EVALUATE THE EFFICACY OF AN AYURVEDIC TREATMENT REGIME ON UTTANAVATARAKTA – A CASE STUDY

Weerasekara S¹, Weerasekara K R²

¹Department of Allied Sciences, Institute of Indigenous Medicine, University of Colombo, Rajagiriya
²Department of Kaya Chikithsa, Institute of Indigenous Medicine, University of Colombo, Rajagiriya

Email: sahaniw@gmail.com

ABSTRACT

UttanaVatarakta is one of the common form of skin disorder can be seen among Sri Lankans and is psychologically and cosmetically devastating. According to Ayurveda texts, the disease arises mainly due to vitiated VataDosha and RaktaDhatu. Due to the etiological factors aggravated Vata have been obstructed in its passage by aggravated blood, affects the entire body. This is known as Vatarakta and there are two types, called Uttana and Gambhira. According to Ayurveda texts, the main symptoms of UttanaVatarakta are blackish, red or coppery coloured skin and associated with oozing, itching, burning sensation, pain, stretching, quivering and contraction. It is observed that currently, many Ayurvedic treatment regimens have been used to treat UttanaVatarakta. Therefore, this study was conducted to evaluate one of the regularly used treatment regime for UttanaVatarakta. A 42 years old female patient was referred to the Ayurvedic Central Dispensary, Ballekatuwa with 6 years recurrent history of UttanaVatarakta, presented with the symptoms of oozing, burning sensation, itching and blackish red skin discoloration along with the dorsal surfaces of both feet. These existing symptoms were graded and marked using a standard proforma. Treatment regime was continued for 5 weeks continuously. The patient was treated with a specific internal and external treatment line in which raktashodhana, vataanulomana, amapachana, virechana treatments were included. Results were recorded through symptomatic relief in subsequent visits every week. At the end of the treatment the patient was entirely relief (100%) from signs and symptoms of the disease. It was observed that this treatment regime was effective for this individual with providing positive effects with a powerful action in controlling the signs and symptoms of the disease within a very short time span.

Keywords: UttanaVatarakta, Treatment Regime, Skin Disorder

INTRODUCTION
Vatarakta can be considered as a disease caused by both vitiated VataDosha and RaktaDhatu. Due to the etiological factors such as excessive intake of saline, sour, pungent, alkaline unctuous, hot and uncooked food, intake of mutually contradictory food, excessive intake of curd, aranala, sauvira, vinegar, alcohol, wine, intake of food before the previous meal is digested, anger in excess, sleeping during day time and remaining awake at night, Vayu gets aggravated and obstructed in its passage by vitiated blood, affects the entire body. Hands, feet, fingers including toes and all the joints can be affected during the disease progression. Vatarakta is of two verities, i.e. UttanaVatarakta and Ghambhira Vatarakta. This study is mainly focused on a patient who was suffering from UttanaVatarakta which is located in the skin as well as muscle tissues of the body. According to Ayurveda texts, the main symptoms of UttanaVatarakta are blackish, red or coppery coloured skin and associated with oozing, itching, burning sensation, pain, stretching, quivering and contraction.

On the other hand, the disease UttanaVatarakta can be making known to dermatological disease which can affect the patient physically as well as mentally. As the skin disorders are physically and mentally devastated, still it is given less priority, concern and attention by the present health practitioners. Negligible skin disorders can be affected the vital organs of the body such as kidney. Therefore considerable attention should be given and it should be treated with a proper treatment plan.

This case report would provide the positive impression that the disease Uttana Vatarakta could be managed easily by Ayurvedic treatment regimens with or without minimal side effects. The objective of this study was to evaluate the efficacy of an Ayurvedic treatment regime on Uttana Vatarakta.

