



Research Article

CLINICAL EFFICACY OF *KASISADI GHRITA PICHU* IN THE MANAGEMENT OF *DUSHTA VRANA* (INFECTED WOUND): A PROSPECTIVE SINGLE-ARM CLINICAL STUDY

Abhishek Kumar Pandey^{1*}, M.K. Chaturvedi², S.P. Mishra³

¹PG Scholar, ²Professor & HOD, ³Professor, Department of Shalya Tantra, Major S.D. Singh P.G. Ayurvedic Medical College & Hospital Bewar Road, Fatehgarh, Farrukhabad (U.P.), India.

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ABSTRACT

Dushta Vrana (infected or non-healing wound) is a common surgical presentation described extensively in classical Ayurvedic texts under *Vranashodhana* (wound purification) and *Vranaropana* (wound healing). *Kasisadi Ghrita*, a medicated ghee preparation described in *Bhaisajya Ratnavali* and *Sushruta Samhita*. **Objective:** To evaluate the clinical efficacy and safety of *Kasisadi Ghrita Pichu*, applied locally, in the management of *Dushta Vrana*. **Methods:** In this prospective, single-arm, single-blind clinical study, 30 patients with clinically diagnosed *Dushta Vrana*. *Kasisadi Ghrita* was prepared in-house by *Sneha Kalpana Vidhi* from *Suddha Kasisa*, *Haridra*, *Jati*, *Katuki*, and *Go Ghrita*, and applied as a medicated *Pichu* to the wound for up to six months, with clinical assessment at 15-day intervals. Seven parameters-pain (0–10 Visual Analogue Scale), itching, tenderness, foul smell, granulation, discharge, and wound size (each 0–3 ordinal grade)- were scored before and after treatment. Paired t-test and Wilcoxon signed-rank test were used for statistical analysis. **Results:** All 30 patients completed the study (0 dropouts). Every parameter improved significantly after treatment ($p < 0.001$ for all seven parameters by both tests). Mean pain score fell from 6.13 ± 1.66 to 3.10 ± 2.55 (49.46% relief); discharge fell from 1.60 ± 0.67 to 0.63 ± 0.61 (60.42% relief, the largest relative improvement); and itching, tenderness, smell, granulation, and wound size each improved by 47–58%. Overall composite relief averaged 51.33%: 20% of patients achieved marked improvement (75–99%), 40% moderate improvement (50–74%), 23% mild improvement (25–49%), and 17% showed no relief (<25%). **Conclusion:** *Kasisadi Ghrita Pichu* produced statistically highly significant and clinically meaningful improvement across all assessed parameters of *Dushta Vrana*, with an excellent safety profile, supporting its classical indication as a *Vranashodhaka* and *Vranaropaka* local application. Confirmation in a randomised controlled trial with an active comparator is warranted.

INTRODUCTION

Wounds remain among the leading causes of morbidity worldwide, and microbial infection of a wound substantially worsens outcomes, delays healing, and increases mortality risk in affected populations.^[1] Chronic and infected wounds impose a heavy socioeconomic burden through reduced quality of life, lost productivity, restricted mobility, and

prolonged patient suffering.^[2] Wound care is one of the oldest branches of medical practice, and the therapeutic use of plant- and mineral-based dressings for wound management has a documented history stretching back to antiquity, including detailed surgical descriptions by Acharya Sushruta.^[3]

In Ayurveda, *Dushta Vrana* denotes an infected or non-healing wound, one that fails to progress through the normal phases of healing and is characterised by a foul-smelling cavity with persistent discharge of blood and pus. *Acharya Sushruta*, *Charaka*, *Vagbhata*, and *Madhavakara* each describe the *Lakshanas* (clinical features) of *Dushta Vrana* in detail, and classical Ayurvedic surgery devotes extensive attention to its management.^[4,5,6,7] *Sushruta Samhita*

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describes sixty therapeutic procedures (*Shashtyupakrama*) for wound care,^[8] while *Charaka Samhita* describes thirty-six (*Shatrinshad Upakrama*).^[9] Management of *Dushta Vrana* is classically organised under two broad processes- *Vranashodhana* (wound purification/debridement) and *Vranaropana* (wound healing)- delivered through seven pharmaceutical forms: *Kashaya*, *Varti*, *Kalka*, *Sarpi*, *Taila*, *Rasakriya*, and *Avachoorana*.

