

Effect of Ayurveda Treatment Protocol in the Management of Varicose Veins – A Single Case Study

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Abstract—Varicose veins are dilated, elongated and tortuous veins, mainly affecting the lower limbs. Varicosities of veins are not a life-threatening condition, but over the long run, it turns out to be a nagging situation, that handicaps the patient from performing routine activities. More than 5% of the population have varicose veins in India. It classically results from venous hypertension owing to incompetence of the major communications between the superficial and deep veins of the lower extremity. Genetic predisposition, prolonged standing, obesity, pregnancy, old age and athletes are found to be the major predisposing factors. Varicose veins can be correlated with *siragranthi* explained in Ayurveda classics. Aggravated *vata* causes *sankocha* (compression), *sampeedana* (squeezing) and *vishoshana* (drying up) of *sira* and produce *granthi*. Contemporary treatments for varicose veins include selfcare measures, ligation with stripping, compression stockings, sclerotherapy etc., in which the recurrence are common and that surgical procedures also have complications like infection, bruising, nerve damage, thromboembolism etc. Hence this necessitates the need for a better option that is devoid of the above limitations. This study intends to explore the Ayurvedic treatment protocol explained in *Ashtanga Hrudaya Uttarasthana 30th chapter granthiarbudaslipadapacinadi pratishedha, siragranthi chikitsa; snehapana, upanaha, matravasti, siravyadha, in the management of varicose veins.*

Keywords— Varicose veins, *Siragranthi*, *Upanaha*, *Matravasti*, *Siravyadha*, *Sahachara taila*.

I. INTRODUCTION

The vein is said to be 'varicose' when it becomes dilated, elongated and tortuous¹. The common sites are lower limbs, oesophageal varix, haemorrhoidal and spermatic veins. Risk factors includes heredity, prolonged standing occupations, immobility, raised intra-abdominal pressure like in sports, tight clothing, pregnancy, altered oestrogen-progesterone ratio, chronic constipation etc². The main factor contributing to the development and progression of varicose veins is sustained venous hypertension that increases the diameter of the superficial veins resulting in further valve incompetence³. The commonest complaint of the patient is cramps and aching sensation in the affected lower limb after prolonged standing along with other symptoms like itching, ankle swelling, bleeding and pigmentation. If left untreated, they could lead to complications including thrombophlebitis, pigmentation, eczema, ankle flare, venous ulcer, haemorrhage, periostitis, calcification and equinus deformity⁴. At present, the treatments of varicose veins are sclerotherapy, phlebectomy, laser operation, ligation and stripping operation. Varicose veins surgery is characterised by high recurrence rate of 20% - 60% after 5 years of follow-up⁵. Moreover, these surgical procedures are expensive. Varicose veins cause a great extent of morbidity in our population today. The prevalence of varicose veins in India is 5% of population, but in the Western world it is 10 - 20%⁶. The evidence from previous studies indicates a higher prevalence of varicose vein in women.

In Ayurveda, varicose veins can be correlated with *siragranthi*. After long walking, suddenly immersing into cold

water or due to physical exertion, *vata* getting aggravated along with *sonita* enters into *sira* causing *sampeedana*, *sankocha*, *vakreekarana* and *shoshana* of *sira*, give rise to formation of *granthi* in *sira*⁷. According to Susruta, if it becomes painful and moves from place to place, it is *kruchra sadhya* and which is painless, not moving, big in size and *marmasthitham* should be rejected⁸. Acharya Vagbhata in *Ashtanga Hrudaya Uttarasthana* described the treatment as *sahachara taila* internally, *upanaha* with *anilahara aoushadhas*, *vasti karma* and *siravyadha*⁹. Here the study is to evaluate the effect of Ayurvedic treatment protocol of *siragranthi* as per Acharya Vagbhata in varicose veins.

II. CASE REPORT

A 57 year old male, with complaints of dilated veins in both legs (right is more than left) since 8 years, associated with aching pain, itching and discolouration in right leg since one year, presented at the O.P.D. of Shalyatantra, P.N.N.M. Ayurveda Medical College and Hospital, Cheruthuruthy. He also having burning sensation over right foot in the last one year and ankle oedema during evening hours. Associated complaints include gastric discomfort, reduced appetite, constipation and haemorrhoids since 8 years. Patient does not suffer from any other co-morbidities, hence not under any other medications. He had a paternal familial history of the same condition. His personal background indicates that he is a smoker and occasional alcoholic.



