

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF SAHACHARADI KASHAYA WITH VASAGUDUCHYADI KASHAYA PRECEDED BY SAHACHARADI TAILA MATRA BASTI IN SIRAJA GRANTHI VIS-À-VIS VARICOSE VEINS

Dr. Lalita Suranagi^{*1}, Dr. Ananta S. Desai², Dr. Mythrey R C³

^{*1}PG Scholar, Department of Kayachikitsa, Government Ayurveda Medical College, Mysuru.

²HOD and Professor, Department of Kayachikitsa, Government Ayurveda Medical College, Mysuru.

³Professor and Head, Department of Kayachikitsa, Government Ayurveda Medical College and Hospital Bengaluru.



***Corresponding Author: Dr. Lalita Suranagi**

PG Scholar, Department of Kayachikitsa, Government Ayurveda Medical College, Mysuru.

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ABSTRACT

Background: Sirāja Granthi, a Vātapradhāna Vyādhi, can be correlated with varicose veins, a chronic venous disorder of dilated, elongated, tortuous superficial veins caused by valvular incompetence. It presents with pain, heaviness, edema, itching, pigmentation and reduced quality of life. Conventional management gives symptomatic relief but carries risks of recurrence and procedure-related complications. Mātrā Basti and Vātahara formulations may offer a safe, economical alternative. **Objective:** To compare the efficacy of Sahacharādi Kaṣāya with Vāsāgudūcyādi Kaṣāya, each preceded by Sahacharādi Taila Mātrā Basti, in Sirāja Granthi (uncomplicated varicose veins, CEAP C1–C4). **Methods:** Forty-four patients were registered, and 42 completed the study (21 per group). All received Sahacharādi Taila Mātrā Basti (72 ml) for 7 days. Group A then received Sahacharādi Kaṣāya and Group B received Vāsāgudūcyādi Kaṣāya, 20 ml with an equal quantity of water twice daily before food for 30 days. Assessments were made on Day 0, Day 8, Day 38 and Day 68 (one-month follow-up) using the Visual Analogue Scale (VAS), Venous Clinical Severity Score (VCSS), and grading of Kandu and Dāha. Data were analysed with the Wilcoxon signed rank test, Mann–Whitney U test and Chi-square test. **Results:** Both groups showed statistically significant improvement in pain and modest improvement in VCSS. Group B showed a higher percentage improvement in pain (30.56% vs 27.03% at Day 38), but the intergroup difference was not statistically significant ($p > 0.05$). Kandu showed no significant change owing to its low baseline prevalence, and Dāha was absent in all participants. Mātrā Basti was well tolerated and no adverse effects were recorded. **Conclusion:** Both protocols were safe and effective in uncomplicated Sirāja Granthi (CEAP C1–C4), with no statistically significant difference between them.

KEYWORDS: Sirāja Granthi, Varicose veins, Mātrā Basti, Sahacharādi Kaṣāya, Vāsāgudūcyādi Kaṣāya, VCSS.

INTRODUCTION

Varicose veins are often described as the penalty for the upright posture and gravity.^[1] They arise from incompetence of venous valves, producing dilated, elongated and tortuous veins of the lower limbs that involve the superficial and sometimes the deep venous system.^[2] Patients typically report dull aching pain, heaviness of the legs, ankle edema, pigmentation, itching, burning and nocturnal cramps.^[3] The condition is common in India, with a reported incidence of about 5% in adults.^[4] Prevalence figures of 30–50% have also been

cited, affecting roughly 25–30% of women and 15% of men.^[5] Prolonged standing and the sustained hydrostatic pressure of the blood column lead to venous weakness and valvular failure.

Modern management includes conservative measures and interventions such as sclerotherapy, endovenous ablation and surgery. These may be complicated by deep vein thrombosis, hematoma, saphenous or sural nerve injury, infection and, rarely, anaphylactic reactions.^[6] Recurrence is also a recognised limitation.

