



EFFECT OF YAVAADI UPANAHA WITH INTERNAL ADMINISTRATION OF KAISHORA GUGGULU IN THE MANAGEMENT OF SIRAJA GRANTHI (VARICOSE VEINS): A CASE REPORT

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Abstract: Siraja Granthi is a Granthi Roga described in Ayurvedic classics, characterized by aggravated Vata affecting the Sira, leading to Sampidana, Sankochana, Vakri and Vishoshana, resulting in Granthi formation. Its clinical features, such as dilated, tortuous, and elongated veins associated with pain and discomfort, closely resemble Varicose Veins. Varicose veins commonly affect the lower limbs due to venous valve incompetence. The highest prevalence of varicose veins is observed in the 55–64 years age group, with females being more commonly affected than males. **Aims and Objectives:** To study the effect of Yavaadi Upanaha with Internal Administration of Kaishora Guggulu in the management of Siraja Granthi w.s.r to Varicose Veins. **Materials and Methods:** In the present study, a patient attending the Shalya Tantra OPD with clinical features of Sampidana and Vakri of the Siras in the left lower limb was taken up for the study. **Intervention:** Yavaadi Upanaha externally and Kaishora Guggulu internally for 7 days. **Results:** Satisfactory relief was seen in signs and symptoms and improved quality of life after treatment. **Conclusion:** The study proved that was Siraja Granthi effectively managed by Yavaadi Upanaha with Internal Administration of Kaishora Guggulu.

Key words: Siraja Granthi, Varicose Veins, Yavaadi Upanaha, Kaishora Guggulu, Upanaha Sweda

I. INTRODUCTION

Siraja Granthi is one of the *Granthi Rogas* described in *Ayurvedic* classics. According to *Ayurveda*, in individuals who are debilitated or subjected to excessive physical exertion, aggravated *Vata Dosha* invades the network of *Sira*, causing *Sampeedana*, *Sankochana*, and *Vishoshana*, leading to the formation of *Granthi* in the *Sira*. This condition is known as *Siraja Granthi*¹. It is characterized by a non-pulsatile swelling of the veins².

Based on the similarity of clinical features, *Siraja Granthi* can be correlated with varicose veins. Varicose veins are dilated, elongated, and tortuous veins, commonly affecting the lower limbs due to valvular incompetence and reversal of blood flow³. They occur predominantly in the superficial venous system of the lower extremities⁴. The prevalence of trunk varicosities has been reported to increase with age, being 11.5%, 14.6%, 28.8%, 41.9%, and 55.7% in the age groups of 18–24 years, 25–34 years, 35–44 years, 45–54 years, and 55–64 years respectively⁵. Varicose veins are often associated with pain, heaviness, discomfort, and limitation of daily activities. Although many individuals initially consider them a cosmetic concern, the condition may progressively worse if left untreated. Common complications

include venous eczema, venous pigmentation, lipodermatosclerosis, superficial thrombophlebitis, and venous ulceration⁶. Contemporary management includes the use of compression stockings, sclerotherapy, and surgical interventions⁷.

In Ayurveda, the management of Siraja Granthi aims at correcting the underlying Vata vitiation and restoring normal vascular function. Acharya Vagbhata has advocated internal administration of Sahacharadi Taila, application of Upanaha, Basti with Vata-Shamaka Dravyas, and Siravyadha in the treatment of Siraja Granthi⁸. Among these modalities, Upanaha occupies an important place as a form of Swedana Karma. Upanaha induces local hyperthermia, which enhances blood and lymphatic circulation, improves local tissue metabolism, facilitates the removal of waste products, reduces inflammation through modulation of inflammatory mediators, relieves pain by muscle relaxation, and promotes transdermal absorption of medicinal constituents⁹. In addition, the Bandha applied during Upanaha provides mechanical support to the affected part and helps reduce local strain.

