



Case Study

## A CASE STUDY OF *DUSHTA VRANA* TREATED WITH *PANCHVALKALA KWATHA & TAILAM*

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### ABSTRACT


Venous ulcers, sometimes referred to as varicose ulcers or stasis ulcers, are lesions that usually occur in the leg and are brought on by abnormal venous valve function. For individuals with chronic venous insufficiency, it is a nightmare and is regarded as one of the most serious issues. An infected ulcer that causes pain, swelling, redness, pus formation, cellulitis, gangrene, loss of movement, and eventually the necessity for amputation could be the outcome of inadequate management. Conversely, recurrent venous ulcers are a common clinical issue. The standard course of surgical care includes debridement, wound dressings, antiseptic solution use, painkillers, and antibiotic medication. According to current studies, there isn't a method that enhances wound healing. This ailment is associated with *Dushta vrana* (non-healing ulcer) in Ayurvedic literature. In this case study, we produced and used *Panchvalkala Tailam* in accordance with traditional guidelines. Clinical findings: 5x2cm oedematous venous ulcer lesion; the patient, who had been suffering for 10 years, was cured with *Panchvalkala Tailam* at a depth of 3.3cm. **Outcomes:** The slough was completely removed throughout the 30-day therapy period with one follow-up after treatment, which facilitated wound healing. There were no unfavorable events. In conclusion, a case of *Dushta Siraj Vrana* was successfully treated with *Panchvalkala Kwatha*, *Panchvalkala Tailam* dressing, and supportive internal medications. Debridement, *Gandhaka Rasayana*, and *Kaishor Guggulu*. A follow-up and two months of medication revealed no adverse effects. This case study illustrates the potential of *Panchvalkala Kwatha* and *Panchvalkala Tailam* in *Dushta Vrana* management. Comparative clinical studies and randomized controlled trials for venous ulcers can be initiated with *Panchvalkala Kwatha* and *Panchvalkala Tailam*.

### INTRODUCTION

Wound healing is the body's natural response. If there is no *Doshic* involvement or infection, the incision will heal naturally in one to two weeks. *Dushta Vrana* is a type of *Vrana* that lasts more than a week and causes a chronic wound that takes a long time to heal. Acharya Sushruta has discussed *Vrana* in great detail. "*Vrana*" refers to the breakdown, fracture, or discontinuity of bodily tissue or any portion of the body. According to Ayurvedic texts, the *Vranaas* are separated into *Nija Vrana* and *Agantuja Vrana*.

*Vranashotha* is divided into three phases. *Pachyamanawastha* (the actual inflammatory stage), *Pakwawastha* (the suppurative stage), and *Amawastha* (the only early stage of the inflammatory process).

The methods for mending wounds described by Sushruta are still widely used today. The *Vrana* is a crucial subject from an academic standpoint, as is patient care and the investigation of new methods and drugs for simpler and more effective treatment. Ancient writings offer a number of remedies and methods for *Shodhana* and *Ropana* of *Vrana*, including the use of medicated *Panchavalkala Tailum*. According to Acharya Sushruta, there are sixty distinct ways to treat *Vranas*, the two primary ones being *Vrana Shodhana* and *Ropana*. Therefore, the herbal remedy for *Vrana Shodhanartha* in the current study was *Panchavalkal kwatha*, a blend of five plants having properties like *Shodhana* and *Ropana*. The

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*Panchawalkala Kwatha* and *Panchawalkala Tailum* applications are used to handle *Dushta Vrana*.

**Samprapti**

Effective management of venous ulcers requires an understanding of the disease's course from an Ayurvedic standpoint. The disorder is a functional derangement of the *Doshas* rather than only a structural breakdown of the valves.

**The Concept of Siragata Vata**

*Vyana Vayu*, a subtype of *Vata* that controls movement and transportation, controls blood circulation. *Vyana Vayu* loses its propulsive power when it becomes impeded (*Avarana*), either by *Pitta/Rakta* (inflammation) or *Kapha* (fat or a sedentary lifestyle). Retrograde flow and *Sira Shaithilya* (loss of venous tone) result from this.

