



AYURVEDIC INTERVENTION IN THE MANAGEMENT OF UTTANA VATARAKTA: A CASE REPORT

Himanshi¹, K. Kiran², Susheel Shetty³

PG Scholar⁽¹⁾, Assistant Professor⁽²⁾, Professor & HOD⁽³⁾

PG Department of Kayachikitsa, Alva's Ayurveda Medical College, Moodubidire, Dakshina Kannada, Karnataka

Corresponding Author: himanshidagar13@gmail.com

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ABSTRACT

Vatarakta is a disease caused when aggravated *Vata* gets obstructed in its course by aggravated *Rakta*; the obstructed *Vata*, in turn, vitiates the *Rakta*, resulting in the condition called *Vatarakta*. A single case study shown here, a 76-year-old female patient approached Kayachikitsa OPD with the chief complaint of multiple tortuous veins over bilateral feet for ten years associated with dryness, burning sensation (occasionally), blackish discoloration and itching over the prominent veins for ten years. The patient was treated with Ayurvedic principles, including *Samshodhana* and *Samshamana*. The patient's condition was assessed based on the symptoms of *Vatarakta*, and the results were remarkable after the treatment.

Keywords: *Vatarakta*, *Samshodhana*, *Samshamana chikitsa*, Prominent veins

INTRODUCTION

According to Ayurveda, Maintaining the balance of the body's various fundamental elements (*Dosha*, *Dhatu*, *Mala*) will lead to good health and immunity, and the inequalities of elemental constituents in the body are the root cause of diseases. The aggravated

Rakta combines with vitiated *Vata*, and due to the predominance of *Vata* and *Rakta dushti*, it is known as *Vatarakta*. Synonyms of the disease *Vatarakta* are *Khudam*, *Vatabalasa*, and *Adhyavata*. *Vatarakta* is a clinical entity in which *Vata dosha* and *Rakta dhatu*

are affected by their respective etiological factors, such as sedentary lifestyle, mental stress, and consumption of unhealthy food practices (*atisevana* of *lavana*, *amla*, *katu*, *kshara* and *ushna*).⁽¹⁾ Based on the presentation and involvement of *dhatu*s, there are two types of *Vatarakta*, i.e. *Uttana* (superficial type) and *Gambhira* (Deep)⁽²⁾ depending upon *Doshic* involvement, there are eight types, namely *Vataja*, *Raktaja*, and *Pittaja*, *Kaphaja*, *Samsargaja* and *Sannipataja*.⁽³⁾ Clinical features of *Uttana vatarakta* like *Kandu* (pruritis), *Daha* (burning sensation), *Ruk* (pain), *Ayama* (stretching), *Toda* (pricking pain), *Sphurana* (twitching), *Akunchana* (constriction) associated with *Syavarakta tvagbahye tamra* (skin becomes blackish, red or coppery colour).⁽⁴⁾ *Acharya Charaka* has described various treatment modalities like *Virechana*, *Basti karma*, *Alepa*, *Abhyanga*, *Parisheka*, etc.⁽⁵⁾ which can effectively treat the disease. The patient was successfully managed using the Ayurvedic treatment principles of *Vatarakta*. The case study of a successfully treated patient is discussed below.

Materials and Methods:

Place of study: OPD of Kayachikitsa, Alva’s Ayurveda Medical College, Moodubidire, Dakshina Kannada, Karnataka, India.

Case Report

A 76-year-old female patient with Registered OP no. 5590 came to OPD of Kayachikitsa on 02/03/24 with Chief complaint of multiple tortuous veins over bilateral feet for ten years associated with complaints of itching, dryness over prominent veins, blackish discoloration. The patient complained of localised mild burning sensation occasionally during illness, itching, and dryness, which were aggravated by the intake of oily food items and during night time, due to which the patient experienced disturbed sleep. The patient underwent ayurvedic treatment for these complaints twice and received symptomatic relief from itching and dryness. Again, the condition aggravated, and she approached our hospital for further management.

Past History: The patient had no significant past illness and was also free from any other co-morbidities, such as Diabetes or hypertension.

Treatment History: The patient had undergone ayurvedic treatment, i.e *Virechana* and *Basti karma*. Further details of the treatment were not available.

