

MANAGEMENT OF DUSTA VRANA BY AYURVEDA – A CASE REPORT**Dr. Kritika Sharma*¹, Dr. Najeeb T. K.², Dr. Rishabh Misra³**¹Final Year Post Graduate Scholar, Shri Babu Singh Jay Singh Ayurvedic Medical College, Farrukhabad, Uttar Pradesh, India.²Professor, Shri Babu Singh Jay Singh Ayurvedic Medical College, Farrukhabad, Uttar Pradesh, India.³Second Year Post Graduate Scholar, Shri Babu Singh Jay Singh Ayurvedic Medical College, Farrukhabad, Uttar Pradesh, India.***Corresponding Author: Dr. Kritika Sharma**

Final Year Post Graduate Scholar, Shri Babu Singh Jay Singh Ayurvedic Medical College, Farrukhabad, Uttar Pradesh, India.

DOI: <https://doi.org/10.5281/zenodo.20456013>**How to cite this Article:** Dr. Kritika Sharma*¹, Dr. Najeeb T. K.², Dr. Rishabh Misra³. (2026). Management of Dusta Vrana By Ayurveda - A Case Report. World Journal of Pharmaceutical and Medical Research, 12(6), 267–270.

This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 30/04/2026

Article Revised on 20/05/2026

Article Published on 01/06/2026

ABSTRACT

Vrana in Ayurveda is defined as a structural deformity in the skin and deeper structures associated with ruja, srava etc and caused either by the vitiation of the doshas or by trauma. Vrana is basically of 2 types- Dushta vrana and Shudha vrana. Shudha Vrana is easily treatable, whereas Dushta vrana is a chronic ulcer, mostly unresponsive to any treatment. Acharya Sushruta has described sixty methods for treating such vranas. In this case, symptoms like Deerghakala anubandhi (chronic), Teevra ruja (painful), puti srava (smelly discharge) etc. were suggestive of Pitta pradhana Sarakta Tridoshaja Dushta vrana on the right leg. Studies from India about the prevalence of venous leg ulcers (VLU) are limited. The chronic wound management strategies include compression therapy and antimicrobial therapy. A 56year-old non-diabetic, non-hypertensive female sought Ayurvedic treatment after a wound on her right dorsum of foot did not respond to the conventional medicines even after 7 months of treatment. The ulcer was painful and foul-smelling, to the extent of disturbing her sleep and restricting her daily activities. Her Ayurvedic treatment comprised of Dhoopana with Gugullu tikta ghrita, orally Triphala guguulu 1tid, daily dressing with Jatyadi taila. and Vrana prakshalana with triphala gugullu Ayurvedic treatment was effective in healing the Dushta vrana completely in this case. The efficacy of Ayurveda in the management of chronic ulcers. However, a detailed study of the same with larger sample sizes will help to formulate a treatment protocol for such cases.

KEYWORDS: Vrana, Ulcer, Triphala Guggulu, Vrana Prakshalana.**1. INTRODUCTION**

Dushta vrana, according to Acharya Sushruta, is a chronic ulcer, manifested in any part of the body, caused either by the doshas or trauma. When caused due to the doshas, it is called Nija vrana and when caused because of trauma; it is called Agantuja vrana. The nija vrana exhibits signs & symptoms in accordance with the Dosa affected.^[1] Sushruta Samhita gives a detailed description of the various features of a Dushta vrana. The one which is Atisamvrita (excessively covered), Ativivrita (excessively uncovered), Atikathina (too hard), Atimrudu (too soft), Utsanna (excessively elevated), Avasanna (excessively depressed), Atyushna (calor), Atisheeta (cold to touch), differently coloured, ugly looking, suppurative, painful, associated with different types of discharges and which is chronic; is called a Dushta

vrana.^[1] Based on these symptoms, the patient was diagnosed with Pitta pradhana Sarakta Tridoshaja Dushta vrana on her medial and dorsal aspect of right leg. Venous leg ulcer (VLU) is the most severe presentation of chronic venous insufficiency. They have considerable impacts on patients; increased pain, impaired sleep, and reduced mobility are common, while socializing is avoided to reduce the risk of injury, and work capacity is impaired. Patients report feelings of powerlessness and hopelessness. Participants in VLU trials also report much reduced health-related quality of life at baseline compared with population norms.^[2] The standard line of treatment followed by the practitioners of contemporary science, in such cases is wound dressing with antimicrobial drugs (if infected), compression therapy, anti-inflammatory therapy and surgery. A study

conducted by Jones *et al.* concluded that the chronic wound care practices are inconsistent with the evidence-based recommendations for wound management.^[3] In this case, chronicity which was of 7 months and the worsening of the condition over the time despite continued medication indicated that the wound was nonresponsive to the treatment. Moreover, due to low financial stability, he could not afford to continue the expensive treatment and hence chose Ayurveda.

