

Role of *Jalokaavacharana* in the management of *Sirajgranthi* (varicose veins)- A case study

Hemant K. Kubavat *

M.S. (Ayu),

Consultant Shalya Tantra

Shree RMD Ayurved College and Hospital, Waghaldhara, Valsad, Gujarat, India

*Corresponding author: email: hkkubavat@gmail.com Mob: +919904420616

Abstract:

When a vein becomes dilated, elongated and tortuous, the veins is said to be 'varicose'. The common sight of varicosity are superficial venous system of lower limb effecting either long or short saphenous veins, oesophageal varices, varicosity of haemorrhoidal veins, varicosity of spermatic veins. Generally varicose veins are compared with *sirajgranthi* according to *Ayurveda*. Acharya Sushruta had described various types of *granthi* and its various treatment modalities among them *jalaaukaavacharana* is one of them. *Sushruta* had given special chapter related to *jalaauka* in which he had described the types, nomenclature, specific qualities of each types of *jalaauka*, their method to apply and detach and how to do *vamana* of *jalaauka*. Acharya *Charak* also described *jalaauka* as best amongst all *Anushashtas*. *Jalaauka* possesses *Sheet Guna* in nature and on the basis of sign and symptoms varicose veins can be correlated with *sirajgranthi*. In this case study a 36- year old woman of bilateral varicose veins was treated successfully and found symptomatic relief.

Keywords: *Jalaauka avacharana*, Leech, *sirajgranthi*, varicose veins,

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Introduction:

The common sites of varicosity are superficial venous system of the lower limbs, it affects either the long or short saphenous vein or both.^[1] The superficial veins and perforating veins, connects the superficial with deep veins. 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. In *Ayurveda* classics varicose vein can be very much co related with the signs and symptoms explained for *Sirajgranthi* (obstructive circulation). Due to *Vataprakopaka nidanas* (causative factors which increases *vata*) such as, physical exertion, straining, for debilitated persons the vitiated *vata* enters the *Siras* (veins) causing *Sampeedana* (Squeezing), *Sankocha* (constriction), and *Vishoshana* (act of drying up) which produces round

and protruded *Granthi* in the *Siras* (Veins), manifesting *Sirajgranthi* (varicose vein).

^[2] Hence *Ayurveda* reveals *Siravyadham* (vene section).

Jalauka are of mainly 2 types *savisha* (poisonous) application of which can cause poisonous effect on the body and *nirvisha* (non-poisonous) which is not harmful for the body and which can be applied on the body for therapeutic purpose. Both are again having 6 types and their detail description of each type of *jalauka* given with how to identify the type of *jalauka* and their quality. As *jalauka* reside in water their main qualities are *shit* and *madhura* so mainly it should be used for *pitta Dushtarudhir*. ^[3-4] In *Sushruta Samhita* there also description of best quality *jalauka*, from where they should be collected (*Yavan Pradesh/ Pandya/ Sahya/ Pautan*), their method of application, their sign of proper applied on sight (*Ashwakhurvadana*) etc are also given. *Acharya Charaka* also described *jalauka* as best amongst all *anushashtras*. ^[5] This case study has been taken for understanding the alleviation of complaints of varicose veins.

Case Report:

A 36 years old woman visited the O.P.D of Shree RMD Ayurved College and hospital, Waghaldhara, Valsad, Gujarat for the complaint of varicose veins. After complete history and investigations she was advised *jalaukavacharana* and oral medicines. Patient was willing for treatment and advised for one day admission for *jalauka* under observation of consultant. She presented with complaints of pain in the lower limbs from calf to the dorsum of foot of both legs and had

prominent, dilated, tortuous veins at the antero-medial aspect of the lower 2/3rd part of the leg as well as postero-lateral aspect of the calf region of left leg since 4 years. She also had complaints of pain aggravation while standing or walking for more than half an hour and also night cramps with slight swelling on and off. On examination, there was swelling and dilated tortuous veins present in the lower leg as well as in the calf region, bluish discolouration was evident. No ulceration was noticed. Pain got relieved by elevation of legs. Mose's Sign (pain in the calf region on gentle squeezing of calf region) was slightly positive in the patient. ^[9] The patient was subjected for *jalaukavachara* in both lower limbs with oral medicines like *Mahamanjishthadi kwath*, *Kaishor Guggulu* and *Arshakuthara Ras* (Table-1).

Treatment protocol:

On the day of admission internal medication was started using *Kaishor guggulu* 1gm with *Arshakuthar rasa* 500mg 2-2 tablets twice a day with *sahpan* of *mahamanjishthadi kwath* 20 ml empty stomach at morning and 20 ml at evening at 6 oclock with equal quantity of lukewarm water. Four sittings of *Jalaukavacharana* was planned once in a week for one month. Patient was advised to continue oral medicines at home during *jalaukavacharana* and after four sittings of *jalaukavacharana* also for one month. The overall reduction in Pain, burning sensation, swelling, tortuosity and skin changes were graded based on patient's presentation and physician's observation and were manually documented (Table-2,3).

