Ayurvedic Management of Dushta Vrana (Venous Ulcer) by Jalaukavacharana followed by Kasisadi Ghrita Application a Single Case Report

Dr Mustaqeem R[1], Dr Mahamadasraf Samudri[2], Dr Syeda Safina Naz[3], Dr Nagashree H Krishna[4] Dr Karthik[5]

[1]*Final Year PG MS Scholar TMAE society Ayurvedic Medical College, PG Research Centre and Scs Hospital, Vijayanagara*

[2]*Principal And HOD Department of Shalya Tantra TMAE society Ayurvedic Medical College, PG Research Centre and Scs Hospital, Vijayanagara*

[3,4,5]*Assistant Professor Department of Shalya TMAE society Ayurvedic Medical College, PG Research Centre and Scs Hospital, Vijayanagara Tantra*

***Abstract*—Venous ulcers are chronic non-healing ulcers commonly affecting the lower limbs due to chronic venous insufficiency. These ulcers are characterized by pain, edema, discharge, discoloration, itching, and delayed healing. In Ayurveda, venous ulcers can be correlated with Dushta Vrana due to the presence of chronicity, slough, foul smell, discharge, pain, and discoloration. Acharya Sushruta has described Jalaukavacharana (leech therapy) under Raktamokshana as an effective treatment modality for Rakta Dushti and Pitta predominant conditions. Kasisadi Ghrita possesses Shodhana, Ropana, Lekhana, and Krimighna properties helpful in wound healing.**

A 48-year-old male patient presented with a chronic non-healing ulcer over the medial aspect of the left lower leg associated with pain, serous discharge, itching, edema, hyperpigmentation, and difficulty in walking for 8 months. The patient was treated every weekly Jalaukavacharana followed by local application of Kasisadi Ghrita along with internal Ayurvedic medicines for 45 days.

Assessment was carried out using ulcer size, pain score, discharge, granulation tissue formation, and surrounding tissue edema. Significant improvement was observed with reduction in pain, discharge, edema, and ulcer size along with healthy granulation tissue formation. Complete healing was achieved without complications.

This case demonstrates that Jalaukavacharana followed by Kasisadi Ghrita application is effective in the management of Dushta Vrana (venous ulcer) and may provide a safe, cost-effective, and minimally invasive treatment option.

***Index Terms*—Dushta Vrana, Venous Ulcer, Jalaukavacharana, Kasisadi Ghrita, Raktamokshana, Ayurveda**

I. INTRODUCTION

Venous ulcer is one of the most common chronic ulcers of the lower limb caused due to chronic venous insufficiency. It accounts for approximately 70–90% of leg ulcers and commonly affects the gaiter area of the leg. Risk factors include prolonged standing, obesity, advancing age, deep vein thrombosis, and valvular incompetence. The condition significantly affects quality of life due to pain, recurrent infection, foul smelling discharge, and prolonged healing duration.

In Ayurveda, venous ulcers can be correlated to Dushta Vrana. Acharya Sushruta described Dushta Vrana as ulcers that are chronic, foul smelling, painful, discharging, discoloured, indurated, or difficult to heal. The vitiation of Tridosha, particularly Pitta and Rakta, plays a major role in the pathogenesis.

Among Shashti Upakrama described for Vrana management, Raktamokshana is considered highly effective in Pitta-Rakta predominant conditions. Jalaukavacharana is regarded as the best method of

Raktamokshana for Sukumara individuals and inflamed wounds. The saliva of leech contains bioactive substances like hirudin, calin, destabilase, and hyaluronidase which possess anticoagulant, anti-inflammatory, analgesic, and antimicrobial actions.
Kasisadi Ghrita is an Ayurvedic formulation possessing Lekhana, Shodhana, Ropana, and Krimighna properties. It helps in removal of slough, improves local circulation, and promotes healthy granulation tissue formation.
The present case report highlights the efficacy of Jalaukavacharana followed by Kasisadi Ghrita application in the management of Dushta Vrana (venous ulcer).

II. CASE REPORT

Patient Information
Name: XXX
Age: 48 years
Gender: Male
Occupation: Shopkeeper
OPD No: XXX
Date of Admission: XX/XX/2026
Chief Complaints

1. Non-healing ulcer over left lower limb – 8 months
2. Pain and burning sensation – 6 months
3. Serous discharge – 5 months
4. Itching and discoloration around ulcer – 4 months
5. Difficulty in walking – 3 months

History of Present Illness
The patient was apparently normal 8 months back. Gradually he developed swelling and itching over the left lower limb followed by formation of an ulcer near the medial malleolus. Initially the ulcer was small but gradually increased in size associated with pain, discharge, foul smell, and discoloration. The patient took conventional treatment including antibiotics and dressing but did not get satisfactory relief.

