



Case Report

Ayurvedic management of chronic non-healing venous leg ulcers in a patient with diabetes mellitus: A case report

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ABSTRACT:

Background: Chronic venous insufficiency (CVI) and varicose veins are considered to be the contributing factors for the onset of Venous leg ulcer. Venous Leg Ulcers remain one among the frequently reported cases in the daily life clinical practice. The ulcers having pain, edema, itching, and discharge make it difficult for the patient to carry out his day-to-day activities. It affects the quality of life of the patient thus tarnishing both his physical and mental well-being. Venous ulcers are correlated with *Dusta vrana* in Ayurveda because of its typical nature described in Ayurveda classics. If intertwined with other contributing factors like Diabetes Mellitus, it can either aggravate the ulcer or prevent the healing process even after administration of medications. **Clinical Findings:** The present case report, documents the efficacy of treatment protocol derived from the Ayurveda texts in managing two non-healing Venous ulcers in a known case of Diabetes Mellitus. The patient had severe pain, discharge and itching along with the discoloration of left lower limb. **Intervention:** Internal administration in the form of *Sahacaradi Kashaya*, *Majistadi kashaya*, *kaishora guggulu*, *Triphala guggulu* along with external application of *Triphala masi* found to be effective in healing of both ulcers. **Outcome:** The patient was reviewed at two-week intervals. Gradual reduction in ulcer dimensions, pain, discharge, and surrounding pigmentation was observed. Pain scores improved by the end of treatment (from VAS 8 to Vas 0). Complete epithelialization of both ulcers was achieved in three months. **Conclusion:** Proper treatment along with diet to keep the blood sugar levels under control and regimens like foot end elevation, bicycling exercise to improve the venous drainage of lower limb have helped the patient to recover from his illness and in improving his quality of life after the completion of treatment.

KEYWORDS: Case report, Chronic venous insufficiency, *Dusta Vrana*, *Triphala Masi*, Varicose vein, Venous leg ulcer.

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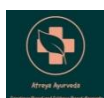
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1. INTRODUCTION

Chronic venous insufficiency (CVI) and varicose veins remain closely connected, with varicose veins frequently serving as an obvious indicator of CVI. Venous hypertension, insufficiency, and the ensuing inflammation are the causes of CVI. The clinical spectrum for lower extremity chronic venous insufficiency (CVI) is broad, ranging from minor cosmetic issues to severe complications. This comprises reticular veins, varicose veins, telangiectasis (also known as spider veins), venous ulceration, edema, pigmentation, and/or dermatitis, and Lipodermatosclerosis. [1] Among the various complication, Venous Ulcer remains the commonest with a prevalence of 1.08%. They are also known as Stasis Ulcers or varicose Ulcers. It is commonly found in the lower extremities with a pathophysiology of improper drainage of blood back into the heart, resulting in the pooling of blood over lower limbs. [2] Venous Ulcers have typical irregular shape with definitive borders which gives them a uniqueness in differentiating from other types of ulcers. The associated symptoms often include heaviness over lower limbs, pruritus, pain, and edema that is present constantly throughout the day which alleviates on elevation of the limbs. [3] Quality of life of the patient is impaired drastically due to the pain and discharge associated with the ulcer leading to self-isolation, depression, and even low self-esteem. [4] The severity of the ulcers if neglected can lead to severe complications like infections and malignant changes over the affected region. It is also considered as one of the causes of morbidity causing a turmoil over the economic and personal life of the patient. [5] Even though the healthcare facilities have improved in all the developing nations, the incidence of the disease remains 1.33% with a reported recurrence rate of 70%. [6] This indicates the need of a clear-cut treatment modality which can reduce the incidence along with the prevention of recurrence of the disease in future. General treatment principles of Varicose ulcer are based on CEAP classifications.

They are compression therapy, elevating legs above your heart, exercises, medications, topical treatments, antibiotics, surgery, ultrasound therapy and cleaning of ulcers.