**Rakta Dushti (Vitiation of Blood)**

According to Ayurveda, *Pitta*-aggravating elements (hot, spicy foods, alcohol, excessive heat) can

easily vitiate *Rakta* (blood). Gravity causes this "hot" and poisonous blood to build up in the lower limbs (*Adho-Gata*).

The blood's stagnation results in:

- *Daha* (feeling of burning)
- *Raga* (inflammation/redness)
- *Paka* (breakdown of tissue/suppurating)

**The Formation of Dushta Vrana**

Necrosis results from the vitiated *Doshas* settling in the *Tvak* (skin) and *Mamsa* (muscular) of the *Jangha* (calf). *Dushta Vrana* is the phrase for a persistent wound that does not heal.

- The dry, blackish edges and soreness are caused by *Vata*.
- *Pitta* is the cause of burning, odor, and infection.
- *Shopha*, or edema, and *Srava*, or thick exudate, are caused by *Kapha*.

**Samprapti Ghataka (Pathological Components)**

Component	Ayurvedic Factor	Modern Correlation
<i>Dosha</i>	<i>Tridosha (Vata-Pitta dominant)</i>	Chronic inflammation, ischemia
<i>Dushya</i>	<i>Tvak, Rakta, Mamsa, Sira</i>	Skin, blood, muscle, veins
<i>Srotas</i>	<i>Raktavaha, Mamsavaha</i>	Circulatory & muscular systems
<i>Sroto Dushti</i>	<i>Sanga</i> (obstruction)	Venous stasis/occlusion
<i>Adhithana</i>	<i>Jangha</i> (gaiter zone)	Medial malleolus region

**Clinical Assessment and Diagnosis**

A comprehensive assessment is required to differentiate venous ulcers from arterial or neuropathic ulcers.

**Rogi Pariksha (Patient Examination)**

- *Prakriti* Analysis: Prognosis prediction is aided by identifying the patient's composition. People who are *Pitta* and *Rakta* dominant are more likely to have inflammatory ulcers that spread quickly.
- *Nadi Pariksha* (Pulse): To evaluate *Rakta* and *Vata*'s systemic state.

**Vrana Pariksha (Wound Examination)**

Sushruta's criteria are used to evaluate the ulcer for:

1. *Akriti* (Shape): The shape of venous ulcers varies.
2. *Varna* (Color): *Vata/necrosis*= *Krishna* (black). *Pitta/ infection*= *Rakta/Pitta* (red/yellow). *Kapha/ slough* = *Shweta* (white/pale).
3. *Gandha* (scent): *Visra* (fleshy scent) denotes the involvement of deep tissues.
4. *Srava* (Discharge): Lymphatic stagnation and *Kapha* dominance are indicated by profuse discharge.

**MATERIALS AND METHODS**

**The Therapeutic Protocol**

The management strategy is tripartite: *Shodhana* (systemic purification), *Shamana* (internal palliative medicine), and *Ropana* (local wound care).

**Case Study**

On March 1, 2025, a 72-year-old man from Prayagraj arrived at Shalya Tantra OPD with UHID 006726 under the care of Dr. Mandakini Dwivedi. He had a non-healing ulcer over the dorsum of his right foot, along with a foul-smelling, bloody discharge, pus, discomfort, and numbness over the surrounding area that had been there for ten years. He felt better after taking medication. In addition, he saw a recurrence of ulcers at the same location, right leg swelling, bleeding, pus formation, skin discoloration, etc. After three years, he developed a similar ulcer at the lateral malleolus in his left foot. After taking medicine, it recovered.

Skin grafts have also been carried out. Five months ago, he developed a non-healing lesion on his right foot. He was dressed and scrubbed after being accepted. Two months later, he was released. The wound hasn't healed, though. He is experiencing

prickling discomfort, blood discharge, pus development, numbness over his right foot, and an unpleasant odor coming from the ulcer.

