



Case Study

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MANAGEMENT OF PERIPHERAL ARTERY DISEASE WITH SPECIAL REFERENCE TO VATA RAKTA: A CASE STUDY

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ABSTRACT

Peripheral Artery disease (PAD) is one of the emergency conditions in day-to-day clinical practice. Thrombosis seems to be the most troublesome and fatal. In Ayurveda, it can be compared with Vata rakta. In Rasashastra, rasoushadhis possess action in lifestyle diseases like Sthoulya, Madhumeha and Vata rakta. A diagnosed case of PAD presented in our OPD with Manda ruja, Staimitya, Vaivarnata, Sparsha dweshata and Suptata in the right hand for three months. She was treated with rasoushadhis, i.e., Tamra bhasma, Rasa sindhoor and Tala sindhoor, altogether given in half Ratti Pramana. The pre and post-therapeutic effects have been assessed clinically as well as diagnostically.

Keywords: Peripheral Artery Disease, Vata rakta, Thrombosis, Rasoushadhis

INTRODUCTION

The population of people with PAD (peripheral artery disease) has increased by 23.5% globally, with greater than 35% of patients aged >85. The prevalence of PAD is consistently higher in women than men before the age of 85-89 years. Thrombosis seems the most troublesome and needs an emergency line of treatment.

Most of the time, surgical interventions are advised. But in maximum cases, it can be treated by conservative treatment in Ayurveda. PAD can be primarily compared to the Vata rakta condition in Ayurveda. Rasoushadhis play vital role in treating vata rakta. In this study, we found encouraging results by the following line of Ayurveda management, proving to be highly effective in the cases chosen¹⁻².

Aims and objectives

This study's main aims and objectives are to prove the efficacy of selected rasoushadi in Peripheral Artery Disease (Vata rakta), diagnose the PAD as vata rakta, and manage the condition with the Ayurveda line of treatment of vata rakta by using certain selected rasoushadhis.

Case report

A 42-year-old female, a tailor by profession, weighing 55 kg body weight of vata kapha prakruti, complaining of weakness, manda ruja (dull ache), staimitya (cold finger), vaivarnata (this colouration of a finger), sparsha dweshata (hyperaesthesia) and suptata (numbness) in the right hand with chronicity of 3 months.

The above said complaints have been on and off for six months. Symptoms have been aggravated primarily for the past three months. Three months before, she complained of gradual onset of

pain and numbness in her right thumb and index finger. The aggravation of symptoms is seen in excessive work, in the middle of the night and during the rainy season (varsha ritu). No history of addiction or previous medical history was noticed. On examination, it was seen hypersensitivity on touch over the right thumb and index finger, the index finger was cold to touch, and the finger was discoloured.

Further on detailed history taking, she revealed ajeerna (improper digestion), vibhandha (constipation) and nidra nasha (insomnia). There is a history of excessive consumption of salty (lavana), oily (snigdha aahara), and spicy food (vidhagda aahara). She consumed lots of junk food and drank less water while working. She frequently worked the whole night (raatri jaagarana) during busy schedules without rest. Vital data, including pulse 78 beats/min, respiratory 18 per min and temperature 98 °F, were standard with precise respiratory and cardiac observations.

Routine haematological tests, like Hb, TC and DC, were done by biochemical investigations such as RBS and lipid profiles and were found normal.

The patient was subjected to Colour Doppler to confirm the diagnosis and evaluate the prognosis. The impression of Colour Doppler reveals that the Radial artery in the anatomical snuff box was thrombosed with the extension of thrombosis on the radial side of the palmar arch.

After considering her complaints and personal history, the disease is confined to vata rakta (kaphapradhana).

Treatment protocol

The patient was advised to take ½ ratti pills made of tamra bhasma, rasa sindoor and malla sindoor in the ratio of 5:1:1

respectively in a divided dose and ghee as anupana (adjuvant) for 30 days. Follow-up has been made after 30 days for undergoing a Color Doppler scan.

