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Case Study

AN AYURVEDA APPROACH TO MANAGE A CASE OF LOWER LIMB SKIN DISCOLORATION FOLLOWED BY NON-HEALING WOUND WITH THERAPEUTIC PURGATION AND BLOOD-LETTING THERAPY

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ABSTRACT

Vatarakta is a chronic disorder described in Ayurveda, arising from the vitiation of *Vata* and *Rakta doshas* and presenting with pain, swelling, tenderness, discoloration, and restricted joint movements. In certain cases, a history of *Abhighata* (trauma) or the presence of *Vrana* (wound/ulcerative lesion) may act as a contributing factor, aggravating local inflammation and impairing tissue function. Ayurvedic management focuses on the correction of *Doshik* imbalance, elimination of pathological factors, and restoration of normal physiological function. Here in this particular case representing long term discoloration of bilateral lower limb followed by non-healing ulcer due to external injury. Management of this case by *Virechana* (therapeutic purgation) and *Raktamokshana* (blood-letting) showed marked improvement in healing of non-healing ulcer (pressure ulcer healing score reduced from 15 to 05 after treatment) and marked improvement in discoloration of lower limbs along with daily activities without any symptoms. The treatment protocol includes *Deepana-Pachana* (appetizers), *Snehapana* (internal oleation), *Abhyanga* (therapeutic massage), *Swedana* (Sudation), *Virechana* (therapeutic purgation), *Shamana Aushadhi* (internal medication), and *Raktamokshana* (blood-letting). The integrated therapeutic approach demonstrated improvement in pain, swelling, tenderness, wound-related symptoms, and functional limitations associated with *Vatarakta*. The outcome indicates that a comprehensive Ayurvedic regimen incorporating *Purvakarma*, *Shodhana*, *Shamana*, and *Raktamokshana* may provide effective management of *Vatarakta*, including cases associated with traumatic injury or wound conditions.

INTRODUCTION

Ayurveda is the most ancient medical science in human history and it leads to the prevention of disease as well as the promotion of health and longevity. *Vatarakta* is a modified verity of *Vata vyadhi* and it causes due to the vitiation of *Vata* and *Rakta* simultaneously. *Acharya Charak* mention that *Vata* and *Rakta* combination is like *Agni* and *Maruta*. Because of its apparent chronicity, incurability and consequences, *Vatarakta* possess a challenge to the physician. As *Acharya* said *Vatarakta* may be due to *Abhighata* or *Agantuja* in nature in its *Samprapti*. It has 2 stages based on the involvement of *Dhatus* that is *Uttana* and *Gambhira Avastha*. In *Uttana vatarakta* patient may present with *Kandu, Daha, Ruk, Toda* or *Sphurana* type of pain, *Ayama* and *Shyava* and *Tamra varnata* of *Twak* (skin discolouration). In *Gambhira vatarakta Uttorotara dhatu* gets affected.[1] In treatment principle *Acharya* says that *Rakta* and *Vata* can treated combinedly by *Raktamokhana* and *Virechana* along with this *Shamana aushadhi* can be given to get better and faster result.[4]

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AIM AND OBJECTIVE

1. To study the combined effect of *Virechan* and *Raktamokhsana* on *Uttana vatarakta* associated with *Vrana*.
2. To study the *Shodhana* therapy effectiveness on *Uttana vata rakta* and *Vrana*.

MATERIAL AND METHODS

Place of study – IPD of Department of Panchakarma G.A.M, Puri.

Case report

A 60-years male patient who was normal before 6months came to OPD with the complaint of wound on left leg above ankle region since 8months, bilateral lower limb discolouration (blackish colour) below knee region since 8 months. Watery discharge from the wound since 6 months.

Clinical Findings

Patient has no such previous history of *Vatarakta*.

Dushya – Twak, Rakta, Mamsa

Srotas - Rasavaha, Rakta vaha, Mamsa vaha

Agni - Madhyama

Srota dusthi – Sanga

Rogamarga - Bahya (Agantuja/ Abhighataja)

Investigation

Hematological test

- CBC, HbA1c, coagulation profile report are showing no abnormality range are with in normal values.
- Doppler ultrasound findings – Normal circulation in vein and artery.
- Blood pressure was normal (130/84 mm/hg).

