



Ayurvedic Management of Varicose Veins – An Integrative Clinical Perspective

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Abstract

Varicose veins (*Siraj Granthi* in Ayurveda) are a common venous disorder characterized by dilated, tortuous superficial veins, often accompanied by pain, edema, and skin changes. Conventional management primarily involves compression therapy and surgical interventions, but these approaches may have limitations, including recurrence. Ayurveda offers a comprehensive, individualized approach using classical herbal formulations, *Panchakarma*, and lifestyle modifications aimed at correcting the root cause (*Mula Hetu*) and restoring normal venous tone. This article presents the Ayurvedic understanding, therapeutic protocols, and a documented clinical outcome using internationally recognized assessment tools.

Keywords: Varicose veins, *Siraj Granthi*, Ayurveda, *Panchakarma*, CEAP classification, VCSS, *Jalaukavacharana*, Dr. Abhimanyu's Ayurveda Multispeciality Hospital

1. Introduction

Varicose veins affect approximately 20–25% of adults, with a higher prevalence among women and those engaged in prolonged standing occupations. In modern medicine, the pathophysiology is explained by valvular incompetence and venous hypertension. In Ayurveda, the condition is described under *Siraj Granthi* (*Acharya Sushruta*) or *Siravyadha-upadrava* where vitiated *Vata* and *Pitta* in association with *Rakta* cause *sira* (veins) to dilate, become tortuous, and lose normal function.

2. Classical Ayurvedic Understanding

2.1 Nomenclature and References

- *Sushruta Samhita* – *Siraj Granthi*: Caused by vitiated *Rakta* and *Vata* leading to localized dilation and tortuosity¹.
- *Charaka Samhita* – Mentions *Sira*-related disorders under *Raktavaha Srotas Vikara*².
- *Ashtanga Hridaya* – Describes *Sira roga*, highlighting role of *Vata* in structural deformity³.

2.2 Samprapti (Pathogenesis)

- *Nidana*: Prolonged standing, excessive exertion, heat exposure, heavy lifting, constipation, injury.
- *Dosha*: *Vata* (*Vyana*, *Apana*) and *Pitta* involvement; *Rakta dushti* predominant.
- *Dushya*: *Rakta*, *Meda*, *Mamsa*.

- *Srotas: Raktavaha and Medovaha.*
- *5. Udbhava Sthana: Pakvashaya.*
- *6. Vyadhi Marga: Bahya.*
- *7. Adhishthana: Lower limbs.*

3. Modern Correlation

Varicose veins correspond to Primary Chronic Venous Insufficiency (CVI) in modern terms. CEAP classification (Clinical, Etiological, Anatomical, Pathophysiological)⁴ and VCSS (Venous Clinical Severity Score) are gold standards for evaluation⁵.

4. Ayurvedic Treatment Principles

4.1 Chikitsa Sutra

Nidana Parivarjana – Avoid prolonged standing, heavy weight lifting, straining.

Shodhana – *Rakta-mokshana, Virechana, Basti* as indicated.

Shamana – Use of *Rakta-prasadaka, Sira-stambhaka, and Vata-pitta shamaka* medicines.

Upakrama – Local leech therapy (*Jalaukavacharana*), *Abhyanga, Bandhana* (compression).

5. Panchakarma and Associated Therapies

Therapy	Description	Purpose
<i>Jalaukavacharana</i>	Application of medicinal leeches on dilated veins	Removes vitiated <i>Rakta</i> , reduces inflammation & pain
<i>Nadi Swedana</i>	Local steam fomentation with <i>Dashamoola</i> decoction	Improves circulation, reduces stiffness
<i>Rakta-mokshana (Siravyadha)</i>	Controlled bloodletting at specific sites	Reduces venous pressure, clears obstruction
<i>Virechana Karma</i>	Mild purgation using <i>Trivrit Leha</i>	<i>Pitta-shamana, Rakta-prasadana</i>
<i>Basti Karma</i>	<i>Ksheer Basti</i> with <i>Bala Taila</i>	Strengthens vascular tone, balances <i>Vata</i>

6. Internal Medicines

Formulation	Dosage	Classical Reference	Action
Kaishora Guggulu	500 mg × 2/day	Bhaishajya Ratnavali – Kushtha Chikitsa	Rakta-shodhana, anti-inflammatory
Sarivadyasava	20 ml × 2/day with water	Bhaishajya Ratnavali – Raktapitta	Pitta-shamana, blood purifier
Chandanadi Vati	250 mg × 2/day	Rasa Tarangini	Cooling, anti-inflammatory
Punarnavadi Kashaya	40 ml × 2/day	Sahasrayoga	Cooling, anti-inflammatory
Manjishthadi Kwatha	40 ml × 2/day	Sharangadhara Samhita	Improves microcirculation, blood purifier

7. Supportive Measures

- Leg elevation
- Elastic compression bandages (as per classical “*Bandhana*” concept)
- *Yoga – Viparita Karani, Sarvangasana* (under guidance)
- *Pathya-Apathya* – Avoid spicy, sour, and hot foods; take leafy greens, pomegranate, cow’s milk.

8. Clinical Case Summary

- **Patient:** Female, 38 years, teacher
- **Complaint:** Pain, heaviness, visible tortuous veins in left leg for 3 years
- **CEAP:** C3EpAsPr
- **VCSS (Pre-treatment):** 14/30
- **Management:** 21 days of Panchakarma + 3 months internal medicines
- **Results:** Significant pain reduction, vein prominence reduced, skin pigmentation improved

• Pre- and Post-Treatment Evaluation Table

Parameter	Pre-treatment	Post-treatment	% Improvement
VCSS Score	14	4	71%
Pain (VAS)	8/10	2/10	75%
Edema	Moderate	Mild	60%
Pigmentation	Present	Minimal	65%
CEAP Class	C3	C2	-

- **Imaging:** Duplex Ultrasound pre-treatment showed reflux at saphenofemoral junction (1.2 sec); post-treatment – reflux reduced to 0.6 sec.

9. Discussion

Ayurveda addresses varicose veins by correcting *dosha-dushti*, purifying vitiated *Rakta*, improving venous tone, and preventing recurrence. The combination of *Jalaukavacharana* and internal medicines like *Kaishora Guggulu* and *Manjishthadi Kwatha* demonstrated significant improvement, corroborated by international evaluation systems. This integrative approach can complement modern management, especially in early to moderate cases.

10. Conclusion

Ayurvedic management offers a promising, minimally invasive, and holistic treatment for varicose veins. Documented improvements in CEAP and VCSS scores, along with imaging evidence, highlight its efficacy. Further randomized controlled trials with larger sample sizes are warranted.

References

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