



Case Study

MANAGEMENT OF DVT (DEEP VEIN THROMBOSIS) THROUGH SHAMAN SNEHA AND SHAMAN AUSHADH

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ABSTRACT

DVT is called as Phlebothrombosis. It is semisolid clot in the vein which has got high tendency to develop pulmonary embolism and sudden death. Most frequent site of thrombosis is calf region. A 60 yr male diagnosed with Deep vein thrombosis (DVT), complaining of pain and swelling on left leg (calf muscle) for 3 months, came in *Panchkarma* OPD in Chaudhary Brahm Prakash Ayurveda Charak Sansthan New Delhi. Pain and swelling increased with prolonged standing and walking. In Ayurveda *Samhitas* DVT is not mentioned as separate disease but the symptoms can be correlated with *Siraj granthi* or *Siraja vata*. **Management:** Case was managed according to general guidelines of *Sotha, Rakta gata vata* and *Shiragata dosha*. *Shaman aushadh and Shaman sneha* was given for 3 months. **Result:** Mild swelling and pain decreased in 15 days of medication. After 2 months, venous Doppler reports suggest partial thrombus noted in external iliac vein, deep femoral vein and popliteal vein shows resolution of thrombus as compared to previous Doppler wells score decreased up to 2.

INTRODUCTION

Deep Vein thrombosis is the third most common vascular disease, the mechanism underlying DVT, known as Virchow's triad, are venous stasis, hypercoagubility, and endothelial injury. DVT may cause life-threatening conditions like pulmonary embolism due to dislodgement of thrombus.[1] DVT has an estimated annual incidence of 67 per 100 000 among the general population.[2] DVT commonly affects the leg veins like femoral vein, popliteal vein, and the deep veins of the pelvis. Immobility, hypercoagubility, and trauma to the vein are the common causes for development of DVT.[3] Increasing age and stroke/paralysis etc clinical conditions predispose to venous thromboembolism (VTE) in adults.[4] Patients may complain of pain in the calf muscles and thighs and may present with swollen legs.

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Treatment of DVT is aimed at reducing the propagation of thrombus to limit the damage of venous valves and prevent pulmonary embolism. Management of DVT by western medicine consists of, bed rest, elevation of legs, elastic stockings, use of drugs like heparin, coumarin derivatives (warfarins), fibrinolytic drugs (streptokinase) and aspirin, etc.^[5] A Variety of medical procedure and medications such as surgical interventions, urokinase, streptokinase or tissue plasminogen activators to deliquesce the blood clots. These treatments are not free from side effects and expensive too.^[6] DVT can be correlated with various conditions like, 'Raktavrita vata', Siragata vata etc., mentioned in Ayurveda, mild and moderate cases are also managed with shaman Aushadh only.

Case History

A 60-year male patient came in *Panchkarma* OPD with chief complaints of left leg swelling for 3 months. Pain increased with walking and standing for long time.

History of present illness: Patient was normal before 3 months. Gradually he developed left leg swelling and pain. He started allopathy medication from govt. hospital. Patient didn't get satisfactory and sustained results with these medications. Patient has decided to get Ayurvedic treatment and came to our hospital. The

patient was able to walk with support, fully conscious/alert complaining of pain and swelling on left leg (calf muscle).

History of past illness- N/H/O-HTN, DM, Hypothyroidism

Treatment history- On allopathic medications (aspirin, warfarin)

Addiction- Chain smoker O/E clinical findings

Witala, R.P. 130 (90, R/P)

Family history- Nil

Vitals: B.P.-120/80, P/R- 84bpm, R/R- 18/min, Temp-99 degree Fahrenheit

Astavidha pariksha

1	Nadi	84bpm	
2	Mal	Niram	
3	Mutra	Prakrit	
4	Jivha	Sam	
5	Sabd	Prakrit	
6	Sparsh	Snigdha	
7	Drak	Swetabh	
8	Aakriti	Samanya	

Dashvidha pariksha

1	Prakriti	Vatapradhankaphaj
2	Vikriti	Prakratisamsamveta
3	Sara	Madhyam Sarata of Asthi and Meda
4	Samhanan	Madhayam
5	Pramana	Madhayam
6	Satmaya	Madhayam
7	Ahara shakti	Madhayam
8	Vyayamshakati	Alpa
9	Vaya	Vriddha
10	Satmya	Sarva ras satmya

