

AYURVEDIC MANAGEMENT OF *KSHATAJ-DUSHTA VRANA* USING *APAMARGA KSHARA*: A CASE REPORT ON CHRONIC NON-HEALING WOUND

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ABSTRACT

Introduction: Chronic non-healing wounds, especially among the geriatric population, pose a major therapeutic challenge due to factors such as impaired circulation, comorbidities, and decreased tissue regeneration capacity. According to Ayurveda, a traumatic wound (*Kshataja Vrana*) that does not heal because of aggravated *Doshas* eventually becomes a *Dushta Vrana*. **Patient Information:** This case study describes the Ayurvedic management of a 63-year-old Diabetic male with a non-healing wound (*Kshataj-Dushta Vrana*) for 6 months, located in the third interdigital space of the left foot. The wound was characterised by chronicity and lack of granulation and did not respond to repeated courses of antibiotics, dressings, or suturing. It showed unhealthy granulation, slough, intermittent seropurulent discharge (*Srava*), and surrounding induration, accompanied by constant pain (*Ruja*) and limited movement. **Intervention:** The therapeutic approach included local application of *Apamarga Kshara Churna* and proper bandaging and Daily *Vrana Prakshalana* with lukewarm *Triphala Kashaya* before applying *Kshara*, along with administration of *Ras Manikya* and *Sarivadi Vati*, with advice to restrict movement of the affected foot. **Result:** A significant improvement in wound dimensions, pain, discharge, and granulation tissue formation was observed within two weeks, culminating in complete healing within four to five weeks. No recurrence was observed during a one-month follow-up period. **Conclusion:** This case demonstrates the potential effectiveness of *Kshara* in *Vrana Shodhana* (purification) And *Ropana* (healing) for *Kshataj-Dushta Vrana*.

KEYWORDS: *Kshataj-Dushta Vrana*, Non-healing wound, *Ras Manikya*, *Apamarga Kshar*, *Sarivadi Vati*, *Triphala Kashaya*.

INTRODUCTION

Chronic wounds place a substantial burden on health-care systems and can lead to prolonged patient suffering and high financial expenditures. The prevalence of chronic wounds is estimated to be 1.51–2.21/1000 population globally.^[1] In Ayurveda, *Vrana* (wound) (SN4W-K) is an important clinical concern and is

generally classified as *Shuddha* (clean/acute) or *Dushta* (infected/chronic/non-healing).^[2] A chronic wound is a wound that does not progress through a normal and timely repair, and the healing process is unable to restore the wound's anatomical and functional integrity within a period of 3 months.^[3] The present case involves a long-standing *Kshataj Vrana/Aagantuja Vrana*.^[4] That

deteriorated into a *Dushta Vrana*^[5] Due to its chronicity and insufficient *Shodhana* (purification) and *Ropana* (healing) measures. Non-healing wounds—especially those found in the lower limbs of older patients—are difficult to manage because of reduced circulation, common systemic co-morbidities, and persistent inflammation. Ayurveda provides a comprehensive therapeutic framework through the *Shashti Upakrama*^[6] (sixty procedures) for wound management. In this case, treatment was designed to address chronicity, localised infection, and systemic imbalance using potent mineral-herbal formulations.

In this case, A 63-year-old Diabetic male with a chronic non-healing wound was evaluated through an Ayurvedic perspective. The patient had been suffering from a *Kshataj-Dushta Vrana* for six months, which did not heal with previous treatments, including suturing. *Apamarga Kshara Churna* was selected as the primary therapeutic agent for its strong *Ropana* (healing) action, along with *Ras Manikya* for Anti-microbial Properties and *Sarivadi Vati* as a *Rakta Shodhaka*.

This case report exemplifies the clinical relevance of *Kshara's Shodhana* (purification)^[7] And *Ropana* (healing)^[8] nature in non-healing wounds.

PATIENT INFORMATION

Present Complaint: A 63-year-old man with diabetes mellitus, managed with Metformin 500 mg, presented with a non-healing wound located between the third interdigital space of his left foot, persisting for the past six months. He visited the OPD for further treatment.

Treatment Protocol

Table 1.

Phase	Duration	Internal Medicine	Dosage/Anupana	Local Application	Procedure
I	1-2 Weeks	<i>Ras Manikya</i>	Half tab. (60 mg) BD (Twice daily) with <i>Ghee</i>	<i>Apamarga Kshar Churna</i> Daily <i>Vrana Prakshalana</i> (irrigational wound cleaning) with lukewarm <i>Triphala Kashaya</i> before applying <i>Kshara</i> .	<i>Kshara churna</i> is applied in the form of a paste daily to the wound bed. Local dressing with sterile gauze and appropriate bandaging.
		<i>Sarivadi Vati</i>	500 mg BD (Twice daily) with lukewarm water		
II	Subsequent Weeks	<i>Ras Manikya</i>	Half tab. (60 mg) BD (Twice daily) with <i>Ghee</i>	<i>Apamarga Kshar Churna</i>	Continued until slough removal. Once <i>Shuddha Vrana</i> is attained, substitute with <i>Jatyadi Taila</i> . <i>Vrana Ropana</i> dressing continued until complete healing.
		<i>Sarivadi Vati</i>	500 mg BD (Twice daily) with lukewarm water		

Rationale of Drugs

- **Ras Manikya**^[9]: A *Rasaushadhi* (mineral-based preparation) indicated for skin and chronic diseases.

