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AYURVEDIC MANAGEMENT OF *ABHIGATAJADUSHTAVRANA* (POST-TRAUMATIC CHRONIC NON-HEALING WOUND) THROUGH *DASHAMOOLA KWATHA PRAKSHALANA* AND *TILA KALKA LEPA* : A CASE REPORT

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ABSTRACT

Introduction: Chronic non-healing wounds following trauma pose a significant clinical challenge, often causing prolonged morbidity, delayed return to work, and risk of secondary infection, particularly in occupational settings with repeated mechanical stress and contamination. Classical *Ayurvedic* surgical literature describes such wounds as *Dushtavrana* (vitiated, non-healing wound), distinguished from *Shuddha Vrana* (clean wound) by discoloration, slough, malodorous discharge, and arrested healing. *Sushruta*, in the *Chikitsa Sthana* of the *Sushruta Samhita*, describes an elaborate sixty-fold therapeutic protocol (*Shashti Upakrama*) for *Vrana* management, encompassing cleansing, debridement, and *Ropana* (healing-promoting) measures. This report documents application of two such modalities, *Dashamoola Kwatha Prakshalana* and *Tila Kalka Lepa*, in a case of post-traumatic *Dushtavrana* of the foot.

Case Presentation: A 36-year-old male construction worker, free of diabetes and hypertension, presented with a one-month-old post-traumatic non-healing foot wound showing a slough-covered bed, irregular hyperpigmented margins, and scant serosanguinous discharge, consistent with *Dushtavrana*. He was managed with surgical debridement (*Shodhana*) followed by once-daily *Dashamoola Kwatha Prakshalana* and topical *Tila Kalka Lepa* for 14 days, with follow-up on Day 21. Serial examinations showed progressive reduction of slough, improved granulation quality, and advancing epithelialization, culminating in near-complete wound closure without adverse events.

Conclusion: This case illustrates the practical application of classical *Shodhana* and *Ropana* principles in managing post-traumatic *Dushtavrana*, with a favourable clinical trajectory on sequential follow-up. The *Shodhana–Ropana* combination of *Dashamoola Kwatha Prakshalana* followed by *Tila Kalka Lepa* offered a safe, low-cost, practical option for occupational post-traumatic wounds, supporting its consideration as an adjunct in resource-limited wound-care settings.

Keywords: *Dushtavrana*, *Vrana Ropana, Abhigataja vrana, Tila Kalka Lepa, Dashamoola Kwatha Prakshalana*, post-traumatic wound, *Ayurvedic* wound management, case report.

INTRODUCTION: Wound healing has been a central concern of surgical practice since antiquity. The *SushrutaSamhita*, regarded as the foundational text of *Ayurvedic* surgery (*Shalya Tantra*), classifies wounds (*Vrana*) according to their causative factors, anatomical depth, and the status of the *doshas (Vata, Pitta, Kapha)* governing the local tissue environment. A wound that fails to progress through the expected stages of healing — exhibiting persistent slough, discharge, foul odour, irregular margins, or devitalized tissue — is termed *Dushtavrana*, in contrast to a *Shuddha Vrana* (clean, healthy wound bed ready for *Ropana*).[1]

Modern correlates of *Dushtavrana* include chronic, non-healing, or contaminated wounds in which the normal inflammatory-to-proliferative transition of wound healing is delayed or arrested. Occupational trauma, as commonly encountered among construction workers, predisposes to such wounds owing to repeated mechanical insult, environmental contamination, and frequently delayed medical attention.

Sushruta's Shashti Upakrama (sixty therapeutic procedures) outlines a sequential approach to *Vrana* management, beginning with *Shodhana* (cleansing and debridement of non-viable tissue) and progressing to *Ropana* (procedures that actively promote granulation and epithelialization). Within this framework, *Prakshalana* (therapeutic wound irrigation) using a *Dashamoola Kwatha* (decoction of ten roots) serves a cleansing and *Vata-Kapha* pacifying role, while *Tila Kalka Lepa*[2] (a paste prepared from *Sesamum indicum* seeds and *Glycyrrhiza glabra*) is employed as a *Ropana* agent owing to its *Snigdha* (unctuous) and tissue-regenerative properties.[3] Modern pharmacological evaluation has independently demonstrated anti-inflammatory and analgesic activity for *Dashamoola* preparations,[4] and wound-healing promoting activity for Sesamum indicum seed and oil in experimental models,[5] lending a degree of converging support to the classical rationale for their combined use.