The pathogenesis of Siraja Granthi involves vitiation of Vata along with Shonita, resulting in manifestations such as Sampidana (pain), Sankochana (constriction), Vakrata (tortuosity), and Vishoshana (drying). Since Upanaha is specifically indicated in Vata Vikaras¹⁰ and is recommended for conditions associated with Kunchana (contraction), Ruja (pain), and Gatrastabdhatata (stiffness), followed by proper bandaging with Patta, Kshauma, or Karpasa¹¹, it appears to be an appropriate therapeutic measure in Siraja Granthi. Furthermore, Siraja Granthi is considered a Dhatugata Vikara, wherein deeper tissue involvement necessitates sustained local therapeutic action, making Upanaha particularly relevant¹².

Yavaadi Upanaha described in Mahavatavyadhi Chikitsita contains Yava, Madhuka, Eranda, Tila and Varshabhu¹³, which possess Vatahara, Shoolahara, Shothahara and Shonita-Vikarahara properties. Kaishora Guggulu, indicated in Vatarakta according to Sarangadhara Samhita¹⁴, possesses Vatahara, Shothahara and Rakta-Prasadana properties and may be beneficial in the management of Siraja Granthi.

Considering the increasing prevalence of varicose veins, their impact on quality of life and the limitations of available conservative measures, the present study was undertaken to evaluate the efficacy of Yavaadi Upanaha with internal administration of Kaishora Guggulu in the management of Siraja Granthi with special reference to Varicose Veins.

AIM:

1. To study the efficacy of *Yavaadi Upanaha* with internal administration of *Kaishora Guggulu* in the management of *Siraja Granthi* with special reference to Varicose Veins.

OBJECTIVES

1. To observe the efficacy of *Yavaadi Upanaha* with internal administration of *Kaishora Guggulu* in the management of *Siraja Granthi* with special reference to Varicose Veins.
2. To establish effective, alternative and easily available conservative management of Varicose Veins.

METHODS AND MATERIALS

CASE REPORT

The present case study was carried out on a female patient, 35-year-old patient attended the OPD of Shalya Tantra BVVS Ayurved Medical Hospital, Bagalkot, Karnataka with the complaints of tortuous veins at Left leg since 4 years, patient also had a pain at calf region since 4 months. Associate with the night cramps occasionally, itching, and heaviness of the affected limb.

H/O present illness

The patient was apparently healthy four years ago. Gradually, she developed pain in the posterior aspect of the left leg, especially after prolonged standing while cooking for approximately 5 hours daily. The intensity of the pain had increased over the last four months and was associated with occasional night cramps, itching, and a feeling of heaviness in the affected limb.

Initially, she did not notice any prominent veins; however, over time, she observed prominent tortuous veins over the calf region of the left lower limb. Despite experiencing persistent pain, she initially neglected the condition. As the pain worsened, she consulted an allopathic hospital one month ago, where a Doppler study of the left lower limb was advised. Based on the Doppler findings, surgical intervention was recommended. However, as the patient was unwilling to undergo surgery, she approached our hospital seeking better management.

PURVAVYADHI VRUTTANTA

Patient is not a known case of Hypertension/ Diabetes Mellitus/ Thyroid disorders/ other Systemic disorders.

KAUTUMBIKA VRUTTANTA

All other family members are said to be healthy.

Table 1: VAYAKTIKA VRUTTANTA

Diet	Vegetarian
Vihara	Long Standing
Nidra	Disturbed
Agni	Vishamagni
Kosta	Kroora
Vyasana	None
Mutra Pravrutti	4-5/ Day, Clear
Mala Pravrutti	Hard stool

ARTAVA VRITTANTA (Menstrual History)

- **Menarche:** 14 years of age
- Menstrual cycle: Regular
- Interval: 28 days
- Duration of flow: 5 days
- Obstetric history: G5P3A2L3

Table 2: SAMANYA PAREEKSHA (General Examination):

Pulse: 76 / min	Pallor: Absent
BP: 124/80mm of Hg	Icterus: Absent
Respiratory Rate: 13/min	Nails Clubbing Absent
Temperature: 97.9°F	Lymph Nodes: Non-Palpable
Weight: 50 kgs.	Cyanosis: Absent
Height: 146.5 cms	Built: Moderate
BMI: 23.8 kg/m ²	

