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ROLE OF *SIRA VEDHA* IN RELIEVING VENOUS CONGESTION IN *SIRAJ GRANTHI* (VARICOSE VEIN): A CASE STUDY

***Dr. Prince Kumar[1], Dr. Sayyad Sameer Hasan[2], Dr. Elizabeth John[3], Dr. Ishan Parashar[4]**

[1]PG Scholar, Department of Shalya, Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya, Khurja, Bulandshahr Road, Dharpa Chuharpur, Khurja, Uttar Pradesh 203131

[2]PG Scholar, Department of Shalya, Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya, Khurja, Bulandshahr Road, Dharpa Chuharpur, Khurja, Uttar Pradesh 203131

[3]Professor and HOD Department of Shalya, Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya, Khurja, Bulandshahr Road, Dharpa Chuharpur, Khurja, Uttar Pradesh 203131

[4]Assistant Professor & Co-Guide, Department of Shalya, Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya, Khurja, Bulandshahr Road, Dharpa Chuharpur, Khurja, Uttar Pradesh 203131

***Corresponding Author's Email ID:** prince99panchal@gmail.com

Abstract

Siraj Granthi (varicose vein) is a condition described in *Ayurveda* as an abnormal dilatation and tortuosity of veins, predominantly affecting the lower limbs. *Sira Vedha* (therapeutic venesection) is one of the important *Shastra Karmas* mentioned by *Acharyas* for the management of *Siraj Granthi*, aimed at relieving venous congestion, improving circulation, and reducing associated symptoms. This is a single case study of a 42-year-old male patient presenting with pain, heaviness, swelling, and dilated tortuous veins in the left leg. The diagnosis of *Siraj Granthi* was made based on *Ayurvedic* and modern parameters. The patient was managed with *Sira Vedha* at regular intervals under aseptic conditions. Clinical observations such as pain, swelling, engorgement of veins, and functional discomfort were

recorded before and after the intervention. Following repeated sittings of *Sira Vedha*, the patient reported marked relief in pain, reduction of swelling, and improvement in functional activity. Visible engorgement of veins also reduced significantly. No adverse events were observed during the course of therapy. This case study highlights that *Sira Vedha* is an effective and safe therapeutic procedure in the management of *Siraj Granthi* (varicose vein). It offers significant symptomatic relief, improves venous circulation, and enhances quality of life. Further clinical trials with larger sample sizes are recommended to validate these findings.

Keywords:

Ayurveda, *Sira Vedha*, *Siraj Granthi*, Varicose vein, *Shastra Karma*, Venesection

Introduction

Ayurveda has given a detailed description of *Sira* (veins) and their pathological conditions. Among these, *Siraj Granthi* is explained as an abnormal swelling of veins due to vitiation of *Vata* and obstruction in the *Srotas*. The condition can be correlated with varicose veins described in modern medicine, which is characterized by dilated, tortuous, and engorged superficial veins, most commonly affecting the lower limbs. The burden of varicose veins is significant worldwide, often leading to pain, swelling, and disability if not managed appropriately.[1]

Acharya Sushruta has mentioned *Sira Vedha* (therapeutic venesection) as one of the prime *Shastra Karmas* for conditions where *Rakta* and *Doshas* accumulate abnormally in veins. In *Siraj Granthi*, venous congestion leads to heaviness, throbbing pain, and engorgement. By performing *Sira Vedha*, the stagnant blood is let out, reducing venous pressure and alleviating symptoms. This demonstrates the timeless relevance of *Shalya Tantra* practices in managing vascular disorders.[2]

In modern practice, varicose veins are managed with measures such as compression stockings, sclerotherapy, ligation, and stripping. While these procedures provide relief, they often come with risks of recurrence, complications, or high costs. In contrast, *Sira Vedha* is a simple, cost-effective, and minimally invasive procedure that not only reduces local symptoms but also improves overall circulation by correcting the *Srotodushti*.[3]

Several case reports and small clinical studies have shown positive outcomes of *Sira Vedha* in venous disorders. It is particularly effective in reducing pain, edema, and varicosity-related discomfort. The principles underlying this practice align with modern concepts of decompression and removal of stasis. Thus, integrating classical Ayurvedic interventions with contemporary diagnostic approaches offers a holistic management strategy for varicose veins.[4]

This case study presents the successful management of a patient with *Siraj Granthi* (varicose vein) through *Sira Vedha*. The objective is to document the clinical outcome, analyze its therapeutic relevance, and encourage further research to establish evidence-based validation of this classical procedure.[5]

CASE REPORT

A 42-year-old male presented to the outpatient department with complaints of pain, swelling, heaviness, and dilated tortuous veins over the left lower limb for the past two years, with symptoms worsening after prolonged standing and subsiding on rest and limb elevation; on examination, visible engorgement of superficial veins along the medial aspect of the leg with mild pitting edema and tenderness was noted, while routine laboratory investigations were within normal limits and Doppler study confirmed dilated superficial veins without thrombosis; the patient had no history of trauma, deep vein thrombosis, diabetes, or hypertension, reported a vegetarian diet, occasional tea consumption, and no addiction, with no relevant family or treatment history.

