

Ayurvedic Management of Buerger's Disease With Special Reference to *Vatapittaja Gambhira Vatarakta*-A Case Study

Ambika Dhiman^{1*}, Sukumar Nandigoudar² and S.K.Hiremath³

^{1,3}Department of AgadaTantra, KLE University Shri BMK Ayurveda Mahavidyalaya, Shahpur Belgaum, Maharashtra, India

²Department of Kayachikitsa, KLE University Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belgaum, Maharashtra, India

Abstract

Thromboangiitis obliterans or Buerger's disease is a recurring progressive inflammation and thrombosis (clotting) of small and medium arteries and veins of the hands and feet. Based on the clinical manifestation we can correlate with *Vata pittaja Gambhira vatarakta*, which is characterized by *Vidaha* (burning sensation), *Tivra Vedana* (pain), *Atisweda* (excessive sweating), *Trishna* (excessive thirst), *Paka* (necrosis), *Bheda* (tearing type of pain), *Sparsha asahatwa* (tenderness). In contemporary science, Antiplatelet medicine and amputation of affected part are the main line of treatment. In Ayurveda *Rakthamokshana*, *Virechana*, *Basti* and *shamana chikitsa* can be adopted as per predominance of *Dosha*, *Roga* and *Rogi Bala*.

We report a patient who approached the OPD of KLE Ayurveda Hospital with chief complaints of *Daha* and *Tivra Vedana* in both hands. Patient had wound in his left little and index finger since 10-20 days for which he was successfully treated with *Raktamokashana*, *Virechana Karma*, *Basti* and *Shaman Chikitsa*.

Keywords

PVD, Buerger's, Thrombosis, Vatarakta



Greentree Group

Received 12/12/16 Accepted 03/03/16 Published 10/03/16

INTRODUCTION

Buerger's disease (Thromboangiitis obliterans) is an inflammatory occlusive vascular disorder involving small and medium sized arteries and veins in distal upper and lower extremities. The disorder develops most frequently in men below 40 years. The prevalence is higher in Asians and individuals of Eastern European descent. Cause of this disease is not known, but it is most common in those who are smokers.¹

Vatarakta is classified as *Utthana* and *Gambhira* on the basis of involvement of *dhatu*². Based on the predominance of *dosha* and symptomatology it can be further divided into 8 types³ and this classification resembles with different types of peripheral vascular disease. The present case is diagnosed to be suffering from *Vata Pittaja Gambhira Vatarakta* (Buerger's disease).

There is no specific treatment except abstinence from tobacco, regular exercise, and antiplatelet agents; if the condition is worsened, surgery is the last option. The initial line of treatment explained by *Charaka* is *Raktamokshana* followed by *Virechana* with *ruksha mridu* or *sneha dravya* as per the predominance of *dosha* and lastly by *Anuvasan* and *Niruha basti*.⁴

Of all the procedures, *Basti Karma* has been considered as prime one. The *Shamana* and *Bahir Parimarjana Chikitsa* like *Abhyanga*, *Pradeha*, *Sneha* application are also the part of management.

CASE REPORT

A 46-year-male, farmer by profession approached to OPD at KLE Ayurveda Hospital with chief complaints of *Daha*, *tivra Vedana* in both hands, *Vrana* in left little and index finger since 10 to 20 days and *Supthata* (numbness) in left little finger and *Pada shota* as associated complaints. He had pain with discharge of pus mixed blood from left index finger. There was known history of IHD (Ischemic Heart Disease) 20 yrs back with discontinued treatment. There was no history of Diabetes Mellitus, Hypertension and other infectious disorders. Personal history revealed chronic smoking since 20 yrs .He used to smoke 6 to 7 beedi per day and habituated to alcohol since 20 years (120ml/day). The patient was diagnosed to be suffering from PVD by Colour Doppler of both upper limbs with the impression *Thrombosis in both Ulnar artery in its middle and distal part with patchy flow in same segment*. Patient was referred him to Shri.Jayadeva hospital, Bangalore where he

was managed with conservative treatment and was advised surgery, but as condition worsened patient was reluctant for surgery and finally consulted our Hospital.

Examination of the ulcer revealed slight discharge in the tip of left little finger and index finger. Gangrene (*kotha*) was observed in the index finger.

a) Extent and colour – blackish around the ulcer and up to subcutaneous tissue, tendons were not visible and there was no foul smell.

b) Dry (Mummified) at the tip of Left Index and little fingers.

- Nail were brittle and brownish discoloration with longitudinal ridges in most of nails.

- Slight hair loss was present around both wrist joints.

Based on clinical presentation, examination and laboratory findings the case was diagnosed as *Vata Pittaja Gambhira Vatarakta*.

The patient was subjected to treatment under three schedules. The treatment schedules are mentioned in tables 1 to 4.

Table 1 Treatment adopted on first course

	Procedure	Medicine	Dosage	Days
1	<i>Snehapana</i> <i>Anulomana</i> <i>Raktamokshana</i> on day 3, 4 and 5	<i>Guggulutiktaka ghrita</i> <i>Avipattikara churna</i> <i>Jalouka</i>	35 ml on day one followed by incremental dose	3 Days
2	<i>Nitya Virechana</i>	<i>Nimbrutadi Eranda Taila 35 ml+ Goarka (50 ml)</i>	85ml	4 Days
3	<i>Shamnoushadhi</i>	<i>Tapyadi loha</i> <i>Kokilakshadi Kashaya</i> <i>Guduchyadi Kashaya</i>	1 b.d 15ml b.d. 15ml b.d.	15 days
3.	<i>External application</i>	<i>Pinda taila^o</i>	b.d.	

