



A Conceptual Study On The Role Of Siravyadha And Bhadradaruvadi Basti In The Management Of Siraja Granthi With Special Reference To Varicose Veins

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Abstract: “Varicosity is the penalty for verticality against gravity”.¹ The Incidence of Varicose veins is 5% in India and 10-20% in the western world, prevalence of visible varicose veins is between 30-50%², especially 25-30% in women, 15% in men³ and increases with age.⁴ Certain jobs which demand prolonged standing have a risk from suffering varicose veins. It also occurs with muscular contractions e.g. Athletes. The treatment for varicose vein includes elastic stockings, elevation of legs, exercises, sclerotherapy and surgical managements like vein ligation, stripping and Endovenous laser treatment. They produce complications like eczema, hemorrhage, hematoma and saphenous nerve irritation. Sclerotherapy often causes deep vein thrombosis, thrombophlebitis, cutaneous ulcerations and stroke. Recurrence rate post surgeries stands between 20-80%.⁵ There is a need of result oriented, cost effective treatment with less recurrence and complication by acting on *Vata* and *Rakta*. *Siravyadha* and *Basti* with *Bhadradaruvadi gana* are the modes of management explained in the classics which can be adopted in the management of *Sirajagranthi*.^{6,7} Here, we shall discuss about the role of *Siravyadha* and *Bhadradaruvadi basti* in the management of *Siraja granthi* with special reference to Varicose veins.

Index Terms - *Siraja granthi*, *Siravyadha*, *Bhadradaruvadi basti*, Varicose veins

Introduction

WHO defines varicose veins as saccular dilatations of vein, dilated tortuous and elongated superficial veins of the lower limb. Varicose veins can be co-related to *Sirajagranthi* as described in Ayurvedic texts. Due to *Vataprakopaka Nidana* like physical exertion and straining, *vata* enters the *Sira* causing *Sampeedana*, *Sankocha* and *Vishoshanam* and leads to *Sirajagranthi*.⁸ According to *Ayurveda*, *Vata* and *Rakta* are involved in the *samprapti* of *sirajagranthi*.⁹ Ayurvedic classics explained different modalities of treatment in the management of *sirajagranthi* such as *kashayapana*, *upanaha*, *vatahara basti*, and *Siravyadhana*.¹⁰

Management of Varicose veins in modern science includes various modalities like elastic stockings, elevation of legs, exercises, sclerotherapy and surgical managements like vein ligation, stripping and Endovenous laser treatment. They produce complications like eczema, hemorrhage, hematoma and saphenous nerve irritation. Sclerotherapy often causes deep vein thrombosis, thrombophlebitis, cutaneous ulcerations and stroke. Recurrence rate post surgeries stands between 20-80%. There is a need of result oriented, cost effective and complication free treatment with less recurrence by acting on *Vata* and *Rakta*.

DISEASE REVIEW:

SAMPRAPTI GHATAKA:

- Nidana- Ativyayama, vatacara nidana
- Dosha- Vyana vayu
- Dushya- Rakta
- Agni- Jatharagni and Dhatwagni
- Ama- Jatharagnijanya and dhatwagnijanya ama
- Udbhava sthana- Pakwashaya
- Sanchara sthana- Rasayani
- Adhithana- Sira, twak
- Srotas- Vatawaha and raktavaha srotas
- Vyaktasthana- Pada
- Rupa- Sira sampeedana and sankochana

MANAGEMENT OF SIRAJA GRANTHI:

सिराग्रन्थौ नवे पेयं तैलं साहचरं तथा ।

उपनाहोऽनिलहरेर्बस्तिकर्म सिराव्यधः ॥

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Though Acharya Sushruta dedicates a chapter describing the Nidana of Siraja granthi, he does not mention the treatment of Siraja granthi elaborately. Acharya Vagbhata describes the above Chikitsa sutra which is adopted widely. *Kashayapana*, *sahachara taila*, *upanaha*, *vatahara basti*, and *Siravyadha* are the modes of management described. Sushruta denotes *Siravyadha* as *Ardhachikitsa* and Charaka denotes *Basti* as *Ardhachikitsa*

Site for Siravyadha:

There is no direct reference available but Sushruta mentions the site of Siravyadha for vatarakta as 2 *Angula* above the *kshipra marma* of lower limb. The pathology involved in *vataja vatarakta* and *siraja granti* is similar. Hence, the site for *siravyadha* remains same in the case of *Siraja granthi* also.

Procedure of Siravyadha:

Poorva Karma: *Tila Yavagu* is given to the patient, *Abyanga* with *Moorchita tila taila* and *Sthanika Swedana* is applied to the lower limb.

Pradhana Karma: Tourniquet is tied four angula above the site of *Siravyadha* and *Raktamokshana* is carried out by using Needle no 18.