CLINICAL FINDINGS (*Vrana Pariksha*)

Site: 3rd Interdigital space of the foot (between the 3rd and 4th toes).

Duration: 6 months (Chronic).

Size: 1 cm Vertically approximately.

Discharge (*Srava*): Moderate, thin, Mild foul-smelling (*Puti-srava*).

Wound Floor (*Vrana Tala*): Pale, slough-covered, poor granulation tissue (*Asuddha Vrana Lakṣaṇa*).

Wound Margin (*Vrana Mārgin*): Undermined/calloused, non-proliferative.

Pain (*Ruja*): Mild (pain while walking and movement in left foot), non-lancinating.

Ayurvedic Diagnosis and *Samprapti* (Pathogenesis)

Diagnosis: *Kshataj Vrana* progressing to *Dushta Vrana* (Chronic Non-Healing wounds).

Dosha Predominance: *Kapha* and *Pitta Pradhana Tridoṣhaja Vrana*. The chronicity (*Kapha*), foul smell/discharge/inflammation (*Pitta* and *Rakta Duṣhti*), and deep-seated nature indicate vitiation of *Tridoṣhas* and *Dhatu* (primarily *Rakta, Mamsa*).

THERAPEUTIC INTERVENTION AND TIMELINE

The treatment aimed at *Vrana Shodhana* (purification/debridement) followed by *Vrana Ropana* (healing/granulation) through both systemic (*Shamana*) and local management.

It possesses *Rasayana* (rejuvenative) and *Kuṣhthaghna* (anti-skin disease) properties and Anti-

microbial Properties^[10], helping to rectify systemic *Dhatu Dushiti*.

- **Sarivadi Vati^[11]**: Primarily indicated for *Raktashuddhi* (blood purification) and *Pittashamana* (*Pitta* palliation), which is crucial for managing inflammation and infection in *Dushta Vrana*.
- **Apamarga Kshar Churna (Local)^[12]**: *Kshara* (caustic alkali) is a powerful tool for **Vrana**

Shodhana (cleansing). It possesses *Chhedana* (excision), *Bhedana* (incision/cleaving), and *Lekhana^[13]* (scraping) properties, which help to debride the slough and unhealthy tissue (*Dushita Mamsa*), paving the way for *Ropana* (healing). Application as a paste ensures prolonged contact and action in the interdigital space.

FOLLOW-UP AND OUTCOMES

Table 2.

Parameter	Before Treatment	After 2 weeks	After 4 Weeks
Vrana Size	1 cm approximately	Significant reduction	Complete closure (Epithelialized)
Discharge (Srava)	Moderate, mild foul-smelling	Absent	Absent
Slough	Present (Unhealthy tissue)	Absent	Absent
Granulation Tissue	Poor	Healthy, red granulation tissue formation	Well-formed, promoting closure
Pain	Moderate	Mild	Absent

BEFORE TREATMENT



Fig.1.



Fig.2.

DURING TREATMENT



Fig. 3.

AFTER TREATMENT



Fig. 4.



Fig. 5.

RESULTS

The patient reported a noticeable reduction in pain and discharge during the initial two weeks of treatment. The *Apamarga Kshar Churna* efficiently removed the slough and promoted healing. Combined with internal medications, significantly accelerated the formation of healthy granulation tissue. **The wound healed completely within about 4 to 5 weeks.**

DISCUSSION

The case highlights the effective use of an integrated Ayurvedic treatment approach for a chronic, non-healing wound classified as *Dushta Vrana*. Because the wound had persisted for 6 months and was in a difficult anatomical location (interdigital space) often makes such wounds refractory to conventional treatment.

The key to the successful outcome was the local Application of *Apamarga Kshar Churna*. This procedure is an efficient method of *Kshara Karma* (application of medicinal alkali) for *Shodhana* (Purification) of deep-seated, slough-covered wounds. *Kshara* provides a targeted chemical debridement, superior to mechanical debridement in this context, preparing the wound bed for healing. Systemically, *Ras Manikya* acted as a potent *Rasayana* and Anti-microbial action, while *Sarivadi Vati* corrected the *Rakta Dushṭi* (impure blood), addressing the root *Samprapti* of the chronic inflammatory state, *Vrana Prakshalana* (irrigational wound cleaning) with lukewarm *Triphala Kashaya* (a decoction of three fruits) for its *Shodhana* (purifying) and antimicrobial properties. The combination synergistically supported the local healing process, leading to complete *Vrana Ropana*.

CONCLUSION

Ayurvedic treatment incorporating *Ras Manikya* and *Sarivadi Vati* internally, complemented by local application of *Apamarga Kshar Churna*, proved highly effective in the management of chronic, non-healing *Kshataj Vrana* (*Dushta Vrana*) in a 63-year-old male. This case supports the established principles of *Vrana Chikitsa* in Ayurveda and advocates for the use of

Kshara Karma in purifying chronic ulcers before promoting granulation.

PATIENT PERSPECTIVE

I had been experiencing a non-healing wound for the past six months, despite receiving allopathic treatment, including suturing. The treatment provided only temporary and mild relief, and the wound continued to recur without proper healing. After starting Ayurvedic treatment with *Apamarga Kshara*, noticeable improvement occurred within a few weeks. The wound healed completely, with uniform skin formation and no recurrence.

INFORMED CONSENT

Written informed consent was obtained from the patient for documenting and publishing this case report.

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