In Ayurveda Varicose veins can correlate with *sirajagranthi*, which falls under the category of - a disease with no complete cure. The main defect is typically located at the Sapheno-Femoral-Junction or *Sapheno-Popliteal Junction*. This is due to venous reflux or obstruction, both of which lead to poor venous return and venous hypertension; which is the main pathology.[7] Over time, this may lead to the formation of ulcers which is treated as *Dushta Vrana*. *Sushruta samhita*, explains 60 different treatment modalities in wound management and based on the clinical conditions the treatments can be selected and planned accordingly. With this insight Treatment in this case along with internal medications, *Parisheka* with *Triphala Kashaya* (Wound washing), and *Triphala Masi* as local application is selected. The challenge in this case was chronic and came with the failure of previous treatments. Though in *Siraja granthi* and *dushtavrana* require *shodhana*, this case report was about minimal invasive techniques and medications were administered to achieve the desired effect

2. PATIENT INFORMATION

2.1 History of Presenting Complaints

A 47-year-old male presented to our outpatient department with two non-healing ulcers over the left lower limb of approximately four to five years duration. The ulcers were associated with pain, itching, serous discharge, and progressive hyperpigmentation of the surrounding skin. The patient had a history of varicose vein from 14-years and a 20-year history of diabetes mellitus, which was managed with oral hypoglycemic agents. His occupation as a shopkeeper involved prolonged standing. There was no history of trauma, smoking, alcohol use, or family history of venous disease. Initially the condition started as a nodule from the bulged varicose vein which gradually developed into ulcers. It was

also accompanied with serous discharge which later developed into bleeding from the ulcers. The patient also complained of blackish discoloration of skin on his left lower limb and had intense itching and pain which affected his quality of life. He had resorted to antibiotic therapies, NSAIDs for 2 months and with a treatment history of Sclerotherapy before coming to our unit which did not provide him significant relief. He is also a diagnosed case of Diabetes Mellitus in the last 20 years for which he is under the medication, Now Diabetes was under control. No family history could not be retrieved associated with varicose vein.

History of any untreated infections or surgeries were also absent. The patient denied of any addictions including smoking, alcohol, tobacco, and caffeine.

3. CLINICAL FINDINGS

On examination, the patient was clinically stable. The left lower limb showed pitting edema, Lipodermatosclerosis, and brownish-black hyperpigmentation in the gaiter region. Peripheral pulses were palpable. Right limb was normal in appearance with diffuse reticular veins in medial aspect of leg and thigh.

Table No: 1 – Timeline of events

Year	Clinical events	Interventions
2004 - 2005	Diagnosis of Diabetes Mellitus.	Started Ozomet PG 500 mg BD.
2010	Gradual onset of Varicose vein	Managed with home remedies.
2012	Diagnosis of Varicose vein	Western medicines for Varicose vein- Antibiotics and NSAIDs (Patient doesn't remember the names) and Sclerotherapy
2019	Development of limb swelling, itching, skin changes	Managed with the Local doctor, No details of treatment available

Table No: 2 – Clinical events Timeline

Date	Clinical Events	Intervention Given	Outcome
08.11.2023	First visit to OPD for the complaint of Varicose ulcer and first assessment of Varicose ulcer Patient presented with pain, swelling, discharge	Ayurvedic medicines started +Wound dressing	Asked to monitor blood sugar level, and advised follow up visits once in 15days
22.11.2023	Patient called for follow-up for wound assessment	Continued same treatment	Reduction in Symptoms were scored in bates
06.12.2023	Patient called for follow-up for wound assessment	Changed the medicine and Added Rasayana therapy	Better healing
20.12.2023	Patient called for follow-up for wound assessment	Maintenance of medicines + wound dressing	Patient stable with better healing
03.01.2024	Patient called for follow-up for wound assessment	Maintenance of medicines + wound dressing	Better healing
17.01.2024	Patient called for follow-up for wound assessment	Stopped internal medicines + wound dressing continued	Small ulcer remained
31.01.2024	Patient called for follow-up for wound assessment	Observation	Healed
07.02.2024	Patient called for follow-up for wound assessment	Observation and wound dressing	Remained healed

