



A CASE REPORT: AYURVEDIC MANAGEMENT OF DVT (VATARAKTA)

Punya Prabha R P¹, Vijayalaxmi Siddapur², Shashidhar S H³, Prashanth A S⁴

¹⁻³P G Scholar, ⁴H O D and Principal

Department of Kayachikitsa Ayurveda Mahavidyalaya and Hospital Hubballi, Karnataka, India.

Corresponding Author: punnyaprabha92@gmail.com

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ABSTRACT

Vitiated *Vata* and *Rakta* combine to cause several health ailments. *Vatarakta* is one of them. Rapid modernization, junk food culture, stressful life, and urbanisation are the causative factors of *Vatarakta*. *VataPrakopa*, *RaktaDush-ti*, and obstruction in the path of *Vata* are the core pathology of the disease. The pathology of this disease originates in blood and spreads through blood vessels mainly superficial femoral and popliteal veins in the thighs and the posterior tibial and peroneal veins in the calves. Hence this vyadhi can be compared to Deep Vein Thrombosis. Because of the morbidity, chronicity, incurability, and complications, the management of *vatarakta* is a difficult task. Hence an attempt has been made to manage this disease based on the *shamanaushadis* and *shodhana* procedures mentioned in different texts of *Ayurveda*.

Keywords: *Vatarakta*, DVT

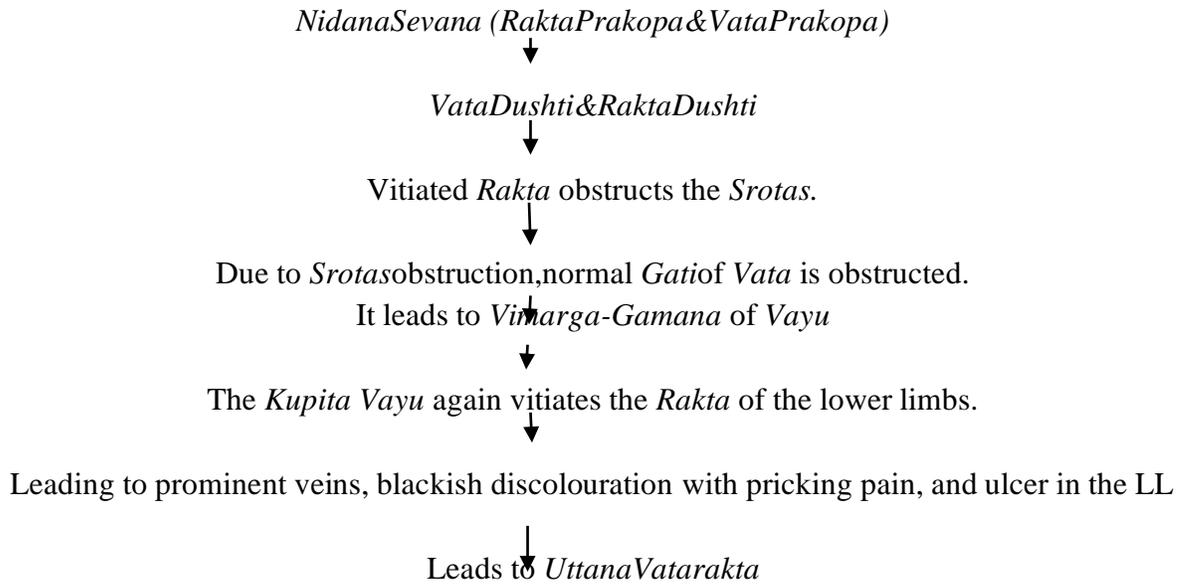
INTRODUCTION

Deep vein thrombosis (DVT) is a medical condition that occurs when a blood clot forms in a deep vein. These clots usually develop in the lower leg, thigh, or pelvis, but they can also occur in the arm. It is the 3rd most common vascular disease after IHD & Stroke.

The mechanism underlying DVT, known as Virchow's triad, are venous stasis, hypercoagulability, and endothelial injury. The femoral and popliteal veins in the thighs and the posterior tibial and peroneal veins in the calves are most commonly affected.

