

Corresponding Author Email:

dr.sunil.devaki@gmail.com

CITE THIS ARTICLE AS

Tanuja Bagankatter Manjappa, Lohit Kalal, Rajimunnisa Begam Shaik, Devaki Raghavendra Sunil Kumar. Ayurvedic management of *Dushta Siraj Vrana* (Venous Ulcer): A case report. *Journal of Ayurveda and Holistic Medicine (JAHM)*.2025;13(9):140-146.



1. INTRODUCTION

A venous leg ulcer, stasis ulcer, is considered to be the severe presentations of chronic venous insufficiency. [1] Venous ulcer accounts for 70-90% of chronic leg ulcers. [2] Patients experience severe pain, impaired work capacity, sleep reduction, reduced mobility having this condition. [3] Patients often tend to avoid socializing due to the risk of injury. Improper functioning of venous valves prevents back flow of blood, causing pressure in the vein. This leads to significant arterial pressure reduction, resulting in no effective pumping of blood to the affected area. This increased pressure within the vein leads to increased tension, resulting to a venous ulcer. [4] Venous ulcers are primarily due to increased intravenous pressure. Other causes include deep vein thrombosis, those suffering with chronic constipation, and certain occupations that require prolonged standing etc. If left untreated, these ulcers become infected, manifesting with symptoms such as pain, swelling, redness, and pus discharge. This infection may progress to complications such as cellulitis or gangrene, which may impair the mobility. This condition may potentially necessitate amputation of the limb affected. In conventional surgical practice, wounds are managed by debridement, antiseptic solutions, administration of antibiotics, and use of analgesics. Wound dressing is done with foam, hydrogels, hydrocolloids, silver, and iodine. [5] There is no such protocol that enhances the wound healing property in contemporary science. *Acharya Sushruta* explained *Dushta Vrana clinical presentation in detail*, and on that basis, a comparison of this case was made with *Dushta Vrana*. [6] To

facilitate good tissue approximation, and ensure early healing, with a minimal acceptable scar and without complications, he explained *Shashti Upakrama*, for the management of *Dushta varna*. Among them *Kshara karma stands priority in this condition*. [7] *Kshara karma* is of 2 types, i.e., *Paneeya Kshara* (Alkali for Internal administration) and *Pratisaraneeya Kshara*. (Alkali for external application). [8] Ayurveda emphasizes the use of *Pratisaraneeya Kshara* in *Dushta Vrana*, i.e., wounds that have features of elevated muscular growth, which are hard, itchy, chronic in nature, and that are difficult to clean. In this present case study, the prepared *Palasa Kshara Pratisarana* as per classics in the teaching Hospital at SJGAMC Koppal, Karnataka is used and was evaluated for its efficacy in the management of *Dushta varna with special reference to venous ulcer*. *Case studies that adopt a systemic approach right from the preparation as per classical texts with proper quality control parameters checked before any treatment will add additional value to the existing research*.

2. CASE REPORT:

A 32 years old male presented to Shalya OPD (OPD number: OP00127) with chief complaints of non-healing ulcer over the dorsum of right foot associated with pus discharge and pain since five months. Patient was apparently normal five months ago, later in he met with trauma with sustained injury to dorsum of the right foot. He observed that the wound was gradually increasing in size associated with pus discharge and pain. In this condition, he consulted Shalya Tantra OPD for Ayurvedic management. Based on symptoms and history given by patient, he was diagnosed as *Dushta*

Vrana. There was no history of drug allergy, hypertension, T2DM, TB, or any other systemic disorders.

Clinical Findings

Local Examination

On Inspection: Site - Dorsum of the right foot; 1 wound; Shape – Ovoid; Edge – Edematous; Wound size - 6x3cm; Depth-2.2cm; Discharge - Pus discharge ++; No Foul smell.

On Palpation: Tenderness – Present; Local rise in temperature was present.

Investigations: CBC (Hb - 15gm%; WBC - 14,000; Platelet count - 1.38 Lakh)



SEROLOGY: HBsAg – Negative; HIV I & II – Negative; HCV – Negative.






