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Clinical Evaluation of *Yastimadhuadi Tail Matra Basti* and *Dashmoola Kwath Parishek* in the Management of *Vatarakta* w.s.r to Superficial Thrombophlebitis - A Pilot Study

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ABSTRACT

People today are susceptible to a wide range of illnesses because of their changed eating and lifestyle patterns. *Vatarakta* is one of them. *Vatarakta* is a metabolic disease, where *Rakta* is the primary *Dushya*, and *Vata* is primary *Dosha*. Because of different etiological factors, *Vata* and the injured joints experience excruciating pain, soreness, inflammation, and a burning sensation due to *Rakta*.

A few of the triggering variables that lead to an acute exacerbation of *Vatarakta* are a sedentary lifestyle, mental stress, eating a non-vegetarian, high-protein diet, and consuming large amounts of alcohol. The pathophysiology, clinical manifestations, and etiological variables of *Vatarakta* and Superficial thrombophlebitis are fairly similar. A thorough understanding of every facet of the condition is essential for treatment because of the severe pain, inflammation, joint deformity, and restricted joint movements.

The disease can be prevented and cured with certain Ayurvedic management, and lifestyle changes.

Classical texts emphasize *Yashtimadhuadi Basti* is helpful in managing the symptoms of *Vatarakta*, making *Basti* a rational therapeutic choice in the disease. In the present pilot study, an attempt is made to treat the patients with *Yastimadhuadi Basti* along with *Go-Ghirta pratilom Abhyanga* followed by *Dashmool kwath parisheka* which has given a significant improvement in sign and symptoms.

Key Words *Basti and Dashmoola Kwath Parishek*

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INTRODUCTION

Human beings are more vulnerable to metabolic disorders due to their faulty dietary habits and sedentary life style. These disorders may be

causing functional impairment or crippling diseases. Some of these disorders produced by conjugation of Vitiated *Vata* and *Rakta* generated multiple health illnesses and most important of them is *Vatarakta*¹. *Vatarakta* is considered as

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one of the important metabolic disorders. *Vatarakta* is a disease explained in Ayurveda involving *Vata Dosha* imbalance affecting *Raktadhatu* (blood tissue). A lot of references along with description of this disease are available in classical texts under the name of *Vatarakta*, *AdhyaVata*, *Vatabalasa* and *KhuddaVata*². *Vatarakta* is described as *AdhyaVata* by *Acharya Charaka*. The name of ailment itself describes that it is more prevalent among *Adhya* (rich people). In this disease aggravated *Vata* is obstructed by aggravated *Rakta*, and this obstructed *Vata* is again aggravates *Rakta*. Finally, these overall affects the entire *Rakta* which occurs in conditions like, injury, fasting cumbersome journey and walking in hot climates. *Acharya Sushruta* has different explanation for this classification, according to *Acharya Sushruta* these are not the types but different stages of *Vatarakta* similar to *Kushtha*. Initially, it affects the superficial structures like *Twaka* and *Mamsa* and later on, it becomes *Gambhira* i.e., deep seated and affects the deep structure³. *Vatarakta* is also known as *Khudaroga* and *Vatashra*⁴⁻⁵. There are 2 types of *Vata Rakta* i.e., *UthanaVatarakta* (superficial type) and *Gambhira Vatarakta*.

UTHANA VATARAKTA⁶

Kandu (pruritus), *Daha* (burning), *Ruk* (pain), *Ayama* (extension), *Toda* (aching), *Spurana* (throbbing)
Akunchana (contraction), *Syava Rakta twak* (dusky or coppery colouration of skin)

GAMBHIR VATARAKTA⁷

Stambha (stiffness), *Arthi* (pain), *Swayathu* (oedema), *Tamravarna* (discoloration), *Daha* (burning sensation), *Toda* (pricking pain), *Spurana* (twitching sensation), *Paka* (suppuration)

Looking to its pathogenesis some ayurveda physicians compare the condition with gout because the primary affected parts are small joints of both limbs. As *Charaka* said that disease mainly affects the *hastpada* first then it circulates all over the body (*aakhuvishmiv*) just like poison of rat.