3.1 Local Examination

Table No: 3- Local examination

INSPECTION	PALPATION
Swollen left lower limb	Dorsalis pedis – was palpable
Brownish black discoloration – below calf (Left)	Raise in temperature(warmth) - present pitting edema – present
Lipodermatosclerosis	Hardening of skin(induration) with eczematous appearance – below and around calf region
One Larger Ulcer just above lateral malleoli	
One Small ulcer presents 10 cm above larger ulcer	Tenderness – present
Pale granulation tissue with in the ulcer	

3.2 Examination of Ulcer

Two ulcers were noted near the lateral malleolar region. The larger ulcer measured 5.2 × 3 × 0.5 cm and the smaller 2 × 1.4 × 0.3 cm. Both ulcers had irregular margins, shallow depth of 5mm and 3mm respectively, pale granulation tissue, and serosanguinous discharge without foul Odor. Surrounding skin showed eczematous changes. Pain severity was graded as 8 on the VAS. The clinical presentation was consistent with venous leg ulcers (CEAP class C6). The vertical oval lesions had deep fibrous bed and sloping irregular edges with brick red color bleeding from both the ulcers. It was not foul smelling in nature. CEAP of C6, E_s, As, Pr, O could be obtained on examination which denoted typical venous leg ulcer. [8]

Diagnostic assessment

Diagnosis was done based on the clinical features of Varicose ulcer with the history of varicose vein.

Table 4: Differential Diagnosis

Diagnosis	Features Supporting	Features Against
Venous ulcer	Irregular ulcer, edema, pigmentation and history of Varicose vein	—
Arterial ulcer	Painful ulcer	Peripheral pulses normal
Diabetic ulcer	Diabetes present	Ulcer location atypical

Diagnostic challenges: The patient was diabetic and visited the OPD without the Doppler Arteriography & Venography. The ambiguity raised between the presence of arterial occlusion or the ulcer is due to diabetes.

Taking into consideration the symptoms of *Vraṇa* (Ulcer) and the patient's clinical presentation on the left lower limb, the present case was diagnosed as Venous leg ulcer. Venous ulcers differ from Diabetic ulcer by its salient features like typically they occur on the lower leg, particularly around the ankles and the inner aspect of the legs, above the medial malleolus. It is caused by chronic venous insufficiency and varicose veins. These ulcers have irregular edges, shallow depth, and are surrounded by varicose veins. The assessment was done using Bates Jensen Wound Assessment tool by comparing the size, exudate type, exudate amount, necrotic tissue type, necrotic tissue amount, peripheral tissue edema, edge, depth, Granulation Tissue, Epithelialization, skin colour and surroundings of the wound with repeated evaluation during and after the interventions. In Ayurveda, *Dushta Vrana* is a condition where Vrana takes a long time to heal. *Siraja granthi* is explained as in debilitated person, by excessive exercise aggravated *vayu* pulls the ramifications of blood vessels, by pressing, contracting, and drying. Chronic *Siraja granthi* ends in *Dushta Vrana*. *Dushta vrana* treatment consists of *Shodhana chikitsa*, *Vishoshana Ahaara Seva*,

Raktamokshana, Kshara karma, and local shodhana and ropana chikitsa.

Prognosis

The periodical observations showed the good prognosis of the condition as the patient was responding to the treatment. The major concern was related to the underlying systemic illness

Intervention

The patient received an Ayurvedic treatment protocol combining systemic and local therapies over a three-month period. The treatment regimen was modified after 1 month based on clinical response, while maintaining local wound care. Elevation of limb at the night and Bicycling in the air exercise was advised for 20min a day. Since the patient was Diabetic, the diets were restricted to low sugar diets like Robusta banana, boiled vegetables and sprouted green gram,

which is a great source of proteins and minerals. He was also advised to include millets and grains which can provide him adequate calorie along with the required amount of other Vitamins and minerals.

