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# A Case Report on *Siraja Granthi*

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## ABSTRACT

*Siraja Granthi* is one among the *Granthi Roga* described in various Ayurvedic classics. It denotes a pathological condition characterised by an elevated, quickly developing and round swelling of veins, which are non pulsating and painless. Symptomatology of *Siraja Granthi* indicate the correlation towards the varicose veins. Ayurvedic management has multiple time tested modalities of treatment such as external application of *Sahacharadi Taila*, internal *Basti* and Para surgical procedure such as *Raktamokshana*, for the management of *Siraja Granthi*. A hypothesis was made that, whether *Raktamokshana* by *Siravyadha* method which is comparatively safe, has extended systemic action quoted to be *Ardha Chikitsa* and can be employed in patients with *Siraja Granthi* / varicose veins.

**Case Presentation:** A 39 year old male patient visited OPD of Shalya Tantra, GAMC, Bengaluru, who had presented with complaint of dull aching pain which aggravates specially by the end of the day and dilated, engorged veins over right lower limb for about 2 years associated with gradual onset of mild edema around the right ankle, discoloration and itching for last 4 months. It was planned to treat the patient with *Raktamokshana* by *Siravyadha* 4 sittings at an interval of 7 days and *Sahacharadi Kashaya* 15 ml Bid given internally for 28 days. **Conclusion:** *Raktamokshana* (*Siravyadha*) line of treatment was found to be beneficial in relieving pain, swelling, itching and discoloration around the affected regions of varicose veins.

**Key words:** Varicose veins, *Siraja Granthi*, *Siravyadha*, *Raktamokshana*.

## INTRODUCTION

The earliest reference regarding the term "*Siraja Granthi*" is available in *Sushruta Samhita* during 2000 BC. In debilitated person, by excessive exercise (aggravated) *Vayu* pulls the ramifications of blood vessels causing *Sampeedana*, *Sankocha* and *Vishoshanam* and produce *Granthi* formation in *Sira*. This condition is called as *Sirajagranthi*.<sup>[1]</sup> *Vata* getting increased invades *Siras*, causing constriction,

distortion and dryness in them give rise to *Granthi*, which is non-pulsating and painless is *Siraja Granthi*.<sup>[2]</sup>

Varicose vein can be correlated with *Sirajagranthi* as described in Ayurvedic texts based on etiopathology and treatment. Varicose veins of lower limbs are dilated, elongated and tortuous veins caused due to hereditary factors, prolonged standing, increasing age, heavy weight lifting, multiple pregnancies, obesity etc. complication such as superficial thrombophlebitis, eczema, pigmentation, lipodermatosclerosis, hemorrhage, ulceration and an increased risk of deep vein thrombosis.<sup>[3]</sup> They affect about 10 - 20 % of the world population.

A comprehensive, holistic, natural management which aims at correcting the core pathology and preventing the prognosis is the need of the hour. Ayurvedic management which fulfills the above need, has multiple time tested modalities of treatment such as external application of *Sahacharadi Taila*, *Basti* and Para surgical procedure such as *Raktamokshana* in particular *Siravyadha* for the management of *Siraja*

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*Granthi. Raktamokshana* is the treatment of choice prescribed by the classics for *Siragata Vata*. In which *Siravyadha* is one method given as the treatment for *Sirajagranthi* by *Acharya Vagbhata* and *Acharya Sharangadhara*.<sup>[4]</sup> *Siravyadha* is considered as *Ardha Chikitsa* of *Shalya Tantra* and is said to provide immediate results than *Snehadi Karmas*. So *Raktamokshana* is said to be a drugless therapy which is a simple, specialized technique, efficacious yet not popular. In varied degrees, it is curative but more stressed on relieving the symptomatology and preventing the disease progress towards severe complications such as calcification, equine deformity, venous ulcer.

*Siravyadha Ashastra Kruta* type of *Raktamokshana* was undertaken for the present study. Hence a hypothesis was made that, whether *Raktamokshana* by *Siravyadha* can be employed in patients with *Siraja Granthi* / varicose veins.

