



CASE REPORT

Therapeutic Effect of Yashti Guggulu Taila in the Management of Chronic Venous Ulcer: A Case Report

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Abstract

Background: Venous ulcers are chronic, recurrent lower-limb wounds resulting from venous hypertension and valvular incompetence. Despite standard management with compression therapy, antibiotics, and advanced dressings, many ulcers fail to heal adequately. In Ayurveda, such chronic non-healing ulcers are described as *Dushta Vrana*, for which *Vrana Shodhana* (cleansing) and *Vrana Ropana* (healing) are the core treatment principles. *Yashti Guggulu Taila*, a manuscript-based Ayurvedic formulation, is traditionally indicated for wound cleansing and healing.

Case Presentation: A 47-year-old female presented with a chronic venous ulcer over the medial aspect of the left lower leg, persisting for four months, associated with pain, foul-smelling discharge, slough, hyperpigmentation, and edema. Venous Doppler confirmed chronic venous insufficiency with perforator incompetence. The condition was diagnosed as *Dushta Vrana* secondary to *Siraja Granthi* (varicosity). The patient was managed exclusively with Ayurvedic treatment, including daily wound dressing with *Yashti Guggulu Taila*, along with appropriate internal medicines.

Intervention and Outcome: Daily wound dressing with *Yashti Guggulu Taila* was continued for six weeks. Noticeable reduction in slough, discharge, pain, and odor was observed within the first week. Healthy granulation tissue appeared by the second week, followed by progressive epithelialization. Complete wound healing was achieved by the sixth week, with restoration of skin integrity and no recurrence during follow-up.

Conclusion: This case demonstrates the effective role of *Yashti Guggulu Taila* in the management of chronic venous ulcers by facilitating both *Vrana Shodhana* and *Vrana Ropana*. The formulation proved to be a safe, cost-effective, and holistic therapeutic option for chronic non-healing wounds. Further clinical studies are warranted to validate its efficacy and standardize its use in chronic wound care.

Introduction

A venous ulcer is a chronic wound, usually found in the gaiter area of the leg, resulting from venous hypertension due to valvular incompetence or obstruction in the venous system. (1) Chronic venous ulcers are persistent, non-healing wounds that predominantly affect the lower limbs and are commonly associated with long-standing venous insufficiency. These ulcers present with characteristic features such as edema, pain, foul-smelling discharge, skin discoloration, and fibrotic changes in the surrounding tissues. Their prolonged course, frequent recurrence, and resistance to conventional wound care therapies make them a significant therapeutic challenge. Modern treatments, including compression therapy, antibiotics, and advanced wound dressings, often focus on symptomatic management but may not address the root pathology or promote sustained healing in chronic cases.

In Ayurveda, chronic non-healing ulcers are described under the broad category of *Dushta Vrana*, characterized by vitiation of the *Tridoshas*, deranged tissue metabolism, slough, foul odor, and delayed healing. The classical approach to *Vrana Chikitsa* includes two primary objectives: *Vrana Shodhana* (cleansing of the wound to eliminate slough and toxins) and *Vrana Ropana* (facilitating tissue regeneration and wound closure). (2) These are achieved through the application of specific herbal formulations, both internally and externally, which help pacify the vitiated *Doshas*, promote *Dhatu* regeneration, and restore tissue integrity.

This case study focuses on the application of *Yashti Guggulu Taila*, a traditional medicated oil prepared from *Yashtimadhu*, *Guggulu* and *Upakunjika* in coconut oil, as referenced from palm-leaf manuscripts. The formulation combines *Shodhana* and *Ropana* properties, making it highly suitable for chronic wounds exhibiting discharge, slough and inflammation. *Yashtimadhu* offers soothing, anti-inflammatory and regenerative properties; *Guggulu* is renowned for its antimicrobial and wound-purifying actions; and *Upakunjika* aids in odor control and granulation tissue formation.

The present case report illustrates the effective healing of a chronic venous ulcer in a 47-year-old female through the use of *Yashti Guggulu Taila* for local wound care along with internal medications. Over a period of six weeks, consistent dressing led to progressive wound cleansing, reduction in discharge, development of healthy granulation, and complete epithelialization. The outcome underscores the significance of reviving traditional Ayurvedic formulations from manuscript literature and applying them in chronic wound management.