2. Patient information

A 56-year-old female, non-diabetic, non-hypertensive male, complained of a non-healing wound on her right leg for 7 months. He had consulted three surgeons in the past who treated him with various medicines, but in vain. The details of the medicines prescribed are not known. She experienced severe pain in her leg, to the extent of disturbing her sleep. There was a severe watery discharge from the wound, making it difficult for her to walk. There was the first occurrence of such an ulcer on the leg, and the patient did not have any family history of the same. Upon Ayurvedic consultation, the patient was diagnosed with Pitta pradhana Sarakta Tridoshaja Dushta Vrana (an ulcer predominant of all the three doshas of the body especially Pitta Dosa) based on the symptoms like Krishna Rakta varna (blackish red colour), Amanogna darshana (ugly looking), Atyartha gandha (foul smelling), Atyartha vedanavan (painful), Paka, and Ragata (inflamed & red coloured).

3. Clinical findings

The patient was examined thoroughly. Bowel, appetite, and micturition were normal. He had disturbed sleep due to pain. Her review of systems and vital signs were within normal limits. An oval-shaped ulcer was present on the dorsum of right of leg. Roga pariksha (examination of the diseases) revealed krishna rakta varnayukta (deeply pigmented), paka ragayukta (inflamed), atyartha gandhayukta (odorous), amanogna darshaniya vrana (ugly looking wound) on the right leg.

Rogi pariksha (examination of the patient)- Patient with Pitta kapha prakriti, alpa upalipita jihwa (slightly coated tongue), pittaja nadi, anavabadha mala (normal bowel movements), normal shabda and sparsha presented with a Vrana (ulcer) on the right leg.

4. Diagnostic assessment

The diagnosis was made based on the clinical findings. An oval shaped ulcer which was approximately 6 cm x 3.3 cm x 0.7 cm in size was present on the lower lateral aspect of the right leg. It had sloping edges and the floor was covered with thick red granulation tissue. There was serous purulent discharge from it and the surrounding area was eczematous and pigmented. A few varicose veins were present in the area below the ulcer. 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.

5. Therapeutic intervention

The patient was prescribed the following Ayurvedic medicines-

1. Dhoopana with Guguullutikta ghrita and Shallaki – twice daily
2. Vrana Praklshalana with Triphala Kashaya twice daily
3. Triphala guggulu^[4] -2 tabs (200 mg each) in the evening.
4. Gandhaka rasayana^[5] (100 gm)] - 10 gm twice daily.

DIET AND REGIMEN

Diet and regimen play a very important role to abet the effect of treatments. Here, the patient was advised to follow a diet and regimen which would help to balance Pitta, Rakta and Vata doshas. The patient was asked to avoid spicy, sour, oily, fermented, and refrigerated food items. She was advised to avoid sun exposure, sleeping in the day and staying late at night.

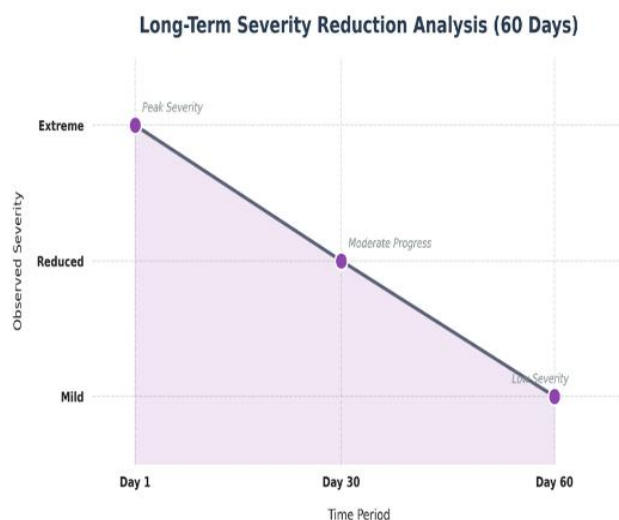


Fig. 01: Graph depicts a progressive reduction in tenderness over the treatment period, indicating decreased inflammation and improved healing response.

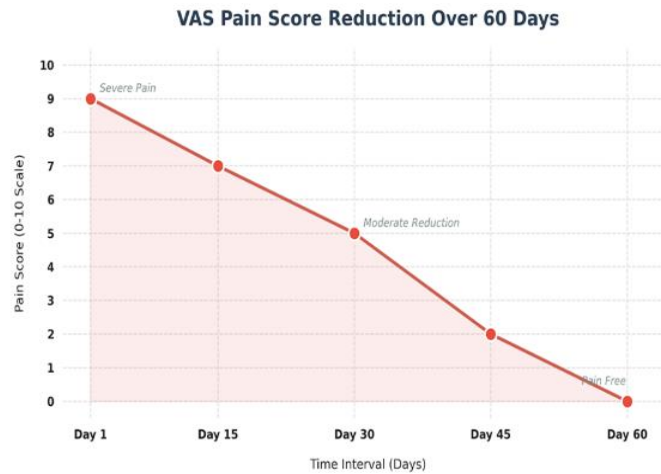


FIG.02: The graphs demonstrate a progressive reduction in pain over the treatment period, indicating effective healing of Dushta Vrana.

