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A MULTIDIMENSIONAL AYURVEDIC MANAGEMENT OF VARICOSE VEIN: A CASE REPORT

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ABSTRACT

Background: Varicose veins are a common manifestation of chronic venous insufficiency characterized by dilated, tortuous superficial veins of the lower limbs. In Ayurveda, the condition can be correlated with Siraja Granthi, a disorder predominantly caused by vitiated Vata Dosha.. **Case Presentation:** A 52-year-old female presented with prominent veins in the left leg for 10 years, associated with pain, swelling and pigmentation for the last 2 years. Based on clinical examination and Ayurvedic assessment, the condition was diagnosed as Siraja Granthi (VaricoseVein). **Intervention:** The patient was managed with Ayurvedic formulations including Haritaki Churna, Rasnasaptaka Kwatha, Punarnava Mandura, Dashamoola Kwatha and Kaishora Guggulu, along with dietary modification, lifestyle changes, Yogopachara and Nisargopachara. **Result:** After 20 days of treatment, the patient showed noticeable improvement in pain, swelling and heaviness of the affected limb, with visible reduction in venous prominence. **Conclusion:** This case indicates that a multidimensional Ayurvedic approach may provide effective symptomatic relief and improve the quality of life in patients with varicose veins. Further clinical studies with larger sample sizes are required to validate these findings.

Keywords: Varicose Vein, Siraja Granthi, Ayurveda, Yoga, Case Report.

INTRODUCTION

Varicose veins are a common manifestation of chronic venous disease characterized by dilated, elongated and tortuous superficial veins of the lower extremities resulting from venous valve incompetence and venous hypertension.[1] The condition commonly presents with pain, swelling, heaviness, pigmentation and, in advanced stages, venous ulceration. The prevalence of varicose veins increases with advancing age and is influenced by risk factors such as female gender, obesity, prolonged standing, pregnancy and sedentary lifestyle. Although conservative measures and surgical interventions are available, recurrence and progression remain significant clinical challenges.

In Ayurveda classics the signs and symptoms of Varicose vein can be correlate with lakshana explained for Sirajagranti (Varicose vein). Due to Vataprakopakara nidana (factors which increases the Vata Dosha), includes ativyayama (excessive physical exertion), abala (debilitated persons), does the vitiation of the Vata, the vitiated Vata enters the siras (veins) and produces the lakshana like sankuchita, sampidata, unnata , vrutta.[2] Acharya Vagbhata also describes nishpura (non-pulsatile), neeruja (painless) of the veins.[3]

The principles of Ayurvedic management focus on correcting Dosha imbalance, improving circulation, reducing inflammation and restoring normal vascular function through Shamana Chikitsa, Pathya-Apathya, lifestyle modification, Yogopachara and Nisargopachara. Acharya Sushruta says physician should allow a part of vitiated Rakta to remain inside the body rather than draining it excessively. Shamana chikitsa (oral medications) should be adopted to remove the remaining vitiated doshas, to avoid ativisravana (excessive bloodletting) and complications.[4]

Ayurvedic interventions, including dietary modifications, herbal formulations, and external therapies like leech therapy (Jalaukavacharana), have been traditionally used to manage venous disorders.[5] Consequently, there is growing interest in holistic approaches, particularly Yoga and Ayurveda, which offer complementary strategies for managing varicose veins through lifestyle modifications, physical postures, and mind–body interventions.[6]

The present case report highlights the role of a multidimensional Ayurvedic approach in the management of SirajaGranthi (Varicose Vein) and its effect on clinical symptoms and functional improvement.

MATERIAL AND METHODS:

This is a case presentation of a 57-year-old female patient diagnosed with varicose veins who presented with complaints of pain, swelling, and discoloration of the left lower limb for the past several years. The patient was managed with Shamana Chikitsa, along with appropriate dietary modifications, lifestyle changes, and Yogopachara**.**

AIM

To evaluate the effect of multidimensional Ayurvedic management in a patient with SirajaGranthi (Varicose Vein).

OBJECTIVES

1. To assess improvement in pain, swelling and venous prominence.
2. To evaluate the role of Ayurvedic medicines, Yogopachara and lifestyle modification.
3. To assess the overall clinical outcome following multidimensional Ayurvedic intervention.

CASE REPORT

Patient Information

A 52-year-old married female patient, in August 2021 come with complaints of prominent veins over the left lower limb associated with pain, swelling and pigmentation. She was a housewife belonging to the lower-middle socioeconomic class. She had a history of hypertension for the past 10 years and was on regular medication. There was no history of diabetes mellitus, trauma, surgery or family history of varicose veins.