सौक्ष्म्यात्सर्वसरत्वाच्चपवनस्यासृजस्तथा।

तद्द्रवत्वात्सरत्वाच्चदेहंगच्छन्सिरायनैः||ch.chi.29/13|

Due to these combined mobile and pervasive qualities, the vitiated *Vata* and *Rakta* quickly reach the joints (*parva*) and get obstructed, initiating the full manifestation of *Vatarakta*.

Superficial thrombophlebitis: It is a common vascular condition characterized by inflammation and clot formation in a vein located just beneath the skin's surface. Unlike deep vein thrombosis, which involves deeper and potentially more dangerous veins, superficial thrombophlebitis typically affects smaller, more visible veins, most often in the legs. The condition may arise from factors such as varicose veins, trauma, intravenous catheter use, or underlying hypercoagulable states. While generally self-limiting and less severe than deeper venous disorders, superficial thrombophlebitis can cause discomfort and, in certain cases, may lead to

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complications if left untreated. Early recognition and appropriate management are key to preventing progression and ensuring patient comfort⁸⁻⁹.

Several clinical and anecdotal reports suggest that *Panchakarma*, when administered under expert guidance, may lead to symptom relief, improved mobility, better immune regulation, and enhanced quality of life in superficial thrombophlebitis patients. However, more evidence-based research is needed to validate these outcomes and establish standardized protocols for its use in superficial thrombophlebitis.

Matra Basti plays a significant and multi-faceted role in the Ayurvedic management of *Vatarakta*. *Basti* is considered the foremost treatment for the primary *Dosha* involved in *Vatarakta*, which is *Vata*. *Vatarakta* is essentially a condition where vitiated *Vata* combines with vitiated *Rakta* (blood), causing obstruction and symptoms in the joints and extremities. *Matra Basti*, being an *AnuvasanaBasti* (oil enema), is highly effective in pacifying the aggravated *Vata* through the *Pakwashaya* (large intestine), which is the main seat of *Vata*. The medicated oil administered through *Matra Basti* helps in clearing the minute channels (*Srotas*) that have been obstructed by the combined pathology of *Vata* and *Rakta*. This action is crucial for improving circulation and reducing inflammation in the affected areas, such as the joints. The unctuous nature of the oil used in *Matra Basti* performs *Snehana* (oleation) from the lower body. This counters the *Rukshata*

(dryness) that is a cardinal property of vitiated *Vata*, thereby lubricating the joints, reducing stiffness, and alleviating pain (*Shoola*) and discomfort, due to its small, absorbable dose, provides nourishment (*Brimhana*) to the body tissues. It helps in maintaining the strength and immunity of the patient.

It is therefore, thought wise to offer a treatment plan using natural resources that is safe, cost-effective, and sustainable. Ayurveda has certain specific *Panchakarma* procedures which is believed to facilitate an overall improvement in quality of life of patient. Some of the scientific research has also been done using Ayurveda regimen, but a complete success has not been found yet. However, the specific line of treatment, comprising *Basti Karma*, is said to be effective to correcting the underlying pathology and need to be studied; hence, the present study has been planned.

AIMS AND OBJECTIVES

Evaluation of *yastimadhuadi tail matrabasti* and *Dashmoolakwathparishek* in the management of *vataraktaw.s.r* to superficial thrombophlebitis

MATERIALS AND METHODS

Source of patient

The patients suffering from *Vatarakta* attending the OPD of Pt. Khushilal Sharma Govt. Ayurvedic Hospital Bhopal were screened and allocated to the study. Overall, 8 patients were included in the study fulfilling the diagnostic,

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inclusion and exclusion criteria. A detailed history taking and physical examination were carried out in these patients. The clinical data along with the elaborated assessment of the condition were recorded in specially designed case proforma.

