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## Management of Deep Vein Thrombosis with multi-drug Ayurvedic approach and Panchakarma Therapies -A Case Study

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### ABSTRACT:

Deep vein thrombosis is the term used to describe the formation of a blood clot, or thrombus, in the deep veins. Deep vein thrombosis, a silent killer, is the third most common vascular disease after stroke and ischemic heart disease [IHD]. Pain, swelling, redness, warmth, and other symptoms are common in deep vein thrombosis, which affects approximately 0.1 percent of the population annually. In addition to being quite expensive these days, many western medicine treatment techniques and drugs, including tissue plasminogen activators, anticoagulants for blood clots, and surgical procedures, have drawbacks and side effects of their own. The causes, signs, and symptoms of DVT are the same as those of *Raktavrita vata*, *siragata vata*, *Gambhira vatarakta*, and so on, according to *Ayurveda*. *Vagbhata*, *Sushruta*, and *Acharya Charaka* have discussed how to manage these conditions. They mentioned about *Raktamokshana* therapy since the above *vyadhis* are *Rakta Pradoshja vikara*. The external application of *Ayurvedic lepa* in conjunction with *bheshaja chikitsa*, or *Raktashodhaka/Raktaprasadhana* medications, however, demonstrated encouraging benefits in the current case study, particularly in lowering pain, swelling, redness, and itching without producing any negative side effects. The current DVT with stroke case was diagnosed as *Ekanga shotha/Raktavrita vata* and *pakshaghata* in accordance with *Ayurveda*. Numerous *Ayurvedic panchakarma* techniques and internal drugs have demonstrated encouraging results, especially in reducing the severity of thrombosis [in the proximal superficial femoral vein and common femoral vein] in deep veins and edema [of the left limb caused by DVT].

**KEYWORDS:** Deep Vein Thrombosis, Doppler study, *Panchakarma*, *Raktapitta*, *Siragata-vata*, *Jaloukavacharana*

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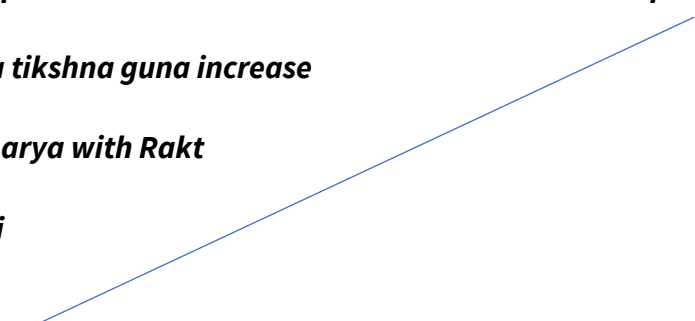
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**INTRODUCTION:**

A medical disorder known as deep vein thrombosis (DVT) is brought on by a blood clot that forms in a deep vein. Although they can also happen in the arm, these clots typically form in the lower leg, thigh, or pelvis. After IHD and stroke, it is the third most prevalent vascular disease. The mechanism underlying DVT, known as Virchow's triad, are venous stasis, hypercoagulability, and endothelial injury. The femoral and popliteal veins in the thighs and the posterior tibia and peroneal veins in the calves are most commonly affected. DVT risk factors include Long-term bed rest, like during a lengthy hospital stay, paralysis, vein damage or surgery, pregnancy, obesity, birth control pills (oral contraceptives) or hormone replacement therapy, smoking, cancer, heart failure, and prolonged sitting, like when

driving or flying, are all possibilities. The Wells score can be used to determine whether a person has DVT. Additionally, a D-dimer test can aid in diagnosis. The diagnosis is confirmed by ultrasound of the suspicious veins. [1] As people age, VTE becomes significantly more prevalent. Although the illness is uncommon in children, it affects over 1% of people over 85 each year. [2] VTE rates in Asian populations are 15–20% higher than those in Western nations.[3] Standard therapies include the use of blood thinners such as warfarin, apixaban, and rivaroxaban. [4] [5] [6] Avoiding obesity through exercise and a healthy diet are two ways to prevent DVT. It is associated with *Siragatavata*, *Vatarakta*, and *Raktavruthavata* in Ayurveda. In the current case study, various *Panchakarma* techniques as well as oral and local medications were used.

