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Ayurvedic Management of Deep Vein Thrombosis. - A Case Study

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ABSTRACT:

The Formation of a Blood Clot [thromb] in the Deep Veins is known as Deep Vein Thrombosis. After ischemic heart disease [IHD] and stroke, deep vein thrombosis is the third most frequent vascular illness, and it is a silent killer. Deep Vein Thrombosis affects about 0.1 percent of the population each year, pain, swelling, redness, warmth and other symptoms are typical. Various western medicine therapy modalities and medications, such as surgical interventions, tissue plasminogen activators, and anti-coagulants for time to break blood clots, all have their own limitations and adverse effects, in addition to being extremely costly nowadays. According to *Ayurveda*, the aetiology, indications, and symptoms of DVT are identical to those of *Raktavrita vata*, *siragata vata*, *Gambhira vatarakta*, and so on. *Acharya Charaka*, *Sushruta*, and *Vagbhata* all talked on how to treat these ailments. Because they are all *Rakta Pradoshja vikara*, they just discussed *Raktamokshana* therapy. However, in the current case study, external application of *Ayurvedic lepa* combined with *bheshaja chikitsa* i.e. *Raktashodhaka / Raktaprasadhana* medicines showed promising results, especially in reducing swelling, redness, itching, and pain without causing any side effects. According to *Ayurveda*, the present case of DVT with stroke was diagnosed as *Ekanga shotha/ Raktavrita vata* and *pakshaghata*. Various *Ayurvedic panchakarma* methods and internal medications have shown promising outcomes, particularly in minimising edoema [of the left limb caused by DVT] and thrombosis [in the proximal superficial femoral vein and common femoral vein] in deep veins is less severe.

Keywords- Deep vein thrombosis , *Kashaya Dhara ,Bheshaja Chikitsa , Upanaha Sweda. Panchakarma Ayurveda*

INTRODUCTION

DVT (deep vein thrombosis) is a disease that often goes undiagnosed. DVT (deep vein thrombosis, often called venous thrombosis) is a blood clot that forms in a vein deep inside the body. Blood flow via the vein may be partially or entirely stopped by the clot. Venous thrombosis (thrombophlebitis) and deep vein thrombosis are the two forms (phlebothrombosis). When a DVT breaks loose and enters the circulation as an embolus, it lodges in and totally

obstructs a blood vessel, such as the lungs, causing a PE [pulmonary embolism]. In the lower leg, deep venous thrombosis (DVT) is common. Age, major surgery, malignancy, trauma, prolonged bed rest, myeolo-proliferative illness, ankle injury, infection, varicose veins, and certain oral contraceptive pills can all cause venous thrombosis. Deep vein thrombosis, which occurs deep inside the muscles of the legs, arm, and pelvis, is the most prevalent type of venous thromboembolism. Blood flow via the vein may be partially or fully blocked by the clot. DVTs are most commonly found in the lower leg, thigh, or pelvis, although they can also occur in the arm, brain, intestines, liver, or kidney. Deep vein thrombosis (DVT) is an illness that goes unnoticed. DVT is caused by the virchow's trio of venous stasis, hyper coagulability, and endothelial injury. The two types are venous thrombosis [thrombophlebitis] and deep vein thrombosis [phlebothrombosis]. The more dangerous of the two is DVT. Prothrombin deficiency and genetic thrombophilia are both congenital and acquired risk factors for DVT. Other risk factors include advanced age, obesity, surgery, trauma, neoplasm, heart disease, oestrogen hormone therapy, pregnancy, and immobility. DVT is generally asymptomatic, and only 40% of patients are clinically manifested. It is characterized by pain at the site of thrombosis that is worsened by muscle action. DVT is a life-threatening condition that can cause thrombo-embolism and result in immediate death as a consequence. Deep venous thrombosis (DVT) is frequent in the lower leg. Venous thrombosis can be caused by a variety of reasons, including age, major surgery, malignancy, trauma, prolonged bed rest, myeolo-proliferative disease, ankle sprain, infection, varicose veins, and certain oral contraceptive pills.

