

## Case Report



### Management of *Dushta Vrana* (Venous Leg Ulcer) with Oral Ayurvedic medicine and *Murivenna Taila Vrana Basti*: A case report

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#### ABSTRACT:

**Background:** Venous leg ulcer is the complication of varicose vein and deep vein thrombosis. Venous leg ulcer occurs the incidence of post-thrombotic damage, superficial and deep vein incompetence. The symptoms of venous leg ulcer are thickening, chronic inflammation, induration, discharge, pain and discoloration of the skin then it forms blister around the ankle, due to the venous hypertension and trauma it may convert in ulcer. In *Ayurveda*, venous leg ulcer can be correlated with *Dushta Vrana*. *Maha Ruja* (Severe pain), *Pooti Gandha* (foul smell) are mentioned among the symptoms of these, which were clearly observed in the mentioned case. In classics there is various references regarding the use of *Vrana Basti Karma* (Oil pooling on wound). *Vrana Basti* is considered as one of the best modalities of *Shthanika Shodhana* and *Ropan* of *Vrana*. **Clinical finding:** A 53-year old male patient who presented with complaints of venous leg ulcer in medial aspect of left ankle to shin of tibia associated with pain, discharge, slough, swelling, itching and discoloration of the skin for 2.6 years has been taken for the current study. **Intervention:** Proper history taking and examination was done and patient was treated with *Gandhak Rasayan* 1 BD and *Triphala Guggulu* 1 Bd orally followed by *Vrana Basti* with *Murivenna Taila* over the site of *Vrana*. **Outcomes:** The treatment was beneficial results in pain, discharge, slough, swelling, itching caused by *Dushta Vrana*, as well as it completely healed the ulcer in 70 days. **Conclusion:** The Ayurvedic treatment protocol is useful in preventing recurrence of the symptoms. *Murivenna Taila* used to do *Vrana Basti* in this particular case has properties of *Krimighana*, *Kanduhar*, *Shothahar*, *Lekhana*, *Kapha Vata Shamana*, *Sodhan*, *Ropana*, etc. due to virtue of these properties it helps in fast and complete healing of the ulcer.

**KEYWORDS:** Case report, *Dushta Vrana*, *Murivenna Taila*, Venous leg Ulcer, *Vrana Basti*.

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## 1. INTRODUCTION

Venous leg ulcer is the complication of varicose vein and deep vein thrombosis. [1] Venous leg ulcer occurs the incidence of post-thrombotic damage, superficial and deep vein incompetence. [2] It may develop slowly or suddenly. The symptoms of venous ulcer are thickening, chronic inflammation, induration, discharge, pain and discoloration of the skin then it forms blister around the ankle, due to the venous hypertension and trauma it may converts in ulcer. [3] When it comes to boundaries, *Sushruta* says *Vrana Vinishcayartham* is the essence of *Shalya Tantra*. [4]

In classics there is various references regarding the use of *Vrana Basti Karma* [5] (Oil pooling on wound). Many studies have been done on *Vrana Basti* for the *Sthanika Shodhana* and *Ropan* of *Vrana* which has shown significant results in *Vrana* so it is considered as one of the best modalities of *Sthanika Shodhana* and *Ropan* of *Vrana*.

## 2. CASE REPORT:

**Patient Information:** A 53-year-old male patient was diagnosed as *Dhusta Varna* (Venous leg ulcer) in the left foot in the last 2.6 years and started taking treatment from at Mahatma Gandhi Ayurved College, Hospital and Research

Centre Salod, Wardha with OPD no 2408050007 from 05/08/2024 to 14/10/2024. The patient presented with the complaints of Pain, ulcer and discharge in the left foot in the last 2.6 years associated with itching sensation and discoloration in the left foot. Patient is known case of hypertension and taking treatment. There is no significant family history; he was under stress, disturbed social and personal life as he was feeling difficulty in performing his routine activities. Patient took treatment from modern medicine by surgical specialist. He had taken antibiotics (Cefixime 200mg BD for 15 days), local application (Povidine-Betadine ointment) and Pain killer (Aceclofenac, paracetamol with Serratiopeptidase) for 15 days. After completion of treatment, he did not get full relief. Then he came to the Mahatma Gandhi Ayurved College, Hospital and Research Centre Salod, Wardha for *Ayurvedic* diagnosis and treatment. The Past medical history of the patient suggested that there was no major systemic illness. Personal history suggested that patient is on anti-hypertensive medications for the past 4 years, addiction of tobacco chewing for 10 years. Previous treatment history suggested that he has shown to modern hospital and got advice for skin grafting.