Within *Ayurvedic* surgical nosology, wounds are further classified by causative factor into *Nija* (endogenous, arising from internal *dosha* vitiation) and *Agantuja* (exogenous, caused by external factors such as trauma, burns, or animal bite). A wound resulting from external mechanical injury is termed *Abhighataja Vrana*, a category of *Agantuja Vrana* described by *Sushruta* as requiring the same fundamental *Shodhana–Ropana* approach as any other *Vrana*, with particular attention to thorough debridement of contaminated and devitalized tissue introduced at the time of injury. The wound in the present case, arising from an occupational mechanical injury and subsequently vitiated into a *Dushtavrana*, is therefore best classified as an *Abhighataja Dushtavrana*.

Modern Perspective on Traumatic Wound Healing: From a modern biomedical standpoint, wound healing following trauma proceeds through overlapping phases of hemostasis, inflammation, proliferation, and remodeling. Occupational injuries such as those sustained by construction workers are particularly prone to converting into chronic, non-healing wounds because repeated mechanical stress, wound-bed contamination, and delayed presentation for care can arrest the transition from the inflammatory to the proliferative phase,

leaving devitalized tissue and slough that perpetuate local inflammation. Contemporary wound-care principles addressing this arrested trajectory emphasize thorough debridement of non-viable tissue, control of bioburden, and maintenance of a moist, growth-factor-rich wound environment to support fibroblast proliferation and re-epithelialization objectives that parallel, in modern terms, the classical *Shodhana* (wound cleaning/debridement) and *Ropana* (wound healing) sequence employed in this case.

NEED FOR THE STUDY: Occupational post-traumatic wounds of this kind are a common but often under-reported cause of morbidity among construction workers, frequently progressing to a *Dushtavrana* state because of delayed presentation, wound contamination, and repeated mechanical stress at the worksite. While the individual pharmacological properties of *Dashamoola*,*Tila* (*Sesamum indicum*) and *Yastimadhu*(*Glycyrrhiza glabra*) have been separately investigated, published clinical documentation of their combined sequential use *Dashamoola Kwatha Prakshalana* for *Shodhana* followed by *Tila Kalka Lepa* for *Ropana* specifically in post-traumatic *Dushtavrana* remains limited. This case was therefore documented to contribute practical, photographically verified clinical evidence for this classical combination in a real-world occupational injury setting, and to highlight a low-cost, resource-appropriate wound-management option relevant to occupational health contexts.

Table.no 1. Patient Case Report Information

Age / Sex	36 years / Male
Occupation	Construction worker
Comorbidities	No known Hypertension (HTN); No known Type 2 Diabetes Mellitus (DM2)
Chief Complaint	Non-healing wound of the right great toe measuring approximately 4 × 3 cm, characterized by slough-covered wound bed, irregular hyperpigmented margins, and scant serosanguinous discharge, approximately one month's duration, of post-traumatic onset.
Relevant Psychosocial History	Occupational exposure to repeated mechanical stress and a contaminated working environment consistent with construction-site labour

Chief Complaint: A 36-year-old male construction worker presented to Rajiv Gandhi Education Society's Ayurvedic Medical College and Hospital, Ron, with a non-healing wound over the right great toe, measuring approximately 4 × 3 cm, of one month's duration, following a traumatic injury.

History of Present Illness: The patient sustained a traumatic injury to the right great toe approximately one month prior to presentation, following which the wound failed to heal despite local wound care at a nearby healthcare facility. Over the course of the month, the wound progressively developed a slough-covered bed with irregular hyperpigmented margins and scant

serosanguinous discharge. The patient reported associated pain at the wound site, an unhealthy wound appearance, and persistent serosanguineous discharge, without any history of fever or other systemic symptoms. There was no history of similar wounds in the past. He had no known drug allergies and denied tobacco or alcohol consumption. Owing to unsatisfactory improvement with conventional wound care, he presented to this hospital seeking further management.

