

## A CROSS-SECTIONAL STUDY ON UBHAYA HETHU IN VATARAKTHA

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### ABSTRACT

*Vatarakta* is a disorder where vitiated *vata* is associated with vitiated *raktha*. In all *samhitha* *Vatarakta* is always explained after *Vatavyadhi chikitsa* because it is considered as a special type of *vata vyadhi*. In *Vatarakta* particular etiological factors of *vatadosha* and *raktha dhathu* individually cause the vitiation of *vatadosha*, simultaneously abnormalities of *raktadhathu*, leading to *prakopa* of *vata* and *dushti* of *rakta*. Abnormal state of *vata* and *raktha* obstruct the path of each other and get *sthana samshraya* in *sandhis* and produces the *lakshanas* of *Vatarakta*. *Nidana* play an important role in the diagnosis of the disease and *nidana parivarjana* is main part of *chikitsa* hence for proper diagnosis and effective management of *Vatarakta*, the knowledge of *Nidana* utmost essential. unlike other diseases *Vatarakta* has mainly two parts of *Nidana*, one is *Vatha*

*dustikara* and other is *Raktha dustikara nidanas* called as *Ubhaya hethu* in the manifestation of *Vatarakta* these *Ubhaya hethu* play an important role hence this study aims to find out the incidence of *Ubhayahethu* in *Vatharaktha*.

**KEYWORDS:** *Vatarakta*, *ubhaya hetu*, *rakta dushti*, *nidana*, smoking, alcohol.

### INTRODUCTION

The oldest medical practise in human history is ayurveda. It promotes health and longevity while also helping to prevent ailments. With a vast collection of results and information acquired over countless years of intrusive research, it is one of the most healing sciences in the world. A person's life is hectic and materialistic in the current revolutionary era. The bulk

of people's diets, social structures, lifestyles, and environments have changed over time. Fast eating, junk food, smoking, alcohol consumption, and drug addiction are becoming more and more popular.

Vataraktha is a disorder where vitiated vata is associated with vitiated raktha.<sup>[1]</sup> In all samhithas Vataraktha is always explained after Vatavyadhi chikitsa because it is considered as a special type of vatavyadhi. In Vataraktha particular etiological factors of vatadosha and raktha dhathu individually cause the vitiation of vata dosha, simultaneously abnormalities of rakta dhathu, leading to prakopa of vata and dushti of rakta.<sup>[2]</sup> Abnormal state of vata and raktha obstruct the path of each other and get sthana samshraya in sandhis and produces the lakshanas of Vataraktha.

Peripheral vascular illnesses are one of the numerous diseases caused by an advanced way of life and altering eating habits that affect an individual's activities. They are characterised by a decrease in peripheral vascular arteries' ability to deliver oxygen and blood. Both arteries and veins may experience this. Obstructive In contrast to venous obstruction, which is characterised by warm thickened skin with pigmented areas, itching, aching, or cramping type pain, as well as dilated tortuous veins, arterial diseases are characterised by symptoms like cold dry shiny skin with pallor or rubor, sharp stabbing type pain, numbness, and diminished or absence of pulse distal to obstruction. Age increases the development of varicose veins, which are most prevalent in those over the age of 30.

Nidana play an important role in the diagnosis of the disease and nidana parivarjana is main part of chikitsa hence for proper diagnosis and effective management of Vataraktha<sup>[3]</sup>, the knowledge of Nidana utmost essential. unlike other diseases Vataraktha has mainly two parts of Nidana, one is Vatha dustikara and other is Raktha dustikara and also there some Nidanas which simultaneously causes vitiation of vatadosha and Raktha and these nidanas called as Ubhaya hethu in the manifestation of Vataraktha these Ubhaya hethu play an important role hence this study aims to find out the incidence of Ubhaya hethu in Vatharaktha.<sup>[4]</sup>

Ayurveda places a strong focus on the need to understand the pathophysiology of an illness before designing a treatment plan. In order to better understand the many clinical manifestations of Vatarakta, research has been done on the Nidanas and Samprapti<sup>[5]</sup> pattern in connection to peripheral vascular disorders.

