ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Case Study

AYURVEDIC THERAPEUTIC APPROACH IN *GAMBHIRA VATARAKTA*

V K V Balakrishnan[1]*, Sreevidya K N[2], Athira T Sasidharan[3]

*[1]Professor & HOD, [2]PG Scholar, Department of Shalakyatantra, Government Ayurveda College, Kannur, Kerala.
[3]Assistant Professor, Department of Kayachikitsa, Shubhdeep Ayurveda Medical College and Hospital, Indore, Madhya Pradesh, India.

Article info

Article History:
Received: 20-09-2026
Accepted: 23-10-2026
Published: 17-11-2026

KEYWORDS:
Ayurveda, *Gambhira Vatarakta*.

ABSTRACT

Gambhira Vatarakta is an advanced stage of *Vatarakta* characterized by the involvement of deeper tissues, leading to severe pain, discoloration, inflammation, and functional disability. Owing to its chronicity and recurrent nature, the condition remains therapeutically challenging. Ayurveda advocates a multimodal treatment approach incorporating *Sodhana* and *Samana* therapies to address the underlying *Dosha* imbalance and prevent disease progression. A patient presented with dry, scaly itchy lesions along with blackish discolouration and severe pain in the lower limbs, clinically diagnosed as *Gambhira Vatarakta*. The treatment protocol was formulated based on the principles of *Vatarakta Chikitsa* described in the classical Ayurvedic texts. Management included appropriate internal Ayurvedic medications along with external and purification therapies, namely *Jalaukavacharana*, *Kshalana*, *Kashaya Dhara, Snehapana*, *Abhyanga*, *Virecana*, and *Kshira Basti*. The patient's clinical response was assessed through serial evaluation of pain, skin discoloration, and disease progression during treatment and follow-up. The patient demonstrated gradual and significant clinical improvement over the treatment period. Pain in the lower limbs reduced substantially, and the scaly lesion and blackish discoloration of the skin improved markedly. No new lesions developed during the course of treatment or subsequent follow-up, indicating sustained remission without recurrence. The patient also reported improvement in functional ability and overall quality of life. This case report highlights the clinical outcome of a patient with *Gambhira Vatarakta* managed exclusively with Ayurvedic interventions.

INTRODUCTION

Vatarakta is a chronic disorder described in the classical Ayurvedic texts, resulting from the simultaneous vitiation of *Vata dosha* and *Rakta dhatu*. The pathology involves obstruction of the normal movement of *Vata* by vitiated *Rakta*, leading to pain, swelling, discoloration, burning sensation, tenderness, and progressive impairment of the affected region.[1,1]

Access this article online

Quick Response Code

https://doi.org/10.47070/ijapr.v14i10.4492

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Based on the depth of tissue involvement, *Vatarakta* is broadly classified into *Uttana vatarakta*, involving the superficial tissues (*Tvak* and *Mamsa*), and *Gambhira Vatarakta*, in which the deeper tissues are affected.[2]

Gambhira Vatarakta is considered a more severe stage of the disease and is characterized by intense pain, marked discoloration, stiffness, edema, deformity, and functional limitation.[3]

The chronic and recurrent nature of *Gambhira Vatarakta* often poses therapeutic challenges. Persistent inflammation and deeper tissue involvement can significantly impair mobility and quality of life if not managed appropriately. Ayurveda advocates a comprehensive treatment approach based on the principles of *Vatarakta Cikitsa*, with the objectives of pacifying the vitiated *Doshas*, purifying

the vitiated *Rakta*, alleviating pain and inflammation, promoting tissue healing, and preventing recurrence. Depending on the patient's strength, disease stage, and *Dosha* predominance, treatment includes *Raktamoksha, Snehana*, *Svedana*, *Basti*, and other supportive measures.

Case History

65-year-old female patient presented with:

- Dry, itchy, scaly skin lesions with blackish discoloration over the bilateral lower limbs (below the knees) for 2 months.
- Bilateral ankle edema for 2 months.
- Pain in the bilateral thigh region and below the knees for 2 months.

