



IMPORTANCE OF RAKTAMOKSHAN THROUGH JALAUKA IN THE MANAGEMENT OF VERICOSE VEIN

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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. The **Varicose vein treatment in ayurveda** in Kerala is popular due to its success rates.

KEYWORDS- *Swollen Veins, Discomfort, Ulcers, Panchakarma, Raktamokshan*

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 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. The scrutinize shows, may correlation with siragranthi and is due to vatadosha. Siragranthi mentioned like charak sushruta, Vagbhatta, Madhavnidan etc. Sushruta described its cause as a person undertakes excessive exercise get his network of vein affected due to Vayu dosha which in turn compresses squeezes and dries up and produce granthi which is raised and circular. The swollen bulging and twisted bluish veins that become visible just beneath the skin surface and filled with abnormal gathering of blood, are known as varicose vein. Aetiology of varicose veins Varicosities are more common in lower limb because of erect posture and long column of blood has to be supported which can lead to weakness and incompetency of valves. Incidence is 5% of adult population.

Primary varicosity is due to

- Congenital incompetence or absence of valves.
- Weakness or wasting of muscles • Stretching of deep fascia.
- Klipplel – Trenaunay syndrome, avalvulia, parkesweber syndrome. Here varices are of atypical distribution.

Secondary varicosities

- Recurrent thrombophlebitis
- Occupational-standing for long hours.

- Obstruction to venous return like abdominal tumour, retroperitoneal fibrosis, lymphadenopathy, ascites.
- Pregnancy ,obesity, chronic constipation
- Iliac vein thrombosis.
- Tricuspid valve incompetence. Clinical Features
- Dragging pain, postural discomfort.
- Heaviness in the legs.
- Night time cramps-usually late night.
- Oedema feet, itching(feature of CVI).
- Discolouration /ulceration in the feet/painful walk. Complications Most varicose veins are reasonably benign, but severe varicosities can lead to major complications, due to the poor circulation through the affected limb.
- Pain, tenderness, heaviness, inability to walk or stand for long hours, thus hindering work.
- Skin conditions / dermatitis which could predispose skin loss.
- Skin ulcers especially near the ankle, usually referred to as venous ulcer.
- Development of carcinoma or sarcoma in longstanding venous ulcers. Over 100 reported cases of malignant transformation have been reported at a rate reported as 0.4% to 1%.
- Severe bleeding from minor trauma, of particular concern in the elderly.
- Blood clotting within affected veins, termed These are frequently isolated to the superficial veins, but can extend into deep veins, becoming a more serious problem.
- Acute fat necrosis can occur, especially at the ankle of overweight people with varicose veins. Females have a higher tendency of being affected than males.

Clinical test-

Clinical tests that may be used include:

- Trendelenburg test– to determine the site of venous reflux and the nature of the sapheno - femoral junction. Trendelenburg test 1 Vein is emptied by elevating the limb and a tourniquet is tied just below the sapheno-femoral junction. Patient is asked to stand quickly. When tourniquet or thumb is released, rapid filling from above signifies saphenofemoral

incompetence. Trendelenburg test 2 After standing position tourniquet is not released. Filling of blood from below upward rapidly can be observed within 30-50 seconds. It signifies perforator incompetence.

- Perthe's test- The affected lower limb is wrapped with elastic bandage and the patient is asked to walk around and exercise. Development of severe cramp like pain in the calf signifies DVT.
- Three tourniquet test- To find out the site of incompetent perforator, three tourniquets are tied after emptying the vein. 1- At saphenofemoral junction 2- Above knee level 3- Another below knee level Patient is asked to stand and looked for filling of veins and site of filling. Then tourniquets are released from below upwards, again to see for incompetent perforators.

Investigations

- With the patient standing, the Doppler probe is placed at saphenofemoral junction and later wherever required. Basically, by hearing the changes in sound, venous flow, venous patency, venous reflux can be very well-identified.
- Doppler test- When a hand-held Doppler is kept at SFJ, typical audible whoosh signal >0.5 sec while performing Valsalva manoeuvre is the sign of reflux at SFJ. It is also used at SPJ and at perforators.
- Duplex scan- It is highly reliable U/S Doppler imaging technique, which along with direct visualisation of vein, gives the functional and anatomical information, and also colour map. Examination is done in standing, lying down position and also with Valsalva manoeuvre. Hand – held Doppler probe is placed over the site and visualised for any block and reversal of flow. DVT is very well-identified by this method.

Treatment • Conservative treatment-

- Elastic crepe bandage application from below upward or use of pressure stockings to the limb pressure gradient of 30-40 mmHg is provided.
- Elevation of the limb –relieves oedema. Two short times, during day and full night, elevation of foot with feet above the level of heart and toes above the level of nose is the method.
- Pneumatic compression method- Provide dynamic sequential compression.
- SCLEROTHERAPY- By injecting sclerosants into the vein, complete sclerosis of the venous wall can be achieved.
- Foam sclerotherapy

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.

