# Pharmacouling Research

# WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.453

Volume 13, Issue 22, 934-940.

Case Study

ISSN 2277-7105

# VARICOSE VEINS MANAGEMENT WITH RAKTAMOKSHAN (SIRAVEDHANA): A CASE REPORT

Mayuri Makode<sup>1</sup>\*, Vishal Tamhane<sup>2</sup>, Shivpal Khandizod<sup>3</sup>

<sup>1</sup>PG Scholar Shalya Tantra Dept. Ashvin Rural Ayurveda College, Manchi Hill, Sangamner, Maharashtra.

<sup>2</sup>Reader, Shalya Tantra Dept. Ashvin Rural Ayurveda College, Manchi Hill, Sangamner, Maharashtra.

<sup>3</sup>HOD Shalya Tantra Dept. Ashvin Rural Ayurveda College, Manchi Hill, Sangamner, Maharashtra.

Article Received on 30 September 2024,

Revised on 20 October 2024, Accepted on 10 Nov. 2024

DOI: 10.20959/wjpr202422-34631



# \*Corresponding Author Mayuri Makode

PG Scholar Shalya Tantra
Dept. Ashvin Rural
Ayurveda College, Manchi
Hill, Sangamner,
Maharashtra.

#### **ABSTRACT**

Varicose veins are a commonly occurring health problem in our society. Varicose veins are not a severe medical condition in the early stages it's only a cosmetic concern but continued pain causes disturbance in daily routine life. Varicose vein is a condition in which vein are enlarged, swollen, and tortuous, which mainly affect lower limbs. There may be involvement of superficial perforating veins or deep veins. They may blue or dark purple and are often lumpy, bulging, or twisted in appearance. Symptomatologies of *Siraja Granthi* indicate the correlation towards the varicose veins. *Sirayyadha* (Venous puncture) is a type of *Raktamokshana* and *Sushruta* has considered it as half of the treatment part in *Shalyatantra*. *Ashatanga hridaya* also stated the importance to *sirayyadhana* by indicating that *sirayyadha* should be the first procedure in *raktaashrita vikara*. In *Siraj Granthi*, *Sirayyadha* is mentioned as a treatment by *Ashtanga Hridaya*.

KEYWORDS: Raktamokshana, Siravyadha, Siraj Granthi, varicose veins.

# INTRODUCTION

Varicose veins (VV) are dilated, tortuous elongated subcutaneous veins most commonly found in the lower limb and may be primary, or secondary to deep venous pathology. The

934

Great saphenous Vein (GSV) system is most frequently affected with the Short saphenous vein (SSV) being involved in about 20% of cases. The etiology of VV at a microscopic level is still disputed but the essential defect macroscopically is generally agreed to be the failure of venous valve closure resulting in the superficial veins becoming dilated, elongated and tortuous. *Sira sankocha* (contraction), *Sira Utsedha* (elevated veins), *Vishoshana* (dryness) are the clinical features<sup>[5]</sup> of *Sirajagranthi* in ayurvedic literature affecting both men and women. In this article, a case study of varicose vein management through *Raktamokshana* by *Siravedhana* and internal medications is presented. *Siravyadha shastra Kruta* type of *Raktamokshana* was undertaken for the present study. Hence a hypothesis was made that, whether *Raktamokshana* by *Siravyadha* can be employed in patients with *Siraja Granthi* / varicose veins.

#### **CASE PRESENTATION**

A 42-year-old male patient visited our Ashvin Ayurveda hospital OPD who had presented with complaint of dull aching pain which aggravates specially by the end of the day and dilated, engorged veins over right lower limb for about 2 years associated with gradual onset of mild edema around the right ankle, discoloration and itching for last 3 months. History revealed that his occupation of standing 6-8 hours a day for the past 8-10 years. He was retired Army Officer. Weight gain since 4 years (wt - 95 kg). He had no any addiction of smoking or alcohol intake. No relevant medical history found. On examination, there was engorged veins over the medial aspect of the right lower limb below knee along the course of great saphenous vein. Mild discoloration over lower 1/3rd of the right lower limb and mild edema around right ankle region. The patient was examined completely on Ayurveda and Modern concept of examination and essential investigations were performed to diagnose.

