ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 2| February2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753 || ISI Value: 1.188

MANAGEMENT OF PERIPHERAL VASCULAR DISEASE THROUGH AYURVEDA – A CASE REPORT

Dr. Sangeetha.N[1], Dr. Ananta S Desai [2], Dr. Chetana S.S [3]
[1]PG scholar, Department of Post Graduate Studies in Kayachikitsa ,
Government Ayurveda Medical College and Hospital, Mysuru
[2]Professor and Head, Department of Post Graduate Studies in Kayachikitsa ,
Government Ayurveda Medical College and Hospital, Mysuru
[3]Chief Medical Officer, Government Ayurveda Medical College and Hospital, Mysuru

Article DOI: https://doi.org/10.36713/epra25955
DOI No: 10.36713/epra25955

ABSTRACT
Vatarakta is a classical disease entity described in Ayurvedic texts, characterized by the simultaneous vitiation of Vata doṣa and Rakta dhatu, leading to complex systemic and musculoskeletal manifestations vatarakta is enlisted under Mahavatavyadhi understanding under a single disease which is elaborated in contemporary sciences is not apt rather vatarakta can be understood as amalgamation of different diseases like, Gouty arthritis, autoimmune, peripheral vascular disorders and many more.

In this case study , a 42 year old male patient was diagnosed with peripheral vascular disease was treated adopting both panchakarma and shamana chikitsa . The findings were obtained with timely monitoring.

KEY WORDS: *Vatarakta, Peripheral Vascular Disease, Manjistadi Kshara Basti*

INTRODUCTION
Peripheral vascular disease includes peripheral arterial disease (PAD) and venous disease. PAD is a chronic progressive atherosclerotic disease leading to partial or total peripheral vascular occlusion. PAD typically affects the abdominal aorta, iliac arteries, lower limbs and occasionally upper extremities. Patients with PAD have a variable disease presentation and course with some patients remaining asymptomatic and with others progressing to arterial ulceration, claudication, resting limb ischemia and limb loss. The process of atherosclerosis is is complex, with the involvement of numerous cells, proteins and pathways. Risk factors include tobacco use, diabetes mellitus, hypertension, high cholesterol, family history of cardiovascular disease.A Patients diagnosed with peripheral vascular disease require a reasoned approach to account for age, risk factors, disease severity, and functional status. Management is divided into two broad categories aimed at decreasing cardiovascular events and improving symptoms. Aggressive risk factors modification is essential to lowering cardiovascular risk. Smoking cessation reduces the risk of PAD progression, cardiovascular events, including myocardial infarction and stroke, and critical limb ischemia. Patient education, along with the use of behavioral therapy, nicotine replacement therapy, or pharmacological therapy, can be used to reduce smoking and improve cardiovascular outcomes. Statin therapy has been effectively shown to reduce cardiovascular events and all-cause mortality and reduce the need for revascularization and should be routinely used in patients with PAD. Randomized trials have shown supervised exercise therapy programs to have significant improvement in claudication symptoms. Pharmacological therapy for intermittent claudication (IC) management can be offered to patients who have not benefited from exercise therapy and risk factor modification. Two medications approved for IC treatment include cilostazol and naftidrofuryl. Patients who have debilitating symptoms unresponsive to risk factor modification and exercise and pharmacological therapy may be candidates for endovascular, surgical, or combined endovascular and surgical intervention.[1]

Vatarakta originates from morbid union of dosha with rakta , it express symptoms primarily in the lower limb the symptoms pertatining to twak are twakvaivarnyata, vrana, twaksphutana, sirayamashoolasphurana karshnya. Vatarakta may be considered as a parallel diagnosis to peripheral vascular disease owning to similarity in symptoms and pathogenesis.[2]