Chief Complaints

Complaint	Duration
Prominent veins over the left lower limb	10 years
Pain and swelling left lower limb	2 years
Pigmentation around the left ankle	2 years

History of Present Illness

The patient noticed dilated superficial veins over the lateral and posterior aspect of the left leg 10 years ago. The veins gradually became more prominent, particularly after prolonged standing. Two years before presentation, she developed pain, swelling around the ankle and brownish pigmentation. The symptoms were aggravated by prolonged standing and partially relieved by rest and leg elevation.

Past and Personal History

Known case of hypertension for 10 years on regular medication. No history of diabetes mellitus, tuberculosis or previous surgery. The patient consumed a vegetarian diet with irregular meal timings, had poor appetite, irregular bowel habits, no addictions and did not perform regular exercise.

Examination

Inspection revealed dilated, elongated and tortuous superficial veins over the left lower limb with ankle edema and pigmentation. On palpation, the veins were compressible with mild tenderness. Trendelenburg and Tourniquet tests were performed, supporting the diagnosis of superficial venous insufficiency.

Ayurvedic Assessment

Ashtavidha Pariksha: Nadi – Vata-Kaphaja; Mala – Sama, Mutra – Daha , Jihva– Sama, Shabda- Prakrita, Sparsha – Samanya, Drik–Prakrita, Aakruti–Madhyama.

Diagnosis

Ayurvedic Diagnosis: Siraja Granthi

Modern Diagnosis: Primary Varicose Vein of the Left Lower Limb.

Differential Diagnosis: Shotha, Granthi, Femoral artery aneurysm, Lymphadenopathy and Lipoma.

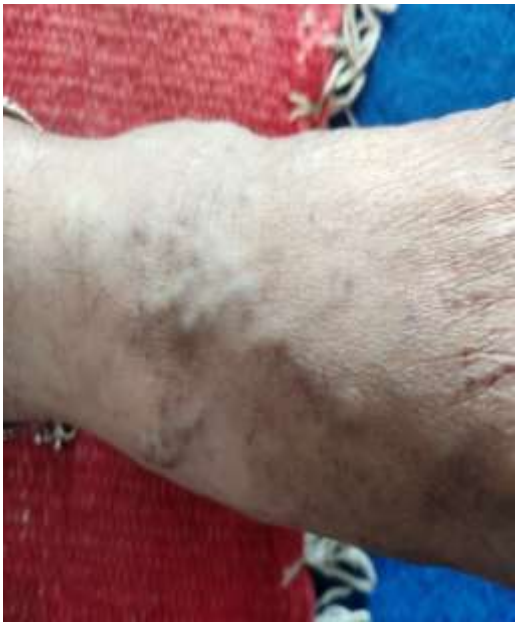
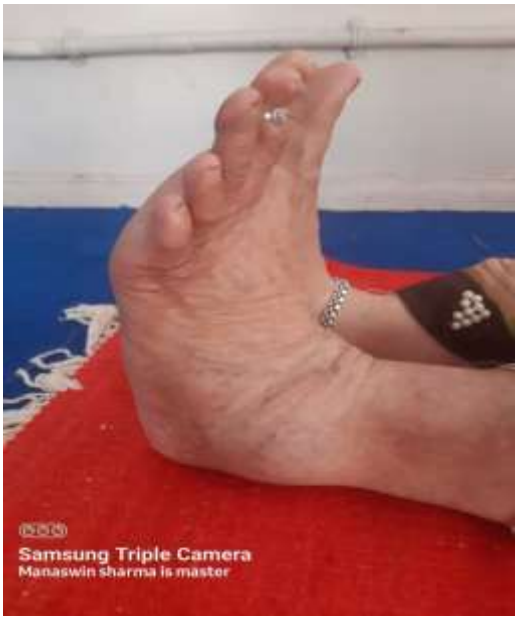
Therapeutic Intervention

The patient received Haritaki Churna, Rasnasaptaka Kwatha, Punarnava Mandura, Ajmodadi Churna with Shankha Bhasma, Nagaradi Churna with Chopchini Churna, Dashamoola Kwatha and Kaishora Guggulu from 03 September 2021 to 23 September 2021. Dietary modification, lifestyle changes, Yogopachara, compression stockings and leg elevation were also advised.

RESULT :

Following 20 days of multidimensional Ayurvedic management, the patient showed marked improvement in pain, swelling, heaviness and venous prominence, with improved functional activities.