Risk factors of DVT include Inheriting a blood-clotting disorder, prolonged bed rest such as during a long hospital stay, or paralysis, injury to veins or surgery, pregnancy, obesity, birth control pills (oral contraceptives) or hormone replacement therapy, smoking, cancer, heart failure, sitting for long periods, such as when driving or flying. People suspected of having DVT can be assessed using the Wells score. A D-dimer test can also help in diagnosis. Ultrasound of the suspected veins confirms the diagnosis.^[1] VTE becomes much more common with age. The condition is rare in children but occurs in almost 1% of

Samprapti



those ≥ age 85 annually.^[2] Populations in Asia have VTE rates at 15 to 20% of what is seen in Western countries.^[3] Blood thinners like rivaroxaban, apixaban, and warfarin are used as standard treatments.^{[4][5][6]} Preventive measures for VTE include avoiding obesity by maintaining a good diet and exercise. In Ayurveda DVT can be correlated with *Raktav-ruthavata*, *vatarakṭa*, *Siragatavata*, etc. Different *Panchakarma* Procedures and local and oral medicines were adopted in the present case study.

MATERIALS AND METHODS

Case Description

A patient Named XYZ of Age 24yrs, Male was apparently healthy 4 years back, with his workload of standing for a long duration and unhealthy food habits he developed pain in both lower limbs. He consulted a local physician and underwent Doppler of lower limbs and was diagnosed with DVT. He was fine with medication for 2 years further he again developed pain associated with blackish discoloration in the lower limbs. Hence, he consulted Ayurveda Mahavidyalaya & Hospital, Hubli. He was prescribed *Shamanoushadi*. He was doing well with the prescribed medications. Then during his work schedule, the patient got a thorn prick to the left lower limb

where he developed a wound. He again consulted our hospital and got admitted for further management.

History of present illness

The patient was apparently healthy 4 years before, but due to his workload of standing for a long duration and unhealthy food habits later, he developed pain in both lower limbs and consulted the physician nearby his house. The patient underwent Doppler of LL where he was diagnosed with DVT. He was doing well until 2 years again he developed pain associated with blackish discoloration in the lower limbs. Hence, he consulted our hospital OPD. He was prescribed *Shamanoushadi*. He was doing well with the prescribed medications. Then during he's work schedule patient got a thorn prick to the left lower

limb were developed into a wound due to this he again consulted our hospital and got admitted.

K/C/O-Deep Vein Thrombosis for 4 years Appendicectomy has done 7 years back.

Past history

Table 1: Personal History

Name: Xyz	Bala: Madhyama	Prakriti :Kapha-Pitta
Age: 24	Sleep: Disturbed	BP: 130/80
Sex: Male	Addiction: None	Weight: 98kg
Marital Status: Un Married	Bowel Habit: Regular	Height: 6.6ft
Occupation: Self Employed	Appetite: Lost	

Table 2: Ashtavidhpariksha

Nadi: 76/Mints	Shabda : Prakruta
Mutra : 6-7 Times/Day	Sparsha : KharaSparsha
Mala : 1times/Day	Drik : Prakruta
Jihva : Lipta	Akriti : Uttama

Systemic examination

CVS: S1S2 heard, No added sounds.

RS: Shape of chest-bilaterally symmetrical, Trachea-centrally placed, Normal vesicular breaths sound, No added sounds

CNS-Conscious, well-oriented, Memory, intelligence-intact

Investigation

Hb-14gm%, BT- 3minutes, CT- 10minutes

Differential diagnosis-Raktavrutavata, Siragatavata, Dushtavrana, and Uttanavatarakta were considered for differential diagnosis.

DIAGNOSIS-

Treatment plan

The patient was treated on an IPD basis.

