

## CASE STUDY: MULTIDIMENSIONAL AYURVEDIC MANAGEMENT OF SIRAGRANTHI W.S.R. VARICOSE VEINS

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Article Received on 15 Jan. 2026,  
Article Revised on 05 Feb. 2026,  
Article Published on 16 Feb. 2026,

<https://doi.org/10.5281/zenodo.18661124>

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**How to cite this Article:** Pushpa Choudhary\*<sup>1</sup>, Seeta Rajoria<sup>2</sup>. (2026). Case Study: Multidimensional Ayurvedic Management of Siragranthi W.S.R. Varicose Veins. World Journal of Pharmaceutical Research, 15(4), 875–882.

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### ABSTRACT

Varicose veins, clinically termed Chronic Venous Insufficiency (CVI), result from loss of valvular competence in the superficial and perforator veins of the lower limbs, leading to venous stasis, edema, pain, and skin changes. In Ayurveda, this condition is correlated with *Siragranthi*, described as abnormal dilatation and tortuosity of veins due to vitiation of *Vata* associated with *Rakta* and *Pitta*. Post-partum physiological changes, repeated pregnancies, prolonged standing, and nutritional deficiencies further aggravate venous pathology by weakening vascular tone and tissue integrity. **Objective:** To evaluate the clinical recovery of a 42-year-old female patient suffering from chronic varicosity of both lower limbs associated with joint pain, burning sensation, itching, gastric discomfort, and metabolic imbalance for the last eight years.

**Materials and Methods:** The patient was treated with a

structured Ayurvedic protocol aimed at *Vata-Pitta Shamana* and *Rakta Prasadana*. Internal medications included herbal formulations possessing *Shothahara*, *Vedanasthapana*, and *Rasayana* properties. Local therapy consisted of gentle *Abhyanga* over the affected limbs using medicated oil followed by limb elevation. Lifestyle modifications such as avoidance of prolonged standing, use of leg elevation, regulated diet, adequate hydration, and inclusion of iron-, calcium-, and protein-rich foods were advised. Laboratory investigations including Vitamin D3, Vitamin B12, and HbA1c were monitored to assess nutritional and metabolic status. **Results:** After regular treatment and follow-up, the patient showed marked improvement. Pain (*Shoola*), itching (*Kandu*), heaviness, and burning sensation were

significantly reduced. Skin discoloration showed gradual improvement. Gastric symptoms and general fatigue also subsided. Laboratory parameters demonstrated improvement in Vitamin D3 and B12 levels, along with better glycemic control. No adverse effects were reported during the treatment period. **Conclusion:** This case demonstrates that Ayurveda offers a holistic, non-invasive, and sustainable approach in the management of *Siragranthi* (varicose veins). By addressing both local vascular pathology and systemic nutritional imbalance, Ayurvedic management provides long-term symptomatic relief and improves quality of life, presenting a promising alternative to endovenous and surgical interventions in chronic venous insufficiency.

**KEYWORDS:** Varicose veins, Siragranthi, Post-partum joint pain, Amlapitta, Vitamin D3 Deficiency.

## INTRODUCTION

Varicose veins, clinically recognized as Chronic Venous Insufficiency (CVI), constitute a common and progressive vascular disorder affecting approximately 5–30% of the adult population worldwide. The condition is characterized by dilated, elongated, and tortuous superficial veins, predominantly involving the lower extremities. Owing to gravitational pressure and valvular incompetence, venous blood reflux leads to venous stasis, endothelial dysfunction, and gradual structural damage of the venous wall. Women are more frequently affected than men, largely due to hormonal fluctuations, pregnancy-related pelvic venous pressure, and connective tissue laxity.

Clinically, varicose veins present with a spectrum of symptoms ranging from cosmetic disfigurement to significant functional impairment. Common manifestations include leg heaviness, aching pain, burning sensation, muscle cramps, itching, edema, and skin discoloration. In advanced stages, complications such as eczema, lipodermatosclerosis, and venous ulcers may develop, markedly reducing quality of life and occupational productivity.

