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A SYSTEMATIC AYURVEDIC APPROACH ON THE MANAGEMENT OF VARICOSE VEINS: A CASE SERIES

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ABSTRACT

Varicose veins are swollen, enlarged, twisting veins frequently related to faulty valves in the vein mainly affecting the lower limbs. Varicosity of the vein was described as early as 1500BC and in the 1600s AD were correlated with trauma, childbearing, and "standing too much before kings". In the Framingham study, the highest incidence was found in woman between 40 and 49 years of age.[1] It has a prevalence of 10-20% in the world. In India, about 5% of the population is affected with it. [2] It is more prevalent in females. It has a hereditary role. It is more prevalent in smokers, those with chronic constipation and people with occupation which requires long standing hours. Varicose veins do not threaten life and is seldom disabling but it needs a considerable amount of medical care. **Material and Methods:** It is a randomised open label study conducted in 12 patients of varicose patients. This study was conducted to evaluate the efficacy of *Virechana* followed by *Jalouka Avacharana* in the management of varicose veins along with administration of *Mahamanjisthadi Kwatha* and *Kaishore Guggulu* for 30 Days after 2 sitting of *Jalouka Avacharana*. **Results:** The intervention was found significant ($p<0.0001$). There was 53.75% improvement in Revised VCSS. **Conclusion**: *Virechana* followed by *Jalouka Avacharana* along with oral Shamana medications is an effective measure to control the sign and symptoms of Varicose veins.

Keywords: *Panchakarma*, *Raktamokshana*, *Jalouka*, Hirudotherapy, *Virechana*, Varicose veins, *Sira Granthi*.

INTRODUCTION

With various disease symptoms explained across *Ayurvedic* classics, some lie in close resemblance with *SiragataVata*[3], *Vatarakta*[4], and *Sira Granthi*[5]. On detailed review of available literature we find that the symptoms of Varicose Veins lie in close proximity mostly with *Sira Granthi. It also has close resemblance with Siragata Vata as described bu Acharya Charaka.* Majority of the symptoms described in *Vataja* type of Vatarakta also coincides with the symptoms of varicose veins. Concisely it can be understood as an outcome of vitiation of all the three *Dosha's with Rakta, Mamsa and Meda Dhatu Dushti*. Considering the symptomatology of the disease management mainly on the line of alleviation *Pitta Dosha* and *Rakta Dhatu, which is not antagonistic to Kapha-Vata Dosha and Mamsa and Meda Dhatu* will provide best outcome. So hereby in this study, *Virecana Karma* was planned followed by *Jalouka Avacharana* along with oral Shamana medications for 30 days after Jalouka Avacharana.

Aim: To evaluate the efficacy of *Virechana* followed by *Jalouka Avacharana* in the management of signs and symptoms of varicose veins.

Methodology-
STUDY TYPE – Interventional
TIME PERSPECTIVE – Prospective
MASKING - Open Label

Setting-
The subjects attending the OPD of AIIA, different government Ayurveda hospitals in New Delhi and other relevant sources with permission of the authority, will be screened and enrolled in the study following ethics of the institute and the selection criteria.

Table 1: Schedule of therapy

Step 1	Step 2	Step 3	Step 4	Step 5	Step 6
Deepana Pachana (7 Days)	*Snehapana* (3-7 days until *Samyaga Snigdha Lakshana* is observed)	*Virechana* (on 4th day of *Abhyanga* and *Swedana*)	*Jalouka Avacharana* on the next day after the end of *Samsarjana Krama* (2 sittings will be one at an interval of 7 Days)	*Shamana* for 30 Days.	Follow up on 15th day and 30th day after *Shamana*

Table 2: Duration of treatment

Sl.no.	Procedure	Max. No. of days
01	*Deepana Pachana*	7 days
02	*Snehapana*	7 days
03	*Abhyanha Swedana*	3 + 1 days
03	*Virechana*	1 day
04	*Samsarjana Krama*	5 days
05	*Raktamokshana(Jalouka Avacharana)*	14 days
06	*Shamana*	30 days
Total therapy administration time		67days
Totall duration of follow up		30 days
Window period		7 days