Table 3: Treatment plan

Treatment	Medicine	Duration
Snehapana	Mahatiktakaghrita 20ml BD with Sukhoshnaja	6days
Sarvanga Abhyanga f/bSarvangaSweda	Pinda taila	2days
Virechana	Nimbaamrutaerandataila 20 ml BD with Sukoshna Jala	15 days (Nitya Virechana)
Raktamokshana (B/L Lower Limb)	Jalouka	Weekly once for 2 weeks.
Parisheka	Panchavalkalakwathaand Kashaya	Manjistadi 15 days

Raktagatavata shows symptoms of Daha, Shwayathu, Toda, Raga, and Mandala, etc but Rakta is not vitiated but forms the substratum of Vata. Siragatavata shows symptoms of Mandaruk, sophia, Shushyatispandate, and Supti. Dushtavrana shows symptoms of Daha, Kandu, Sophia, Putigandha, Puya, Mamsa, Sirasnayupurana, and Shonitasrava. Uttanavatarakta exhibits symptoms of Kandu, Daha, Rug, Ayama, Toda, Sphurana, and Twak and becomes Shyavarakta in colour. According to symptoms and Samprapti, the case was diagnosed as Uttanavatarakta. As per modern science, this is diagnosed as DVT associated with an ulcer.

Shamanoushadhi (Oral administration)

Table 4: Shamanoushadhi

Medicine	Dosage	Anupana
Kokilakshadi Kashaya	10ml-0-10ml	Sukhoshnajala before food
KaishoragugguluDS	1-0-1	Sukhoshnajala, After food
Tab. Vericolyte	1-0-1	Sukhoshnajala, After food
Vericolyteointment	External application Two times/day	
Yashadabhasma	1pinch one time daily.	Madhu After food

Pathya

- ShashtikaShali, Yava, Laja, Godhuma, Mudga
- Karavellaka,Adraka, Methika, Patola, Kushman-da
- Low-fat or fat-free dairy products, Cow milk, Goat milk
- Drink plenty of fluids, particularly hot water.

Apathya

- Avoid Masha, Kulattha, Dadhi, Brinjal, Ikshu, Spinach, Cauliflower

- Sleep during daytime& night awakening
- Exposure to heat
- Excess usage of spicy, salty junk food
- Excessive alcohol, meat, seafood

RESULTS-Better changes in blackish discoloration.

No itching., Ulcer healed., Swelling reduced., Difficulty in standing- improved., Pricking pain –reduced., Stiffness of leg- reduced.

Fig.1 Before treatment



Fig.2a b Raktamokshana by jalouka



Fig.3 After treatment



DISCUSSION

Ahara	Vihara	Samprativighatana
Improper and irregular diet	Prolonged standing work causes disturbance in Vata Dosha	Dosha- Tridosha
Lavana-amla-ksharaahara	Ratrijagharana	Dushya-Rasa,Rakta,Mamsa
Dadhi		
Mamsasevana (4-5 times a week)		Twak

Action of Drugs and other procedure in the Management of Vatarakta

Table: Showing action of medicine and other Panchakarma procedure

Sr.No	Dravya	Action
1	Kokilakshadi Kashaya	Tridoshaghna , Shothaghna, Shoolaghna ^[7]
2	Kaishora guggulu DS	Tridoshaghna, Vataraktadhikara , Rasayana ^[8]
3	Tab. Vericolyte	Venotonic, Vascular protective, Blood circulation optimiser, Antioxidant, Anti inflammatory
4	Vericolyte ointement	Venotonic, Vascular protective, Blood circulation optimiser, Antioxidant, Anti inflammatory
5	Yashada bhasma	Vrana Samsrava Rodhanam
6	Rakta mokshana	Rakta Shodhana
7	Basthi	Dosha Shodhana, Vayasthapana
8	Abhyanga f/b swedana	Vatahara, Twak Dardyakrut
9	Snehapana	Keen digestive activity, Clean alimentary tract Good skin health
10	Parisheka	Enhances the blood flow
11	Virechana	Pittahara

CONCLUSION

Understanding of proper *Nidana*, *Lakshana* and *Samprapti* of *Vatarakta* one can very well keep this under the heading of *Vata Vyadhi* and treat it successfully with *Shamanoushadhi* & *Panchakarma* treatment. With proper understanding of *Dosha*, *Dushya* and

Vyadhi Avastha we can manage *Vatarakta*. In the present case multi-modality form of *Panchakarma* procedures such as, *Snehapana*, *Abhyanga*, *Swedana*, *Parisheka*, *Basthi*, *Virechana* along with oral medications is found to be effective. *Pathyapathya* is also the core of *Ayurvedic* treatment basically needed for cure as well as non recurrence of pathology of dis-

ease. The above treatment showed remarkable result especially in swelling, pain and wound healing.

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