Past Treatment History

Immediately after sustaining the injury, the patient underwent routine local wound dressing at a nearby healthcare facility. The patient had been under treatment by various physicians since the onset of the wound and had received multiple courses of antibiotics for a prolonged duration, with no satisfactory improvement. There was no history of diabetes mellitus, hypertension, tuberculosis, or any other major chronic systemic illness, and no previous history of similar wounds. No significant past medical and surgical history was reported. However, despite one month of conventional wound care, the wound failed to heal satisfactorily, with persistent slough, unhealthy granulation tissue, and intermittent serosanguineous discharge.

Family History: His father is a known case of type 2 diabetes mellitus for 5 years.

Personal History

Diet: Mixed
Appetite: Regular
Sleep: Disturbed
Bowel: Regular
Micturation: Normal (4- 5 times / day)
Habits: Tea(4-5 cups/day)
Addiction: None

Clinical Findings

General Physical Examination

Conscious, cooperative and well oriented to time, place and person
Moderately built and moderately nourished
Afebrile
Pulse Rate: 78/min
Blood Pressure: 120/80 mmHg
Respiratory Rate: 18/min
Pallor – Absent
Icterus – Absent
Cyanosis – Absent
Clubbing – Absent
Lymphadenopathy – Absent
Pedal oedema – Absent

Systemic Examination

Cardiovascular System: Normal heart sounds; no abnormality detected.
Respiratory System: Bilateral air entry equal; no added sounds.
Central Nervous System: Conscious, oriented and neurologically intact.
Per Abdomen: Soft, non-tender, no organomegaly.
Vascular assessment: Dorsalis pedis and posterior tibial pulses palpable and well felt bilaterally; capillary refill time <2 seconds; skin around the wound normal in color and temperature, with no signs of ischemia or venous congestion.
Neurological assessment: Sensation to touch and pinprick intact over the foot; no paraesthesia or numbness reported; motor function of the foot normal; ankle reflexes normal.

Ashtavidha Pariksha

Nadi: 78/min (*Vata-Kapha*)
Mala:Prakruta
Mutra: Prakruta
Jihva: Saama
Shabda: Prakruta
Sparsha: Warm over wound site

Drik: Prakruta
Aakruti: Madhyama
Dashavidha Pariksha
Prakriti: Vata-Kapha
Vikriti: Vata-Kapha predominance
Sara:Madhyama
Samhanana:Madhyama
Pramana:Madhyama
Satmya:Madhyama
Satva:Madhyama
Ahara Shakti:Madhyama
Vyayama Shakti:Madhyama
Vaya:Madhyama (36 years)

Local Examination

At presentation, approximately one month after the initial traumatic injury, examination of the affected right great toe revealed an irregular ulcer measuring approximately 4 × 3 cm, with the following features:

• Irregular wound margins with surrounding hyperpigmented, dry (*Ruksha*) skin
• Necrotic slough and devitalized (non-viable) tissue covering a substantial portion of the wound bed, with a yellowish-white fibrinous appearance
• Scant to moderate serosanguinous discharge
• Mild active bleeding points (*Raktasrava*) on probing of the granulation surface
• Absence of systemic signs of sepsis; the patient was afebrile and hemodynamically stable

These findings were consistent with a *Kapha-Vata* predominant *Dushtavrana*, characterized by delayed healing, persistent discharge, and tissue non-viability rather than acute florid infection.

Timeline

The total duration of study was 14 days of active intervention, with follow-up assessment carried out 1 week (7 days) after completion of the active treatment period (i.e., on Day 21 from the start of treatment).

