



Siraja Granthi: A Case Based Clinical Observation

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Article Info

ISSN (Online): 2582-7138

Impact Factor (RSIF): 8.04

Volume: 07

Issue: 02

March-April 2026

Received: 14-02-2026

Accepted: 12-03-2026

Published: 10-04-2026

Page No: 659-662

Abstract

Siraja Granthi is one among the Granthi Roga described in various Ayurvedic classics. It denotes a pathological condition characterised by an elevated, quickly developing, and round swelling of veins, which are non-pulsating and painless. Symptomatology's of Siraja Granthi indicate the correlation towards the varicose veins. Ayurvedic management has multiple time-tested modalities of treatment such as external application of Sahacharadi Taila, internal Basti and Para surgical procedure such as Raktamokshana, for, for the management of Siraja Granthi. A hypothesis was made that, whether Raktamokshana, for by Siravyadha method which is comparatively safe, has extended systemic action quoted to be Ardha Chikitsa and can be employed in patients with Siraja Granthi / varicose veins.

Case Presentation: Case Presentation: A 50 years female patient visited our Outpatient department of Shalya Tantra at Sri Babu Singh Ayurvedic Medical College & Hospital (SBSJSAMCH), Farrukhabad, with Chief Complaints of Pain in bilateral lower limb, exacerbating toward the end of the day since 1month. The patient reportedly experienced Burning sensation in both legs, more pronounced in left leg And Ulcer over lower limb since 3 weeks. She also experienced gradual onset of ankle edema, hyperpigmentation around the affected area.

Based on clinical evaluation, a treatment protocol was designed comprising:

- **Raktamokshana by Siravyadha**, administered in four sittings at seven-day intervals.
- **Sahacharadi Kashaya**, 15 ml twice daily (BID), administered internally for 30 days.

Tab Kaishor Guggulu, 2 BD, administered internally for 30 days.

Keywords: Varicose veins, Siraja Granthi, Siravyadha, Raktamokshana

Introduction

The earliest reference to the term Siraja Granthi is found in the Sushruta Samhita (circa 2000 BC). It is described that in debilitated individuals, excessive physical exertion aggravates Vata Dosha, which in turn affects the blood vessels (Sira). The aggravated Vata causes compression (Sampeedana), constriction (Sankocha), and desiccation (Vishoshanam) of the vascular channels, leading to the formation of Granthi (nodular swelling) in the Sira. This pathological condition is termed Siraja Granthi.^[1] Increased Vata invading the Siras results in distortion, dryness, and constriction, producing a non-pulsatile and typically painless swelling known as Siraja Granthi^[2]

Clinically, varicose veins can be correlated with Siraja Granthi based on similarities in etiopathogenesis and therapeutic principles described in Ayurvedic texts. Varicose veins of the lower limbs are characterized by dilated, elongated, and tortuous veins. They commonly arise due to hereditary predisposition, prolonged standing, advancing age, obesity, heavy weight lifting, and multiple pregnancies. Complications include superficial thrombophlebitis, eczema, hyperpigmentation,

lipodermatosclerosis, haemorrhage, ulceration, and an increased risk of deep vein thrombosis.^[3]

Raktamokshana is described in classical texts as the treatment of choice for Siragata Vata. Among its methods, Siravyadha has been specifically indicated for Siraja Granthi by Acharya Vagbhata and Acharya Sharangadhara.^[4] Siravyadha is considered Ardha Chikitsa (half of the therapeutic measure) in Shalya Tantra and is said to produce quicker results compared to Snehadi Karmas.

Case Study: A 50 years female patient visited our OPD who had presented with complaints of Chief Complaints Pain in bilateral lower limbs since 1 month
Burning sensation in both legs, more pronounced in left leg
Ulcer over lower limb since 3 weeks.

History of Present Illness

The patient presents with complaints of pain in both lower limbs for the past 1 month. The pain is insidious in onset and gradually progressive in nature. It is associated with a burning sensation, which is more severe in the left leg. All symptoms reportedly appeared after attainment of menopause. Approximately one week after the onset of pain, the patient developed an ulcer over the affected limb. The ulcer was gradual in onset and developed following persistent pain and burning sensation.

Investigations

- 1) CBC, 2) BT, 3) CT, 4) PT INR,
- 5) LFT, 6) KFT, 7) Venous doppler of B/L Limb.

Treatment Plan

1. Patient was subjected to Siravyadha 4 sittings at an interval of 7 days.
2. Sahacharadi Kashaya 15 ml Bd given internally for 1 month.
3. Tab. Kaishor guggulu 2 BD given internally for 1 Month.