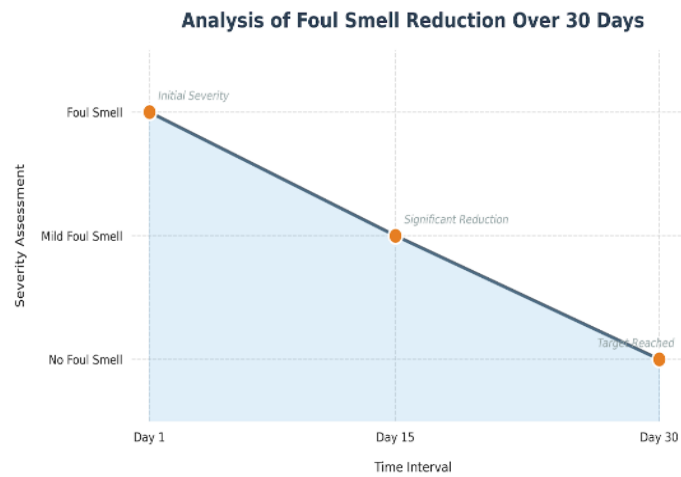


Fig. 03: Graph shows a steady decrease in foul-smelling discharge during follow-up, suggesting reduction in infection and improvement in wound condition.

6. Follow up and outcomes

After the initial 15 days of treatment, the ulcer started to heal. The pain & discharge got reduced and the patient got the confidence to continue the treatment. Gradually, the ulcer showed more signs of healing and at the end of

60 days; it had healed completely. Fig1.shows the photographs of the ulcer on the 30th and 60th days of treatment. A follow up after 6 months confirmed the non-recurrence of the ulcer.



7. DISCUSSION

The patient had consulted three surgeons and had taken many courses of antibiotics and anti-inflammatory drugs

for the past 7 months; however, the ulcer did not heal. Ther made her mentally weak and annihilated. Ther was a major limitation in the case. The patient being non-

diabetic and non-hypertensive, and strictly adhered to all the diet regimen and timely medicine intake as instructed. Incompetence of the valves of the superficial and deep veins of the leg result in venous hypertension. Fibrin gets excessively deposited around the capillary beds leading to elevated intravascular pressure. The fibrin decreases the oxygen permeability by 20-fold leading to tissue hypoxia causing impaired wound healing. Various inflammatory cells get trapped in the fibrin and promote severe uncontrolled inflammation, preventing proper regeneration of the wound.^[6]

Samprapti (pathophysiology)

From the Ayurvedic point of view, this was a case of Pitta pradhana Sarakta Tridoshaja Dushta vrana. The patient was habitual to food like fermented cuisines, sour soups, Masha (black gram), chilchilma fish (prawns), curd, chicken, and food made of the refined flour. Her daily regime comprised a 3-hours sleep after lunch, lack of exercise, and sedentary lifestyle. All these wrongful ways of living resulted in the vitiation of Pitta & Kapha doshas and because of their long association, it eventually caused Rakta dushti (vitiation of the Rakta) as well. Chronicity paved the way for the vitiation of Vata dosa (vata humor) in extreme pain. All the features of Dushta vrana as mentioned by Acharya Sushruta, were clear in the case. So, a Tridoshahara (alleviates all the doshas of the body) and Rakta prasadaka (purifies the Rakta) line of treatment was planned.

8. CONCLUSION

The chronic venous ulcer which had not healed for 7 months despite many courses of antibiotics and anti-inflammatory therapy, healed in 60 days with Ayurvedic intervention. This suggests the efficacy of Ayurvedic therapy in the healing of chronic ulcers. Nonrecurrence of the ulcer even after 6-months of the stoppage of medicines indicates the complete reversal of pathology in the venous level itself.

REFERENCES

1. Trikamji Acharya Yadavji, Ram Acharya Narayan, editors. Sushruta samhita of Sushruta. Varanasi: Chaukhambha Sanskrit Sansthan, 2008. Chikitsasthana, [chapter 1], ver 6, 396, Sutrasthana, [chapter 22], ver 7, 108.
2. Jul Andrew, Slark Juliya, Parsons John. Prescribed exercise with compression vs compression alone in treating patients with venous leg ulcers. JAMA Dermatol, November 2018.
3. Jones KatherineR, Fennie Kristopher. Evidence based management of chronic wounds. Adv Skin Wound Care, November 2007.
4. Ayurvedic Formulary of India, Part 1, 2nd ed. Delhi: The controller of publications civil lines, 2003; 127,136,157, 340,309,173,326,161.
5. Tripathy Indradeva, Tripathy DS, editors. Yogaratnakara with Vaidyaprabha Hindi commentary. Chaukhambha Sanskrit Sansthan, 2011; 892. Rasayana adhikara.
6. Vasudevan Biju. Venous ulcers-pathophysiology and classification. Indian Dermato Online J July 2014.