

A CASE REPORT OF SIRAJA GRANTHI TREATED WITH ATASI UPANAHA

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ABSTRACT

Sirajagranti is mentioned as one of the *granthi rogas*^[1] described in various Ayurvedic classics which denotes a pathological condition characterized by a dilatation and engorged of veins, which are non- pulsating and painless. The treatment principle in Ayurveda includes *abhyanga*, *sahacharadi taila pana*, *basti*, *upanaha* and procedures such as *jalaaukavacharana* and *siravyadha* which also serves the aim of the treatment. *Upanaha* is one among the classical treatment mentioned in *Astangahrudaya* for *Sirajagranti*.^[2] In the present study an attempt is made to treat *Siraja granthi* using *Atasi upanaha Sweda*.

KEYWORDS: *Siraja granthi*, *Upanaha*, *Atasi Upanaha Sweda*.

INTRODUCTION

Sirajagranti is mentioned as one of the *granthi rogas* described in various Ayurvedic classics which denotes a pathological condition characterized by a dilatation and engorged of veins, which are non- pulsating and painless. It is described in the context of *Granthi-apachi-arbudagalaganda* chapter by *Sushruta*,^[3] and *Vagbhata*.^[4]

The disease is said to be due to *Adhwa* i.e. continuous walking, excessive *vyayama* of *durbala* or due to sudden immersion of limb in cold water after long distance walk. The precipitating factor of primary varicose vein is excessive exertion of lower limb followed by a predisposing or inherent factor of defective venous or valvular structure.

Vagbhata describes *Samprapthi* as *Sampeedana*, *Sankochana*, *Vishoshana* and *Vakreekarana* of *Siras* by *Vata*. *Vakreekarana* is the sign of foremost clinical significance. The main presentation of the disease is *Vakreekarana*, i.e, tortuosity.^[5]

Vrutta (circular), *Unnatha* (elevated), *Vigratha* & *Sopha* are the features of any *Granthi* as per *Sushruta*.^[6] Acharya *Vagbhata* adds *Nishpeedana*, *Sankochana* and *Vakreekarana* of the veins in cases of *Sirajagranti*.^[7]

The main aim of treatment in contemporary science is to strengthen the vein wall and valves, to achieve the good venous flow from the lower extremities. The treatment principle in Ayurveda includes *abhyanga*, *sahacharaditailapana*, *basti*, *upanaha* and procedures such as *Jalaaukavacharana* and *siravyadha* which also serves the aim of the treatment.

Upanaha is one among the classical treatment mentioned in *Astanga Hrudaya* for *Sirajagranti*.^[8]

In the present study the case is treated using *Atasi upanaha Sweda*^[9] followed by crepe bandaging.

CASE REPORT

A 42 year old male patient visited Shalya Tantra OPD of SKAMCH & RC with complains of dilated veins in both lower limbs since 7 years; pain, itching and burning sensation near dilated veins in both lower limbs since 1 month.

H/O present illness

Patient was apparently normal 7 years ago; gradually developed dilated veins in both the lower limbs. It was mostly asymptomatic except the dilation, so patient didn't take any treatment. Since past 1 month patient experiences pain, itching and burning sensation near dilated veins in bilateral lower limbs (more in left lower

limb). Symptoms increases after standing for long time, walking and strenuous work.

Patient approached SKAMCH & RC for the same complaints.

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.

Vayaktika Vruttanta

Diet	Vegetarian
Appetite	Good
Sleep	sound, about 5-6 hours/day, day sleep 1-2 hours/day
Micturition	5-6 times during day; 0-1 time during night
Bowel	Regular, once /day, soft in consistency
Habits	Coffee- 2 times/day
Addictions	None

General Examination

Tongue	Uncoated
Pulse	76 beats/ min
B.P	120/90 mm of Hg
Temperature	98.6° F
Respiratory rate	18 cycles/min
Height	172cm
Weight	65kgs
BMI	22
Built	well built
Nourishment	well nourished
Pallor	Absent
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Lymphadenopathy	Absent
Edema	Absent
Gait	Normal

Ashtasthana Pareeksha

Nadi	76 beats per minute
Mutra	5-6 times during day; 0-1 time during night
Mala	Regular, once /day, soft in consistency
Jihwa	Alipta
Shabda	Prakruta
Sparsha	Anushna sheeta
Druk	Prakruta
Akruthi	Madhyama

Systemic Examination

Cardio Vascular System Examination

Inspection

- No distended blood vessels over neck.
- No scar marks on chest

Palpation

Apex beat felt at left 5th intercostal space, medial to the midclavicular line.

