



Case Study

A COMPREHENSIVE AYURVEDIC MANAGEMENT OF PERIPHERAL VASCULAR DISEASE - A CASE REPORT

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ABSTRACT

Vatarakta, classified as a *Mahavatavyadhi* and as a separate disease in the scriptures has evoked attention of the Ayurvedic physicians and scholars because of its versatility in symptoms. Focussing on a single disease elaborated in modern science and equate it to *Vatarakta* cannot be considered as an apt methodology. Rather, *Vatarakta* can be understood as a conglomeration of different diseases such as autoimmune disorders, peripheral arterial disease and gouty arthritis to name a few.

In this case study, a 42 year old male patient diagnosed with peripheral vascular disease was treated with the aid of the principles of *Vataraktachikitsa* and medications suitable to the disease under consideration. *Shamana* modality of treatment was advocated for the patient. The findings were obtained with timely monitoring of the symptoms and condition of the disease. Medications which included *Shilajatu*, *Guggulu tiktakakashaya* and *Jatyaditaila* provided significant relief.

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INTRODUCTION

Peripheral vascular disease is manifested when there is occlusion of the arteries of limbs. Atherosclerosis is considered to be the leading cause of peripheral vascular disease. There is an increased risk of development of peripheral vascular disease in cigarette smokers and in persons with metabolic syndrome. Classifications of *Vatarakta* is based on the morbidity of *Dosha* and also on the basis of chronicity^[1]. Atherosclerotic plaques are more common in the distal vasculature causing ischemia to the area involved. Rest pain, feeling of coldness in the foot or toes, decreased pulses distal to the obstruction due to narrowing of artery, discolouration of the skin and ulceration are few of the evident findings in peripheral vascular disease^[2].

Vatarakta express symptoms primarily in the lower limbs. Considering the symptoms of *Tvakvaivarnyata*, manifestations of diseases related to the *Twak* such as *Vrana/ Dalitatwak/ Tvakspthutana*, predominance of *Shoola/ Toda* in the area affected, *Dhamanisankocha* and *Margavarana* assessed in terms with the atherosclerosis in the

distal arteries, *Vatarakta* may be considered as a parallel diagnosis to peripheral vascular diseases owing to the similarities in the symptomatology^[3].

CASE REPORT

Presenting complaint

A male patient, aged 42 years visited the outpatient department of Ahalia Ayurveda medical college on 10/01/19 with complaints of brownish black discoloration of the skin on the left foot and feeling of coldness of the left foot since 6 months. He also complained of pain and ulceration in the great toe since 2 months.

History of presenting complaints

The patient who was a cigarette smoker (20 cigarettes/day since past 8 years) and not a known case of any metabolic disorders started having symptoms of brownish black discoloration of the dorsal aspect of the left foot 6 months back. Gradually over a period of 6 months the discoloration increased along with additional symptom of coldness of the left foot. Since the past 2 months there was development of break in the

continuity of the skin leading to ulceration in the great toe of the left foot. Associated with the ulceration patient also had severe pain in the great toe of left foot which was persistent throughout the day.

He consulted a physician elsewhere and took medication for his complaints for which he did not get any relief. Amputation/ disarticulation of the great toe were advised after the diagnosis of peripheral vascular disease. As he was not willing to undergo surgical management he consulted in the outpatient department for further management.

Physical Examination

Detailed Examination- Vascularity of Left Foot

- *Skin – discolouration present – brownish
- *Signs of ischemia – present, pre-gangrenous state.
- *Buerger’s postural test – positive at 30 degree.
- *Venous refilling – 30-40 seconds.
- *Pulse - Dorsalis pedis – feeble
- Tibialis posterior- feeble

Ulcer Examination

Inspection

1. Number: One
2. Site: Plantar aspect of left great toe
3. Shape: Round
4. Colour: Pale whitish-pink
5. Smell: Mild present
6. Discharge: Present, purulent
7. Margin: Not inflamed, discolouration present.
8. Edge: Punched out
9. Floor: Smooth, Soft, Covered with diffuse adhered slough, mild unhealthy granulation tissue present
10. Surrounding area: Ischemic changes noted

Palpation

1. Size of ulcer: 2.5 x 2.5 x 1.5cm
2. Base: Smooth, moderately hard
3. Bleeding on touch: Absent
4. Tenderness: Present, Severe
5. Induration: Absent

Diagnosis

Peripheral vascular disease (Pre-gangrenous state) -*Vatarakta*

Treatment Protocol

I. First phase

Date: 10/01/19 to 08/02/19 and

II. Second phase

Date: 09/02/19 to 09/03/19

1. **Medication given:** *Shilajatu*^[4] 500mg (Capsule)
Dosage: 2-2-2 after food (3gm/ day)
Anupana: lukewarm water
2. **Medication given:** *Guggulutktiktaka Kashaya*^[5]
Dosage: 20ml -0- 20ml before food
Anupana: lukewarm water - 60ml (mixed with *Kashaya*)
3. **Medication given:** *Triphalachoorna* (to prepare *Kashaya*)
Mode of usage: For *Prakshalana*
4. Cleaning with sterile water and dressing with *Jatyadi taila*^[6] was done daily.

