

A CASE STUDY-ON RAYNAUDS PHENOMENON**Dr. Garima Tiwari*¹, Dr. Supreeth M. J.²**

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ABSTRACT

Raynaud's phenomenon is a peripheral vascular disorder marked by episodic vasospasm and impaired microcirculation. This single-case study evaluates the therapeutic efficacy of an integrated Ayurvedic management approach in a 32-year-old male diagnosed with Raynaud's phenomenon secondary to mixed connective tissue disease. The patient presented with a 5-year history of bilateral coldness, purplish discoloration of extremities, and small nodular lesions. The 19-day treatment protocol was executed in two strategic phases: Phase 1 comprised Jaloukavacharana (leech therapy) for 3 days to relieve localized vascular congestion, followed by Phase 2, a 16-day Panchakarma-based intervention (Sarvanga Abhyanga, Udvartana, Parisheka, and Kala Basti) paired with internal medications to pacify aggravated Vata-Rakta. Symptomatic progress was monitored using a modified Visual Analogue Scale (VAS). Results demonstrated progressive clinical recovery. Phase 1 significantly reduced extremity discoloration and coldness, while Phase 2 yielded approximately 50% overall improvement in peripheral circulation, stiffness, and systemic symptoms, supported by a consistent upward trend in VAS scores. This study suggests that structured Ayurvedic interventions offer a viable, systemic approach to managing secondary Raynaud's phenomenon.

KEYWORDS: Raynaud's Phenomenon, Jaloukavacharana, Panchakarma Therapy, Vata-Rakta, Visual Analogue Scale (VAS).

INTRODUCTION

Raynaud's phenomenon is a peripheral vascular disorder marked by transient vasospasm of digital arteries, reducing blood flow to fingers and toes. Typically triggered by cold or stress, these episodes manifest as pallor, cyanosis, and reactive hyperemia (NIAMS, 2023; Cleveland Clinic, 2022). Pathophysiologically, sympathetic stimulation during cold exposure releases norepinephrine, contracting vascular smooth muscles and compromising peripheral perfusion (Fardoun MM, 2016; Herrick AL, 2012). Chronic or severe episodes risk advancing to digital ulcers, ischemia, and functional disability (LeRoy & Medsger, 2001; Wigley FM, 2016). While conventional care relies on vasodilatory pharmacotherapy, long-term compliance is often limited by inadequate clinical response or systemic adverse

effects (Hinze AM, 2018; MSD Manual, 2023; Su KY, 2021).

In Ayurveda, this pathology correlates with Vata-Rakta vitiation and Srotorodha (channel obstruction), leading to localized circulatory failure. Treatment aims to clear microchannels and pacify aggravated Vata.

Classical modalities like Jaloukavacharana (leech therapy), Sarvanga Abhyanga, Udvartana, Parisheka, and Basti are indicated to enhance microcirculation, relieve vasospasms, and restore tissue perfusion. This case study documents the therapeutic clinical efficacy of this integrated Ayurvedic protocol.

CASE REPORT

A patient reported to Sri Kalabhyraveswara Swamy Ayurvedic Medical College Hospital and Research Centre, Bengaluru, seeking management for symptoms suggestive of Raynaud's phenomenon. The demographic details and clinical complaints of the patient are presented below.

Table 1: "Patient Information."

Parameter	Details
Age	32 years
Gender	Male
Occupation	Software Engineer
Native place	Gujarat
Current residence	Bangaluru

PAST LABORATORY INVESTIGATIONS

Table 4: Baseline blood investigations were reviewed to assess the patient's systemic condition.

Parameter	Result
Hemoglobin (Hb)	14.6 g/dL
Packed Cell Volume (PCV)	38 %
RBC	4.43 million cells/ μ L
ESR	11 mm/hr
ANA Profile	3+ Positive

The positive ANA profile suggested autoimmune involvement consistent with connective tissue disease."

METHODOLOGY

The study is conducted as a single-case clinical study to evaluate the therapeutic effect of Ayurvedic management in a patient diagnosed with Raynaud's phenomenon associated with mixed connective tissue disease. The case was evaluated through a detailed clinical examination and Ayurvedic assessment following the patient's admission to **Sri Kalabhyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, Bengaluru** on 10/02/2006. At the time of admission, comprehensive clinical notes and diagnostic observations were recorded to assess the patient's condition and to establish the basis for further therapeutic intervention. The assessment included documentation of the patient's clinical history, personal history, and traditional Ayurvedic examination

Table 2: Chief Complaints of Patient.