Table 3: DASHAVIDHA PARIKSHA:

01	Prkruti: VP
02	Vikruti: Vatapradhana tridosha, Rasa Rakta Mamsa Meda and Sira
03	Sara: Madhyama
04	Samhanana: Madhyama
05	Pramana: Madhyama
06	Satmya: Sarvarasa
07	Satva: Madhyama
08	Ahara Shakti: Madhyama
09	Vyayama Shakti: Avara
10	Vaya: Madhyama

SAMSTHANIKI PAREEKSHA (Systemic Examination):

Central Nervous System : Conscious well oriented to time, place and person.
 Cardiovascular System : S1 S2 Heard, No Murmur.
 Respiratory System : AEBE, NVBS Heard.
 Per Abdomen : Soft

STHANIKA PAREEKSHA (Local Examination): EXAMINATION OF LOWER LIMBS

A. INSPECTION (DARSHANA PAREEKSHA)

- Sthaana (site & extent of involvement) :
Limb: Left lower limb at medial & mid of calf region
Vein involved: Long saphenous vein
- Shotha (edema) on the surrounding area : Absent
- Vaivarnya (Pigmentation): Absent

B. PALPATION (SPARSHANA PAREEKSHA)

- Local rise of temperature: Absent
- Touch: Smooth
- Sensation: Normal
- Tenderness: Present

TESTS DONE

TESTS

- Brodie's Trendelenburg test: Positive (Incompetent of sephano-femoral valve)
- Tourniquet test: Positive (Incompetent of perforating vein)
- Morrissey's cough impulse: Positive (Incompetent of sephano-femoral valve)
- Perthes' test: Negative
- Schwartz test: Negative

INVESTIGATIONS:

HIV : Negative

HBsAg: Negative

LEFT LOWER LIMB VENOUS DOPPLER STUDY

USG Venous Doppler Study of Left Lower Limb dated 28-07-2025 revealed:

- Left saphenofemoral junction incompetence. Left SP junction is competent.
- Varicose veins involving the long saphenous venous system.
- Incompetent perforators noted at:
 - Lower thigh medial aspect – 1
 - Upper leg posterior medial aspect – 1
 - Mid leg posterior medial aspect – 1
 - Mid leg lateral aspect – 1

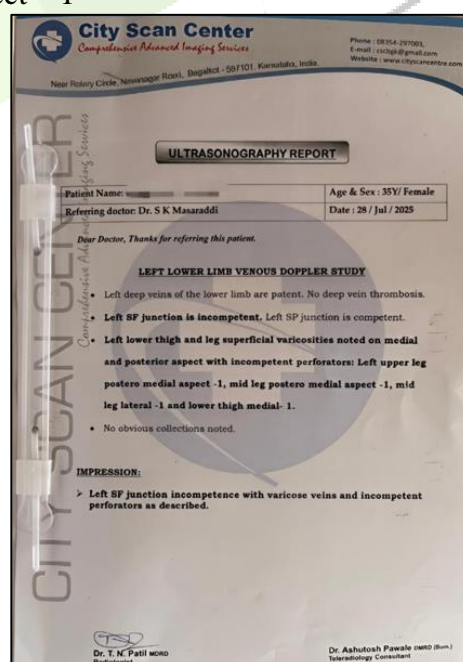


Figure1: USG report of Left Lower Limb Venous Doppler Study

MATERIALS AND METHODS

Method of preparation of Yavaadi Upanaha Churna

- Raw drugs of *Yava* (1Part), *Madhuka* (1Part), *Eranda* (1Part), *Tila* (1Part) and *Varshabhu* (1Part).
- The prepared mixture was packed into 250gm packet.