Modern topical antimicrobial agents, while effective at controlling local infection, can impair granulation tissue formation and neovascularisation, creating a persistent clinical need for dressing materials that control infection and simultaneously promote healing without adverse effects.^[10] *Kasisadi Ghrita* is a classical *Sneha Kalpana* (medicated-ghee preparation) described in *Bhaisajya Ratnavali* and *Sushruta Samhita*, comprising *Suddha Kasisa* (purified ferrous sulphate), *Haridra* (*Curcuma longa*), *Jati* (*Jasminum grandiflorum*), *Katuki* (*Picrorhiza kurroa*), and *Go Ghrita* (clarified cow's ghee), and is classically indicated for wounds in which *Vata* or *Pitta Dosha* predominate.^[11,12] Although these individual drugs are described extensively in Ayurvedic literature for *Vrana* management, no clinical or experimental study appears to have evaluated *Kasisadi Ghrita*, applied as a medicated *Pichu*, for the management of *Dushta Vrana*.

The present study was therefore undertaken to evaluate, with modern clinical-trial methodology, the efficacy and safety of *Kasisadi Ghrita Pichu* as a local application in patients with *Dushta Vrana*, and to

examine the degree to which the observed clinical outcomes correspond with the classical Ayurvedic pharmacological properties attributed to its constituent drugs.

MATERIALS AND METHODS

Study Design and Setting

This was a prospective, single-arm, single-blind, pre-post interventional clinical study conducted at the Department of Shalya Tantra, Major S.D. Singh P.G. Ayurvedic Medical College and Hospital, Bewar Road, Fatehgarh, Farrukhabad, Uttar Pradesh, India. The study protocol was reviewed and approved by the Institutional Ethics Committee, and written informed consent was obtained from every participant after counselling. The total period of study was 18 months, with a maximum treatment duration of six months per patient and clinical reassessment every 15 days.

Preparation of *Kasisadi Ghrita*

Raw drugs- *Suddha Kasisa*, *Go Ghrita*, *Haridra*, *Jati* (root), and *Katuki*- were procured from an authenticated herbal drug supplier, and identification/ authentication of the plant drugs was carried out at the Department of *Dravyaguna Vigyan* of the same institute. *Kasisadi Ghrita* was prepared in the institutional pharmacy according to the classical *Sneha Kalpana Vidhi* described in *Bhaisajya Ratnavali* and *Sushruta Samhita*, using *Suddha Kasisa*, *Haridra*, *Jati*, and *Katuki* in equal (1 part each) proportion, *Go Ghrita* 4 parts, and *Jala* (water) 16 parts (Table 1).^[13,14]

Table 1: Ingredients and proportions of *Kasisadi Ghrita*

Ingredient	Botanical / Chemical Identity	Proportion
<i>Go Ghrita</i>	Clarified cow's ghee	4 parts
<i>Suddha Kasisa</i>	Purified ferrous sulphate	1 part
<i>Haridra</i>	<i>Curcuma longa</i>	1 part
<i>Jati (Moola)</i>	<i>Jasminum grandiflorum</i> (root)	1 part
<i>Katuki</i>	<i>Picrorhiza kurroa</i>	1 part

Patient Selection

Thirty patients presenting with clinically diagnosed *Dushta Vrana* were selected randomly, irrespective of sex, religion, or occupation, from the OPD and IPD of the study institute. Diagnosis was established on the basis of the classical *Lakshanas* of *Dushta Vrana*- *Gandha* (odour), *Srava* (discharge), *Vedana* (pain), and *Akriti* (morphology)- supported by clinical examination.

Inclusion criteria

Patients of either sex and any age group with *Dushta Vrana* on any part of the body, including non-specific ulcers and post-operative infected wounds.

Exclusion criteria

Malignant ulcers, tubercular ulcers, syphilitic ulcers, wounds with underlying bony lesions, patients with bleeding disorders, HIV/Hepatitis B/Hepatitis C-positive patients, and wounds in diabetic patients were excluded.