All the vitals were noted before and after the procedure were in normal limits.

Intervention: The treatment was planned as per *dushta siraj vrana* line of management described in Ayurveda classics which include *Lekhana, Sodhana, Vrana Ropana, Krimighna* etc activity with due importance to dosha involvement. Priorly debridement was done taking all aseptic precautions. Later *Palasa Kshara Pratisarana* was performed with a gap of 1 week for a period of 5 weeks. In every sitting, dressing was done using *Jatyadhi ghrtha*. During this period internal medication of Tab. *Gandhaka Rasayana* 300mg (Dhootpapeshwar pharmacy) and Tablet *Triphala guggulu* 300mg(Dhootpapeshwar pharmac) was given as supportive management. The intervention was detailed in Table: 1

Adherence: Patient was adherent to the treatment regimen and reported to the OPD on timely basis. Patient was asked to report for any adverse effects during treatment and follow up period.

Table 1: Timeline of Intervention

Date Of Treatment	Clinical Findings	Treatment	Photos
2 nd January, 2024	<ul style="list-style-type: none"> 1st Visit to OPD. Diagnosed as <i>Dushta Vrana</i>. 	<ul style="list-style-type: none"> Planned for <i>Palasha Kshara Pratisarana</i>. Cleaning of ulcer with Betadine and normal saline. Ulcer was kept open. 	
5 th January, 2024	<ul style="list-style-type: none"> Pus discharge. Tenderness present. Pain over dorsum of foot. Slough is present. 	<ul style="list-style-type: none"> Under all aseptic precautions wound debridement was done. 1st sitting of <i>Palasha kshara Pratisarana</i>. Dressing done with <i>Jathyadi ghrta</i>. <p>Internal Medications:</p> <ol style="list-style-type: none"> Tab. <i>Gandhaka Rasayana</i> 300mg per oral– 1TID (After food) Tablet <i>Triphala guggulu</i> 300mg per oral 1TID (After food) 	
12 th	<ul style="list-style-type: none"> Pain and tenderness over 	2 nd sitting of <i>Palasha kshara Pratisarana</i> .	

January, 2024	<ul style="list-style-type: none"> dorsum of foot is present. Pus discharge present. 	<p>Slough removed completely.</p> <p>Healthy granulation tissue observed.</p> <p>Dressing done with <i>Jathyadi ghrita</i>.</p> <p>Internal Medications:</p> <ol style="list-style-type: none"> 1.Tab. Gandhaka Rasayana 300mg per oral– 1TID (After food) 2. Tablet <i>Triphala guggulu</i> 300mg per oral 1TID (After food) 	
18 th January, 2024	<ul style="list-style-type: none"> Ulcer started healing. Mild pus discharge present. 	<p>3rd sitting of <i>Palasha kshara Pratisarana</i>.</p> <p>Dressing done with <i>Jathyadi ghrita</i>.</p> <p>Internal Medications:</p> <ol style="list-style-type: none"> 1Tab. Gandhaka Rasayana 300mg per oral– 1TID (After food) 2. Tablet <i>Triphala guggulu</i> 300mg per oral 1TID (After food) 	
26 th January, 2024	<ul style="list-style-type: none"> Mild pain and tenderness persist. Pus discharge absent. 	<p>4th sitting of <i>Palasha kshara Pratisarana</i>.</p> <p>Dressing done with <i>Jathyadi ghrita</i>.</p> <p>Internal Medications:</p> <ol style="list-style-type: none"> 1.Tab. Gandhaka Rasayana 300mg per oral– 1TID (After food) 2. Tablet <i>Triphala guggulu</i> 300mg per oral 1TID (After food) 	
2 nd February, 2024	<ul style="list-style-type: none"> Patient was feeling better. No pus discharge. Pain and tenderness reduced. 	<p>5th sitting of <i>Palasha kshara Pratisarana</i>.</p> <p>Dressing done with <i>Jathyadi ghrita</i>.</p> <p>Internal Medications:</p> <ol style="list-style-type: none"> 1Tab. Gandhaka Rasayana 300mg per oral– 1TID (After food) 2. Tablet <i>Triphala guggulu</i> 300mg per oral 1TID (After food) 	
12 th February, 2024 (Follow Up)	<ul style="list-style-type: none"> Completely healed ulcer with minimal scar. 	<ul style="list-style-type: none"> All procedures and internal medications were stopped. 	