Figure 2: Weighing 250gm of Yavaadi Upanaha Churna

Materials Required for Upanaha: Yavaadi Upanaha churnas, Vessel, Water, Moorchita Tila Taila, Eranda Patra- quantity sufficient, Cotton Cloth- quantity sufficient, Roller Bandage, Sterile Gauze, Stirrer

Poorva Karma:

- After explaining the therapeutic procedure, informed consent was taken from the patient.
- Skin sensitivity test was performed in patient.
- All the required materials were kept ready before going to Pradhana Karma.
- The patient was made to lie down comfortably.

Preparation for Medicine

Equal quantity of Yava, Yastimadhu, Eranda, Tila, Varshabhu churna's was taken in a utensil and sufficient quantity of water is added to it and heated on Mandagni till it attains semisolid consistency.

Preparation for the Patient

Patient was asked to lie down comfortably. The affected part of the leg was cleaned with sterile gauze. Later Abhyanga was done with Moorchita Tila Taila.

Pradhana Karma:¹⁵

Prepared Upanaha paste of thickness approximately 3-5mm (Ardrmahishacharma) was applied over the affected part of leg in upward direction when it is lukewarm and it was covered with Eranda patra and firmly bandaged with crepe bandge.

Paschat Karma:¹⁶

The Upanaha was retained for 12 hours, after which it was removed, and the affected part was cleaned with warm water.

INTERNAL MEDICATIONS

Tab. Kaishora Guggulu 500mg with lukewarm water (1-1-1) A/F for 7 consecutive days

Pathya:

Foot elevation was advised.

Apathya:

Avoid sitting or standing for longer duration.



Figure 3: Pradhana Karma showing the application of Lepa, covered with Eranda Patra, and secured using a crepe bandage.

ASSESSMENT OF RESULTS:**CLINICAL PARAMETERS****Table 4: A. Subjective Parameter:^{17,18}**

	Day 1/BT	Day 1/DT	Day 3/DT	Day 7/AT	Day 14/FU
<i>Shoola</i> (Pain)	3	3	2	0	0
<i>Kandu</i> (Itching sensation)	1	1	0	0	0

Table 5: B. Objective parameter:^{18,19}

	Day 1/BT	Day 1/DT	Day 3/DT	Day 7/AT	Day 14/FU
<i>Shooha</i> (Swelling)	0	0	0	0	0
<i>Tortuosity</i>	3	3	3	3	3
<i>Vaivarnya</i> (Pigmentation)	0	0	0	0	0

IV. RESULTS AND DISCUSSION

RESULTS: A marked reduction in pain, occasional night cramps, itching, and heaviness in the affected limb was observed after treatment.



Figure 4: Before and after treatment photographs of the patient.

DISCUSSION:

Yavaadi upanaha was the therapeutic procedure adopted in this study.

The therapeutic effect of Yavaadi Upanaha in Siraja Granthi can be attributed to its local Swedana action, which improves local circulation and produces a thermal effect that enhances transdermal drug absorption. The ingredients of Yavaadi Upanaha possess Vatahara and Shoolahara properties (Yava, Eranda, and Varshabhu), Swedopaga and Kaphahara actions (Eranda, Tila, and Varshabhu), Shothahara properties (Varshabhu, Eranda, and Madhuka), and Varnya and Tvacya effects (Yava, Madhuka, and Tila). These combined actions help in reducing Shoola (pain), Kandu (itching), Shotha (swelling), and Vaivarnya (discoloration). Additionally, the compression effect exerted by Upanaha supports improved venous return and reduces venous stasis, thereby contributing to the overall improvement in Siraja Granthi.

CONCLUSION: The present single case study suggests that Yavaadi Upanaha, along with the internal administration of Kaishora Guggulu, was effective in the management of Siraja Granthi (Varicose Veins), resulting in improvement in clinical features such as *Sampidana*, *Vakri of Siras*, night cramps, itching, heaviness, and other associated symptoms. The combined therapeutic approach demonstrated significant symptomatic relief and improved the patient's quality of life. However, further studies with larger sample sizes may be conducted to assess the therapeutic efficacy of Upanaha Sweda adopted after Raktamokshana in the management of Siraja Granthi.

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