



## **CLAUDICATION OF THE LEGS- AYURVEDIC APPROACH TOWARDS ANUKTA VYADHI.**

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### **Abstract**

Ayurvedic classics advocated the concept of Anukta vyadhi. Claudication in the legs is a common finding in OPD level. There may be differences of opinion regarding symptomatology but there are some symptomatology is common either in case of Pradhan vyadhi, Anubandha vyadhi, Upadravatmaka vyadhi. So the understating of Claudication in the legs with various symptoms presented by patients is necessary. The patients complain related to leg were considered for various case studies and the diseases diagnosed were discussed in the current topic.

**Key Words:** Anukta vyadhi, Claudication, legs

### **Introduction**

As it is mentioned in Ayurvedic classics that it is Herculean task to give name to every disease. So on the basis of symptomatology one has to treat the disease in these conditions (Charka su.18). Further it advocates that one who does application of many shastras is known as Chikitasak, by knowing only one shastra it is difficult to

counter on certain conclusions. With these aspects we can conclude that in the recent era also we have to adopt many fold scientific approach for diagnosing and treating the disease<sup>1</sup>. Claudication of the leg is common symptomatic term we come across in day today OPD practices. Intermittent vascular (or arterial) claudication (Latin: *claudicatio intermittens*) most

often refers to cramping pains in the buttock or leg muscles. It is caused by poor circulation of the blood to the affected area. The poor blood flow is often a result of atherosclerotic blockages more proximal to the affected area<sup>2</sup>.

Muscles need more oxygen when we does exercise, so if the arteries in our legs get narrowed to the point that too little blood reaches to the muscles, we may feel leg pain when we walk. Claudication happens off and on, is a serious warning symptom for increased risk for heart attack and stroke. Claudication is considered as one of the symptom of peripheral arterial disease (PAD)<sup>3</sup>.

There are so many diagnosing tools are available to counteract this disease in varied sciences. In the OPD level clinical practices of Ayurveda the common symptoms we come across

related to legs were only countered by screening of 300 patients. The symptoms related to current state of Claudication as well as many other symptoms relate to this with early diagnosis and symptomatic treatment according dosha and prakruti-viruti level can be prevent the further damage.

### **Material and methods-**

A critical survey of 300 case papers to those patients who meets on OPD level were done, patients complains related to the legs were selected abide than the sex, age and religion. Out of that 43 cases were encountered for symptoms related to legs. No gradation was given to the symptoms. The disease diagnosed and symptoms were taken into consideration only.

### **Observation and Results-**

Pindicodwestana-42

Jangashoola-04

Padadaha-08

Padashoola-08

Padachimchmayana-20

Padatoda-04

Padadaurbalya-07

Padashaithlya-01

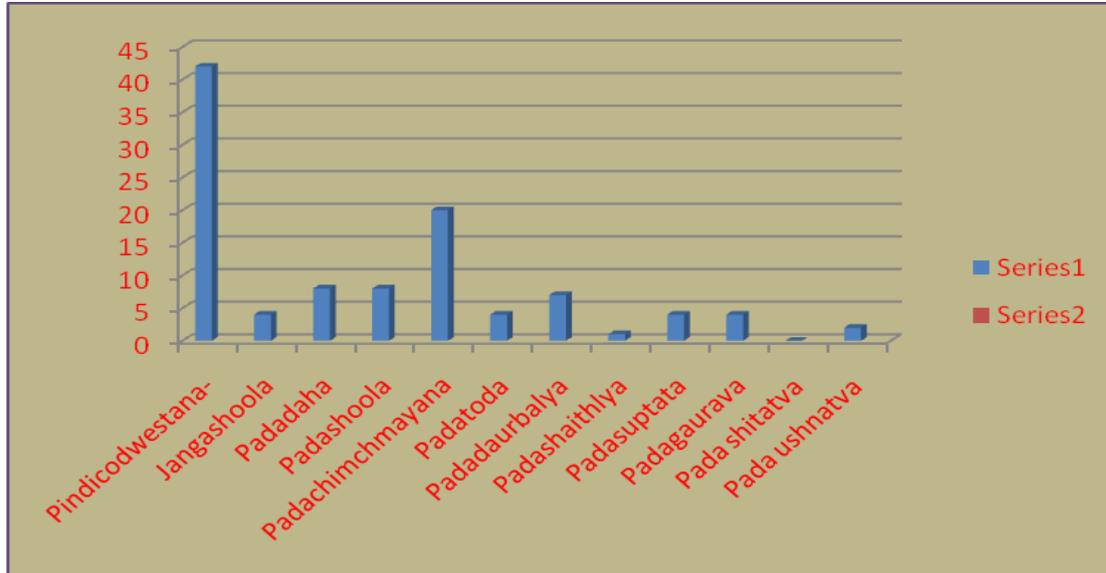
Padasuptata-04

Padagaurava-04

Pada shitatva-00

Pada ushnatva-02

Graph 1: Showing symptoms related to Claudication of Leg.



Pinidcodwstana was the common symptom found in almost all the diseases countered as a main symptom. There were 20 no. of patients saying that they are suffered with this symptom. Other than this

padadaha, padashoola and padadaurbalya was a symptom complained by patients. Toda, shoola, suptata and gaurava was less or more common in these patients.