Complaint	Duration
Coldness in bilateral hands and feet	5 years
Purplish discoloration of fingers	5 years
Weakness and fatigue	2 years
Nodular lesions on fingers	2 years
Malar rash after sun exposure	Occasional

PAST MEDICAL TREATMENT

Table 3: Past Medical Treatment.

Medication	Dose / Frequency
Etoricoxib MR	100 mg
Tadalafil	As prescribed
Folitrex	Once weekly
Folic acid supplementation	As advised

parameters. The patient was examined and managed under the expert guidance and clinical stewardship of **Dr. Kiran M. Goud**, Department of Panchakarma, Sri Kalabhyraveswara Swamy Ayurvedic Medical College Hospital and Research Centre, Bengaluru.

On Examination

- Purplish discoloration & coldness at palms & soles
- Weakness & dry mouth
- Small nodular swelling in palms.

Vyadhi Vritanta (Clinical History)

The patient's clinical history was recorded in detail to understand the progression of symptoms and associated conditions.

Table 5: "Vyadhi Vritanta."

Parameter	Observation
Pradhana Vedana (Chief Complaint)	Patient complains of coldness in bilateral palms and feet for the past 5 years.
Vedana Vritanta (History of Present Illness)	Patient was apparently normal 5 years ago. Gradually he started experiencing coldness in the feet and palms.
Anubandha Vedana (Associated Symptoms)	Patient has history of reddish discoloration of palms and feet.
Poorva Vyadhi Vritanta (Past Medical History)	Patient is not a known case of Diabetes Mellitus, Hypertension or Thyroid dysfunction.
Koutumbika Vritanta (Family History)	All family members are said to be healthy."

Vaiyaktika Vritanta (Personal History)

Personal history of the patient was documented to

evaluate lifestyle and physiological parameters that may influence the disease condition.

Table 6: “Vaiyaktika Vritanta.

Parameter	Observation
Diet (Ahara)	Mixed diet
Appetite (Kshudha)	Good
Bowel Habits (Mala Pravritti)	Regular
Micturition (Mutra Pravritti)	4–5 times/day
Habits	Nil
Sleep (Nidra)	Sound”

Ashta Sthana Pariksha & General Examination
As part of Ayurvedic clinical evaluation, Ashta Sthana

Pariksha & General Examination was performed to assess the physiological status of the patient.

Table 7: “Result of Ashta Sthana Pariksha & General Examination.

Ashta Sthana Pariksha		General Examination	
Parameter	Observation	Parameter	Observation
Nadi	Vata-Kapha	General Condition	Fair
Mala	Normal	Pulse Rate	72 bpm
Mootra	Normal	Blood Pressure	150/100 mmHg
Jihva	Alipta	Cardiovascular System (CVS)	S1, S2 heard
Shabda	Prakruta	Respiratory System (RS)	Vesicular breath sounds
Sparsha	Prakruta	Central Nervous System (CNS)	All cranial nerves intact
Drik	Prakruta	Per Abdomen (P/A)	NAD
Akruti	Madhyama	Genitourinary System (GUS)	NAD”

Chikitsa Vivaranam

The treatment protocol was planned in two phases.

Site : Affected finger tips

Phase 1 – Jaloukavacharana

Procedure : Jaloukavacharana (Leech therapy)

Duration : 3 days

Leech therapy was performed locally at the affected sites with the aim of improving peripheral circulation and removing vitiated blood.

Phase 2: Panchakarma Based Therapy**Table 8: “Therapeutic Interventions During Phase 2.**

Procedure	Medicine Used	Duration
Sarvanga Abhyanga	Moorchita Taila	16 days
Sarvanga Udvartana	Triphala + Kolakulathadi Churna	
Sarvanga Pariseka	Dashamula Kwatha	
Kala Basti	Erandamuladi Dashamula”	

For the Kala Basti

The patient was administered a structured course of Kala Basti as a core part of the Panchakarma therapy. This intervention consisted of both Anuvasana Basti and Niruha Basti, administered in a specific sequential order. The Anuvasana Basti was performed using Panchatikta Ghrita. The Niruha Basti was prepared using a combination of Madhu, Saindhava, Panchatikta Ghrita, Guduchi Kalka, Eranda Mula, Dashamoola Kashaya, and Ksheera. As documented in the clinical treatment table, these procedures were scheduled on individual days, where Anuvasana (A) and Niruha (N) were administered in an alternating pattern from 13th February to 28th February to achieve the desired therapeutic effect.

