



Role of *Jaloukavacharana* in the Management of *Siraja Granthi* W.S.R. Varicose Veins – A Case Study

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ABSTRACT:

Background: Certain jobs demand prolonged standing as in bus conductors, policemen and the persons involved in these jobs often suffer from varicose veins. Varicose veins are enlarged, swollen, and tortuous veins, which mainly affect lower limbs (legs and feet). There may be involvement of superior veins or deep veins.

Materials and Methods: we hereby report a case of a 30-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 anterior aspect of lower leg with discolouration and occasional itching sensation in both limbs. He was advised *Jaloukavacharana* with *Sahacharadi Kashaya* internally. During the treatment all the signs and symptoms of varicosity reduced to high extend.

Results: After treatment, all the signs and symptoms of varicosity reduced. This proves the significant effect of *Jaloukavacharana* treatment in varicose veins.

Key words: *Siraja Granthi*, Varicose Vein, *Jaloukavacharana*, *Sahacharadi Kashaya*

Introduction:

Siraja Granthi is one among the *Granthi Roga* described in Ayurvedic Samhitas. In debilitated person, by excessive exercise aggravated *Vayu* pulls the ramifications of blood vessels causing *Sampeedana*, *Sankochana* and *Vishoshanam* and produce *Granthi* formation in *Sira*, this condition is called as *Sirajagranthi*¹. *Siraja Granthi* can be correlated with Varicose Veins, as Varicose Veins are dilated, tortuous and elongated veins commonly seen in the leg; there is reversal of blood flow through its faulty valves². This occurs frequently in the superficial venous system, resulting in Varicose Veins of lower limbs. Womens are more affected than Men³.

The common symptoms of varicose veins are dragging pain, postural discomfort, heaviness in the leg, night time cramps, oedema, itching, discolouration or ulceration in feet and superficial thrombophlebitis. Predisposing factors for varicose vein include prolonged standing (traffic police, guards, sportsman), maladjustment to the evolutionary changes, constrictive tight clothing, femoral thrombosis and heredity. The primary causes of varicose veins are the incompetency of the valves and weakness in the walls of veins, which causes venous insufficiency. Secondary varicose veins occur due to venous obstruction caused by pregnancy, tumours in the pelvis, fibroid, ovarian cyst and deep vein thrombosis etc.⁴ This case study has been taken for Understanding the alleviation of complaints of varicose veins.

Case report:

A 30-year-old male patient visited the OPD of BVVS Ayurved Medical College & Hospital, Bagalkot, India. He was presented with 4 years history of pain in the lower limbs, pain was gradual in onset and progressive in nature, associated with dilated and tortuous veins in the anteromedial aspect of both legs with discolouration and occasional itching sensation in both limbs. Symptoms aggravated by long standing, after heavy work, during evening hours, relieved by elevation of the leg. **Personal history:** Patient reveals that by profession he is a waiter in a hotel where he has to stand 8–10 h daily. He had no any addiction of smoking or alcohol intake. **Past History:** No relevant medical history found. There was no past history of trauma, diabetes, hypothyroidism, surgery and addiction. There was no history of venous thrombosis. **Family History:** his father & grandfather had history of varicose veins.

General examination:

General condition	Faire
Blood pressure	120/80 mm of Hg
Pulse rate	72/min
Respiratory rate	16/min
Temperature	98.6 ⁰ F
Built	Moderate built
Pallor	Absent
Icterus	Absent
Clubbing	Absent
Cyanosis	Absent
Lymph node	Not Palpable

Astavidha Pariksha:

<i>Nadi</i>	72/min
<i>Mala</i>	<i>Prakruta</i>
<i>Mutra</i>	<i>Prakruta</i>
<i>Jivha</i>	<i>Nirlipta</i>
<i>Shabda</i>	<i>Prakruta</i>
<i>Sparsha</i>	<i>Ushma Sparsha</i>
<i>Druk</i>	<i>Prakrita</i>
<i>Akriti</i>	<i>Madhyama</i>

Systemic examination:

Central Nervous System	Conscious, alert & oriented to time, place & person
Cardio Vascular system	S1 S2 heard, No added sounds
Respiratory system	Air entry bilateral equal & clear
Per abdomen	Soft & non tender

Local Examination:**Inspection:**

- No surgical scar detected
- No venous ulcer or venous eczema noticed
- No lipodermatosclerosis
- No saphena varix or any arterial disease noticed
- Only tortuous dilated superficial veins seen in anteromedial aspect of both legs and dorsum of foot.
- Hyperpigmentation was also noticed in ankle where dilation of veins seen.

Palpation:

- **Temperature:** mild warmth feeling near ankle
- **At tortuous vein:** not any hardness, rough noticed

- **Pitting oedema:** not noticed
- **Pulse:** normal pulse noticed at dorsalispedis, posterior tibial, and popliteal fossa

Percussion:

- Tap test : Thrill found at varicosity

Auscultation:

- Bruit found in stethoscope at SFJ

Special tests:

- **Trendelenburgtest** (tourniquet test): During this test, veins have filled up after binding with tourniquet. Maybe it indicates that the incompetent venous valve is inferior to the SF junction.
- **Cough impulse test:** Positive
- **Moses' sign:** Negative

Investigation:

- **Doppler**(28/03/2023) chronic venous insufficiency with varicosities of superficial femoral veins in the leg region with SFJ incompetent and perforator incompetence. No evidence of acute or chronic DVT.
- Hb-12.6gm%, RBS-132 mg/dl, BT- 4 min, CT- 5min, RVD- Negative, HbSAg- Negative.