In Ayurvedic literature, varicose veins are correlated with *Siragranthi*, a condition resulting from *Vata Prakopa* associated with *Rakta* and *Pitta* involvement. The pathogenesis (*Samprapti*) involves *Sankocha* (constriction) of the *Sira* due to aggravated *Vata*, followed by loss of elasticity and formation of nodular swellings (*Granthi*). Improper circulation, tissue depletion (*Dhatu Kshaya*), and chronic strain further contribute to disease progression. Post-

pregnancy physiological changes and vascular stress act as important triggering factors for the early onset and chronicity of the condition.

Conventional management of CVI primarily focuses on symptomatic relief through compression therapy, pharmacological agents, and invasive interventions such as vein ligation, stripping, and endovenous ablation. However, recurrence, procedural risks, and economic burden remain significant concerns. Ayurveda offers a holistic therapeutic approach by addressing both the structural venous pathology and the underlying systemic imbalance through *Shodhana*, *Shamana*, and lifestyle correction.

Thus, understanding varicose veins from both modern and Ayurvedic perspectives provides a comprehensive framework for developing integrative, sustainable, and patient-centered management strategies for *Siragranthi*.

## CASE HISTORY

- **Patient Name:**XYZ
- **Age/Gender:** 42 Years / Female
- **Duration of Illness:** 8 Years (Onset: Post-delivery)
- **Chief Complaints:**
  1. Visible tortuous, bluish-purple veins on both legs with intense itching (*Kandu*).
  2. Chronic pain in multiple joints (*Sandhishoola*) and generalized body ache.
  3. Digestive distress including gaseous distension (*Adhmana*) and acidity (*Amlapitta*).
- **Past Medical History:** Significant for High Blood Pressure during pregnancy (Gestational Hypertension).

## Laboratory Findings

The patient underwent systemic screening to rule out autoimmune causes for joint pain:

- **C-Reactive Protein (CRP):** Non-Reactive
- **Rheumatoid Factor (RA):** Non-Reactive
- **ESR:** 8.0 mm/h
- **Hormonal/Nutritional**
  - **Vitamin D3:** 21.8 ng/ml (**Deficient**; Normal: 30-100).
  - **Vitamin B12:** 326.0 pg/mL (**Borderline Low**).
  - **HbA1c:** 5.5% (Pre-diabetic threshold; requires strict dietary control).

## MATERIALS AND METHODS

The treatment strategy was divided into three phases: *Deepana-Pachana* (digestive correction), *Shamana* (balancing doshas), and *Rejuvenation*.

**Assessment Criteria:** To evaluate the efficacy of the treatment, subjective and objective parameters were graded on a four-point scale from Grade 0 to Grade 3 based on severity.

### 1. Pain (Shoola)

Grade	Description
Grade 0	No pain
Grade 1	Occasional pain, does not affect routine activity
Grade 2	Pain affecting daily work and mobility
Grade 3	Constant, severe pain disturbing routine life

### 2. Itching (Kandu)

Grade	Description
Grade 0	No itching
Grade 1	Occasional itching
Grade 2	Frequent itching requiring scratching
Grade 3	Severe itching disturbing sleep

### 3. Gaseousness (Adhmana / Flatulence)

Grade	Description
Grade 0	Normal digestion, no gas
Grade 1	Occasional gas formation
Grade 2	Frequent bloating and discomfort
Grade 3	Constant gaseous discomfort with abdominal distension

### 4. Leg Heaviness (Gaurava)

Grade	Description
Grade 0	No heaviness
Grade 1	Mild heaviness after walking or prolonged standing
Grade 2	Moderate heaviness affecting movement
Grade 3	Constant heaviness even at rest