Visual Analogue Scale is a commonly used, accepted and validated subjective clinical outcome questionnaire for pain and discomfort (Hawker et al., 2011). While VAS can be used as a scale ranging from no symptom to worst symptom, in the current study it is modified for reporting the level of improvement (0 = no improvement, 10 = complete resolution of symptoms). This change helps to make the clinical interpretation of therapeutic responses in Raynaud's phenomenon more clear. In addition, there is a disease specific assessment tool, the Raynaud's Condition Score (RCS), published in the literature which describes the severity and frequency of vasospastic episodes in RP (Merkel et al., 2002). For the purpose of this case study, the modified VAS is preferred because of its simplicity, and its ease in monitoring progressive symptomatic improvement over time.

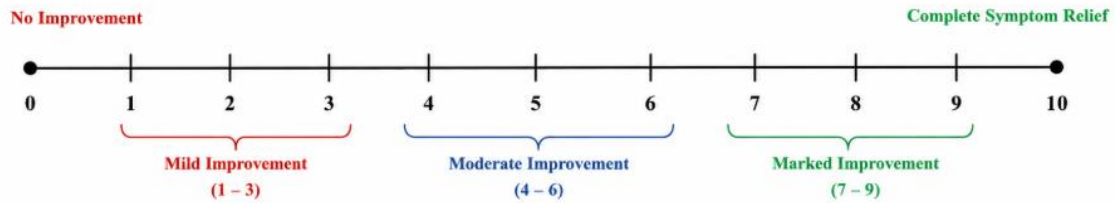
Assessment of Symptom Improvement

A modified Visual Analogue Scale (VAS) is used for subjective assessments of improvement of symptoms throughout treatment to assess therapeutic response. The

The degree of improvement was categorized as follows:

Table 9: “Visual Analogue Scale.

VAS Score	Interpretation
0	Worsening of symptoms
1–3	No significant change
4–6	Mild improvement
7–9	Good improvement
10	Complete resolution of symptoms”

**Fig. 1:** Modified Visual Analogue Scale (VAS) For Assessment of Symptom Improvement.**Source: Author’s own**

This scoring system facilitated a structured evaluation of the therapeutic outcome and enabled comparison of symptom severity before and after the treatment period.

RESULTS

The clinical outcome of the present case was assessed through continuous and systematic monitoring during the entire 19-day treatment period. Throughout the hospitalization, the patient received the planned therapeutic interventions without interruption, and daily observations were recorded to evaluate the response to treatment.

To maintain clinical accuracy and proper documentation, vital parameters including temperature, pulse rate, and blood pressure were monitored three times a day by the attending nursing staff, and the records were verified with the attendant’s signatures as part of the hospital case sheet. Along with routine monitoring, the patient’s symptoms were reviewed after each day’s treatment to assess the level of improvement.

The assessment was carried out phase-wise, based on the two treatment phases implemented in this study. The patient’s initial presenting complaints before the initiation of therapy were first documented, followed by day-to-day evaluation of symptomatic changes and clinical improvement during the treatment course. The detailed observations and outcome of the therapy are presented below according to each phase of treatment.

Phase 1: Jaloukavacharana (Leech Therapy) (Day 01 – Day 03)

Jaloukavacharana (leech therapy) was selected as the initial line of management considering the clinical presentation of discoloration, coldness of extremities, and impaired peripheral circulation. Disease manifestations in Ayurveda are usually linked to vata-rakta vitiation and obstruction of micro-channels (Srotorodha), which result in stagnation of blood

circulation in the peripheral tissues. Jaloukavacharana is a method of Raktamokshana in which the vitiated blood is expelled, local circulation is enhanced and vascular congestion is reduced in the affected parts.