**Table 1: Timeline of events**

Date	Name of Events	Detail of events
05/02/2022	Initial symptoms appeared	Pain, Discharge, Itching, Ulcer, Discolouration
05/08/2024	First clinical consultation and diagnosis	Daigned as Venous Leg Ulcer
05/08/2024	Baseline investigations performed	CBC, ESR, CT, BT, HIV, HBSAG
05/08/2024	Treatment initiated	Vrana Basti and Oral medication
12/08/2024	Follow-up evaluation (response assessed)	Granulation tissue formation, decrease size of ulcer, reduced itching, pain, and slough
14/10/2024	Subsequent follow-up with improvement	Ulcer healed with scar, no pain, itching, discharge, and slough.
15/10/2024	Current clinical status stable	Ulcer Healed and patient recovered with all symptoms

### Clinical findings:

The general examination of the patient was well built and nourished. Systemic examination showed that the patient was conscious and well oriented to time and place. Vital signs revealed a blood pressure of 134/90 mm of Hg, and pulse rate

was 82 beats per minute, Respiratory rate was 18 breaths per minute and body temperature was normal (98.6 °F).On palpation the ulcer and surrounding tissue tenderness present, temperature was raised from normal area. No induration was present and floor is dark reddish in colour,

ulcer base was on adherent to bone and multiple lymph nodes were involved.

**Table 2: Clinical Examination**

Sl.no.	Features	Findings
1.	Site	Left medial malleolus to on the shin of tibia medially
2.	Size (LxWxD)	18x5.3x1.3 cm
3.	Shape	Uneven shape
4.	Number	01
5.	Edge	Irregular and everted
6.	Margin	Irregular
7.	Slough	++
8.	Colour	Yellowish and dark red colour
9.	Discharge	Watery discharge
10	Tenderness	Present

**Diagnostic Assessment:** On the basis of complaints and clinical findings gangrene, DVT, Diabetic foot was taken as differential diagnosis. Based on history of patient we did not find any symptoms of Gangrene, DVT and diabetic foot. [Table 2] So, the case was diagnosed as leg ulcer due to its site and appearance (Figure1). After overviewing the symptoms like Pain, ulcer, swelling and discoloration in the left medial aspect of lower limb the present case was diagnosed as Venous leg ulcer and colour doppler study of Left foot it has confirmed that. In Ayurveda it is considered as *Dushta Vrana* So treatment was planned accordingly. Overall prognosis of the disease is difficult to treat expected delayed healing and recurrence rate.

**Table 3: Differential diagnosis**

Sl.no.	Diagnosis	Findings
1.	Diabetic foot	Typically, on feet, heels or bony prominence, painless, often with callus formation
2.	Deep vein Thrombosis	Swelling, Pain, redness and tenderness, warmth and visible vein
3.	Gangrene	Skin discoloration, sever pain, numbness, swelling, foul smelling and discharge

**Therapeutic intervention:** The treatment plan was developed using an *Ayurvedic* approach. The prognosis, potential complications, and risks to the patient were thoroughly explained to the patient's relatives, and treatment was initiated after obtaining their consent and investigations. The patient received only *Ayurvedic* medications, including *Vrana Basti*. The patient was undergone *Vrana Basti* by *Murivenna Taila* for 69<sup>th</sup> Days followed by dressing with *Murivenna Taila* till 69<sup>th</sup> days on the OPD basis daily. He was advised oral medication like *Gandhak Rasayan* 1 BD and *Triphala Guggulu* 1 Bd till ulcer get completely healed. [Table no. 4]

**Interventional SOPs:**

***Varana Basti* SOP:** The patient will be asked to lie down on the table in a comfortable position. The wound will be cleaned with normal saline, taking all sterile precautions. After this, the slough will be removed and Venous Leg Ulcer will be dried by a cotton plug using mosquito forceps. After that *Masha Pishti* wall will be raised of 2-3 cm height and about 0.5 cm thickness. Then *Murivenna Taila* will be taken in bowl and warm it on hot water until it becomes lukewarm (38°C-42°C). After lukewarm *Murivenna Taila* will be poured into the wound hole by using the spoon. When the *Taila* becomes cooled, it will be taken out and pour the warm *Taila* again. This procedure will be done for 20 minutes. Finally, *Taila* will be removed and *Masha Pishti* will be removed and dry cloth will be kept and wrapped. This process is done once a day till venous leg ulcer gets healed completely.

