

**EFFECT OF JALAUKAVACHARANA ON VARICOSE
VEINS/SIRAGRANTHI - A CASE STUDY**

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ABSTRACT

Varicose veins are the saccular dilatations of vein, often being tortuous. Certain jobs demand prolonged standing as in bus conductors, policemen and the persons involved in these jobs often suffer from varicose veins. It may also occur in persons involved in excessive muscular contractions e.g. Rickshaw pullers and athletes.^[1]

According to Ayurveda varicose vein is usually compared to Sirajagranthi. As per Acharya Susrutha, due to vata prakopaka nidanas like physical exertion and straining, Vayu enters the Siras causing Sampeedana, Sankocha and Vishoshana and produce Granthi formation in Siras manifesting Sirajagranthi.^[2] Ayurveda reveals Raktamokshana to cure varicose veins. Jalaukavacharana is the

procedure employed in the study. This is a case presentation of a 50 years old male patient with history of varicose veins, having complaints of pain, muscle cramps, blackish discolouration since 5 years. He had a history of varicose veins stripping surgery for the same complaint before 7 years. Jalaukavacharana was done weekly once for one month with oral administration of Mahamanjishtadi Kashaya. The patient got relief in all symptoms with appreciable change in blackish discolouration of both legs.

KEYWORDS: Sirajagranthi, Granthi, Jalaukavacharana, Raktamokshana.

INTRODUCTION

Varicose veins are the penalty of verticality against gravity.^[3] Varicose veins frequently causes symptoms, the most common being aching or heaviness, which typically increases throughout the day or with prolonged standing and is relieved by elevation or compression stockings. Other less common symptoms include ankle swelling and itching. The presence of tortuous dilated subcutaneous veins is usually clinically obvious. These are confined to the long and short saphenous systems in approximately 60 and 20 per cent of cases, respectively.^[4] The primary causes of varicose veins are the incompetency of the valves and the weakness in walls of the veins. When varicose veins become chronic it causes venous insufficiency. The secondary causes are obstruction of venous outflow due to pregnancy, fibroid, ovarian cyst, pelvic cancer, ascites, and deep vein thrombosis. The common risk factors of varicose veins include prolonged standing, older age, obesity, hormonal replacement therapy etc. The adult prevalence of visible varicose veins is 25–30 per cent in women and 15 per cent in men.^[5] The persons involved in the prolonged standing jobs e.g. Policeman, conductor, etc. often suffer from varicose veins. In modern science the treatment of varicose veins include surgical treatments like Stripping, Sclerotherapy etc. But these procedures have side effects and does not provide complete relief.

In the disease Sirajagranthi, the main vitiated doshas are Vataand Rakta. By doing Jalaukavacharana, the stagnant vitiated blood gets drained out, which helps to retain the chalaguna of vata. Jalaukavacharan are moves the dustarakta and clears the pathway of dosha there by removing srothorodha. Being anushastra procedure it possess asukariguna providing faster result in relieving the symptoms. When jalauka starts sucking blood it also releases some amount of hirudin which dilutes and keeps the blood in liquid form (anti coagulant). This hirudin works in preventing the clotting of blood during the procedure. Jalaukavacharana is a simple procedure and can be practised in OPD levels.

CASE REPORT

A 50 year old patient visited in OPD of Rajvaidhya Premashankar Sharma Govt. Ayurved College Hospital, Udaipur, Rajsthan, OPD No.- 26705 on 14- 12-2019. He presented with complaints of blackish discolouration of skin with itching from calf region to dorsum of foot of both legs and prominent dilated and tortuous veins at the medial aspect of calf region of left leg since 5 years. He had dull aching pain in calf region of left leg which aggravated on long standing accompanied with swelling since 6 months. On examination, there was pain,

swelling and dilated tortuous veins present in the calf region of left lower limb. Blackish discolouration of limbs was evident in both the legs along with itching. Pain was dull aching in nature which aggravated on standing for long time especially during evening hours. Pain was relieved by elevation of legs. Homan's sign (pain in the calf region on passive dorsiflexion of the foot) and Mose's sign (pain in calf region on gentle squeezing of calf region) were negative in the patient. The patient was subjected to Jalaukavacharana once in seven days and administered with Mahamanjishtadi Kashaya 20 ml with 60 ml lukewarm water twice daily, before food, Arjunatwak Churna Ksheer Pak, Aswagndha Churna 3gm BD After Food. Followup was done 1 month after the treatment period.

