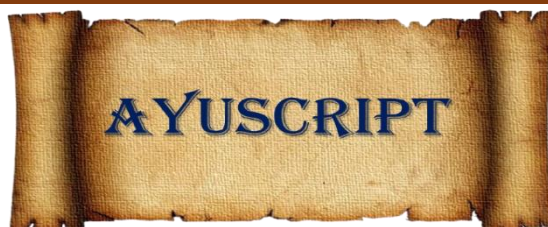


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गच्छन्ति द्वारकाममकल्पयन् ॥ १० ॥ विश्वकर्मा एमाद्रूपपुरीहाटकनि
 र्नेता ॥ तत्र योऽशसाहस्यस्त्रीयं चैव राधिका ॥ ११ ॥ भवनामि मनोहा
 रीमाध्वकल्पयन् ॥ परिजानन्तं चैव नासी भोगाय कल्पयन् ॥ १२ ॥ य
 यानो गृहास्तत्र दृष्टं चारातकोटयः ॥ अन्येपि बहु लोककावसेति विगत
 राः ॥ १३ ॥ अथान्ते विविधुलोकसु सुंदरं न च दृश्यते ॥ सवाजिन प्रसूनालो ॥ १४ ॥
 पुनुरप्यव्युते ॥ १५ ॥ अथोपि तीरमासाधतमनस्कतया च सः ॥ सवाजि
 स्तपस्तेपस्संमृदिष्य पुष्टिमात्रा ॥ १६ ॥ वननिरसं गृहसस्यं संपदला
 तः ॥ प्रसन्नो भगवान् सत्राजितपुरं गच्छतः ॥ १७ ॥ सत्राजिनोपि तुष्टावदृष्टादि वैद
 ङकरयति जगदानममलेत्कनमलेत्कर्तुमाह ॥ १८ ॥ विश्वयापि नमस्ते
 मस्तेविभुः ॥ १९ ॥ कल्पयन्ममलेत्कनमलेत्कनमलेत्कर्तुमाह ॥ २० ॥ गृहानम
 त्कनमलेत्कनमलेत्कनमलेत्कर्तुमाह ॥ २१ ॥ प्रसी
 दहि देवा सुदृष्ट्यामादिवाकरः ॥ २२ ॥ अथ सत्कथमानो लोकादवदेवादिवाकरः ॥ २३ ॥





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Management of Varicose Veins with Varicose Ulcer by *Jalaukawcharan*: Case Study

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ABSTRACT:

Varicose veins are nothing but dilated, elongated and tortuous veins mostly found (common sites) in lower limbs either long or short saphenous veins, Varicocele, haemorrhoids and oesophageal varices. It is compared with *Sirajgranthi* explained under *Granthi Vikar*. Varicose ulcer is a chronic complication of venous insufficiency marked by delayed wound healing and frequent recurrence. In *Ayurveda*, such non healing ulcer can be correlated with *Raktadushtjanya Dushta Vrana*. In *Sushrut Sutrasthana 13th adhyaya*, *Jalaukawcharan* is explained in detail which is the best amongst all *anushastras*. *Jalauka* possess *sheet guna* and it is indicated in mainly *Pittaj Vyadhi*. In this case study, a 66 years old male with Left leg Varicose vein along with Varicose ulcer over left leg was treated successfully and he got symptomatic relief.

Keywords: Varicose veins, *Sirajgranthi*, Varicose ulcer, *Dushta Vrana*, *Jalaukawcharan*

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Introduction:

Varicose ulcer represents an advanced stage of chronic venous insufficiency caused by prolonged venous hypertension and incompetency of valves i.e. varicose veins. Common site of these ulcers are over the gaiter area of the lower limb and are associated with pain, edema, pigmentation and impaired healing. Though there is availability of compression therapy and surgical intervention, recurrence and delayed wound healing remain significant clinical challenges. Because of *Vataprakopak nidansevan* (i.e. causative factors which increases *Vata dosha*) such as physical exertion, straining, in debilitated persons, the vitiated *vata* enters the *siras* (veins) causing *Sampeedana* (Squeezing). *Sankoch* (constriction) and *Vishoshana* (act of drying up) which produces round and protruded *Granthi* in the *Sira* (veins), manifesting *Sirajgranthi* (Varicose veins).^[1,2] *Ayurvedic* text explained chronic, infected and non healing ulcer under *Dushta Vrana*. In *Sushrut Sutrasthana* 13th *adhyaya*, *Jalaukawcharan* is explained in detail which is the best amongst all *anushastras*.⁷ *Jalauka* possess *sheet guna*. There is also description about site from where best quality of *jalauka* should be collected (*Yavan Pradesh/ Pandya/ Sahya/ Pautan*) along with their sign of confirm application over affected site i.e. *Ashwakhurvadan* and it is indicated mainly in *Pittaj Vyadhi*.³ The main purpose behind this case study is to observe and understand the alleviation of complaints of varicose veins along with varicose ulcer.