Intervention Period: 11 days

STUDY DESIGN

The present study is a pilot clinical study conducted in the department of *Panchakarma* of Pt. Khushilal Sharma Govt. Ayurvedic College and Institute Bhopal.

INCLUSION CRITERIA

- Patients between 16 to 70 years of age
- Patients with signs and symptoms of *Vatarakta* according to Ayurveda Classics.
- Patients those fit for *BastiKarma*.
- Patients who have given written consent to participate in the study.

Table 1 Gradation of symptoms according to WHO scoring pattern

Symptoms	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
Swelling	No swelling	Slight swelling	Moderate swelling	Severe swelling	
Discoloration	Normal coloration	Near to normal which looks like normal to distant observer	Reddish coloration	Slight reddish black discoloration	Blackish discoloration
Burning sensation	No burning	Mild burning	Moderate burning	Severe burning	
Pain	No pain	Mild pain	Moderate pain but no difficulty in moving	Slightly difficulty in moving due to pain	Much difficulty

Table 1 presents the WHO grading pattern used to assess the severity of four major clinical symptoms: swelling, discoloration, burning sensation, and pain. Each symptom is graded from Grade 0 (absence of symptoms) to Grade 4 (maximum severity), allowing objective

EXCLUSION CRITERIA

- The patients with severe toxicity
- Progressive gangrenous changes in vicinity are excluded from study.
- Diseases of immunological basis and syphilis are excluded.
- Patient with deformities

ASSESSMENT CRITERIA

Patients were observed for 11 days. Assessment was done before the medical interventions. Then, Patients were assessed on the 1st, 7th day and 11th day. Final assessment was done after completion of the therapy that is on the 11th day.

The state of the disease *Vatarakta* is determined by adopting the standard methods of scoring for subjective, objective and investigative criteria before and after the treatment.

evaluation of disease progression and treatment outcomes.

- Swelling is graded from no swelling (Grade 0) to severe swelling (Grade 3).

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- Discoloration progresses from normal skin color (Grade 0) to blackish discoloration (Grade 4), indicating increasing severity.
- Burning sensation ranges from no burning (Grade 0) to severe burning (Grade 3).
- Pain is graded based on its intensity and effect on movement, ranging from no pain (Grade 0) to severe pain causing marked difficulty in movement (Grade 4).

Table 2 Criteria for overall assessment of intervention

Percentage of improvement	Effect of Therapy
< 25%	No improvement
25% - 49%	Mild improvement
50% - 74%	Moderate improvement
75% - 99%	Marked improvement
100%	Cured

Table 2 outlines the criteria used to evaluate the overall effectiveness of the intervention based on the percentage of clinical improvement observed after treatment. Patients showing less than 25% improvement are considered to have no improvement, while 25–49% improvement

Table 3 Result

S N	Symptoms	Mean		MD	SD	SE	% Relief	T test	P value	Result
		BT	AT							
1.	Swelling	1.625	0.2500	1.375	0.517	0.183	84.61%	7.514	0.0001	Extremely Significant
2.	Discoloration	1.250	0.7500	0.500 0	0.5345	0.1890	40%	2.646	0.0331	Considered significant
3.	Burning sensation	1.375	0.1250	1.250	0.7071	0.2500	90.90%	5.00	0.0016	Very significant
4.	Pain	2.500	0.6250	1.875	0.8345	0.2950	75%	6.355	0.0004	Extremely Significant

Swelling -As show in table no. 3, the mean score of swelling in this study, before treatment was 1.625 and after treatment it was reduced to 0.2500,so the mean difference was 1.375, with percentage relief of 84.61 which was statistically extremely significant (P=0.0001).

indicates a mild response. An improvement of 50–74% is categorized as moderate improvement, whereas 75–99% reflects a marked improvement. Patients achieving 100% improvement are classified as cured. This grading system provides a standardized and objective method for assessing therapeutic outcomes and facilitates comparison of treatment efficacy among different study groups.