DVT in the lower legs can cause pain, calf discomfort, edoema, dilated superficial veins, pyrexia, redness, or no visible sign or symptom at all. Cellulitis in the lower limb can develop into a DVT as a result of an accident or illness. Duplex ultrasonography, which was employed in this study, is the only credible approach to confirm diagnosis because it is non-invasive, risk-free, cost-effective, and more widely available.

METHOD

This is a single case study of a 27-year-old male patient who has been complaining of headaches, soreness, swelling, discolouration of the left leg below the knee, and difficulties walking and standing for the past two years at the Panchakarma Department of the Rajasthan Ayurved University. Pain was noticeable at rest and worsened with exertion. He received allopathic treatment in an allopathic facility for his issues. Since six months, his problems have worsened. Swelling and pain were considerably reduced. The standard of living has improved. The patient was able to return to work. He can now stand and walk for extended periods of time. Hair loss in the left leg was previously complete, but it has now returned to normal.

Four years ago, the patient was taken to the hospital with a terrible headache and was diagnosed with pulmonary embolism. He had no prior symptoms or signs of the disease, and there was no family history of it. He was given anticoagulants and antithrombolytic injections to help with his condition. One year later, he began to have pain and tingling in his left leg. He noticed swelling after a while, which eventually developed to the point where his regular tasks were being restricted. He couldn't stand or walk for long periods of time.

All haematological and biochemical tests were normal, including complete blood counts, glucose, TSH, urea, creatinine, liver function tests, lipid profile, bleeding time, and clotting time. Other possibilities were ruled out, including the factor V Leiden mutation, the Prothrombin gene mutation, the MTHFR gene mutation, and serum homocysteine. His ESR and LDL levels were also somewhat increased, at 25 mm/hr (reference value 0-100) and 105.7 mg/dl (reference value 0-100), respectively. On November 20, 2019, a doppler ultrasound of the right lower limbs indicated a partial deep vein thrombus in the fresh thrombos seen in femoro popliteal venous system, as well as soft tissue edoema in left lower leg and foot due to reduced venous system. The medial section of the venogram is revealed. The right limb was edematous and enlarged on physical examination. There was pitting edoema and local discomfort in the calf region. The skin was hot and hyperemic. On examination, little hemorrhagic patches were discovered. A non-healing lesion was discovered on the right leg's lateral malleolus. There were no varicose veins in either of the legs. On the basis of symptoms and a doppler examination, the patient was identified as *Grathita Rakta Vikara* (deep vein thrombosis).

Diagnosis

DVT can't be diagnosed just on a patient's medical history or a physical examination. DVT can be symptomatic or asymptomatic in the lower limbs. Due to the lack of identifiable signs and symptoms in DVT, clinical diagnosis is difficult. In symptomatic individuals, USG

(ultrasonography) of the femoral and popliteal veins has a sensitivity and specificity of 97 percent in diagnosing DVT. Venous USG is the examination of choice in patients who have been classified as having a high risk of DVT. If the venous USG is positive, DVT is diagnosed. The diagnosis of DVT, also known as ischemic stroke, was confirmed in this case based on a combination of positive venous USG results, physical examination findings, imaging, and thyroid profile.

Assessment, Treatment-

The findings of venous USG, lipid profile, thyroid profile, and other investigation reports were used as a criterion of assessment in this situation. Pre-treatment (baseline) and post-treatment assessments were taken in total (after 2 months completion of treatment). According to Ayurveda, the patient had *'Ekanga shotha [/ Raktavrita vata and pakshaghata'* and was treated with various *panchkarma* procedures such as *Upanaha sweda* (applying medicated paste over affected area), *Kashaya dhara* (pouring decoction over affected area),), . Initially, the goal of treatment was to turn the patient off of western medications and minimize swelling; later, the goal was to prevent the thrombus from spreading, to prevent pulmonary embolism, and to manage hypothyroidism, stroke, hypercholesterolemia, and hypertension.