TABLE NO 2. Treatment and Follow-up Timeline

Time Point	Event
Day 0 (presentation)	Patient presents with a non-healing, sloughy wound of one month's duration;
Day 0	Surgical debridement (*Shastra Karma/Shodhana*) performed to remove necrotic tissue; *Dashamoola Kwatha Prakshalana* given as wound wash, followed by topical *Tila Kalka Lepa* application, on a daily basis
Day 7	Interim review during active treatment; wound showing granulation tissue response
Day 14	Completion of 14-day active treatment period; photograph taken documenting wound contraction and re-epithelialization
Day 21 (Day 14 + 1 week)	Follow-up assessment conducted 1 week after completion of active treatment; wound showing near-complete closure

TABLE NO 3 Study Duration Summary

Parameter	Duration
Total duration of active treatment	14 days
Follow-up interval after treatment completion	1 week (7 days)
Total study duration (treatment + follow-up)	21 day

Diagnostic Assessment

Diagnosis was made on clinical grounds, based on the classical *Ayurvedic* criteria for *Dushtavrana* — namely an unhealthy wound bed with slough, discharge, irregular margins, and delayed healing — correlated with the post-traumatic history and one-month duration without resolution. No imaging or laboratory diagnostic workup was reported as part of this presentation; the absence of HTN and DM2 was noted as relevant negative history, given that *Madhumeha* (Diabetes Mellitus) is classically and clinically recognized as a significant inhibitor of *VranaRopana* (wound healing).

Investigations: Not done

Radiology: Not done

Ayurvedic Diagnosis: *Abhighataja Dushtavrana* (*Vata-Kapha* predominant).

Modern Diagnosis: Post-traumatic chronic non-healing wound of the right great toe.

Differential Diagnosis

• Diabetic foot ulcer - excluded due to absence of Diabetes Mellitus

• Venous ulcer- no clinical evidence of venous insufficiency

• Arterial ulcer - distal pulses palpable

• Neuropathic ulcer-normal sensory examination

• Pressure ulcer-site and history not suggestive

Routine laboratory investigations, including blood sugar estimation, were within normal limits. No clinical evidence of systemic infection or osteomyelitis was observed; advanced imaging was therefore not considered necessary.

INFORMED CONSENT: Written informed consent was obtained from the patient for the treatment procedures performed and for the use of clinical photographs and case details for academic and educational/publication purposes, with identifying features excluded.

Therapeutic Intervention

The patient had been treated by various physicians since the onset of the wound and had received prolonged courses of antibiotics. Considering the history of long-term antibiotic therapy, Ayurvedic management was initiated directly. No analgesics were administered during the course of treatment.

***Shodhana* Surgical Debridement (*Shastra Karma*)**

Surgical debridement was performed to excise necrotic and non-viable tissue from the wound bed. This step corresponds to the early *Shodhana* procedures within *Sushruta's Shashti Upakrama*, intended to convert a *Dushtavrana* toward a *ShuddhaVrana* state by exposing viable, vascularized tissue suitable for subsequent *Ropana* measures.

The procedure was performed under aseptic precautions on the first day of treatment, converting the unhealthy wound into a clean wound bed suitable for subsequent healing.

***Prakshalana - Dashamoola Kwatha* Wound Wash**

Following debridement, the wound was irrigated with a warm decoction (*Kwatha*) of *Dashamoola*- a classical Ayurvedic combination of ten roots (*Bilva, Agnimantha, Shyonaka, Patala,Gambhari, Shalaparni, Prishniparni, Brihati, Kantakari*, and *Gokshura*).

Preparation of medicine: 50gms of *Dashamoola kwatha churna*(coarse powder) is boiled in 1 liters of water and reduced to its half quantity.

Procedure:*Kwatha* used for the procedure should be heated on the stove. The

temperature of the *kwatha* should be kept around 40 degrees Celsius. Affected site was exposed and *prkshalana* is done in continuous and steady stream 6-9 inches above for 5-10 minutes. Daily fresh *kwatha* should be used. Later *kwatha* is wiped off with cotton gauze.

This *Prakshalana* step served to mechanically cleanse the wound surface of residual discharge and debris while delivering the *Vata-Kapha* pacifying and anti-inflammatory properties attributed to *Dashamoola*.

Prakshalana was performed prior to application of the topical medication, once daily for 14 consecutive days.