The medicines were selected based on patient symptoms. *Sahacharadi kashaya* is selected as it is the medicine of choice in *Siraja granthi, Manjistadi Kashaya* to reduce the warmth and discoloration due to eczematous changes in the limb. *Kaishora guggulu* reduces the skin changes and provides *Vatahara* and *rakta prasadana* effect. *Triphala Guggulu* to provide wound healing property. *Triphala choorna* given as *nitya virechana* and *vatanulomana*. *Madhumehamukti choorna* is given as an add on medicine for Diabetes. The ingredients in the formulation provide *kledahara* effect and prescribed with the intention to accelerate the process of wound healing.

Table No: 5 - Internal medications as per 08.11.2023 – 19.12.24

Medicines used	Dose	Purpose	Manufacturer
<i>Sahacaradi Kashaya</i>	50 ml Morning before food	To improve limb circulation	Amrita Life Pvt Ltd Batch No: SHK12699
<i>Manjistadi kashaya</i>	50 ml Evening before food	To benefit skin changes	Amrita Life Pvt Ltd Batch No: MJK12069
<i>Kaishora Guggulu</i>	500 mg once daily after food	<i>Shothahara and vatahara, rakta pradana</i>	Amrita Life Pvt Ltd Batch No: T6415
<i>Triphala Guggulu</i>	500 mg twice daily before food	<i>Vrana shodhana, ropana, shoolahara</i>	Amrita Life Pvt Ltd Batch No: T6460
<i>Triphala Choorṇa</i>	1.5 tsp with luke warm water at bed time	<i>Vatanulomana, Nityavirechana,</i>	Amrita Life Pvt Ltd Batch No: TRC13010
<i>Madhumehamukti Cūrṇa</i>	1tsp powder with warm water twice daily before food	<i>pramehahara</i>	Amrita Life Pvt Ltd Batch No: MMC129255
<i>Triphala Masi</i>	Wound dressing	Absorbs Srava and reduces slough tissue	Amrita Life Pvt Ltd Batch No: 05

External medications: The wounds were cleaned with *Triphala Kashaya* and dressing was done with *Triphala Masi*.

Redness over the limb reduced and hence *Manjistadi Kashaya* was stopped. To minimize the *guggulu* medicine *Kaishora*

guggulu was changed with *Shiva Gulika* as it can provide *Srotoshodhaka* action along with add on benefit in reducing the fluctuation in blood sugar levels.

Table No: 6 - Changed medications from 20.12.2023 – 17.01.24.

Medicines prescribed	Dose	Purpose	
<i>Sahacaradi Kashaya</i>	50 ml - 0 - 50 ml before food	To improve limb circulation	Amrita Life Pvt Ltd; Batch No: SHK12699
<i>Gandhaka Rasayana</i>	250 mg once daily after food	<i>Vrana ropana</i>	Amrita Life Pvt Ltd; Batch No: SB00250
<i>Triphala Guggulu</i>	250 mg once daily before food	<i>Shoolahara, Vrana ropana</i>	Amrita Life Pvt Ltd; Batch No: T6460
<i>Shiiva gulika</i>	1-0-1 after food	<i>Prameha hara</i>	Nagarjuna Ayurveda; Batch No: Z10B
<i>Triphala Masi</i>	Wound dressing	<i>Vrana shodhana</i>	RSBK, teaching Pharmacy; Batch No: 05

4. FOLLOW-UP AND OUTCOME

Bates Jensen wound assessment – scoring system is followed for assessment of ulcer. [9]

Parameters	08/11/2023	22/11/2023	06/12/2023	20/12/2023	03/01/2024	17/01/2024	31/01/2024	07/02/2024
Size	1	1	1	1	1	1	Healed	Healed
Exudate type	3	3	2	2	1	1	1	1
Exudate Amount	2	2	1	1	1	1	1	1
Depth	3	3	2	2	1	1	1	1
Edge	3	3	3	2	2	1	1	1
Necrotic Tissue Type	2	2	2	1	1	1	1	1
Necrotic Tissue Amount	2	2	1	1	1	1	1	1
Peripheral Tissue Edema	2	2	2	1	1	1	1	1
Granulation Tissue	4	3	3	2	2	1	1	1
Epithelialization	2	2	2	2	1	1	1	1
Skin colour Surrounding wound	4	4	3	3	2	2	1	1