Clinically, this therapy is thought to help with improved tissue perfusion, decrease discoloration and diminish symptoms of vascular spasm and stagnation. Hence, Jaloukavacharana was deemed to be a suitable preliminary treatment for this condition as it would help to stabilize the local pathology and prepare the patient for the next systemic therapeutic procedures in the treatment protocol. On the start of treatment on 10/02/2026, the patient complained of long-standing and marked coldness and purplish discoloration of both palms and soles for about 5 years. The patient also complained of generalized weakness and dryness of mouth for almost three years and also has small nodular swellings in the palmar region. The therapy was given for three days (from 10/02/2026 to 12/02/2026). In each session, four activated leeches were attached over the affected area (prioritized to palms and soles) for ~45 mins with the proper clinical supervision. After the first session mild improvement of discoloration and removal of coldness of the extremities was noted. After two days of treatment, the patient reported a significant improvement in the local symptoms, including decreased stiffness and comfort in areas. General complaints like weakness and dryness of mouth, however, did not change markedly in this phase. On the second day, there was an episode of mild itching of the palms, but it stopped on its own with no further complications. At the end of the third session, clinically significant improvement in the peripheral warmth and reduction in discoloration were noted. The patient also noted that he felt better, more comfortable, and was relieved. Jaloukavacharana therapy was overall found to show a positive therapeutic response which would enable the patient to move to the next set of systemic Ayurvedic therapy.

Table 10: “Clinical Outcome of Phase 1.

Parameter	Day 1 (Baseline)	Day 3 (Post-Intervention)	Clinical Outcome
Skin Discoloration	Severe purplish discoloration	Markedly reduced	Significant improvement
Local Temperature	Pronounced coldness	Reduced coldness	Improved peripheral circulation
Morning Stiffness	Present	Reduced	Functional improvement
Nodular Swelling	Present	Mildly reduced	Early response observed
Patient Feedback	Distress due to symptoms	Feeling better	Positive subjective response”

Phase 2: Combined Panchakarma-based Therapeutic Intervention (Day 04 – Day 19)

Following the successful completion of the initial phase of Jaloukavacharana, the patient was initiated on the second phase of treatment starting from 13/02/2026. This phase focused on systemic management aimed at improving peripheral circulation, reducing vascular spasm, enhancing tissue nourishment, and stabilizing the underlying pathology.

The treatment protocol consisted of a combination of four therapeutic procedures administered daily under clinical supervision. These included

- *Sarvanga Abhyanga*,
- *Sarvanga Udvartana*,
- *Sarvanga Parisheka*, and

- *Erandamuladi Dashamoola Kala Basti*.

These therapies were selected to address the underlying Vata-Rakta vitiation, improve circulation in peripheral tissues, and support overall physiological balance.

Treatment Protocol Overview (Shodhana Chikitsa)

During this 16-day treatment period, a comprehensive Ayurvedic therapeutic approach was implemented to improve peripheral circulation, reduce vascular congestion, and regulate aggravated Vata-Rakta. The treatment included external oleation, powder massage, fomentation therapy, and medicated enema (Basti), which together help in enhancing microcirculation, removing channel obstruction (Srotorodha), and restoring systemic balance.

Table 11: “Treatment Protocol.

Treatment	Therapeutic Intervention	Ingredients / Ingredients Used	Purpose of Therapy
Oleation	Sarvanga Abhyanga	Murchita Taila	Improves peripheral circulation, pacifies aggravated Vata, and nourishes body tissues
Udvartana	Sarvanga Udvartana	Triphala + Kolakulathadi Churna	Reduces stagnation, enhances blood flow, and removes blockage in microchannels
Pariseka	Sarvanga Pariseka	Dashamoola Kwatha	Relieves stiffness, reduces inflammation, and improves vascular response
Enema (Basti)	Kala Basti (to Yoga Basti)	Anuvasana: Panchatikta Ghrita Niruha: Erandamooladi Dashamoola Ksheera	Regulates Vata, detoxifies the body, and improves systemic circulation”

Therapeutic Rationale and Mode of Action (Phase 2 Interventions)