## INTERNAL MEDICATION

### Treatment Protocol

#### Phase 1: Digestive Correction (Deepana–Pachana).

Medicine	Dose	Frequency	Anupana	Therapeutic Purpose
Avipattikar Churna	5 g	At bedtime (HS)	Lukewarm water	Vata Anulomana, relief from gas, constipation and acidity
Sutashekhar Rasa	2 tablets	Twice daily after meals	Lukewarm water	Management of Amlapitta and gastric irritation

**Phase 2: Systemic Management (Shamana Chikitsa).**

Medicine	Dose	Frequency	Anupana	Therapeutic Purpose
Kaishore Guggulu	2 tablets	Three times daily after meals	Lukewarm water	Rakta Shodhana, anti-inflammatory, joint pain relief
Singhnath Guggulu	2 tablets	Twice daily after meals	Lukewarm water	Vata disorders of lower limbs, pain and stiffness
Ashwagandha Churna	5 g	Twice daily	Milk / lukewarm water	Balya, Rasayana, post-partum debility, joint strength
Vistinduk Vati	1 tablet	Twice daily after meals	Lukewarm water	Nerve strengthening, analgesic effect
Arsh-B12 Tablet	1 tablet	Once daily	Lukewarm water	Venous and vascular support, nutritional supplementation

**Phase 3: Specialized Powders & Supportive Therapy.**

Medicine	Dose	Frequency	Anupana	Purpose
Abhrak Bhasma	250 mg	Once daily	Honey	Rasayana, immunity, tissue regeneration
Giloy Satva	500 mg	Once daily	Honey	Anti-inflammatory, metabolic support
Ajamodadi Churna	3 g	Twice daily	Lukewarm water	Toxin removal, joint stiffness relief

**External & Supportive Therapy**

- Local Application: Panchgun Taila was advised for gentle massage (downward to upward) to improve venous return and soothe itching.
- Nutritional Support: Hb-plus D3 and B12 supplementation to correct the deficiency contributing to body aches.

**CLINICAL PROGRESSION**

- **Follow-up 1 (26/08/2025):** Baseline recorded. Primary complaints of *Siragranthi* and joint pain established.
- **Follow-up 2 (16/09/2025):** Patient reported 30% reduction in bloating. Joint stiffness improved slightly.
- **Follow-up 3 (07/12/2025):** Laboratory reports analyzed. Deficiency of Vitamin D3 confirmed as a cause for persistent body ache.
- **Follow-up 4 (12/12/2025):** Significant reduction in itching and leg heaviness. Acidity under control.

**Comparison of Clinical Parameters Before and After Treatment**

Parameter	Before Treatment (Grade)	After Treatment (Grade)	Observation
Pain (Shoola)	Grade 3 – Constant severe pain	Grade 1 – Occasional mild pain	Marked reduction in pain intensity
Itching (Kandu)	Grade 2 – Frequent itching	Grade 0 – No itching	Complete relief
Gaseousness	Grade 2 – Frequent bloating	Grade 0 – Normal digestion	Significant digestive improvement
Leg Heaviness (Gaurava)	Grade 3 – Constant heaviness	Grade 1 – Mild heaviness after exertion	Considerable improvement
Burning Sensation	Grade 2 – Moderate	Grade 0 – Absent	Complete relief
Fatigue / Weakness	Grade 2 – Moderate	Grade 1 – Mild	Improved energy level
Skin Discoloration	Grade 2 – Moderate pigmentation	Grade 1 – Mild pigmentation	Gradual improvement
Mobility	Restricted	Improved	Better walking tolerance
Sleep Quality	Disturbed	Normal	Restful sleep achieved

**BEFORE****AFTER**



## DISCUSSION

Siragranthi is primarily a *Vata-dominant* disorder involving *Rakta Dhatu* and *Sira*, resulting in venous dilatation, tortuosity, and nodular swelling. In the present case, post-partum physiological stress, chronic strain, and digestive impairment (*Mandagni*) acted as precipitating and perpetuating factors. The adopted treatment strategy was based on correcting the root pathology by addressing *Agni*, pacifying aggravated *Vata-Pitta*, purifying *Rakta*, and strengthening venous and musculoskeletal tissues.