OBSERVATIONS AND RESULTS

Pain: For the assessment of pain visual analogue score has been adopted.

Sparsh dweshata (Hyperaesthesia)³

Gradings	1 st week	2 nd week	3 rd week	4 th week	5 th week	6 th week	7 th week	8 th week
G1 pricking pain	+++	++	++	++	+	+	-	-
G2 Burning hot	++++	+++	++	++	++	-	-	-
G3 electric shock	++++	++	++	++	+	-	-	-
G4 Pain on touch	++++	++++	+++	+	+	+	-	-
G5 Numbness	++++	+++	++	++	++	+	+	-

Staimitya (Cold Finger)

The affected part of the index finger initially was cold on touch. As the treatment progressed, the symptom gradually decreased.

Vaivarnyata (Discolouration of fingers)

Before treatment, the pallor was observed over the nail bed of the right index finger, which turned healthy pink after treatment. Other symptoms like weakness, Manda ruja (dull ache) and Suptata (numbness) in the right hand gradually reduced as the treatment progressed.

DISCUSSION

Vata rakta is caused by amla (sour), lavana (salty), snigdha (oily), aahara and ati chankramana, ratri jaagarana, and vihara sevana. By all these unwholesome activities, both vata (chala and sukshma guna increases) and rakta (sara and kleda guna increases) aggravates. In rakta, kleda bhava increases, in turn, does margavarodha of vata dosha. By doing ativyayama, ratrijaagarana, and atichankramana, vata aggravates, then vata does sthanasamshraya, and symptoms appear like mandaruja, sthaimitya, vaivarnyata and tata.⁴

The condition was unable to be managed by conservative treatment by contemporary medical science hence advised, surgical intervention. Because of cost and surgical intervention, patients approached our OPD; we preferred to manage the condition by rasoushadhis as it was well recommended in Ayurveda. The rasoushadhis dominate in Ayurveda therapeutics by their uniqueacting potentialities such as smaller dose, easy palatability, quick action, and target specific⁵.

Selected drugs are-

1. Tamra bhasma
2. Rasa sindhura
3. Tala sindhur

Keeping the standard dose protocol of rasoushadhis in mind, all the three preparations are mixed and made 1/2 ratti pramana (62 mg) pills and given in 2 divided doses mixed with Ghee (gritha as it is said to be a suitable vehicle, yogavahi guna), before food for 30 days. The patient is advised to avoid spicy, salty, oily and junk food.

Tamra bhasma is tikta, kashaya and madhura rasatmaka, ushna veerya and is katu vipaka and it also has pittanissaraka and lekhan properties. Tamra bhasma is especially useful on

raktavahasrotas by eliminating the avarodha of sukshma srotas.⁶

Rasasindoora is useful as rasayana, vajikarana, and balavardhaka, and because of the ushna virya property, the ability to clear the shroto avarodha (cleansing of channels) and allow for easy flow of vatadosha.

Tala sindoora is katu-kashaya rasa, snigdha guna, ushna virya and katu rasatmaka. It cures the diseases of kapha and rakta dosa⁷. It is also helpful in vata rakta.⁸

In this case study, the synergism of said rasoushadhis has resolved the sroto avarodha (cleansing of channels) by their ushna, and sroto shodhaka guna made easy for the normalflow of vata dosha. All the above said complaints gradually subsided and were relieved after about two months of treatment. It was evident in the Color doppler scan report, which reveals the interval resolution of previously seen thrombosis.

CONCLUSION

Based on the observation made clinically and diagnostically, it is concluded that the rasoushadhis used tamra bhasma, rasa sindoora, and tala sindoora are highly effective in thiscase of peripheral artery disease (vata rakta) (thrombosis).

This study effectively treated a case of the surgical indication on rasoushadhis conservative line of treatment of 8 weeks. However, further clinical trials should be carried out on a large scale to use this combination for the larger population of similar indications.

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