Examination of Small Ulcer

Parameters	08/11/2023	22/11/2023	06/12/2023	20/12/2023	03/01/2024	17/01/2024	31/01/2024	07/02/2024
Size	2	2	2	2	1	1	1	Healed
Exudate type	4	4	3	3	2	1	1	1
Exudate Amount	3	3	2	2	1	1	1	1
Depth	3	3	2	2	1	1	1	1
Edge	3	3	3	2	2	2	1	1
Necrotic Tissue Type	5	5	4	3	3	2	1	1
Necrotic Tissue Amount	2	2	2	2	1	1	1	1
Peripheral Tissue Edema	2	2	2	2	2	1	1	1
Granulation Tissue	4	3	3	2	2	1	1	1
Epithelialization	2	2	2	2	1	1	1	1
Skin colour Surrounding wound	4	4	3	3	3	2	1	1

Examination of Large Ulcer

Fig. No: 1 Examination of Ulcers

The patient was reviewed at two-week intervals. Gradual reduction in ulcer dimensions, pain, discharge, and surrounding pigmentation was observed. Pain scores improved from VAS 8 at baseline to VAS 0 by the end of treatment. [10]

Adherence: The patient demonstrated good adherence to the prescribed Ayurvedic treatment protocol, including internal

medications, local wound-care procedures, dietary recommendations, and scheduled follow-up visits. Adherence to the treatment protocol was assessed through pill counts and the patient's self-reported treatment log.

Tolerance: Compliance with the treatment regimen was satisfactory throughout the intervention period, with no

missed visits or significant deviations from the prescribed protocol. The interventions were well tolerated.

Adverse effects: No adverse drug reactions, allergic manifestations, or treatment-related complications were observed during management.

Table No: 7 - Results of baseline, during the treatment and follow-up assessment of clinical examination

Date of Visit	Clinical findings
08/11/2023	VAS: 8 CEAP: C6 Measurement of ulcers Large ulcer - 5.2 cm x 3cm x 0.5 cm Small ulcer - 2 cm x 1.4 cm x 0.3 cm
22/11/2023	VAS: 8 CEAP: C6 Measurement of ulcers Large ulcer – 4.8 cm x 2.8 cm x 0.5 cm Small ulcer – 2 cm x 1.2 cm x 0.3 cm
06/12/2023	VAS: 6 -7 CEAP: C6 Measurement of ulcers Large ulcer – 4 cm x 2 cm x 0.3 cm Small ulcer – 1.4 cm x 0.8 cm x 0.2 cm
20/12/2023	VAS: 5 – 6 CEAP: C6 Measurement of ulcers Large ulcer – 3 cm x 1.7 cm x 0.3 cm Small ulcer – 1 cm x 0.5 cm x 0.1 cm
03/1/2024	VAS: 3-4 CEAP: C6 Measurement of ulcers Large ulcer – 2 cm x 1 cm x 0.2 cm Small ulcer – 0.7 cm x 0.3 cm x 0 cm
17/01/2024	VAS: 3 – 4 CEAP: C6 Measurement of ulcers Large ulcer – 1.2 cm x 0.6 cm x 0 cm Small ulcer - 0.5 cm x 0.2 cm x 0 cm

31/01/2024	VAS: 1 – 2 CEAP: C6 Measurement of ulcers Large ulcer - 0.8 cm x 0.3 cm x 0 cm Wound was healing and scab remained; pigmentation reduced. Swelling absent. No discharge, no foul smell. Small ulcer – healed
07/02/2024	VAS: 0 CEAP: C5 Measurement of ulcers Large ulcer – completely healed Small ulcer - completely healed

The patient was monitored after each treatment and at each follow-up, with tablet counts and observation for local or systemic reactions. There was no compliance with the prescribed medications without any interruption. Compliance was further assessed with follow-up visits, adherence to the advised therapeutic measures, which were documented in the hospital record system. Diabetic profile was partially maintained in our hospital system as patient was consulting the Physician for his There were no episodes adverse reactions were noted throughout the treatment. Follow up to 8 months to rule out any recurrence was adopted and Patient has not reported of recurrence of wound till this duration but reported the episodes of itching and hyperemic condition.