Follow-Up And Outcomes: Total 30 days duration of treatment on OPD basis showed a marked improvement with no any adverse effects. A follow up after 10 days showed a complete healed Ulcer.

3. DISCUSSION:

Palasa Kshara prepared at the teaching hospital of SJGAMC as per Ayurveda Classics enabled a close

monitoring of the preparation. Also this enables the skill enhancement of classical preparations, which ultimately will have a better clinical efficacy.

Preparation Method of Palasha Kshara depicted in Figure:1. [9]

Materials Required.

1. *Palasha panchanga* - 10kg

2. Water – 6 liters.
3. *Shukti* – 50 gms
4. *Sudha* – 50gms.
5. *Chitraka moola kalka* – 10 gms.

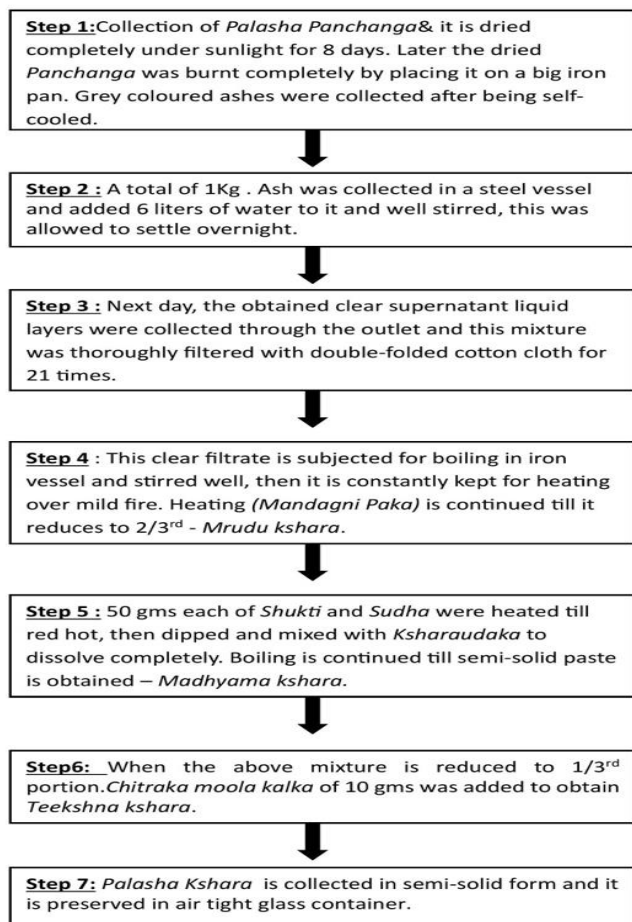


Figure 1: Flow chart Depicting *Palasha Kshara* Preparation

The finished product is subjected for Physico- chemical parameters and was used in the present case study.

Table 2: Physico- Chemical Parameters of *Palasa Kshara*

Sl.No.	Parameters	Results
1	pH	10.56
2	Loss on Drying	14.5%
3	Total ash value	79.85%
4	Acid- Insoluble Ash	0.5%
5	Water Soluble value	78.3%