**SAMPRAPTI*****Pitta vardhak hetu (Stubborn)******Pitta prakop******Pitta ushna tikshna guna increase******Pitta sancharya with Rakt******Rakt dusthi******Raktpitta******Kapha anubandhi raktpitta******Samprapti Ghatak****Dosha - Pitta, kapha**Dhatu – Rakta**Strotas - Rasavaha, Raktavaha**Updhatu- Asruja kandara****Prolonged sitting (Sedentary lifestyle)******Kaphadusthi***

**MATERIALS AND METHODS****Case Description**

A patient named XYZ, 71 yrs Male was asymptomatic around 15 days back he developed pain in both lower limbs, Stiffness in medial side of left thigh, Pain on pressure, itching sensation, Hardening and discoloration in lower limbs and was afraid to walk. Pain is persistent and cramp-like aching in nature on bilateral calf muscles (lt>rt) which get worsen on walking and long standing but doesn't subside with rest. He got a mild relief in pain on elevating the lower limbs. But swelling doesn't subside when the leg is elevated for an hour or overnight. So patient came in OPD of Shreerukma Ayurvedic Chikitsalaya for treatment. In Doppler sonography it was found to have

thrombosis of great saphenous vein of left lower limb. Hence, the further management was done on OPD basis. Negative family history of stroke, hypertension, dyslipidaemia and cardio-vascular pathology was found. At the time of examination patient's vital functions were normal and patient was conscious, and oriented. Patient was able to walk with support. On general examination oedema was found on b/l ankle joint and distal third of leg which is pitting in nature (lt>rt). Patient was non-smoker, non-alcoholic, and not having allergy to any drug or food item.

**History of Past Illness**

Patient had a history of DVT Stenting in 2017 after similar complaints, Taking Ecosprin 75 mg since 8 Yrs.

**Table 1: Personal History**

Name- XYZ	Bala- Madhyama	Pratriti- Pittakapha
Age- 71 Yrs	Sleep- Disturbed	BP- 140/80 mmHg
Sex- M	Addiction- None	Wt- 75.2 kg
Marital Status- Married	Bowel habit- Normal	Spo2- 98%
Occupation- Freelancer	Appetite- Adequate	

**Table 2: Ashtavidhpariksha**

Nadi- 80/min	Shabda- Prakruta
Mutra- 5-6 times/day	Sparsha- Anushna
Mala- Samyak once/day	Drik- Upanetra
Jivha- Saam	Akruti- Madhyam

**Systemic examination**

CVS: S1S2 heard, No added sounds.

RS: Shape of chest-bilaterally symmetrical, Trachea centrally placed, Normal vesicular breaths sound, No added sounds

CNS-Conscious, well-oriented, Memory, intelligence-intact

**Local examination**

Right leg	Left leg
Swelling +	Swelling ++
Redness +	Redness +
Local temperature↑	Local temperature↑
Itching- Absent	Itching- Absent
Tenderness ++	Tenderness +++

**Diagnosis**

Diagnosis of DVT is made, if venous USG is positive (Kesieme et al., 2011). Assessment was done on the basis of signs and symptoms and Doppler sonography. Total two assessments were taken, pretreatment (baseline) and post treatment (after 3 months completion of treatment)



## Investigation Reports

Date	Name of Investigation	Reports
3/5/24	Left lower limb venous doppler	1) Mild wall thickening is seen in left superficial femoral vein in its mid & distal portions 2) Left inguinal lymph node seen measuring 3.3* 0.8 cm 3) <b>Absent flow in mid portion of left great saphenous vein in thigh suggestive of acute chronic thrombosis</b> 4) Partial flow in distal thigh
31/5/24	Prothrombin time Test	13 sec
	Prothrombin Index-	92.30 %
	PT- INR-	1.10: 1
3/9/24	Left lower limb venous Doppler	1) <b>LT inguinal lymph node</b> 2) <b>Absent flow in mid portion of LT great saphenous vein in thigh seen in previous scan dated May 2024 is not seen in current scan, S/O RECANALIZATION</b> 3) <b>N/E/O DVT IN LT LOWER LIMB</b>

