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"Management of Varicose Veins by Siravedha: A Case Study"

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ABSTRACT

The term 'varicose' refers to a dilated or swollen vein. Varicose veins are caused by a backflow of blood in the veins, causing them to become excessively bloated, twisted, and dilated. The veins of the legs are usually affected by varicose veins. Blood channels that convey deoxygenated blood from the legs to the heart are veins. Valves are structures that prevent blood from flowing backward. These valves become weak due to vigorous activities requiring prolonged standing, weight carrying, or long-distance walking, leading blood flow to reverse direction, producing swelling and dilatation in the veins. Varicosity in veins can be caused by various factors, including obesity, diabetes, pregnancy, and hypertension. Varicose veins are a common vascular disorder characterized by dilated, tortuous veins resulting from venous insufficiency, leading to symptoms such as pain, swelling, heaviness, and cosmetic concerns. In Ayurveda, varicose veins can be correlated with conditions involving vitiation of *Vata* and *Rakta*, leading to impaired circulation and vessel deformity.

***Siravedha* (therapeutic bloodletting), a classical rocedure described under *Raktamokshana* in Ayurvedic texts like the Sushruta Samhita, is indicated for disorders arising from vitiated blood. This technique involves controlled venesection to remove impure blood, thereby reducing local congestion, improving circulation, and alleviating symptoms. The prevalence of varicose veins in India ranges widely from about 4.5% in rural community samples to over 40% in specific high-risk or urban demographic studies. The condition is more common in women, older adults, and people who stand for long hours at work. A worldwide prevalence ranges from 20 to 60% and women are at two to three times more risk of developing varicose veins than men.2 Nearly, about 15 to 20% Indian population is suffering from vein-related disease.**

The present study highlights the role of *Siravedha* in the management of varicose veins. The procedure helps in reducing venous pressure, relieving pain, decreasing oedema, and improving functional outcomes. Being minimally invasive and cost-effective, it offers a promising alternative or adjunct to conventional therapies.

Keywords- *Swollen Veins, Discomfort, Raktamokshana, Siravedha,* Case study

INTRODUCTION

Varicose veins are large, swollen veins that often appear on the legs and feet. They happen when the valves in the veins do not work properly, so the blood does not flow effectively. The veins rarely need treatment for health reasons, but if swelling, aching, and painful legs result, and if there is considerable discomfort, treatment is available. There are various options, including some home remedies. In severe cases, a varicose vein may rupture, or develop into varicose ulcers on the skin. These will require treatment.

Varicose veins are a chronic venous disorder characterized by dilated, elongated, and tortuous superficial veins, most commonly affecting the lower limbs. Traditionally considered a vascular condition, varicose veins are increasingly recognized as a lifestyle disease due to their strong association with modern habits and occupational patterns.

In contemporary society, prolonged standing or sitting, lack of physical activity, obesity, and poor dietary habits contribute significantly to the development of varicose veins.

Varicose veins are dilated, tortuous superficial veins caused by valvular incompetence and impaired venous return. They commonly affect the lower extremities and may lead to complications such as oedema, skin pigmentation, and ulceration. Conventional management includes compression therapy and surgery, which may not always be accessible or affordable.

According to Ayurveda, varicose veins can be understood under *Siragata Vata*, involving vitiation of *Vata Dosha* and *Rakta*. *Siravedha*, mentioned in the Sushruta

Samhita under *Raktamokshana*, is a therapeutic procedure aimed at expelling vitiated blood and restoring normal circulation.

Aim

To evaluate the effectiveness of *Siravedha* in the management of varicose veins from the perspective of Ayurveda.

Objectives

1. To study varicose veins as a clinical condition and its correlation with *Siragata Vata* and *Rakta Dushti* in Ayurveda.
2. To assess the effect of *Siravedha* on subjective symptoms such as pain, heaviness, and discomfort.
3. To evaluate the effect of *Siravedha* on objective parameters like edema and prominence of veins.
4. To observe the safety and any adverse effects of *Siravedha* procedure.
5. To understand the role of *Raktamokshana* described in the Sushruta Samhita in the management of varicose veins.