***Tila Kalka Lepa* Application**

Following *Prakshalana*, a *Kalka* (fine paste) prepared from *Tila* (Sesamum indicum seeds) and *Yashtimadhu*(Glycyrrhiza glabra) root powder was applied topically over the wound bed.

Preparation:*Tila* seeds were cleaned, washed, and grounded to a smooth paste (*kalka*) using stone grinder with a small quantity of water. *Yashtimadhu* root powder was added in the appropriate ratio and mixed thoroughly to achieve a uniform paste consistency suitable for topical application as a *lepa*. Daily fresh *lepa* was prepared.

Method of Application:

- The wound and surrounding area were thoroughly cleaned with normal saline (0.9% NaCl)
- *Tila Kalka Lepa* was applied uniformly over the entire wound surface and the surrounding skin up to one centimeter beyond the wound margin.
- The *lepa* was allowed to remain in contact with the wound until it became semi-dry.
- After reaching the semi-dry stage, the *lepa* was gently removed using sterile normal saline.
- A sterile dressing was then applied to protect the wound from external contamination.
- The procedure was performed once daily for a total treatment period of 14 days.

Follow-Up and Outcomes

Across the documented follow-up period, the wound demonstrated a progressive reduction in necrotic slough, a transition from a raw, bleeding wound bed to a healthy red granulation surface, and subsequent wound contraction with epithelial advancement from the margins inward, culminating in near-complete closure with only a fine residual healing line. Discharge diminished correspondingly, and no adverse events or treatment complications were reported during the course of management.

The patient was evaluated clinically on Days 7, 14, and 21, with sequential wound assessment and photographic documentation. On Day 7, there was a marked reduction in slough and serosanguineous discharge, with healthy red granulation tissue over a major portion of the wound bed and reduced local tenderness. By Day 14, the wound showed significant contraction with healthy granulation tissue and advancing epithelialization from the margins, with no evidence of infection or excessive exudate. At the Day 21 follow-up, the wound showed near-complete epithelialization and complete absence of slough or discharge; the patient reported complete relief from pain and was able to resume routine occupational activities without difficulty.

Table.no 4 Clinical Outcome Summary

Parameter	Baseline	Day 7	Day 14	Day 21
Pain	Present	Reduced	Minimal	Absent
Slough	Extensive	Reduced	Absent	Absent
Discharge	Moderate	Mild	Absent	Absent
Granulation Tissue	Unhealthy	Healthy	Well developed	Complete
Epithelialization	Absent	Initiated	Progressive	Near complete

DISCUSSION

This case illustrates the sequential application of classical *Shodhana* and *Ropana* principles — surgical debridement, *Dashamoola Kwatha Prakshalana*, and *Tila Kalka Lepa* — in the management of a post-traumatic *Dushtavrana*. The clinical course observed, characterized by progressive de-sloughing, improving granulation tissue quality, and margin epithelialization, is consistent with the expected trajectory of a wound transitioning from a vitiated (*Dushta*) to a healing (*Ropana*-conducive) state under this combined regimen.

As already noted, this patient was free of Diabetes Mellitus and Hypertension. Systemic metabolic derangement, particularly *Madhumeha*, is widely recognized in both classical Ayurvedic and contemporary biomedical literature as a major impediment to *Vrana* healing.The relatively favourable healing trajectory observed in this case may, in part, reflect this absence of confounding comorbidity, in addition to the therapeutic interventions themselves.

Mechanistically, the *Prakshalana* step using *Dashamoola Kwatha* is understood in Ayurvedic terms to pacify aggravated *Vata* and *Kapha* at the wound site while mechanically debriding surface discharge; this aligns withexperimental studies have independently demonstrated significant anti-inflammatory and analgesic activity of *Dashamoola Kwatha* in carrageenan-induced paw edema and related models, with effects comparable to standard analgesic agents in some parameters.[6]

Tila is classically attributed *Snigdha* (unctuous) and *Vata-shamaka* properties, considered conducive to the prevention of excessive dryness of granulation tissue and to the promotion of healthy *Ropana*.*Yashtimadhu* (Glycyrrhiza glabra) having *Tridoshahara* and *Madhura Vipaka* supports *VranaRopana* and *Shothahara* action. *Sheeta Virya* pacifies *Daha* (burning) and local inflammation; *Snigdha guna* maintains moist wound environment essential for re-epithelialisation.[7]