Aims and Objectives: To treat and relieve patient from symptoms.

Case Report:

A 66 year old male presented with non healing ulcer over lateral malleolar region of left leg since 7 months, dragging pain, swelling, sometimes itching and dilated tortuous veins in left leg, came to *Shalyatantra* OPD of *B.S.D.T.'s Ayurved*

Hospital. There was severe left ankle pain and swelling with difficulty in walking. Symptoms was aggravated by prolonged standing, exertion, after heavy work and relieved by leg elevation. He was K/C/O Diabetes mellitus, Hypertension with operated history for left leg varicose veins one year prior. There was history of minor trauma over left lateral malleolar region 7 months back and failed to heal despite of routine wound care. Written, informed consent was obtained before intervention and documentation.

Clinical Findings:**General examination:**

Blood Pressure: 140/80 mm of Hg

Pulse rate: 76/min

Temperature: 98.2° F

No pallor, icterus, cyanosis or clubbing

Local examination:

- Site: Lateral aspect of left lower leg, near to lateral malleolus
- Size: 2 x 2 cm
- Shape: oval
- Edges: sloping
- Base: Slough present
- Discharge: seropurulent
- Odor: Foul
- Surrounding skin: Hyperpigmented
- Tenderness: Present
- Peripheral pulses: palpable

There was tenderness in left foot, ankle and calf region, bluish reticular veins with surrounding hyperpigmented skin along with difficulty in walking. Pain relieved upto some extent after leg elevation. Mose's Sign (pain in the calf region on gentle squeezing of calf region) was positive in that patient. The patient was subjected for *Jalaukawcharan* in left lower limb with oral medicines like *Kaishor Guggul* and *Gandhak rasayan vati* (Table-1). *Ashtavidha Pariksha* was done. *Nadi* was *Vataj* type, *Mutra*, *Mala*, *Jivha*, *Shabda*, *Sparsha* and *drika* was found normal. *Aakriti* of patient was *madhyam*. Severity of Varicosity was classified as C4, Ep, As, Pn

category using CEAP (Clinical- Etiological- Anatomical-Pathophysiological) Classification.⁴ (Table 2,3,4 5).

Investigations:

Hemoglobin: 11.2 g/dl

ESR: 36mm/hr

RBS: 132 mg/dl

Renal parameters and viral markers:
Within normal limits

Both legs Venous doppler study:

Left leg- GSV mild dilated with superficial varicosity with few perforators along with edema on medial aspect 5cm above ankle joint.

Right leg- No varicosity or DVT.

Diagnosis:

On the basis of clinical features, the condition was diagnosed as *Vam paad*

Sirajgranthi with *Dushta Vrana* (Left leg Varicose Veins with Varicose ulcer).

Materials and Methods:

Treatment Protocol:

On the day of admission, internal medication was started using *Kaishor Guggul vati 250mg* and *Gandhak rasayan vati 250mg* – both 2 tablets twice daily for 2 months. Four sittings of *Jalaukawcharan* was planned once in a week for one month. In first sitting, on First day one Leech were applied over varicose ulcer. From next day upto wound healing, local application of *Jatyadi taila* was done once daily. The overall pain reduction, burning sensation, swelling, tortuosity and skin changes were graded on the basis of patient's presentation and physician's observation and it was manually documented (Table 6,7).

Table 1: Key Ingredients of the Formulations used.

Name of Formulations	Ingredients
<i>Kaishor Guggul vati (Shree Dhootapapeshwar)</i>	<i>Triphala, Guggul, Guduchi, Vidanga, Danti, Trivrit</i>
<i>Gandhak Rasayan Vati (Shree Dhootapapeshwar)</i>	<i>Shuddha Gandhak, Haridra, Manjishtha, Neem, Amla, Makshik Bhasma</i>
<i>Jatyadi Tail (Nagarjun)</i>	<i>Jati, Nimb, Patol, Naktamal,, Sikh (Wax), Madhuk, Kushth, Haridra, Daruharidra, Katurohini, Manjishtha, Padmak, Lodhra, Abhaya, Nil, Utpal, Tuttha, Sariwa, Naktamal beej,</i>