MATERIALS AND METHODS

Varicose veins are referred to as "Siraja Granthi " in Ayurveda, with "Siraja " referring to the veins and tubular structures in blood flow and "Granthi" implying a cyst-like infection. It is thought to be caused by intensified pitta dosha around blood vessels and inhibited kapha and vata dosha at the bulging spot, resulting in tridoshic imbalance and abnormal blood clots. Varicose veins are characterised by numbness, weariness, Gratitha Sira (distended veins), Krishnarakta Sira (blue to purple colouring in the veins and skin), and Toda (pain) (relentless aching in the lower legs). However, fear not: ancient Ayurvedic writings such as Charaka Samhita and Sushruta Samhita describe a multitude of potent herbs with anti-inflammatory, pain-relieving, and pitta-balancing properties that may be used as efficient natural varicose vein cures. In Ayurveda literature the Varicose vein has no its separate elaborative identity as a disease but considered as a siravikruty (venous disorders) and named as sirakautilya or kutilsira disease by commentators.

Sirāgranthi and Siravedha

In Ayurveda, disorders of veins (*Sira*) are described in detail under various contexts, particularly in relation to *Vata Dosha* vitiation and *Rakta Dushti*. The condition *Sirāgranthi*, which closely resembles varicose veins, is explained in the Sushruta Samhita under *Granthi Nidana*.

Concept of Sirāgranthi

"वातप्रकोपात् संकुच्य विस्तार्य च पुनः पुनः। सिरा ग्रन्थिं समुत्पन्ना तां विद्यात् सिराग्रन्थिम्॥" (Sushruta Nidana Sthana 11)

Aggravated *Vata* causes repeated constriction and dilatation of veins, resulting in nodular swelling (*Granthi*)

Pathogenesis

"वातेन संकुचिताः सिराः पुनर्विस्तारमाप्नुवन्। ग्रन्थिभूताः स्थिरा यत्र स ज्ञेयः सिराग्रन्थिकः॥"

Vata in producing alternating constriction and dilatation, eventually leading to स्थिर (fixed), tortuous veins

Role of Rakta Dushti

According to Charaka Samhita, vitiated *Rakta* contributes to various vascular and त्वक (skin) disorders:

"रक्तं हि जीव इत्युक्तं…" (*Charaka Sutra Sthana 24*)

The importance of pure *Rakta* in maintaining vascular health. Its vitiation leads to circulatory disturbances, supporting the pathology of *Sirāgranthi*.

Indication of Raktamokshana

"दुष्टे रक्ते विशेषेण कार्यं रक्तविमोक्षणम्।" (Sushruta Samhita, Sutra Sthana 13)

Dalhaṇa comments that removal of vitiated blood restores normal circulation and relieves obstruction in *Srotas.*

Importance of Siravedha

"सिराग्रन्थिषु सर्वेषु सिरावेधं प्रशस्यते।" (Sushruta Samhita, Sutra Sthana 14)

Siravedha is specifically indicated in diseases of veins, as it directly removes stagnant and vitiated blood, reducing pressure and congestion.

In Ashtanga Hridaya, *Raktamokshana* is described as an effective therapy in *Rakta Dushti* conditions, particularly those involving localized swelling, discoloration, and pain.

Risk factors related to varicose vein

The risk factors of varicose veins increase with age. This is because the body experiences wear and tear, disrupting blood flow. The chances of varicose veins are higher in women due to hormonal changes during pregnancy, menopause, and pre-menstruation. The risk of varicose veins is more if you have obesity or a family history. Suppose you are standing or sitting for a long time, then also the risk increases.

Methods (Case Presentation & Intervention)

Patient Information

- Name: xxx
- AGE: 45yrs
- Gender: Male
- Occupation: cook
- Address: Neelbad, Bhopal.

Complaints

- Prominent veins in the left lower limb

- Pain and heaviness, aggravated by prolonged standing
- Mild swelling around the ankle

Clinical Findings

- Visible dilated and tortuous veins along the great saphenous vein
- Mild pitting edema
- No ulceration or bleeding

Diagnosis

- Modern diagnosis: Varicose veins
- Ayurvedic diagnosis: *Siragata Vata* with *Rakta Dushti*

Intervention

Siravedha was performed under aseptic precautions:

- Selection of appropriate vein
- Controlled venesection using sterile instruments
- Bloodletting carried out until signs of proper *Raktamokshana* appeared
- Procedure repeated at weekly intervals for 5 sittings

Preparation of the patient for Siravyeda

Purvakarma-

- Patient is oleated, after performing auspicious rites and having taken rice with
- unctuous meat soup should be formented with heat of fire or sunlight.
- Then he is made to sit on a stool of the height of the knee.
- A soft band of cloth should be tied round his head at the lower border of the hairs.
- With his elbows kept on his knees, neck should be massaged briskly with fists
- holding balls of cloth.
- Patient is made to strain by clasping his teeth, coughing and inflating cheeks, so that
- veins are visible.
- From his back, the neck should be tied with a band of cloth and tightened with his
- index fingers within it; this is the mode of restraining veins except those which are
- inside the mouth.