Percussion

Cardiac dullness on left side 3rd to 6th intercostal space

Auscultation

S1, S2 heard, no added sounds.

Respiratory System Examination

Inspection

- Size and shape of the chest – Normal
- Chest movements – Symmetrical
- Respiratory rate – 18/min

Palpation

Trachea – Centrally placed

Percussion

Resonant over the lung field except cardiac dullness

Auscultation

Normal vesicular breath sounds heard.

Per Abdomen Examination**Inspection**

- Shape of abdomen- Normal, scaphoid, No distention.
- Umbilicus - Inverted, centrally placed
- No visible peristalsis.
- No scar marks noted

Local Examination**Examination of Varicose veins**

	Right Lower limb	Left Lower limb
Discolouration	Blackish discolouration present around the ankle joint	Blackish discolouration present around the ankle joint
Swelling	Absent	Absent
Site of dilation	Anterior aspect of shin bone	Medial aspect of thigh and anterior aspect of shin bone (more Prominent compared to Right lower limb)
Brodie-Trendelenburg test	Positive (Incompetency of saphano- femoral valve)	Positive (Incompetency of saphano- femoral valve)
Torniquet test	Positive (Incompetence of perforating vein)	Positive (Incompetence of perforating vein)
Perthes' test	Negative	Negative
Schwartz test	Negative	Negative
Pratt's test	Positive (perforators blows out)	Positive (perforators blows out)
Morrissey's Cough impulse	Positive (Saphano femoral valve is incompetent)	Positive (Saphano femoral valve is incompetent)
Pain	Mild pain	Moderate pain
Itching	Mild Itching Present	Moderate itching present
Burning sensation	Intermittent burning sensation	Intermittent burning sensation
Skin changes	Blackish discolouration around ulcer till calf region	No discoloration

Investigations

- Hb-16.9g%
- WBC- 9230 cells/cumm
- DC- within normal limits
- RBC- 5.76 millions/cumm
- PCV, MCV, MCH, MCHC, RDW- within normal limits
- Platelet- 2.29 lakhs/cumm
- ESR- 8mm/hr
- RBS- 95 mg/dL
- CT- 6' 15''
- BT- 2' 45''
- HIV 1 & 2- non reactive
- HbSag- non reactive
- **Venous doppler study of bilateral lower limb-impresion**
- Varicose veins in the territory of both long and short saphenous veins due to incompetent perforators.
- Incompetent bilateral sapheno femoral and popliteo-saphenous junctions.

Palpation

- Soft
- Non tender
- No Organomegaly

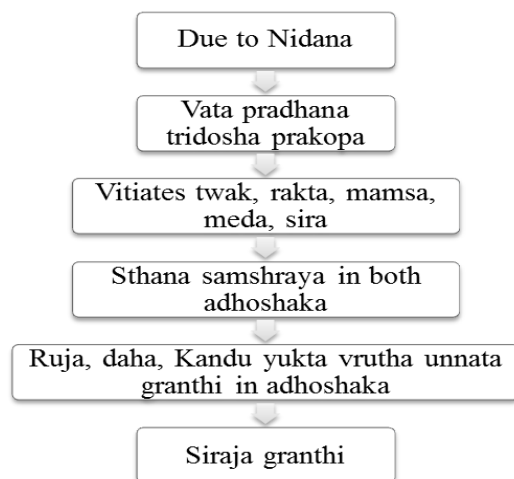
Central Nervous System Examination

- **Higher Mental Functions**- intact Patient is conscious, oriented and co-ordinated to time, place and person
- **Cranial nerves examination**- intact
- **Sensory nervous system**- intact
- **Motor nervous system**- intact

- No evidence of Deep Vein Thrombosis.

Roga Pareeksha

- NIDANA
- AHARAJA- ati ruksha, katu, teekshna ahara sevana, akala bhojana
- VIHARAJA- ati vyayama (standing for long hours), diwaswapna
- MANASIKA- chinta
- POORVARUPA
- Shyava aruna varna and kandu in twacha
- RUPA
- Ruja, Kandu, Daahayuktha siraja granthi in adho shaaka (both lower limbs)
- UPASHAYA
- Vishrama
- ANUPASHAYA
- Standing for long time, walking and strenuous work.
- SAMPRAPTI



Samprapti Ghataka

Dosha	Vata pradhana Tridosha
Dushya	Rasa, Rakta, Mamsa, Meda, Sira
Agni	Jataragni and Dhatvagni
Ama	Jataragnimandya janya & Dhatvagnimandya janya
Srotas	Rasavaha, Raktavaha, mamsavaha, medovaha
Srotho dusthi prakara	Sanga, Vimarga gamana, Sira granthi
Adhisthana	Adhoshaka
Udbhava sthana	Amashaya
Vyaktha sthana	Adhoshaka
Roga marga	Baahya madhyama
Sadhya Asadhyatha	kruchra saadhya

MATERIALS AND METHODS

Method of Preparation of Atasi Upanaha Churna

- Raw drugs of Atasi (1 part), Godhuma (1 part) and Haridra (1/4 part) were made into course powder using grinder.
- The obtained mixture was made into packets of 250g each and stored.