Table a: PRELIMINARY DATA & PERSONAL HISTORY

NAME: XYZ	BOWEL: Regular
AGE: 76 years	APPETITE: Normal
SEX: Female	MICTURATION: 4-5 times/day
MARITAL STATUS: Married	SLEEP: Disturbed
OCCUPATION: Housewife	DIET: Only Vegetarian diet

Table b:

ASHTASTHANA PAREEKSHA	VITALS AND GENERAL EXAMINATION
<i>NADI:</i> Sarpagati	BP: 120/80 mmHg
<i>MALA:</i> Anavabaddha	PULSE RATE: 74 bpm
<i>MOOTRA:</i> Anaavila	SPO₂: 98%
<i>JIHWA:</i> Alipta	RESPIRATORY RATE: 20/MIN
<i>SHABDA:</i> Spashta	TEMP: 98.6 F
<i>SPARSHA:</i> Khara Sparsha over b/l feet	HEIGHT: 159 cm
<i>DRIK:</i> Vyakta	WEIGHT: 65kg
<i>AKRUTI:</i> Madhyama	BMI: 25.7

Table c:

DASHAVIDHA PAREEKSHA	SAMPRAPTI GHATAKA
PRAKRITI: Vata Pitta	DOSHA: Vata pradhana pitta
VIKRITI: Dosa: Vata, Pitta, Dushya: Rasa, Raktha	DUSHYA: Rasa, Rakta
SARA: Madhyama	SROTAS: Rasavaha, Raktavaha
SAMHANANA: Madhyama	SROTODUSHTI: Sira granthi, Sanga
PRAMANA: Madhyama	ADHISTHANA: Adhokaya (lower limbs)
SATHMYA: Katu and amla rasa pradhana ahara (Madhyama)	ROGAMARGA: Shakhagata
SATWA: Pravara	VYADHISVABHAVA: Chirakari
AHARA SHAKTI: ABHYAVAHARANA SHAKTI: Pravara JARANA SHAKTI: Pravara	SADHYASADYATA: Krichrasadhya
VYAYAMA SHAKTI: Madhyama	
VAYA: Vridha	

Systemic Examination

CNS: Higher mental function: Well-oriented and conscious

Motor and Sensory function: Intact

CVS: S1 and S2 heard, No added sound.

Respiratory system: Normal vesicular breath sounds heard.

Gastro-intestinal Tract:

Upper GIT- Oral cavity, teeth, tongue, gingiva, and buccal mucosa look normal.

Lower GIT- P/A: Soft, non-tender and no organomegaly seen.

Clinical Examination

INSPECTION

- i. **SITE:** Lower 2/3rd of both lower limbs and bilateral feet
- ii. **OBSERVATION:** Multiple tortuous veins
- iii. **SWELLING:** Absent
- iv. **SKIN COLOR:** Blackish Discoloration of skin
- v. **TEXTURE:** Dry
- vi. **ULCERATION:** Not seen

SPECIFIC TESTS FOR DILATED VEINS -

HOMAN'S SIGN: Negative

MOSE'S SIGN: Negative

BLOOD INVESTIGATION:

TEST PARAMETERS	RESULTS	REFERENCE RANGE
Haemoglobin	11.8 gm/dl	12-16 gm/dl
Total Count	5,500 cells/cumm	4000-11000 cells/cumm
DIFFERENTIAL COUNT	RESULTS	REFERENCE RANGE
Neutrophils	51%	40-70%
Lymphocytes	40%	20-45%
Eosinophils	04%	2-8%
Monocytes	05%	1-6%
Basophils	00%	0-1%
ESR	13 mm/hr	<20 mm/hr female
Random blood sugar	83 mg/dl	60-160 mg/dl

TREATMENT PLAN:

On 02/03/24 treated on an OPD basis

SAMSHAMANA AUSHADHI:

1. Tab. Kaishora Guggulu 1-1-1 (A/F)
2. Tab. Gandhaka Rasayana 1-1-1 (A/F)
3. Mahamanjistadi Kashaya 10 ml-10 ml-10 ml with equal quantity of water (A/F)
4. Shatadhautha ghrita for lepa

Follow-up was done after seven days for IP admission.