Patient History

A 65-year-old female patient presented with complaints of dry, itchy, scaly skin lesions associated with blackish discoloration over both lower limbs below the knees, persisting for two months. The cutaneous lesions were the initial manifestation of the illness. Subsequently, the patient developed pain involving both thighs and the lower limbs below the knees. Bilateral ankle edema was also noticed during the course of the illness, occurring concomitantly with the onset of pain. There was no history of diabetes mellitus or hypertension or dyslipidemia.

The patient initially sought allopathic medical care, where a provisional diagnosis of cellulitis was made, and she was treated with antibiotics and supportive medications. Following treatment, there was temporary relief in pain and reduction of ankle edema. However, the cutaneous lesions persisted, and the symptoms recurred after discontinuation of the medications. Owing to the recurrent nature of the disease and incomplete resolution of symptoms, the patient presented to the Ayurvedic hospital for further evaluation and management.

Treatment History

Patient was prescribed Tab. Chymoral forte Bd, Tab Linezolid 600mg Bd.

Systemic examination

Examination of Integumentary System

On examination, multiple dry, scaly skin lesions with diffuse blackish hyperpigmentation were present over the bilateral lower limbs below the knees. The affected skin appeared rough with evidence of scaling and xerosis. The lesions were associated with pruritus. Bilateral ankle edema was present. No active discharge, ulceration, bleeding, or local rise in temperature was observed at the time of examination.

Examination of Locomotor System

Examination of the locomotor system revealed tenderness over both lower limbs, predominantly below the knees, with associated pain in the bilateral thigh region. The range of motion at the hip, knee, and ankle joints was preserved but elicited pain on movement. Muscle bulk and tone were within normal limits, with no evidence of joint deformity, instability, or muscle wasting. Gait was antalgic due to pain. Distal motor and sensory functions were intact, and deep tendon reflexes were normal

Ayurvedic Parameters Examination

- The *Sarira prakriti* of patient is *Vata-kapha* and was analysed using TNMC *Prakriti* questionnaire.
- *Doshas* vitiated are *Vyana vayu, Apana vayu, Brajaka pitta, Ranjaka pitta, Pachakapitta* and *Kapha dosha*
- *Dhatu* involved are *Rasa, Rakta, Mamsa, Medas*, *Asthi, Majja*
- *Upadathu* involved is *Snayu*
- *Sara* is *Madhyamam*
- *Satwam* is *Avaram*
- *Samhananam – Madhyamam*
- *Vyayama Sakthi – Avaram*
- *Satmyam– Amla lavana katu madhura rasa pradhana ahara*
- *Pramanam – Madhyamam*
- *Ahara Sakthi– Abhyavaharana Sakthi– Avaram, jarana Sakthi– Avaram*
- *Vaya: Vardhakya*
- *Kalam– Kshanadi – Greeshmam, Vyadhyavastha – Navam*
- *Desam: Bhoomi- Sadharanam, Deham – Adhakaaya*
- *Rogamargam – Madhyama, Baahya*
- *Srotas* affected – *Rasavaha, Raktavaha, Mamsavaha, Medovaha, Asthivaha, Swedavaha*
- *Nidanas* are *Ruksha asatmya virudha ahara*
- *Poorvaroopam – Twak vivarnata, Soola*
- *Roopam*– Dry, scaly itchy lesions along with blackish discolouration, pain, edema.
- *Upasaya: Laghu satmya ahara, Tikta rasa pradhana ahara*
- *Anupasayam*: *Ruksha ushna asatmya virudha ahara, Vegadharana*
- *Samprapti*: *Nidana– Vata prakopa* and *Rakta dushti– Marga avarana* of *Vata– Vatarakta anyonya dushti– Sthanasamsraya* in *Adhakaya* progressive involvement of other *Dhatus*- manifestation of *Roopa*

Diagnostic Assessment

From the clinical presentations and after careful examinations, the diagnosis was reached. Visual analogue scale was used to compare the severity of pain and itching before and after treatment. Standardized serial clinical photographs were taken before and after treatment to assess the change in

discolouration. Blood investigations were also done to rule out alternative diagnosis. An additional diagnosis of urinary tract infection was also made from the urine analysis, but patient was asymptomatic. Diagnosis was concluded as *Gambheera Vatarakta*.

Therapeutic Intervention

Treatment was mainly focused to reduce itching, scaling and discolouration of the skin and to prevent further recurrence. Pain was also successfully managed during the course of treatment. Internal medicines are included in table1 and external therapies done are included in table 2.