Arterial brachial index

Right side – 0.80 mm/hg

Left side – 1.04 mm/hg

Therapeutic Intervention

Table 1: Therapeutic Intervention

S.No	Treatment method	Treatment plan/drug used	Dose	*Anupana* & days of use	Remarks
1.	*Ama pachana*	*Chitrakadi vati* *Arogyavardhini vati*	250mg BID	Lukewarm water for (0-3) days	*Laghavatwa, Kshut pravrutti, Vatamutra purisha visargata*
2.	*Prakshalana*	*Panchavalkala kwatha*	500 ml	0-10days	Decrease discharge
3.	*Snehapana*	*Gugulutiktaka ghrita*	30ml, 60ml 120ml 150ml 200ml	3-8 days	*Vatanulomya, Deeptagni, Varcha Snigdhata*
4.	*Abhyanga*	*Pinda taila*	As require	9-11days	*Mardavata* and *Snigdhata* in *Anga*
5.	*Swedana*	*Vashpasweda* with *Dasamoola*	-------	9-11days	*Sita, Shula* and *Sthambha nasa*
6.	*Virechana*	*Trivrita leha*	70gm	On 11th day *Triphala kwatha* 100ml	*Laghutwam*
7.	*Samsarjana Krama*	*Peyadi Samsarjana Krama*		11-16 days	*Laghutsa* *Agni deepana*
8.	Internal medications	*a. Kaishore guggulu* b. *Avipattikara Churna*	a. 2 tab. twice a day after food b. 3gm twice a day before food	Both are given from day 17th to day 47th	*Pitta & Rakta samana*
8.	*Rakta mokhsyana*	Needle pricking was done by 24G sterilized needle on dorsal Right foot beneath 4cms from ankle joint.	Approx. 15ml blood was removed in every sitting	On 50th, 57th, 64th, 70th day	*Dustha rakta nirharana, Vrana ropana*
9.	*Bahya prayoga*	*Jatyadi taila* *Grihadhooma lepa*	As required	Everyday after bath from 18th day to 60 days	*Vrana ropana*
10.	*Pathya*	*Karavellaka, Patola, Adraka, Laghusupachya bhojana*	---------	----------	----------
11.	*Apathya*	*Dadhi, Matsya, Madya, Adhyasana*	---------	----------	----------

RESULT

After the completion of therapeutic purgation marked improvement showed in all classical symptoms of *Vatarakta* and *Vrana*. The length and width of wound reduced from 8.8cm to 5.8cm and 5.2cm to 2.7cm respectively. The pressure ulcer healing score also had reduced from 15 to 5. After internal medication and four sitting of *Raktamokshana* the length is reduced to 4.5cm and width to 1.4cms with complete reduction in classical symptoms of *Vrana* and *Vatarakta*. Then after one month of follow up we found complete reduction in size of wound along with *Lakshana* of *Vatarakta*.

Table 2: Improvement in *Vrana lakshana*

S.no	Feature	Before treatment	0 day	5th day	10th day	15th day	20th day	25th day	30th day	45th day	60th day	80th day	90th day
1.	*Kandu*	+++++	+++++	++++	++++	+++	+++	++	+	_	_	_	_
2.	*Daha*	+++++	+++++	++++	++++	++++	+++	++	_	_	_	_	_
3.	*Toda*	+++	+++	+++	++	+	_	_	_	_	_	_	_
4.	*Shyavata*	++++++	++++++	++++ ++	++++ ++	++++ +	++++ +	++++ +	+++ +	+++ +	+++ +	+++	++
5.	*Ruk*	++++	++++	+++	+++	++	++	++	+	_	_	_	___
6.	*Tamrata*	+++	+++	++	++	+	+	___	_	_	_	_	___
7.	*Ayama*	+++	+++	++	++	+	+	_	_	_	_	_	___
8.	*Srava*	++	++	+	++	++	+	___	_	_	_	_	___

