

## A CASE STUDY ON THE AYURVEDIC MANAGEMENT OF VARICOSE VEIN

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### ABSTRACT

A condition, in which a vein becomes dilated, elongated and tortuous, this is said to be "Varicose. There may be involvement of superior veins or deep veins. Varicose veins are not a threat to life but it affects day-to-day activities and conditions worsen with chronicity. The contemporary treatment for varicose veins includes ligation, ligation with stripping surgical treatments. But these treatments can cause reoccurrence of this disease. Varicose veins are described as *Siragranthi* in Ayurveda. We hereby report a case of a 50-year-old male with complaints of pain in the lower limbs from calf to the

dorsum of the foot of both legs associated with dilated and tortuous veins in the posterior aspect of lower leg with discolouration, itching. He was advised admission and was treated with internal medication, external treatments and *jalaaukaavacharana*. During the treatment all the signs and symptoms of varicosity reduced to a very high extend.

**KEYWORDS:** Varicose vein, *Siragranthi*, *Siravyadha*, Ayurveda.

### INTRODUCTION

Varicose veins refer to the condition in which the veins of the legs become varicosed, i.e. they appear swollen and bulging and can be made out from the outside. Majority of varicose veins are seen mostly on the thigh and back of calf muscles and they lesser exteriorly on the inner side of legs.<sup>[1]</sup> The common symptoms includes heaviness in the legs, muscle cramps, itching around the swollen vein and pain felt in the whole leg or in the lower part of the leg. Particularly in modern science the treatment of varicose veins is limb bandaging, surgical treatment (stripping of Saphenous vein), Sclerotherapy etc. but no medicinal treatment is available. The therapy develops the immune mechanism in the blood system by stimulating

the antitoxic substances in the bloodstream.<sup>[2]</sup> Varicose veins are caused by the incompetence of the valves and the fragility of the vein walls. Secondary causes include venous outflow blockage caused by pregnancy, fibroid, ovarian cyst, pelvic cancer, ascites, and deep vein thrombosis. Prolonged standing, advanced age, obesity, hormone replacement medication, and other risk factors for varicose veins are all frequent.<sup>[3]</sup>

In the disease *Sirajagranthi*, the main vitiated *doshas* are *Vata* and *Rakta*. By doing *Jalaukavacharana*, the stagnant vitiated blood gets drained out, which helps to retain the *chalaguna* of *vata*. *Jalaukavacharana* removes the *dustarakta* and clears the pathway of *dosha* thereby removing *srothorodha*. When *Jalauka* begins sucking blood, it releases hirudin, which dilutes and preserves the blood in a liquid state (anticoagulant). This hirudin acts to keep the blood from clotting throughout the surgery. *Siravedha* (bloodletting) is most important parasurgical method and considered as half of treatment among surgical procedures.<sup>[4]</sup> Due to various *vata* vitiating factors *vata* gets vitiated in the body and this vitiated *vata Dosha* acquires *sthansanshraya* (ie.localization) in different parts of the body. *Acharya Sushruta* described that vitiated *vata dosha* gets accumulated either in one part or one dhatu by producing symptoms described above like *Shotha* (inflammation), *shoola* (painful) etc.<sup>[5]</sup> If the proper management of vitiated *vata dosha* is not done at the same time then this vitiated *vata dosha* spreads to the other body parts and if still neglected produces the various diseases like *siragranthi* (ie.varicose veins).<sup>[6]</sup>

## MATERIALS AND METHODS

A 50-year-old male patient visited the GAC OSMANABAD and was admitted in the IPD. He was presented with complaints of pain in the lower limbs from calf to the dorsum of foot of both legs and had dilated, tortuous veins at the postero-lateral aspect of the calf region of both legs since last 20 years, associated itching at, discoloration b/l foot. Personal history of the patient reveals that by profession he is a labourer where he has to stand 6–7 h daily. He had no any addiction of smoking or alcohol intake. No relevant medical history found.

Both legs had blackish discoloration of the limbs, as well as itching. The pain was dull and agonising in character, and it worsened when it stood for an extended period, especially in the evening. Elevating the legs reduced the pain. The patient's Homan's sign (pain in the calf area on passive dorsiflexion of the foot) and Moose's sign (pain in the calf region on mild pressing of the calf region) were both negative.

*Jalaukavacharana* was performed on the patient once every seven days. One month following the therapy period, a follow-up was performed.

### ***Jalaukavacharana* Procedure**

#### ***Poorvakarma* (Pre-operative Procedure)**

- Patient's written consent was obtained.
- All pre-procedure investigations, such as RBS, BT, and CT, were performed and found to be within normal limits.
- The procedure was explained to the patient.
- All instruments needed for the procedure were prepared. *Jalauka* activated.

***Pradhankarma* (Main Procedure):** - 3 *Jalauka* in were administered to the most afflicted place, where the highest tortuosity and discomfort were discovered.

- *Jalauka* applied for around 45 minutes.
- Patient complains of burning at the sight.
- Proper bandage applied to prevent post-procedure bleeding

### **GRADING OF ASSESSMENT PARAMETERS**

#### **A. SUBJECTIVE PARAMETERS**

##### **1. *Shoola*-**

- 0 - Absent No pain.
- 1 - Mild Occasional pain after long exertion
- 2 - Moderate Frequent Pain.
- 3 - Severe Pain throughout the day

##### **2. *Kandu***

- 0 - Absent
- 1 - Present

##### **3. *Daha***

- 0 - Absent
- 1 - Present

#### **OBJECTIVE PARAMETERS**

##### **1. *Shotha***

- 0 - Absent

- 1 – Present
2. Tortuosity 0 - Absent No dilated veins.
- 3- Mild Few veins dilated after exertion.
3. Skin changes
- 0 - Absent No discolouration.
- 1 - Mild Blackish patchy hyperpigmentation.
- 2 - Moderate Hyperpigmentation with eczema



## RESULTS

The hyperpigmentation caused by eczema below the veins had improved. Pain, irritation, oedema, and a burning feeling were greatly decreased.

## DISCUSSION

The built up of *Rakta* and vitiation of *Vata* in *Siras* causes *Siraasphithi* (vein dilation) and *Vakreekarana* (tortuosity).<sup>[7]</sup> Parasurgical procedure - *Jalouka Avacharana* is absolute necessity in terms of Ayurvedic principles to reduce the signs and symptoms of the disease.

*Jalaukavacharana's* repeated bloodletting reduces local Shotha by alleviating local congestion (which includes metabolic poisons and dead tissue debris) by eliminating vitiated blood first. *Daha* is the feature of pitha and raktha as per Ayurveda and the modality employed here is *Jalaukavacharana* which is claimed to have *pittahara* and *raktahara* properties. *Vaivarnya* (discolouration) occurs due to stasis of blood in the veins. This leads to haemolysis of blood, leading to the deposition of haemosiderin pigment in the skin which manifests as the blackish discolouration noted in patients of varicose veins.

## CONCLUSION

*Jalaukavacharana* showed early results in lowering the indications and symptoms of *Sirajagranthi*, particularly in symptoms such as *Shoola*, *Daha*, *Shotha*, and *Kandu*. After a one-month follow-up, there was no recurrence of the surgery, highlighting it as a successful long-term treatment for varicose veins.

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