CASE HISTORY:

PATIENT INFORMATION

A 47-year-old female housewife from an urban locality in Kerala presented with a chronic non-healing ulcer over the medial aspect of her left lower leg, persisting for over four months. The patient initially experienced a sensation of heaviness in the limb, especially after prolonged standing, which gradually progressed to the formation of a small wound. Despite the use of topical antiseptics and a course of oral antibiotics, the ulcer failed to heal and progressively worsened. She reported intermittent dull aching pain, mild to moderate itching, and a foul-smelling seropurulent discharge from the wound site. The symptoms had started insidiously and gradually increased in severity over the previous months. On clinical examination, the ulcer measured approximately 4 cm × 4.5 cm, with irregular margins and a slough-covered base. The surrounding skin appeared hyperpigmented, with mild localized edema and tenderness. Prominent dilated veins were noted over the medial aspect of the calf, suggesting underlying varicosity. The patient's pain score was recorded as 6 out of 10 on the Visual Analogue Scale. Peripheral pulses were palpable and systemic examination was unremarkable. The patient had no history of diabetes, hypertension, trauma, or previous venous surgeries. There was no family history of similar complaints. She had a sedentary lifestyle with prolonged standing while performing household tasks. Menstrual history revealed natural menopause three years prior. She denied any history of smoking or alcohol consumption.

A venous Doppler study revealed incompetence of perforator veins in the left lower limb and reflux consistent with chronic venous insufficiency. Routine blood investigations were within normal limits except for a mildly elevated erythrocyte sedimentation rate (ESR) of 35 mm/hr. Her fasting and postprandial blood sugar levels were normal.

Considering the chronicity, clinical findings, and Doppler results, the condition was diagnosed as a chronic venous ulcer, correlating with *Dushta Vrana* secondary to *Siraja Granthi* (varicose veins) in Ayurvedic parlance. The patient sought Ayurvedic care after partial and unsatisfactory results from prior medical treatment.

PERSONAL HISTORY

Bowel	: Regular
Appetite	: Good
Micturition	: Within normal limit
Sleep	: Moderate
Diet	: Prefers spicy salty items

Allergy : Not yet detected
 Height : 154 cm
 Weight : 59 kg

GENERAL PHYSICAL EXAMINATION

Appearance : Moderate
 Behaviour : Appropriate
 Grooming : Well, dressed
 Attitude : Cooperative
 Mental state : Pleasant
 Pallor : Absent
 Icterus : Absent
 Cyanosis : Absent
 Clubbing : Absent
 Lymphadenopathy : Absent
 Pedal Edema : Mild localised to the left lower leg

Vital Signs

- Pulse: 82 bpm, regular
- Blood Pressure: 118/78 mmHg
- Temperature: Afebrile
- Respiratory Rate: 16/min

Systemic Examination

- Cardiovascular System: S1, S2 heard normally
- Respiratory System: Bilateral air entry, no added sounds
- Central Nervous System: Conscious, oriented, no focal deficits
- Abdomen: Soft, non-tender, no organomegaly

LOCAL EXAMINATION OF WOUND

- Number of Wounds: One
- Location: Medial aspect of the lower 1/3rd of the left leg
 - Size: Approximately 4 × 4.5 cm
 - Shape: Irregular
 - Discharge: Serous, moderate in amount
 - Odour: Mildly offensive
 - Margins: Indurated
 - Edges: Sloping
 - Wound Bed: Covered with slough; granulation tissue partially visible
 - Surrounding Skin: Hyperpigmentation and induration noted; mild edema present

- Temperature: Slightly raised
- Tenderness: Mild
- Bleed on Touch: Absent

Investigations

- Hemoglobin: 11.2 gm%
- Total Leukocyte Count: 8,100 cells/cmm
- Differential Count: N - 62%, L - 30%, E - 5%, M - 3%
- Erythrocyte Sedimentation Rate (ESR): 35 mm/hr
- Random Blood Sugar (RBS): 106.3 mg/dl
- Doppler Study of Lower Limb: Confirmed venous insufficiency and valvular incompetence in the left great saphenous vein

METHODOLOGY/ TREATMENT GIVEN:

Management of wound

After admission and assessment, the patient was diagnosed with *Dushta Vrana* secondary to *Siraja Granthi* (venous insufficiency/varicosity), based on classical Ayurvedic parameters and modern clinical findings. The management approach focused primarily on Ayurvedic wound care using *Yashti Guggulu Taila*, a formulation derived from *Taliyola (manuscript)* reference with wound healing properties.

