



ROLE OF MANJISHTADI KSHARA BASTI IN THE MANAGEMENT OF VATARAKTA (OBSTRUCTIVE VASCULAR DISEASE) - A CASE STUDY

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ABSTRACT:

Introduction: Vatarakta, is classified as a Mahavatavyadhi and acharyas have described a separate disease in the scriptures that has evoked attention of the Ayurvedic physicians because of its versatility in symptoms. Focusing on a single disease elaborated in modern science and equating it to Vatarakta cannot be considered as an apt methodology. Rather, Vatarakta disease can be understood as a collection of different diseases such as autoimmune disorders, peripheral arterial disease and gouty arthritis to name a few. **Material and Methods:** In this case study, a 63-year-old male patient diagnosed with peripheral vascular disease was treated with ayurvedic shodhana and shamana modalities with the principles of Vatarakta chikitsa and medications suitable to the disease under consideration. **Discussion:** Shamana and shodhana modality of treatment was obviously advocated for the patient. The findings were obtained with timely monitoring of the symptoms and condition of the disease. Medications which included Shilajitwadi Vati, Kaishora Guggulu DS, Amruthotharam Kashayam, Pinda Taila, Panchatikta Guggulu Ghrita and different Basti's like Manjishtadi Kshara Basti provided significant improvement.. **Conclusion:** Study result indicates that Ayurvedic drugs can manage Peripheral vascular disease.

Keywords: Vatarakta, Peripheral vascular disease, Manjishtadi Kshara Basti

INTRODUCTION

Peripheral vascular disease is manifested when there is occlusion of the arteries of limbs. Atherosclerosis is considered to be the leading cause of peripheral vascular disease. There is an increased risk of development of peripheral vascular disease in smokers and in persons with metabolic syndrome. Classifications of Vatarakta is based on the morbidity of Dosha and also on the basis of chronicity [1]. Atherosclerotic plaques are more common in the distal vasculature causing ischemia to the area involved. Rest pain, feeling of coldness in the foot or toes, decreased pulses distal to the obstruction due to narrowing of artery, discoloration of the skin and ulceration are few of the evident findings in peripheral vascular disease [2]. Vatarakta express symptoms primarily in the lower limbs. Considering the symptoms of Tvakvaivarnyata, manifestations of diseases related to the Twak such as Vrana/ Dalitatwak/ Tvaksphutana, predominance of Shoola/ Toda in the area affected, Dhamanisankocha and Margavarana assessed in terms

with the atherosclerosis in the distal arteries, Vatarakta may be considered as a parallel diagnosis to peripheral vascular diseases owing to the similarities in the symptomatology [3].

CASE STUDY

A 63 years old male patient came to OPD with C/O- left upper limb pain, numbness and tingling sensation for a month which increased symptomatically since 2 weeks. Patient was healthy a year ago and gradually developed symptoms of burning sensation and mild to moderate pain in the left upper limb, for which he approached a nearby medical facility and was treated symptomatically. Further, he developed numbness and tingling sensation of left upper limb ; B.P.: 130/80 mmHg. Temp. : 98.60 F

History of Present Illness:

A 63 years old male patient came to OPD with C/O- left upper limb pain, numbness and tingling sensation for a month which increased symptomatically since 2 weeks and is a known case of Hypertension, was on medications which he discontinued by himself. Patient was healthy a year ago and gradually developed symptoms of burning sensation and mild to moderate pain in the left upper limb, for which he approached a nearby medical facility and was treated symptomatically. Further, he developed numbness and tingling sensations of the left upper limb. He was advised for Left Upper Limb Arterial Doppler on 31.07.2023 which revealed Biphasic flow in subclavian, axillary, brachial, radial, and ulnar arteries..?? Proximal flow limiting lesion (plaques) proximal to subclavian artery. For this Angiography was advised, as the patient was not willing he came to our hospital for management.