Table 3: Drug and therapy delivery regimen with Dose

Treatment Name	Drug/Material	Dose/time	Duration
Deepana Pachana	*Sudarshana Choorna* [6] *Guduchi Ghana Vati* [7]	5 grams BD before food *2tab BD after food*	For 7 days
Sneha Pana	*Guggulu Tikta Ghrita* [8]	*600ml/patient (total)between 6:30-7:30 AM*	*Until Samyak Snigdha Lakshana (3-7 days)*
Abhyanga *Svedana*	*Pinda Taila* [9] *Manjisthaadi Ksheera Dhooma Sweda*	30 min 10 min till *Samyaga Swedana*	4 Days
Virechana	*Trivrit Avaleha* [10]	*80- 110gms* Morning hours in between 8 am – 9:30 pm based on season	1 Day
Samsarjana Karma	Step wise controlled dietic regimen	As per requirement	3-5 days
Jalouka Avacharana	*Nirvisha Jalouka* (Hirudo medicinalis)5-8 cm long non	4 per sitting	20 min

	poisonous medicinal leech		
Shamana	*Kaishore Guggulu* [11] *Maha Manjisthadi Kwatha* [12]	*2 tab BD* before food *20 ml BD* before food.	30 Days
Follow up	*Nil*	*Nil*	On 15th and 30th day after withdrawal of oral medication

Criteria for selection

Inclusion criteria-

- Patients presenting with symptoms of primary varicose veins of lower limb such as tortuous dilated veins, pain, skin changes, ulcers, itching and ankle oedema.
- age group : 35-65 years
- gender : both
- socioeconomic condition: all
- duration = Upto 15 years chronic cases

Exclusion criteria-

- Varicose veins associated with deep vein thrombosis, calcification, equines deformity, venous ulcer.
- Valveless syndrome.
- Patients who have undergone open venous surgery.
- Patients who have undergone Radio Frequency Ablation.
- Patients who have undergone Thermal Ablation.
- Anaemic patients
- Patients with bleeding disorders.
- Diabetic patients
- Patients with severe systemic disorders.
- Patients *Ayogya* for *Snehapana*
- Patients *Ayogya* for *Virechana*
- Patients *Ayogya* for *Rakta Mokshana*

Table 4: Assessment period

1st	2nd	3rd	4th	5th
Baseline	AT1	AT2	AT3	AT4
On the 1st day of visit before *Deepana Pachana*	After *Virechana* on the 1st day of 1st*Rakta Mokshana* before the procedure.	On the day of 2nd*Rakta Mokshana* before the procedure.	On the 30th day of *Shamana Chikitsa.*	On the 2nd follow up i.e. 30 days after completion of *Shamana Chikitsa*.

Assessment Criteria:

- Revised venous clinical severity score

Observation and results:

1. VENOUS CLINICAL SEVERITY SCORE

Table 5.1 Effect of therapy on Pain (right leg) within the group

BT (MEAN + SD)	AT1 (MEAN+ SD)	AT2 (MEAN+ SD)	AT3 (MEAN + SD)	AT4 (MEAN +SD)	P VALUE
2.3+0.47	2+0.45	1.3+0.47	0.91+ 0.54	0.55+ 0.69	<0.0001

Mean score of PAIN was 2.3 before treatment which reduced to 0.55 after treatment, indicating the significance of intervention ($p<0.0001$). There was 76.08% reduction in pain.

Table 5.2: Effect of therapy on Pain (left leg) within the group

BT (MEAN + SD)	AT1 (MEAN+ SD)	AT2 (MEAN+ SD)	AT3 (MEAN+ SD)	AT4 (MEAN +SD)	P VALUE
1.9+1	1.7+1	1.2+0.87	0.64+ 0.67	0.45+ 0.52	<0.0001

Mean score of PAIN was 1.9 before treatment which reduced to 0.45 after treatment, indicating the significance of intervention (p<0.0001). There was 76.31% reduction in pain.

Table 6.1: Effect of therapy on Varicose veins (right leg) within the group

BT (MEAN + SD)	AT1 (MEAN+ SD)	AT2 (MEAN+ SD)	AT3 (MEAN+ SD)	AT4 (MEAN+ SD)	P VALUE
2+0.63	1.9+0.54	1.9+0.54	1.8+0.75	1.7+0.9	P<0.1084

Mean score of varicose vein was 2 before treatment which reduced to 1.7 after treatment. The intervention was not found significant (p<0.1084). There was 15% reduction in varicose vein.

Table 6.2: Effect of therapy on varicose veins (left leg) within the group

BT(MEAN +SD)	AT1 (MEAN+ SD)	AT2 (MEAN+ SD)	AT3 (MEAN +SD)	AT4 (MEAN + SD)	P VALUE
1.5+0.93	1.5+0.93	1.5+0.93	1.4+1	1.4+1	p<0.4189

Mean score of varicose vein was 1.5 before treatment which reduced to 1.4 after treatment. The intervention was not found significant (p<0.4189). There was 6.66% reduction in varicose vein.