5. DISCUSSION

Dushta vrana is the concept explained by Acharya *Sushruta* which can be correlated to Chronic Ulcers. The above case was treated with extra care as the patient was also diabetic which could have contributed to the development of such non-healing ulcers.



Fig. No. 2: Sequential images showing the wound healing process

Due to long-standing occupation, the pressure exerted over the venous valves by the blood column results in valvular damage, incompetency of calf muscle pump and increased venous hypertension, which leads to more chance of development of Venous leg ulcers.[11] Patient is also affected with chronic illnesses like diabetes mellitus. Diabetes mellitus can cause anatomical structural changes like endothelial dysfunction, basement membrane thickening, increased venous wall rigidity, microangiopathy and loss of pericytes in veins. It can also disturb the functional integrity of veins like impaired venous return, reduced immune response, hypercoagulability, chronic inflammation and poor blood flow regulation. It makes the patient more vulnerable to develop venous ulcer.

In the present case, the treatment protocol included ([Table No 5](#) & [Table No 6](#)) internal administration of *Kashaya* (decoction) and tablets along with external application of *Triphala Masi*. *Triphala Masi* is a traditional herbal

formulation consisting of black ash forms of three medicinal plants *Terminalia chebula*, *Terminalia bellirica* and *Embllica officinalis*. *Triphala masi* contain tannins, saponins, gallic acid derivatives and ascorbic acid and has a pronounced concentration of gallic acid. [12] It is explained in the context of *Updamsha*, but based on its therapeutic benefits it can be used in avascular, necrosed conditions. *Triphala maṣī*, has broad-spectrum antibacterial activity and it is favorable for wound healing. Pyrogallol and catechol prevents both Gram-positive and Gram-negative bacteria from growing in response to dose. [13] It is also considered as *Vraṇa ropaka* (That which promotes healing of the wound) and is also *Tridosha shamana* (alleviates all the three humours of the body). This might have helped in the healing of the ulcer. *Sahacharadi Kashaya* is a decoction described in Ayurveda classical texts that is mainly indicated for disorders of lower body. It consists of three herbs *Strobilanthes heyneana*, *Cedrus deodara*, and *Zingiber officinale*. The molecules

present in this decoction like Heptanediamide, Benzoic acid, Lupeol, Eugenol and Abietic acid have anti-inflammatory and analgesics properties which could have helped in the timely healing of the ulcer with proper emphasis on reduction in the lesional pain. *Manjistadi Kashaya* is a classical formulation explained under the context of *vatarakta*. It has many potent *vatahara* herbs which are highly antioxidants including, *Rubia cordifolia*, *Cedrus deodara*, *Zingiber officinale*, *Tinospora cordifolia*, *Sida rhombifolia*, *Terminalia chebula*, *Terminalia bellirica* and *Emblica officinalis*, *Hemidesmus indicus* and so on. It is also considered as *Rakta prasadaka* which help in the purification of the blood. It also has *varnya* (to improve colour and complexion) herbs that could have helped in reducing the pigmentation of the surrounding skin. [14] *Guggulu* possesses the action on endothelial dysfunction. *Kaishora Guggulu* and *Triphala Guggulu* are known for their *tridosahara* (alleviates all the three humors of the body) and *Vrana ropana* (That which promotes healing of the wound) properties. *Kaishora Guggulu* has an effect called *srotovishodhana* which could have clearly helped in improving the blood circulation. The *rookshana* and *kaphamedohara* effects of *Triphala Guggulu* might have also contributed to the timely healing of ulcer by decreasing the discharge and promoting tissue matrix deposition and epithelialization. [15] *Triphala Choorṇa* is considered as the formulation that has anti-bacterial, anti-fungal, anti-helminthic, anti-mutagenic and anti-carcinogenic properties. [16] The action of this herbal formulation might have helped in passing all the four stages of wound healing with much ease. In this case report the treatment was planned from the context of *Siraja granthi*, *Dushta Vrana* and *Vatarakta*. Judicial selection of the medicines was done to address the most essential requirement for the clinical condition as it was chronic in nature. The periodical observations and documentation of case at different stages of wound healing was able to prove the therapeutic effect of the

treatment given in the present case ([Table no. 7](#) and [Fig. No: 2](#)).