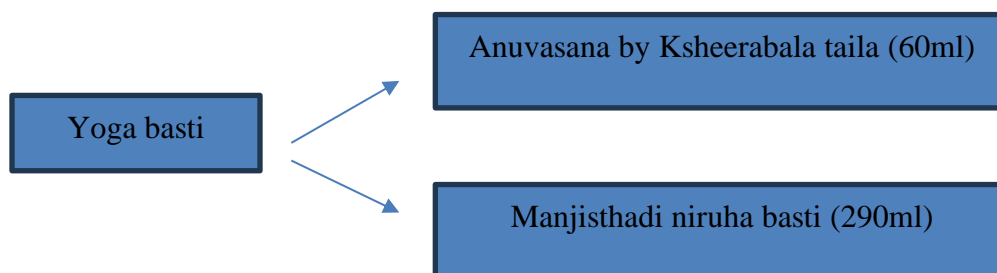
SAMSHODHANA: was done on 10/02/24.

Sadyovirechana: Avipattikara churna- 25g with *Ushna jala*, patient got 11 Vegas.

They were planned as *Koshta shudhi*.

On 11/03/24 patient was admitted with a treatment plan as follows:

BASTI KARMA



Schedule for Yoga Basti

11/03/24	12/03/24	13/03/24	14/03/24	15/03/24
	N	N	N	
A	A	A	A	A

Niruha basti ingredients: Madhu 10g, Saindhava lavana 5g, Ksheerabala taila 80 ml, Guduchi kalka 15g, and Manjisthadi kashaya 200 ml.

SHAMANA YOGA (Continued during Basti karma)

- 1) Tab. Kaishora Guggulu 1-1-1 (A/F) with water
- 2) Mahamanjistadi Kashaya 10 ml-10 ml-10 ml with equal quantity of water (A/F)

LEPA: Yastimadhu churna mixed with Sukumara ghrita.

Duration: 5days

The patient got Discharged on 15/03/24 with discharge medicines:

- 1) Tab. Kaishora Guggulu- 1-1-1 (A/F)
- 2) Mahamanjistadi Kashaya- 10ml- 10ml- 10ml with equal amount of water (A/F)

Pathya: *Yava, Godhuma, Shali, Mudga, Patola, Goksheera, Sweta kushmanda* advised.

Apathya: *Agnisantapa, Atapa sevana, Masha, Kulatha, Dadhi, Moolaka, Pickle, Oily Fried food items.*

Follow up after 15 days.

RESULT AND OBSERVATIONS:

SYMPTOMS	BT (0 th day)	AT (after basti karma)	FOLLOW UP (after 15 days)
<i>Kandu</i>	++	-	-
<i>Daha</i>	+	-	-
Dryness over the skin	++	-	-
Skin color	Black discoloration	Lightening of discolored sites	Skin tone: a bit pinkish, a sign of healing
Sleep	Disturbed	Sound	Sound

Before treatment (A, B)



A



B

After treatment, Basti karma (C, D)



C



D

After follow-up, (E)



E

DISCUSSION

- *Vatarakta* is a disease caused by the vitiation of *Vata* and *Rakta*. Aggravated *Vata* is blocked by vitiated *Rakta*, leading to further aggravation of *Vata*. In the present study, *Vata samsrishta pitta dosha* and *Rasa, rakta dhatu dushti* were observed. Considering all the above factors and the symptoms, *Kandu, Daha, Rukshata, Sirayama*, and *Syavata* were diagnosed as *Uttana vatarakta (Vatapradhanika)*.
- The treatment was planned to depend upon the diagnosis. In *Charaka Samhita*, both *Snigdha* and *Ruksha virechana* are indicated in *Vatarakta*. Here, *Avipattikara churna* is given for *Koshta shudhi*. Classical *Virechana* is not planned considering the patient's *Vaya*.
- “*Nahi Vasti Samam Kinchit Vatarakta Chikitsitam*”. i.e., in the treatment of *Vatarakta*, *Basti* is considered supreme. *Basti* treats the vitiated *Vata, Pitta, Kapha, and Rakta* with its *Karmukata*. *Charaka* has mentioned that- as in *Vatarakta*, there is obstructed *mala, i.e. Doshas* or *Dushyas*, etc., and it should be treated by administering *Basti*, i.e. both *Anuvasana* and *Asthapana*. Considering the importance of *Basti* in *Vatarakta*, we have adopted *Anuvasana basti* with *Ksheerabala taila* and *Manjishtadi kashaya basti* as *Yoga basti* pattern.
- *Bahir parimarjana chikitsa* is essential in patients suffering from *Uttana* or *Ubhayashrita vatarakta*. *Charaka samhita* has stressed the use of local applications in *Uttana vatarakta*. Local applications should be used in *Alepa, Parisheka, Upnaha* and *Abhyanga*⁽⁵⁾. Initially, *Lepa* was done with *Shatadhauta ghrita*, and during *Basti karma*, *Yastimadhu churna* with *Sukumara ghrita* was used. This *Snigdha sheeta lepa* was applied to pacify the *Dushita doshas (Vata pradhana pitta)*.
- *Kaishora guggulu*⁽⁶⁾ is a drug of choice for *Vatarakta*. In *Kaishora guggulu, Tikshna* and *Ushna*, drugs like *Pippali, Shunthi, Maricha, Vidanga, Danti, Guggulu, etc.*, are present. This helps in the pacification of *vata*, too, which in turn