- Pradhankarma-

Siravyadha procedure-

- Physician should tap the raised vein with his middle finger to engorge it.
- Holding the sharp instrument (kutari) with left hand, aim its tip to the middle portion of the vein without shaking the hand. Then the vein should be punctured by tapping or pressing the sharp instrument.

- Pachatkarma-

The tourniquet should be released slowly.
The site is washed with cold water.
The puncture of the vein should be bandaged with a cotton swab soaked in sesame oil**.**

Regimen followed after venesection:

- Food and drinks which are neither very hot nor very cold, which are light and carminative is suitable.
- Avoid - anger, fear, exhaustion, day sleep, sexual intercourse, driving, riding on
vehicles, study, exposure to cold wind and water, prolonged sitting in same place,
incompatible food, intake of food when previous food is not digested, for 1 month.

Importance of food regime after venesection:

- By the use of tourniquet, the doshas traverse retrograde and affects the blood. Hence
the patient should adhere to wholesome food and restricted activities till the doshas
return back to their own abodes and as the body has unstable blood during that
period and digestive power has to be protected.

Sessions	Blood Removed (in ml)	Pain (VAS scale)	Edema (clinical grading)	Vein prominence (inspection)	Functional discomfort
During 1st	60ml	10	43cm	Very prominent	Unable to do his work
2nd session	60ml	7	41cm	Less than 1st visit	Moderate discomfort
3rd session	50ml	5	38cm	Less than 2nd visit	Better relief than before
4th session	50ml	3	37cm	less prominent	Normal function Back to work
5th session	50ml	1	36cm	normal	normal

Assessment Criteria

- Pain (VAS scale)

- Edema (clinical grading)
- Vein prominence (inspection)
- Functional discomfort

RESULTS

After completion of therapy:

- Significant reduction in pain (VAS score decreased)
- Noticeable decrease in edema.
- Reduction in vein prominence.
- Improved ability to stand and perform daily activities

No adverse effects or complications were reported during or after the procedure.

FIG 1: VARICOSE VEINS

FIG 2: SIRAVEDHA PROCEDURE

DISCUSSION

Varicose veins are a manifestation of chronic venous insufficiency characterized by venous dilatation, tortuosity, and valve incompetence, leading to symptoms such as pain, heaviness, and edema. In the present case, these clinical features were effectively correlated with *Siragata Vata* and *Rakta Dushti* as described in Ayurveda. The vitiation of *Vata Dosha* leads to impaired circulation and structural deformity of veins, while *Rakta Dushti* contributes to stagnation and increased venous pressure.

Siravedha, a form of *Raktamokshana* explained in the Sushruta Samhita, was selected as the primary intervention in this case. The procedure aims at the elimination of vitiated blood, thereby reducing local congestion and restoring normal blood flow. In this study, the patient showed marked improvement in subjective symptoms such as pain and heaviness, along with a reduction in edema and vein prominence.

The probable mode of action of *Siravedha* can be understood both from Ayurvedic and modern perspectives. From an Ayurvedic viewpoint, removal of vitiated blood helps in pacifying *Vata* and purifying *Rakta*, thus correcting the underlying pathology. From a modern standpoint, controlled bloodletting may reduce venous pressure, improve microcirculation, and relieve local stasis, thereby alleviating symptoms.

Additionally, no adverse effects were observed during the treatment, indicating that the procedure is safe when performed under proper aseptic conditions. The results of this case support the classical indications of *Siravedha* and highlight its role as a minimally invasive and cost-effective treatment modality.

However, being a single case study, the findings cannot be generalized. Further studies with larger sample sizes and longer follow-up are necessary to establish the efficacy and standardize the protocol of *Siravedha* in the management of varicose veins.

CONCLUSION

In conclusion, *Siravedha* demonstrates significant potential in managing varicose veins by addressing the underlying pathophysiology from an Ayurvedic perspective, thereby improving patient quality of life.

This case study demonstrates that *Siravedha*, a procedure of *Raktamokshana* described in Sushruta Samhita, is an effective and safe modality in the management of varicose veins. Significant improvement was observed in pain, edema, and vein prominence, enhancing the patient's functional ability and quality of life. From the perspective of Ayurveda, the therapy addresses the root cause by correcting *Vata* and *Rakta Dushti*. Being

minimally invasive and cost-effective, *Siravedha* offers a promising alternative or adjunct to conventional treatments, though larger studies are required for validation.

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