Personal History:

- 1) Diet: Vegetarian
- 2) Appetite: Reduced since a week
- 3) Bowel: Regular, Clear (1 time/day)
- 4) Bladder: Regular (5-6 times/day)
- 5) Sleep: Good
- 6) Habits: Smoking (Bidis)

General Examination:

- 1) Built: Lean
- 2) Nourishment: Moderate
- 3) Pallor: Absent
- 4) Icterus: Absent
- 5) Cyanosis: Absent
- 6) Clubbing: Absent
- 7) Lymphadenopathy: Absent
- 8) Oedema: Absent

Asthasthan Pareeksha

S.no	Sthana	Lakshana
1	Nadi	Vatapittaja
2	Mutra	Prakrutha
3	Mala	Prakrutha
4	Jihva	Alipta
5	Shabda	Prakrutha
6	Sparsha	Anushna Sheeta

7	Druk	Prakrutha
8	Akruti	Madhyama

Dashavidha Pareeksha:

- 1) Prakruti
 - a. Vata Pitta
- 2) Vikruti
 - a. Hetu : Vata Vardhaka Nidana Sevana, especially Teekshna Dhooma Sevana.
 - b. Dosh: Vata Dosh
 - c. Dushya: Rakta
 - d. Prakruti : Daruna
 - e. Desha : Bhumi, Jangala
 - f. Atura : Vamabahu
 - g. Kala : Varsha Ritu
 - h. Kriyakala : Vyaktavastha
 - i. Bala:
 - i. Rogi - Madhyama
 - ii. Roga - Madhyama
- 3) Sara: Madhyama
- 4) Samhanana: Madhyama
- 5) Pramana: Madhyama
 - a. Height: 5'4"
 - b. Weight: 55 kgs
- 6) Satva: Madhyama
- 7) Satmya: Madhyama
- 8) Aharashakti:
 - a. Abhyavara: Madhyama
 - b. Jaranashakti: Avara
- 9) Vyayama Shakti: Madhyama
- 10) Vaya: Vrudha

Samprapti ghatak

- 1) Dosh - Vata
- 2) Dushya - Rakta
- 3) Agni - Jatharagni, dhatvagni
- 4) Ama - Jatharagnimandya janya
- 5) Srotas - Raktavaha
- 6) Srotodusti - Sanga
- 7) Rogamarga - bahya
- 8) Udbhavasthana - Pakwashaya
- 9) Sancharasthana - sarvarasayani
- 10) Vyaktasthana - Vamabhahu
- 11) Rogaswabhava - Chirakari
- 12) Sadhyasadhyata - Yapya

DIAGNOSIS, ASSESSMENT AND TREATMENT

Diagnosis of Vatarakta i.e. Peripheral Vascular Disease was made based on history and physical examination of the patient.

Total two assessments were carried out, before the treatment and after treatment i.e., 4 weeks after treatment. The diagnosis of peripheral vascular disease can be sufficiently made based on patient risk factors, clinical presentation, and physical exam findings. Assessment begins with accounting for known PAD risk factors, including smoking, diabetes, hypertension, hypercholesterolemia, and obesity. Intermittent claudication must be distinguished from neurological, musculoskeletal, or vascular disorders,

which may present similarly to PAD [4].

Table 1: Shamana Chikitsa from 31/07/2023 to 15/08/2023

Sl. No	Shamanoushadhi	Dose	Anupana
1	Shilajitwadi vati	1-0-1	Warm Water
2	Kaishore Guggulu DS	1-0-1	Warm Water
3	Amruthotharam Kashayam	3 tsp - 0 - 3 tsp	Warm Water
4	Combination of Guduchi, Manjishta, Agnimantha 50 gms each	1 tsp - 0 - 1tsp	Gomutra Arka
5	Pinda Taila	For local application	-

Table 2: Shodhana Chikitsa from 16/08/2023 to 23/08/2023

Sl. No	Procedure	Medicine used
1	Sarvanga Abhyanga with Bhapa Sweda	Dhanwantaram taila
2	Parisheka to left upper limb	Dashamoola Kwatha
3	Matra Basti	Kshara taila 30ml + Panchatikta Guggulu Ghrita 20ml
4	Niruha Basti (Manjishtadi Kshara Basti)	Madhu - 60ml Saindhava - 3gm Sneha - Kshara Taila 20ml + Panchatikta Guggulu Ghrita 20ml Kalka- Guduchi + Puthiyavani kalka Kwatha - Manjishtadi Kashaya 200ml + Gomutra Arka 40ml

After shodhana previously mentioned shamanoushadi's were asked to continue for a month and later, another sitting of shodhana was given.