### CASE PRESENTATION

A 39-year-old male patient visited our OPD who had presented with complaint of dull aching pain which aggravates specially by the end of the day and dilated, engorged veins over right lower limb for about 2 years associated with gradual onset of mild edema around the right ankle, discoloration and itching for last 4 months. History revealed that his occupation of standing 6-8 hours a day for the past 8-10 years. On examination, there was engorged veins over the medial aspect of the right lower limb below knee along the course of great saphenous vein. Mild discoloration over lower 1/3<sup>rd</sup> of the right lower limb and mild edema around right ankle region. The patient was examined completely on Ayurveda and Modern concept of examination and essential investigations were performed to diagnose and it was planned to treat the patient with *Raktamokshana* by *Siravyadha* 4 sittings at an interval of 7 days and *Sahacharadi Kashaya* 15ml Bid given internally for 28 days.

### Investigations

- Hemoglobin
- Total Count

- RBC
- Random Blood Sugar
- CT and BT
- Platelets
- Erythrocyte sedimentation rate
- Venous doppler study of right lower limb

### Treatment Pattern

Patients was subjected to *Siravyadha* 4 sittings at an interval of 7 days and *Sahacharadi Kashaya* 15ml Bid given internally for 28 days.

### METHODOLOGY

#### Materials for *Siravyadha*

1. Disposable Sterile needle of 18 No gauze
2. Tourniquet
3. Sterile glove- No 6.5"
4. Sterile Cotton
5. Sterile Swab
6. Cotton Pads
7. Surgical Spirit
8. Sterile bandage cloth
9. Measuring jar
10. Vessels

### PROCEDURE

#### *Poorvakarma*

Procedure was explained to patient in advance and written consent was taken. Patients were advised to have gentle massage with *Sahacharadi Taila* to the whole body followed by *Nadi Sweda* till the appearance of perspiration, on the day of *Siravyadha*. Patients were advised to have adequate quantity (about 120 ml) of *Tila Yavagu* before undergoing *Siravyadhana*.

#### *Pradhanakarma*

The patient was made to sit comfortably over the examination table. The part above 2 *Angula* of *Kshipra Marma* was cleaned with surgical spirit. Then a tourniquet was tied at the calf region about 8 inches above the medial or lateral malleoli. The patient is advised to restrain from movements of the limb. Later

with disposable needle no 18 the prominent indicated vein was punctured. It was made sure that needle was in situ as blood starts flowing out. Then tourniquet was released and the blood was collected in a measuring jar. Generally, after proper *Vyadhana*, once complete *Dosha* let out, it will stop of its own. Maximum up to 200ml of blood could let out depending on patient general condition or whichever was earlier. Later needle was gently withdrawn, part was cleaned and punctured site held with gauze piece with pressure for hemostasis. Then a pressure bandage applied at the site.

#### **Paschatkarma**

After 10 minutes of rest patient can go home and advised to take food which are not very cold, easily digestible, little oily, which promote blood formation and either slightly sour or devoid of sour. After *Siravyadha* the patient should be asked for avoid exercise, copulation, cold breeze, day sleep, use of alkalis, pungent substances in food, grief, much conversation and indigestion till he attains good strength.

The observations regarding the changes with the treatment was made before treatment, on the 7<sup>th</sup> day, 14<sup>th</sup> day, 21<sup>st</sup> day and 28<sup>th</sup> day with *Siravyadha* done on 1<sup>st</sup> day, 7<sup>th</sup> day, 14<sup>th</sup> day and 21<sup>st</sup> day and the same was recorded in the proforma of case sheet prepared for the study. The Patient was advised to apply regular stocking or Crepe bandage and to rest as much as possible with foot end elevation.

#### **Effect of Raktamokshana by Siravyadha on various symptoms and signs.**

##### **Effect on Pain**

There was considerable relief in pain from the day of first sitting of *Siravyadha* though patient completely relieved of pain after three sittings of *Siravyadha*.

##### **Effect on ankle oedema**

Clinically reduction in Ankle oedema by the end of all four sittings was noticed.

##### **Effect on skin changes**

By the end of third sitting of *Raktamokshana*, discoloration of skin started disappearing gradually

and on 28<sup>th</sup> day of follow up almost 80% of discoloration disappeared.

##### **Effect on Itching**

There were highly significant relief from itching by the 2<sup>nd</sup> week of treatment and patient was symptom less by the end of all four sittings of *Siravyadha*.