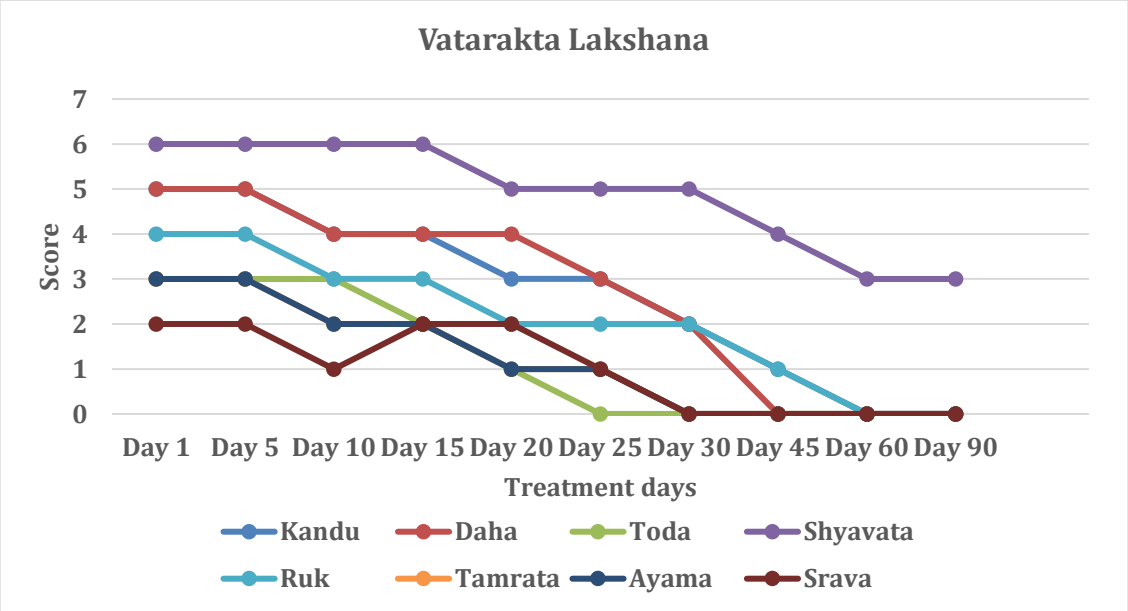


Table 3: Wound size

Pressure ulcer healing score record

Day	1	5	10	15	20	25	30	45	60	90
Length * width	9	9	9	8	8	8	7	7	6	5
Exudate amount	3	3	2	2	1	1	0	0	0	0
Tissue type	3	3	3	3	2	2	1	1	0	0
PUSH total score	15	15	14	13	11	11	8	8	6	5

Table: Ulcer healing record

S.no.	Date	1st day	5th day	10th day	15th day	20th day	25th day	30th day	45th day	60th day	90th day
1.	Length	8.8cm	8.6cm	8.2cm	7.8cm	7.0cm	6.5cm	5.8cm	5.2cm	4.5cm	
2.	Width	5.2cm	5.0cm	4.8cm	4.1cm	3.6cm	3.0cm	2.7cm	2.2cm	1.8cm	
3.	Depth	2.4cm	2.2cm	2.0cm	1.8cm	1.7cm	1.4cm	1.0cm	0.6cm	0.2cm	