Ceap Classification:

Table 2: Clinical classification (severity)

C: Clinical score	Description
C0	No visible palapable signs of venous disease
C1	Telangiectasies or reticular veins
C2	Varicose veins (visible, bulging veins)
C3	Edema (swelling) without skin changes
C4	Skin changes due to venous disease (e.g. pigmentation, venous eczema, lipodermatosclerosis)
C5	Healed venous ulcer
C6	Active venous ulcer

Table 3: Etiological Classification (cause)

E: Etiological Score	Description
Ec	Congenital
Ep	Primary (unknown cause)
Es	Secondary (post-thrombotic)
En	No venous cause identified

Table 4: Anatomical Classification (Location)

A: Anatomical Score	Description
As	Superficial veins
Ap	Perforator veins
Ad	Deep veins
An	No venous location identified

Table 5: Pathophysiological Classification (Mechanism)

P: Pathophysiological score	Description
Pr	Reflux (blood flows backward)
Po	Obstruction (vein is blocked)
Pr,o	Reflux and obstruction
Pn	No venous pathophysiology identified.

Table 6: Subjective Parameters

Grade	Explanation
Vrana Vedana (Pain)	
0	Absent (No Pain)
1	Mild (Occasional pain after long exertion)
2	Moderate (Frequent pain)
3	Severe (Continuous pain throughout day)
Vrana Daha (Burning Sensation)	
0	Absent
1	Occasional Burning Sensation
2	Frequent Burning Sensation
3	Continuous Burning Sensation
Vrana Kandu (Itching)	
0	Absent
1	Occasional Itching
2	Frequent Itching
3	Continuous Itching

Table 7: Objective parameters

Grade	Explanation
Akruti	
0	Healed, resolved wound
1	Uto 1cm of previous size reduced
2	0.4-0.7cm of previous size reduced
Srava	
0	Absent

1	Present
Gandha	
0	Absent
1	Present
Shotha (edema)	
0	Absent
1	Present (mild to moderate edema)
Tourtitisty	
0	Absent
1	Mild (Few dilated veins after exertion)
2	Moderate (Multiple veins confined to calf or thigh)
3	Severe (Extensive involving both calf and thigh)
Skin changes	
0	Absent (No discolouration)
1	Mild (Blackish patchy hyper pigmentation)
2	Moderate (Hyperpigmentation with eczema)



Procedure of Jalaukawacharan:

1. Poorvakarma (Pre operative procedure):

2. Well informed written consent taken.
3. All pre procedure investigation like RBS, BT, CT was done and they were under normal range.
4. Patient was explained about the procedure
5. All instruments required for procedure were prepared.
6. Jalauka activated.

1. 1 Jalauka was applied on left leg over wound at left malleolar region.
2. Jalauka applied there for approximately 45 minutes.
3. Proper bandage done to avoid post procedure bleeding.

4. Paschat Karma (post procedure):

5. Haemostasis achieved.
6. Proper vaman of Jalauka done.
7. After vaman, Jalauka stored in it's container with label of name of patient with date.
8. Patient was advised for proper position of the leg.

Pradhankarma: (Main Procedure):

Table 8: Weekly relief in subjective and objective parameters

Symptoms	Day 1	1 st week	2 nd week	3 rd week	4 th week	8 th week
Vedana(Pain)	3	2	1	1	0	0
Daha(Burning)	2	1	0	0	0	0
Kandu(Itching)	2	1	1	0	0	0
Akruti (Size)	2	1	1	0	0	0

Srava (Discharge)	1	0	0	0	0	0
Gandha(Foul Smell)	1	0	0	0	0	0
Shoth	1	1	1	0	0	0
Tourtousity	3	3	3	2	2	1
Skin changes	2	2	2	2	1	1

Results:

Table 9:

Parameter	Before Treatment	After Treatment
Vedana (Pain)	3	0
Daha (Burning)	2	0
Kandu (Itching)	2	0
Akruti (Size)	2	0
Srava (Discharge)	1	0
Gandha (Foul Smell)	1	0
Shoth (edema)	1	0
Tourtousity	2	1
Skin Changes	2	1

On the very first day of leech application, patient came in OPD with the support of walking stick and went without it's support. After first sitting, within 1 week patient got around 50% relief from pain. Visible reduction in edema and slough was seen after the second sitting. The ulcer was healed completely within 3 weeks. At the end of one month, there was marked improvement in skin colour with reduction of upto 75% hyperpigmentation.