Past History
No history of Diabetes Mellitus
No history of Hypertension
No history of Tuberculosis
No major surgery

III. CLINICAL FINDINGS

Local Examination

Site: Medial aspect of left lower leg over the medial malleolus.
Size: 4 cm × 4 cm
Shape: Irregular
Edge: Sloping
Floor: Slough present
Discharge: Serous discharge present
Tenderness: Present
Surrounding skin: Hyperpigmentation and edema
Temperature: Mildly raised

IV. DIAGNOSIS

Modern Diagnosis
Venous Ulcer due to Chronic Venous Insufficiency
Ayurvedic Diagnosis
Pitta Pradhana Sarakta Tridoshaja Dushta Vrana
Treatment Plan

1. Jalaukavacharana

Frequency: Once weekly
Duration: 4 sittings
Procedure performed under aseptic precautions
Investigations: cbc, H3 done

Procedure
Purva Karma
Cleaning of ulcer with Triphala Kashaya
Selection of healthy leeches
Pradhana Karma
Application of leeches around ulcer margins
Allowing bloodletting till detachment
Paschat Karma
Haridra powder applied over bite site
Sterile dressing done

2. Local Application

Kasisadi Ghrita
Applied locally twice daily after wound cleaning

3. Internal Medicines

Medicine	Dose	Duration
Kaishora Guggulu	2 tablets TID	45 days
Gandhaka Rasayana	250 mg BID	45 days
Manjishtadi Kashaya	15 ml BID	45 days

Assessment Criteria

Parameter	Grade 1	Grade 2	Grade 3	Grade 3
Pain	No pain	Mild	Moderate	Severe
Discharge	Absent	Mild	Moderate	Profuse
Tenderness	Absent	Mild	Moderate	Severe
Edema	Absent	Mild	Moderate	Severe
Slough	Absent	<25%	25–50%	>50%

V. OBSERVATIONS AND RESULTS

Parameter	Before Treatment	After 45 Days
Ulcer Size	4 × 4 cm	1 × 0.5 cm
Pain	Severe	Mild
Discharge	Moderate	Absent
Edema	Moderate	Absent
Slough	Present	Absent
Granulation Tissue	Poor	Healthy

Day	Ulcer Size	VAS Pain	Discharge	Granulation
Day 1	4×4 cm	8	Moderate	Poor
Day 15	4×3 cm	5	Mild	Moderate
Day 30	3×2 cm	2	Minimal	Healthy
Day 45	1×0.5 cm	1	Nil	Excellent

VI. DISCUSSION

Dushta Vrana is a chronic wound characterized by vitiation of Doshas and Rakta. In venous ulcers, venous stasis leads to tissue hypoxia, inflammation, edema, and delayed wound healing. Ayurveda considers this condition under Dushta Vrana involving Pitta and Rakta Dushti.

Jalaukavacharana acts by removing vitiated blood and reducing local congestion. Leech saliva contains hirudin and other bioactive compounds which improve blood circulation, reduce inflammation, and promote healing. It also relieves pain and edema due to its anti-inflammatory and analgesic effects.

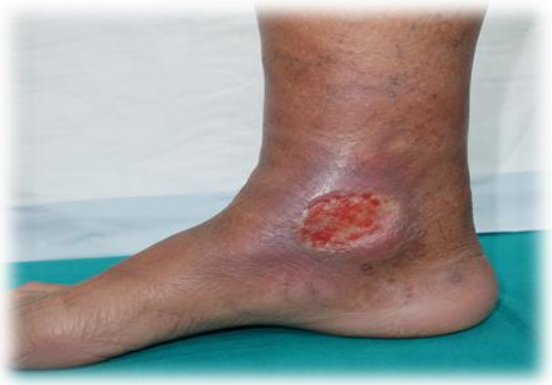
Kasisadi Ghrita possesses Lekhana and Ropana properties which help in slough removal and wound healing. Ghrita acts as a soothing and nourishing base promoting tissue regeneration. The local application-maintained moisture balance and promoted healthy granulation tissue formation.

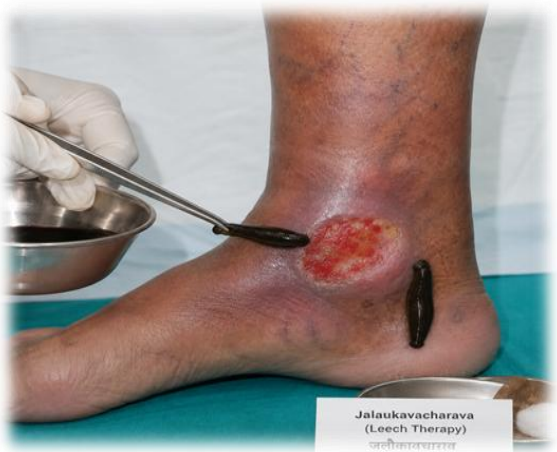
Internal medicines like Kaishora Guggulu and Manjishtadi Kashaya acted as Rakta Shodhaka and anti-inflammatory agents helping in faster wound healing.