The formulation used, *Yashti Guggulu Taila*, included:

- *Yashtimadhu* (Glycyrrhiza glabra): *Madhura rasa*, *Guru-Snigdha guna*, *Seeta veerya*, *Madhura vipaka*; *Vatapittahara*, *Raktapittaghna*, and *Vranaropaka* properties make it ideal for wound healing.(4)
- *Guggulu* (Commiphora mukul): *Tikta rasa*, *Kaphavatahara*, *Krimighna*, *Kledashoshana*, *Ropana*.(4)
- *Upakunjika* (Hygrophila spinosa): *Katu-Tikta rasa*, *Laghu-Ruksha guna*, *Ushna veerya*, *Kaphavatahara*, with *Dourgandhyanashana*, *Krimighna*, and *Shothahara* actions. (4)
- *Kera Taila* (Coconut oil): Traditionally used as a *sneha dravya* with *vrana shodhana*, *sheetala*, and *tvachya* effects, it provides a soothing base and enhances absorption of the active ingredients.(3)

Treatment Protocol:

1. Wound Cleaning & Dressing Procedure (performed daily):
 - The wound site was cleaned gently using sterile distilled water to remove surface slough and debris.
 - Topical application of *Yashti Guggulu Taila* was done directly over the ulcer surface and surrounding margins using sterile cotton gauze.

- The area was covered with sterile dressing, and light bandaging was applied without constriction.
- The dressing was changed once daily under aseptic precautions.
- Special care was taken to avoid excess moisture or pressure over the wound site

Formulation Details (*Yashti Guggulu Taila*):

- Ingredients used: *Yashtimadhu*, *Guggulu*, and *Upakunjika* - all in equal quantities (2 kazhanju each) almost 12gm each (5)
- Method of preparation: The ingredients were boiled in coconut oil as per the Taliyola manuscript process.

4. Monitoring Parameters:

- Wound was assessed daily for:
 - Size and depth reduction
 - Discharge quantity and nature
 - Odour and colour changes
 - Granulation tissue formation
 - Pain and local inflammation
 - Weekly photographic documentation was maintained for visual progress tracking.
- ◇ Details of wound management is given in Table 1
- ◇ Internal medicines given throughout the treatment period is listed in Table 2

Result and Discussion

The chronic venous ulcer in this 47-year-old female patient, present for over four months, showed progressive and sustained healing over a period of six weeks with exclusive Ayurvedic management. The application of *Yashti Guggulu Taila*, a manuscript-based traditional preparation, played a pivotal role in wound cleansing (*Vrana Shodhana*), tissue regeneration (*Vrana Ropana*), and overall recovery.

By the end of the first week of treatment, the wound showed a marked reduction in slough, foul odour and pain,

TABLE 2 - INTERNAL MEDICINES

Medicine	Dose
1. <i>Manjishtadi kashayam</i>	90ml bd before food
2. <i>Punarnava manduravatakam</i>	1-0-1
3. <i>Avipathy choornam</i>	1 tsp HS with lukewarm water

which are indicative of the *Vrana Shodhana* property of *Yashti Guggulu Taila*. The appearance of healthy granulation tissue by the second week reflected the initiation of the healing process. During the third and fourth weeks, the ulcer demonstrated clean margins, progressive epithelialization, and significant reduction in associated symptoms such as itching, pain, and heaviness. By the end of the sixth week, complete wound healing was achieved with restoration of skin integrity, absence of discharge, and no signs of local infection. The patient also reported improved mobility and confidence in performing daily activities. These clinical findings collectively underscore the *Vrana Ropana* property of the formulation.

Thus, *Yashti Guggulu Taila* exhibited both *Shodhana* and *Ropana* actions, suggesting that instead of selecting two separate formulations-one for wound cleansing and another for healing-a single preparation can effectively serve both purposes in chronic ulcers.

In addition to local management, internal medication played a supportive role in the healing process. *Manjishtadi Kashaya*, considered a drug of choice in *Dushta Vrana*, was administered to facilitate *Raktashodhana*, reduce chronic inflammation, and improve tissue perfusion. *Manjishta* (*Rubia cordifolia*), the chief ingredient, is well documented for its anti-inflammatory, antioxidant, and wound-healing properties, making it particularly beneficial in chronic venous ulcers associated with hyperpigmentation and venous stasis. *Avipathy choorna*, which is excellent in pacifying *pitha* has been included in the management, to control *paka* (inflammation), which does not occur without the involvement of *Pitha dosha*. *Punarnavamandoora* is beneficial in the management of diseases of *rakthadushti*. This combination contains *Kaphahara* ingredients such as *Vyosha*, *Chitraka* and *gomuthra*, which is beneficial to control *Pooya* (Pus), as *Pooya* does not occur without *Kapha*

