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EVALUATION OF EFFICACY OF JALAUKAVCHARAN IN SIRAGRANTHI W.S.R. TO VARICOSE VEINS

***[1]Dr. Varsha R. Tangade and [2]Dr. Dnyaneshwar D. Chavan**

[1]Assist. Professor, Depart. of Shalyatantra Dr. G. D. Pol foundation's YMT Ayurved College Kharghar Navi Mumbai. 410210.
[2]Associate Professor, Depart. of Shalyatantra Dr. G. D. Pol foundation's YMT Ayurved College Kharghar Navi Mumbai. 410210.

***Corresponding Author: Dr. Varsha R. Tangade**
Assist. Professor, Depart. of Shalyatantra Dr. G. D. Pol foundation's YMT Ayurved College Kharghar Navi Mumbai. 410210.

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INTRODUCTION

Now we are stepping in the 21st century. The lifestyle and atmosphere has tremendously changed. People are going away from 'natural lifestyle'. Occupation of constant standing posture, affects veins of lower extremity.

The standing posture or sitting in chairs causes extra load on veins to pump the blood against the gravity towards the heart, especially the veins of legs. But their efforts are a last limit to all these things. Finally the veins get fatigued that leads to dilatation of veins.

As the symptoms are annoying and it looks bad from cosmetic point of view, patients are giving attention to this disease. The recurrence rate is also high. Surgery is the only effective and long lasting treatment. Surgical treatment has its own drawbacks. Medicinal treatment is not the sure treatment of Varicosity. Surgical treatment or Laser therapy are very costly, requires hospitalization.

As far as the treatment of 'Siragranthi' i.e. varicose vein is concerned according to Ayurved Samhitas, Sahachar tailpana, Upanaha, Bastikarma and Raktamokshana i.e. Siravyadha. Raktamokshana i.e. blood letting is done by various methods in which Jalaukavacharana is most safe and convenient way for all age group. Jalaukavacharana is easy and cost effective also. Raktamokshana is done in the diseases which are caused by vitiated Rakta mainly. This study aims to elicit effect of the Jalaukavacharana on siragranthi i.e. varicose veins to evaluate its efficacy and safety which is the aim of this present study.

AIMS AND OBJECTIVES

The aims and objectives of this research work are as follows -

1. To study the concept of Siragranthi in comparison with the Varicose veins.
2. To study effect of Jalaukavacharana on siragranthi i.e. varicose vein.
3. To study the advantages of Jalaukavacharana over the modern traditional drug Calcium Dobesilate.

MATERIALS AND METHODS

Total prediagnosed 60 patients of varicose veins were selected and devided into two groups. For both group, similar criteria for selection was applied. Patients selected by random selection method.

Group A –Trial group- patients were subjected to Jalaukavacharana at the site of Varicosity on alternate day for 30 days.

Group B –Control group- patients were given Tab. Doxium i.e. Calcium dobeselate.-500 mg 1 OD for 30 days.

Inclusion Criteria

1. Sex. – Both.
2. Age between 20 to 60 years.

Exclusion criteria

- Known DVT patients were excluded.
- Patients having bleeding disorders or taking anticoagulant therapy.
- Patients with uncontrolled Diabetes mellitus, hypertension,

Methods for examination of patient

All patients were subjected for detailed clinical examination. A detailed history, clinical findings,

relevant observations were recorded. Patients were examined every 10th day for 30 days.

Investigations
Necessary investigations done as per requirement of patients like BT- CT, Hb%, BSL(R)etc.

MATERIALS
Equipments(Agropaharaniya)
Materials used were Jalauka, gauze, cotton, turmeric powder, kidney tray, sticking.

Method of Raktamokshan
Non poisonous leeches of 5-7 cm were selected and for one patient one leech was used at a time. One leech is reused after 7 days. Separate leeches were used for each and every patient. The leeches were applied on alternate day for 1 month i.e. 30 days.

Criteria for assessment
Each symptom and sign of Sira Granthi assessed with gradation of severity as:
1. Sira Sparsha:-
Mridu (Normal venous feel) - 0
Kathina (Hard venous feel) - +
2. Sira Vakrata:-
No tortousity – 0
One simple curve seen - +
Multiple complex curve seen - + +
3. Sira utsedha- Absent – 0
Sira utsedha which is prominant.-+
Sira utsedha just above skin level and feel on touch - + +
Sira utsedha remarkably noted above skin & feel on touch.-+ + +
4. Padshotha
Absent - 0
Shotha completely disappear after 4 hr. leg elevation - +
Shotha reduce to half of its original after 4 hr. leg elevation - + + Shotha remains unchanged after 4 hr. leg elevation- + + +
5. Pad Shoola- Absent - 0
Tolerable pain, not requiring medication - +
Pain which is relieved by medication - + +
Severe pain not relieved by medication - + + +

Criteria for assessment of results
Symptoms decreases upto 0 grade –Uttama Upashaya
Symptoms decreases upto + grade – Madhyama Upashaya
Symptoms decreases upto + + grade – Hina Upashaya
Symptoms doesnot decreases - Anupashaya

Objective Criteria of assessment of results before and after treatment will be as follows
Venous refilling time
Normal venous refilling time is upto 15 sec., this shows competent venous valves. Immediate venous refilling indicates incompetency of valves. So, venous refilling was taken as criteria for assessment of results as if venous refilling time increases competency of valves increases.