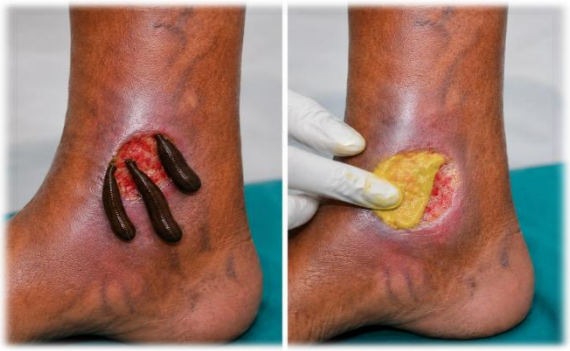
Significant improvement in pain, discharge, edema, and ulcer size was observed within 45 days without adverse effects.

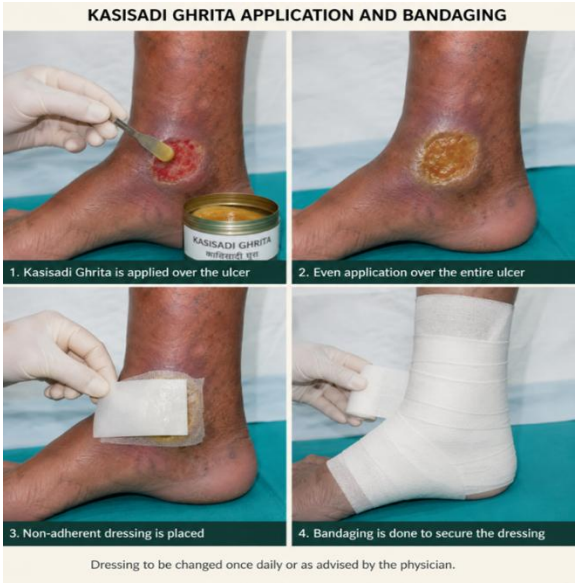
VII. CONCLUSION

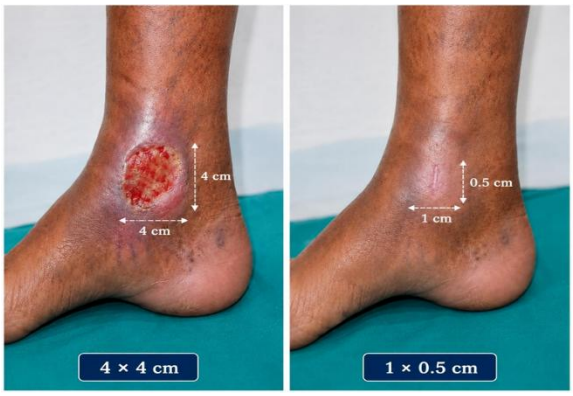
Jalaukavacharana followed by Kasisadi Ghrita application proved effective in the management of Dushta Vrana (venous ulcer). The therapy helped in reducing pain, edema, discharge, and promoted rapid wound healing. This approach can be considered a safe, economical, and minimally invasive treatment modality for chronic venous ulcers











REFERENCES

[1] Sushruta. Sushruta Samhita. Chikitsa Sthana. Varanasi: Chaukhambha Sanskrit Sansthan; 2018.

[2] Sharma PV. Sushruta Samhita with English Translation. Vol 2. Varanasi: Chaukhambha Vishwabharati; 2014.

[3] Das S. A Concise Textbook of Surgery. 11th ed. Kolkata: Dr S Das Publications; 2022.

[4] Bailey H, Love M. Bailey and Love's Short Practice of Surgery. 28th ed. CRC Press; 2023.

[5] Ayurvedic management of venous ulcer – a case report. [PMC Article] (https://pmc.ncbi.nlm.nih.gov/articles/PMC10220395/?utm_source=chatgpt.com)

[6] Efficacy of Jaloukavacharana and Kasisadi Taila in venous leg ulcer. [JAIMS Journal] (https://jaims.in/jaims/article/view/4590/7924?utm_source=chatgpt.com)

[7] Role of Jalukavacharana and Karanja Patra Lepa in varicose ulcer management. [IAMJ PDF](https://www.wisdomlib.org/uploads/journals/iamj/2022-issue-12 december/3515_3521.pdf?utm_source=chatgpt.com)

[8] A comprehensive approach to venous ulcers – case report. [JAHM Journal] (https://www.jahm.co.in/index.php/jahm/article/view/1568?utm_source=chatgpt.com)

[9] Effectiveness of Jalaukavacharan in Siraj Granthi. [IJACARE Journal] (https://ijacare.in/index.php/ijacare/article/view/585?utm_source=chatgpt.com)

[10] IJCRT case report on varicose ulcer with Jalaukavacharana and Kasisadi Taila. [IJCRT PDF] (https://ijcrt.org/papers/IJCRT2412222.pdf?utm_source=chatgpt.com)