

A CASE STUDY OF BASTI KARMA IN SEPHANOFEMORAL VALVE INCOMPETENCE

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ABSTRACT

To establish a non-surgical, cost effective, significant Ayurvedic therapy in sephano-femoral valve incompetence, clinically comparable with varicose vein. In this case of sephano femoral valve incompetence basti karma (Special type of enema) was applied with Sahacharadi taila and yasthauhadi niruha along with Amritarista (oral medicine) for 3 months. After completion of the study, the heaviness, pain and the varicosity reduced remarkably. Reports of the Duplex Doppler study also reflect complete normalness of the right femoral valve. From this result the author had tried the same protocol in other 5 cases of SFI which are also very significant. Further study should be carried out in large sample to establish the role of the above said therapy in this particular disease.

Keywords: Amritarista, Basti karma, Sahacharadi taila, Sephano, Yasthauhadiniruha,

INTRODUCTION

Sephano femoral valve incompetence is clinically comparable with varicose vein, defined as abnormally dilated, tortuous subcutaneous veins >3mm in diameter in upright position with demonstrable reflux. In Ayurved it can be considered with Vatrakta. Varicose veins have long been thought to be a simple cosmetic nuisance, but they can actually be the source of more serious complications including pain & discomfort that can lead to missed work days, a lower quality of life and even the loss of a limb or life. Varicose veins can be categorised as primary or secondary. Primary varicose veins originate in the superficial system & occur 2 to 3 times as frequent in women as in men. Approximately half of the patients have a family history. Aching or heaviness, dark discolouration of the affected area and varicosities etc. are the main signs & symptoms that typically increase throughout the day or prolonged standing & relieved by elevation or compression. The legs feel heavy, and mild ankle oedema de-
velop occasionally. Extensive venous varicosity may cause skin ulceration near the ankle. In Ayurveda the sign and symptoms of the above said disease can be comparable with that of the vatrakta where ruk, tod (variety of pain), sphuran (throbbing sensation), shyabatamra varnata (black & bluish discoloration of the skin), dah (burning sensation) are found. Occasional appearance of pidaka (ulceration) is also found.

Material & methods
A patient aged 45 years, suffering from severe pain in both leg along with pedal oedema, blackish discoloration of feet and obvious sign of varicosity, was admitted in J.B.ROY STATE AYURVEDIC MEDICAL COLLEGE & HOSPITAL, KOLKATA, in the Department of Panchakarma in the year of 2014. Patient was undergone specific schedule of basti karma (special type of enema) with Sahacharadi tail & Yasthauhadi niruha basti preceded by snehan (oilation) & swadan karma (fomentation). Each schedule was continued for 2 weeks. After completion of each schedule of basti karma a gap of 15 days was given. Thereafter, again the basti karma was administered. The total therapy was continued for 3 months. During this period of therapy for 3 months orally he was administered with Amritarista--- 6 tsf BDPC mixed with half cup of water.

Result and observation
Each observation was carried on with a one month interval. The 1st and 2nd observation showed remarkable reduction of blackish discoloration and pain in both feet with persistence of varicosity and oedema. After the completion of 3rd schedule, though the pedal oedema and varicosity of right leg were reduced markedly but in left leg the varicosity reduced partially. Comparative study report of Duplex Doppler study

<table>
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<tr>
<th>Before treatment</th>
<th>After treatment</th>
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<tbody>
<tr>
<td>1. Right femoral valve incompetence</td>
<td>1. Right femoral valve competent</td>
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<tr>
<td>2. Peak velocity of right femoral valve is 18.8 cm/sec</td>
<td>2. Peak velocity of right femoral valve is 26.3 cm/sec</td>
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<tr>
<td>3. Peak velocity of femoral valve is 14.5 cm/sec</td>
<td>3. Peak velocity of left valve is 45.7 cm/sec</td>
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DISCUSSION & CONCLUSION
As per Ayurved Amrita (Tinospora cordifolia Willd)¹ is the drug of choice in Vatrakta because it breaks down the sonito bandhan (clots) and thus improves the blood flow by virtue of its tikta guna (special properties of bitter). It also improves the functional ability of the SF valve by strengthening them resulting in unidirectional flow of blood.

Sahacharadi oil² is indicated in sira-granthi (formation of plaque in inner wall of the vessel which later on leads to alteration of flow of blood). By virtue of its lekhan & tikshna guna (special properties of washing out of debris) it prevents formation as well as dissolves the formed plaque. Hence it is used in varicose vein where post thrombotic cause is one of important cause of formation of clot and subsequent varicosity.

Yasthimadhu³ (Glycyrrhiza glabra Linn.) is the main component of yasthauhadi basti, which is pitta samak that reduces the effect of varicosity such as burning sensation of the affected area.

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¹ As per Ayurveda, Amrita is the drug of choice in Vatrakta because it breaks down the sonito bandhan (clots) and thus improves the blood flow. This is due to its tikta guna (special properties of bitter).
² Sahacharadi oil is indicated in sira-granthi (formation of plaque in the inner wall of the vessel) because it helps in removing debris and maintaining unidirectional blood flow.
³ Yasthimadhu is the main component of Yasthauhadi basti which is Pitta Samak and reduces the effect of varicosity by relieving burning sensations.
Basti karma (special type of enema) is known as half of therapy in Ayurveda by which not only the flow but also the neurological weakness of the surrounding muscle of the vessels that controls the pumping action of the muscle by which blood flows in antigravity direction, is also get improved markedly.

Basti applied here for treating the sephano femoral valve incompetence is a non-surgical, significant, and cost effective management of such type of so called surgically treated disorder as per modern medical science.

Further study should be carried out in large sample to establish the role of the said therapy in this particular disease.

REFERENCES

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