Table 7.1: Effect of therapy on venous edema (right leg) within the group

BT(MEAN +SD)	AT1 (MEAN+ SD)	AT2 (MEAN+ SD)	AT3 (MEAN +SD)	AT4 (MEAN +SD)	P VALUE
2.2+0.75	2+ 0.89	1.2+0.87	0.91+ 0.83	0.64+ 0.67	<0.0001

Mean score of venous edema was 2.2 before treatment which reduced to 0.64 after treatment, indicating the significance of intervention (p<0.0001). There was 70.90% reduction in venous edema.

Table 7.2: Effect of therapy on Venous edema (left leg) within the group

BT(MEAN +SD)	AT1 (MEAN+ SD)	AT2 (MEAN+ SD)	AT3 (MEAN +SD)	AT4 (MEAN +SD)	P VALUE
1.8+1.2	1.8+1.2	1.1+1	0.91+ 0.83	0.64+ 0.81	<0.0001

Mean score of venous edema was 1.8 before treatment which reduced to 0.64 after treatment, indicating the significance of intervention (p<0.0001). There was 64.44% reduction in venous edema.

Table 8.1 Effect of therapy on Skin Pigmentation (right leg) within the group

BT(MEAN +SD)	AT1 (MEAN+ SD)	AT2 (MEAN +SD)	AT3 (MEAN +SD)	AT4 (MEAN +SD)	P VALUE
1.1+0.7	1.1+0.7	0.91+ 0.7	0.45+ 0.52	0.36+ 0.5	<0.0001

Mean score of skin pigmentation was 1.1 before treatment which reduced to 0.36 after treatment, indicating the significance of intervention ($p<0.0001$). There was 67.27% reduction in skin pigmentation.

Table 8.2: Effect of therapy on Skin Pigmentation (left leg) within the group

BT(MEAN +SD)	AT1 (MEAN+ SD)	AT2 (MEAN +SD)	AT3 (MEAN +SD)	AT4 (MEAN +SD)	P VALUE
0.91+ 0.83	0.82+ 0.75	0.45+ 0.52	0.45+ 0.52	0.27+ 0.47	<0.0005

Mean score of skin pigmentation was 0.91 before treatment which reduced to 0.27 after treatment, indicating the significance of intervention ($p<0.0001$). There was 70.32% reduction in skin pigmentation.

Table 9.1: Effect of therapy on Indurations (right leg) within the group

BT(MEAN +SD)	AT1 (MEAN +SD)	AT2 (MEAN +SD)	AT3 (MEAN +SD)	AT4 (MEAN +SD)	P VALUE
0.27+ 0.47	0.27+ 0.47	0.27+ 0.47	0.27+ 0.47	0.18+ 0.4	0.4189

Mean score of indurations was 0.27 before treatment which reduced to 0.18 after treatment. The intervention was not found significant. There was 33.33% reduction in indurations.

Table 9.2: Effect of therapy on Indurations (left leg) within the group

BT(MEAN +SD)	AT1 (MEAN+ SD)	AT2 (MEAN+ SD)	AT3 (MEAN +SD)	AT4 (MEAN +SD)	P VALUE
0.18+0.4	0.18+0.4	0.18+0.4	0.18+ 0.4	0+0	0.0838

Mean score of indurations was 0.18 before treatment which reduced to 0 after treatment. The intervention was not found significant. There was 100% reduction in indurations.

Table 10.1: Effect of therapy on Compression Therapy (right leg) within the group

BT (MEAN + SD)	AT1 (MEAN + SD)	AT2 (MEAN + SD)	AT3 (MEAN + SD)	AT4 (MEAN + SD)	P VALUE
1.1+ 0.94	1+0.89	1+0.89	0.82+ 0.75	0.45+ 0.52	<0.0001

Mean score of compression therapy was 1.1 before treatment which reduced to 0.45 after treatment. The intervention was not found significant. There was 59.09% reduction in compression therapy.

Table 11.1: Effect of therapy on Compression Therapy (left leg) within the group

BT(MEAN +SD)	AT1 (MEAN+ SD)	AT2 (MEAN+ SD)	AT3 (MEAN +SD)	AT4 (MEAN +SD)	P VALUE
0.18+0.4	0.18+0.4	0.18+0.4	0.18+ 0.4	0.09+ 0.31	0.0388

Mean score of compression therapy was 0.18 before treatment which reduced to 0 after treatment. The intervention was not found significant. There was 50% reduction in compression therapy.