Intervention

Kasisadi Ghrita was administered locally as a *Pichu* (medicated gauze/wick soaked in the medicated ghee), applied to the wound according to the patient's *Dosha-Adhikya Prakriti*, with dose adjusted to the area of involvement. Treatment continued for a maximum of six months, with dressing change and clinical

assessment performed at baseline and at the 15th, 30th, 45th, and 60th day and subsequent 15-day intervals thereafter. Patients were permitted a routine home diet and advised to avoid *Ahitkara Ahara* and *Vihara* (dietary/lifestyle factors unfavourable to wound healing).

Outcome Measures

Seven clinical parameters were scored at baseline (Before Treatment, BT) and at the end of treatment (After Treatment, AT): pain on a 0–10 Visual Analogue Scale, and itching, tenderness, foul smell, granulation-tissue status, discharge, and wound size, each on a validated 0–3 ordinal grading scale (Grade 0=absent/normal to Grade 3=severe). Routine haematological (CBC, ESR, bleeding time, clotting time), biochemical (blood sugar, bilirubin, urea, creatinine), and viral marker (HBsAg, HCV, HIV) investigations were performed for all patients; wound-discharge culture and sensitivity and histopathological examination were performed where clinically indicated.

Grading of Overall Response

Overall therapeutic response was graded from the percentage improvement in the composite score

across all seven parameters: Complete relief (100%), Marked relief (75–99%), Moderate relief (50–74%), Mild relief (25–49%), and No relief (<25%).

Statistical Analysis

Within-subject change from baseline to end of treatment was assessed using the paired t-test for each of the seven parameters, with the Wilcoxon signed-rank test applied as a non-parametric confirmatory analysis given the ordinal nature of six of the seven scales. A p-value <0.05 was considered statistically significant.

RESULTS

Demographic and Constitutional Profile

All 30 enrolled patients completed the full course of treatment; there were no dropouts and no patient left against medical advice (study completion rate 100%). The cohort was predominantly middle-aged (66.7% aged 35–50 years), male (83.33%), rural (60%), vegetarian (80%), and married (93.33%). *Vata-Pittaja Prakriti* was the most common constitutional type (60%), followed by *Vata-Kaphaja* (26.67%) and *Pitta-Kaphaja* (13.33%). (Table 2).

Table 2: Demographic and constitutional profile of study patients (n = 30)

Variable	Category	n	%
Age (years)	30–35 / 35–40 / 40–45 / 45–50	5 / 10 / 5 / 10	16.67 / 33.33 / 16.67 / 33.33
Gender	Male / Female	25 / 5	83.33 / 16.67
Habitat	Rural / Urban	18 / 12	60.00 / 40.00
Diet	Vegetarian / Mixed	24 / 6	80.00 / 20.00
Marital status	Married / Unmarried	28 / 2	93.33 / 6.67
Prakriti	Vata-Pittaja / Vata-Kaphaja / Pitta-Kaphaja	18 / 8 / 4	60.00 / 26.67 / 13.33

Effect on Clinical Parameters

The mean score of every assessed parameter decreased after treatment (Table 3). Mean pain fell from a moderate-pain category (6.13 ± 1.66 on the 0–10 VAS) to a mild-pain category (3.10 ± 2.55); itching fell from 1.67 ± 0.84 to 0.70 ± 0.84 ; tenderness from 1.83 ± 0.65 to 0.90 ± 0.71 ; foul smell from 1.77 ± 0.63 to 0.90 ± 0.66 ; granulation-tissue grade from 1.90 ± 0.61 to 1.00 ± 0.45 ; discharge from 1.60 ± 0.67 to 0.63 ± 0.61 ; and wound size from 1.73 ± 0.58 to 0.90 ± 0.61 .

Table 3: Descriptive statistics of clinical parameters before (BT) and after (AT) treatment with Kasisadi Ghrita Pichu (n = 30)

Parameter	Scale	Mean $\pm$ SD (BT)	Mean $\pm$ SD (AT)
Pain	0–10 (VAS)	6.13 ± 1.66	3.10 ± 2.55
Itching	0–3	1.67 ± 0.84	0.70 ± 0.84
Tenderness	0–3	1.83 ± 0.65	0.90 ± 0.71
Smell	0–3	1.77 ± 0.63	0.90 ± 0.66
Granulation	0–3	1.90 ± 0.61	1.00 ± 0.45
Discharge	0–3	1.60 ± 0.67	0.63 ± 0.61
Size	0–3	1.73 ± 0.58	0.90 ± 0.61

