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EFFICACY OF VIRECHANA KARMA AND VRANA BASTI IN THE MANAGEMENT OF DUSTHAVRANA (VARICOSE ULCER): A CASE REPORT

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ABSTRACT

A case of 40-years old male presented with complaints of two non-healing ulcers in right lower limb, 1 above the *Gulpha Sandhi* (medial malleolus) another over the shin of tibia with slough and discoloration of surrounding skin since 4 months. *Dusthavrana* is *Samvruta Vivruta Kathina*. *Dusthavrana* means chronic wound or ulcer, *Dustha* is one in which there is localization of *Dosha Vata, Pitta, Kapha*. *Vrana* which has *Durgandha*, abnormal color with slough or *Srava* and is *Deerghakalaanubandhi*¹. **Aim and objectives:** To see the efficacy of *Virechana* and *Vrana Basti* in the management of *Dusthavrana* (varicose ulcer). **Material and methods:** *Virechana* with *Trivritrilehya* 50gm + *Triphala Kashaya* 100ml and *Vranabasti* was done with *Jatyadi Taila* twice a day for 60 days followed by dressing with *Jatyadi Taila*. **Results:** There was complete cure of

the *Dusthavrana* observed within 60 days of treatment. **Conclusion:** In this case *Virechana Karma* due to *Ushna*, *Tikshna* and *Sukshma Guna* it reaches the *Anusrotas* and break the *Dhathugatamala* and excessive vitiated *Dosha* into micro form and quick excretion of *Dhathugatamala* from the body through *Adobhaga* [2]. It is one of the treatments explained in the *Shasthi Upkarmas* for the management of *Vrana*. *Vranabasti* with *Jatyadi Taila* helps in management of *Dustavrana*, due to its *Shodhana*, *Ropana Karma*.

Keywords: *Dusthavrana*, *Venous Ulcer*, *Virechana Karma*, *Jatyadi Taila*, *Vrana Shodhana*, *Vrana Ropana*

INTRODUCTION:

Dusthavrana means chronic wound or ulcer, *Dustha* is one in which there is localization of *Dosha Vata*, *Pitta*, *Kapha*. *Vrana* which has foul smell, abnormal color with slough or discharge [1].

An Ulcer is a break in the continuity of the covering epithelium-skin or mucus membrane. It may follow molecular death of the surface epithelium or its traumatic removal [3].

Venous Ulcer is common around ankle (gaitor's zone) due to ambulatory chronic venous hypertension. Varicose Veins are common in females 50% venous ulcers are due to varicose ulcers and 50% are due to post-phlebitic limb. Pain, discomfort, pigmentation, dermatitis, lipodermatosclerosis, ulceration, periostitis, ankle joint ankylosis, talipes equinovarus deformity, and marjolin's ulcers are the complications of venous ulcer [4].

In the beginning ulcer is painful and later in chronic stage painless. Ulcer is often vertically oval, commonly located on medial side, occasionally on lateral side, often on both sides of the ankle. Floor is covered with pale or often without any granulation tissue, Induration and tenderness is seen often at the base of an ulcer. Venous Ulcer is vertically oval with sloping edge and will not penetrate deep fascia [4].

In most of the patients, history and physical examination will allow the diagnosis of Varicose Veins and Varicose Ulcer without further investigations. Varicose Ulcer appears most commonly occurring at the gaitor's zone, while arterial ulcer common in tip of toes, due to poor blood supply following blockage of the digital or medium sized arteries atherosclerosis and Thromboangitis obliterans [4].

Jatyadi Taila shows its *Shodhana*, *Ropana* action is becoming popular in now-a-days

practice because of its unique advantages in curing the Varicose Ulcer and satisfactory result achieved in Varicose Veins and in varicose ulcer by *Virechna Karma* and *Vranabasti*.

Thus, considering all factors this case study was done to evaluate the efficacy of *Virechana karma* and *Vranabasti* in the management of *Dusthavrana/ Varicose Ulcer*.

Case Report

A 40 years old married male patient presented with complaint of 2 non-healing ulcers in right lower limb, above the *Gulpha Sandhi* (medial malleolus) and near the shin of tibia associated with pain, itching, slough and discoloration of surrounding skin and size of ulcer increased gradually since 4 months.

