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

Ambika Dhiman1*, Sukumar Nandigoudar2 and S.K.Hiremath3

1,3Department 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
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 types\(^3\) 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

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

**Table 2** Treatment adopted on Second course

1. Raktamokshana (Jaloukaavcharana) First 3 days

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medicine</th>
<th>Dosage</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Shamnoushadhi</td>
<td>Kaishore guggulu</td>
<td>1 b.d.</td>
<td>15 days</td>
</tr>
<tr>
<td></td>
<td>Triphala guggulu</td>
<td>1 b.d.</td>
<td>15 days</td>
</tr>
<tr>
<td></td>
<td>Asanadi kashaya</td>
<td>15 ml b.d.</td>
<td>15 days</td>
</tr>
</tbody>
</table>

**Table 3** Treatment adopted on Third course

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medicine</th>
<th>Dosage</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 4 Discharge Medication

<table>
<thead>
<tr>
<th>S.No</th>
<th>Procedure</th>
<th>Medicine</th>
<th>Dosage</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kaishore guggulu</td>
<td></td>
<td>1 tab. t.i.d.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hridyaarnava rasa</td>
<td>Shamnoushadhi</td>
<td>2 tab. t.i.d.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lashunaerandadi kashaya</td>
<td></td>
<td>3 tsf t.i.d.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shatdhouta Ghrita</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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, suptaangta, 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-oxidant. As a shaman aushadi Tapyadi loha was given. It contains Loha, Suvarna Makshika bhasma and shilajatu which helps in elimination of avarana. 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*. Kokilaksha Kwath possesses *shothahara* (anti-inflammatory) property. Application of *Pinda Taila* helps in relieving pain and healing up the wound. 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.
REFERENCES

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