Management Of Tao(Thromboangiitis Oblitrance ) By Leech Application 
A Case Study

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Introduction:-

TAO also known as buerger’s disease is non atherosclerotic, inflammatory disease of peripheral blood vessels affecting small & medium sized vessels of extremities. TAO is one of the cause of chronic lower limb ischaemia or CLI (critical limb ischaemia). It mainly occurs in males habitated to smoke. Smoking is strongly associated with disease course & progression. However exact cause of TAO is still not known. Symptoms includes sever cramp like pain in affected limb during walking, (ischaemic pain also called as intermitant claudication), rest pain, non healing deep painful ulcer at the most distal part of the body like tip of toes, gangrenous patches of skin or subcutaneous tissue or gangrene of distal parts like toes, ischemic changes like coldness of limb, colour changes from pale, red to blue, loss of hairs, dry brital nails.

Conservative treatment includes narcotic analgesics as simple NSAID dose not work, buerger’s position (elevation of head end of the bed), abstinence from smoking (nicotin in any form should be stopped complitly), vasodialators like prostacyclines or xanthinol nicotinate may given to improve circulation particularly for healing of ulcer. Theses all gives temporary relief. Apart from these chemical sympathectomy or surgical sympathectomy, omentoplasty are tried but not done know a days as the results are not satisfactory & procedure related complications are more & may prove fatal to the life of patient. Conservative amputation of gangrenous toe is done. Amputation below knee or above knee is not needed generally but in sever cases not responding to any treatment may be the last option to get rid of pain. Treatment is bessically aimed at reliving pain, healing of ulcer if present, & stopping progress of disease.

Inspite of all these treatment measures the patients of TAO have severe pain, they spend sleepless nights & some have suicidal tendancy due to severe pain.(cases are on record that the patients have commited suicide by jumping from 2nd floor of hospital) 3 . So there is still need for effective managment of disease by alternative means.

In present case study one of our patient suffuring from TAO was effectively managed by leech application, Kaishor Guggulu & chandarakala rasa along with modern treatment regim . This case illustrates the effectiveness of ayurvedic treatment in the management of peripheral vascular disorder.

Case study :-

A 42yrs old male patient named Sidharth Ambhore (OPD no- 18010, IPD no-1034 ) came to our shalya opd at Ayurved hospital station road, Akola complaining of severe in Lt. Lower foot since last two months, deep painful ulcer at lateral margin of sole near 5th toe since last one month, mummified black 3rd toe since last 20 days. He was very restless , anxious , not able to walk properly. He was so irritable & sensitive that he didn’t allowed us to touch his wound for dressing.

H/P/I-- patient was aperantly alright 2 months before suddenly he got pain in his Lt leg in calf region which was gradually increasing . He took treatment from general practioner but didn’t get relief. He developed deep ulcer at lateral margin of Lt. sole at 5th toe. There after he developed gangrene of 3rd toe. Intensity of pain was very severe in late night hours. He was spending sleepless nights. Finally he consulted an orthopaedic surgeon he gave him following treatment-- Tab.zifi (cefixim) 200mg 1 BD, Tab.rantac150mg 1 BD, Tab.trental(pentoxiphyllin) 400mg 1 TDS, Tab.contramol(tramadol) 1 BD, Tab.Ecosprin 150mb 1 OD, since last 7 days but didn’t get relief. There was occlusion of rt. femoral artery in arterial Doppler
Local blood supply improves, this helps in pain management & wound healing is also good with this.

Hyaluronidase, Lipase & esterase, Bdellin, Eglin has Kaishor- (Hyaluronidase, Lipase & esterase, Bdellin, Eglin has Kaishor-). He was admitted to shalya IPD despite modern treatment regim for amputation of gangrenous 3rd toe. Walls of blood vessels.

Conclusion:
It contains drugs having analgesic, anti bacterial, anti inflammatory action.

Chandrakala on varicose vein was observed in our department(thesis of PG student).

Result & discussion:- In cases of PAD like Buerger’s disease inspite of modern treatment regimen patient is very restless due to burning pain. If modern treatment is added with Leech application, Kaishor Guggulu, & Chandrakala rasa, Considerable relief in pain can be observed. Wound healing is also good with this approach. Saliva of leeches have Hirudin which is having better anticoagulant (platelet aggregation inhibitory action) than heparin.

Anaesthetic & anti-inflammatory components(Hyaluronidase, Lipase & esterase, Bdellin, Eglin has anti-inflammatory effect) in saliva helps in reducing pain & inflammation. A substance similar to histamine has vasodilator effect. Local blood supply improves, this helps in pain management & accelerating wound healing.

Kaishor Guggulu mentioned in Sharangdhara samhita 5 contains guduchi (Tinospora cordifolia), Triphala, Sunthi(zingiber officinalis), Guggulu (commiphera mukul), pippali(piper nigrum) etc. Over all it has analgesic, anti bacterial, anti-inflammatory, mild laxative property. It is best drug in lowering uric acid in gout patients. It has good action on walls of blood vessels. Effect of Kaishor Guggulu & leech application on varicose vein was observed in our department(thesis of PG student). It gives good results.

Chandrakala rasa mentioned in Siddha yogasangraha 6 is considered to be best medicine for Pitta Dosha. It contains drugs having shat virya (having cool action). It is useful in Rakta pitta, diabetes & its neuropathic complications.

Conclusion :-
1. In Buerger’s disease, leech application, Kaishor Guggulu & Chandrakala rasa along with modern treatment can give good results in pain management & in healing of wound.
2. Considering result in single case, this treatment regimen can be applied to larger sample to draw appropriate statistical conclusion.
3. Leech application, Kishor Guggulu & Chandrakala rasa should be tried in every cases of PAD like Renold’s disease, atherosclerotic peripheral arterial disease, diabetic wound.
Condition before treatment.

Leech application 1\textsuperscript{st} sitting on 3\textsuperscript{rd} post operative day.

Wound on 10\textsuperscript{th} post operative day.

Amputation stump on 15\textsuperscript{th} post operative day.
References:

1. & 2. Thromboangiitis obliterans (Buerger's Disease)-current practices - NCBI Vijayakumar Rahul Tiwari, Vinod Kumar Prabhuswami.
4. Leeches medicinalis.com, RICARIMPEX (Biology)
6. A clinical study of combination therapy i.e. Jalaukavcharan with Kaishor Guggulu in management of Siraj granthi w.s.r. to Varicose veins.
7. Siddha Yog sangraha.