

**“ROLE OF BASTI, VIRECHAN AND JALAUKAVACHARAN IN  
MANAGEMENT OF SIRAJGRANTHI i.e. DVT”****\*Vd. Piyusha C. Thote<sup>1</sup> and Vd. P. U. Jane<sup>2</sup>**P.G. Scholar<sup>1</sup>, Guide & Head of Department<sup>2</sup>

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**ABSTRACT**

DVT is the formation of blood clot (thrombosis) within deep vein, most commonly in legs. Non-specific sign may include pain, swelling, warmth, redness and engorged superficial veins. In Ayurveda it can be correlated with ‘sirajgranthi’. Due sudden bathing (ambhoavagahat) after excessive walk (padatestu sahasa) or excessive exercise (vyam) there is vitiation of vaat dosha. This vitiated vaat dosha cause rakta dushti in sira which leads to shrinking (sapidya, sankochya, vishoshya), tortous or engorgement (vakra), stasis of blood (nishphura) of sira i.e.veins. All this conditions leads to formation of ‘sirajgranthi’. It is manily due to vitiation of vaat-rakta dosha so we have given basti and virechan to expel out vitiated dosha followed by

jalaaukavacharan to expel sthanik vitiated dosha to cure the disease. Here in present article a case study of sirajgranthi i.e. DVT has been discussed.

**KEYWORDS:** Sirajgranthi, ambhoavaghat, padatestu-sahasa-vyam, vaat-rakta dosh, sapidya-sankochya-vishoshya-vakra-nishphura, basti-virechan-jalaaukavacharan.

**INTRODUCTION**

Venous thrombosis is the formation of a semisolid coagulum within the venous system. It may occur in superficial system (superficial thrombophlebitis) or deep system (deep vein thrombosis).<sup>[1]</sup> These clots are dangerous because they can lose, travel through the bloodstream to lungs and block the flow to lungs leads to pulmonary embolism and sudden death. Subsequently there is risk of developing a post thrombotic limb and venous ulceration. Upper limb DVT is rare as compared to lower limb DVT. Most of the patients are asymptomatic. But the most common symptoms includes fever, pain and swelling in calf and

thigh region, swelling over limbs, raised in local temperature, discolouration and distension of superficial veins.<sup>[2]</sup> Interplay of three process i.e. Virchow's triad in aetiology of DVT.<sup>[3]</sup>

1. Changes in vessel wall i.e. endothelial damage (sarpidya, sankochya, vishoahya, vakra of sira)
2. Stasis i.e. diminished blood flow through veins (nishphura i.e. unable to pump the blood which leads to stasis)
3. Coagulability of blood i.e. thrombophilia (formation of granthi)

According to Ayurveda DVT can be compared with sirajgranthi. As per the classical texts hetu of sirajgranthi includes sudden bathing (ambhoavagahat) after excessive walk (padatestu sahaya) or excessive exercise (vyam) leads to vitiation of vaat dosha. This vitiated vaat dosha cause rakta dushti in sira which leads to sarpidan, sankoch, vishoshan, nishphura of sira and formation of granthi called as 'sirajgranthi'.<sup>[4]</sup>

In this present study we have studied a case of DVT and role of basti, virechan and jalaukavacharan in management of DVT.

## MATERIAL AND METHODS

### Case Report

A female patient of age 55 year admitted in M.A.Podar hospital with complaints of swelling with discolouration of left lower limb and varicosity over bilateral lower limb since 2 ½ months. Initially patient had taken 'raktapachak kwath' for duration of 1 month but not found any satisfactory results. Then she visited to M.A.Podar OPD for management.

### Diagnosis

It was done on basis of clinically obtained sign and symptoms, clinical examination i.e. Homan's sign, Moes's sign, Neuhof's sign and venous colour Doppler report.<sup>[5]</sup>

### Treatment Plan:

Initially Dipan and Pachan for 7 days was given with Arogyavardhin vati, Sanjeevani vaat, Gandharva haritaki as anuloman.