Treatment

Atasi upanaha Sweda for Both Lower Limbs for 7 Consecutive Days

Method of Atasi Upanaha Sweda

Materials for Upanaha

- Vessel-1
- Atasi Upanaha churna-approximately 50 - 70 gm
- Saindhava Lavana-5 gm
- Water- quantity sufficient
- Moorchita Tila taila-10 ml
- Eranda Patra-quantity sufficient
- Cotton Cloth-quantity sufficient
- Stirrer-1

Poorva Karma

Preparation of the Medicine

Sufficient quantity of Atasi Upanaha Choorna was taken and made into paste by adding 10 ml of Murchita Tila Taila, sufficient quantity of water, and 5gm of Saindhava

Lavana. Thus prepared semi solid paste was warmed and kept ready.

Preparation of the Patient

Patient was asked to sit comfortably. The affected Part of leg was exposed and cleaned with gauze. Then *Sthanika Abhyanga* was done with *Moorchita Tila Taila*.

Pradhana karma

Prepared *Upanaha* paste of thickness approximately 1 to 1.5cm (Ardramahishacharma) was applied over the affected Part of leg in upward direction when it was lukewarm, then it was covered with *Eranda pathra* and firmly bandaged with cotton roll and crepe bandaging was done.

Paschat Karma

Upanaha was retained for 12 hours, then it was removed and the part was cleaned with warm water.

Internal Medications

- Tab Kanchanara guggulu 2-0-2
- Tab Gandhaka rasayana 1-1-1

RESULTS

Pain and discharge at the wound site subsided. Size of the wound reduced. Signs of healing noted.



ATASI UPANAHA SWEDA followed by crepe bandaging

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Before treatment



After treatment

DISCUSSION

The procedure employed in the study is *Atasi Upanaha Sweda*.

Probable Mode of action: *Upanaha* (poultice) is a type of *Swedana* (sudation) so it induces hyperthermia which improves local blood and lymphatic circulation and thereby improving local tissue metabolism, reduces inflammation by modifying secretion of various inflammatory mediators, relaxes local musculature by physical effect of heat and thereby reduces pain, increases the rate of trans-dermal drug delivery. In this present study *Atasi Upanaha* is used and consists of *Atasi* which has constituents like campesterol, sitosterol when used in the form of poultice acts as analgesic and anti-inflammatory.

Dravyas: *Atasi, Godhuma, Haridra*

The above *dravyas* are having *Vatakahara, Vedanasthapana* and *Shothahara, balya, Krimihara* property, which helps in relieving pain, swelling and itching in *sirajagrandhi*.

SaindavaLavana

As it does *VataShamana* by its *Ushnaveerya* and *Shothahara* property helps in relieving the signs and symptoms of *Sirajagrandhi*.

Tila Taila

Tila Taila is *vatahara* and does not increase *kapha* and *balya* thus acts in *sthirekarana* of *sira*. Thus it helps in relieving the signs and symptoms of *Sirajagrandhi*.

Kanchanara guggulu: The drugs in *kanchanara guggulu* like *Kanchanara, Triphala, Trikatu, Trijataka, Varuna* are indicated in *granthi chikitsa*.

Gandhaka rasayana: Having properties like antibacterial, antifungal properties and also reduces itching and is helpful in this condition.^[10]

CONCLUSION

In the present study *Siraja granthi* was treated with *Atasi Upanaha sweda* with internal medication of *Kanchanara guggulu* and *Gandhaka rasayana*. Here classical line of treatment according to *chikitsa sutra* was adopted. The action of *Upanaha* depends on materials used for the

application, duration of retaining on the skin surface and thickness of the paste applied. In the present study *Atasi Upanaha* paste of thickness approximately 1 to 1.5cm (*Ardramahishacharma*) was applied retained for about 12 hours. The procedure was done for both the legs simultaneously for 7 consecutive days and good results were appreciated. Further clinical study can be done using different *upanaha* drugs and with varied thickness in *Siraja granthi*.

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