**Case presentation**

A 42 years old female patient was referred to an Out Patient Department (OPD) at Ayurvedic Central Dispensary, Ballekatuwa, Sri Lanka on 21st June 2010 with 6 years recurrent history of UttanaVatarakta, presence with the symptoms of oozing, burning sensation, itching, pricking pain, coppery black coloured skin and slight swelling along with the dorsal surfaces of feet. She also reported having a mild fever (100°F) for 4 days continuously, few lymph node enlargements in groin region for 2 days and mild constipation. The patient had been undergone with both western and Ayurvedic medicines during the last 6 years, but the disease was not cured completely; recurrences occur. After the thorough examination of the patient, it was diagnosed that she was suffering from the disease UttanaVatarakta, which could be correlated with the Gout disease according to modern medicine. Thridosha were associated with the disease but Pitta – Vatadoshas were noted as the most prominent dosha and Rakta – Mamsadhatu were the most affected. The patient was a Pitta Vata prakriti and there was no one in her family suffering from any skin disorders such as UttanaVatarakta. Salty, sour, pungent food like vinegar, salmon fish, pickles, chilies, oil, red fish, pineapple etc. were taken excessively by the patient recently as a food habit before she gets the disease. Existing symptoms i.e pain, oozing, itching and burning sensation were graded and marked using a standard proforma.

The grades of symptoms of the patient before starting the treatments are mentioned below.
Pain – Grade 3 (Stable pain associated with the wound)
Oozing – Grade 2 (Moderate staining on laid piece of gauze)
Burning Sensation – No.8 (According to the Numeric Rating Scale)
Itching – No. 5 (According to the Numeric Rating Scale)

Treatment regime was planned according to the patient’s prakriti, symptoms appeared & dosha associated with the disease. Both internal and external treatments were included in the treatment regime. Raktashodhana, Virechana, Agni deepana, Vataanulomana, Jvarahara, Pitta shamaka and immunity enhancing drugs were prescribed as internal treatments. The drugs consisting Lekhaniya, Raktashodhana, Vrunashodhana and Tvachya properties were used to prepare Avagaha as an external treatments. The instructions regarding oil and paste application to the affected area was given to the patient. In addition to that, the instructions regarding to food & habits which should be avoided were given to the patient. Planned treatment regime was continued for 5 weeks continuously. Results were recorded through symptomatic relief in subsequent visits every week. Follow up period - 2 months (Once in a month)

The prescribed treatment regime is mentioned below.

1st Week
Internally;
Thripal Gugul decoction 120 ml bd before meals
Pippalyādyāsawaya 30 ml bd after meals
SeetarāmaVati 03 bd with lukewarm water after meals
ChandraprabhāVati 02 bd with lukewarm water after meals

Sudarshana Choorna 5 grams bd with lukewarm water after meals

Externally;
Avagāha with the decoction of Lunuwila (Bacopamonnieri), Heennidikumba (Biophytamsansitivum), Raw Turmeric twice a day
Application of Pinda Oil, Morning
Application of “Viskothu Paste /Biscuit Paste” (A paste made with soaked butter biscuits in hot water) with Pinda Oil on feet at night

2nd & 3rd Week
Internally;
Thriphala Kwāta + Pippalyadyāsawaya 30 ml bd before meals
Gokshurādi Guggulu 02 bd after meals with lukewarm water
Mānibadra Choorna 5 grams bd after meals with hot water

Externally;
Avagāha with the decoction of Lunuwila (Bacopamonnieri), Heennidikumba (Biophytamsansitivum) and Raw turmeric twice a day
Application of Viskothu Paste /Biscuit Paste (A paste made with soaked butter biscuits in hot water) with Pinda Oil on feet at night – up to 2nd week only
Application of Pinda Oil in the affected areas was continued

4th Week
Internally;
Thriphala Kwāta 30 ml bd before meals
Kaishora guggulu 02 bd after meals with Nelli (Phylanthus embelica), Rasakinda (Tinosporacordifolia) boiled water
**RESULTS AND DISCUSSION**

At the end of the first week, there was no fever and no lymph node enlargement could be seen as earlier. Constipation was slightly reduced other than swelling around the feet was not reduced.

At the end of 3\textsuperscript{rd} week, there was no swelling presented around the affected area and the patient was not constipated any more. Although her skin colour was getting back to normal day by day, mild skin roughness could be seen in the skin around the wound.

At the end of 4\textsuperscript{th} Week, the patient’s skin colour was almost back to normal.