##### **Effect on Tortuous dilated veins**

There was 0% change in both the lower limbs clinically. This may be due to inability of *Raktamokshana* in correcting structural damage.

#### **DISCUSSION**

Vitiated *Vata* is a factor for *Shoola* because it causes *Siraakunchana* (tortuosity of veins) which further stimulates release of neurotransmitter (substance P), which get collected in smooth muscle of blood vessels. After *Raktamokshana*, relief in the pain, may be due to *Nirharana* of the *Vata* along with the *Dushita Rakta*. Due to venous hypertension, there is stretching of the veins which causes pain. After *Raktamokshana* followed by foot end elevation the venous hypertension is decreased, and hence relief in pain. Ankle oedema is mainly due to venous outlet obstruction. This increases venous capillary hydrostatic pressure and collection of tissue fluid. By *Raktamokshana* venous hydrostatic pressure and collected tissue fluid are reduced thus causing reduction in Ankle oedema. This was better appreciated in *Siravyadha* probably due to drainage of fluid from interstitial tissue. Discoloration is mainly seen in the lower part of the leg. Brownish to black pigmentation was noticed, this is due to hemosiderin deposition from breakdown of R.B.C. which have come out of the thin walled veins. By doing *Raktamokshana* dead R.B.C. along with iron in the form of hemosiderin is removed. Extravasations and breakdown of R.B.C. in the lower part of the leg stimulates histamine to deposit at the site which causes vasodilatation and decreased vascular permeability causing itching that may further lead to eczema formation. In *Shakhagata Raktadushti Raktamokshana* is indicated as first line of treatment because it brings *Dosha* in equilibrium and causes *Shodhana* effect.



*Sahacharadi Kashaya* is mentioned in *Vataroga Chikitsa* by *Vagbhata*<sup>[5]</sup> a unique formulation of Ayurveda designed par excellence in the treatment of *Siragata Vata*. Ingredients *Sahachara*,<sup>[6]</sup> *Devadaru*,<sup>[7]</sup> *Nagara*,<sup>[8]</sup> having *Vatakaphahara*, *Raktashodhana*, *Shothahara*, *Kanduhara*, *Vedanaprashamana* actions helps in reducing most of the symptoms associated with *Sirajagranti*. The formulation is having pharmacologic actions such as Anti-inflammatory, anti-atherosclerotic, antiplatelet, antioxidant, antibacterial, antifungal, antitumoral, carbonyl reductase activity, anti serotonergic, analgesic, inotropic (altering the force of muscular contractions), inhibition of prostaglandin release, Spasmolytic, antiviral, antiseptic, cutaneous activity, immunomodulatory activity etc.



**Fig. 1: Materials required for Siravyadha**

### CONCLUSION

In Allopathic treatment for varicose veins is classified under two categories surgical and non-surgical. Non-surgical treatments include sclerotherapy, elastic stockings, elevating the legs, exercise and sclerotherapy. The chief drawback of sclerotherapy is that new varicose veins may develop after the procedure, venous thrombosis, severe inflammation, cutaneous ulcerations, deep vein thrombosis, severe headache, transient blindness, stroke and death. Surgical treatment with ligation and stripping procedure, which is more commonly practiced, is an invasive procedure which may be complicated by hematoma formation, infection and saphenous nerve irritation. Complications of surgery includes considerable bruising, small area numbness which



**Fig. 2: Before treatment**



**Fig. 3: After treatment**

may be associated with intense tingling pain (saphenous neuralgia, sural nerve injury), postoperative thrombosis, superficial thrombophlebitis, infection, hematoma formation and recurrence.<sup>[9]</sup>

If the above conditions are treated earlier, then various steps of complication can be avoided,

otherwise severe anoxia in the lower part of the leg and surrounding tissue can lead to chronic venous ulceration. *Raktamokshana* is helpful in treating the complications of the varicose veins but varicosities cannot be treated because there is no change in length and width of the varicose veins.

Further studies can be taken on patients with chronic venous ulcer for *Raktamokshana* and to elicit faster healing of the venous ulcer and studies can be taken on some patients who had undergone surgery earlier and had developed varicose veins at different site or with any other complications.

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