Table 2 Treatment adopted on Second course

1.	<i>Raktamokshana</i>	<i>(Jaloukaavcharana)</i>		First 3 days
	Procedure	Medicine	Dosage	Days
2.	<i>Shamnoushadhi</i>	<i>Kaishore guggulu</i> <i>Triphala guggulu</i> <i>Asanadi kashaya</i>	1 b.d 1 b.d. 15ml b.d.	15 days 15 days

Table 3 Treatment adopted on Third course

	Procedure	Medicine	Dosage	Days
--	-----------	----------	--------	------

1.	<i>Yoga Basti</i>	<i>Niruha – Guduchyadi ksheera basti</i>	450 ml	8days
		<i>Anuvasana-Bala Guduchyadi Taila</i>	60 ml	
2.	<i>Samnoushadhi</i>	<i>Kokilkshyadi amritottar kashaya</i>	15ml b.d.	15 days

Table 4 Discharge Medication

S.No	Procedure	Medicine	Dosage	Days
1		<i>Kaishore guggulu</i>	1 tab. t.i.d	
			2 tab.t.i.d.	
	<i>Shamnoushadhi</i>		3 tsf t.i.d.	15 Days
	<i>Hridyaarnava rasa</i>			
	<i>Lashunaerandad i kashaya</i>			
	<i>Shatdhouta Ghrita</i>	E/A		

Pathya:

Patient was advised not to take alcohol and smoke throughout the course of treatment and thereafter. Patient was advised *tikta shaka, mudga yoosha and shali anna*.

RESULTS

After the first course the symptoms like *tenderness, supttaangta, srava* from affected part were completely resolved. Only ulcer persisted. After second course, no reoccurrence was observed, ulcer healed completely with slight discoloration.

DISCUSSION

After analyzing the clinical manifestation of the patient *Nitya Virechana* was advised to

achieve *Pitta Shaman. Raktamokshana* was chosen as it is the major treatment for all *Raktavaha strotogata vyadhi*. PVD symptoms can be correlated with *Vata Pittaja Gambhira Vatarakta. Raktamokshana* is best treatment for *Pitta Dosha*. After *Raktamokshana*, *Yoga Basti* was administered in the form of *Guduchyadi Ksheera Basti and Bala Guduchyadi Taila Anuvasana Basti*.

Guduchi is *tikta* in *rasa* which helps in pitta shaman and is immunomodulatory, anti-oxidant⁵. As a *shaman aushadi Tapyadi loha* was given. It contains *Loha, Suvarna Makshika bhasma and shilajatu* which helps in elimination of *avarana*.⁶ *Kaishora guggulu* is main drug of choice for *vatarakta*. It contains *triphala* in double quantity which helps in flushing out of

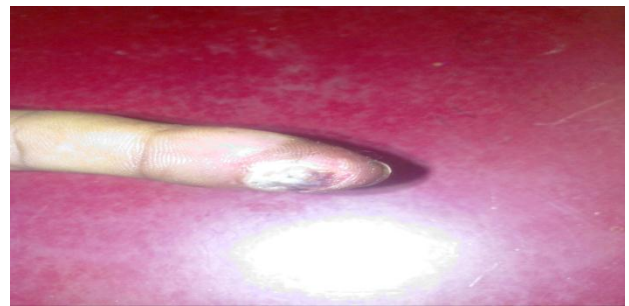
vitiated *dosha* through *virechana* and have *Trikatu* which helps to maintain *agni* and possess *pramathi*.⁷ *Kokilaksha Kwath* possesses *shothahara* (anti-inflammatory) property⁸. Application of *Pinda Taila* helps in relieving pain and healing up the wound⁹. In follow up treatment *Shatdaouth Ghrita* was indicated contemplating *pitta* predominance in the disease. It helps in *pitta shaman* as cooling effect and heals ulcer.

CONCLUSION

This case study gives an idea of line of treatment to be adopted and helps to formulate a protocol for large sample studies. The treatment modalities adopted provided encouraging results in the management of Peripheral Vascular Disease.



Image: In Between treatment



Images: After treatment



Images: Before treatment

REFERENCES

1. Abhishek Vijayakumar, Rahul Tiwari, and Vinod Kumar Prabhuswamy” Thromboangiitis Obliterans (Buerger’s Disease)—Current Practices” International Journal of Inflammation Volume 2013 (2013), Article ID 156905, 9 pages
2. Yadavji T. Carakasamhita. Reprint: ChaukhambaSurbhartiprakashan; 2008. chikithsasthana 29/19 p.734
3. Yadavji T. Carakasamhita. Reprint: ChaukhambaSurbhartiprakashan ; 2008. chikithsasthana 29/24 p.734
4. Yadavji T. Carakasamhita. Reprint: ChaukhambaSurbhartiprakashan ; 2008. Chikithsa sthana 29/37 p.736
5. Dr. Mansi M. and Dr. S.P. D.”Dravya guna vijyan”; chaukhambha Sanskrita pratisthana 2009.part II guduchi(3) p.15
6. Prof. Sidhinandan Mishra “bhaishjya ratnavali” sidhiprada-hindi vyakhya ; chaukhamba subharti prakashan ;Varanasi ;ch.14/83 p.414
7. Prof. Sidhinandan Mishra “bhaishjya ratnavali” sidhiprada-hindi vyakhya ; chaukhamba subharti prakashan ;Varanasi ;ch.27/104-113 p.582
8. Dr. Mansi M. and Dr. S.P. D.”Dravya guna vijyan”; chaukhambha Sanskrita pratisthana 2009.part II kokilakshya(112) p.560
9. 4. Yadavji T. Carakasamhita. Reprint: ChaukhambaSurbhartiprakashan ; 2008. chikithsasthana 29/123 p.745