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- **Maṅibadra chōrṇa** 5 grams bd with hot water, after meals
  
  Externally;
  
  - Application of Pinda Oil on feet twice a day

- **Kaishora guggulu** 02 bd after meals with boiled water of *Nelli* and *Rasakinda* (*Phyllanthus embelica* and *Tinospora cordifolia* respectively)

  Externally;
  
  - Application of *Pinda* Oil on feet once a day

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**5\textsuperscript{th} Week**

Internally;

**Before Treatments**

![Before Treatments](image1)

**One Week Later**

![One Week Later](image2)

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**After 3\textsuperscript{rd} Week**

![After 3\textsuperscript{rd} Week](image3)

**After 4\textsuperscript{th} Week**

![After 4\textsuperscript{th} Week](image4)
At the end of 5th week, the patient was fully recovered and she was almost free from all those symptoms presented at the beginning.

At the end of 5th Week

Results according to the grading system

Table 1: Results according to the Grading System

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Grade - Before Treatments</th>
<th>Grade – After Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1st Wk</td>
<td>2nd Wk</td>
</tr>
<tr>
<td>Pain</td>
<td>Grade 3</td>
<td>3</td>
</tr>
<tr>
<td>Oozing</td>
<td>Grade 2</td>
<td>2</td>
</tr>
<tr>
<td>Burning Sensation</td>
<td>No 8</td>
<td>6</td>
</tr>
<tr>
<td>Itching</td>
<td>No 5</td>
<td>4</td>
</tr>
</tbody>
</table>

According to the results of above mentioned grading systems, before starting the treatments, the patient’s pain was graded as grade 3; that was a constant pain or stable pain associated with the affected area which disturbs her day today activities. It was reduced gradually to grade 0 at the end of 5th week. She was back to normal at the end of the treatment regime, as she could continue her day today activities without any pain. The symptoms of itching and burning sensation were also reduced gradually, but the itchiness of the skin was not back to normal. There was a moderate staining on laid piece of gauze in the wound (Grade 2) could be observed before starting the treatments. Oozing was disappeared rapidly when the regime completed almost 2 weeks. There was no more oozing could be observed during the treatment process. When considering about the drugs used in the whole treatment regime, Vātashamana and Raktashodhanachikitsa were specially included to the treatment plan due to vitiated Vatadosha and Raktadhatus in this case. Treatment regime was applied both internally and externally. Internal treatments such as the decoction of thripal guggul were given due to its Raktashodhana, Virechana, Lekhana, Vātaamulomana and Tvachya properties. Both Thriphalakwātha and Pippalyādyāsava were prescribed up to 3rd week expecting their properties of Agni deepana and Amapāchana. Seetharamavati and Sudharshanachoorna consisting the ability specially to reduce fever and lymphadinopathy. They also consist of Jvaraghna, Amapachana and agnideepana properties specially which would help to eliminate ama parts from the body. Chandraprabhavati and Gokshurādiguggulu also consist the properties of Agni deepana, Shodhana, Shotahara, vishaghna, mutrakaraka and rasāyana. Kaishoraguggulu (with boiled water of Nelli - Rasakinda) is also having Raktashodhana and Pitta shaman properties. The powders of Manibhadra and Thriphala were used in the hope of Mruduvirechana and Raktashodhana. All those above mentioned properties of internal medicines would help eliminating vitiated Dosha and Dhatu which would be the main roots for the disease. Avagāha with the decoction of Lunuwila (Bacopamonnieri), Heennidikumba (Biophytamsansitivum), Rawturmeric was con-
continued up to 3rd week of the treatment regime, twice daily. The patient was advised to apply Pinda oil during the whole treatment regime. Application of Visko1thu paste (Biscuit Paste/paste prepared with biscuits soaked in hot water) with Pinda oil on feet was applied only up to 2nd week. Due to the effect of the biscuit paste with pinda oil, the symptom of oozing couldn’t be seen after the 2nd week of the treatment regime. The plants used to prepare the decoction of Avagāha are consisting Vranashodhana, Raktashodhana properties as well as Pinda oil consists of Tvachya and Raktashodhana properties.

CONCLUSION

In the light of results and observation in this study, It is concluded that the given treatment regime is effective for the disease UttānaVātarakta of this patient and providing positive effects with a powerful action in controlling the symptoms within a very short time span.

REFERENCES


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