#### **General Examination**

Ashtavidha pariksha of the patient

Nadi	82/min
Mala	Samyak Mala pravrutti
Mutra	Samyak Mutra pravrutti
Jivha	Sama
Shabda	Spashta
Sparsha	Ruksha, Samasheetoshna
Druk	Prakrut
Akriti	Madhyam

# Dashavidha Pariksha of the patient

Prakriti	Kaphapradhana vata	
Vikriti	Raktavaha strotas	
Sara	Mamsa, medosara	
Samhanana	Madhyam	
Pramana	Madhyam	
Satmya	Madhyam	
Satva	Madhyam	
Aharshakti	Madhyam	
Vyayamshakti	Avara	
Vaya	Madhyam	

# Investigation

Hemoglobin

**Total Count** 

**RBC** 

Random Blood Sugar

CT and BT

**Platelets** 

Erythrocyte sedimentation rate

Venous doppler study of right lower limb

Treatment Pattern

Patients was subjected to Siravyadha 4 sittings at an interval of 7 days.

## Along with internal medicine

- 1. Kaishor guggulu 250mg, 2 Tab, Twice a day, Before Meal.
- 2. Mahavatavidhwansa Rasa 125mg, 2 Tab, Twice a day, After Meal.

## **METHODOLOGY**

# Materials for Siravyadha

- 1. Disposable Sterile scalp vein 20. No gauze
- 2. Tourniquet
- 3. Sterile glove- No 6.5"
- 4. Sterile Cotton
- 5. Sterile Swab
- 6. Cotton Pads
- 7. Surgical Spirit
- 8. Sterile bandage cloth

- 9. Measuring jar
- 10. Vessels

#### **PROCEDURE**

#### Poorvakarma

Procedure was explained to patient in advance and written consent was taken. Patients were advised to have gentle massage with Sahacharadi Taila to the whole body followed by Nadi Sweda till the appearance of perspiration, on the day of Siravyadha. Patients were advised to have adequate quantity (about 90 ml) of Tila Yavagu before undergoing Siravyadhana.

#### Pradhanakarma

The patient was made to sit comfortably over the examination table. The part above 2 Angula of Kshipra Marma was cleaned with surgical spirit. Then a tourniquet was tied at the calf region about 8 inches above the medial or lateral malleoli. The patient is advised to restrain from movements of the limb. Later with disposable scalp vein no. 20 the prominent indicated vein was punctured. It was made sure that needle was in situ as blood starts flowing out. Then tourniquet was released and the blood was collected in a measuring jar. Generally, after proper Vyadhana, once complete Dosha let out, it will stop of its own. Maximum up to 90ml of blood could let out depending on patient general condition or whichever was earlier. Later needle was gently withdrawn, part was cleaned and punctured site held with gauze piece with pressure for hemostasis. Then a pressure bandage applied at the site.

#### **Paschatkarma**

After 10 minutes of rest patient can go home and advised to take food which are not very cold, easily digestible, little oily, which promote blood formation and either slightly sour or devoid of sour. After Siravyadha the patient should be asked for avoid exercise, copulation, cold breeze, day sleep, use of alkalis, pungent substances in food, grief, much conversation and indigestion till he attains good strength. The observations regarding the changes with the treatment was made before treatment, on the 7th day, 14th day, 21st day and 28th day with Siravyadha done on 1st day, 7th day, 14th day and 21st day and the same was recorded in the proforma of case sheet prepared for the study. The Patient was advised to apply regular stocking or Crepe bandage and to rest as much as possible with foot end elevation.

#### Along with internal medicine

1. Kaishor guggulu 250mg, 2 Tab, Twice a day, Before Meal.

2. Mahavatavidhwansan Rasa 125mg, 2 Tab, Twice a day, After Meal.

#### **ASSESSMENT**

The VCSS is useful to monitor the changes in varicose vein before and after the treatment, as described in Table 3.

Table 3: VCSS assessment done during and after treatment.

ATTRIBUTE	Before T/t Score	After T/t Score
Pain	02	01
Varicose veins	03	01
Venous edema	03	01
Inflammation	01	00
Skin pigmentation	03	01
No active ulcers	00	00
Active ulcers size	00	00
TOTAL SCORE	12	04

#### DISCUSSION

Effect of Raktamokshana by Siravyadha on various symptoms and signs.

Effect on Pain: There was considerable relief in pain from the day of first sitting of Siravyadha though patient completely relieved of pain after three sittings of Siravydha.

Effect on skin changes: By the end of third sitting of Raktamokshana, discoloration of skin started disappearing gradually and on 28th day of follow up almost 80% of discoloration disappeared.

Effect on Ankle Oedema: Clinically reduction in Ankle oedema by the end of all four sittings was noticed.

Effect on Itching: There were highly significant relief from itching by the 2nd week of treatment and patient was symptom less by the end of all four sittings of Siravyadha.