History of Present illness

According to the patient he was apparently well 4 months ago, now patient presented with complaint of 2 non-healing ulcers in right lower limb above the *Gulpha Sandhi* (medial malleolus) and near the shin of tibia associated with mild pain and itching around the ulcers, slough and discoloration of surrounding skin and size of ulcer increased gradually since 4 months.

Poorva Vyadhi Vrittanta (History of Past illness)

No known case of diabetes mellitus or hypertension or any systematic ailment.

Drug history: He took lot of modern medication and treatment for the same but found no relief since 4 months.

No positive family history.

Chikitsa Vrittanta (Treatment History)

11 years back in 2012, patient had history of skin burn by bike silencer, near the *Dakshin Gulpha Sandhi* (right ankle) medial malleolus aspect for that patient underwent plastic surgery and incidentally patient got to know regarding right lower limb Varicose Veins.

In 2016, underwent right lower limb Varicose Veins Stripping since then patient had recurrent non healing ulcer in right lower limb varicose ulcer which was healed after taken treatment with *Vranabasti* with *Vranaharini Taila* within 41 days in SDM college of Ayurveda and Hospital in Hassan. In 2017, first time, he consulted the Shalya OPD, at SDM College of Ayurveda and Hospital in Hassan; patient had a history of right lower limb

Samanaya Pareeksha (General Examination)

- Built: Moderate, General condition: Fair
- Nutritional status: Well nourished
- Pallor: Absent, Icterus: Absent, Cyanosis: Absent, Clubbing: Absent, Lymphadenopathy: Absent

- BP: 120/80 mm of Hg, Pulse rate: 67 beat/min, Regular, Respiratory rate: 17/min Temperature: 98.4 DF

Samsthanika Pareeksha (Systemic Examination)

CNS: Conscious, well oriented to time, place and person, CVS: S1S2 heard, no murmur sound present, RS: Equal air entry to B/L lung fields, normal vesicular breath sound present, P/A: Soft, non-tender, no organomegaly present

Vaikthika Vrittanta (Personal History)

Diet: Mixed, Appetite: Good, Bowel: Regular, Micturition: Regular, Sleep: Sound

Sthanika pareeksha (Local Examination of Ulcer)

- Anatomical location – both ulcers are approximately 8 cm and 12 cm from right ankle joints (medial malleolus)
- Shape and size - both ulcer oval in shape and vertically placed, size measures are 4x2 cm and 3x3 cm respectively
- Number – 2 ulcer
- Position –above the *Dakshin Gulpha Sandhi* (right medial malleolus) and over the shin bone of right Lower limb.

- Edge – covered with slough, Discharge - serous discharge, Floor - unhealthy granulation tissue and slough present, Odour– foul smell absent, Base – over the shin bone, Surrounding skin - blackish discoloration

Sparshana (Palpation)

Tenderness - Present, Bleeding on touch – Absent, Peripheral pulsations – Palpable, Inguinal lymph nodes – Not Palpable

Prayoga shala pareeksha (Investigations)

CBC - within normal limits, ESR - slightly raised 26mm/ hr, FBS – 109mg/dl, HIV, Hepatitis-B surface antigen non-reactive

Vyadhi vinischaya (Diagnosis)

Dusthavrana / Varicose Ulcer

TREATMENT METHODOLOGY

Procedure:

Virechna Karma and *Vranabasti*

Purva Karma

Snehapana with *Panchtikta Guggulu Ghrita*, *Sarvanga Abyanga* with *Murchithataila* followed by *Ushnajalasnaana*

Pradhana Karma

1. *Virechana* with *Trivritthlehya* 50gm + *Triphala Kashaya* 100ml – 11 vegas

- Daily two times *Varna* was cleaned with normal saline after proper cleansing, *Vranabasti* was done with *Jatyadi Taila*. The wall of *Masha Pishti* (frame of Blackgram floor dough) was erected around the ulcer margins, measuring about 2-3 cm in height & 1-2 cm in thickness. The *Jatyadi Taila* Luke warmed on hot water and lukewarm oil poured with help of sterile cotton wick into the ulcer. The oil was kept in situ for 40 minutes, after that *Jatyadi Taila* discarded and the ulcer dressing was done with *Jatyadi Taila*.