Table- 1: Key ingredients of the formulations used:

Name of the formulations	Ingredients
<i>Arshkuthar rasa</i>	<i>Parad, gandhak, lauhabhasma, abhrakhabhasma, bilva, chitraka, vatsanabha, maricha, danti, tankan bhasma, yava Kshara, saindhavalavana, gomutra, and snuhiksheer</i>
<i>Kaishor Guggulu</i>	<i>Triphala, Guggulu (Comiphora mukul), Guduchi (Tinospora cordifolia), Vidanga (Embelia ribes), Danti (Baliosper mummontanum), Trivrit (Operculinaturpethum)</i>
<i>Mahamanjisthadi kwatha</i>	<i>Manjishta (Rubia cordifolia), Musta, (Cyperus rotundus) kutaja (Holarrhena antidysentrica), Guduchi, (Tinospora cordifolia), kushta (Saussure alappa), Nagara, (Zingiber officinale), Bharangi (Clerodendrum indicum) Vacha, (Acorus calamus), Chitraka (Plumbago zeylanica), Satavari (Asparagus racemosus), Trayamana (Gentiana kurroa), Pippali (Piper longum), Indrayava (Holarrhena antidysentrica), Vasa (Adhatoda vasica)</i>

Table-2: Subjective parameters:

Grade	Explanation
<i>Shool (pain)</i>	
0.	Absent (No pain)
1.	Mild (Occasional pain after long exertion)
2.	Moderate (Frequent pain)
3.	Severe (Continuous pain throughout day)
<i>Daha (Burning)</i>	
0.	Absent (No complaints of Daha)
1.	Present (occasional or often feeling of Daha)

Table-3: Objective parameters:

Grade	Explanation
<i>Shotha (oedema)</i>	
0	Present (no oedema)
1	Absent (mild to moderate oedema)
<i>Touritis</i>	
0	Absent (No dilated veins)
1	Mild (Few dilated veins after exertion)
2	Moderate (Multiple veins confined to calf or thigh)
3	Severe (Extensive involving both calf and thigh)
<i>Skin changes</i>	
0	Absent (No discolouration)
1	Mild (Blackish patchy hyper pigmentation)
2	Moderate (Hyper pigmentation with eczema)
3	Severe (Non-healing wound with discharge.)

Procedure of Jalaukavacharan:**Poorvakarma (Pre operative procedure):**

- Written consent of patient taken
- All pre procedure investigation like RBS, BT, CT was done and they were under normal range
- Patient was explained about the procedure
- All instruments required for procedure were prepared
- *Jalauka* activated

Pradhankarma (Main procedure):

- 3 *jalauka* in each leg applied on the most effected site, where the maximum tourtousity and pain found
- *Jalauka* applied there for approx. 45 minutes

- Some of *jalauka* detached itself and some of them were detached by applying *haridra* on it's mouth.
- Patient have complains of burning at the sight
- Proper bandage done to avoid post procedure bleeding

Paschat karma (post procedure):

- Haemostasis achieved
- Proper *vaman* of *jalauka* done
- After *vaman*, *jalauka* stored in its container with label of name of patient with date
- Patient was advised for proper position of the leg
- Diet and regimen advised to patient
- Nursing staff advised to inform doctor in any condition like bleeding or other complain of patient.

**Fig-1:** Varicose veins BT**Fig-2:** Leech applied on both leg**Fig-3:** After Treatment**Fig-4:** After Treatment relief in congestion

Table-4: Weekly relief insubjective and objective parameters:

Symptoms	Day 1	1 st week	2 nd week	3 rd week	4 th week	8 th week
<i>Shoola</i>	3	2	2	2	1	1
<i>Daha</i>	2	1	0	0	0	0
<i>Shoth</i>	1	1	1	0	0	0
tourtousity	3	3	3	2	2	1
Skin changes	2	2	2	2	1	1

Discussion:

During two months of treatment, patient underwent four times *jalauskavacharana* with internal medicines in first one month and during 2nd month patient was on internal medicines. The assessment was done by weekly interval by assessing the subjective and objective parameters (Table-4). After 1st sitting of the *Jalauskavacharana* patient felt gradual decrease in complaints and reduced tourtousity of veins with reduction in *daha*, *shool* and blackish discolouration of skin. After 2 months of complete treatment there was mild improvement in tourtousity of the veins but marked improvement in the complaints of *daha*, *shool* and blackish discolouration of the skin. Due to *jalauskavacharana* the accumulation of *rakta* and vitiation of *vata* in *sira* leads to *sira-akunchana* and *vakrikarana* (tourtousity) of veins which cause local congestion of veins. Repeated blood letting by *jalauka* bring down the *shotha* and *shoola* by relieving local congestion. In *daha* (burning sensation) also relieved as *jalauka* is sheet in nature. Patient is also

on oral medicines as *jalauskavacharana* done once weekly. *Arshakuthara rasa* is also helpful in relieving the tourtousity as *arsha* and varicose veins having same pathology. ^[6] *Kaishor Guggulu* is also effective in relief of pain due to its anti-inflammatory action. ^[7] The *sahapan* of *Mahamanjishthadi kwatha* having *ushna-tikshna* property so helps in relief due to *rakta shuddhikara guna*. ^[8-9] After two months of treatment and 4 sittings of *jalauskavacharana* there was complete relief in *daha* and *shotha* (oedema) and marked improvement in the *shoola* (pain), tourtousity and skin changes.

Conclusion:

Hence combined effect of local *Jalauskavacharan* (Leech application) and oral /systemic Ayurved formulations are said to be effective in the management of *Sirajgranthi* (Varicose veins). The study should be carried out in more number of patients for scientific evidence.

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