## AIMS AND OBJECTIVES

1. To find out the incidence of Ubhaya hethu in Vatharaktha
2. Detail conceptual study on Vataraktha

## MATERIALS AND METHODS

### SOURCE OF DATA

### LITERARY SOURCE

Literary source of Vatarakta from Ayurvedic texts, modern works, internet sources, concerned articles and previous works done were studied.

### SAMPLE SOURCE

For the present study patients of either sex irrespective of social, economic or religious status were selected at random from the O.P.D and I.P.D of Sri Jayachamarajendra Institute of Indian Medicine, Bengaluru are the primary source of data

### METHOD OF COLLECTION OF DATA

A minimum of 50 subjects suffering from Vataraktha will be selected for the study, irrespective of their religion, social, economic and education statuses.

A special pro forma will be prepared which includes detailed history taking, physical signs and symptoms as mentioned in our classics. Patients will be clinically examined, analyzed and selected accordingly.

The study will be done using a structured questionnaire.

### HISTORY TAKING

A case record form was made to record the details of patient with Vatarakta and patient consent form was prepared and prior consent of all the participants were obtained on the consent form.

Proper observational notifications were recorded. The whole plan of study was approved by Institutional Ethical Committee prior to starting of work and an interim report on the status of research was also got approved in due course.

### DIAGNOSTIC CRITERIA

Diagnosis will be made on the basis of signs and symptoms of Vataraktha.

Kandu- pruritis

Daha– burning sensation

Ruk-pain

Ayama-expansion

Toda-piercing pain

Sphurana-quivering

Kunjana-contraction

Syavarakthaor thamratvak-brownish, red or coppery in colour.

Swayathu-swelling

Paka-inflammation

Sandhivakratha-deformities of joints

### INCLUSION CRITERIA

Subjects from the age groups 20 - 60 years are considered for the present study.

Subjects presenting with the Lakshanas of different Avastha of Vataraktha.

### EXCLUSION CRITERIA

Systemic disorders: Subjects with carcinomatous changes and cardiovascular diseases.

Pregnancy induced varicosities.

Patients presenting with complications of varicose veins like thrombophlebitis, eczema, varicose ulcer, haemorrhage, periostitis and calcification.

### ASSESSMENT CRITERIA

Assessment will be based on the following parameters,

### NIDANA

#### AHARAJA NIDANA - SHAKA VARGA

Nidana	Regularly	Frequently	Sometimes	Occasional	Never	Duration
Kulattha						
Nishpava						
Pinyaka						
Mulaka						
Masha						
Ikshu rasa						
Dadhi						
Takra						

**AHARAJA NIDANA – RASA**

Nidana	Regularly	Frequently	Sometimes	Occasional	Never	Duration
Lavana Rasa sevana						
Amla Rasa sevana						
Katu Rasa sevana						
Tikta Rasa sevana						
Kashaya Rasa sevana						

**AHARAJA NIDANA - NATURE OF AHARA**

Nidana	Regularly	Frequently	Sometimes	Occasional	Never	Duration
Ksharahara sevana						
Snigdghahara sevana						
Rukshahara sevana						
Ushnahara sevana						
Vidahi Ahara sevana						

**AHARAJA NIDANA - AHARA VIDHI**

Nidana	Regularly	Frequently	Sometimes	Occasional	Never	Duration
Viruddha Ahara						
Adhyasana						
Ajeerna bhojana						
Alpabhojana						
Abhojana						

**AHARAJA NIDANA - MAMSA VARGA**

Nidana	Regularly	Frequently	Sometimes	Occasional	Never	Duration
Klinna mamsa						
Shushka mamsa						
Ambuja mamsa						
Anupa mamsa						

**AHARAJA NIDANA - MADYA VARGA**

Nidana	Regularly	Frequently	Sometimes	Occasional	Never	Duration
Aaranala						
Sauveera						
Shukta						
Sura						
Asava						

**VIHARAJA NIDANA**

Nidana	Regularly	Frequently	Sometimes	Occasional	Never	Duration
Divaswapna						
Ratrijagarana						
Vyavaya						
Vega Nigraha						
Hasti ashwa ushtrayana						
Ambukreeda						
Plavana						
Ati adhwagamana						

