

A REVIEW ON VARICOSE VEINS AND ITS AYURVED MANAGEMENTVd. Vikas Chitmulwar¹, Vd. Anil Paweshkar², Vd. Suryakant Dwivedi³ and Vd. Sneha Tiwari^{4*}¹Associate Professor Sawastha Vritta and YOGA Department of Smt Shalinitai Meghe Ayurvedic College Hospital and Research Center Bhilewada Bandara (M.S)²Associate Professor Rasa Shastra Department of Smt Shalinitai Meghe Ayurvedic College Hospital and Research Center Bhilewada Bandara (M.S).³Associate Professor Stri Roga & Prasuti Tantra Department OM Ayurved College Betul.⁴Assistant Professor, Dept. Of Kayachikitsa Shri. K.R.Pandav Ayurvedic College.***Corresponding Author: Vd. Sneha Tiwari**

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INTRODUCTION

According to the CEAP (Clinical, Etiological, Anatomical and Pathological Elements), varicose vein is the clinical class of chronic venous disease. Varicose vein is clinical class of the (CVD) i.e. chronic venous disease, also called as the varicosities. Varicose veins are enlarged, swollen and twisting veins often appearing blue or dark purple. When valves in the veins do not work properly, the blood does not flow effectively. The expansion of varicose veins is often caused by a weakening of valves and walls.

Generally varicose vein is found in females especially in case of pregnancy. Varicose veins generally found in lower extremity, leg and the epididymis. Epididymis is the highly convoluted duct behind the testis along which sperm passes to the vas deferens.

In Ayurveda literature the Varicose vein has no its separate elaborative identity as a disease but considered as a siravikruty (venous disorders) and named as sirakautilya or kutilsira disease by commentators. The scrutinize shows, may correlation with siragranthi and is due to vatadosha. Siragranthi mentioned like charak sushruta, Vagbhatta, Madhavnidan etc. Sushruta described its cause as a person undertakes excessive exercise get his network of vein affected due to Vayu dosha which in turn compresses squeezes and dries up and produce granthi which is raised and circular. The swollen bulging and twisted bluish veins that become visible just beneath the skin surface and filled with abnormal gathering of blood, are known as varicose vein.

Types of varicose vein Different types of varicose veins present in legs and varicocele.

- 1) Truncal varicose veins
- 2) Varicosities of extremities
- 3) Reticular varicose veins
- 4) Side branch varicose vein
- 5) Telangiectasia varicose vein
- 6) Spider vein

1.2. Sign and symptoms of varicose veins and varicocele Well known dark blue vessels, especially in the legs and feet.

Continuous pain or deviation along the course of vein.

Easily tired legs.

Heaviness in the affected area

Swelling in the affected area

Darkening of the skin

Numbness in the legs or scrotum

Itching or irritating rash in the legs or scrotum

Burning sensations.

Night cramps.

Pigmentation.

Exercise intolerance.

Bulging, rope-like, bluish veins indicate superficial varicose veins.

Aching and heaviness in a limb, sometimes with swelling, but without any prominent or visible blue veins, may signal a deep varicose vein.

Discolored, peeling skin, skin ulcers and constant rather than intermittent pain are signs of severe varicose veins.

Subjective symptoms usually are more severe early in the progression of the disease, less severe in the middle phases, and worse again with advancing age.

Common symptoms of telangiectasia include burning, swelling, throbbing, cramping and leg fatigue. Pain associated with varicocele usually is a dull ache that is worse after prolonged standing

Pain and other symptoms may worsen with the menstrual cycle, with pregnancy and in response to exogenous hormonal therapy.

Complications

Most varicose veins are reasonably benign, but severe varicosities can lead to major complications, due to the poor circulation through the affected limb.

Pain, tenderness, heaviness, inability to walk or stand for long hours, thus hindering work.

Skin conditions / dermatitis which could predispose skin loss.

Skin ulcers especially near the ankle, usually referred to as venous ulcer.

Development of carcinoma or sarcoma in longstanding venous ulcers. Over 100 reported cases of malignant transformation have been reported at a rate reported as 0.4% to 1%.