### Personal History

Bowel: Irregular, Appetite: Normal, Micturation: Normal, Sleep: Normal

### Physical Examination

Temperature – 99°F

B.P: 152/86 mm of Hg

P.R: 72/min. No pallor, icterus, cyanosis and clubbing

Lymph Node – Palpable in B/L inguinal region

Oedema – Non-pitting oedema, B/L lower limb

### Systemic Examination

CVS: S1, S2 sound normal

**CNS:** Conscious. well-aware of place, time, and people.

**RS:** The broncho-vesicular sound is typical.

**GIS:** Inverted and positioned in the center, the umbilicus is non-tender and leaves no scars.

### Preparation of Panchavalkala Kwatha

*Panchavalkala Kwatha* has prepared in *Rasashala*, which is situated in Chandra Shekhar Singh Ayurvedic College, Kaushambi. In a clean vessel, the required quantity of *Panchavalkala* coarse powder was prepared, cooked in eight parts water, reduced to one-fourth, and then filtered. The filtrate *Kwatha* was used for the wound. *Ashvattha* (*Ficus religiosa* Linn.), *Parisha* (*Thespesia populenoides* L.), *Udumbara* (*Ficus glomerata* Roxb.), *Plaksha* (*Ficus lacor* Buch-Ham.), and *Vata* (*Ficus bengalensis* Linn.) combine to form *Panchavalkala*, which has the ability to clean and heal wounds.

S.No	Drug Name	Latin name	Part used	Proportion
1	<i>Vata</i>	<i>Ficus bengalensis</i> Linn	Bark	60gm
2	<i>Udumbara</i>	<i>Ficus glomerata</i> Roxb	Bark	60gm
3	<i>Ashvattha</i>	<i>Ficus religiosa</i> Linn	Bark	60gm
4	<i>Parisha</i>	<i>Thespesia populenoides</i> L.	Bark	60gm
5	<i>Plaksha</i>	<i>Ficus lacor</i> Buch-Ham.	Bark	60gm
6	Water	-	-	8 time reduced to 1/4 <sup>th</sup>


*Kashaya* (astringent) *Rasa*, which is helpful in treating *Shotha* (inflammations) and *Vrana* (wounds), predominates in all five medications. *Panchavalkala Tailam* was also made with scientific method in the texts.





### Intervention

Activities such as *Lekhana*, *Sodhana*, *Vrana Ropana*, *Krimighna*, and others were planned according to the Ayurvedic classics' *Dushta vrana* line

of management, taking *Dosha* involvement into sufficient account. Debridement was previously carried out taking into account all aseptic measures. *Panchvalkala kwatha* was then performed twice a day for two months. *Panchvalkala Tailam* was used for dressing with each sitting. During this period, internal supportive care was provided by *Gandhaka Rasayana*, *Arogyavardhini Vati*, *Kaishor Guggulu*, *Amalaki*, and *Nimbadi Churna*.

### Timeline of Intervention

1 <sup>st</sup> Mar. 2025 to	Severe pain and pus discharge present.	1 <sup>st</sup> sitting slough removed completely. Healthy granulation tissue observed. Dressing done with <i>Panchvalkala Tailam</i> . Internal Medications: 1. Tab. <i>Gandhaka Rasayana</i> per oral-2 BD (after food) 2. Tab. <i>Kaishor guggulu</i> per oral-2 BD (after food) 3. <i>Arogyavardhini Vati</i> per oral -2 BD (after food) 4. <i>Amalaki</i> and <i>Nimbadi Churna</i> each 3gm BD with lukewarm water (after food)	
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<p>16<sup>th</sup> Mar., 2025</p>	<p>Ulcer started healing. Mild pus discharge present.</p>	<p>of <i>Panchvalkala kwatha</i>. Dressing done with <i>Panchvalkala Tailam</i>. Internal medications: 1. Tab. <i>Gandhaka Rasayana</i> per oral-2 BD (After food) 2. Tab. <i>Kaishor guggulu</i> per oral-2 BD (After food) 3. <i>Arogyavardhini Vati</i> per oral -2 BD (After food) 4. <i>Amalaki</i> and <i>Nimbadi Churna</i> each 3gm BD with lukewarm water (After food)</p>	
<p>1<sup>st</sup> Apr, 2025</p>	<p>Mild pain and tenderness persist. Pus discharge absent.</p>	<p>3<sup>rd</sup> sitting of <i>Panchvalkala kwatha</i>. Dressing done with <i>Panchvalkala Tailam</i>. Internal medications: 1. Tab. <i>Gandhaka Rasayana</i> per oral-2 BD (after food) 2. Tab. <i>Kaishor guggulu</i> per oral-2 BD (after food) 3. <i>Arogyavardhini Vati</i> per oral -2 BD (after food) 4. <i>Amalaki</i> and <i>Nimbadi Churna</i> each 3gm BD with lukewarm water (after food)</p>	
<p>16<sup>th</sup> Apr., 2025</p>	<p>Patient was feeling better. No pus discharge. 1. Pain and tenderness reduced.</p>	<p>4<sup>th</sup> sitting of <i>Panchvalkala kwatha</i>. Dressing done with <i>Panchvalkala Tailam</i>. Internal medications: 1. Tab. <i>Gandhaka Rasayana</i> per oral-2 BD (after food) 2. Tab. <i>Kaishor guggulu</i> per oral-2 BD (after food) 3. <i>Arogyavardhini Vati</i> per oral -2 BD (after food) 4. <i>Amalaki</i> and <i>Nimbadi Churna</i> each 3gm BD with lukewarm water (after food)</p>	
<p>(Follow Up)</p>	<p>Completely healed ulcer with minimal scar.</p>	<p>All procedures and internal medications were stopped.</p>	