III. Third phase

Date: 10/03/19 to 09/04/19

1. **Medication given:** *Shilajatu* 500mg (Capsule)
Dosage: 2-2-2 after food (3gm/ day)
Anupana: lukewarm water
2. **Medication given:** *Guggulutktiktaka Kashaya*
Dosage: 20ml -0- 20ml before food
Anupana: lukewarm water - 60ml (mixed with *Kashaya*)
3. Cleaning with sterile water and dressing with *Jatyaditaila* was done daily

IV. Forth phase

Date: 10/04/19 to 10/05/19

Medication given: *Shilajatu* 500mg (Capsule)
Dosage: 2-2-2 after food (3gm/ day)
Anupana: lukewarm water

Table 1: Personal history

Dietary habits: Eats at irregular intervals, 3 meals/day	Appetite: Good
Sleep: Disturbed due to pain, sleeps 5-6 hours at night	Bowel: Regular; 1 time/day,
Addictions: Cigarette smoking- 20 cigarettes/day (8 years)	Micturition: 4 to 6 times/day 1 to 2 times/night

Table 2: Analysis of Symptoms

Peripheral vascular disease(Left Foot)	Vatarakta
Feeble pulses	Due to <i>Dhamanisankocha</i>
Atherosclerosis in distal arteries	<i>Margavarana</i> in <i>Rasaraktavahasrotas</i>
Pain	<i>Shoola</i>
Affected part - Foot	<i>Pada</i> is affected
Discolouration	<i>Tvakvaivarnyata</i>
Ulceration	<i>Dalitatvak, Mamsagalana</i>

Table 3: Observation and Result

Symptoms / Signs	Before treatment (10/01/19)	09/02/19	10/03/19	10/04/19
Pain	Severe	Moderate	Mild	Absent
Ulcer	Non -healing	Healing	Healing	Healed
Pulse	Feeble	Feeble, improved	Palpable, improved	Palpable
Discolouration	Present	Present	Present	Present



Figure no.1: 10/01/19
Non- healing ulcer on plantar aspect of left great toe with punched out edge, purulent discharge and floor covered with diffuse slough and slight unhealthy granulation tissue.



Figure no.2
09/02/19
Ulcer: healing with surfacing of floor, sloping edge; reduced slough and discharge.



Figure no.3
10/03/19
Ulcer: healing with scab formation. Absence of slough and discharge. Mild discontinuity present at the centre of the floor.



Figure no.4
10/04/19
Ulcer: healed

DISCUSSION

The treatment was done in 4 different phases. *Vatarakta chikitsa* protocol was implemented in this case. Considering the pathology and the symptoms of peripheral arterial disease, analyzing it with that of *Vatarakta*, treatment advocated for the patient has proven to be effective. Patient was advised to gradually reduce and stop cigarette smoking owing to prevent further development of atherosclerosis and peripheral vascular disease. The pain, ulceration and feeble pulses improved significantly. Discolouration of the skin showed minimum changes though not significant enough.

Shilajatu has *Lekhana* property that helps in reducing the *Margavarana* in the *Rasaraktavaha srotas*. It helps in *Srotoshodhana* and acts as *Rasayana*. In short *Shilajatu* helps in reducing the atherosclerosis in the distal vasculature and improve the blood circulation. The ingredient spectrum of *Guggulutiktakakashaya* worked towards the *Samprativighatana* of *Vatarakta*. *Triphala Kashaya prakshalana* was advised as an aid for *Vranashodhana* and *Ropana*. Cleaning with sterile water followed by dressing the wound with *Jatyaditaila* helped in the healing process of the ulcer of the great toe of the left foot.

Probable mode of action

- ❑ *Shilajatu* - *Srotoshodhana*, *Margavarana*, *Rasayana*, *Vatarakta* hara
- ❑ *Guggulutiktakakashaya* - *Vataraktashamana*
- ❑ *Triphalakashayaprakshalana* - *Vranashodhana* and *Ropana*
- ❑ *Jatyaditaila* - *Vranashodhana* and *Ropana*

CONCLUSION

The case under discussion was a challenging one, as the patient was having symptoms of peripheral vascular disease and also was a chronic smoker. Since the patient was advised amputation and was not willing to undergo surgical management, medical management/ conservative management was the option remaining to be done.

Only minimum required medications were used for treating the case considering the economic burden of the patient. The result was obtained in a period of 4-5 months of treatment. The symptoms of the patient were better and the ulcer healed owing to the improvement in the blood supply due to reduction in the atherosclerosis in the distal arteries. The patient was advised to quit smoking so that the recurrence of peripheral vascular disease can be kept at bay. The treatment protocol of *Vatarakta* can be applied for the management of peripheral arterial disease. Further clinical studies are required and can be undertaken for validation of treatment protocol.

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