During the treatment patient underwent a gradual relief in signs and symptoms. The internal medicine given primarily aimed in pitta shaman and raktaprasadana. Thereby cleaning the underlying pathology of siragranthi. Acharya Vagbhata has described the treatment of Siraj granthi as Tailapana, Upanaha sweda, Basti and Siravedhana. [6] Siravedhana is one of the type of Raktamokshana. Raktamokshana is beneficial in the elimination of vitiated dhosha through blood, which helps in pacification ofpain, swelling, burning sensation and skin discolouration.<sup>[7]</sup>

The drug selected for the snehana was Sahacharadi Taila which was considered as an agroushada (drug of Choice) for all vata rogas. The contents of Sahacharadi taila include Sahachara, Devadaru, Nagara, along with tilataila, have Grantihara, Vatashamaka, Shothagna, Vedanasthapana, Kushtagna, Kandugna properties which contributes towards the diminution of symptoms of sirajagranthi. Vedana sthapana and Shothahara properties of the drugs help in relieving the pain and swelling in the affected area. The drugs also possess Raktashodhaka property which removes the Rakta dushti. Sahacharadi taila helps to pacify the vata and hence alleviates the disease caused due to morbid vata. It also purifies and detoxify the blood so effective in reducing skin pigmentation. Devadaru and Nagara both have an antiinflammatory property.<sup>[8]</sup>

# Along with internal medicine

1. Kaishor Guggulu 250mg 2 Tab, Twice a day, Before Meal.

#### Mode of action

- Raktaprasadana (improves quality of blood)
- Effective against obesity
- Restores the Vata and Pitta balance
- Has anti-inflammatory properties thus reduces pain.
- Reduces muscle tenderness
- Helps in removing toxins from the blood.
- 2. Mahavatavidhwansan Rasa 125mg 2 Tab. Twice a day, After Meal.

#### Mode of action

• It act as an anti inflammatory and analgesic medicine.

#### **CONCLUSION**

In conclusion, the case report highlights the therapeutic efficacy of Raktamokshana therapy, specifically Siravyadha, in the management of varicose veins. Varicose veins, characterized by dilated, twisted veins primarily in the lower limbs, present a significant clinical challenge, impacting patients' quality of life. The integration of traditional Ayurvedic principles with modern diagnostic techniques offers a holistic approach to varicose vein management,

addressing the underlying pathology and promoting symptom relief. Together Siravyadhyam, and internal medicines show significant relief in pain, burning sensation, swelling, and skin discoloration. From this, it can be concluded that Raktamokshana, and Raktaprasadana are highly effective in varicose veins (Siragranthi).

#### **REFERENCES**

- 1. Dr. Somen Das. A concise textbook of Surgery, 7th Edition Kolkata, 2012; 256.
- 2. Jamir A, Dharmarajan P, Bhatted S. A systematic ayurvedic approach on the management of varicose veins: A case series. Int Ayur Med J., 2019; 7: 2122-8.
- 3. Shashtri A, editor. Granthiapachiarbudagalagandanaam, Nidanasthana 11/8-9. In: Shri Dalhanaacharaya, Sushrut. Susruta Samhita of Maharsi Susruta. Varanasi: Ayurveda Tattva Sandipika Hindi Commentary, Chaukhamba Sanskrit Sansthan, 2010; 368.
- 4. Rudolph S, Prasanth D, Sharma A. A case study on the Ayurvedic management of varicose vein. Global J Res Med Plants Indigen Med., 2016; 5: 41-8. ISSN 2277-4289. Available from www.gjrmi.com
- 5. Maharsi Sushruta: Sushrutasamhita Edited with Ayurveda -Tattva-Sandipika by Kaviraj Ambikadutta Shastri Foreword by Dr. Pranjivana Manekchanda Mehta part-1, Nidan Sthan, Ch-11/8, 351.
- 6. Vagbhata, Astanga Hridaya with the commentaries of Arunadatta and Hemadri, 7th edition, Varanasi, Chaukhambha Orientalia, 1982; Uttarsthana 30/7, 884.
- 7. Shashtri A, editor. Shonitavarniya Adhyaya: Sutrasthana 14/34. In: Shri Dalhanaacharaya, Sushrut. Susruta Samhita of Maharshi Susruta. Ayurveda Tattva Sandipika Hindi Commentary. Varanasi: Chaukhamba Sanskrit Sansthan, 2010; 71.
- 8. Revision of the CEAP classification for chronic venous disorders: Consensus statement, Eklöf, Bo et al., Journal of Vascular Surgery, 40(6): 1248–1252.