Bheshaja Chikitsa-

- *Mahamanjishthadi Kwatha* 20ml twice a day
- *Sarivadyasava* 20ml twice a day
- *Punarnawadi Kwatha* 20ml twice a day
- *Kaishor Guggulu* 500mg twice a day
- *Gandhaka Rasayana* 250mg twice a day
- *Laghumalini Vasanta* 250mg twice a day
- *Punarnava Mandur* 250mg twice a day

For 20 days

RESULT

In the patient's symptoms, there was a significant improvement. Swelling and pain were considerably reduced. The standard of living has improved. He can now stand and walk for extended periods of time. Hair loss in the left leg was previously complete, but it has now returned to normal.

DISCUSSION

Bheshaja Chikitsa - Mahamanjisthadi Kwath, Sarivadyasava, & *Laghumalini Vasanta* serve as *Rakta Shodhana, Pachana, Deepana,* and *Rakta Prasadana*, respectively. Because *Sira* is the *Upadhatu* of *Rakta Dhatu*, it has a similar effect on *Sira*, which may be beneficial for lowering redness in DVT.

Punarnavadi Kwatha and *Punarnava Mandura* have diuretic properties, which help to minimise swelling. *Rakta Prasadana* and *Rakta Poshana* are properties of *Mandura t*hat aid in blood nutrition.

Kaishor Guggulu has a property called *Shoolaghna*, which helps to relieve pain and soreness. It also has the properties of *Rasayana* and *Deepan,* which may help to increase *Dhatubala.*

The properties of *Kaphaghna* and *Kandughna* in *Gandhaka Rasayana* may help to decrease symptoms. To lessen the swelling of the right lower limb, *Kashaya dhara* with '*Dashamoola kashaya*' and *Upanaha sweda* with "*dashang lep* "were prescribed. The swelling of the right thigh (mid thigh circumference) was reduced from 21 to 18 inches after 9 days of these treatments, the swelling of the right knee was reduced from 14.5 to 14 inches, and the swelling of the right calf (mid calf circumference) was reduced from 12 to 10.8 inches. Following the total removal of right lower limb edoema, *patra pottali pinda sweda* were used to cure the right side hemi paresis. After the *rookshana* (dry / rough) procedures such as *Udwartanam* (massage with herbal powders) with *'Kola kuluthadi choornam'* were prescribed.

CONCLUSION

In this situation, the *Ayurvedic* diagnosis of *'Ekanga shotha / Raktavrita vata* is made. Various *Ayurvedic panchakarma* procedures and internal medicines have shown promising results, particularly in reducing swelling, reducing the severity of deep vein thrombosis, better managing associated conditions such as hypothyroidism,

hypercholesterolemia, hypertension, and stroke, and improving quality of life without causing any adverse effects in the current case. The findings of the current study cannot be generalised, and more long-term follow-up studies with a large sample size are needed to confirm these statements.

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REFERENCES

1. Sharma PV, Charak Samhita of Agnivasa, Volume 2, Chikitsasthana 28/31- 36,63,92,194, Chaukhamba Sanskrit Pratishthan ;2009.pp. 692-716
2. Shastri AD, Sushruta Samhita- Ayurved Tatva Sandipika, Nidansthana 1/45-46 Chaukhamba Sanskrit Sansthan 2012, pp.300.
3. Garade GK, Sartha Vagbhata Nidansthana 15/10,13, Chaukhamba Surbharti Prakashana 2012.pp.209
4. S.Das, A concise book of surgery, Chaukhamba Surbharti Prakashana 2012.pp.209
5. Vd. Kasture, Ayurvediya Panchakarma Vidnyana published by Shri Baidyanath Ayurved Bhavan Ltd. 3rd edition,2012. pp.559
6. Joshi S, Textbook Of Dravyaguna Vidnyana, Profishant Publishing House, 1998.pp. 440,442,727,785,823.

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