Inferential Statistical Analysis

All seven clinical parameters showed statistically highly significant improvement after treatment ($p < 0.001$ for each parameter by paired t-test; confirmed at $p < 0.001$ by Wilcoxon signed-rank test) (Table 4). The highest t-value was recorded for pain ($t=10.77$), followed by granulation ($t=9.00$), discharge ($t=7.92$), itching ($t=7.37$), wound size ($t=5.22$), tenderness ($t=5.04$), and smell ($t=4.88$); all values substantially exceeded the critical t-value ($df = 29$, $\alpha = 0.001$; $t\text{-critical} \approx 3.66$).

Table 4: Paired t-test results for clinical parameters after treatment with *Kasisadi Ghrita Pichu* (n = 30). Overall mean percentage relief across all seven parameters = 51.33%

Parameter	Mean Diff.	% Relief	t-value	p-value	Result
Pain	3.03	49.46	10.77	<0.001	Highly significant
Itching	0.97	58.00	7.37	<0.001	Highly significant
Tenderness	0.93	50.91	5.04	<0.001	Highly significant
Smell	0.87	49.06	4.88	<0.001	Highly significant
Granulation	0.90	47.37	9.00	<0.001	Highly significant
Discharge	0.97	60.42	7.92	<0.001	Highly significant
Size	0.83	48.08	5.22	<0.001	Highly significant

Overall Therapeutic Outcome

Based on percentage relief in the composite score across all seven parameters, the largest single group of patients (12/30, 40%) achieved moderate improvement (50–74% relief); 6/30 (20%) achieved marked improvement (75–99%); 7/30 (23%) achieved mild improvement (25–49%); and 5/30 (17%) showed no relief (<25%) (Table 5). No patient achieved complete cure (100%) within the six-month treatment window, and no case of clinical worsening or adverse reaction was recorded. Combined marked-plus-moderate improvement ($\geq 50\%$ relief) was achieved in 18/30 patients (60%).

Table 5: Overall therapeutic outcome in patients treated with *Kasisadi Ghrita Pichu* (n = 30)

Outcome category	Criteria	n	%
Cured	100% improvement	0	0.00
Marked improvement	75–99%	6	20.00
Moderate improvement	50–74%	12	40.00
Mild improvement	25–49%	7	23.33
No relief	<25%	5	16.67
Total	—	30	100.00



Day-1



Debridement done



Applied Kasisadi ghrita pichu



after 15 days



after 45 days



After 90 days

DISCUSSION

This study evaluated *Kasisadi Ghrita Pichu*-comprising *Suddha Kasisa*, *Katuki*, *Jati*, *Haridra*, and *Go Ghrita*- as a local application in *Dushta Vrana*. All seven assessed clinical parameters improved with high statistical significance, and the pattern of improvement corresponds closely with the classical pharmacological properties attributed to the constituent drugs.

Pain in *Dushta Vrana* is classically attributed to *Vata* vitiation secondary to tissue destruction and to the inflammatory response accompanying infection.

The pronounced reduction in pain observed here (49.46% relief; the highest t-value in the dataset) is consistent with the combined *Vedanasthapana* and *Vata-shamaka* actions of the formulation: the *Sothahara* (anti-oedematous) property of *Suddha Kasisa*, the *Snehana* and analgesic-vehicle role of *Go Ghrita* in classical *Vrana* management, and the anti-inflammatory action of curcumin in *Haridra*, which inhibits cyclo-oxygenase-2 and NF- κ B-mediated

cytokine production and thereby reduces prostaglandin-driven nociception.^[15]

Itching (*Kandu*) showed the second-largest relief (58.00%), consistent with the *Kandughna* property specifically attributed to *Suddha Kasisa*, together with the mast-cell-stabilising, anti-histaminic action reported for *Haridra* and the anti-inflammatory constituents of *Jati* (*Jasminum grandiflorum*).

Discharge (*Srava*) showed the largest percentage relief among all parameters (60.42%), a finding of particular clinical importance because persistent exudate sustains the microbial burden, causes peri-wound maceration, and impairs epithelial migration- the central mechanism perpetuating wound chronicity. This improvement is consistent with the classically described *Sankocaka* (astringent) action of *Suddha Kasisa* and the *Snigdha*, moisture-regulating property of *Go Ghrita*.