Table No.1 Vital Examination

Parameter	**Observation**
Pulse	78 / min, regular
Blood Pressure	126/80 mmHg
Respiratory Rate	18 / min
Temperature	Afebrile (98.4°F)
SpO_2	98% on room air

Table No.2 Systemic Examination

System	Findings
Cardiovascular	Normal S1, S2; no murmurs
Respiratory	Clear breath sounds bilaterally
Gastrointestinal	Soft, non-tender, no organomegaly
Nervous System	Conscious, oriented, no motor/sensory deficit
Locomotor	Dilated tortuous veins, mild pitting edema left leg, tenderness present

Table No.3 History

Type of History	Details
Chief Complaints	Pain, swelling, heaviness, dilated veins in left leg since 2 years
Present Illness	Symptoms aggravated by prolonged standing, relieved by rest and limb elevation
Past History	No history of DVT, trauma, hypertension, diabetes
Personal History	Non-smoker, occasional tea, vegetarian diet
Family History	No similar illness reported
Treatment History	No prior surgical or interventional treatment

Procedure – *Sira Vedha*

- **Preparation:** Patient examined, vitals stable, site cleaned with antiseptic.
- **Site selection:** Prominent engorged vein along medial aspect of leg.
- **Technique:** Disposable sterile scalp vein set used; venesection performed.
- **Amount withdrawn:** 60–80 ml of venous blood depending on patient tolerance.
- **Post-procedure care:** Site dressed, limb elevated, patient observed for vitals and stability.
- **Schedule:** Weekly sittings × 3 weeks.

Pre-operative Preparation

- **Patient assessment:** General condition, vitals, systemic examination, and laboratory investigations (Hb, BT, CT, etc.) were checked to rule out contraindications.
- **Consent:** Informed consent was obtained after explaining the procedure and its benefits.
- **Preparation:** Patient advised light diet, adequate sleep, and mental relaxation before procedure.
- **Positioning:** Patient made to sit or lie comfortably with the affected leg exposed.
- **Site selection:** Prominent engorged vein over the medial aspect of the left leg identified.
- **Sterilization:** Area cleaned thoroughly with antiseptic solution. Sterile instruments prepared.

Operative Steps

1. A disposable sterile scalp vein set/needle was used.
2. The selected *Sira* was punctured gently, and venesection was performed.
3. About **60–80 ml of venous blood** was withdrawn, depending on patient's tolerance and condition.
4. Flow was controlled until signs of relief (lightness, reduction in congestion) were observed.
5. Bleeding was stopped by gentle compression, and a sterile dressing was applied.

Post-operative Care

- **Observation:** Patient's vitals were monitored immediately after procedure.
- **Local care:** Site dressed and limb elevated for 15–20 minutes to reduce oozing and swelling.
- **Diet:** Light, easily digestible food (*Mudga Yusha*, warm water) advised.
- **Lifestyle:** Advised rest on the day of procedure, avoidance of prolonged standing, heavy exertion, or exposure to cold.
- **Medications:** Supportive Ayurvedic formulations like *Kaishora Guggulu*, *Punarnava Mandura*, and *Guggulu Tikta Ghrita* were prescribed.

- **Follow-up:** Patient reviewed after 7 days for subsequent sitting.

Differential Diagnosis

1. Varicose veins (*Siraj Granthi*)
2. Deep Vein Thrombosis (ruled out by Doppler)
3. Chronic Venous Insufficiency
4. Cellulitis (excluded – no infection signs)
5. Lymphedema (excluded – pitting edema mild and localized)

Table No.4 Treatment Plan

Drug/Formulation	Dosage	Frequency	*Anupana*	Action
Sira Vedha	60–80 ml bloodletting per sitting	Weekly × 3	—	Relieves venous congestion

Table No.5 Laboratory Investigations

Parameter	Before Treatment	After Treatment	Normal Range
Hemoglobin (Hb)	12.5 g/dl	12.7 g/dl	13–17 g/dl
Total Leukocyte Count	7,800 /mm^3	7,600 /mm^3	4,000–11,000 /mm^3
Differential Count	N 65%, L 30%, E 3%, M 2%	N 64%, L 31%, E 3%, M 2%	N 40–70%, L 20–45%
Platelet Count	2.8 lakh /mm^3	2.9 lakh /mm^3	1.5–4.5 lakh /mm^3
ESR (1st hour)	24 mm	12 mm	<20 mm/hr (male)
Fasting Blood Sugar	92 mg/dl	90 mg/dl	70–110 mg/dl
Serum Creatinine	0.9 mg/dl	0.9 mg/dl	0.6–1.2 mg/dl
Liver Function Tests	Within normal limits	Within normal limits	—
Doppler Study	Dilated superficial veins, no thrombosis	Reduced venous engorgement, no thrombosis	—