OBSERVATION AND RESULT

Table 3: Observation and Result

Symptoms / Signs	Before treatment	(Shamanoushadhi) 31/07/23- 15/08/23	(Shodhana) 16/08/23- 23/08/23	(Shamanoushadhi) 24/08/23- 23/09/23	(Shodhana) 24/09/23- 15/10/2023
Burning Sensation	Present	reduced	Improved	-	-

Pain	Present	reduced	Completely reduced	-	-
Numbness	Present	partial	Completely reduced	-	-
Tingling Sensation	Present	Improved partially	Not seen	-	-
Pulse	Not Feeble	-	Not Feeble	Mildly Feeble, improved	Feeble

DISCUSSION

Vatarakta is the Raktapradoshaja Vyadhi. It will occur due to vitiation of Vata & Rakta. It is explained in all three Samhitas (Brihatrayis). In Charaka Samhita it is explained in the name of Vatashonita, but in Sushruta Samhita it is explained in name of Vatarakta, though both convey the same meaning. While explaining the Samprapti, there is a difference of opinion. So, it is necessary to understand the different perspectives of Samprapti according to different Acharyas.

The treatment was done in 4 different phases. Vatarakta chikitsa protocol was implemented in this case. Considering the pathology and the symptoms of peripheral arterial disease, analyzing it with that of Vatarakta, treatment advocated for the patient has proven to be effective. The patient was advised to gradually reduce and stop cigarette smoking to prevent further development of atherosclerosis and peripheral vascular disease [5]. The pain, ulceration, and feeble pulses improved significantly.

Shilajatu has tikta, katu and kashaya rasa, katu vipaka, rechaka, shoshana and chedana properties. And as Lekhana property, helps in reducing the Margavarana in the Rasa Rakta Vaha srotas. It helps in Sroto Shodhan and also acts as Rasayana. Shilajatu helps in reducing the atherosclerosis in the distal vasculature and improves blood circulation. The ingredient spectrum of Panchatikta Guggulu Ghrita worked towards the Samprativighatana of Vatarakta. Pinda Taila, clears the obstruction and maintains normal blood flow in the joints and veins. Gomutra, due to Katu, corrects Kapha Vridhi and Medo Vridhi.

Manjisthadikshara Basti, is an Anubhuti Yoga and is effective in management of Srotavarodha. Manjistha - Rakata Shodaka, Rakta Prasadaka and Tridosahara. It cleans blood, and breaks down any blockage or stagnation within the circulatory system, including blood and lymph. Manjishtadi Kshara Basti is a combination of two Bastis, i.e; Manjishtadi Kwatha Basti - explained by Acharya Sharangadhara. Kshara Basti - explained by Acharya Chakradatta.

Kshara having Kledahara, Chedana, Kaphanissaraka properties causes irritation in intestinal epithelium thereby stimulating more excretion of Malarupi Meda (cholesterol) in stool, and also prevents reabsorption of fats. Due to its alkaline nature it balances the PH of rectal mucosa, helps in protection of bacterial flora and promotes the production of enzymes for good metabolism of cholesterol, promotes scrapping (Lekhana) of lipids in blood vessels, reduces the Sandrata (density) of blood and prevents fat deposition in vessels (atherosclerosis), a major risk factor for CHD [6].

CONCLUSION

The case under discussion was a challenging one, as the patient was having symptoms of peripheral vascular disease and also was a chronic smoker [7]. Since the patient was advised angiography and was not willing to undergo surgical management, medical management/conservative management was the option remaining to be done. Hence, Shodhana and Shamanoushadi were planned.

Only required medications were used for treating the case, considering the economic burden of the patient. The result was obtained in a period of 5- 6 months of treatment. The symptoms of the patient were better owing to the improvement in the blood supply due to reduction in the Atherosclerosis in the distal arteries. The patient was advised adequate pathya so that the peripheral vascular disease can be kept at bay. The

treatment protocol of Vatarakta can be applied for the management of peripheral arterial disease. Further clinical studies are required and can be undertaken for validation of treatment protocol.

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