In Ayurveda, varicose veins correspond to Sirāja Granthi, in which the sirās show sampīḍana (compression), saṅkocana (constriction), viśoṣaṇa (dryness) and vakrīkaraṇa (tortuosity).^[7,8] Described treatments include Sahacara Taila Pāna, Basti, Vātaghna Upanāha and Sirāvyadha.^[9]

Mātrā Basti is indicated in persons debilitated by excessive physical exertion (vyāyāmāsakta) and is considered beneficial in Vāta disorders.^[10] Sahacharādi Taila contains Sahacara, Daśamūla, Lohita and Priyaṅgu, ingredients with marked Vātahara properties.^[11]

Sahacharādi Kaṣāya is known for Vātakaphahara, Raktaśodhaka, Śothahara, Kaṇḍūghna and Vedanāsthāpaka actions.^[12,13]

Vāsāgudūcyādi Kaṣāya, which addresses combined Vāta-Rakta vitiation, was chosen as the comparator because Sirāja Granthi shows features of both.^[14]

This study therefore compared the two Kaṣāyas, each preceded by Sahacharādi Taila Mātrā Basti, in Sirāja Granthi vis-à-vis varicose veins.

OBJECTIVES

Primary: To compare the effect of Sahacharādi Kaṣāya with Vāsāgudūcyādi Kaṣāya, preceded by Sahacharādi Taila Mātrā Basti, in Sirāja Granthi.

Secondary: To evaluate the effect of Sahacharādi Taila Mātrā Basti followed by

- Sahacharādi Kaṣāya and in Sirāja Granthi.
- Vāsāgudūcyādi Kaṣāya in Sirāja Granthi.

MATERIALS AND METHODS

Study design and setting. This was a randomized comparative clinical trial with a pre-, mid- and post-test design. Patients were drawn from the OPD and IPD of Government Ayurveda Medical College and Hospital, Mysuru, and Government Hi-Tech Panchakarma Hospital, Mysuru.

Intervention

	Group A (n=21)	Group B (n=21)
Days 1–7	Sahacharādi Taila Mātrā Basti, 72 ml	Sahacharādi Taila Mātrā Basti, 72 ml
Days 8–37	Sahacharādi Kaṣāya, 20 ml + 20 ml water, twice daily before food	Vāsāgudūcyādi Kaṣāya, 20 ml + 20 ml water, twice daily before food

The total intervention lasted 37 days, followed by a one-month follow-up.

Assessment. Assessments were made on Day 0, Day 8 (after Mātrā Basti), Day 38 (end of treatment) and Day 68 (follow-up). Outcomes were pain on the VAS, Kandu (0–2) and Dāha (0–2) gradings, and the Venous Clinical Severity Score (VCSS), which covers pain, venous edema, pigmentation and extent of varicosities on a 0–3 scale each.

Statistical analysis. Descriptive statistics (mean, median) were used. Within-group changes were tested with the Wilcoxon signed rank test, between-group

Sample. Forty-four patients meeting the inclusion criteria were registered. Two dropped out for personal reasons, and 42 completed the study (21 in each group). Written informed consent was obtained at registration.

Source of drugs. Sahacharādi Taila, Sahacharādi Kaṣāya and Vāsāgudūcyādi Kaṣāya were procured from a GMP-certified pharmacy (SNA Oushadhasala, Thrissur, Kerala).

Inclusion criteria

- Signs and symptoms of Sirāja Granthi vis-à-vis varicose veins as described in the texts.
- Age 30–70 years, either sex.
- CEAP class C1–C4.
- Both fresh (newly diagnosed, untreated) and treated cases.

Exclusion criteria

- Congenital varicose veins.
- Secondary varicosities (abdominal tumour, retroperitoneal fibrosis, lymphadenopathy, ascites).
- Complications such as DVT, eczema or venous ulcer.
- Uncontrolled diabetes mellitus (RBS >250 mg/dL) or uncontrolled hypertension (>140/90 mmHg).
- Unfitness for Basti.
- Pregnancy and lactation.

Diagnostic criteria. Sirāja Granthi lakṣaṇas (sampīḍana, saṅkocana, viśoṣaṇa, vakrīkaraṇa of sirā) and clinical features of varicose veins (aching pain, heaviness, itching, burning, night cramps, with or without reticular veins, telangiectasias, visible tortuous veins, edema and skin changes).