Paschat Karma

- Daily twice *Vranabasti* with *Jatyadi Taila* followed by Dressing with *Jatyadi Taila Pichu*
- Samsarjana Karma* for 2 days, Tab. *Nimbadi Guggulu* 2 BD after food, *Mahamanjistadi Kashaya* 20ml BD after food, 1 teaspoon Mixture of 30gm each of *Amalaki Choorna* + *Ashwgandha Choorna* + *Shatawari Choorna* with luke warm water internally BD.

RESULTS

There was complete cure of the *Dusthavrana* observed within 60 days of treatment. *Vranabasti (Sthanika Chikitsa)* is unique

procedure helpful in both *Vrana Shodhana* (Wound cleansing) and *Ropana* (healing) of *Vrana*.

DISCUSSION

JATYADI TAILA [5]

Jatyadi Taila is *Tikta* and *Kshayaya Rasa Pradhana*, which is *Pittakaphahara* and have *Vranashodhana, Vranaropana* and *Vedanasthapana* properties.

Jaati – has Anti-inflammatory, Antibacterial property due to presence of salicylic acid in it. In *Nimba* - active composition is nimbine, margsine has Anti-inflammatory, Analgesics and Antibacterial property.

Yesthimadhu - active ingredient of *Yesthimadhu* is having wound healing property.

Tutthaka – helps in *Lekhana* property

Haridra – has Anti-inflammatory, Antibacterial property.

Tila Taila - base of *Jatyadi Taila* gives a better medium for the tissue repair.

MANJISTHADI KSHAYA

Manjistha and *Haridra (Nisha)* help to reduce toxins from the blood and *Pitta* vitiation. *Tikta* and *Triphala* is Antioxidant and Anti-inflammatory properties. *Vacha* helps to reduce *Ama* or toxins from the body. The Antioxidant effect of the combination makes it useful in treatment of *Vrana*.

NIMBADI GUGGULU–is having *Tikta* and

Kashaya Rasa which are acts as *Kapha-Vatahara* (pacify *Kapha* and *Vata*). It is having Analgesic and Anti-inflammatory properties which help in healing of wound and ulcers.

AMALAKI CHOORNA– is very good source of natural Antioxidant and Vitamin C. it has cooling, soothing and healing properties that helps in ulcers and inflammation. It restores the elasticity of blood vessels, protects from hypertension and provides strength to the heart. It has astringent action and used in the treatment of bleeding disorders.

SHATAVARI CHOORNA– is having property of Antioxidant because of recemofuran, asparagamine A, and racemosol. Also acts as immune booster and use in ulcer healing.

ASHWGANDHA CHOORNA - is having *Rasayana* (potent regenerative tonic) and adaptogenic property, withaferin A and b-hydroxy-2, 3-dihydrowithanolide F isolated from *withania somnifera* shows Anti-bacterial, immune-modulating and Anti-inflammatory properties.

CONCLUSION

Virechna Karma and *Vranabasti* are (type of the *Shasthi Upkarmas*) is special contribution of *Acharya Sushruta* having great role in the management of the *Dusthavrana/Varicose*

Ulcer due to its *Shodhana* and *Ropana* property. *Virechana Karma* due to *Ushna, Tikshna* and *SukshmaGunait* reaches the *Anusrotas* and break the *Dhathugatamala* and excessive vitiated *Dosha* into micro form and quick excretion of *Dhathugatamala* from the body through *Adobhaga*². *Vranabasti* with *JatyadiTaila* helps in management of *Dustavrana*, due to its *Shodhana, RopanaKarma*.

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Day 1	Day 10
	
<p><i>Vranabasti on Vrana 1</i></p>	<p><i>Vranabasti on Vrana 2</i></p>
	

3 rd week <i>Vrana 1</i>	3 rd week <i>Vrana 2</i>
	
4 th week <i>Vrana 1</i> with <i>Vranabasti</i>	4 th week <i>Vrana 2</i> with <i>Vranabasti</i>
	

5th week healing 1st and 2nd Vrana



6th week approximately healed Vrana 1st and healing Vrana 2nd with Vranabasti with Jatyadi Taila



8th week on the day of discharge day