Table 1 - WOUND MANAGEMENT

Week	Wound size	Pain (VAS)	Clinical observations/Remarks
Week 1	4.0 cm x 4.5 cm	6/10	Ulcer covered with slough and foul-smelling discharge. Margins irregular, moderate edema and pain present. Treatment initiated
Week 2	3.5 cm x 4.0 cm	4/10	Slough visibly reduced. Initial granulation tissue noted. Pain and edema subsiding. Discharge less offensive.
Week 3	3.0 cm x 3.5 cm	3/10	Healthy granulation tissue observed. Wound margins better defined. Odor absent. Patient more comfortable.
Week 4	2.0 cm x 2.5 cm	2 /10	Epithelialization underway. Minimal discharge. Edges smooth. Itching reduced.
Week 5	1.0 cm x 1.5 cm	1/10	Wound almost closed. Dry bed with no slough. Patient ambulant and symptom-free.
Week 6	Healed	0/10	Complete epithelialization. No discharge or recurrence. Patient resumed normal routine



Week 1



Week 2



Week 3



Week 4



Week 5



Week 6

The combined internal and external therapeutic approach aligns with the classical Ayurvedic principle that successful *Vrana Chikitsa* requires both *Bahya Chikitsa* (local wound management) and *Abhyantara Chikitsa* (systemic correction). The internal medicines likely contributed to sustained wound healing, prevention of infection, and reduction in recurrence risk.

From the authors clinical experience, various external applications such as *Jathyadi Taila* have been routinely employed in the management of *Vrana*. However, in the present case, *Yashti Guggulu Taila* demonstrated comparatively superior outcomes when used in combination with appropriate internal medicines. Nevertheless, larger clinical studies and controlled trials are required to further delineate and validate these findings.

The effects of *Yashti Guggulu Taila* can be attributed to the combined therapeutic actions of the ingredients in *Yashti Guggulu Taila*:

- *Yashtimadhu* (*Glycyrrhiza glabra*): Known for its soothing, anti-inflammatory, and regenerative properties, it reduces local burning, pain, and supports epithelial growth.⁴
 - *Guggulu* (*Commiphora mukul*): Possesses strong antimicrobial and de-sloughing effects. It helps to purify the wound bed and accelerate granulation.⁴
 - *Upakunjika* (*Hyptis suaveolens*): Offers deodorizing, anti-microbial, and pain-relieving properties, making it particularly effective in infected, foul-smelling ulcers.⁴
- Coconut Oil (*Taila*): Acts as an emollient base, keeps the wound

moist, aids in absorption of the active herbs, and supports barrier restoration.⁴

- This traditional oil not only cleansed the ulcer and reduced discharge but also promoted faster epithelialization and helped restore skin health without the need for antibiotics or advanced wound dressings.

Conclusion

The present case demonstrates the remarkable wound-healing potential of *Yashti Guggulu Taila* in the exclusive Ayurvedic management of a chronic venous ulcer measuring approximately 4 × 4.5 cm. The patient, who presented with foul-smelling discharge, blackish discoloration, and severe local inflammation, showed progressive clinical improvement week by week without the support of conventional antibiotics or physiotherapy. The formulation-prepared as per traditional *Taliyola* manuscript-acted both as a *Vrana Shodhana* (cleansing) and *Ropana* (healing) agent, promoting healthy granulation, epithelialization, and complete closure of the ulcer within six weeks.

The synergistic pharmacological actions of *Yashtimadhu*, *Guggulu*, and *Upakunjika*-such as anti-inflammatory, antimicrobial, and tissue-repairing effects-contributed significantly to pain relief, infection control, and tissue regeneration. This case highlights the importance of manuscript-based classical preparations in managing chronic non-healing wounds and underscores the relevance of Ayurveda in offering a

cost-effective, holistic alternative, especially where resistance to standard treatment or recurrence is a concern. Further clinical validation through larger case series and trials is encouraged to establish the efficacy and standardize the use of *Yashti Guggulu Taila* in chronic wound care protocols.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and the accompanying clinical images. Patient confidentiality has been maintained.

Patient Perspective

“I had been suffering from a painful, foul-smelling ulcer on my left leg for several months, which did not heal despite using repeated dressings. It affected my daily activities and caused constant worry. After starting Ayurvedic treatment, the wound gradually became cleaner, pain and discharge reduced within the first week, and healthy tissue began to form. Over the next few weeks, the ulcer steadily healed and finally closed completely. I experienced no side effects and was able to resume my normal routine comfortably. I am very satisfied with the treatment and grateful for the complete healing achieved through this Ayurvedic approach.”

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