Severe bleeding from minor trauma, of particular concern in the elderly.

Blood clotting within affected veins, termed These are frequently isolated to the superficial veins, but can extend into deep veins, becoming a more serious problem.

Acute fat necrosis can occur, especially at the ankle of overweight people with varicose veins. Females have a higher tendency of being affected than males

Clinical investigation

Three tourniquet test-

To find out the site of incompetent perforator, three tourniquet are tied after emptying the vein.

- 1- At saphenofemoral junction
- 2- Above knee level
- 3- Another below knee level

Pathological investigation

With the patient standing, the Doppler probe is placed at saphenofemoral junction and later wherever required. Basically by hearing the changes in sound, venous flow, venous patency, venous reflux can be very well-identified.

Doppler test- When a hand held Doppler is kept at SFJ, typical audible whoosh signal >0.5 sec while perforating valsalva manoeuvre is the sign of reflux at SFJ. It is also used at SPJ and at perforators.

Duplex scan- It is highly reliable U/S Doppler imaging technique, which along with direct visualisation of vein, gives the functional and anatomical information, and also colour map. Examination is done in standing, lying down position and also with valsalva manoeuvre. Hand – held Doppler probe is placed over the site and visualised for any block and reversal of flow. DVT is very well-identified by this method.

Ayurvedic remedy for varicose vein.

1) Pure guggulu, neem kanchanara Nagkesar trifla churna Ashwagandha. It helps to maintain healthy lifestyle, reduces the pressure effects, relief in pain and inflammation and maintains tone of venous walls and their functions.

2) Amlaki and other citrus fruits are essential since vitamin c deficiency is a prime cause of varicose vein, Which is necessary for formation of collagen in connective tissue.

3) Onion helps in the proper assimilation and distribution of protein in the human body. it is said to increase inner strength.

4) Arjuna and Guggulu are highly recommended to improve blood circulation and reduce inflammation.

5) Garlic and ginger can break down the protein content in the body and distribute it evenly. The increase the protein supply to the lower limb region. Hence the condition of varicose vein can be prevented.

6) Drugs like Arogyavardhini vati, punarnavadi guggulu, kanchnar guggulu lasunadi vati are also useful.

Leech Application

In Astang Hridaya siravedha is indicated in siragranthi and among bloodletting procedures leech therapy is safe and easier. Leeches are applied as a normal method on site of varicose vein and followed general procedures. First purify the leeches by putting them in turmeric mix water for 5 minutes then keep in fresh plain water for 5 minutes. Clean the use site thoroughly with plain water and adequate numbers of leeches are applied to the area of maximal congestion. When jaluka starts sucking the blood it attains shape of Ashvakhuravadanana.

Its mouth end becomes the hoof of horse by raising its neck region. Put wet gauze covering the leechs body and continuously pouring of fresh water is done. Once the leech attached, it wil remain safely in place until fully distended and then detached itself.

After this leech are purifies and preserved it with patient identity details and again applied to the same patient weekly nearly 7-8 times. The leechs reduce the local pressure on vein and surrounding having, its saliva having anticoagulant, antibacterial anaesthetic effect.

Conservative Treatment

Elastic crepe bandage application from below upward or use of pressure stockings to the limb- pressure gradient of 30-40 mmHg is provided.

Elevation of the limb –relieves oedema. Two short times, during day and full night, elevation of foot with feet above the level of heart and toes above the level of nose is the method.

Pneumatic compression method- Provide dynamic sequential compression.

SCLEROTHERAPY

By injecting sclerosants into the vein, complete sclerosis of the venous wall can be achieved.

Foam sclerotherapy.

CONCLUSION

Conclusion So many patients suffering from the varicose vein usually have to undergoes through various complex treatment, surgical and non- surgical they are include so many convoluted processes and number of complications. Varicose vein affects more than 30% adults population.

Aim of this article is to provide the complete information about the remedy which is use in treatment of varicose vein. These drugs not only assure an enduring effect on the venous disease but also they prove to be cost effective and it is help to the patients for the recovery

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