



EFFICACY OF JALUKAVACHARANA IN THE MANAGEMENT OF VARICOSE VEIN - A CASE STUDY.

Ayurveda

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ABSTRACT

Varicose Vein are enlarged, swollen, and twisting veins, often appearing blue or dark purple. They happen when faulty valves in the veins allows blood flow in the wrong direction or to pool. It may also occur in person involved in excessive muscular contractions e.g. Rickshaw pullers and athletes¹. According to Ayurveda Varicose vein is usually compared to Sirajagranthi.

As per Acharya Sushruta, due to Vataprakopakanidanas like physical exertion and strainings, Vayu enters the siras manifesting Sirajagranthi². According to Ayurveda Raktamokshana is cure Varicose veins. Jalaukavacharana is the procedure employed in the study. This is case presentation of a 52 years female patient with history of varicose veins, having complaints of pain, muscle cramps, blackish discolouration since 5 years. Jalaukavacharana was done weekly once for one month. The patient got relief in all symptoms with appreciable change in blackish discolouration of both legs.

KEYWORDS

INTRODUCTION-

Varicose vein are the penalty of verticality against gravity³. Varicose veins frequently cause symptoms, the most common symptoms is 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 systems⁴. the primary causes of varicose veins are the incompetency of the valves and the weakness in walls of veins. When varicose veins become chronic it cause venous insufficiency. The secondary causes are obstruction of venous outflow due to pregnancy, fibroid, ovarian cyst, ascities, pelvic cancer and deep vein thrombosis.

In the diseases Sirajagranthi, the main vitiated doshas are Vata and Rakta. By doing Jalaukavacharana it removes the Dushta rakta and clears the pathways of dosha there by removing srothorodha. When Jalauka starts sucking blood it also releases some amount of hirudin which dilutes and keeps the blood in liquid form (Anticoagulant). This hirudin works in preventing the clotting of blood during the procedure.

CASE REPORT-

A 52 Year old patient visited in OPD, she presented with complaints of blackish discoloration 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. She 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 discoloration 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.

The patient was subjected to jalaukavacharana once in seven days. follow up was done 1 month after the treatment period.

GRADING OF ASSESSMENT PARAMETERS- SHOOL

0	Absent	No pain
1	Mild	Occasional pain after long exertion
2	Moderate	Frequent Pain
3	Sever	Pain throughout the day

KANDU

0	Absent
1	Present

DHAHA

0	
1	

SHOTHA

0	Absent
1	Present

TORTUOSITY

0	Absent	No dilated veins.
1	Mild	Few Vein Dilated
2	Moderate	Multiple vein dilated after exertion
3	Severe	Extensive involving both calf and thigh.

SUBJECTIVE PARAMETERS

	DAY1	DAY7	DAY14	DAY21	DAY30
SHOOL	2	2	1	0	0
KANDU	1	1	0	0	0
DAHA	1	0	0	0	0

OBJECTIVE PARAMETERS

	DAY1	DAY7	DAY14	DAY21	DAY30
SHOOTHA	1	1	0	0	0
TORTUOSITY	2	2	2	2	1
SKIN CHNAGES	2	2	2	1	1

RESULT

The clinical feature of varicose veins were improved at the end of 4th week. Pain, itching, oedma, and burning sensation reduced considerably. Dilated and tortuous veins in the calf region reduced in the 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 discoloration which become scattered.



DISCUSSION

The accumulation rakta and vitiation of vata in siras leads to sirakunchana (dilatation of the veins) and Tortusity. This causes local congestion in that area causing shola and shotha. Repeated bloodletting by Jalaukavacharana brings down the local shotha by relieving the local shotha by relieving the local congestion by removing vitiated blood first. So a part of shotha is relived 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 that is second phase . thus, by removing the stagment vitiated blood that had used Sanga, Jalaukavacharana the localised intravascular pressure and volume hence relieving Shoola and Shotha.

Tortuosity was only partially relieved in the study . at the end patient got symptomatically relief.

CONCLUSION

Jalaukavacharana early result in the reducing the sign and symptoms of Sirajgranthi.

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