I NTERNATI ONAL AYURVEDI C MEDI CAL JOURNAL



International Ayurvedic Medical Journal, (ISSN: 2320 5091) (March, 2017) 5 (3)

MANAGEMENT AND PREVENTION WITH REFERENCE TOLIFESTYLE MODIFICATION – AN APPROACH TOSIRAJAGRANTHI (VARICOSE VEINS)

Arpitha $H.R^1$, Chandini Chandrasekharan $N.P^2$, Shailaja $S.V^3$

^{1&2} PG Scholars, ³ Professor;

Dept. of PG studies in Shalyatantra, SKAMCH&RC, Bangalore, Karnataka, India

Email: arpithahebbur@gmail.com

ABSTRACT

In today's competitive and industrial life, man spends most of his time at work place which plays an important bearing on health. Lower limb varicose vein is a "work related disease". They are most commonly found in people who sit or stand in one position for prolonged period of time, people who habitually sit with their legs crossed and those who lack proper regular exercise. It is a disorder which causes discomfort to the professionals whose job demands prolonged standing and its complications makes the life miserable. Chance of getting this disease can be minimized by eliminating the faulty working conditions, reducing the associated risks and adopting appropriate preventive measures. This disease is essentially preventable and can be ascribed to faulty working conditions. So, immediate attention is to be given in the initial stage itself to prevent further complications. Ayurveda has multiple time tested modalities of treatment for effective management of Siraja granthi. In this article, a sincere attempt has been made to understand the underlying pathology, thereby preventing the disease in population at risk. An approach to comprehensive management which aims at modifying the underlying pathology and preventing the complications by adopting appropriate preventive measures has been made.

Keywords: lifestyle, *sirajagranthi*, varicose veins.

INTRODUCTION

Health is not something that one possesses as a commodity, but connotes rather a way of functioning within one's environment. In today's competitive and industrial life, man spends most of his time in work place. So, a large extent health is affected by working conditions. "Varicosity is the penalty for verticality against gravity". ^{1}WHO defines

varicose vein as saccular dilatations of vein, often being tortuous. They affect about 10-20% of the world population. Women are twice as susceptible than men. Incidence is 52 out of 1000/year in women and 39 out of 1000/year in men. Prevalence is 25- 33% in female and 10-20% in male.

Nidana:

Abala purusha

Old age ->Atrophy->Weakness of the vein wall->Valves in the veins become gradually incompetent.

Excessive fatty tissue in the subcutaneous tissue -> poor support to the veins.

Vyayamajaata

Forcible contraction of the calf muscles-> Forces blood through the perforating veins in reverse direction -> Destruction of the valves.

Padatte sahasa ambho avagahana^[3]

Immersing the legs soon after walking for a long time

Prolonged standing - high risk factor

- Long column of blood along with gravity puts pressure on the weakened valves of the veins-failure of valves.
- Calf muscles do not work quite often calf pump mechanism cannot push the venous blood upwards.

Samprapthi^{4}

- Abala purusha indulging in Vata prakopaka nidanas and vyayamasamuha (forcible muscular contractions)
- Vayu enters the sira causing parishosha and Sira-vistaara
- Results in sampeedana, sankocha and vishoshana
- Manifestation of sirajagranthi

Occupations at risk: Bus conductors, security guard, athletes, rickshaw pullers, traffic police, surgeons.

Curative approach

Treatment modalities:

Adhoshaka abhyanga in prathiloma direction with pinda taila.

- Adhoshaka udwarthana in sirajagranthi associated with sthoulya.
- Veshtana (crepe bandage/elastic stockings)
 as a vatopakrama, gives symptomatic relief.
 Applied from toes to the thigh, worn all
 throughout the day and is only taken off
 during sleep.
- Upanaha comprising Dashamoola, Devadaru, Rasna and Guduchi.
- Jaloukavacharana in sirajagranthi associated with twak vaivarnata.
- Siravyadha indicated in siragatavata.

Internal medications:

Sahachara taila paana, Maanibhadra lehya, Punarnavadi kwatha, Kaishora guggulu Sarivadyaasava, Rasna erandadi kashaya, Mahamanjishtaadi kwatha, Kanchanara guggulu.

Preventive approach:

1. Avoiding standing or sitting for a prolonged period of time.

- Sitting for a while and performing lower limb exercises after prolonged standing.
- Moving around after prolonged sitting or standing in order to enhance venous blood return from the lower limbs.

2. Reducing the pressure in the lower limbs.

- Maintaining appropriate body weight.
- If the work requires prolonged standing, shifting the weight from one leg to the other from time to time or resting the legs alternately on a stool.

3. Suitable exercises

First Series

• Sitting properly on a chair with the feet on the floor.

IAMJ: MARCH, 2017 642

 Straightening the right leg and keeping it at the horizontal level. Moving the right foot back and forth 5 times. Repeating the above movements with the left leg.