A case report by Manjappa TB et al. (2025) demonstrated complete healing of a varicose ulcer within one month of treatment, with no recurrence observed during the follow-up period. The treatment protocol was based on the fundamental Ayurvedic surgical principles of *Lekhana*, *Shodhana*, and *Ropana Karma*. *Palasha Kshara Pratisarana* played a crucial role in wound debridement and purification, thereby facilitating the healing process. *Jatyadi Ghrita* contributed to wound healing through its well-established *Ropana* (healing) properties. Additionally, the internal administration of *Gandhaka Rasayana* and *Triphala Guggulu*, which are traditionally indicated in the management of chronic wounds and ulcers, provided supportive therapeutic benefits. This case report highlights the potential efficacy and safety of *Palasha Kshara Pratisarana* as an Ayurvedic intervention in the management of varicose ulcers. [17]

Strength: Regular medication, wound dressing along with diet to keep the blood sugar levels under control and regimens like foot end elevation, bicycling exercise to improve the venous drainage of lower limbs have helped the patient to recover from his illness and improved the quality of life of patient. Hence the combination of treatments, periodical observation and good glycemic control gave a good prognosis in this condition.

Limitation: One major limitation of this study is the absence of diagnostic imaging data, specifically color Doppler studies, which could have given greater credibility to our observations. Another limitation includes absence of Pus culture and Sensitivity reports, which could have provided more strength to the case study.

6. CONCLUSION

In the present case the patient presented with a chronic Venous leg ulcer of prolonged duration, with a known history of Diabetes Mellitus, which contributed to delayed wound

healing. The ulcer was clinically diagnosed as a non-healing venous ulcer, associated with pain, itching, and surrounding skin pigmentation. The intervention involved a comprehensive Ayurvedic treatment protocol, including *Vrana shodhana* for (local wound purification), *Shamana* therapy with appropriate internal medications to promote wound healing and Venous insufficiency. External applications for ulcer management along with *Pathya-Apathya* (diet and lifestyle modifications) to support patient wellbeing. The treatment course was carried out for a period of 3months (92days) during which progressive improvement in wound healing was observed. This was followed by a regular follow-up period at the interval of 2 weeks progress of healing. No adverse effects were observed during the treatment period, indicating the safety of the interventions. The Clinical Observations included like the Size of the ulcer reduced significantly and Ulcer healed completely. Symptoms such as pain, itching & pigmentations reduced along with improvement in the quality of life. The final outcome of this case report is that non-healing ulcers in association with diabetes mellitus, can be effectively managed through a well-planned Ayurvedic protocol. This opens an avenue for the potential of integrative and translational approaches in making wound healing much better and promoting patient's quality of life.

List of Abbreviations:

VAS-Visual Analogue Scale

CVI – Chronic Venous Insufficiency

NSAIDs – Non-steroidal Anti-inflammatory Drugs

CEAP - (C)-clinical class, (E)-aetiology, (A)-anatomical, and (P)-pathophysiology.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: "Dear Doctor, As you know that I had a non-healing ulcer of my leg, for which I came here for the first time. As the treatment I received from here was so satisfied because the ulcer got healed completely with a short duration for which I was suffering from 2016 Now I'm glad that I can go to my work freely and I cured completely from the ulcer. There are episodes of itching and redness occasionally but is manageable. As per your advice I'm continuing the exercises. I'm thankful to the entire team of doctors and staffs."

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Declaration of Generative AI

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