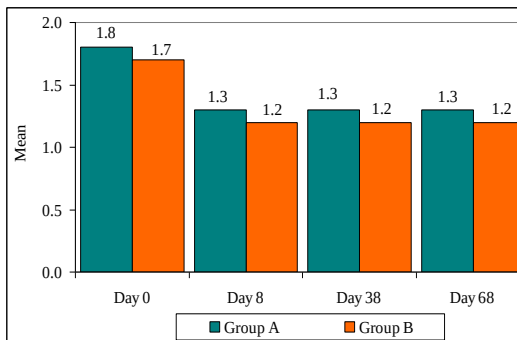
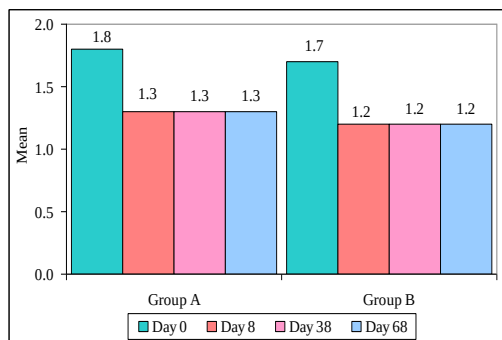
comparisons with the Mann–Whitney U test, and categorical data with the Chi-square test, using SPSS. Significance was set at $p < 0.05$.

RESULTS

Most participants were middle-aged (41–50 years)(50%), and females predominated(61.90). Prolonged standing or sitting was the most common occupational factor(71.43), and most patients were in Stage 1 or 2 disease.(42.86%,30.95%)

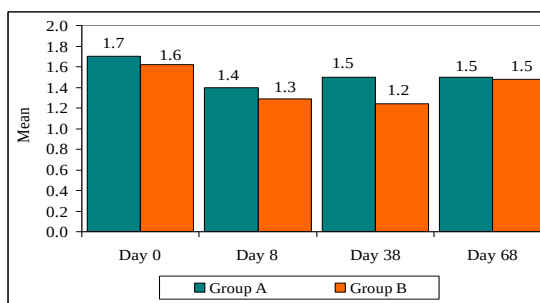
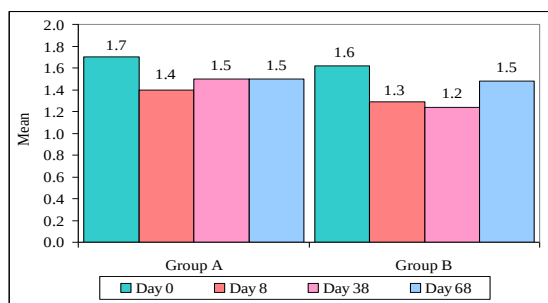
Pain: (VAS). Both groups improved significantly. In Group A, mean pain reduction was 0.4 (24.32%) at Day 8 and 0.5 (27.03%) at Days 38 and 68. In Group B,

the mean reduction was 0.5 (30.56%) at all three time points. The intergroup difference was not statistically significant ($p>0.05$).



VCSS. Both groups showed mild improvement. Percentage change from baseline was 16.67%, 11.11%

and 11.11% at Days 8, 38 and 68 in Group A, and 20.59%, 23.53% and 8.82% in Group B.



Kandu and Dāha. Baseline Kandu was uncommon, and neither group changed significantly. Percentage changes were 66.67% (Day 8) and 33.33% (Days 38 and 68) in Group A, and 100% (Day 8) and 75% (Days 38 and 68)

in Group B. These percentages rest on very few patients and should be read cautiously. Dāha was absent in all participants and could not be analysed.

Overall improvement (composite).

	Day 8	Day 38	Day 68
Group A	35.89%	23.82%	23.82%
Group B	50.38%	43.03%	38.13%

Group B showed greater overall percentage improvement at every assessment, but the magnitude declined in both groups during follow-up.

Safety: Mātrā Basti was well tolerated with good retention and compliance. No adverse effects were reported in either group.

