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Ayurvedic Management of Peripheral Arterial Disease (PAD): A Case Report

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ABSTRACT:

Peripheral arterial disease (PAD) is a progressive atherosclerotic condition that leads to compromised perfusion of the lower extremities and significant morbidity. This case study reports a 54-year-old male with hypertension and a history of coronary angioplasty who presented with pain, numbness, stiffness, and burning sensation in the right lower limb, along with claudication. CT angiography revealed distal popliteal artery thrombosis with non-opacification of major distal arteries. Symptoms persisted even after angioplasty. The clinical features correlated with *Uthana Vatarakta* as per Ayurvedic principles. The patient was treated for 22 days with *Dasamoola Kṣeeradhara* and *Udvarthanam*, along with internal medications including *Punarnavadi Kaṣhaya*, *Manjiṣhtadi Kaṣhaya*, *Śatāvarī Chinnaruhādi Kaṣāya*, *Madhuyashtyadi Taila*, and *Rasasindūra*. Subsequently, the patient was advised a 14-day discharge regimen. The patient demonstrated marked improvement in pain, stiffness, burning sensation, and numbness, as observed through reduced VAS scores. Clinically, the previously absent peripheral pulses showed improvement, and claudication pain completely resolved within 22 days. The integrative Ayurvedic approach demonstrated promising symptomatic and functional improvement in this patient with PAD. The observed clinical recovery suggests the potential effectiveness of Ayurvedic management in the conditions comparable to *Uthana Vatarakta*.

KEY WORDS: *Ayurvedic* intervention, Peripheral Arterial Disease, *Uthana Vatarakta*, *Vatarakta.*

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INTRODUCTION:

Peripheral arterial disease (PAD) is a chronic atherosclerotic condition characterised by progressive narrowing of the arteries supplying blood to the lower extremities, affecting approximately 200 million people worldwide and increasingly recognised as a major public health problem.[1] It predominantly occurs in older adults and individuals with diabetes, a history of smoking, or chronic kidney disease. Smoking is a major modifiable risk factor, increasing the risk of PAD 4-fold and significantly contributing to disease severity.[2]

The clinical presentation of PAD encompasses a wide continuum, ranging from asymptomatic disease to intermittent claudication, and progressing in severe cases to chronic limb-threatening ischemia (CLTI), a condition associated with markedly elevated risks of limb loss and mortality.[2] A primary clinical manifestation is intermittent claudication (IC), characterised by exercise-induced cramping, pain, or fatigue in the lower extremities that consistently subsides with rest, typically within approximately 10 minutes.[3] With the rising global burden of cardiovascular and lifestyle-related disorders, PAD has become an important cause of morbidity, significantly impacting quality of life. Despite this, PAD remains underdiagnosed and untreated globally, partly due to asymptomatic forms and limited screening in clinical practice.[1]

In *Ayurveda Samhitas,* the disease *Vatarakta* is explained as *Mahavatavyadhi*, which can be closely related to PAD. *Vatarakta* is a condition caused by the simultaneous vitiation of *Vata* and *Rakta*. The condition is broadly classified into *Uthana Vatarakta* and *Gambheera Vatarakta*, based on the depth of tissue involvement. The clinical features of *Uthana Vatarakta* closely correspond to those of peripheral arterial disease (PAD). In this stage, the aggravated *Vata* and *Rakta* lead to *Srotorodha* (obstruction of arteries), resulting in pain, burning sensation, stretching sensation and discolouration of the skin.[4]

CASE REPORT:

Patient information

A 54-year-old obese male patient with a known history of Hypertension for 3 years visited the OPD of Government Ayurveda College Hospital Kannur with the Chief complaints of pain, numbness and stiffness of the right foot and toes and burning sensation over the bilateral soles. He also reported severe pain in the right calf region while walking. These symptoms began one month before presentation

Initially, around 7 months before presentation, he developed a pustular lesion over the lateral aspect of the left foot that burst and healed after allopathic treatment. Later 2 months ago, while resting at home, he experienced a sudden onset of severe pain in the right calf region. The pain was abrupt in onset, prompting him to seek medical attention.

CT angiography of both lower limbs was performed. Findings were suggestive of peripheral arterial occlusion, and the patient underwent angioplasty. He

remained hospitalised for 10 days and was discharged.

However, after discharge, the patient again developed progressive pain, numbness and stiffness in the right foot along with a burning sensation in the soles of the foot and pain in the calf region. These symptoms gradually worsened over the following weeks.