**Timeline:** Before starting Ayurveda treatment written informed consent from the patient was taken and careful examination was done on 05/08/2024. The management was planned on the lines of *Vranachikitsa* with predominant of *Dosha* aimed at controlling the *Doshas*. Treatment was planned to executed on the *Vrana Basti Chikitsa* (05/08/2024 to 14/10/2024). As follows- Table 4

**Table 4: Timeline of Intervention**

Plan of care	Procedure	No. Of days
<i>Vrana Basti</i>	<i>Vrana Basti</i> with <i>Murivenna Taila</i> [Kerala Ayurveda Batch no. KP9BAN]	05/08/2024 to 14/10/2024
Regular Dressing	Ulcer Was Cleaned with gauze piece, after <i>Vrana Basti</i> Dressing Was Done <i>Murivenna Taila</i>	05/08/2024 to 14/10/2024
Oral Medication	<i>Gandhak Rasayan</i> 1BD with normal water (Dhootpapeshwar, batch no. DU282401(A) <i>Triphala Guggulu</i> 1BD with normal water (Dhootpapeshwar, batch no. DU192401)	05/08/2024 to 14/10/2024

### 3. FOLLOW UP AND OUTCOME

Follow up was continued and parameter was taken and observed on every 7<sup>th</sup> day of *Vrana Basti* end ulcer was examined. Clinical outcomes complete resolution of pain,

slough, itching and serous discharge from ulcer was achieved in 21 days of *Vrana Basti*. Complete ulcer healing was noted on 70<sup>th</sup> days of treatment. Detail follow-up wise observations presented in [Table 5](#).

**Table 5: Follow up and Outcomes**

Symptoms	Before <i>Vrana Basti</i>	Day 7	Day 14	Day 21	Day 28	Day 35	Day 42	Day 49	Day 56	Day 63	After completion
Pain	+++	++	+	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Slough	++	+	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Itching	+++	++	+	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Serous discharge	+++	+	+	Absent	Absent	Absent	Absent	Absent	Absent	Absent	Absent
Granulation tissue	Absent	Present	Present	Present	Present	Present	Present	Present	Present	Present	Healed
Size of the wound LxWxD (cms)	18x5.3x1.3 cms	18x5.1x1.3 cms	18x4.9x1.1 cms	15.6x4.7x1.1 cms	14.6x4.2x1 cms	12.6x2.7x1 cms	10.2x2x0.9 cms	8.8x1.7x0.5 cms	5.6x1.1x0.3 cms	2.1x1x0.3 cms	Completely Healed

**Adherence:** It is assessed by pill count method and patient self-reporting.

Patient was assessed on every weekly basis till 70<sup>th</sup> day and patient. His response was recorded in CRF at every follow up.

**Tolerance:** *Vrana Basti* and oral medications tolerated well. Treatment tolerance was assessed through weekly follow-up visit, evaluating local and systemic reactions including pain,

burning sensation, irritation, worsening of ulcer condition, and any new symptoms.

**Adverse effects:** Patient was asked to report for any adverse effects during treatment and follow up period. There was no adverse effect found in patient during and after treatment by this medicine.

#### 4. RESULT:



Figure 1: Before treatment, During Treatment and After Treatment of venous leg ulcer

#### 5. DISCUSSION:

In previous work on varicose ulcer by *Vrana Basti* with *Vranaharini Taila* and *Virechana Karma* shown good result as new substitute for *Dushta vrana*. [6] In other study *Jatyadi Taila Vrana Basti* used in the management of *Dusta Vrana* (Venous Ulcer) has shown good result. [7] In this case study the attempt was made to see the efficacy of *Murivenna Taila Vrana Basti* in the management of *Dushta Vrana* (Venous Leg Ulcer) as cost effective treatment and complete protocol.