leads to reduced morbidity of symptoms and also acts as a *Rakta dusti hara*.

- *Gandhaka rasayana*⁽⁷⁾ is an excellent *Raktaprasadaka*. It pacifies *Teekshnata of Pitta* and acts as *Dahaghna*. Eight *Bhavanas* are given to *Gandhaka* during preparation using *Guduchi*, which is *Vyadhipratyanika* for *Vatarakta*. *Guduchi* possess *Tikta rasa, Madhura vipaka* and *Ushna virya*. It has *Vatahara, Rakta prasadaka* and *Rasayana* properties⁽⁸⁾.
- The ingredients of *Mahamanjisthadi kashaya* are included among *Kandughna, Varnya, Deepaniya, Daha prashamana* and *Vayasthapana mahakashaya*⁽⁹⁾ and best known for *Raktashodhana* action in *Rakta pradoshaja vikaras*.

CONCLUSION

Here, a specific diagnosis was made based on the classical description, i.e., *Lakshanas*, considering *Dosha* and *Dhatu* involvement. This contributed to the systematic treatment plan. Based on the classics, *Antha parimarjana (Samshodhana and Samshamana)* and *Bahir parimarjana (lepa)* were carried out, which contributed to remarkable results, i.e., relief from *Kandu, Rukshata, Daha, Vaivarnya, and Sirayama*, which were the prime symptoms in this case. Suitable *Pathya-apathya* was advised and adopted during the treatment, which helped the condition get better results.

REFERENCES

1. Yadavaji Trikamaji, editor, commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Chikitsa sthana, chapter 29/5-6, Varanasi; Chaukhambha Krishnadas Academy; p.628.
2. Yadavaji Trikamaji, editor, commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Chikitsa sthana, chapter 29/19, Varanasi; Chaukhambha Krishnadas Academy; p.628.
3. Yadavaji Trikamaji, editor, commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Chikitsa sthana, chapter 29/24, Varanasi; Chaukhambha Krishnadas Academy; p.628.

4. Yadavaji Trikamaji, editor, commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Chikitsa sthana, chapter 29/20, Varanasi; Chaukhambha Krishnadas Academy; p.628.
5. Yadavaji Trikamaji, editor, commentary: Ayurveda Deepika of Chakrapani on Charaka Samhita of Charaka, Chikitsa sthana, chapter 29/43, Varanasi; Chaukhambha Krishnadas Academy; p.628.
6. Bhaisajya Ratnavali, "Vidyotini Hindi, Commentary," edited by Kaviraj Shri Ambika Dutta Shastri, Cha.27/109-113 Chaukhambha Sanskrit Sansthan Varanasi, 18 Revised edition, 2005; 599.
7. Yogaratnakara "Vidyotini Hindi, Commentary" by Vaidya Laxmipati shastri, editor Shri Bhrumashankar shastri, Rasayana adhikara shloka 1-4, p.490.
8. Sharma PV, Dravya Gauna Vijnana, vol II. Varanasi Chaukhambha Surabharati Publisher: 1998, p.761.
9. Sharma R.K, Dash Bhagwan, Agnivesha's Charak Samhita, Sutra Sthan, Vol. 5, Chapter-4, reprint 2015, Varanasi, Chaukhambha Sanskrit Series office, 2015.

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