DISCUSSION

Rationale for Mātrā Basti. Sirāja Granthi is a Vātavyādhi in which aggravated Vāta disturbs the structure and function of the sirās, causing dilatation, tortuosity and granthi-like swelling. Because Pakvāśaya is the principal seat of Vāta, Basti is regarded as the foremost therapy. Mātrā Basti was chosen because its classical indication, in those weakened by heavy work, exertion, load-bearing, long walking or travel, resembles the aetiology of varicose veins: prolonged standing, occupational strain and continuous stress on the lower limbs. Its snigdha quality counters the rūkṣa quality of

aggravated Vāta and provides sustained snehana. Classical texts give no fixed duration, so seven days was adopted as a practical, compliance-friendly schedule close to the eight-day Yoga Basti. The 72 ml dose was derived from the principle that Mātrā Basti is half the Anuvāsana dose (half of 3 Pala, rounded).

Possible modern correlates. The rectal mucosa has a rich venous, lymphatic and autonomic supply. Rectal absorption may allow partial bypass of first-pass hepatic metabolism and improve systemic availability of lipid-soluble constituents. Autonomic and neurohumoral pathways may also influence vascular tone and pain perception.^[15] These explanations are hypothetical; this study did not measure pharmacokinetic or physiological parameters.

Sahacharādi Taila. Its Vāta-Kapha-hara action addresses pain and stiffness, and its uṣṇa vīrya and sūkṣma guṇa support srotoshodhana. Mañjiṣṭhā, Uśīra

and Candana are Rakta Prasādana and Śodhana, while the Tila Taila base is the best Vātahara sneha. Several ingredients, including Devadāru, Tagara, Mañjiṣṭhā, Uśīra, Chandana and Jaṭāmāṃsī, are reported to have anti-inflammatory, antioxidant or analgesic activity, which could plausibly reduce venous inflammation and symptom burden.

Sahacharādi Kaṣāya. Described in the Vāṭavyādhi Cikitsā of Aṣṭāṅga Hṛdaya, it comprises Sahacara, Devadāru and Śuṇṭhī. Its Vātahara, Śothahara and Srotoshodhaka actions and uṣṇa vīrya counter the śīta-rūkṣa qualities of vitiated Vāta and help relieve pain, heaviness and swelling.

Vāsāgudūcyādi Kaṣāya. Described in Sahasrayoga, it is indicated in Vāta-Rakta vitiation. Vāsā and Gudūcī are Rakta Prasādana and Śothahara, Gudūcī is Tridoṣaśāmakā and Rasāyana with Dāhaprasamana action, and Āragvadha is Anulomana and prevents Vāta aggravation at Pakvāśaya. Because Sirāja Granthi shows Vāta predominance with Rakta saṅga (stasis, congestion, discoloration), this combined action may explain the somewhat greater percentage improvement in Group B, though the difference was not statistically significant.

Interpretation of findings. Both regimens gave significant pain relief, with modest and non-significant differences between them. Effect sizes were small: mean VAS reductions were about 0.5 points, and VCSS changes were mild. The benefit tapered during the one-month follow-up, suggesting that symptomatic relief may need longer or repeated courses. Structural features such as vein dilatation and tortuosity are unlikely to reverse with these interventions, so the benefit is best described as symptomatic. The absence of Dāha and the low prevalence of Kandu at baseline limited assessment of those parameters.

Limitations. The study had a small sample, no placebo or standard-care control, a short follow-up, and no objective venous assessment such as duplex ultrasonography. The effects of Mātrā Basti and the Kaṣāya cannot be separated because both groups received the same Basti. Baseline symptom scores were low, leaving limited room for improvement. Larger, controlled trials with objective imaging, quality-of-life measures and longer follow-up are recommended.

CONCLUSION

Sahacharādi Taila Mātrā Basti followed by either Sahacharādi Kaṣāya or Vāsāgudūcyādi Kaṣāya was safe, well tolerated and effective in relieving symptoms, particularly pain, in uncomplicated Sirāja Granthi (CEAP C1–C4 varicose veins). Vāsāgudūcyādi Kaṣāya showed a numerically greater percentage improvement, but there was no statistically significant difference between the protocols, so both may be considered comparable options. Larger controlled studies are needed to confirm these findings.

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