[Figure 1 on day 1]. The intensity of pain was reduced when there was progression in healing process. The unhealthy granulation tissue and slough was reduced with marked growth in healthy tissue. Discharge was reduced after started *Murivenna Taila Vrana Basti*. [Figure 1 on day 14]. The mode of action of *Murivenna Taila* which contains *Karajna, Kumari, shatavari and coconut oil* in *Vrana Basti* [Table 6] involves the activation of various cells, including macrophages, which was crucial for removing debris and initiating tissue repair. [8]

[Figure 1 day 21]. Later the ulcer area was filled with granulation tissue, a new tissue rich in blood vessels and collagen. [Figure 1 on day 42]. Epithelial cells from the ulcer margin proliferate and migrate to cover the ulcer crater, a process called re-epithelialization [9]. [Figure 1 on day 56]. New blood vessels (angiogenesis) were formed within the granulation tissue, providing nutrients and oxygen for the healing process. Along with this study that adjuvant therapy can be use intervention for better result.

**Table 6: Contents of *Murivenna Taila***

Sl.No	Drugs	Botanical Name	Karma	Pharmacological activity
1	Karanja	<i>Pongamia pinnata</i> [(L.) Pierre]	Shothahara, Kandughna, Bhedan, Vranaropak Vedanasthapan	Antibacterial, sedative, wound healing, Analgesics
2	Kumari	<i>Aloe vera</i> (L.) Burm.f.	Shothahara, Krimighna, Vranaropak Vedanasthapan	Wound Healing, Antibacterial, Anti-Pyretic, Analgesics
3	Tambul	<i>Piper betel</i> (L.)	Krimighna, Kaphaghna, Pootihara	Anti-inflammatory, Analgesic, Antimicrobial
4	Shigru	<i>Moringa oleifera</i> (Lam.)	Krimighna, Kaphaghna Shoolaprashman, Vedanasthapan, Vranashotha	Anti-inflammatory, Analgesic, Antioxidant, Antimicrobial
5	Paribhadra	<i>Erythrina Variegata</i> (Linn.)	Shothahara, Krimighna, Vranashodhan Vranashotha	Antioxidant, Antimicrobial, Anti-inflammatory, Anti Pyretic
6	Vasuka	<i>Spermocoe hispida</i> (L.)	Vednasthapan, Vatahar, Shothahar, Rasayan	Analgesics, Anti Inflammatory, Anti Hyperglycemic, Anxiolytic, Antioxidant, Hepatoprotective, Anti neoplastic
7	Palandu	<i>Allium cepa</i> (Linn.)	Vranashotha, Naadishoola, Gudabhrmasa, Kandu, Chedan, Lekhan Vedanasthapan	Anti-inflammatory, Analgesics, Anti diabetics, Antibiotics, Antioxidant, Anti neoplastic,
8	Shatavari.	<i>Asparagus racemosus</i> (Willd.)	Vatapitta Shamak, Shoolahar,	Analgesics, Anti septic, Rejuvenating, Neuropathy, Anti stress activity, Immunomodulatory activity, Antiulcer
9	Coconut oil	<i>Cocos nucifera</i> (L.)	-	wound healing, Cooling effect, Anti-inflammatory
10	Tandulambu	<i>Oryza sativa</i> (L.)	-	Antioxidant, Elastase inhibitory effect, Antiaging, Anti-inflammatory

## 5. CONCLUSION:

The present approach of *Vrana Basti* was an adjuvant Ayurvedic treatment, for the non-healing venous leg ulcers completely healed in 70 days with complete symptomatic relief in 14 days. *Murivenna Taila Vrana Basti* is the new substitute for *Dushta vrana* (Venous leg ulcer). It does the

## Mode of action of *Murivenna Taila*:

It is used as Anti-inflammatory, Analgesic, Antiseptic, Antiulcer, Cooling; it is used in Burns, ulcers, non-healing wounds. [10]

**Limitation:** case study of venous ulcer demonstrated notable result with the Ayurvedic treatment protocol. However long term follows ups visit and improper adherence to medication and lifestyle modification changes may potentially worsen the condition. Post venous doppler was not performed.

action of *Shodana* as well as *Ropana*. The Procedure can be done on OPD level, relatively easy, painless, can do without anesthesia. *Vrana Basti* will remove only unhealthy granulation tissue, so ulcer size will not increase. During the procedure there is no adverse effect seen of drugs of this patient.

**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 was very much satisfied about his improvements in his ulcers following treatment. He experienced relief from pain, discharge, itching, slough and size of ulcer. After treatment of 70 days his ulcers got healed completely. Before treatment, the condition had affected his daily routine and profession.

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