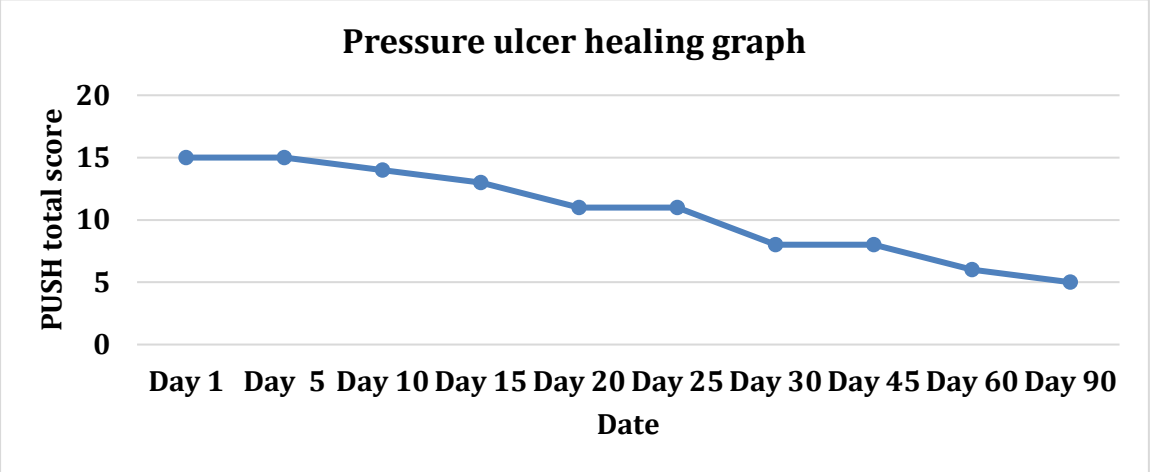


Figure 1

Days	Picture	Picture
0 day		
10th day		
20th day		

30th day		
60th day		
80th day		
90th day		

DISCUSSION

The current case suffered from this condition in the last 8 months where macular patch in the bilateral lower limb occurred first followed by wound which was not cured after several interventions. Long time standing posture without any precautions and diet contains *Vidahi, Amla* and *Ushna* lead to vitiate *Rakta Dhatu,* prolonged indulgence of same *Nidana* may cause *Uttana Vatarakta. Abhighata* was the cause for the wound occurred in the right lower limb. *Virechana Chikitsa* indicated both in *Vatarakta* and *Vrana. Chitrakadi Vati* and *Arogyavardhini vati* helps to *Agnideepana* and *Pachana* which helps in *Sodhananga Snehapana* and *Virechana*. *Panchavalkala kwatha dravyas* are *Kashaya Rasa* dominant so it helps in *Stambha* and *Raktaprasadaka, Pittaghna karma* of *Panchavalkala Kwatha* helps in altered discoloration in this patient. *Snehapana* with *Guggulu Tiktaka Ghrita* helps in *Vrana* and *Vatarakta* by its *Tikta Rasa* and *Sneha. Kaishore guggulu* and *Avipattikar Churna* both are having *Pittasamana* and *Raktasodhana* properties which help to manage symptoms in this patient.

Deepana-Pachana was administered to improve *Agni* and digest *Ama*, thereby facilitating subsequent therapies. *Snehapana* was performed for internal oleation and preparation for *Shodhana* procedures. Following *Snehapana, Abhyanga* and *Swedana* were administered to mobilize vitiated *Doshas* from peripheral tissues toward the gastrointestinal tract, enhancing the efficacy of *Virechana. Virechana* was then conducted for the elimination of aggravated doshas, particularly *Pitta* and vitiated *Rakta. Shamana Aushadhis* were prescribed after purification to maintain *Doshic* balance, reduce residual symptoms, and promote tissue healing. *Raktamokshana* was employed as an adjunctive therapy for the removal of vitiated blood and alleviation of local inflammatory manifestations.

Probable mode of action of the intervention

Arogyavardhini vati

It regularise the *Jatharagni* and *Dhatwagni* (metabolic fire) by its *Deepana-Pachana karma. Katuki* has *Lekhana* effect on ama, kleda(excess moisture/fluid), *Kapha* and *Meda* (adipose tissue), there by promoting *Srotashodhana* (purification of body channels). For which the accumulation of *Dosha* in *Rasa, Rakta, Mamsa, Meda dhatu* could be removed, which helps in *Samprapti vighatana* of *Vatarakta*. It also acts as hepatoprotective or stimulate to secrete hepatic enzyme which help to heal wound faster, due to kutkoside, kutkin, picroside these are the chemical constituent of *Katuki*. [7]

Chitrakadi vati

The progression from *Dosha* imbalance to the manifestation of the disease, requires interventions that disrupt this process. *Chitrakadi vati* recognized for enhancing *Jatharagni* by *Katu, Tikta, Lavana rasa*, *Ushna virya, Sukshma Snigdha guna* and *Katu vipaka*. The chemical composition of *Chitrakadi vati* ingredients are rich array of bioactive compounds such as piperine, gingerols, plumbagin, and alkaloids which contribute to their pharmacological action. These actions are including hepatoprotective, anti-inflammatory, immunomodulator, analgesic, anti-oxidant, anti-microbial and lipid-lowering effect. This synergistic combination of herbs and salts in chitrakadi vati underscores its efficacy in improving digestion and overall gastrointestinal health. [8,9]

Panchavalkala kwatha

Panchavalkala kwatha (bark) is found to have anti-inflammatory, analgesic and antimicrobial properties. Early researches explain that tannins present in *Nyagrodha* and *Udumbara* are antioxidants and flavonoids are anti-inflammatory and analgesics reduce pain. Tannins also proved to have antimicrobial property which might have reduced the discharge. Hence these constituents in the *Panchavalkala* might have helped in regression of sign and symptoms of *Vrana*. [10]

Pinda taila

Pinda Taila is described in the context of *Vatarakta* as a potent pain reliever *(Vatarakta rujapaha). Abhyanga* with *Pinda taila* over the inflamed joints causes alterations in peripheral circulation and might augment the movement of accumulated inflammatory materials into the circulation and this correlates with *Koshta gati* from *Sakha. Pinda Taila* soothes *Rakta* and *Vata* simultaneously and reduces the inflammation and brings about changes in cardinal symptoms.[11]