Table 11.2 Effect of therapy on Venous Clinical Severity Score

BT(MEAN + SD)	AT1 (MEAN + SD)	AT2 (MEAN + SD)	AT3 (MEAN + SD)	AT4 (MEAN + SD)	P VALUE
16+6.9	15+7	13+7	9.7+5.6	7.4+4.7	<0.0001

Mean score of VCSS in was 8.8 before treatment which reduced to 04.4 after treatment. The intervention was found significant ($p<0.0001$). There was 53.75% improvement in VCSS.

DISCUSSION

1. **Effect on Pain**

In Varicose veins the intensity of pain increases proportional to the exertion of the legs, which indicates pain arising generally due to *Vata Dosha*. Possibly there is *Prakopa* of *Vata Dosha* due to *Avarana* with *Kapha-Pitta Dosha*.

Through *Snehana*, *Swedana*, *Virechana* and *Raktamokshana* there is elimination of these *Dosha's* along with *Srotoshodhana* and hence resulting in pacification of pain.

In addition the saliva of *Jalouka* contains **Anesthetic-like substances** which help to **r**educe pain.

2. **Effect on *Varicose Vein:***

This may be due to the fact that the grading of varicosity in VCSS is defined on the basis of the area of distribution defected veins rather than its number, size and tortuosity. The immediate reduction in varicosity in this research work is mainly due to the relief in venous congestion through bloodletting. By elimination of *Dosha's* through *Shodhana* therapy followed by *Raktamokshana* and internal medication, the relief in congestion and venous tortuosity is maintained.

3. Effect on Venous Oedema:

Shotha occurs when the vitiated *Vata Dosha*, displaces the vitiated *Rakta*, *Pitta* and *Kapha Dosha* which further gets obstructed in the *Srotasa.* This morbid element gets accumulated in the *Twaka* and *Mamsa Dhatu* giving rise to the formation of *Shotha*.

Snehana and *Swedana* not only excites the *Dosha's* liquefies it and detaches it from the *Srotasa* for its elimination, but also pacifies *Vata Dosha* . Elimination of *Pitta* and *Kapha Dosha* through *Virechana Karma* followed by Purification of *Rakta Dhatu* through *Raktamokshana* ultimately helps in the pacification of *Shotha*. Moreover the salivary content of Hirudo medicinalis has got anti edematous effect which may help to relieve venous edema.

4. Effect on Skin pigmentation:

Virechana Karma is primarily benificial for the elimination of *Pitta Dosha*. *Raktamokshana*, as the name suggests eliminates impure *Rakta Dhatu*. *Kustha* (Skin Diseases). Here in Varicose veins the pigmentation of the skin may be mostly due to the vitiation of *Pitta Dosha* and *Rakta Dhatu*. This morbidity is relived to a great extent by *Virechana* and *Raktamokshana.* Moreover the internal medications used have *Rakta Shodhaka*, *Kusthaghna* and *Twachya* properties which may aid to mitigate skin pigmentation.

Skin pigmentation in varicose veins is believed to be caused due to formation of fibrin-cuff, which blocks the minute capillaries. Due to this there is increase in venous capillary pressure leading to its rupture. The stagnant blood gets deoxygenated leading to brownish depigmentation of the skin. *Raktamokshana* results in elimination of impure blood along with reduction in venous congestion. The saliva of Hirudo medicinalis contains thrombolytic agents such as Destabilise which may help in the lysis of the fibrin cuff and thus promoting microcirculation.

5. Effect on Indurations:

Indurations in varicose veins presume venous origin of secondary skin and subcutaneous changes. It is as-

sociated with chronic cases of varicose veins. It implies that there is involvement of *Tridosha* and *Twaka*, *Rakta*, *Mamsa* and *Meda Dhatu*. As discussed earlier in *Kustha, Shodhana* followed by internal medications possessing *Rakta Shodhaka*, *Kusthaghna* and *Twachya* properties induration may have relieved clinically.

6. Effect on Compression therapy:

Effect on compression therapy is not only based on the total outcome of the disease but also on the temperament and psychology of the patient and also on the convenience of its use. Hence the effect of the research work on the Compression therapy in this present clinical trial is not wholly justifiable.

CONCLUSION

The conclusions drawn from the present clinical study are as follows:

- The sign and symptoms of Varicose Veins lie in close proximity mostly with *Sira Granthi. It also has close resemblance with Siragata Vata as described by Acharya Charaka*
- Parasurgical procedure vis-à-vis *Jalouka Avacharana* is absolute necessity in terms of *Ayurvedic* principles to reduce the signs and symptoms of the disease.
- *Jalouka Avacharana* along with *Deepana Pachana*, *Virechana* and internal medication being common in both groups were done & found to be effective clinically in the management of Varicose veins.
- No complications were observed during the study.

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