Discussion:

Patient underwent four times *jalaaukawcharan* with internal medicines in first one month and during second month patient was on internal medicines. The assessment was done by weekly interval by assessing the subjective and objective parameters (Table:8). Symptoms of varicose veins resembles with *Sirajagranthi* in *Ayurveda*. Accumulation of *rakta* and vitiation of *vata* leads to dilatation and elevation of veins along with tortuosity and pain. In case of involvement of *Raktadushti*, *Raktamokshan* (bloodletting) is the most common treatment of choice and *Jalaaukawcharan* is involved in it's types. In *Grathita* and

Avagadha Rakta (clotted and thick blood), *Jalaaukawcharan* is indicated. Saliva of Leech has analgesic action, blocking certain steps of the regular pain evolving cascade by counteracting cytokines with anti-inflammatory agents.⁵ Leech saliva contains histamine, serotonin, steroid hormones, enzymes, protease inhibitor and anti-microbial agents along with hirudin. Factor Xa inhibitor destabilize and hyaluronidase which have anticoagulant, thrombolytic, vasodilator, anti-inflammatory effects and also helps to enhance the blood circulation. After leech application, there were no complications observed like bleeding, hematoma etc. Resulting in local hyperaemia, *Jalaaukawcharan* increases cell permeability and also it improves tissue regeneration and blood circulation. *Kaishor Guggul* acts on both *vatadushti* & *raktadushti*. It is also effective in pain relief because of it's anti-inflammatory action.⁶ *Gandhak Rasayan Vati* ⁹ is traditionally used for skin health, digestion and detoxification. It has *Kledaghna* (drying of abnormal wound discharge) action on wound. It improves blood circulation which helps in healing of skin ulcer & in

reduction of inflammation. After two months treatment and 4 sittings of *Jalaukawcharan*, there was complete relief in shool(pain), marked improvement in skin colour. *Jatyadi tail* plays important role in healing of *dushta vrana*⁸. Varicose ulcer healed completely within 3 weeks.

Conclusion:

Therefore, combined effect of *Jalaukawcharan* and oral/systemic ayurvedic medicines are said to be effective in the management of *Sirajgranthi* (Varicose veins) and *Dushta Vrana* (Varicose Ulcer). From this case study, it is concluded that when treatment is done on the basis of *Ayurveda* guidelines, significant improvement can be obtained. This study should be done in more number of population to observe better results.

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Conflict of Interest: No conflict of Interest

References:

1. Dr.Anantram Sharma, Chapter no. 11, Nidansthan, Sushruta Samhita, 2023, Chaukhambha Surbharti Prakashan, Varanasi, Volume I, Page no. 540.
2. Dr.Anantram Sharma, Chapter no. 18, Chikitsasthana, Sushruta Samhita, 2023, Chaukhambha Surbharti Prakashan, Varanasi, Volume II, Page no. 312.
3. Dr.Anantram Sharma, Chapter no. 13, Sutrasthan, Sushruta Samhita, 2023, Chaukhambha Surbharti Prakashan, Varanasi, Volume I, Page no. 94.
4. H.G. Beebe et.al. Classification of Chronic venous disease of the lower limbs: A consensus statement. Eur J VascEndovasc Surg. 1996;12, Page no.:487-492.
5. Koeppen D, Aurich M, Rampp T, A Narrative review, Medicinal Leech Therapy in Pain Syndromes, Wiener Medizinische Wochenschrift. 1 March 2014; 164 (5-6); Page No. 95-102.
6. Gupta V, Bansal P, Sahu M, Sachdeva K, Ghaiye P, A review, International Journal of Pharmaceutical & Biological Archives, An Ayurvedic Polyherbal Formulation Kaishor Guggulu, 2011; 2(1); Page No. 497-503.
7. Dr. Brahmanand Tripathi, Chapter No.25.Sutrasthan, Charak Samhita,2014, Chaukhambha Surbharti Prakashan, Varanasi, Volume I, Page no. 455.
8. Pt. Parashuram Shastri Vidyasagar, Adhyaya 9, Sarangadhara Samhita by Pandita Sarangadharacharya, Madhyamkhanda, Reprint 1986, Krishnadas Academy, Varanasi, Pg. No. 229.
9. Madduru MH, Prashant GJ. A review on probable mode of action of Gandhaka Rasayana- An ayurvedic herbo-mineral formulation with multifaceted action. Int J Ayur Pharma Res 2024; 12:173-9.
10. Cited Here /Google Scholar.

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