- **Sarvanga Abhyanga (with Murchita Taila):** The external application of *Murchita Taila* through systematic therapeutic massage (*Abhyanga*) acts as a potent *Vata-hara* intervention. Tactile stimulation enhances superficial capillary circulation, induces vasodilation, and counteracts the localized peripheral coldness characteristic of Raynaud's phenomenon. Mechanically, it improves tissue perfusion, while pharmacologically, the *Snehana* (oleation) property nourishes depleted *dhatus* (tissues) and restores endothelial function, preventing further ischemic changes in the extremities.
- **Sarvanga Udvartana (with Triphala + Kolakulathadi Churna):** *Udvartana* involves dynamic dry-powder massaging in an upward direction (*Pratiloma*), which provides a strong

Srotoshodhana (clearing of microchannels) effect. The combination of *Triphala* and *Kolakulathadi Churna* possess *Rooksha* (dry), *Teekshna* (penetrating), and *Kapha-Medohara* properties. This therapy directly breaks down the peripheral channel obstruction (*Srotorodha*) caused by vitiated *Kapha* and *Aama*, mobilizes stagnant metabolic wastes, and stimulates the cutaneous nervous system to enhance blood flow to the distal parts of the body (palms and soles).

- **Sarvanga Parisheka (with Dashamoola Kwatha):** Affusion therapy (*Parisheka*) using a warm decoction of *Dashamoola* acts as a continuous thermal sudation (*Svedana*). *Dashamoola* is renowned for its *Shothahara* (anti-inflammatory), *Shoolahara* (analgesic), and profound *Vata-Kapha Shamaka* actions. The sustained thermal effect causes smooth muscle relaxation in the peripheral blood vessels, directly counteracting the vasospastic

episodes triggered by Raynaud's. It relieves vascular stiffness, reduces ischemic pain/discomfort, and modulates the autonomic vascular response.

- **Erandamuladi Dashamoola Kala Basti:** *Basti* is considered the prime treatment modality for regulating *Vata Dosha*, which is the root cause of vasospasms and circulatory deficits in *Vata-Rakta* (connective tissue disorders).
- **Anuvasana Basti (Panchatikta Ghrta):** The lipid base infused with bitter (*Tikta*) herbs penetrates deeply into the *Dhatus*, pacifies *Vyana Vayu* (responsible for circulation), and exerts an immunomodulatory effect to arrest the underlying systemic pathology of Mixed Connective Tissue Disease (MCTD).
- **Niruha Basti (Erandamooladi Dashamoola Ksheera Basti):** This medicated milk-based decoction enema works via the enteric nervous system to eliminate toxins, clear systemic channels, and improve systemic microcirculation. The synergy of both types of *Basti* ensures long-term vascular stability and reduces the frequency of cold-induced ischemic attacks.

Shamana Chikitsa

The internal medications were prescribed to improve digestive metabolism (*Agni*), purify channels (*Srotoshodhana*), enhance immunity, and support vascular health during the course of treatment.

Sitopaladi Churna: Improves digestion (*Agni*), supports respiratory function, and helps in reducing inflammatory responses in the body. (Pillegowda-Smitha K, 2016).

Talisadi Churna: Enhances metabolism, improves circulation, and supports immune response. (Khabale AV, 2024).

Tankana Bhasma: Acts as a bioavailability enhancer, reduces inflammation, and helps in clearing microchannels (*Srotas*). (Ravishankar AG, 2013).

Guduchi: Acts as a potent immunomodulator and helps in reducing systemic inflammation. (Shedbale SD, 2025).

Triphala: Supports detoxification, improves digestion, and enhances tissue nourishment. (Majhi L, 2024).

Gokshura: Improves systemic strength, supports microcirculation, and maintains fluid balance. (Mathada N, 2018).

Manjistha: Known for blood purification and improving peripheral circulation. (BHATI YS, 2025).

Sariva: Helps in cooling the system, reduces inflammation, and supports vascular health. (Pansare TA, 2018).

Rakta Chandana: Supports blood purification and helps in reducing discoloration and burning sensations. (Choudhary N, 2025).

Pippali Rasayana: Acts as a rejuvenative therapy (*Rasayana*), improves immunity, and enhances overall vitality. (Bhati M, 2025).

Table 12: “Medication Details.