Methodology

Materials for Siravyadha

- 1) Disposable sterile needle
- 2) Tourniquet
- 3) Sterile gloves No. 6
- 4) Sterile cotton
- 5) Sterile swab
- 6) Cotton pads
- 7) Surgical spirit

- 8) Sterile bandages
- 9) Measuring jars
- 10) Vessels

Procedure

Poorvakarma

Procedure was explained to patient in advance and written consent was taken. Patients were advised to have gentle massage with *Sahacharadi Taila* to the whole body followed by *Nadi Sweda* till the appearance of perspiration, on the day of *Siravyadha*. Patients were advised to have adequate quantity (about 120 ml) of *Tila Yavagu* before undergoing *Siravyadhana*. with disposable needle no 18 the prominent indicated vein was punctured. It was made sure that needle was in situ as blood starts flowing out. Then tourniquet was released and the blood was collected in a measuring jar. Generally, after proper *Vyadhana*, once complete *Dosha* let out, it will stop of its own. Maximum up to 200ml of blood could let out depending on patient general condition or whichever was earlier. Later needle was gently withdrawn; part was cleaned and punctured site held with gauze piece with pressure for haemostasis. Then a pressure bandage applied at the site.

Pradhanakarma

The patient was seated comfortably on the examination table. The area located approximately 2 *Angula* above the Kshipra Marma was prepared with surgical spirit under aseptic precautions. A tourniquet was then applied around the calf region, approximately 8 inches above the medial or lateral malleolus, and the patient was instructed to keep the limb immobile throughout the procedure.

Using a disposable IV Cannula the selected prominent vein was carefully punctured. Proper placement of the needle was confirmed by the free flow of blood. The tourniquet was subsequently released, and blood was collected in a graduated measuring jar. Following appropriate *Vyadhana*, bloodletting was allowed to continue until the vitiated *Dosha* was adequately expelled; the flow typically ceased spontaneously. A maximum of up to 200 mL of blood was withdrawn, depending on the patient's general condition or until earlier cessation occurred.

After completion of the procedure, the needle was gently withdrawn. The site was cleaned, and firm pressure was applied with a sterile gauze pad to achieve haemostasis. Finally, a pressure bandage was applied over the puncture site.



Before



Pradhana Karma



After

Paschatkarma

After 10 minutes of rest patient can go home and advised to take food which are not very cold, easily digestible, little oily, which promote blood formation and either slightly sour or devoid of sour. After Siravyadha the patient should be asked for avoid exercise, copulation, cold breeze, day sleep, use of alkalis, pungent substances in food, grief, much conversation, and indigestion till he attains good strength. The observations regarding the changes with the treatment was made before treatment, on the 7th day, 14th day, 21st day and 28th day with Siravyadha done on 1st day, 7th day, 14th day and 21st day and the same was recorded in the proforma of case sheet prepared for the study. The Patient was advised to apply regular stocking or Crepe bandage and to rest as much as possible with foot end elevation.

Effect of Raktamokshana by Siravyadha on various symptoms and signs.

Effect on Pain

There was considerable relief in pain from the day of first sitting of *Siravyadha* though patient completely relieved of pain after three sittings of *Siravyadha*.

Effect on ankle oedema

Clinically reduction in Ankle oedema by the end of all four sittings was noticed.

Effect on skin changes

By the end of third sitting of *Raktamokshana*, discoloration of skin started disappearing gradually and on 28th day of follow up almost 80% of discoloration disappeared.

Effect on Itching

There were highly significant relief from itching by the 2nd week of treatment and patient was symptom less by the end of all four sittings of *Siravyadha*.

Effect on Tortuous dilated veins

There was 0% change in both the lower limbs clinically. This may be due to inability of *Raktamokshana* in correcting structural damage.

Discussion

Vitiated Vata is a factor for *Shoola* because it causes *Siraakunchana* (tortuosity of veins) which further stimulates release of neurotransmitter (substance P), which get collected in smooth muscle of blood vessels. After *Raktamokshana*, relief in the pain, may be due to *Nirharana* of the *Vata* along with the *Dushita Rakta*. Due to venous hypertension, there is stretching of the veins which causes pain. After *Raktamokshana* followed by foot end elevation the venous hypertension is decreased, and hence relief in pain. Ankle oedema is mainly due to venous outlet obstruction. This increases venous capillary hydrostatic pressure and collection of tissue fluid. By *Raktamokshana* venous hydrostatic pressure and collected tissue fluid are reduced thus causing reduction in Ankle oedema. This was better appreciated in *Siravyadha* probably due to drainage of fluid from interstitial tissue. Discoloration is mainly seen in the lower part of the leg. Brownish to black pigmentation was noticed, this is due to hemosiderin deposition from breakdown of R.B.C. which

have come out of the thin-walled veins. By doing *Raktamokshana* dead R.B.C. along with iron in the form of hemosiderin is removed. Extravasations and breakdown of R.B.C. in the lower part of the leg stimulates histamine to deposit at the site which causes vasodilatation and decreased vascular permeability causing itching that may further lead to eczema formation. In *Shakhaagata Raktadushti Raktamokshana* is indicated as first line of treatment because it brings *Dosha* in equilibrium and causes

Shodhana effect.