RESULTS

The values of data were expressed as a percentage of relief and mean-standard error of the mean. The data were analyzed by Student's t-test for comparing before and after treatment obtained scores. The level of significance is expressed as $P > 0.05$ as insignificant, $P < 0.05$ and 0.01 as significant, $P < 0.001$ as highly significant.

Discoloration - As show in table no. 3, the mean score of discolouration in this study, before treatment was 1.250 and after treatment it was reduced to 0.7500,so the mean difference was 0.5000, with percentage relief of 40% which was statistically significant (P=0.0331).

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Burning sensation - As show in table no. 3, the mean score of burning in this study, before treatment was 1.375 and after treatment it was reduced to 0.1250, so the mean difference was 1.250, with percentage relief of 90.90% which was statistically very significant ($P=0.0016$).

Pain -As show in table no. 3, the mean score of pain in this study, before treatment was 2.500 and after treatment it was reduced to 0.6250, so the mean difference was 1.875, with percentage relief of 75% which was statistically extremely significant ($P=0.0004$).

ADVERSE EFFECTS: There were no any adverse effects or adverse drug reaction was noted during and after the study duration.

Table 4 Overall assessment

Overall assessment	No. of Patients	Percentage
No improvement	0	0
Mild improvement	0	0
Moderate improvement	3	37.5%
Marked improvement	4	50%
Cured	1	12.5%

Table 4 presents the overall therapeutic outcome among the 8 patients included in the study. None of the patients showed no improvement or mild improvement after the intervention. Moderate improvement was observed in 3 patients (37.5%), while marked improvement was achieved by 4 patients (50%), representing the highest proportion. Additionally, 1 patient (12.5%) attained complete recovery and was classified as cured. These findings indicate that the intervention was effective in improving the clinical condition of most patients, with 62.5% of

patients showing either marked improvement or complete cure.

DISCUSSION

DISCUSSION ON DISEASE-

A combination of vitiated *Rakta* and vitiated *Vata* is called *Vatarakta*. The Charaka Samhita states that *Vata* is because of subtleness (*Sukshmatva*) and pervasiveness (*Sarva-Sarvatva*), and *Rakta* is because of their fluidity (*Dravatva*) and flowing nature (*Saratva*). They traverse the body through blood vessels (*Raktavaha-Srotasa*), become blocked in *Sandhies* (joints) because of their torsion-based course, and cause *Vata* and *Rakta* to become agitated there once more. Various types of *shool*(pain) are caused by *SthanSamshraya*, or localization, in conjunction with *Pitta*, etc., depending on the *Dosha* predominance. *Vatarakta* is characterized by the abrupt onset of joint pain, primarily in the MTP joint, and joint inflammation.

DISCUSSION ON YASTIMADHU MATRA BASTI¹⁰

Vatarakta is a disorder caused by the vitiation of *Vata dosha* associated with *Rakta dhatu*, resulting in obstruction to the normal movement of *Vata*. This pathological interaction leads to cardinal features such as severe pain, burning sensation, swelling, redness, and stiffness of joints. Classical texts emphasize *Basti* as the prime line of treatment for *Vata*-dominant disorders, making *MatraBasti* a rational therapeutic choice in *Vatarakta*.

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Yashtimadhuadi Matra Basti, owing to its *Sneha*-based formulation, effectively pacifies aggravated *Vata* and alleviates *Rakta dushti*. *Yashtimadhu*, the chief drug, possesses *Madhura rasa*, *Snigdha* and *Guru guna*, *Sheetavirya*, and *Madhura vipaka*, which help in *Vata-Pittashamana* and *Raktaprasadana*. These properties explain the reduction in pain, burning sensation, and inflammation observed during treatment.