Medication	Components	Dosage & Frequency
Churna Combination	Sitopaladi, (100 gm) Talisadi (100 gm) and Tankana Bhasma (40 gm)	1 tsp thrice daily with Honey
Systemic Support	GTG MSR (Guduchi, Triphala, Gokshura, Manjistha, Sariva, Rakta Chandana)	1 tsp twice daily (Started from Day 15) Before food.
Rasayana	Pippali Rasayana	Added on Day 15 for rejuvenation”

Progress Analysis of Phase 2: (Day 4 – Day 19)

The therapeutic response of the patient was evaluated through continuous clinical observation during the second phase of treatment, spanning from Day 4 to Day 19. The progression of improvement was assessed based on symptomatic changes in peripheral circulation, systemic condition, and associated clinical manifestations.

A. Initial Phase (Days 4 – 11): Clinical Stabilization

During the initial days of Phase 2 therapy, the treatment primarily focused on stabilizing peripheral circulation and reducing the severity of coldness and stiffness in the extremities. Early signs of improvement were observed by Day 5, where approximately 5–10% reduction in skin discoloration was noted. As the therapy progressed, gradual symptomatic relief was documented. By Day 11, the purplish discoloration of the palms and soles had reduced by nearly 30%, accompanied by a noticeable

decrease in the intensity of morning stiffness. These findings indicated the beginning of vascular stabilization and improved peripheral blood flow.

B. Mid-Phase Transition (Days 12 – 15): Functional Recovery

The mid-phase of treatment demonstrated further improvement in both local and systemic symptoms. By Day 12, the reduction in discoloration and coldness reached approximately 30–40%, reflecting progressive improvement in vascular function. In addition to local symptoms, the patient reported a 10–20% reduction in generalized weakness and dryness of mouth, suggesting systemic recovery. During this stage, a malar rash (butterfly rash) was observed to become more prominent upon exposure to sunlight; however, it was carefully monitored clinically without any significant complications.

C. Final Phase (Days 16 – 19): Significant Clinical Improvement

During the final stage of treatment, a marked clinical improvement was observed. By Day 17, the reduction in discoloration and coldness of the palms and soles had reached approximately 40–50%, indicating significant improvement in peripheral circulation. Systemic

symptoms such as morning stiffness were minimal, and the malar rash began to show mild reduction by Day 18. At the conclusion of the treatment period (Day 18–19), the overall reduction in the primary complaints of discoloration and coldness remained stable at nearly 50%, reflecting a positive therapeutic response to the integrated Ayurvedic treatment protocol.

Table 13: “Final Assessment of Therapeutic Outcomes.

Clinical Parameter	Day 04 (Baseline)	Day 19 (Conclusion)	Outcome
Purplish Discoloration	Severe/Persistent	50% Reduction	Significant Improvement
Coldness of Extremities	Marked	50% Reduction	Enhanced Microcirculation
Morning Stiffness	High Intensity	Minimal/Resolved	Improved Joint Mobility
Generalized Weakness	Present	20% Reduction	Functional Recovery
Malar Rash	Present (Sun-sensitive)	Slightly Reduced	Immunological Stability”

In the 16-day intensive Ayurvedic treatment (Phase 2) the clinical improvement observed was 50% in the vascular symptoms related to RP. Sarvanga Parisheka and Ksheera Basti had very beneficial effects on peripheral coldness and skin coloration.

Therapeutic response measured by the Visual Analogue Scale (VAS) with a symptom severity rating of 0 (no symptoms) to 10 (severe symptoms), and the patient's health improved over the 19 day treatment period. The patient's score was low initially, indicating high discomfort and poor peripheral circulation. During the onset of Jaloukavacharana followed by integrated Panchakarma interventions, a gradual and consistent rise of VAS score was observed day-by-day. At the end of the treatment period, the scores moved towards the high end of the scale, reflecting significant clinical improvement in many symptoms including stiffness, coldness and discoloration of extremities. The integrated Ayurvedic management protocol has resulted in this progressive change in VAS scoring, which is a positive therapeutic effect. The patient was stabilized and dressed for discharge, and is on medication for internal use to maintain the recovery.

