

ROLE OF JALAUKAAVACHARANA IN THE MANAGEMENT OF SIRAJGRANTHI (VARICOSE VEINS)- A CASE STUDY

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ABSTRACT

When a vein become dilated, elongated and tortuous, the vein is said to be varicose. Varicose vein of the lower limbs are the penalty the man has to pay for its erect posture. It can happen to those who do a lot of lengthy standing work like watchmen, traffic police etc. The symptoms of varicose vein are much similar to sirajgranthi as described in Ayurvedic text. On the basis of symptoms varicose vein is correlated with the sirajgranthi. Previous work has been done by many researchers on varicose vein by raktamokshan with jalauka. After taking reference from their study raktamokshana was done with jalokaavcharana in varicose vein(sirajgranthi). This is a case study of 44yr female patient with a history of varicose vein was having pain and burning sensation in left calf and dilated vein and swelling on same side for 2 years.

Jalokaavcharna was performed once in 7days for 30days. The patient had relief from all symptoms.

KEYWORDS: Jalaukavcharna, raktamokshana, varicose vein.

INTRODUCTION

Veins of lower limbs have to drain against gravity. Varicose vein are dilated, tortuous, elongated veins in the leg. There is a reversal of blood flow through its faulty valve.^[1] During prolonged standing long column of blood along with gravity puts pressure on the weekend

valves of the veins. Common sites of varicosity are long saphenous vein and short saphenous vein, oesophageal varix, varicosity of haemorrhoidal veins and varicosity of spermatic cord.^[2] Chronic venous insufficiency is a form of venous disease that occurs when veins cannot manage blood flow from leg to heart. varicose veins also a subtype of chronic venous insufficiency. Primary cause of varicose vein is due to defect in valves. Secondary causes are like pregnancy, uterine fibroid, ovarian cyst etc. there are many predisposing factors for varicose vein like prolonged standing, obesity, old age athletes etc. the commonest symptoms are aching sensation in calf of affected limb, sharp pain, ankle swelling and sometime patient had no other symptoms except dilated and tortuous vein. Previous work has been done by many researchers on varicose vein by raktamokshan with jalauka.^[3,4,5] To see the significant result of Jalaukaavcharna in varicose vein this study has been done. In Ayurvedic text varicose vein is correlated with Sirajgranthi having same sign and symptoms. In person who are weak, indulging in more physical exercises, vata gets aggravated, invade the network of veins, squeezes, constricts and dries up and give rise to an elevated, quick developing and round swelling of the veins. It is difficult to cure if it becomes painful.^[6] We correlate the modern pathophysiology with the ayurvedic pathophysiology both are same. Such as due to various etiology and risk factor caused enlargement of vein in leg, stretching of vein valves, it becomes incompetent and back flow of blood occur and increased back pressure calf muscle pump fail and distention of vein occurs. Vata and Rakta are primary vitiated doshas in Sirajgranthi. While performing jalokaavcharna, it evacuate stagnant blood and clear the dosha route. Acharya Charaka also described jalauka as best among anushstra.^[7] During sucking of blood jalauka releases hirudin and it dilutes the blood and prevent clotting of blood during procedure.^[8] For management of sirajgranthi at OPD level jalaukaavcharan is the simplest method.

CASE STUDY

A female patient of age 44 years visited with complaint of pain and burning sensation in left calf and dilated vein and swelling on same side. Pain aggravates on prolonged standing. She had got treatment for same problem from another hospital but did not get relief. Then she visited the O.P.D. of Shri Krishna Ayurvedic College and Hospital, Kurukshetra, Haryana. After taking history and investigations she was advised for jalokaavcharana.

On examination, there was dilated tortuous vein in medial side of left lower calf region. Homan's and mosses test are negative.

Jalaukaavcharna was performed in once in 7 days for 30days and follow up was taken after 58th day of procedure.

Jalaukavcharana Procedure

Poorvakarma (Pre- operative procedure)

- All necessary investigations like Hb, RBS, BT, CT were performed and found within normal limits.