Paschat Karma: When the bleeding stops on its own, pressure bandaging is done with sterile cotton pad. Maximum amount of blood collected per sitting will be 200ml. The diet which is neither too hot nor too cold, easily digestible and that which stimulates the digestion is recommended.

- **Course of Basti:** Yoga basti schedule is adopted

1 st day	2 nd day	3 rd day	4 th day	5 th day	6 th day	7 th day	8 th day
A	A	N	A	N	A	N	A

Note: A- Anuvasana Basti

N- Niruha Basti

- **Anuvasana Basti**

Poorva Karma: *Sthanika Abhyanga* with *Moorchitha Tila Taila* and *Nadi Swedana* is given. Light food is advised

Pradhana Karma: Patient is asked to lie in the left lateral position by keeping left leg straight and right leg flexed at the knee joint and hip joint. Anal verge is anointed using cotton swab dipped in *Taila* and 80 ml of *Sahachara Taila* is administered using *Basti yantra*.

Paschat Karma: *Sphik Thadana*, *Mardhana* over *Nabhi* region done and asked to rub the palms together briskly. Simultaneously patient's sole is rubbed. After that the patient is made to raise the legs by flexing the hip several times. The patient is asked to avoid *Ashta Mahadoshakara Bhava*.

- **Niruha Basti**

Procedure:

Poorva Karma: Patient is advised to be on empty stomach and made to lie on the cot.

Sthanika Abhyanga with *Moorchitha Tila Taila* is done followed by *Nadi Swedana*.

Pradhana Karma: Patient is asked to lie in the left lateral position by keeping left leg straight and right leg flexed at the knee joint. Anal verge is anointed using cotton swab dipped in *Taila* and appropriate quantity of prepared *Nirooha Basti Dravya* is administered.

Paschat Karma: The patient is advised to take luke warm water bath, consume light diet and to avoid *Ashta Mahadoshakara Bhava*.

Table 1 Basti dravya and quantity

<i>Basti dravya</i>	Quantity
<i>Madhu</i>	50 ml
Saindhava lavana	4 g
<i>Sneha (sahachara taila)</i>	100 ml
<i>Kalka (Bhadradaruvadi Gana)</i>	33 g
<i>Kwatha (Bhadradaruvadi Gana)</i>	320 ml
Total	470 ml

Method of Preparation of Bhadradaruvadi Basti – To prepare *Bhadradaruvadi Basti*, *Basti Dravya* will be mixed as mentioned in classics.

Initially 50 ml of *Madhu* and 4g of *Saindhava Lavana* is taken in a *Khalva Yantra* and mixed homogenously, after that 100 ml of *Sahachara Taila* is taken and mixed to form uniform mixture. Thereafter, 33g of *Kalka* made of *Bhadradaruvadi Gana* is added to the above mixture. 320 ml of *Kwatha* prepared with *Kwatha Choorna* of *Devadaru*, *Tagara*, *Kusta*, *Dashamoola* and *Baladvaya* is added and mixed thoroughly to form a homogenous mixture. The whole of the *Basti Dravya* is filtered and administered. The total quantity of *Basti Dravya* is maintained around 470ml

Discussion:

Probable mode of action of Siravyadha in Siraja granthi:

- Siravyadha mainly acts by letting the stasis blood and thereby reducing the chronic ambulatory venous hypertension. It improves the micro circulation in the lower limb which prevents RBC diffusion into the tissue planes which does not lead to lysis of RBC's, capillary endothelial damage, ensuring proper diffusion of exchange of nutrients and prevents the later complications of Varicose veins.
- Siravyadha is a mode of *Vyadhi viparita upashaya* which gives effective result in *Siraja granthi* by letting out the *dushta Rakta* and correcting the *chala guna of vata*.

Probable mode of action of Bhadradaruvadi basti in Siraja granthi:

- Bhadradaruvadi Gana contains drugs which are vatahara, balya, shoolahara and shothahara having srotoshodhana properties. Sahachara taila finds direct reference in the management of Siraja granthi.
- Nabhi is the source of dhamani and sira. The veerya of the basti dravya is transported from Nabhi to the entire body by vayu. Hence, there is increase in the vascular tone of the veins.
- The action of basti can be understood by Neural, chemical, mechanical stimulations and by absorption mechanism. Even though rectum is not a usual site for absorption of ingested nutrients, drugs introduced by rectum may be absorbed here. Thus, drugs introduced in this route may have systemic effect as well as local effect.
- The water soluble content may easily get absorbed as it has the property to move in both the directions across the mucous membrane of small and large intestine. The short chain fatty acids are also absorbed in the colon mucosa under the effect of medication.

Conclusion:

Hence, Siravyadha and Bhadradaruvadi basti play a major role in the management of Siraja granthi. These procedures are simple, safe and cost effective. They are helpful in relieving the symptoms of the disease

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