Kaal basti kram followed by 3 settings of jalaukavacharan which is followed by virechan and again 3 settings of jalaukavacharan.

**Basti**

Kaal basti kram with Dashmool kwath Niruha and Tiltail Anuvasan in vyatyasat karm was done for 16 days.

**Virechan**

Snehapan was given in increment dose for 7 days, starting from 30 ml upto 210 ml on last day of snehapan increased by 30ml on each day.

Virechan yog: Triphhala kwath (100ml) + Eranda tail (30ml) + 3 Abhayadimodak.

Total 28 vega and kaphant lakshans were observed indicating pravar shuddhi of virechan. Samsarjan kram for 7 days was given to patient.

**Jalaukavacharan**

5 jalauka were applied on left leg along the course of left external iliac, popliteal and anterior tibial vein for 6 times at the interval of 7 days before and after virechan.

**CRITERIA FOR ASSESSMENT****Subjective criteria**

1. Pain / tenderness
2. Swelling
3. Local temperature
4. Redness/dicolouration
5. Distension of veins
6. Clinical examinations (Homan's sign, Mose's sign, Neuhoof's sign)

**Objective criteria**

1. Reports of colour Doppler before and after treatment

**RESULTS**

Sr.no	Criteria for assessment	Results	
		Before treatment	After treatment
1	Pain / tenderness	Present	Reduced
2	Swelling	Present	Reduced
3	Local temperature	Present	Reduced
4	Redness / discolouration	Present	Reduced
5	Distension of veins	Present	Reduced
6	Homan's sign	Present	Absent
7	Mose's sign	Present	Absent
8	Neuhof's sign	Present	Absent
9	Colour Doppler report	11/8/15	30/10/15

11/8/2015(before treatment)

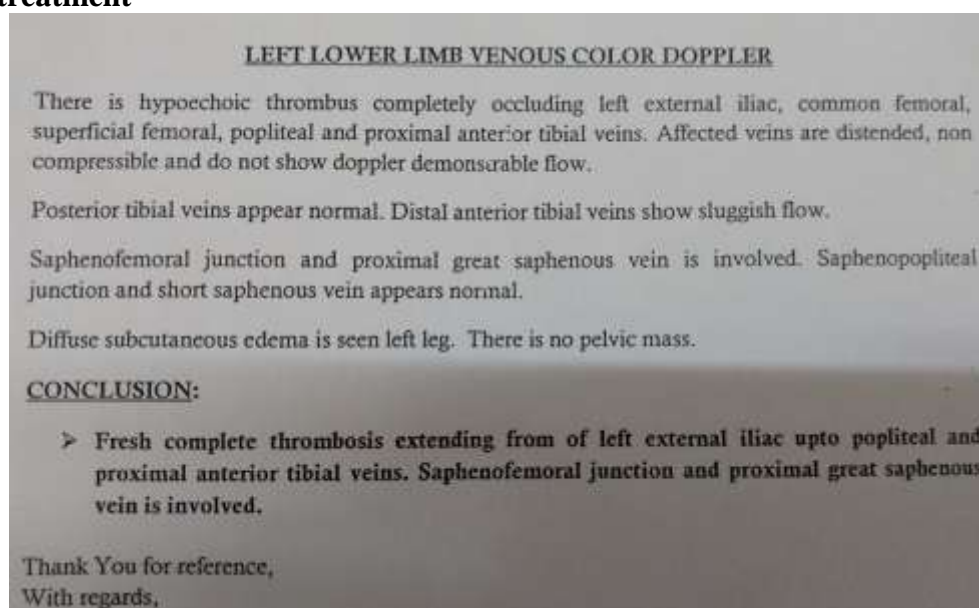
Fresh complete thrombosis extending from left external iliac upto popliteal and proximal anterior tibial veins. Sapheno-femoral junction and proximal Great saphenous vein involved.