Hb- 12.6gm%

BT-3:10 Sec

CT- 5:25 Sec

RBS- 125mg/dl

- The procedure was explained to the patient.
- Patient informed written consent has been taken.
- All equipments for procedure were prepared.
- Jalauka activated.(The body of leeches smeared with paste of haridra and kept in a water pot for a period of one muhurta then after knowing that they are free from fatigue, one of them picked up for application).

Pradhankarma (Main Procedure)

- Procedure site cleaned with distilled water.
- 2 jalauka applied on affected site, where the maximum tourtuosity found.
- 1 Jalauka got separated on it's own after 35mintuesand 2nd jalauka got separated on it's own after 38 minutes after sucking the blood.
- Both jalauka detached themselves after sucking the blood.
- After application of haridra on wound site, proper bandage done.

Paschat karma (Post procedure)

- Vaman of jalauka done. (After jalauka had been falls off, it's mouth sprinkled with haridra powder and both jalauka are placed in a kidney tray contained haridra powder after that jalauka start vomit out all the sucking blood and after that both jalauka placed in a haridra water containing kidney tray and make it vomit all the blood it has consumed, till sign of satisfactory/ complete vomiting appear. After satisfactory vomiting, it moves frantically to and fro, when it put into the vessel of water.
- After that jalauka kept in container with label of patient's name and date.
- Patient was advised to keep the leg elevated after placed a pillow below the leg.

- Rest was advised.
- Next day of procedure asked the patient to visit the hospital for follow up. To see the local site of bloodletting, for any type of complaints like pain, itching on bloodletting site.

- GRADING OF ASSESSMENT

PARAMETERS

A. SUBJECTIVE PARAMETRES

1. Shool

1. No pain
2. Mild pain after exertion
3. Moderate frequent pain
4. Severe pain whole day

2. Daha

1. Absent
2. Present

B. OBJECTIVE PARAMETERS

1. Skin changes

1. No discolouration.
2. Blackish patchy hyperpigmentation
3. Hyperpigmentation with eczema
4. Non – healing wound with discharge

2. Shoth

1. Absent
2. Present

3. Tortuosity

1. No dilated vein
2. Mild few vein dilated after exertion
3. Moderate multiple veins confined to thigh or calf
4. Severe extensive involving both calf and thigh

Assessment chart

Subjective and objective parameters

Symptoms	BT	DAY 1/ AT	DAY 7/ AT	DAY 14	DAY 28	DAY58/ FU
Shool	2	1	1	1	0	0
Daha	1	0	0	0	0	0
Skin changes	0	0	0	0	0	0
Shoth	1	0	0	0	0	0
Tortuosity	3	2	1	1	0	0

RESULT

Pain, burning sensation and muscle spasm greatly decreased. Dilated vein shrunk.

DISCUSSION

Blood-letting by jalaukaavcharana eliminate vitiated blood first as a result of this shotha and daha relived and pure blood supplied to that area. Due to eliminating of the vitiated blood decrease intravascular volume and shotha and shool allivate and tortuos vein shrunk. Jalaukaavcharana does not cure the damaged or incompetent valves of veins. It provides symptomatic relief in significant manner to the patient, as seen in this case and in previous studies. To evaluate that how it provides symptomatic relief further investigation and a big sample study with objective assesment criteria is required. It may be possible that it can help in the decongestion of the venous congestion immedietly and in long run it can help in generation of collaterals, but it is just a hypothesis. At this stage as nothing is supported by any evidence. so, further studies will be required to validate the relief gained by patient of vericose vein of leg by leech applicatio. After 4 sitting complete relief from shool and daha.

CONCLUSION

Jalaukaavcharana show improvement in lowering the symptoms of Sirajgranthi such as shool, shoth and daha. After follow up of 1 month no symptoms reoccured. It is a successful treatment in varicose vein.



Before treatment



After treatment

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