Sahacharadi Kashaya is mentioned in *Vataroga Chikitsa* by *Vagbhata* ^[5] a unique formulation of *Ayurveda* designed par excellence in the treatment of *Siragata Vata*. Ingredients *Sahachara*,^[6] *Devadaru*^[7] *Nagara*^[8] having *Vatakaphahara*, *Raktashodhana*, *Shothahara*, *Kanduhara*, *Vedanaprashamana* actions helps in reducing most of the symptoms associated with *Sirajagranthi*. The formulation is having pharmacologic actions such as Anti-inflammatory, anti-atherosclerotic, antiplatelet, antioxidant, antibacterial, antifungal, antitumoral, carbonyl reductase activity, anti-serotonergic, analgesic, inotropic (altering the force of muscular contractions), inhibition of prostaglandin release, Spasmolytic, antiviral, antiseptic, cutaneous activity, immunomodulatory activity etc.

Pharmacologically, the formulation is reported to exhibit multiple therapeutic actions, including anti-inflammatory, anti-atherosclerotic, antiplatelet, antioxidant, antibacterial, antifungal, antitumoral, carbonyl reductase inhibitory, anti-serotonergic, analgesic, inotropic, prostaglandin-inhibitory, spasmolytic, antiviral, antiseptic, cutaneous protective, and immunomodulatory effects.

Conclusion

In contemporary medicine, the management of varicose veins is broadly classified into surgical and non-surgical approaches. Non-surgical modalities include sclerotherapy, use of elastic compression stockings, limb elevation, and exercise therapy. Although sclerotherapy is widely practiced, it has certain limitations. Recurrence in the form of newly developed varicosities may occur following the procedure. Reported complications include venous thrombosis, severe inflammation, cutaneous ulceration, deep vein thrombosis, severe headache, transient visual disturbances, stroke, and, in rare cases, death.

Surgical management, most commonly performed through ligation and vein stripping, is an invasive intervention. It may be associated with complications such as hematoma formation, infection, and irritation of the saphenous nerve. Other postoperative complications include significant bruising, localized numbness sometimes accompanied by intense tingling pain (saphenous neuralgia or sural nerve injury), postoperative thrombosis, superficial thrombophlebitis, infection, hematoma formation, and recurrence.^[9]

Early management of varicose veins is essential to prevent progression to advanced complications. If left untreated, persistent venous insufficiency may lead to severe tissue hypoxia in the lower limb, ultimately resulting in chronic venous ulceration.

Raktamokshana appears to be beneficial in managing the

complications associated with varicose veins, particularly symptoms such as pain, edema, and discoloration. However, it does not correct the structural changes of varicosities, as it does not alter the length or diameter of the affected veins.

Further clinical studies may be undertaken to evaluate the role of *Raktamokshana* in patients with chronic venous ulcers, particularly to assess its potential in accelerating wound healing. Additional research may also be conducted in patients who have previously undergone surgical treatment and subsequently developed recurrent varicosities at different sites or experienced postoperative complications.

References

1. Sushruta. Sushruta Samhita. With English translation of text and Dalhana's commentary along with critical notes by Sharma PV. Varanasi: Chaukhambha Vishvabharati Academy; 2013. Vol. 2, p. 695.
2. Vagbhata. Ashtanga Samgraha. With Hindi commentary by Gupta KA. Varanasi: Krishnadas Academy; 1993. Vol. 2, p. 384.
3. Das S. A Concise Textbook of Surgery. 5th ed. Calcutta: S. Das Publication; 2008. p. 1346.
4. Sharangadhara. Sharangadhara Samhita. Translated into English by Srikanthamurthy KR. 5th ed. Varanasi: Chaukhambha Orientalia; 2003. p. 335.
5. Vagbhata. Ashtanga Hridayam. English translation, notes, appendix and indices by Murthy. 2nd ed. Varanasi: Krishnadas Academy; 2002. Vol. 3, p. 586.
6. Sharma PC, Yene MB, Dennis TJ. Database on Medicinal Plants Used in Ayurveda. Vol. 1. New Delhi: Central Council for Research in Ayurvedic Sciences (CCRAS); 2005. p. 528.
7. Billore KV, *et al.* Database on Medicinal Plants Used in Ayurveda. Vol. 7. New Delhi: CCRAS; 2005. p. 535.
8. Lavekar GS, *et al.* Database on Medicinal Plants Used in Ayurveda. Vol. 5. New Delhi: CCRAS; 2008. p. 572.
9. Russell RCG, Williams NS, Bulstrode CJK, editors. Bailey & Love's Short Practice of Surgery. 24th ed. London: Hodder Education (Hodder Headline Group); 2004. p. 1522.

How to Cite This Article

Sharma K, Najeeb TK, Yadav S. Siraja Granthi: A Case Based Clinical Observation. International Journal of Multidisciplinary Research and Growth Evaluation. 2026;7(2):659–662.

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