**MANASIKA NIDANA**

Nidana	Regularly	Frequently	Sometimes	Occasional	Never	Duration
Krodha						
Shoka						
Bhaya						
Chintha						

**ANYAJA NIDANA**

Panchakarma	No of Times	Samyak yoga	Ayoga	Athiyoga	Dosha
Vamana					
Virechana					
Anuvasana basti					
Asthapana basti					
Nasya					

**SHONITHA VISRAVANA**

	No of Times	Complications	Dosha
Abhighata			
Rakthamokshana			

**VISHESHA NIDANA**

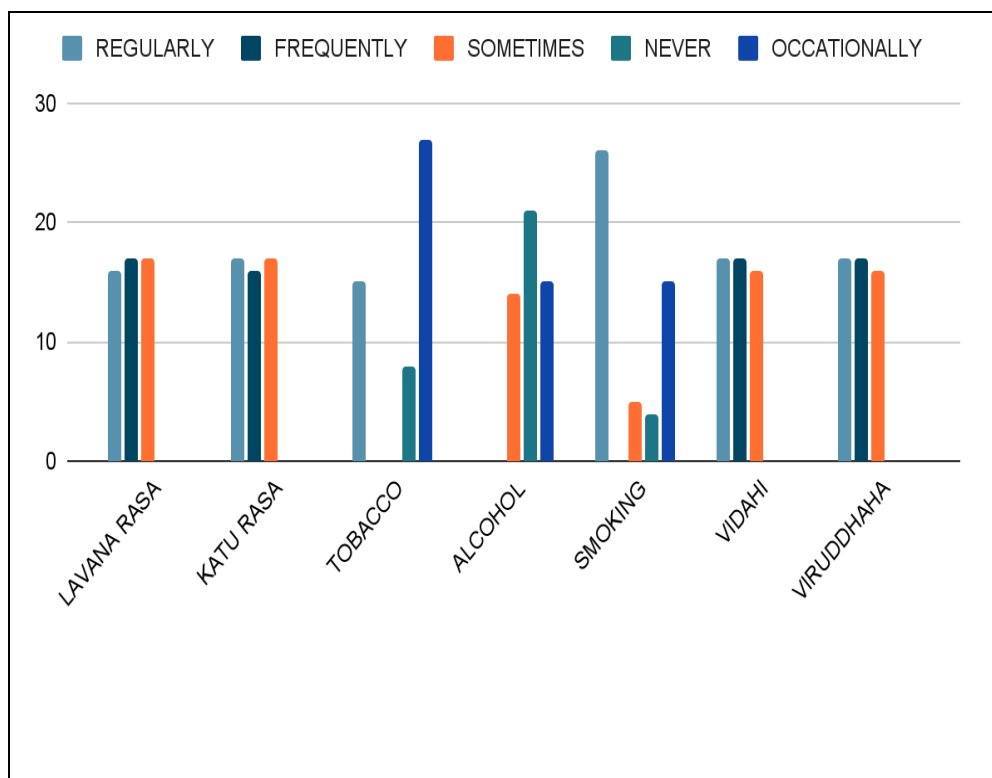
Nidana	Yes	No
Sukumara		
Mistanna sukhibhojina		
Achankramana sheelatha		

**STUDY DESIGN****Selection of Patients**

A minimum of 50 patients who were suffering from vatarakta between the age group of 20 - 60 years with the help of a structured case proforma which covering the Nidanas of vatarakta along with the details of history taking, physical signs and symptoms as mentioned in our classics and allied science were selected. Patients were analysed and selected accordingly

who fulfils the diagnostic and inclusion criteria. Individual Nidana indulged by the patient were noted in the case sheet, along with other criteria specially mentioned in assessment criteria.

## OBSERVATION AND RESULTS



## DISCUSSION

**Lavana Rasa:** *Lavana Rasa* is *Pitta Prakopaka* and *Rakta Vardhaka*. Among 50 patients, 34% Regularly and frequently consumes *Lavana Rasa*. Salt added food like chips, snacks, pickles and dried fish, etc are predominant of *Lavana Rasa*. Salty food contains sodium that can cause the body to retain water. It can place more pressure on the veins by increasing the volume of fluids. It will result in the increase of blood pressure and thus results in PVD.

