ROLE OF JALAUKVACHARAN AND BALA TAILA PARISECHAN IN THE MANAGEMENT OF BUERGER’S DISEASE (TAO) - A CASE STUDY

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ABSTRACT

TAO (Buerger’s disease) is also called as chronic smoker disease. It is usually affect the arterial system, mainly involves medium and distal arteries. Usually occurs on lower limbs and affected to age between 20-40 years. In early stage it involve only one limb and gradually on both limbs. The peculiarity of the disease is that, about 90% of affected cases with TAO having the addiction of Cigarette smoking. Causes also include hypersensitivity to cigarette, minor feet injuries, poor hygiene and altered autonomic system. Intermittent claudication, discolouration of limbs, decreased local temperature, rest pain, ulcerations, feeble distal arterial pulsation, and recurrent thrombophlebitis are the main symptoms. There are many modern treatment modalities are described regarding the TAO, such as vasodilators, pentoxyphylline. Chronic cases may include amputation due to gangrene formation. Surgical management include sympathectomy, omentoplasty etc. Many modern conservative treatment fails to cure the chronic cases because of its vigorous complication and associated symptoms. [10,11] According to Ayurvedic literature The Swarupa and Lakshanas mainly related to Twak, Rakta, Mansa, Asthi and Vayu dushti. Treatment also apply according to Srotovaigunya. Jalaulavacharan is very authentic treatment described in Ayurveda for Twak, Rakta and Mansa dushti. Parischan (dharasweda) with Balataila is very effective to treat Vata and Ashti dushti. The combination of these two treatment regresses the further Samprapti of disease. [1,2,3]

KEYWORD: Buerger’s disease(TAO), Jalaulavacharan, Bala taila parisechan.
INTRODUCTION

The main causative factor is chronic smoking, this case also include same cause since 22 years. And smoking index was >300, As we know that smoke contains carbon monoxide and nicotinic acid which convert the oxyhaemoglobin to carboxyhaemoglobin, leads to vasospasm and affect vessel wall (Tunica intima of artery) then thrombus formation, further leads to obliteration to blood circulation. As mentioned above all symptoms, and related treatment such as use of vasodilator like aspirin may hold the progression of disease for while but not so effective. Surgical procedures are very expensive and not having reliable results.

In Ayurveda there are so many combined Yogas described which having very reliable because it acting on basic cause of disease. The treatment of Srotodushti is very important to treat disease. Jalukavacharan mainly described by Acharya Sushruta which is the basic treatment of all Raktagat vyadhi. Bala taila described by Acharya vagbhata in Vata rakta vyadhi, swedana with Bala taila in TAO is very beneficial as it hamper the further progressive pathology of diseases.

A CASE STUDY

A male patient of age 38 years, Hindu religion, Truck driver by occupation, come to OPD of Shalyatantra, at Govt. Ayurvedic College. The patient was asymptomatic before 1 year then gradually developed intense pain at lower at right feet, which hampers the patients daily work, also involves intermittent claudication with pain full walk. There was discolouration of limb and ulcer formation on greater toe which was unhealed since 6 months. He was took many modern medicines but didn’t get relief.

General examinations

G/C- moderate
PR- 84/min.
BP- 130/70
T- 98.6 F
Skin and eyes- No pallor.

Systemic examinations

RS – AEBe clear
CVS – S1 S2 normal
CNS- Conscious oriented.
Past history
No H/O any major illness
No H/O HTN/DM/PTB/Asthma
No history of any surgical illness
History of drug allergy- patient was not known allergic
To any drug or substance allergy

Personal history
Diet - mixed
Appetite - good
Sleep - normal
Bowel – normal
Micturition - normal
Occupation – driver
Addiction – chornic smoking
(9 packets of cigarette per day from 22 years)
Tabacco chewing

Family history- No any

Local examinations
Discolouration over right leg
Shiny skin with hair loss
Redness
Non healing ulcer over right greater toe with slough.
Peripheral pulsation-
Right lower limb-
Dorsalis pedis artery- Absent
Posterior tibial artery- Absent
Popliteal artery- Sluggish
Femoral artery- Present
Left lower limb-
All peripheral arterial pulsation are present
Investigations
HB- 10.5 gms
WBC- 5400 /cmm
RBC- 4.3 million/mm$^3$
BT- 1 min 7 sec
CT- 4 min 5 sec
BSL(R)- 110 mg/dl
HIV and HBsAg- noo reactive
Colour Doppler study-
Impression reveals thrombosis at femoral, popliteal, and tibial artery.

DIAGNOSIS
Buerger’s disease (TAO).

MANAGEMENT AND OBSERVATIONS
TAO is obliteration at distal arteries of limbs. According to Ayurveda is related to Srotovaigunya, and treatment applied according to Dhatudushti. Jalaukavacharan is very effective in Rakta, mansa and twakdushti. And Balataila is very beneficial in Vata and Asthi Dushti. Combination of both this treatment relieves inflammation, pain, discolouration, thrombus formation eventually improves peripheral circulation.

METHODOLOGY
Jalaukavacharan
According to Ayurveda Nirvish Jalauka preferred for therapy. 4 to 5 Jalauka under all aseptic precaution directly applied over lower limb of right leg, alternately after 3 days. Once used jalauka was made into use after next 7days. This treatment was given up to one month. The HB of patient was monitored.\cite{1}

Bala taila parisechan
Bala taila parisechan was given one next day of Jalaukavacharan after each setting up to 1 month. Slightly lukewarm taila was used for parisechan for 20 min in twice a day.\cite{3}

Daily dressing of ulcer was done with Nimbadi taila and exercise was explained to the patient.
OBSERVATION AND RESULTS
After treatment was started pain was relieved in 10 days. Redness and inflammation subsides in 1 week, claudication distance was improves from 50 m to 100m in 15 days, then 500m in 1 month. Peripheral pulsation at dorsalis pedis and posterior tibial was felt in 15 days and completely felt after 1 month. Hair growth was gradually improves, Ulcer size is also reduced in 15 day with regular aseptic dressing and completely healed in 1 month.

DISCUSSION
Jalauka means Leech (Hirudina medicinalis) saliva secretes Hirudin which having thrombus reducing properties. Also reduces inflammation and redness subsequently relieves pain. It also improves collateral circulation, and then local temperature. Peripheral circulation well maintained. Sthanic Rakta, twak, and Mansa dushti also treated.

Abhyanga therapy is described in Ayurveda, which is very effective in skin diseases and hampered blood circulation. It also maintain the life and healthy tone of skin.

CONCLUSION
Treatment of Buergers disease (TAO) with Ayurvedic therapy is very beneficial, reliable, cost effective, easily applicable. It also reduces risk of surgery and its further complication.

REFERENCES
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