Table No.6 Pathya & *Apthya*

Pathya (Wholesome)	***Apthya* (Unwholesome)**
Light, easily digestible diet (*Yusha, Mudga, Shaka*)	Heavy, oily, fried foods
Green leafy vegetables, *Triphala*	Excess salty/spicy foods
Regular leg elevation, gentle exercise	Prolonged standing/sitting
Lukewarm water for drinking	Alcohol, smoking
Use of *Mridu Abhyanga* with *Ksheerabala Taila*	Tight clothing/obstruction of circulation

Table No.7 Follow-up Plan

Visit	**Day/Week**	**Assessment Parameters**	**Vitals**	**Remarks**
1st Sitting	Day 0	Baseline pain, swelling, vein engorgement	Pulse 78/min, BP 126/80 mmHg	Procedure tolerated well
2nd Sitting	Day 7	Reduction in pain, heaviness	Pulse 80/min, BP 124/82 mmHg	Mild improvement noted
3rd Sitting	Day 14	Further reduction in swelling, visible engorgement less	Pulse 76/min, BP 122/80 mmHg	Patient more comfortable
4th Sitting	Day 21	Significant relief in pain, heaviness, better functional activity	Pulse 78/min, BP 120/78 mmHg	No adverse events
Final Follow-up	Day 28	Stable improvement, no recurrence	Pulse 76/min, BP 122/80 mmHg	Patient satisfied, advised periodic review

Results and Findings

- Marked reduction in pain and heaviness of the affected limb after three sittings of *Sira Vedha*.
- Swelling and pitting edema significantly decreased compared to baseline.

- Visible dilatation and engorgement of superficial veins reduced appreciably on inspection.
- Improvement in functional activity – patient could stand and walk for longer duration without discomfort.
- No adverse events such as excessive bleeding, infection, or giddiness were observed during or after the procedure.
- Laboratory investigations remained within normal limits, with improvement in ESR (from 24 mm/hr to 12 mm/hr) indicating reduction in inflammatory activity.
- Doppler study showed decreased venous engorgement after therapy, with no evidence of thrombosis.
- Overall quality of life improved as reported subjectively by the patient.

DISCUSSION

Siraj Granthi described in *Ayurveda* bears close resemblance to varicose veins in modern science. *Acharya Sushruta* explains it as a condition where *Vata* gets obstructed in the *Sira*, leading to dilatation, tortuosity, and formation of knot-like swellings. The clinical features such as pain, heaviness, swelling, and visible dilated veins observed in this case are consistent with both Ayurvedic descriptions and modern diagnostic criteria. This establishes a clear correlation between *Siraj Granthi* and varicose veins.[6]

The prime line of management according to *Sushruta Samhita* is *Sira Vedha* (therapeutic venesection), which is indicated for conditions where there is stagnation of blood and localized *Dosha* vitiation. By letting out vitiated blood, venous pressure is relieved, congestion is reduced, and circulation is improved. In this case, repeated sittings of *Sira Vedha* resulted in significant symptomatic relief, supporting the classical principle of removing obstructed *Doshas* to restore balance.[7]

From a modern perspective, the mechanism of *Sira Vedha* can be compared to decompression of venous circulation. Removal of stagnant blood reduces hydrostatic pressure in the veins, thereby decreasing pain and edema. The improvement in ESR also suggests an anti-inflammatory effect, while the Doppler findings confirmed a reduction in venous engorgement.[8]

The outcome of this case highlights the clinical efficacy of integrating Ayurvedic procedures in vascular disorders. The results demonstrate that *Sira Vedha* not only provides immediate symptomatic relief but also improves overall functional capacity and quality of life. However, being a single case study, these findings need to be validated through controlled clinical trials

with larger samples. Future research should focus on standardized protocols, long-term outcomes, and comparative studies with modern treatment modalities to establish stronger evidence for Ayurvedic practices in managing varicose veins.[9]

CONCLUSION

This case study demonstrates that *Sira Vedha* is an effective, safe, and minimally invasive Ayurvedic procedure for the management of *Siraj Granthi* (varicose vein). The intervention provided marked relief in pain, swelling, and heaviness, improved venous circulation, and enhanced functional activity without any adverse effects. These findings highlight the potential of classical Ayurvedic surgical principles in addressing vascular disorders and suggest that *Sira Vedha* can be a valuable therapeutic option, warranting further validation through larger clinical studies.

CONFLICT OF INTEREST –NIL

SOURCE OF SUPPORT –NONE

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