**Katu Rasa:** Among 50 patients, 34% of them consumes *Katu Rasa* Regularly. *Katu Rasa* is *Ushna*, *Rakta dushana* and increases *Vata dosha*. The pungent taste is one of dry, intense heat that can be found in spicy foods. It is usually produced by resins, mustard glycosides and aromatic volatile oils that stimulate the tissues and nerve endings of the mouth with a sensation of sharp and fiery heat. Excess use of spicy food can trigger upper GIT, ends up in indigestion. Spicy foods are also a main cause for heartburn. These factors will result in *Ama Utpatti* and *Pitta Dushti*.

**Smoking Habit and Tobacco Habit:** Among 50 patients taken for the study, 52% have habit of Smoking daily and 30% have occasional habit of Smoking. Among 50 patients taken for the study, 54% have occasional habit of using Tobacco and 30% have a habit of taking Tobacco daily. Cigarette smoking is known to be a major factor in hypoxia through fixation of carbon monoxide and nitric oxide to haemoglobin. Tobacco contains nicotine, which is a potent vasoconstrictor, it may have an effect directly on endothelial cells, causing hypercoagulability and thrombosis, and enhancing inflammatory changes in the vessels. Both will result in hypoxia and contribute to the symptoms of Arterial Obstructions. The various negative consequences of tobacco smoke are thought to be related to both direct oxidative damage to essential physiological components and the activation of phagocytic cells, which produces highly reactive oxygen species. Free radical production could potentially play a role in the endothelium damage and local inflammation that cause microvascular problems in venous insufficiency.

**Alcohol Habit:** Among 50 patients taken for the study, 30% have habit of consuming Alcohol occasionally, 28% have sometimes habit of taking Alcohol. Alcohol acts as a vasodilator at first intoxication levels, causing blood vessels to relax and expand. Regular uses of alcohol work as a vasoconstrictor, results in constriction of Vessels and leads PVD. Long-term Alcohol use will increase the blood pressure and in turn produce venous hypertension. Veins become engorged with blood more quickly, and the valves are unable to support the added strain. Veins loses all muscle tone and produces the unsightly appearance of Varicose vein.

**Vidahi ahara:** Among 50 patients most of them occasionally consumes Vidahi ahara (48%). Vidahi Ahara is Dahajanaka and Pitta prakopaka and its Atisevana result in Vatarakta.

**Viruddhahara:** Among 50 patients taken for the study, 34% consumes Viruddhahara frequently and Regularly. Viruddhahara is a unique concept described in Ayurveda. Viruddhahara act as Maha abhishyandi and will cause Shonita pradushana. Also results in the accumulation of Kapha and Medas in the Srotas leading to Vatarakta.

## CONCLUSION

Vatarakta, is a manifestation of Prakupita Vata and Rakta where the best depictions of Margavarana can be seen in the pathogenesis.<sup>[6]</sup> Prakupita Vata is impeded by Prakupita Rakta in Vatarakta. As a result, Gati or Chala Guna of Vata Dosha get hampered. It is also



occurred by the obstruction of Vata by increased Kapha and Meda in the Raktamarga.<sup>[7]</sup> Ativyayama, Sukumara Sukha Jeevana, Mishtanna Sevana, Madhya sevana and Habit of Smoking can be considered as the Vishesha Nidana for Peripheral Vascular Diseases / Vatarakta. Ativyayama, Madhya Sevana, Smoking Habit and Manasika Nidanas like Shoka and Chinta are the Utpadaka Hetus for Peripheral Vascular Diseases / Vatarakta.<sup>[8]</sup> Sukumara sukha Jeevana, Sthula, Mishtanna Sevana, and other Aharaja Nidanas can be considered as Vyanjaka Hetu. Atisevana of Katu Rasa Pradhana and Lavana rasa Pradhana Ahara<sup>[9]</sup>, tobacco chewing and Smoking, Alcohol intake and Vidahi and Viruddha Ahara are the Ubhaya Hethu's for Peripheral Vascular Diseases/Vatarakta. Most of the patients presented with symptoms like Sirayama, Akunchana, Syava- Tamra Twak, Ruk, Toda and Sphurana in cases of Vatarakta.<sup>[10]</sup>

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