Trivritta leha

Trivritta has *Madhura, Kashaya, Katu vipaka* and *Ushna virya*, which is pacifying *Kapha* and *Pitta*, for it also easily and safely eliminates the body wastes, so it corrects vitiated *Pachaka pitta* and helps in purifying *Rakta dusti. Pachaka pitta* controls other *Pitta* in the in the body including *Bhrajaka pitta* which is also vitiated in *Vata rakta* and *Vrana. Trivritta* does *Lekhana* of *Mamsa dhatu*. Excessive *Kleda* in *Vrana*. *Trivritta* has *Rukshya guna* and hence, helps to dry up the discharge, which might be the reason of getting relief in *Srava* and *Pidika*. *Trivrutta* does *Ama pachana*, removes *Sanga* from *Srotasa* and does *Srotomukha vishodhana*. Due to this, *Vata* gets pacified and helps in *Samprapti Vighatana*, and also having *Krimighna* property. [12]

Jatyadi taila

Jatyadi taila has ethanol and hexane extracts which possess potent antibacterial activity against gram (+) and grame (-) bacteria and play an essential role in the anti-inflammatory response to LPS in macrophages. That's why it plays an important role in wound healing.[13]

CONCLUSION

Vatarakta and *Vrana* having symptoms like discoloration, pain and discomfort might impact on day-to-day life of patients. This may lead to serious illness like venous disorder. In this particular case long standing with injury causes discoloration and pain over bilateral lower limb. *Virechana* is one of the easiest and cost-effective treatment for various inflammatory illness. The present case demonstrated improvement in discoloration and associated complaints of wound after *Virechana* with other Ayurveda interventions. Limitation in a single case in the absence of large number of patients couldn't validate the treatment protocol. More extensive research with randomised controlled trials is warranted to establish the efficacy and safety of Ayurveda intervention in management of various venous disorder.

REFERENCES

1. Charaka Samhita Vidyotini hindi vyakhya varanashi: chaukhambha Bharati academy: 2017.
2. Vagbhata. Ashtanga Hridaya. Varanasi: Chaukhambha Publications; 2016.
3. Chakradatta. Chakradatta with commentary. Varanasi: Chaukhambha Publishers; 2012.
4. Sushruta. Sushruta Samhita with Nibandha Sangraha Commentary of Dalhana. Varanasi: Chaukhambha Sanskrit Sansthan; 2015.
5. Pressure ulcer grading scale www.ncbi.nlm.nih.govhttps://www.ncbi.nlm.nih.gov/books/NBK553107/
6. Park SH, Lee HS. Assessing Predictive Validity of Pressure Ulcer Risk Scales- A Systematic Review and Meta-Analysis. Iran J Public Health. 2016 Feb; 45(2): 122-33. PMID: 27114977; PMCID: PMC4841867

7. Padhar BC, Dave AR, Goyal M. Clinical study of Arogyavardhini compound and lifestyle modification in management of metabolic syndrome: A double-blind placebo controlled randomized clinical trial. Ayu. 2019 Jul-Sep; 40(3): 171-178. doi: 10.4103/ayu.AYU_79_19. Epub 2020 Aug 8. PMID: 33281394; PMCID: PMC7685257.
8. Management of Mandagni (~diminution of Agni) a case study; evaluating the effect of Chitrakadi Vati and Ekakala Bhojana (one time meal in day) in alleviating gastrointestinal symptoms https:// share.google/EDYqR1WDwLpyV94PD
9. Kumar PB, Kadibagil VR, Ganti BY. Role of Chitrakadi Vati in Grahani roga. Int Ayu Med J. 2016; 4(2): 121-9.
10. A Clinical Evaluation of Panchavalkala- A Review Article https://www.researchgate.net/publication /330279254_A_Clinical_Evaluation_Of_Panchavalkala-A_Review_Article
11. Periyanayagam K, Venkatarathnakumar T, Nagaveni A, Subitha VG, Sundari P, Vaijorohini M, Umamaheswari V. Topical anti-inflammatory activity of pinda thailam, a herbal gel formulation. Anc Sci Life. 2004 Jul; 24(1): 1-5. PMID: 22557143; PMCID: PMC3330916.
12. Clinical evaluation of Trivṛta powder (Operculina turpethum Linn.) and Aragvadha Patra Lepa (paste of leaves of Cassia fistula Linn.) in the management of Vicharchika (eczema)- PMC https://share. google/a4s7wivEFev6eQiEO
13. Antibacterial and Anti-Inflammatory Potential of Polyherbal Formulation Used in Chronic Wound Healing- PMC https://pmc.ncbi.nlm.nih.gov/ articles/PMC8279844/

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