In this case we have observed clinical features of *Dushta Varna* having *Kapha pradhana tridosha* involvement like pus discharge, edematous edges, base with slough, so we adopted *Palasha Kshara Pratisarana* for removing the slough. The line of management of *dushta vrana* should include *Vrana Sodhana* and *Ropana*. [10] *Palasha* has *Katu (pungent), Tikta (bitter), Kasaya (astringent) rasa, Ruksha (rough) and Laghu (light) guna, Ushna veerya, Katu vipaka* & does the *Deepana, Krimighana (anti-parasitic), Kustagana, Kandughna (anti-pruritics)* etc, *Karmas*. [11] *Kshara* has the properties like *Tridoshaghna, Chedana (excision), Bhedana (cutting), Vilayana (liquification), Shoshana (moisture absorbing), Lekhana (scraping), Kriminashana (antimicrobial), Shodhana (purification) and Ropana (healing)*. [9] So *Kshara* which has *Lekhana, Tridoshaghna* properties are helpful in removing slough and thus enhanced wound healing. Thus *Palasha Kshara Pratisarana* helped in the treatment which completely removed the slough in 14 days of duration. Healthy granulation tissue growth has been observed after 2nd sitting of *Palasha kshara pratisarana*. To achieve *Ropana* property for wound, regular dressing for 30 days has been done using *Jathyadi Ghrita*. [12] Wound achieved complete healthy status in 14 days. Researches shown *Palasa Kshara* has wound healing activity, anti-inflammatory activity, anti-microbial activity, anti-fungal activity, anti-oxidant activity by virtue of which venous ulcer has been treated successfully. [13] *Gandhaka Rasayana and Triphala Guggulu* internal administration had a supportive role along with main line of treatment. *Gandhaka Rasayana* has the properties of *krimighna,*

vranasodhana, vranaropana, raktasodhana. [14]

Triphala Guggulu is well established formulation with properties as *Shodhana, Lekhana, Shothahara, Medoghna, Vrana Ropana, Agnideepana & Amapachana*. This case study highlighted the efficacy of *Palasha Kshara Pratisarana* in *Dushta Varna* also in line with the basic fundamental principles of treatment of *Dushta Varna* which cannot be healed in its *Dushta Avasta*. To achieve the healthy condition of the wound *Palasha Kshara Pratisarana* along with other supportive medication gave the best result.

4. CONCLUSION

Complete healing of *Dushta Vrana* within one month of treatment protocol, without recurrence was noted during follow up. Basic surgical principles like *Lekhana, Sodhana* and *Ropana karma* was applied in the management of *Dushta vrana*. The effect of *Palasha kshara pratisarana* in *Dushta vrana* played a significant role. *Jatyadhi ghrtha* promoted the wound healing activity (*Ropana Karma*). *Gandhaka Rasayana* and *triphala guggulu internal* administration by virtue of their well-established action in *dushta vrana* chikitsa had a supportive role in management. The patient showed good adherence, and there were no adverse effects reported during treatment and follow-up period. This study shows the efficacy of *Palasa Kshara Pratisarana* in the management of *dushta vrana* with no adverse effects. Further Studies including Comparative clinical trials, Randomized Controlled Trials can be initiated with good sample size.

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.

Patient perspective - Patient gave a review stating that the wound is very troublesome initially and he has taken other oral treatments but has not solved, so consulted here and took treatment. I started observing healing of wound from second sitting itself and now the wound has almost completely healed; just scar mark is left at the site now.

Authors Details:

¹PG Scholar Department of Shalya Tantra, SJG Ayurveda Medical College, Hospital, Koppal, Karnataka, India

²Associate Professor, Department of Shalya Tantra, SJG Ayurveda Medical College, Hospital, Koppal, Karnataka, India

³Associate Professor, Department of Manasa Roga, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belgavi, Karnataka, India.

^{4*} Associate Professor, Department of Kayachikitsa, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belgavi, Karnataka, India.

Authors Contribution:

Drug Preparation: Dr TBM, Dr LK, Dr DRSK.

Conceptualization and Clinical Management: Dr LK, Dr DRSK, Dr RBS.

Writing Original Draft: Dr TBM, Dr RBS, Dr LK, Dr DRSK

Reviewing & Editing: Dr DRSK, Dr TBM, Dr RBS, Dr RBS.

Approval of Final Manuscript: All the Authors.

Conflict of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

Additional Information:

Authors can order reprints (print copies) of their articles by visiting:

<https://www.akinik.com/products/2281/journal-of-ayurveda-and-holistic-medicine-jahm>

Publisher's Note:

Atreya Ayurveda Publications remains neutral with regard to jurisdictional claims in published maps, institutional affiliations, and territorial designations. The publisher does not take any position

concerning legal status of countries, territories, or borders shown on maps or mentioned in institutional affiliations.