Table 1: Internal medicines

Date	Medicine	Dose	Time
19/7/2025	1. *Guluchyadi Kashaya + Rasnaerandadi Kashaya*	90ml -0-90ml	Before food
	2. Tab. *Chandraprabha*	1-0-1	After food
	3. Tab. *Kaisora Guggulu*	1-0-1	After food
	4. *Manibadra Guda*	1 tsp	HS
	5. *Gokshura Churna*	1 tsp – 0-1 tsp with hot water	After food
	6. *Guggulupanchapala churna*	1 tsp with honey	Bd, After food
	7. *Ashtachurna*	1tsp -0-1tsp with hot water	Before food
	8. Cap. Chelvit	1-0-1	After food

Table 2: External therapies

Date	Medicine	Therapy	Outcome
19/7/25 to 1/8/25	**Internal medicine** 1. *Guluchyadi Kashaya + Rasnaerandadi Kashaya* 2. Tab. *Chandraprabha* 3. Tab. *Kaisora guggulu* 4. *Manibadra guda* 5. *Gokshura churna* 6. *Guggulupanchapala churna* 7. *Ashtachurna* 8. Cap. Chelvit **External therapy medicines** 1. *Nalpamara twak churna* and *Triphala churna* for *Kshalana* 2. *Nalpamaradi Kashaya* for *Kashayadhara*	1. *Kshalana* over legs 2. *Kashayadhara*- bilateral lower limb	Itching reduced markedly. Dryness and discolouration showed mild improvement over time.
26/7/25 to 01/8/25	Internal medicines – Same as before **External therapy medicines** 1. *Dhanyamlam*– for *Jambeera pinda sweda*	1. *Jambeera pinda sweda- Pottali* dipped in *Dhanyamla*- over bilateral lower limb. 2. *Ksheeravasti*	Marked improvement in lower limb pain
02/08/25 to 04/08/25	Internal medicines– Discontinued during *Snehapana.* 1. *Tiktaka ghrita* – for *Snehapana* – 90 ml	1. *Snehapana* for 3 days	
05/08/25 to 06/08/25	Internal medicines – Same as before Medicine for external therapy 1. *Dhanwantara Taila* – for *Abhyanga*	*Abhyanga* and *Ushma sweda* (whole body)	
07/08/25	Internal medicine *Gandharva eranda taila* with milk	*Virechana*	5 *Vegas* observed

	(25ml) + *Triphala Kashaya* (60ml)	*Jalaukavacharana*	
08/08/25, 10/08/25, 12/08/25, 14/08/25, 16/08/25	Internal medicines – Same as before		Itching completely reduced, scaly lesions minimized, discolouration improved moderately
16/08/25	Discharged		

RESULTS

Patient Perspective

Patient noted marked reduction in itching and scaling during the initial days of treatment itself. Over time, the pain over lower limbs reduced and she was able to walk with much ease. Follow-up was scheduled after 1 month and significant improvement in discolouration was reported by the patient. There was no recurrence of previous symptoms and signs during the period.

Analysis using Visual Analogue Scale [4]

Parameter	Before treatment	After treatment	After 1 month (follow -up)
Pruritis	8	3	1
Pain	6	3	0



19/07/25



After treatment **After 1 month of treatment (follow up)**

DISCUSSION

Vatarakta is a disorder characterized by the simultaneous vitiation of *Vata Dosha* and *Rakta Dhatu*, in which the vitiated *Rakta* obstructs the normal movement of *Vata*, resulting in *Margavarana* and subsequent mutual aggravation of *Vata* and *Rakta*. The present case was clinically characterized by dry, scaly and pruritic lesions with blackish discoloration over both lower limbs, bilateral ankle edema, and pain extending from the thighs to the regions below the knees. The chronicity, deeper pain, edema, and involvement extending beyond the superficial cutaneous manifestations were considered suggestive of *Gambhira Vatarakta*. The patient's age, *Vata-Kapha Prakrti*, poor exercise tolerance, reduced digestive capacity, and dietary history with predominance of *Amla*, *Lavana*, *Katu*, and other *Asatmya* and *Viruddha* dietary practices may have contributed to the development and persistence of the disease.