DISCUSSION

Raynaud's phenomenon is a disorder of the peripheral circulation involving periodic vasospasms, changes in colour of the extremities and microcirculatory disorders. In this case, the patient had chronic complaints of purplish discoloration and coldness of both palms and soles, as well as, generalized weakness and dryness of mouth. According to Ayurveda, this can be compared with Vata-Rakta vitiation with Srotorodha. Vitiating of Vata obstructs the normal flow of Rakta in Peripheral tissues. Once Jaloukavacharana (leech therapy) was started, immediate clinical improvement was seen. By the second day of therapy, reduction in coldness and stiffness of extremities was noted and peripheral warmth started improving. On the completion of the 3rd day, discoloration of the palms and soles was significantly improved and the patient felt better in daily activities.

The same beneficial effect was reported in earlier Ayurvedic studies by Raturi & Joshi (2025) in vascular and microcirculatory disorders with improvement in the blood circulation and reduction in inflammation as observed in Jaloukavacharana. Clinical improvement continued with the further management using the combined Panchakarma based therapeutic measures like Sarvanga Abhyanga, Udvartana, Parisheka and Kala Basti, with Shamana Aushadhi which led to progressive clinical improvement. The observed therapeutic improvement following Panchakarma interventions can be explained based on classical Ayurvedic principles. Sarvanga Abhyanga is very beneficial in calming aggravated Vata Dosha, the predominant factor involved in vasospasm and poor peripheral circulation in Vata-Rakta. In the Charaka Samhita (Sutrasthana 5), Abhyanga is said to have the following beneficial effects: It enhances circulation, it strengthens Dhatu Poshana (tissue nourishment) and reduces stiffness and dryness, thereby restoring the normal vascular function (Samhita 1949).

Sarvanga Udvartana is useful in alleviating Srotorodha (obstruction of channels) by reducing Kapha accumulation and enhancing microcirculation. It helps to ensure better blood flow in the periphery. Likewise, Parisheka with medicated decoctions like Dashamoola Kwatha has Vata-pacifying, anti-inflammatory activity and relaxes the vascular structures, improving the local circulation (Tripathi, 1994). The prime therapy for Vata disorders is Kala Basti which has a systemic effect on correcting the underlying Dosha imbalance. The effect of Basti is so great and profound that it was considered as “Ardha Chikitsa” as mentioned in Charaka Samhita (Sharma, 2009). These two therapies work together to eliminate Srotorodha, stimulate Rakta flow and boost overall tissue metabolism, which results in a decrease in symptoms, coldness and discoloration noticed in this case.

Over the course of treatment a gradual restoration of peripheral circulation was observed. In the mid-phase of therapy, around 30-40% of the discoloration and coldness had disappeared, with an improvement in the

morning stiffness and a mild improvement in weakness. Earlier clinical observations from Ayurvedic literature also indicated that Jaloukavacharana and Raktamokshana treatment is beneficial in treating disorders associated with vascular dysfunction and Vata-Rakta conditions (Masatkar, 2020). After 19 days' course, the patient had almost 50% reduction in the purplish discoloration and coldness of extremities, which means that the peripheral blood circulation and vascular response were greatly improved.

Morning stiffness was almost resolved and systemic symptoms also showed gradual recovery. Similar results have been reported in prior studies on the use of Jaloukavacharana in the treatment of Raynaud's disease as a beneficial therapy for enhancing vascular function and alleviating symptoms of peripheral vasospasm (Gadve & Girhe, 2023).

CONCLUSION

The study indicates that the integrated Ayurvedic management approach, including Jaloukavacharana, Panchakarma therapies, and Shamana Aushadhi, resulted in notable clinical improvement in Raynaud's phenomenon. The treatment effectively addressed Vata-Rakta vitiation and improved peripheral circulation, leading to reduction in discoloration, coldness, and stiffness of extremities. Supportive therapies such as Abhyanga, Udvartana, and Basti contributed to better vascular function and tissue nourishment, while internal medications enhanced systemic recovery. The overall intervention was well tolerated and showed no adverse effects. These findings suggest that Ayurvedic management can serve as a beneficial supportive approach for peripheral vascular disorders. However, further studies with larger sample sizes are required to validate these results.

ACKNOWLEDGEMENTS

LIMITATIONS OF THE STUDY

1. The present study is based on a single case observation, therefore the findings cannot be generalized to a larger population without further clinical studies involving a greater sample size and long-term follow-up.
2. The duration of treatment and observation was limited to a short clinical period (19 days); hence, long-term therapeutic effects and recurrence prevention could not be fully evaluated.

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