MANAGEMENT THROUGH PANCHAKARMA-

Panchakarma for varicose veins include Shamana chikitsa (with medications) and Shodhana chikitsa with Panchakarma therapies. Panchakarma methods such as Basti (Bowel cleaning), Raktamokshana (Leech therapy), and Siravyadha (Bloodletting) are quite beneficial. Internal medications such as Kaishora Guggulu and Triphala Guggulu are popular. Eranda, Guduchi, and Punarnva are herbs that decrease inflammation and improve blood flow. Other plants used for blood cleansing include Sariva, Manjista, and Mandookaparni. Kashayas produced from these plants are quite helpful in this situation. The doshas can be balanced with Triphala churna, which will assist relieve the strain on the afflicted veins.

The vata dosha is regarded to be the most powerful in ayurvedic philosophy. It regulates your thoughts, breathing, blood flow, heartbeat, and digestion. Vata may be disrupted by staying up late, fear, grief, and eating too soon after a meal, resulting in anxiety, asthma, heart disease, rheumatoid arthritis, and skin issues. Vata has the largest impact on varicose veins, according to ayurvedic medicine. Plants, animal by products, minerals, and metals are among the ingredients of Ayurvedic treatments. Abhyanga is the name of the massage technique it uses. Warm herb-infused oil is used to calm the body during an abhyanga session. Gotu kola, a herb cultivated in India, Southeast Asia, and Africa, is one ayurvedic treatment that claims to cure varicose veins. It comes in a tea, pill, or tincture and is comparable to parsley. Gotu kola is supposed to strengthen vein walls by boosting collagen and elastin production, beneficial for varicose veins. This notion, however, is unsupported by scientific data.

IMPORTANCE OF JALUKAVCHARAN-

In the disease Sirajgranthi, the main vitiated doshas are Vata and Rakta. By doing Jalaukavacharan, the stagnant vitiated blood gets drained out, which helps to retain the chala guna of vata. Jalaukavacharana removes the dushtarakta and clears the pathway of Dosha thereby removing srothorodha. Being anushastra procedure it possesses ashukari guna providing faster

result in relieving the symptoms. 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. Jalaukavacharana is a simple procedure and can be practised in OPD levels.

Leeches applied to the skin around varicose veins are examples of ayurvedic therapy. Leeches create a chemical that thins the blood, promoting healthy blood flow.

- Leech Application- In Astang Hridaya siravedha is indicated in siragranthi and among bloodletting procedures leech therapy is safe and easier. Leeches are applied as a normal method on site of varicose vein and followed general procedures. First purify the leeches by putting them in turmeric mix water for 5 minutes then keep in fresh plain water for 5 minutes. Clean the use site thoroughly with plain water and adequate numbers of leeches are applied to the area of maximal congestion. When jalauka starts sucking the blood it attains shape of Ashvakhuravadanana. Its mouth end becomes the hoof of horse by raising its neck region. Put wet gauze covering the leech's body and continuously pouring of fresh water is done. Once the leech attached, it will remain safely in place until fully distended and then detached itself. After this leech are purified and preserved it with patient identity details and again applied to the same patient weekly nearly 7-8 times. The leeches reduce the local pressure on vein and surrounding having, its saliva having anticoagulant, antibacterial anaesthetic effect.
- DISCUSSION-
- The goal of Jalaukavacharan for Varicose vein is to reduce morbidity by natural, non-invasive, safe alternative healing with no side effects. Once the leeches attach themselves to the skin of the patient and start sucking blood, the saliva enters the puncture site along with enzymes and chemical compounds which are responsible for the progress of cure and treatment. Because of anti-coagulating agents the blood becomes thinner, allowing it to flow freely through the vessels. The anti-clotting agents also dissolve clots found in the vessels, eliminating the risk of travelling to the other parts of the body and blocking an artery or vein. The vaso dilating agents widen the vessel walls by dilating them and this causes the blood to flow unimpeded too. Patients feel relief from the anti-inflammatory and anaesthetic effects of the leech's saliva. Enzymes and compounds present in the leech saliva act as anti-coagulating factor. The most prominent enzyme is hirudin which binds itself to thrombin's, thus effectively inhibiting coagulation of the blood. Another compound that prevents coagulation is Calin. This works as an anticoagulant by binding itself to collagen. It is also an effective inhibitor of platelet

aggregation caused by collagen. The saliva of leech also contains factor Xa inhibitor which blocks the action of the coagulation factor Xa

CONCLUSION –

Ayurveda is science of life. Peculiar features of this science are tailor made treatment for each disease. Jalaukavacharan is really a useful therapy in many vatarakta dushta vyadhi, in rakta dushta vyadhi. It is one of the times saving and instant relief therapy. Patients can easily afford this treatment as it is time saving & also have minimal side effects. So, time demands for research in this therapy to prove in scientific way . Ayurvedic drugs and leech therapy is a best treatment varicose vein. Leech therapy is easily applicable at indoor-outdoor level, no harmful side effect and result oriented, if done properly. Leech therapy can be considered as an option for poor and surgical unfit patients.

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