Clinical Feature	Before Treatment	After Treatment
Pain	Present	Reduced
Swelling	Present	Reduced
Heaviness	Present	Reduced
Venous prominence	Marked	Improved
Daily activities	Difficult	Improved

Before treatment	After treatment
	

DISCUSSION

Varicose veins are one of the most common manifestations of chronic venous disease and are characterized by permanent dilatation, elongation and tortuosity of superficial veins resulting from venous valve incompetence and venous hypertension. The disease predominantly affects the lower limbs because of prolonged gravitational pressure, venous

reflux and weakness of the venous wall. Patients usually present with pain, heaviness, swelling, pigmentation and, in advanced stages, venous ulceration.[7]

The prevalence of varicose veins is higher among females and increases with advancing age, prolonged standing, obesity, pregnancy and sedentary lifestyle. In the present case, the patient was a 52-year-old female who presented with dilated veins of the left lower limb associated with pain, swelling and pigmentation, which are classical manifestations of chronic venous insufficiency. From the Ayurvedic perspective, the clinical features observed in the present case closely resemble Siraja Granthi described by Acharya Sushruta. According to Ayurveda, aggravated Vata Dosha causes abnormal contraction, dilatation and tortuosity of the Sira, resulting in the formation of Granthi. In addition, the involvement of Rasa and Rakta Dhatu with Srotorodha leads to impaired circulation and venous stasis. In the present patient, the findings of Vata-pradhana Tridosha, involvement of Rasavaha and Raktavaha Srotas, together with Sanga as the type of Srotodushti, clearly support the Ayurvedic diagnosis of Siraja Granthi.[8] The therapeutic protocol was planned according to the principles of Shamana Chikitsa, with the objective of pacifying aggravated Vata, improving peripheral circulation, reducing edema, relieving pain and preventing further progression of the disease. Instead of targeting a single symptom, the treatment addressed the underlying Samprapti through a multidimensional approach consisting of internal medicines, dietary regulation, lifestyle modification, Yogopachara and Nisargopachara. Haritaki Churna was prescribed because of its Vata-Anulomana, Deepana and mild Rechana properties. Rasnasaptaka Kwatha possesses Vatahara, Shothahara and Vedanasthapana properties and helps reduce pain and inflammation. Punarnava Mandura exhibits Shothahara, Mutrala and Raktaprasadana actions and may reduce edema by improving peripheral circulation. Ajmodadi Churna with Shankha Bhasma was administered to improve digestion and correct Agnimandya, while Nagaradi Churna, Chopchini Churna and Dashamoola Kwatha provided additional anti-inflammatory and Vatahara effects. Kaishora Guggulu, owing to its Raktaprasadana and Srotoshodhana properties, may have contributed to improved venous circulation and symptomatic relief.

Dietary regulation formed an essential component of management. The patient was advised to consume a high-fibre balanced diet with adequate hydration while avoiding fried, fatty and excessively spicy foods. Lifestyle modification included avoidance of prolonged standing, periodic leg elevation and maintenance of healthy body weight, all of which help reduce

venous stasis and improve venous return. Yogopachara was incorporated as an adjunctive therapy. Viparita Karani, Sarvangasana, Tadasana, Uttanasana, Pawanmuktasana, Naukasana and Shalabhasana were advised to improve lower limb circulation, muscle tone and venous return. Anuloma-Viloma and Ujjayi Pranayama, along with meditation, promoted relaxation and overall well-being. Compression stockings and regular walking further complemented the management. Following twenty days of multidimensional management, the patient reported significant reduction in pain, swelling and heaviness of the affected limb, with visible improvement in venous prominence. Although this report represents a single case with short follow-up, the findings suggest that multidimensional Ayurvedic management may be beneficial in the conservative management of uncomplicated varicose veins. Further well-designed studies with larger sample sizes and objective assessment parameters are required to establish stronger scientific evidence.

CONCLUSION

A multidimensional Ayurvedic management protocol effectively reduced pain, swelling, heaviness and venous prominence in the present case of Siraja Granthi (Varicose Vein). The combined use of Ayurvedic medicines, dietary regulation, lifestyle modification, Yogopachara and Nisargopachara provided symptomatic relief and improved the patient's functional status and quality of life. Although the findings are encouraging, this is a single case report with a short follow-up period. Larger well-designed clinical studies with standardized assessment tools are required to establish the efficacy and long-term benefits of this integrated approach.

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