Past medical history

Hypertension

Personal history

Appetite – Good

Bowel – Regular

Bladder – 3-5 times/day, 0-1/night

Sleep – Sound

Addiction – Alcohol

Cigarette smoking for 30 years; 1 pack/day

The patient stopped during treatment.

Exercise – Severe

Occupation – Loading worker for more than 20 years

Clinical findings

1)**Peripheral vascular system**

Blackish discolouration of bilateral lower limbs below the shin

Joint effusion over the bilateral ankle

Temperature – cold in both feet

Peripheral pulses:

Posterior tibial – absent bilaterally

Dorsalis pedis – absent bilaterally

Popliteal – absent on the right side, feeble on the left side

Other system examination

2) **Locomotor system**

Ankle joints –

Inspection - Blackish discolouration bilaterally

Joint effusion

Palpation - Temperature – Cold bilaterally

ROM – Possible without pain

Interphalangeal joints –

Inspection - blackish discolouration bilaterally

Palpation - Grade II tenderness over the right interphalangeal joints

Temperature - cold

ROM – painful and restricted (right)

Investigations

Blood examinations like blood routine, RFT, LFT and Lipid profile were found to be within normal limits

Lower limb arterial doppler study

Diffuse atheromatous arterial wall changes with altered flow patterns. The Anterior tibial and dorsalis pedis arteries exhibit antegrade pulsatile biphasic high resistance flow.

CT Angiography

Right-sided distal popliteal artery thrombosis, leading to non-opacification of the distal popliteal artery and its bifurcation, with poor opacification of the proximal posterior tibial and peroneal arteries.

Complete non-opacification of the right anterior tibial artery and dorsalis pedis artery.

The left lower limb showed segmental non-opacification of the mid-posterior tibial artery with distal reconstitution.

Diagnosis

Based on the examination and investigations, the condition was diagnosed as peripheral arterial disease

Samprapthi ghataka

Dosha – Vata pradhana Tridosha
Dushya – Rasa, Rakta
Srotas – Rasa, Rakta
Srotodushti – Sanga
Agni – Mandha
Adhishtana – Vama and Dakshina Pada
Rogamarga – Bahya
Vyadhi Avastha – Nava
Sadhyasadhyata – Krichra

THERAPEUTIC INTERVENTION:

Table 1: Internal Medicines:

Medicines	**Dose & Time of Administration**	**Duration**
Punarnavadi kashaya	90ml bd 6 AM and 6 PM before food	22 days
Manjishtadi kashaya	90ml bd 6 AM and 6 PM before food with *Punarnavadi kashaya*	22 days
Shatavari Chinnaruhadi kashaya	90ml bd 9 AM and 9 PM after food	22 days
Rasasinduram capsule	1 capsule in the morning and evening after food	22 days
Madhuyashtyadi taila	1 teaspoon at night	22 days
Gandharva eranda taila	15 ml in the morning before *kashaya*	22 days

Table 2: Procedures Done

Procedures	**Medicines used**	**Duration**
Dhara	*Dashamoola ksheera kashaya*	10 days
Udwarthanam	*Kolakulathadi choorna*	7 days

Table 3: Discharge medicines

Medicines	**Dose and time of administration**	**Duration**
Shatavari Chinnaruhadi kashaya	90 ml bd 9 AM and 9 PM after food	14 days
Rasasinduram capsule	1 tab in the morning and evening after food	14 days
Madhuyashtyadi taila	1 teaspoon at night	14 days

RESULTS

Patient improvement data

Table 4: Subjective parameters before and after treatment

Subjective parameters	Before treatment (VAS score)	After treatment (VAS score)
Pain in the right foot and toes	6	0
Numbness	5	1
Stiffness	5	0
Burning sensation over the bilateral foot	6	2

Table 5: Clinical and functional outcome measures before and after treatment

Bilateral posterior tibial pulse	Absent	Improved
Bilateral dorsalis pedis pulse	Absent	improved
Claudication pain	Present	Absent
Claudication time	3 min 30 sec	No pain

DISCUSSION:

Peripheral arterial disease (PAD) is a progressive atherosclerotic disorder characterised by arterial narrowing or occlusion, leading to impaired perfusion of the lower extremities. It is a common manifestation of systemic atherosclerosis, and it is strongly linked to age, smoking, diabetes mellitus, hypertension, and dyslipidaemia, each of which substantially increases the likelihood of developing symptomatic lower-extremity arterial obstruction.[3] PAD is frequently underdiagnosed due to nonspecific early symptoms and its gradual progression. Recurrent symptoms following angioplasty suggest residual stenosis or impaired microcirculation, which often leads to persistent ischemic discomfort.