Local Examination:

On inspection, dilated, elongated and tortuous veins were observed on both lower limbs, mainly at medial aspect and below the knee, with a greater prominence on the right leg. Blackish discoloration was present around the medial malleolus of right leg. The Brodie-Trendelenburg test 1 & 2 were positive and Schwartz's test was negative. It indicates the incompetence of sapheno-femoral valve and communicating veins. As per CEAP classification, it can be include under the classes C2,3,4a,S,Ep,As,p,Pr. Blood investigations were done and everything was under normal values.

III. METHODS

DAYS	TREATMENT	DRUG USING	Orally Sahachara taila 3A 5ml BD
First 7 days	Upanaha	Jadamayadi churna	
8 th to 14 th days	Matravasthi	Sahachara taila 50ml	
15 th day	Siravyadhana		



The total duration of treatment was 15 days and *Sahachara 3 Avarti* was given all these days twice daily followed by lukewarm water after food. For the first 7 days *upanaha sweda* with *jadamayadi churna* was advised for 12 hours. For this, *jadamayadi churna* was made into paste with water over fire and added *sahachara taila* to it. Affected part is smeared with warm paste in *pratiloma* direction and covered with leaves of *eranda*, then bandaged.

Matravasthi was performed for the next 7 days (8th to 14th day) with 50ml of *sahachara taila*, soon after lunch. On the 15th day *siravyadha* was done at prominent vein in most dependant part with needle no. 18 and approximately 150ml of blood collected. Haemostasis was achieved by compression bandage.

IV. RESULTS

The patient was having symptomatic relief considerably within 15 days of treatment. Ankle oedema relieved and burning sensation reduced within 7 days. Aching pain, itching and burning sensation completely subsided after treatment, but there was no remarkable reduction in pigmentation. Follow up were taken on 30th and 45th day and there was no recurrence of symptoms till then. The parameters (pain, oedema and pigmentation) are assessed with venous clinical severity score (VCSS) and the observations are tabulated below.

SYMPTOMS	BEFORE TREATMENT (0 TH DAY)	AFTER TREATMENT (15 TH DAY)	FOLLOW UP	
			30 TH DAY	45 TH DAY
Aching pain	2	0	0	0
Ankle Oedema	1	0	0	0
Pigmentation	2	2	2	2
Burning sensation	Present	Absent	Absent	Absent
Itching	Present	Absent	Absent	Absent

V. DISCUSSION

In *siragranthi* the main vitiated *doshas* are *vata* and *kapha*. As per Acharya Charaka *vata*, *kapha*, *rakta* and *pitha* are also vitiated. So, the motto of treatments should be to balance these *doshas*. Here in this protocol which is mentioned in Astanga hrdaya utharasthanana, Acharya advised *sahachara* for *taila pana*, *upanaha* with *vatahara* drug, *vastikarma* and *siravyadha*. This treatment protocol helps to normalize the vitiated *vata*, *kapha doshas* and *rakta*.

Sahachara is having properties like *thikta*, *madhura rasa*, *laghu guna*, *katu vipaka* and it is *kapha vata samaka*. *Upanaha* is a type of *swedana* which induces hyperthermia, that improves local blood and lymphatic circulation, which enhances the local tissue metabolism, by modifying secretion of various inflammatory mediators to reduce inflammation, by physical effect of heat it relaxes local musculature and there by reduces pain, increases the rate of transdermal drug delivery¹⁰. *Jadamayadi churna* is used here for *upanaha* which helps to relieve burning sensation, pain and swelling and alleviates *raktanuga vatarogas*. Since *siragranthi* is initiated by the predominance of *vata*, administration of *vasti* is regarded as its prime *shodhana chikitsa*. *Vasti* is considered as *ardha chikitsa* by Acharya Charaka and Vagbhata.

Rakta and its *upadhatu* play a significant role in the origin and progression of conditions related to varicose veins. *Siravyadha* is the treatment method which helps to remove the *dushtarakta*. By doing *siravyadha*, the stagnant vitiated *rakta* gets drained out. As per Ashtanga Samgraha the bloodletting therapy helps to reduce pain, edema, burning sensation and discoloration¹¹. In Susruta Samhita *vatavyadhi chikitsa*, Acharya has mentioned that *vayu* located in *twak*, *mamsa*, *rakta* and *sira* should be treated with *raktamoksha*¹². *Raktamoksha* is considered as *ardha chikitsa* in *Shalyatantra*.

VI. CONCLUSION

Preventing the occurrence of varicose veins, treating them at an early stage, or effectively managing signs and symptoms

can help minimize complications and support a better quality of life. The patient got significant relief after these treatments. Hence it proves that, the treatment protocol of *siragranthi* mentioned in Astanga hrdaya have a considerable impact in reducing the signs and symptoms and improving the quality of life in varicose veins patients.

VII. REFERENCES

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