REFERENCES:

1. Azar J, Rao A, Oropallo A. Chronic venous insufficiency: a comprehensive review of management. J Wound Care. 2022;31(6):510-9. <https://doi.org/10.12968/jowc.2022.31.6.510>
2. Pratibha M, Desai AS, Sarangachari BG, Poojashree NK, Navya R. A comprehensive approach to the management of venous ulcers (Vrana): A case report. J Ayurveda Hol Med. 2025;13(2):49-55. <https://doi.org/10.70066/jahm.v13i2.1568>
3. Khanna AK, Kumar S. Venous scenario in India. Indian J Surg. 2023;85(Suppl 1):1-6. <https://doi.org/10.1007/s12262-021-02949-1>
4. Vasudevan B. Venous leg ulcers: Pathophysiology and classification. Indian Dermatol Online J. 2014;5(3):366-70. <https://doi.org/10.4103/2229-5178.137819>
5. Norman G, Dumville JC, Westby MJ, Stubbs N, Soares MO. Dressings and topical agents for treating venous leg ulcers. Cochrane Database Syst Rev. 2017;3:CD012583. <https://doi.org/10.1002/14651858.CD012583>
6. Shastri A, editor. Sushruta Samhita with Ayurveda Tattvasandipika Hindi Commentary. Sutra Sthana; Chapter 22, Verse 7. Reprint ed. Varanasi: Sanskrit Samsthana Prakashana; 2018;123.
7. Roja LD, Caroline, Hugar RS. Shashti Upakrama in the management of geriatric wound care. Int J Trend Sci Res Dev. 2022;6(3):852-6. Available from: www.ijtsrd.com/papers/ijtsrd49426.pdf
8. Shastri A, editor. Sushruta Samhita with Ayurveda Tattvasandipika Hindi Commentary. Sutra Sthana; Chapter 11, Verses 6-18. Reprint ed. Varanasi: Sanskrit Samsthana Prakashana; 2018;46-8.
9. Kumari M, Tukaram D. Management of Mutrashmari (urolithiasis) with Palasha Kshara and Ashmarihara Kwatha: An open-labelled placebo-controlled clinical trial. Ayu. 2022;43(2):54-9. https://doi.org/10.4103/ayu.AYU_225_19
10. Patil B, Gopikrishna B. The effect of Virechana and Vranaharini Taila Vrana Basti in varicose ulcer (Dushta Vrana): A case study. J Ayurveda Hol Med. 2023;11(6). <https://doi.org/10.70066/jahm.v11i6.922>
11. Soni S, Asutkar S, Upadhyay SK, Kadav AP. Concept of Kshara and its sources in Ayurveda: A critical review. Int J Life Sci Pharma Res. 2023;13(6):L72-85. <http://dx.doi.org/10.22376/ijlpr.2023.13.6.L72-L85>
12. Gupta V, Tyagi A, Bhatnagar A, Singh S, Gaidhani SN, Srikanth N. Topical application of Jatyadi Ghrita and Jatyadi Taila accelerates wound healing in Sprague-Dawley rats: A study in gamma-radiation-induced skin wound model. Int J Radiat Biol. 2021;97(7):1003-19. <https://doi.org/10.1080/09553002.2021.1913526>
13. Suryawanshi RS, Urmaliya N. Review article of Palash Kshar. Int J Food Nutr Sci. 2022;11(12):9068-79. Available from: <https://ijfans.org/uploads/paper/789095d527f6e4c03808c347f21a6394.pdf>
14. Mundugaru R, Ballal SR, Bhat S, Basavaiah R. Chronic toxicity studies of Gandhaka Rasayana – A herbo-mineral preparation used in Ayurvedic practice. J Ayurveda Integr Med. 2021;12(4):673-81. <https://doi.org/10.1016/j.jaim.2021.05.011>