CASE REPORT
A 43 year old male patient , known case of Hypertension was apparently asymptomatic for 3 years he gradually developed pain in right calf radiating till foreleg the nature of pain is sharp, diffuse aggravates while walking for which he consulted Jayadeva institute of cardiovascular science and research institute he was advised venous Doppler for the same which revealed acute deep vein thrombosis involving right leg veins MSCT Pulmonary angiogram revealed acute pulmonary thromboembolism involving distal right main pulmonary artery and segmental branches of both lungs. Mild cardiomegaly 2D echo revealed dilated right sided chambers EF-62% no obvious clot he was treated with heparin, apivas , dytor and with other supportive medications he was relived from pain after a month. Since last one month the pain has aggravated and there is also blackish discolouration and pain over medial aspect of right

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 2| February2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753 || ISI Value: 1.188

ankle hence for further management visited Government ayurveda medical college and hospital Mysuru.

CLINICAL FINDINGS

GENERAL EXAMINATION

General condition -fair, Built – normosthenic (BMI-26.34KG/M^2), nourishment – well nourished

Pulse rate- 74/min, heart rate- 78/min, respiratory rate- 16/min, blood pressure -140/90mmhg. Temperature -98.6 F

Pallor- absent , Icterus- absent, lymphadenopathy-absent, cyanosis-absent, clubbing-absent edema- absent

LOCAL EXAMINATION

The patient had antalgic gait associated with claudication on walking for about a distance of 100 metres . there was blackish discolouration around medial aspect of right ankle, there was perceivable hypothermia of right foot and foreleg of right limb in relation with other parts of the body. pulse over the dorsalis pedis was absent and posterior tibial artery was faint.

MATERIALS AND METHODS

Therapeutic intervention : 8 days treatment plan included medications and external procedures.

- Stanika abhyanga to Kati and Ubhaya adho shaka with Pinda taila (pratiloma gati)- 8 days
- Stanika Nadi Sweda to Kati and Ubhaya adho shaka - 8 days

Yoga Basti

Anuvasana – Balaguduchyadi taila-70ml

Niruha -Manjistadi Kshara Basti

Madhu-50ml

Saindhava lavana-12gms

Balaguduchyadi taila-70ml

Shatapushpa kalka-25gms

Manjistadhi kwatha -300ml

Gomutra arka- 50ml

Table 1 showing the oral medications prescribed

Drugs	dose	Duration	Anupana
Kaishore guggulu DS	1-0-1 after food	15 days	Luke warm water
Viscovas	1-0-1 after food	15 days	Luke warm water
Arborium plus	10ml-0-10ml after food	15days	Luke warm water

On the day of discharge- Jalaoukavacharana was done

OUTCOME

- Reduction in pain about 80%
- Can walk about 500 metres without experiencing any exertion
- Reduced discolouration around the ankle region

DISCUSSION

Peripheral vascular disease (PVD) is a chronic circulatory disorder characterized by progressive reduction in arterial blood flow to the extremities due to atherosclerosis, endothelial inflammation, thrombosis, and increased blood viscosity. The compromised perfusion results in tissue ischemia, clinically presenting with intermittent claudication, rest pain, numbness, coldness of limbs, discoloration, and delayed wound healing. Persistent hypoxia further contributes to microangiopathy, neuropathy, and trophic changes of the skin and musculature. In Ayurveda, these manifestations closely resemble Vatarakta and Siragata Vata described under Vata-vyadhi, where aggravated Vata associated with Rakta dushti produces srotorodha of the raktavaha srotas, leading to defective Rasa–Rakta circulation. Features such as shoola (pain), stambha (stiffness), sheeta sparsha (cold extremities), and shyavata (dusky discoloration) can thus be explained through Vata prakopa and rakta margavarana. Hence, the therapeutic approach was planned with the principles of Vata shamana, Rakta prasadana, srotoshodhana, and improvement of peripheral perfusion through combined local and systemic modalities.

