



An Ayurvedic Management of Peripheral Vascular Disease a Complication of *Vatarakta* with special reference to Gout: A Case Study.

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Abstract: Introduction: *Vatarakta*, classified as a *Mahavataavyadhi* and as a separate disease in the scriptures has evoked attention of the *Ayurvedic* physicians 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. **Material and Methods:** In this case study, a 48-year-old male patient diagnosed with peripheral vascular disease was treated with the aid of the principles of *Vatarakta chikitsa* and medications suitable to the disease under consideration. **Discussion:** *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 *Guduchyadi Kashaya*, *Patoladi Kashaya Kaishor Guggulu*, *Guggulu tiktakakashaya* and *Jatyaditaila* provided significant relief. **Conclusion:** Study result indicates that *Ayurvedic* drugs can be cured Peripheral vascular disease.

Keywords: *Vatarakta*, Peripheral vascular disease, Ulcer, *Shaman*.

1. 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 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, discoloration 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].

2. CASE REPORT:

Presenting Complaint, a 48 years old male patient presented with complaints of brownish black discoloration of the skin on the right foot and feeling of coldness of the right foot since 3 months. He also complained of pain and ulceration over right foot since 2 months. History of presenting complaints The patient who was a Bidi smoker (10-15 bidi/day since past 10 years) and not a known case of any metabolic disorders started having symptoms of brownish black discoloration of the dorsal aspect of the right foot 3 months back. Gradually over a period of 3 months the discoloration increased along with additional symptom of coldness of the right foot. Since the past 1 month there was development of break in the continuity of the skin leading to ulceration in the right foot. Associated with the ulceration patient also had severe pain in the right 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. Hence, he consulted in the outpatient department for further management.

3. PHYSICAL EXAMINATION:

A) Local Examination:

Vascularity of Right Foot: Skin – Brownish discoloration present.

Signs of ischemia – present, pre-gangrenous state.

Venous refilling – 30-40 seconds.

Pulse - Dorsalis pedis – feeble, Tibialis posterior- feeble

B) Ulcer Examination:

Inspection:

1. Number: One
2. Site: Right foot dorsal aspect
3. Shape: Round
4. Colour: Pale
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 x 2 x 1 cm
2. Base: Smooth, moderately hard
3. Bleeding on touch: Absent
4. Tenderness: Present, Severe
5. Induration: Absent.

C] On Examination:

Pulse- 78/min

BP- 130/80 mmHg

SPO2- 98% @ R.A.

D] Systemic Examination:

RS- AEBE clear

CVS- S1S2 Normal

CNS- Conscious and Oriented to time, place, person.

P/A- Soft and Non tender.

4. PERSONAL HISTORY:

Dietary habits: Eats at irregular intervals, consume junk food

Appetite: Good

Sleep: Disturbed due to pain

Bowel: Regular; 1 time/day

Addictions: Bidi smoking- 10-15 bidis/day (since past 10 years).

5. TREATMENT:

The patient was prescribed the following Ayurvedic medicines-

1. *Guduchyadi kashaya* ^[4] - 15ml + 45 ml of warm water-in the morning.2. *Patoladi kashaya* ^[4] - 15ml + 45 ml of warm water-in the morning.3. *Kaishora guggulu* ^[4] -2 tabs (200 mg each) in the evening.4. *Guggulutiktika Kashaya* ^[5] – 20ml -in the morning and evening before food.5. *Vrana ropaka churna* [a combination of *Arogya vardhini rasa* ^[4] (100 mg), *Triphala guggulu* ^[4] (100 gm) & *Gandhaka rasayana* ^[6] (100 gm)] - 10 gm twice daily.6. Cleaning with sterile water and dressing with *Jatyaditaila* ^[7] was done daily.

After the initial 15 days of treatment, the ulcer started to heal. The pain & discharge got reduced and the patient got the confidence to continue the treatment. Gradually, the ulcer showed more signs of healing and at the end of 60 days; it had healed completely.

Diet and regimen:

Diet and regimen play a very important role to abet the effect of treatments. Here, the patient was advised to follow a diet and regimen which would help to balance *Pitta, Rakta and Vata doshas*. The patient was asked to avoid spicy, sour, oily, fermented, and refrigerated food items. He was advised to avoid sun exposure, sleeping in the day and staying late at night and to stop smoking.

6. OBSERVATION AND RESULT:

Signs and Symptoms	Before Treatment	After Treatment
1. Pain	Severe	Absent
2. Ulcer	Non healing	Healing
3. Pulse	Feeble	Palpable
4. Discoloration	Present	Mild present

7. DISCUSSION:

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 *bidi* 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.

Guduchyadi and *patoladi kashayas* contain drugs like *Saptachada (Alstonia scholaris)*, *Ativisha (Aconitum heterophyllum)*, *Aragwadha (Cassia fistula)*, *Amrita (Tinospora cordifolia)*, *patha (Cissampelos pareira)*, *musta (Cyperus rotundus)*, *katukarohini (Picrorhiza kurroa)*, *ushira (Vetiveria zizanioides)* etc. which are *tikta rasa pradhana* (bitter in taste) and of *Sheeta veerya* (cold attribute) in nature. They alleviated the *Pitta Vata* and *Rakta doshas*.

The ingredient spectrum of *Guggulutiktakakashaya* worked towards the *Sampraptivighatana* 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 over the right foot.

8. CONCLUSION:

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 5-6 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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9. CONFLICTS OF INTEREST:

The authors declare that there was no conflict of interest regarding the publication of manuscript.

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