Treatment protocol:

<i>Jaloukavacharana</i>	Once in 7 days	4 sittings
<i>Sahacharadi Kashaya</i> ⁵	15ml BD with lukewarm water after food.	21 days

Ingredients of *Sahacharadi Kashaya*

Sl. No.	Drug Name	Botanical Name	Rasa	Guna	Karma	Indication
01	<i>Sahachara</i>	<i>Barleria prionitis</i> Linn.	Tikta, Madhur, kinchit Amla	Snigdha, Laghu	Vatakapha-shamaka, Shothahara	Rakta Shodaka, Vedana Prashamana, Kandu,
02	<i>Suradaru</i>	<i>Cedrus deodara</i> Roxb. Loud.	Tikta, Katu, Kashaya.	Laghu, Snigdha	Vata-Kapha hara	Vedanasthapana, Raktaprasadana, Shoshahara
03	<i>Nagara</i>	<i>Zinziber officinale</i> Rose.	Katu	Ruksha, Teekshna, Guru	Pachana, Bhedana	Shoola Hara, Vibanda Hara, Rochana.

Assessment parameters adopted⁶:**Subjective Parameters****1. Shoola (Pain)**

Symptom	Grading
None	0
Mild	1
Discomforting	2
Distressing	3
Horrible	4
Excruciating	5

2. Kandu (Itching sensation)

Symptoms	Grading
No itching	0
Occasional itching sensation over varicosed area of legs	1
Continuous itching sensation	2

Objective Parameters:

1. Shotha (Swelling)

Symptoms	Grading
No localized swelling	0
Swelling present after long exertion	1
Swelling present on standing posture	2
Swelling Present throughout	3

2. Vaivarnya (Pigmentation)

Symptoms	Grading
Normal skin colour	0
Mild blackish	1
Blackish discoloration with scaling	2
Dark blackish discoloration with eczema	3

Procedure of Jaloukavacharana:

Poorva Karma

- Written consent of patient taken.
- All pre procedure investigation like Hb%, RBS, BT, CT, RVD & HbsAg was done and they were within normal range.
- Patient was explained about the procedure.
- All instruments required for procedure were prepared
- *Jalouka* activated by keeping in *Haridra Jala*.



Jaloukavacharana kit**Activation of Jalouka****Pradhana karma:**

- *Jalouka* in each leg applied on the most effected site where the maximum itching and pain.
- *Jalouka* applied there for approx 48 minutes.
- Some of *Jalouka* detached itself and some of them were detached by applying *Haridra* on Its mouth.
- Proper bandage done to avoid post procedure bleeding.

Paschat Karma:

- Haemostasis achieved.
- Proper *Vaman* of *Jalouka* done.
- After *Vaman*, *Jalouka* stored in its container with label of name of patient with date of procedure done.
- Patient was advised for proper position of the leg.
- Diet and regimen advised to patient.

**Before treatment****Jaloukavacharana****After treatment**

*Jalouka* bite markVamana of after *Jaloukavacharana***RESULTS:**

During 28 days of treatment, patient underwent four sittings of *Jaloukavacharana* with internal medicines for 21 days. The assessment was done by weekly interval by assessing the subjective and objective parameters.

Si. No.	Parameters	Day 1 (BT)	Day 7 (DT)	Day 14 (DT)	Day 21 (AT)	Day 28 (F/U)
1	<i>Shoola</i>	4	3	3	2	1
2	<i>Kandu</i>	2	1	1	0	0
3	<i>Shotha</i>	2	2	1	1	0
4	<i>Vaivarnya</i>	3	2	2	1	1

DISCUSSIONS:

In the *Sirajagranti*, the main vitiated *Doshas* are *Vata* and *Rakta*. By doing *Jaloukavacharana*, the stagnant vitiated blood is drained out, which helps to retain the *Chala Guna* of *Vata*.

Jaloukavacharana acts by removal of stagnant vitiated *Rakta*, hence reducing *Sanga* and *Vimargagamana*, reduces the *Shoola*. The saliva of *Jalouka* contain hirudin, which inhibits the blood coagulation and increases microcirculation. The saliva of the *Jalouka* has the antihistamine property, which helps to prevent the *Kandu*, which in turns improves the microcirculation and structural integrity of cells, which facilitates the normal flow of *Rakta* in the *Siras*. Thus, there is less deposition of Hemosiderin in the skin and there is subsequently less pigmentation. It also acts by the virtue of reducing intravascular pressure and local congestion, which further reduces *Shotha*.

Sahacharadi Kashaya also reduces pain due to the *Vata Shamaka* and *Vedanasthapana* properties of the drugs namely *Sahachara*, *Devadaru* and *Nagar*. In addition, the *Sahacharadi Kashaya* acts as *Raktashodhaka*, *Kandugna* and *Kaphahara*, in which *Sahachara* and *Devadaru* are *Kandugna* and *Raktaprasadakatoo*. In addition, the ingredients of *Sahacharadi Kashaya* like *Sahachara*, *Devadaru* and *Nagara* has *Shothahara* property. In *Sahacharadi Kashaya*, *Devadaru* is *Kushtagna* also *Sahachara* and *Devadaru* are *Raktaprasadaka* which helps in restoring the normal skin pigmentation thereby, reducing *Vaivarnya*.

Conclusion:

Hence Combined effect of *Jaloukavacharana* and *Sahacharadi Kashaya* internally are said to be effective in the management of *Siraja Granthi* (Varicose veins).

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