30/10/2015(after treatment)

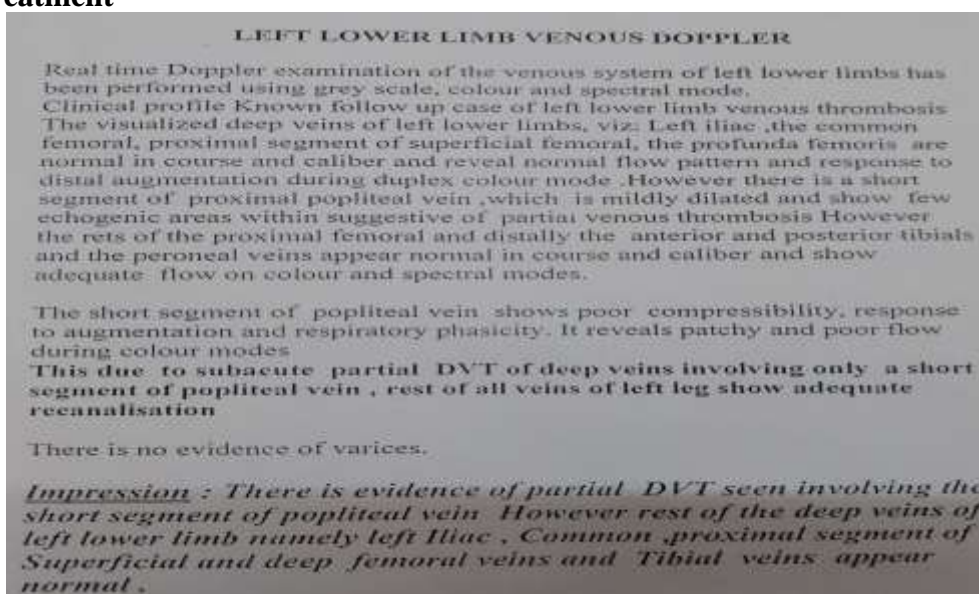
Evidence of partial DVT seen involving the short segment of popliteal vein, however rest of the deep veins of left lower limb namely left iliac vein, common, proximal segment of superficial and deep femoral veins and tibial veins appear to be normal.

## COLOUR DOPPLER REPORTS

### Before treatment



### After treatment



## DISCUSSION

1. Aetiology of DVT can be correlated with sirajgranthi in Ayurveda.<sup>[6]</sup>

Interplay of three process i.e. Virchow's triad in aetiology of DVT.<sup>[7]</sup>

- a. Changes in vessel wall i.e. endothelial damage (sampidya, sankochya, vishoahya, vakra of sira)
- b. Stasis i.e. diminished blood flow through veins (nishphura i.e. unable to pump blood which leads to stasis)
- c. Co-agulability of blood i.e. thrombophililia (formation of granthi)

2. Probable action of treatments

- a. Basti: It is the most important treatment of vaat dosha. Vitiating of vaat dosha is the main reason for DVT. Basti helps in removal of vitiated vaat dosha out of body.<sup>[8]</sup>
- b. Virechan: It is indicated in pitta and rakta vyadhi, as rakta and pitta are ashray-ashrayi bhaav siddhanta.<sup>[9]</sup> Vaat prakop leads to rakta dushti and main treatment for vitiated rakta is virechan. Sira is also upadhatu of rakta.<sup>[10]</sup> so it is helpful to pacify the disease.
- c. Jalaukavacharan: Leech's saliva contains a protein hirudin anticoagulant that inhibits thrombin in the clotting process, platelet aggregation inhibitors as well as histamine like substance that induces vasodilation.<sup>[11]</sup>

## CONCLUSION

1. Basti, virechan and jalaukavacharan are the best treatments in management of DVT.
2. DVT can be correlated with sirajgranthi.

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