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RESEARCH ARTICLE

MANAGEMENT OF CHRONIC VATAJA DUSTHA VRANA IN A GERIATRIC PATIENT THROUGH AYURVEDIC MULTI-MODAL THERAPY-A CASE STUDY

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ABSTRACT

Chronic non-healing ulcers (Dustha Vrana) in geriatric patients are often resistant to standard treatments due to poor vascularity and Dhatu Kshaya. This case study documents the six-month clinical journey of an 80-year-old female patient suffering from a painful lower-limb ulcer. A combination of Shodhana therapy in the form of Pancha Tikta Ksheer Basti and Shamana Chikitsa including Raktapachaka Vati and Vaikrant Bhasma was administered. The wound achieved near-complete healing within four months, with significant reduction in pain during the first month of treatment.

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INTRODUCTION

The patient presented with a chronic ulcer on the left lower leg persisting for approximately one and a half years. The condition was associated with Satata Shula (continuous deep-seated pain), yellow slough formation, and localized swelling around the affected area.

CLINICAL TIMELINE

Baseline Assessment (October 5, 2025)

The patient presented with a large ulcer covered with thick slough. Severe pain attributed to Majjagat Vata disturbed sleep and daily activities. Treatment was initiated with Pancha Tikta Ksheer Basti for 7 days and Raktapachaka Vati. Dressing with jatyadi tail is continued

One-Month Follow-Up (November 10, 2025)

Pain intensity was reduced by approximately 70 percent. Slough became softer, liquefied, and gradually separated from the wound bed. Jatyadi Taila dressing and Vaikrant Bhasma therapy were continued.

Three-Month Follow-Up (January 15, 2026)

The wound bed demonstrated healthy red granulation tissue with complete absence of foul odor and discharge. Bala Churna was added to support tissue nourishment and regeneration.
Panch Tikta Ksheera Basti for another 7 days. Four-Month Follow-Up (February 5, 2026).

The ulcer was almost completely healed with approximately 95 percent epithelialization while Pad-Abhyanga was continued as maintenance therapy.

Final Follow-Up (March 31, 2026)

Complete skin closure was observed without recurrence of pain, discharge, or ulceration. The patient was discharged after successful completion of treatment.

THERAPEUTIC INTERVENTION: A. Internal Medications (Shamana Chikitsa)

- Raktapachaka Vati: Two tablets twice daily for management of Rakta Dushti.

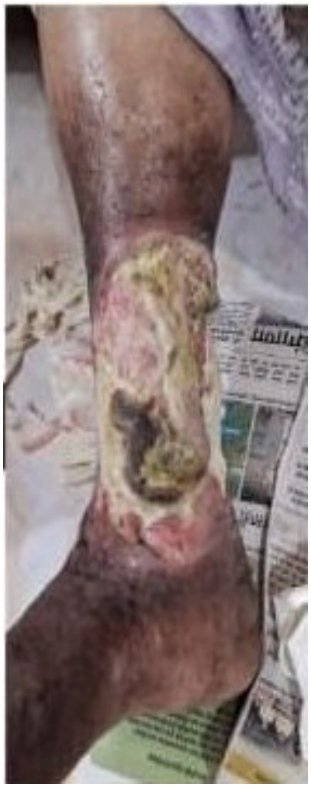

Figure 1 (October 2025): Initial stage showing necrotic tissue and thick slough

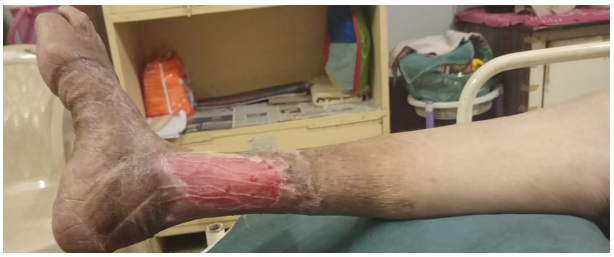

Figure 2 (January 2026): Intermediate stage demonstrating healthy red granulation tissue

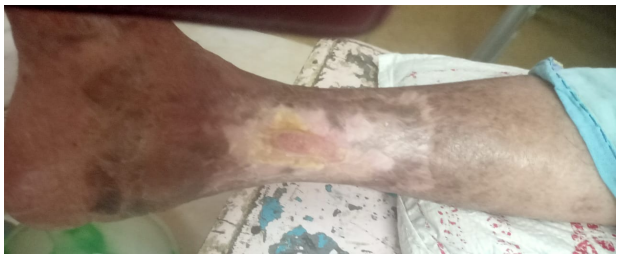

Figure 3. (February–March 2026): Final stage showing wound contraction, epithelialization, and complete skin closure

- Vaikrant Bhasma and Bala Churna: Administered in pudya form at a dosage of 125 mg and 3 g respectively for Rasayana effect and promotion of wound healing (Vrana Ropana).
- Swayambhuva Guggulu: Administered according to clinical requirements for its Lekhana action.

Specialized Procedures (Shodhana Chikitsa): Pancha Tikta Ksheer Basti was administered for the management of Majjagat Vata. The Tikta Dravyas processed in Ksheera provide nourishment to Asthi and Majja Dhatu while simultaneously pacifying aggravated Vata responsible for chronic pain and delayed wound healing.

Local Wound Care (Sthanika Chikitsa):

- **Vrana Prakshalana:** Daily wound cleansing with Patol and Sariva Kwatha for its antiseptic and cooling properties.
- **Vrana Ropana:** Daily dressing with Jatyadi Taila to facilitate tissue repair and wound healing.
- **Pad-Abhyanga:** Gentle foot massage using Chandanbala Lakshadi Taila to improve local circulation, venous return, and nerve conduction.

RESULTS AND DISCUSSION

The treatment protocol achieved two major therapeutic objectives.

Pain Alleviation: Within one month of treatment, a substantial reduction in Satata Shula was observed. This finding suggests that management of the ulcer through the concept of Majjagat Vata using Basti therapy can be more effective than relying solely on local analgesic measures.

Tissue Regeneration and Wound Healing: Despite advanced age and reduced regenerative capacity, the wound progressed from a Dustha (infected and unhealthy) stage to a Shuddha (clean and healthy) stage within four months. Healthy granulation tissue formation, epithelialization, and complete wound closure were achieved without recurrence. Vaikrant Bhasma may have contributed to the enhanced metabolic and regenerative processes involved in wound healing.

CONCLUSION

This case study demonstrates that Ayurvedic management involving Pancha Tikta Ksheer Basti, appropriate internal medications, and specialized local wound care can effectively manage chronic Dustha Vrana in geriatric patients. Complete healing was achieved within four months, and a stable six-month follow-up revealed no recurrence of pain or ulceration. These findings support the potential role of Ayurvedic multi-modal therapy in the successful management of chronic non-healing ulcers.

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