According to above refilling time, effect of treatment will be evaluated as-
Gradation of severity of disease as –
Venous refilling time 15 sec. – Normal-0
Venous refilling time 10 sec: +
Venous refilling time 5 sec: + +
Immediate refilling: + + +

Criteria for upashaya
If a venous refilling time does not increase – 0 – Anupashaya
If a venous refilling time increase by 5 sec. - + - Hina upashaya
If a venous refilling time increase by 10 sec- + + - Madhyam upashaya
If a venous refilling time increase by 15 sec. - + + + - Uttam upashaya.
In this way, effect of Jalaukavacharana on varicose vein is studied.

OBSERVATIONS AND RESULTS

- **Upashaya-Anupashayata according to Padshoola**

Type	Treatment Gruop		Control Gruop	
Upashaya-Anupshay	**No. of patient**	**Percentage**	**No. of patients**	**Percentage**
Uttama	9	30%	7	23.33%
Madhyama	18	60%	9	30%
Hina	3	10%	14	46.66%
Anupashaya	0	0	0	0
Total	30	100	30	100

- **Upashaya- Anupashaya according to Padshotha**

Type	Treatment Gruop		Control Gruop	
Upashaya-Anupshay	**No. of patient**	**Percentage**	**No. of patients**	**Percentage**
Uttama	10	40%	2	9%
Madhyama	12	48%	10	45.45%
Hina	3	12%	10	45.45%
Anupashaya	0	0	0	0
Total	25	100	22	100

- **Upashaya- Anupashaya according to Siravakrata**

Type	Treatment Gruop		Control Gruop	
Upashaya-Anupshay	**No. of patient**	**Percentage**	**No. of patients**	**Percentage**
Uttama	9	30%	3	10%
Madhyama	17	56.66%	14	46.66%
Hina	4	13.33%	13	43.33%
Anupashaya	0	0	0	0
Total	30	100	30	100

- **Upashaya- Anupashaya according to Sirautsedha**

Type	Treatment Gruop		Control Gruop	
Upashaya-Anupshay	**No. of patient**	**Percentage**	**No. of patients**	**Percentage**
Uttama	5	16.66%	1	3.33%
Madhyama	13	43.33%	4	13.33%
Hina	9	30%	16	53.33%
Anupashaya	3	10%	9	30%
Total	30	100	30	100

- **Upashaya- Anupashaya according to Sirasparsha**

Type	Treatment Gruop		Control Gruop	
Upashaya-Anupshay	**No. of patient**	**Percentage**	**No. of patients**	**Percentage**
Upashaya	12	48%	5	20%
Anupashaya	13	52%	20	80%
Total	25	100	25	100

DISCUSSION

The prevalence of Siragranthi is increasing day by day in the evolving world. Also there are many side effects of surgery. Siragranthi can be correlated to the disease 'varicose veins' of modern science. The observations noted in 60 patients of Siragranthi are displayed in tables, graphs and supplementary notes are metaculously discussed hereafter. In this study we observed the factors like age, etiology, gender, habits, residence, education, prakruti, occupation, symptoms and extremity involved.

In this study, main causative factors of Siragranthi are like standing or sitting in chairs continuously, heavy work, excessive walking. Vatapitta Prakruti patients are more prone to the disease.

Increase in venous refilling time is measured in both groups. It is found that Jalaukavacharana and Calcium Dobesilate both are significantly effective to change venous refilling time. Venous refilling time was increased but it is not significant. It means venous refilling time is not improved significantly in group A than group B. But venous refilling time changed significantly in both groups after treatment than before treatment.

Jalaukavacharana removes Dushta Rakta in Siras of Adhoshakha. Stagnated blood is removed. It causes emptying of veins and it decreases Vyas of Siras. Hence Sirashaithilya decreases. As Sirashaithilya decreases, Siravakrata and Sirautsedha shows improvement. Khavaigunya decreases and venous tone increase. This shows improvement in the regurgitation of blood flow. Avarodhaj Vatadushti becomes less due to Vatanulomana.

Symptom Padshotha shows improvement because pressure on the veins is decreased due to bloodletting. Due to potent anti-inflammatory, blood thinning and lymph flow accelerating effect of leech secretions, the symptoms of swelling and pain rapidly subside and the local letting of blood has a decongesting effect and relieves pressure in the affected region.

Thus, Jalaukavacharana therapy was proved to be radical management for the disease Siragranthi. Also no any adverse effects of the therapy were observed during the clinical study. Demerit of this therapy is only small scars of Leech bite remain for few days but they disappear later on. This treatment is cost effective in comparison with surgical treatment and also than T. Ca. Dobesilate.

SUMMARY

The reason for choosing Siragranthi was the hightened present day awareness and increased prevalence of this disease, which though dismissed as a superficial skin affliction can at times have physical scars and it isn't good for cosmetic purposes.

Venous refilling time was the assessment criteria used by Trendelenberg test, in which increase in venous refilling time was measured by sonic Doppler machine before and after treatment. All symptoms like Siravakrata, Sirautsedha, Kathina-sirasparsha, Padshoola and Padshotha showed significant results in group A. But Venous refilling time showed no significant changes in

group A than group B.. It means that symptoms of Siragranthi get relieved by Jalaukavacharana.

Discussion on all observations is done meticulously. Jalaukavacharana therapy was proved to be effective management of the disease. Also, no side effects of the therapy were observed during the clinical study. Also it is cost effective in comparison with the modern drugs.

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