Ayurveda describes a closely corresponding condition, *Vatarakta*, in which aggravated *Vata* becomes obstructed by aggravated *Rakta*, leading to the development of disease. In the *Uthana Vatarakta* stage, the pathology is confined to the superficial dhatus, particularly *Twak* and *Mamsa*. The clinical features described in this stage— including *Twak syavata* (Blackish discolouration of skin), *Dhamani sankocha* (Constriction of arteries), *Daha* (burning sensation), *Supti* (Numbness), *Stambha* (Stiffness), *Shoola* (Pain), *Sitata* (Cold) strongly correlate with the manifestations of peripheral arterial disease (PAD).

The therapeutic approach in this case was planned with the intention of addressing both systemic and local pathology. Principles *of Vata shamana*, *Rakta prasadana* and *Srotoshodhana* were incorporated in this.

Systemic treatments

The treatment was initiated with *Amapachana* to eliminate *Ama* and improve metabolism. *Punarnavadi Kashaya*, a *Tiktapachana* formulation, was administered initially to facilitate the digestion of *Dhatugata Ama* and promote *Srotovishodhana* (purification

of the body channels).[5] *Shatavari Chinnaruhad*i *Kashaya*, mentioned in the *Vatarakta Prakarana* of *Sahasrayoga*, was prescribed to reduce the *Teekshnata* of *Pitta* and promote *Raktavaha Sroto Prasadana*.[6] Manjishtadi Kashaya, known for its *Raktaprasadana* property, was used to correct the *Dosha–Dushya Sammurchana*, thereby helping to alleviate the clinical symptoms.[7]

Madhuyashtyadi Taila, described in *Vatarakta Chikitsa* for *Chatushprayoga*, was administered as part of the treatment.[8] In peripheral arterial disease (PAD), structural vascular deformity is present, and along with *Rakta Dushti*, *Vata* plays an important role by causing *Rukshata* in the *Dhamanis*. Since *Taila* is specifically indicated for *Vata Shamana*, its internal administration helps to relieve dryness in the channels due to its *Snigdha Guna* and thereby supports proper vascular function. *Rasasindhura*, a *Rasaushadhi* described in the *Rasatarangini*, was also administered as a potent formulation to enhance the bioavailability and proper assimilation of other medicines.[9]

External treatments

Initially, *Dashamoola Ksheeradhara* was administered as external treatment. it is indicated for *Sadhya Shoola Nivaranam* in the *Vatarakta Chikitsa*.[10] In *Raktagata Vata*, *Teevra Ruk* (severe pain) is considered the predominant symptom. Therefore, the application of *Dashamoola Ksheeradhara* was selected to alleviate the intense pain and pacify the aggravated *Vata*, thereby providing symptomatic relief and improving the patient's condition.

Udwarthanam is indicated for the pacification of *Vata* and *Kapha* and possesses the property of *Sthireekaranam Anganam*, which provides stability and strength to the body tissues.[11] It is particularly effective in eliminating *Kaphavarana*, thereby facilitating the proper movement of *Vata*. By removing this obstruction and improving muscular tone, *Udwarthanam* helps in strengthening the muscles and enhancing peripheral blood circulation. This therapeutic action is beneficial in conditions where impaired circulation and muscular weakness contribute to the disease pathology.

The patient demonstrated significant improvement following integrative *Ayurvedic* management. Pain, stiffness, burning sensation, and numbness showed marked reduction in VAS scores. Clinically, an observable improvement in peripheral pulses and complete resolution of claudication pain were noted.

CONCLUSION:

This case highlights the potential role of Ayurvedic management in addressing the symptomatic and functional impairment associated with peripheral arterial disease (PAD).

Both internal medications and external therapies contributed to meaningful reductions in pain, stiffness, numbness, and burning sensations, along with clinically appreciable improvement in peripheral pulses and complete relief from claudication pain. This significant improvement suggests that Ayurvedic interventions may have contributed to enhanced peripheral perfusion, reduced

inflammation, and improved functional status. This aligns with emerging evidence indicating the potential role of traditional medicine in managing chronic vascular and inflammatory conditions.

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Limitations of the study:
Being a single case report, the results cannot be generalised to a larger population. Furthermore, the absence of after-treatment imaging (Doppler/CT angiography) limits the ability to objectively evaluate radiological improvement following intervention**.**

Consent of patient:
Written informed consent was obtained from the patient for publication of this case report.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

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