This classical use finds some support in modern experimental pharmacology: topical and oral administration of Sesamum indicum seed and oil has been shown to reduce the period of epithelialization and improve wound contraction in excision and burn wound models in rats,and sesamol, an antioxidant constituent of *Sesamum indicum*, has been shown to improve both normal and pharmacologically delayed wound healing in albino rats.[8]

It should nonetheless be emphasized that this is a single case observation without a comparator arm, and causal attribution of the

observed healing to either intervention individually cannot be established from this report alone.

Limitations of this report include the absence of standardized, validated wound-scoring instruments at each follow-up, the absence of microbiological or histopathological correlation, and the inherent limitations of single-case reporting in establishing efficacy. Nonetheless, the documented sequential photographs provide a transparent visual record of the wound's clinical course under this Ayurvedic management protocol.

Strengths of the Case

• Classical *Ayurvedic Shodhana–Ropana* principles were applied systematically.

• Serial clinical photographs objectively documented wound healing.

• Complete follow-up until near-complete epithelialization was achieved.

• No adverse effects or treatment-related complications were observed.

Limitations

• Single case report without a control group.

• Lack of standardized wound scoring systems.

• No microbiological culture or histopathological evaluation.

• Findings cannot be generalized without larger clinical studies.

CONCLUSION

This case report demonstrates the effective *Ayurvedic* management of post-traumatic *Dushtavrana* in a 36-year-old male construction worker through the sequential application of *Dashamoola Kwatha Prakshalana* and *Tila Kalka Lepa* over 14 days, with follow-up at Day 21. The *Shodhana–Ropana* approach facilitated progressive de-sloughing, healthy granulation tissue formation, and near-complete epithelialization, without any adverse effects. The anti-inflammatory and *Vata-Kapha* pacifying properties of *Dashamoola Kwatha*, combined with the *Snigdha* and tissue-regenerative properties of *Tila Kalka*, appear to have collectively contributed to the favourable healing outcome. The absence of metabolic comorbidities such as Diabetes Mellitus further supported the healing trajectory. These findings highlight the clinical relevance of classical *Ayurvedic* wound management principles and warrant further evaluation through well-designed controlled clinical trials with standardized wound-assessment parameters and larger sample sizes.

Take-home Message: Early implementation of *Shodhana* followed by *Ropana*, using *Dashamoola Kwatha Prakshalana* and *Tila Kalka Lepa*, offered a safe, low-cost, and practically feasible option for managing this case of occupational post-traumatic *Dushtavrana*, and may represent a useful integrative approach for selected cases. Further evidence from well-designed controlled clinical studies, with standardized wound-assessment parameters and larger sample sizes, is needed before routine clinical recommendation, particularly in settings with limited access to advanced wound-care resources.

Patient Perspective

The patient tolerated the debridement and subsequent topical applications well, without reported discomfort beyond the expected post-procedural period, and continued the prescribed *Prakshalana* and *Lepa* regimen through to the documented follow-up visits.

The patient expressed satisfaction with the treatment and reported gradual reduction in

pain, discharge, and wound size over the course of therapy. He appreciated the improvement in wound healing and was able to return to his routine occupational activities without discomfort following completion of treatment.

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Figure 1. Day 0. Clinical photograph demonstrating Chronic non-healing ulcer of the great toe before debridement showing slough-covered wound bed, unhealthy granulation tissue, irregular margins, and devitalized tissue requiring debridement.

Figure 2. Day 7. Clinical photograph demonstrating reduction of slough, healthy granulation tissue formation, and decreased wound discharge following daily Dashamoola Kwatha Prakshalana and Tila Kalka Lepa.Wound showing a healthy red granulating wound bed, epithelial rim forming at margins.

Figure 3. Day 14. Clinical photograph demonstrating Wound contraction with pink, re-epithelializing surface

Figure 4. Day 21. Clinical photograph demonstrating Near complete epithelialization with a fine residual healing line.