Sthanik Abhyanga with Pinda Taila was adopted as the primary snehana procedure. Owing to its snigdha, sheeta, shothahara, and raktaprasadana properties, it effectively pacifies Vata-Pitta, alleviates pain and burning sensation, and nourishes ischemic tissues. The mechanical action of massage enhances local circulation by promoting vasodilatation, improving venous return, and facilitating removal of inflammatory metabolites. Ingredients such as Manjishta and Sariva exhibit anti-inflammatory, antioxidant, and microvascular protective effects, thereby supporting endothelial function and reducing vascular congestion. Subsequent Sthanik Nadi Sweda provides sudation and ushna effect, relieving srotosanga, reducing muscular spasm and stiffness, and further augmenting tissue perfusion and oxygen delivery.

Considering the systemic predominance of Vata, Basti therapy was planned as the principal intervention. Anuvasana Basti with Balaguduchyadi Taila exhibits anti-inflammatory and immunomodulatory actions through drugs like Bala and Guduchi, thereby improving neuromuscular tone and vascular integrity. Niruha Basti with Manjishtadi Kshara Basti performs shodhana and lekhana actions, expelling vitiated doshas, purifying Rakta, and relieving srotorodha, which helps in restoring normal vascular patency and systemic circulation.

Internal medications complemented these procedures. Kaishore Guggulu acts as a potent rakta shodhaka and anti-inflammatory formulation with antioxidant and lipid-lowering properties, thereby reducing vascular inflammation and slowing atherosclerotic progression. Tab Viscovas decreases blood viscosity and enhances microcirculation, facilitating improved capillary perfusion and oxygen supply to peripheral tissues. Syrup Arborium Plus acts as a peripheral vasodilator and vascular tonic, improving arterial elasticity, reducing ischemic symptoms, and promoting better tissue nutrition.

Finally, Jalaukavacharana (leech therapy) was incorporated as a form of raktamokshana to address localized Rakta dushti and vascular stasis. By removing vitiated blood and reducing local

ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 12| Issue: 2| February2026|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2026: 8.753 || ISI Value: 1.188

congestion, it provides rapid symptomatic relief. Biologically active components in leech saliva such as hirudin, calin, and destabilase exhibit anticoagulant, thrombolytic, vasodilatory, and anti-inflammatory properties, thereby enhancing microcirculation, preventing thrombosis, and improving tissue oxygenation. Thus, Jalaukavacharana serves as an effective adjunct therapy for restoring peripheral blood flow and accelerating recovery.

Collectively, this multimodal approach of snehana, swedana, basti, internal medications, and raktamokshana addresses both the root pathology and symptomatic burden of PVD, offering a holistic, safe, and effective strategy for the comprehensive management of peripheral vascular disorders.

CONCLUSION

The present case report demonstrate that ayurvedic management of Vatrakta co relating with PVD can lead to effective recovery.

The present integrative therapeutic approach, incorporating Sthanik Abhyanga , swedana,basti therapy , along with Jalaukavacharana, addresses both the local and systemic components of the disease. These interventions collectively provide snehana, swedana, shodhana, rakta prasadana, and Vata shamana actions, resulting in improved microcirculation, reduced inflammation, enhanced vascular patency, and better tissue nourishment. The pharmacological effects such as vasodilatation, anticoagulation, antioxidant activity, and hemorheological modulation further support clinical improvement by enhancing tissue oxygenation and preventing disease progression.

Thus, this multimodal Ayurvedic management not only alleviates symptoms like pain, claudication, and discoloration but also restores functional capacity and quality of life. The findings suggest that such a holistic and synergistic approach can serve as a safe, effective, and complementary strategy in the comprehensive management of peripheral vascular disorders

REFRENCES

1. *Gul F, Janzer SF. Peripheral Vascular Disease. [Updated 2023 Jun 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK557482/*
2. *Madhavakara, Madhava nidana , madhukosha commentary ,vaidhya jadavji trikamji acharya, editor Bombay :Nirnaya-sagar press, 1920. Pp 495, p 296*