### **Diseases encountered**

Premeha -05

Grahani-03

Ashmari-03

Arsha-08

Shohta-03

Amlapitta-07

Antrika jwara-01

Sthoulya-03

Trigeminal neuralgia

(Anantavata)-01

CRF C HTN-01

Sira granthi (Varicose vein)-03

Gridrasi-01

Earache-01

Epigastric pain-01

Amavata-02

Peenasa-01

Hypothyrodism-01

Mutrakricchata-01

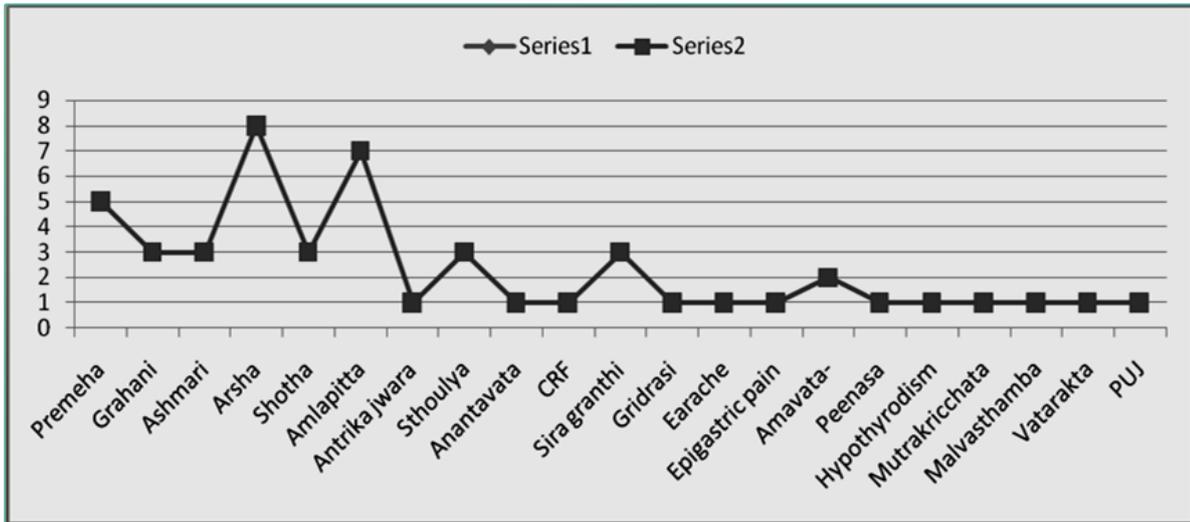
Malvasthamba-01

Gout (Vatarakta)-01

PUJ dysfunction-01

Pcod-01

Graph 2: Showing the disease diagnosed.



The data is suggestive of Premeha, Arsha, Amlapitta, Sthoulya, Siragranti, Amavata disease diagnosed patients were found main complains related to the leg.

#### Discussion-

➤ Though in Ayurvedic classics the disease like Claudication is not mentioned but this type of symptomatoly is mentioned in the form of

- 1.Pradhan vyadhi e.g.Pandu, Arsha.
- 2.Anubandha vyadhi e.g. Ashmari with Arsha.
- 3.Laxana-eg. Pindicodwestana in Pandu.

➤ By considering concept of Anukta vyadhi as claudication in legs the varied symptoms related to legs can be considered as

Pindicodwestana  
Jangashoola

4.Upadravatmaka vyadhi- Janghashoola in siragranti.

➤ In Ayurvedic classics there were some symptoms relates to Claudication of the leg were mentioned as

Jawara-Pindicodwestana (Vagbhatta Nidanasthana 2/6,9)

Arsha- Pindicodwestana (Astanga hridya nidana7/15-19 )

Gudagata vata-Janghasoola(Charaka chikitsa 28/24)

Urdhvaga amlapitta- Charanadaha (Madhava nidana Amlapitta /4-6)

Padadaha

Padashoola

Padachimchmayana

Padatoda

Padadaurbalya

Padashaithlya

Premeha, Arsha, Amlapitta, Sthoulya, Siragranti, Amavata diseases diagnosed mainly complains of the following symptomatology related to leg. There may be chances of presenting arterial or vascular pathology in certain diseases. The minor presentation of the disease may further encountered in major ways as stroke etc. may further need to screen in Ayurvedic science.

The concept of Srotodusti mentioned by Charaka in Vimansthana gives some clues for this disease. The Claudication of legs suggestive of the avastha in between sanga and siragranti. If we were able to break dosha dushya sammurchana at this condition there may be chances of relief from further complications too.

Atipravrtti - excess flow, overflow, increased function

Sanga - Decreased function or there may be significant increase in size

Sira granthi – Dilation.

Padasuptata

Padagaurava

Pada shitatva

Padaushnatva

Vimarga gamana - Movement in wrong direction

### **Conclusion**

Claudication in the legs can be encountered as Ankuta vyadhi in Ayurvedic science. A comprehensive approach for study of this disease is needed for further evaluation on the basis of symptomatology.

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