Locomotor Examination

Swelling and tenderness on left leg

S.No.	Sign	Before treatment	After treatment
1.	Homan's sign (Calf pain at dosiflexion of the foot)	+ve	-ve
2.	Pratt sign positive (Dilated pretibial veins in the	+ve	-ve
	affected leg, which remain dilated on raising the leg)		

Wells Scoring [8]

S.No	Clinical Characteristics	Before Scores	After scores
1.	Active cancer (patient either receiving treatment for cancer within the previous 6 months or currently receiving palliative treatment)	0	0
2.	Paralysis, paresis, or recent cast immobilization of the lower extremities	0	0
3.	Recently bedridden for ≥ 3 days, or major surgery within the previous 12 weeks requiring general or regional anesthesia	0	0
4.	Entire leg swelling	1	0
5.	Localized tenderness along the distribution of the deep venous system	1	0
6.	Calf swelling at least 3 cm larger than that on the asymptomatic side (measured 10 cm below tibial tuberosity)	1	0
7.	Pitting edema confined to the symptomatic leg	1	0
8.	Collateral superficial veins (non-varicose)	1	0
9.	Previously documented deep vein thrombosis	1	1
10.	Alternative diagnosis at least as likely as deep vein thrombosis	0	0
	Total	6	2

Wells scoring system for DVT: -2 to 0: low probability, 1 to 2 points: Moderate probability, 3 to 8 points: high probability

Wells score before treatment = 6 Wells score after treatment = 2

DISCUSSION

- 1. *Mahatriphla ghrit-* 15ml (As *Shamana sneha*)- in morning time empty stomach during *Annakala* with hot water
- 2. *Punarnavadi Gugglu-*2 tablet twice a day after food with lukewarm water
- 3. *Chitrakadi vati-*2 tablet twice a day before food with lukewarm water

4. *Aarogyavardhni* vati-2 tablet twice a day after food with lukewarm water

This medicine continues for 3 months.

Thrombotic disorders are among the major fatal conditions affecting society. DVT is a major and common preventable cause of death worldwide. It affects approximately 0.1% of people per year. The term thrombosis refers to the formation of an abnormal mass within the vascular system of a living animal. When this process occurs within the deep veins, it is referred to as DVT. At the time of the first approach of the patient, he complained of pain and swelling. For that, Shothahara (anti-inflammatory) and Raktaprasadana Karma (blood purification) were needed, so *Punarnawadi guggulu*.^[7] was selected. Punarnava acted as Shothaghna by its diuretic property, which reduced swelling. Gugaulu is performing Lekhana (scraping) of the thrombosis, and it has *Ushna* and *Teekshana* properties. *Arogyavardhini* vati was prescribed to reduce thrombosis due to its medohara property.[8] For Deepana and Pachana, Chitrakadi vati was used. Mahatriphla Ghrit has *Tridosha shamak* properties.^[9] The main pathogenic factor in Sotha is Vata kapha dosha. Ghrita has Snigdha property and, due to its ingredients, it has Lekhan property also. Its virtue disrupts pathogenesis. Owing to the strong analgesic, anti-inflammatory, and painrelieving properties of the bioactive components, this Ayurvedic *Ghritam* is extensively used for providing relief from pain and inflammation in the case of arthritis and joint pain. The patient's sleep, appetite, and quality of life were improved. The left lower limb swelling was markedly reduced. From subtotal thrombosis of the left external illiac vein, deep femoral vein, popliteal vein, and common femoral vein to partial thrombosis noted in the external iliac vein, DFV and PV have shown resolution of thrombus as compared to the previous Doppler after 3 months of completion of Avurvedic treatment. The swelling of the left upper limb was reduced and the patient felt better with Ayurvedic treatment. The patient reported no adverse effects. The patient got clinically meaningful improvement with internal medicine along with dietary restrictions (advised to avoid dairy products, salt, and advised to drink hot water. Ayurvedic treatment seems to be promising in the management

of DVT within a short period of time and without causing any adverse effects.

CONCLUSION

In this case, the patient was managed with oral medication only. Treatment showed notable results, especially in reducing swelling and pain. An assessment was done on the basis of signs and symptoms and colour doppler sonography. When compared to previous venous Doppler studies, deep femoral vein and popliteal vein showed resolution of thrombos. Present case results can't be generalized and further prolonged follow-up studies with large samples are required for better outcomes.

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