**Dietary and Lifestyle Guidelines (*Pathya-Apathya*)**

Without addressing the inputs that keep the body functioning, treatment is insufficient.

***Pathya* (Suggested)**

- Eat light, easily digested foods. Green Gram (*Mudga*), barley (*Yava*), and bitter vegetables (*Karela*, *Patola*).
- **Exercise:** *Vyayama*, a gentle workout that increases the calf muscle pump. Leg elevation.

***Apathya* (Contraindicated)**

- **Diet:** sour and fermented foods (aggravate *Pitta/Rakta*), too much salt (increases fluid

retention), and curd/yogurt (causes channel blockage/*Abhishyandi*).

- *Divaswapna*, or day sleeping, is an activity that raises *Kapha* and *edema*. extended periods of standing.

**DISCUSSION**

*Shotha* (inflammations) and *Vrana* (wounds) can be treated with *Panchavalkala Kwatha's* significant *Kashaya Rasa* (astringent). It also has the qualities of *Ropaka*, *Shothahara*, *Vrana Shodhaka*, and *Vedana Sthapana*. In addition to promoting *Vrana Ropana*, *Panchavalkala Tailum* possesses antimicrobial and relaxing properties. The efficacy of *Panchvalkala*

*Tailum Vranaropaka* property in curing *Dushta Vrana* was shown in this investigation. By removing the slough and debris from *Dushtavrana*, *Panchwalkala Kwatha* also contributed to its rapid healing. Numerous external apps make reference to *Vrana Shodhana's* actions. The effective, user-friendly formulation *Panchwalkala Kwatha*, which is composed of *Panchwalkala*, acts as a strong antibacterial agent in wounds and promotes faster healing.

**Therapy's effect on the size of the wound:** By increasing circulation to the wound, the use of *Panchavalkala Kwatha* and *Panchavalkala Tailam* has accelerated the healing process. *Dushta Vrana's* clinical features had improved at the end of the second week, and by the end of the fourth week, the wound had completely healed with just a small scar.

#### Impact of treatment on granulation tissue

*Panchwalkala Kwatha* produces healthy granulation tissue and speeds up its healing process by reducing impurities in the wound. Consequently, the size of the *Dushta Vrana*.

#### CONCLUSION

When combined with *Panchavalkala Tailum* treatment, *Panchwalkala Kwatha* removes impurities from the wound, resulting in the creation of healthy granulation tissue and its improved healing. This improves circulation to the area and speeds up the healing process. By the end of the second week, the clinical characteristics of *Dushta vrana* had improved, and by the end of the fourth week, the wound had completely healed, leaving just a little scar. The findings show that applying *Panchawalkala Tailum* after *Panchawalkala Kwatha* is beneficial for managing *Dushta Vrana*. The study should employ a sizable sample size in order to evaluate its efficacy.

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