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

B. OBJECTIVE PARAMETERS

1. SHOTHA

0 Absent

1 Present

2. TORTUOSITY

0 -Absent No dialated veins.

1- Mild Few veins dialated after exertion.

2- Moderate Multiple veins confined to calf or thigh.

3 - Severe Extensive involving both calf and thigh.

3. SKIN CHANGES

0 -Absent No discolouration.

- 1- Mild Blackish patchy hyperpigmentation.
- 2 -Moderate Hyperpigmentation with eczema.

A. SUBJECTIVE PARAMETERS

	DAY 1 /BT	DAY 7 /DT1	DAY14 /DT2	DAY 21 /DT3	DAY 28 /DT4	DAY 58 /FU1
Shool	2	2	1	1	0	0
Kandu	1	1	0	0	0	0
Daha	1	0	0	0	0	0

B. OBJECTIVE PARAMETERS

	DAY 1 /BT	DAY 7 /DT1	DAY14 /DT2	DAY 21 /DT3	DAY 28 /DT4	DAY 58 /FU1
Shoth	1	1	0	0	0	0
Tortuosity	2	2	2	2	1	1
Skin Changes	2	2	2	1	1	1

RESULTS

The clinical features of varicose veins were improved at the end of 4th week. Pain, itching, oedema and burning sensation reduced considerably. Dilated and tortuous veins in the calf region reduced in size and became prominent only during exertion. Hyperpigmentation with eczema which was present below knee joint extending to the dorsum of foot reduced considerably into patchy blackish discolouration which became scattered as evident from these Figures.



Before Treatment

**During Treatment****After Treatment**

DISCUSSION

The accumulation of rakta and vitiation of Vata in Siras leads to Siraakunchana (dilatation of the veins) and Vakreekarana (tortuosity). This causes local congestion in that area causing Shoola and Shotha. Repeated bloodletting by Jalaukavacharana brings down the local Shotha by relieving the local congestion (which contains metabolic toxins, debris of the dead tissues) by removing vitiated blood first. So a part of Shotha is relieved in first phase. Healthy and nourishing blood is supplied to that tissue where the stasis is cleared off. This promotes the regaining the health of surrounding tissue as well as the vessel wall which takes little time i.e. second phase. Thus, by removing the stagnant vitiated blood that had used Sanga, Jalaukavacharana reduces the localised intravascular pressure and volume hence relieving Shoola and Shotha. Tortuosity was only partially relieved in the study. The reason might be its a mechanical defect and the tension in the area is only partially relieved. Kandu (itching sensation) was observed in chronic sufferers of varicose veins in the study. It was seen often associated with Shotha due to stagnation of dushtarakta. The same was relieved by applied modality. Daha (burning sensation) gets instantly relieved by this procedure. This may be because Daha is the feature of pitha and rakta 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. By Jalaukavacharana the dushtarakta is drained out, followed by flow of normal blood. Since there is no further stasis of blood, there is no subsequent haemolysis, thereby, reducing Vaivarnya and restoring normal pigmentation of skin.

CONCLUSION

Jalaukavacharana showed early result in reducing the signs and symptoms of Sirajagranthi especially in symptoms like Shoola, Daha, Shotha and Kandu. After the followup period of one month the procedure showed no recurrence which highlights it as an effective long term remedy for varicose veins.

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