## TREATMENT

Date	Medicine	Dose
2/5/24-5/6/24	Kajjali(17mg) + Praval (83mg)+ Swarna-makshik (17mg)+ Nag(17mg) + Vang(17mg) + Kamalpushpa(116mg) + Maltipushpa(116mg) + Vasapatra(116mg) + Vatparambi(116mg) + Shatavari(116mg) with Guduchi swaras bhavana +Mauktik kamdoodha(17mg)+Kadali kshar (83mg)	833mg Bd. With Gulkand
	Rakt pachak (500mg) + Granthi raj(333mg) + Swarna sutshekhar (33mg)	866mg Bd
	Chandrakala ras	125mg Bd
	Kuberaksh vati	250mg BD
6/6/24-30/6/24	Kajjali(17mg) + Praval (83mg)+ Swarna-makshik (17mg)+ Nag(17mg) + Vang(17mg) + Kamalpushpa(116mg) + Maltipushpa(116mg) + Vasapatra(116mg) + Vatparambi(116mg) + Shatavari(116mg) with Guduchi swaras bhavana +Mauktik kamdoodha(17mg)+Kadali kshar (83mg)	833mg Bd. With Gulkand
	Rakt pachak (500mg) + Granthi raj(333mg) + Swarna sutshekhar (33mg)	866mg Bd
	Chandrakala ras	125mg Bd
	Kuberaksh vati	250mg BD
	Aaragvadh kapila tab.	250mg HS
	Kaishor tab.	250mg Bd
1/7/24-1/8/24	Kajjali(17mg) + Praval (83mg)+ Swarna-makshik (17mg)+ Nag(17mg) + Vang(17mg) + Kamalpushpa(116mg) + Maltipushpa(116mg) + Vasapatra(116mg) + Vatparambi(116mg) +	3gm Bd. With Gulkand

Shatavari(116mg) with Guduchi swaras bhavana +Mauktik kamdoodha(17mg)+ Kadali kshar (83mg)	
Rakt pachak (500mg) + Granthi raj(333mg) + Swarna sutshekhhar (33mg)	866mg Bd
Chandrakala ras	125mg Bd
Kuberaksh vati	250mg BD
Aaragvadh kapila tab.	250 mg HS
Kaishor tab.	250mg Bd
Trailokya chintamani ras (17mg) + Swarna sutshekhhar(17mg) + guduchi satval(83mg) + trifala mashi(83mg) (Make 60 parts)	200mg Bd with Moravala

**Panchkarma/ local karma**

- Jalaukavacharan -twice / week
- Kshar oil application with cotton strip
- Ashwagandhaadhi lepa {la}
- Gandush with dashmool kwath + sahachar oil
- Murdha dhara with kadamb oil



Image. 1, 2 &amp; 3 Jalaukavacharan Procedure

**Pathya**

- Shashtika Shali, Yava, Laja, Godhuma, Mudga
- Karavellaka, Adraka, Methika, Patola, Kushmanda
- Low-fat or fat-free dairy products, Cow milk, Goat milk
- Drink plenty of fluids, particularly hot water.

**Apathya**

- Avoid Masha, Kulattha, Dadhi, Brinjal, Ikshu, Spinach, Cauliflower

**DISCUSSION:**

Ahara	Vihara	Sampraptivighatana
	Prolonged sitting	Dosha- Tridosha
	Sedentary Life	Dushya-Rasa,Rakta
	Ratrijagaran	Twak

**Mode of Action of Drugs and other procedure in the Management**

- Sleep during daytime& night awakening
- Exposure to heat
- Excess usage of spicy, salty junk food
- Excessive alcohol, meat, seafood

**RESULTS**

Better changes in blackish discolouration. No itching, swelling reduced. Difficulty in standing- improved. Pain -reduced., Stiffness of leg- reduced.

Sama pitta pacha → Ushna-tikshna guna shaman → Pittavirechan

### Raktaprasadan

### CONCLUSION:

By understanding proper *Nidana*, *Lakshana* and *Samprapti* of *Rakta-pitta* one can very well keep DVT under the heading of *Grathit Raktapitta* and treat it successfully with *Shamanoushadhi* & *Panchakarma* treatment. With proper understanding of *Dosha*, *Dushya* and *Vyadhi Avastha* we can manage *Raktapitta*. In the present case, *Panchakarma* procedures such as *Jalaukavacharan* along with oral medications is found to be effective. *Pathyapathya* is also the core of *Ayurvedic* treatment basically needed for cure as well as non-recurrence of pathology of disease. The above treatment showed remarkable result especially in swelling and pain

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