The presence of dryness, scaling and pain was correlated predominantly with *Vata* aggravation, while discoloration and itching were considered manifestations of *Rakta-Pitta* and kapha involvement. Edema was interpreted as a manifestation of *Kapha*-associated *Sotha* along with impaired local circulation.

The internal treatment was designed to address multiple components of the disease process, including *Vata-Rakta* pathology, inflammation, impaired digestion, possible metabolic disturbances, and recurrence.

Guluchyadi Kashaya was selected due to its action in *Pitta-rakta-kapha dushti*, and its anti-inflammatory property. *Rasnaerandadi kashaya* is *Vatahara* and analgesic in nature. It is specifically indicated for *Sopha* and *Vatarakta* spectrum of diseases. Similarly, *Kaisora guggulu* also has action on *Vata* and *Rakta* vitiation. It helps in reducing pain, inflammation and also aids in *Rakta prasadana*. *Chandraprabha vati* has a *Tridoshahara* property and is mainly prescribed in this case for the associated urinary tract infection. *Manibadra guda* has *Anulomana* and *Virechana* action and is an excellent yoga for skin diseases. *Gokshura Churna* was used as an adjunctive formulation, which has *Mutrala*, *Sothahara* and *Vata-Pitta* pacifying properties, which helps in reducing edema and urinary infection symptoms. *Guggulu panchapala churna* is also having anti-inflammatory action. To support the metabolism and for balancing *Agni*, *Ashtachurna* was prescribed. The combination of these internal medicines therefore addressed different components of the proposed pathogenesis rather than relying on a single therapeutic mechanism. *Deepana–Pachana, Vata-Rakta samana*, *Rakta-prasadana, Sothahara, Anulomana* and anti-inflammatory actions were collectively targeted.

Kshalana with *Nalpamaradi* and *Triphala kwatha* was done with aim to reduce the overall inflammation, targeting itching, scaling and discolouration. *Nalpamara* has *Pitta-kaphahara* properties and *Triphala* is *Tridoshahara*, *Ropana* and anti-inflammatory in nature.

Jambeera pinda sweda helps alleviate pain and *Pottali sweda* helps improve local blood flow. *Dhanyamla* is *Vata-kaphahara* in nature and is indicated in *Vatarakta* with predominance of *Vata* and *Kapha*[5] *Snehapana* with *Tiktaka ghrita* was done. *Tiktaka ghrita* is an excellent medication for skin diseases. In this case *Tiktaka ghrita snehapana* was done as a *Poorvakarma* for *Virechana*. *Virechana* is the most important treatment modality for *Pitta dosha* and pacifies *Kapha dosha* also. *Virechana* is indicated in treatment of *Gambheera Vatarakta*.[6] *Ksheera erandataila* is mentioned as *Virechana dravya* in *Vatarakta*.[7] *Ksheeravasti* is specifically told in *Vatarakta chikitsa* and *Vasti*[8] is explained as the ultimate *Chikitsa* for *Vatarakta*. *Jalaukavacharana* is indicated in *Vatarakta* textually in case of pain and discolouration.[9] Removing vitiated *Rakta* can pacify the condition more effectively.

CONCLUSION

Overall, the case illustrates the potential utility of a classical, individualized and sequential Ayurvedic treatment strategy in a patient diagnosed with *Gambhira Vatarakta*. The combination of internal medication, local therapies, *Śodhana*, *Basti* and *Raktamokshana* was associated with marked reduction in pain and pruritus, improvement in scaling and discoloration, enhanced mobility, and absence of new lesions during follow-up. These findings provide a basis for further systematic clinical evaluation of multimodal Ayurvedic management in *Gambhira Vatarakta.*

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Cite this article as:
V K V Balakrishnan, Sreevidya K N, Athira T Sasidharan. Ayurvedic Therapeutic Approach in Gambhira Vatarakta. International Journal of Ayurveda and Pharma Research. 2026;14(10):224-229.
https://doi.org/10.47070/ijapr.v14i10.4492
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. V K V Balakrishnan
Professor & HOD,
Department of Shalakyatantra,
Government Ayurveda College,
Kannur, Kerala.
Email: baluvkv@gmail.com

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