Second Series

- Raising one leg while sitting. Rotating the foot outwards 10 times.
- Then rotating the foot inwards 10 times. Repeating the above movements with the other leg.



Third Series

- Holding onto a stable object with both hands and standing with the heels raised.
- Holding for 5 seconds and then returning to the standing posture.
- Repeating this set of movements for 20 times.



Yogasana

Janushirshasana, Shalabhasana, Pavanamuktasana, Pashchimottasana, Viparita karani, Halasana, Sarvangasana, Shirshasana

















Mode of action

- On exercise, the calf and thigh muscles contract, compressing the veins and ejecting blood towards the heart.
- Normally, the pressure in the superficial veins of the foot and ankle falls from a resting level of 80-100 mm Hg to about 20

mm Hg. The ability to reduce the pressure in the superficial venous system is crucial to the health of the lower limb.

4. Lifestyle modification:

- Regular massage to the lower limbs in the direction opposite to the orientation of hairs drains the stagnant blood from the lowerlimbs.
- Bicycle riding in the air while lying on the back strengthens the calf muscles. ^{5}

IAMJ: MARCH, 2017 643

- Dull ache and swelling of the lower limbs can often be relieved with periodic resting and foot end elevation.
- Whenever the patient sits or sleeps, the limb should be preferably above the level of heart.
- Starting the morning with a brisk walk and finishing the day with a swim or bicycle ride
- Balanced diet and avoiding overweight.
- Regular moderate exercises, adequate rest and sleep.

Mode of action of walking

- There is a foot pump that ejects blood from the plantar veins as pressure is placed on the foot during walking.
- The pressure within the calf compartment rises to 200-300 mm Hg which is more than enough to propel the blood towards the heart.
- During the muscle relaxation phase, the pressure within the calf falls to a low level and blood from the superficial veins flows through the perforating veins into the deep veins. The consequence of this is that the pressure in the superficial veins falls during walking. ^{6}

DISCUSSION

• Lower limb varicose vein is a "work related disease". They are most commonly found in people who sit or stand in one position for prolonged period of time, people who habitually sit with their legs crossed and those who lack proper regular exercise. It is a disorder which causes discomfort to the professionals whose job demands prolonged standing and its complications makes the life miserable.

Management of varicose veins is the area where Ayurveda has multiple answers. Raktamokshana treatment has got an edge over all other modalities in terms of relieving the symptoms immediately, modifying the underlying pathology and also reducing duration of treatment. Siravyadha is highly beneficial which has extended systemic action quoted to be ardha chikitsa of Shalya tantra and provides immediate results.

CONCLUSION

• Varicose veins are essentially preventable and can be ascribed to faulty working conditions. So immediate attention to be given in the initial stage itself to prevent further complications. A comprehensive management which aims at modifying the underlying pathology and preventing the complication should be followed. Chance of getting this disease can be minimized by eliminating the faulty working conditions, reducing the associated risks, and adopting appropriate preventive measures.

REFERENCES

- Rajgopal Shenoy K. Manipal manual of surgery. Ed 3rd. Reprint 2009. New Delhi. Ch.10. pp .969. pg .90
- Bailey & Love. Edited by Norman Williams. Christopher. Russell. Short practice of surgery. Edward Arnold publications. Ed 25th. 2008. pp. 1406. pg .927
- 3. Vagbhata. Annotated by Anna moreswar kunte. Krishna ramachandra Sastri Narre. Edited by Harisadasiva Sastri. Ashtanga Hridayam with commentaries of Sarvanga Sundari of Arunadutta and Ayurveda

IAMJ: MARCH, 2017

- rasayana of Hemadri. Chaukhambha Surbharathi Prakashan.Varanasi. Ed 1 997.Uttara sthanam. Ch. 29.Verse.10. pp.956. pg.882
- 4. Sushrutha. Edited by Jadavji Trikamji Acharya. Sushrutha samhitha with commentary of Dalhana. Chowkamba Orientalia. Varanasi. Ed 7th .2002. Nidana sthana. Ch.11. Verse 8. pp.824. pg. 311
- 5. S Das. A concise textbook of surgery. Ed.5^{th.} reprint 2009. Ch16. pp.1346. pg. 202
- Bailey & Love. Edited by Norman Williams. Christopher. Russell. Short practice of surgery. Edward Arnold publications. Ed. 24th 2004. pp.1522. pg. 955

Source of Support: Nil Conflict Of Interest: None Declared

How to cite this URL: Arpitha H.R Et Al: Management And Prevention With Reference To Lifestyle Modification – An Approach Tosirajagranthi (Varicose Veins). International Ayurvedic Medical Journal {online} 2017 {cited March, 2017} Available from:

http://www.iamj.in/posts/images/upload/641_645.pdf

IAMJ: MARCH, 2017 645