Granulation tissue improved with the second-highest t-value (9.00) despite showing the numerically lowest percentage relief, indicating a highly consistent healing response with low inter-patient variability. *Go Ghrita* is specifically recommended in *Sushruta Samhita* as a *Pichu* vehicle for promoting healthy granulation tissue, and curcumin has been shown experimentally to promote fibroblast proliferation, collagen synthesis, and controlled angiogenesis- the core cellular events of granulation.^[16,17] Reduction in wound size (48.08% relief) similarly reflects progressive contraction and re-epithelialisation, plausibly supported by curcumin-mediated epidermal growth factor receptor signalling in keratinocytes and the moisture-retentive medium provided by *Go Ghrita*.^[18]

Considered together, the five constituents of *Kasisadi Ghrita* appear to act synergistically across the inflammatory, proliferative, and maturation phases of wound healing: *Suddha Kasisa* (astringent, antimicrobial, antipruritic, anti-oedematous) as the principal *Vranashodhana* agent; *Katuki* (bitter, *Sita Virya*, anti-inflammatory) as an adjunct anti-inflammatory and *Ama*-reducing agent; *Jati* (wound-cleansing, mild analgesic) supporting *Vranashodhana*; *Haridra* (multi-mechanistic anti-inflammatory, antimicrobial, and pro-healing) supporting both *Shodhana* and *Ropana*; and *Go Ghrita* as the *Snehana* vehicle sustaining drug contact, moisture balance, and tissue nourishment. The predominance of *Vata-Pittaja Prakriti* in the cohort (60%) aligns with the classical indication of *Kasisadi Ghrita* for *Vata-Pitta*-dominant wound pathology, which may partly explain the consistency of the therapeutic response observed.

The overall response profile- 60% of patients achieving at least moderate ($\geq 50\%$) composite relief,

with no adverse events- supports a favourable benefit-risk balance for this formulation as a first-line local application for mild-to-moderate *Dushta Vrana*, particularly in resource-limited or rural settings, where the majority of this cohort resided. The absence of complete cure in any patient within six months is unsurprising given the inherent chronicity of the enrolled wounds and suggests that extended treatment, or combination with systemic Ayurvedic *Shodhana* therapy, may further improve outcomes in partial responders.

Limitations

This study has several limitations. First, the single-arm, pre-post design without a concurrent placebo or active-comparator (e.g., povidone-iodine) arm precludes definitive causal attribution, since an element of spontaneous healing over time cannot be excluded. Second, the sample size ($n=30$), while adequate for a pilot clinical evaluation, limits subgroup analysis by wound aetiology, site, depth, or *Prakriti*. Third, systematic microbiological wound-culture data were not obtained for all patients, limiting objective characterisation of antimicrobial effect. Fourth, histopathological confirmation of the healing-phase transition was available only in selected cases. Fifth, follow-up beyond the six-month treatment window was not incorporated, so durability of improvement and recurrence rates remain unassessed.

CONCLUSION

Kasisadi Ghrita Pichu produced statistically highly significant ($p<0.001$) and clinically meaningful improvement across all seven assessed parameters of *Dushta Vrana*- pain, itching, tenderness, foul smell, granulation, discharge, and wound size- in a cohort of 30 patients, with an overall mean composite relief of approximately 51%, a 60% rate of at least moderate improvement, and no recorded adverse effects over six months. These findings provide clinical evidence supporting the classical Ayurvedic indication of *Kasisadi Ghrita* as a *Vranashodhaka* and *Vranaropaka* local application and suggest it is a feasible, affordable, and safe option for the management of mild-to-moderate infected/non-healing wounds, particularly in resource-limited settings. Confirmation through a randomised controlled trial with an active comparator, a larger multicentre sample, systematic microbiological endpoints, and longer-term follow-up is recommended before wider clinical adoption.

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*Address for correspondence

Dr. Abhishek Kumar Pandey

PG Scholar,

Department of Shalya Tantra,

Major S.D. Singh P.G. Ayurvedic

Medical College & Hospital Bewar

Road, Fatehgarh, Farrukhabad (U.P.).

Email:

abhishekpandey3183@gmail.com

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