The Deepana–Pachana phase using Avipattikar Churna and Sutashekhar Rasa improved digestion and reduced Amlapitta, thereby preventing further *Ama* formation. Kaishore Guggulu and Singhnath Guggulu exerted anti-inflammatory, analgesic, and venotonic effects, which contributed to reduction in pain, heaviness, and venous congestion. Ashwagandha Churna provided Rasayana and Balya action, improving tissue strength and post-partum debility. Vistinduk Vati supported neurological function and pain modulation. External application of Panchgun Taila enhanced local circulation and facilitated venous return.

This integrated approach demonstrates how Ayurvedic therapy not only alleviates symptoms but also interrupts disease progression by addressing systemic and local pathology simultaneously, which is often not achieved through conventional symptomatic management alone.

## CONCLUSION

The present case study establishes that Ayurvedic management offers an effective, safe, and holistic approach in the treatment of Siragranthi (Varicose Veins). The structured combination of internal medications, external therapies, and lifestyle modifications resulted in significant symptomatic relief, improved metabolic parameters, and enhanced quality of life. Unlike invasive modern procedures that carry risks of recurrence and complications, Ayurveda emphasizes long-term vascular health through correction of underlying doshic imbalance and tissue nourishment. Therefore, Ayurvedic therapy can be considered a reliable alternative or complementary modality for the sustainable management of chronic venous insufficiency.

**REFERENCES**

1. Antani MR, Dattilo JB. Varicose Veins. [Updated 2023 Aug 8]. In: Stat Pearls. Treasure Island (FL): Stat Pearls Publishing, Jan. 2024. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470194/>
2. Özdemir ÖÇ, Surmeli M. Conservative Management of Chronic Venous Insufficiency. Clinical Physical Therapy. InTech., 2017. Available from: <http://dx.doi.org/10.5772/67752>
3. Shushruta Samhita, Dr Kewal Krishan Thukral, Chaukhambha Orientalia, Varanasi, Part II, Sharirasthana 8/26.
4. Shushruta Samhita, Dr Kewal Krishan Thukral, Revised edition 2016, Chaukhambha Orientalia, Varanasi, Part I, Sutrasthana 8/15.
5. Shushruta Samhita, Dr Kewal Krishan Thukral, Revised edition 2016, Chaukhambha Orientalia, Varanasi, Part I, Sutrasthana 13/20.
6. Shushruta Samhita, Dr Kewal Krishan Thukral, Revised edition 2016, Chaukhambha Orientalia, Varanasi, Part I, Sutrasthana 13/4.
7. Sushrut Samhita Ayurved Tatwa Dipika Hindi Commentary, Written by Shastri Ambicadutt Kaviraj Vol-1st, Published by Chaukhamba Sanskrita Sansthan, Varanasi, reprint edition, 2013; 11(8-9): 351.
8. Colin ogilive (1997) Chamberlain's symptoms and signs in clinical medicine, butterworth-Heinemann international edition, 12th edition ch-7, 185.
9. [www.leeches.biz/leech-therapy.htm](http://www.leeches.biz/leech-therapy.htm).
10. [http://en.wikipedia.org/wiki/Venous\\_ulcer](http://en.wikipedia.org/wiki/Venous_ulcer) date 25/04/201313.
11. Bush, R. New technique to heal venous ulcers: Terminal interruption of the reflux source (TIRS). Perspectives in Vascular Surgery and Endovascular Therapy, 2010; 22(3).
12. Dr. Anantram Sharma, "Sushrut vimarshini" commentary on Sushrut Samhita, Chikitsa sthan- Chapter 4 (Vat Vyadhi chikitsa- Shlok 7) Volume 2, Published by Chaukhambha Prakakashan, 2009; 205.