Matra Basti acts directly on the colon, the main seat of *Vata*, and normalizes *Apana Vata*, thereby producing systemic *Vata-shamana* effects. The *Snigdha* nature of the *Basti* counters the *Ruksha* and *Chala* qualities of *Vata*, resulting in decreased joint pain, stiffness, and improved mobility¹¹. Additionally, the *Sheeta* and *Madhura* attributes of *Yashtimadhu* reduce *Daha* and *Shotha* by pacifying vitiated *Rakta* and relieving *Srotorodha*.

The nourishing action of *Sneha Basti* also helps in preventing further joint degeneration, which is commonly seen in chronic *Vatarakta*. Being a mild and safe procedure, *Matra Basti* can be administered daily without causing exhaustion, making it suitable for chronic, elderly, and debilitated patients.

Thus, the therapeutic efficacy of *Yashtimadhuadi Matra Basti* in *Vatarakta* can be attributed to its *Vata-Rakta shamaka*, *Vedanasthapaka*, *Shothahara*, and *Daha-prashamana* actions. These findings support its role as an effective and holistic modality in the management of *Vatarakta*.

DISCUSSION ON GO-GHRITA ABHYANGA

Goghrita is regarded as the best source to calm *VataDosha* due to its *Snigdha* quality. *Vatarakta* is caused by the vitiation of both *Vata* and *Rakta* (blood), where aggravated *Vata* is blocked by vitiated *Rakta*. *Pratiloma Abhyanga* is a specialized form of *Abhyanga* helps in relieving *Srotorodha* (blockage of microchannels) by promoting the proper movement of vitiated *Doshas*. It plays a crucial role in pacifying aggravated *Vata*, which is the main cause of pain, stiffness, and restricted movement in *Vatarakta*. By improving local blood circulation, *Pratiloma Abhyanga* reduces symptoms such as *Shoola* (pain), *Stambha* (stiffness), and discoloration, particularly in the *Uttana* stage. The use of *Sneha* is considered an *Upashaya* in *Vatarakta* because its *Ruksha* quality is subsided by the *Snigdha* quality of the *Ghritha*. *Goghrita* is described as alleviating *Vata* and *Pitta* and is considered a *Rasayana* drug that promotes longevity and good health. It is also believed to have the capacity to penetrate the body's cells and tissues more deeply and is used both internally and externally¹²⁻¹³.

DISCUSSION ON DASHMOOL KWATH PARISHEKA-

Parisheka Sweda with unctuous and medicinal liquids provides a dual action of *Snehana* and *Swedana* which is highly therapeutic for controlling the exacerbated *Vata* and relieving the associated symptoms of pain, stiffness, and inflammation in *Vatarakta* and *Dashmool* pacify *Vata* Aggravation and works as an anti-inflammatory, analgesic, and anti-rheumatic

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agent. In addition, it provides strength to the body and improves functions of organs located in *Vata* locations. It tones muscles and soothes nerves. According to *Ayurveda*, *Dashmool* mainly acts on *Vata Dosha* and reduces its aggravation. It also acts on organs located in *Vata* locations – Pelvic Colon, Bladder, Pelvis, Kidneys, Bones, Ears and Lower Limbs. Therefore, it reduces constipation, improves the health of intestines, improves urine flow, removes toxins from the kidneys, strengthens bones, improves hearing capabilities and reduces pain occurring in lower limbs¹⁴⁻¹⁵.

CONCLUSION

A clinical trial with *YastimadhuadiMatraBasti* and *GoghritapratilomAbhyanga* followed by *Dashmoolakwathparisheka* as external application has shown encouraging results in them management of *Vatarakta*. No complication was observed in the patients at the end of the study. So, this treatment protocol can be a good option for the management of *Vatarakta*. In the current study, as the sample is very small and the follow-up period is short, to arrive at a conclusion about the effectiveness and safety of the treatment, a clinical trial with a big sample size and a long follow-up period will be needed.

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