

**Comparative Efficacy of *Siravyadha* and *Siravyadha Followed By Bhadradarvadi Basti* in *Sirajagranthi* (Varicose Veins)****Shilpa PN<sup>1</sup>, Sanjay S. Bevinkatti<sup>2\*</sup>**

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**ABSTRACT:**

“*Varicosity is the penalty for verticality against gravity*”. WHO defines varicose veins as saccular dilatations of vein, dilated tortuous and elongated superficial veins of the lower limb. 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% , especially 25-30% in women, 15% in men and increases with age. Certain jobs which demand prolonged standing suffer from varicose veins. It also occurs with muscular contractions e.g. Athletes. 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*. In Contemporary science, 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% .According to *Ayurveda*, *Vata* and *Rakta* are involved in the *samprapti* of *sirajagranthi*. *Ayurvedic* classics explained different modalities of treatment in the management of *sirajagranthi* such as *kashayapana*, *upanaha*, *vataharabasti*, and *Siravyadhana*. In this clinical trial, patients of varicose veins were enrolled and divided into two groups. In group A, *Siravyadha* was done twice in an interval of 14 days. In group B, *Siravyadha* was done twice followed by *Bhadradaruvadi Basti* at an interval of 1 month.

**KEYWORDS:** *Basti, Sahachara taila, Sirajagranthi, Siravyadha, Varicose veins.*

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## INTRODUCTION:

Disorders of the *Sira*, where derangement in its *Akruti* (structure) and *Karma* (function) results in disability to carry out day-to-day activities, are termed *SirajaGranthi*. *SirajaGranthi*, one among the *GranthiRogas* described in various Ayurvedic classics, denotes a pathological condition characterised by an elevated, quickly developing, and swelling of veins, which are non-pulsating. Symptomatology of *SirajaGranthi* indicate a correlation with varicose veins.

If varicose veins are left untreated, they will continue to enlarge, and the 'varicose process' will spread to involve other previously 'normal' veins. [1] The varicose veins are more common in the individuals those are having standing type of work like bus conductors, policemen etc. [2] Hence, a comprehensive holistic natural management approach that aims at correcting the core pathology and preventing disease progression is the need of the hour. Ayurvedic management, which fulfills this requirement, offers multiple time-tested modalities of treatment such as external application of *SahacharadiTaila*, Internal *Basti*, and para-surgical procedures like *Raktamokshana*, particularly *Siravyadha*, for the management of *SirajaGranthi*. [3] It is considered as *Ardhachikitsa* of *ShalyaTantra*. If done regularly, it will prevent the occurrence of *Granthi*, *Shopha*, *Tvak* and *RakthaVikaras*.

The administered *Basti* reaches the *Pakvashaya* and effectively eliminates the *PrakupitaDoshas* from head to toe, just as the Sun absorbs the essence of the Earth<sup>1</sup>. In the *AshtangaHridaya*, the *BhadradaruvadiGana* is mentioned as *Vatahara*. [4]

Extensive research studies have been conducted regarding the treatment of *SirajaGranthi* including case studies with *jalaukavacharan* and *taila* application. [5] As the number of affected patients continues to rise, selecting an ideal treatment that provides maximum efficacy with minimal discomfort has become essential. Considering these factors, an attempt has been made here to compare the effect of a para-surgical technique—*Siravyadha* and *Siravyadha* followed by *BhadradaruvadiBasti*, in the management of *SirajaGranthi*.

## MATERIALS AND METHODS:

### Sample Source

40 Subjects with clinical features of *Sirajagranthi* fulfilling the inclusion criteria approaching the Out-Patient Department and In-Patient Department of *Shalyatantra*, teaching hospital attached to Government Ayurveda Medical College and Hospital, Bengaluru were selected for the study from January 2024- September 2025

Collections of samples were initiated with post approval from the Institutional Ethics Committee (Shalya/ PG / 2023/ 4 )

### Drug Sources:

The identified raw drugs required for the study was purchased from drug

vendors approved by the Department of Dravyaguna and Rasa shastraBhaishajyakalpana.

## METHOD OF COLLECTION OF DATA

### Study Design-

An open label double arm randomized comparative clinical study.

### DIAGNOSTIC CRITERIA

- Subjects with *lakshana* of *Sirajagranthi* like *Sampeedana*, *sankochana* and *vishoshana* (dilated, elongated and tortuous veins) will be taken as the criteria for diagnosis.
- Venous Doppler suggestive of varicose veins.

### INCLUSION CRITERIA

- Subjects with the *lakshana* of *Sirajagranthi* as mentioned in classics
- Subjects that come in age group between 18 – 60 years irrespective of sex, caste and religion.
- Subjects who are fit for *Siravyadha* and *Basti*

### EXCLUSION CRITERIA

- Subjects with secondary and congenital varicose vein.
- Subjects with history of bleeding disorders.
- Subjects with complications i.e. DVT and Venous ulcers.

- Subjects who are under anticoagulants
- Pregnant and lactating women
- Subjects with systemic diseases that may interfere with the study.

### INTERVENTION

A minimum of 40 subjects with *Sirajagranthi* were selected and randomly assigned into two groups, Group A and Group B consisting of 20 subjects each.

#### GROUP A

20 patients were subjected for *Siravyadha* with 2 sittings at an interval of 15 days

**Materials used:** *MoorchitaTilaTaila*, Hot water, Needle no 18, sterile cotton pad, sterile gauze, roller bandage, tourniquet, kidney tray, measuring jar, surgical spirit and normal saline.

**Site of *Siravyadha*:** 2 *Angula* above the *kshipramarma*(...)of lower limb as mentioned by Sushruta

#### Procedure:

**Poorva Karma:** *TilaYavagu* was given to the patient, *Abyanga* with *Moorchitatilataila* and *SthanikaSwedana* was applied to the lower limb.

**Pradhana Karma:** Tourniquet was tied four *angula* above the site of *Siravyadha* and *Raktamokshana* was carried out by using Needle no 18. (quantity of blood letting- maximum 100ml)

**Paschat Karma:** When the bleeding stops on its own, pressure bandaging

was 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 was recommended.

#### **GROUP B**

20 patients were subjected for *Siravyadha* with 2 sittings at an interval of 15 days followed by *Bhadradarvadi Basti* in *Yoga basti* schedule after 1 month of second sitting of *Siravyadha*

**Site of *Siravyadha*:** 2 *Angula* above the *kshipramarma* of lower limb

**Materials used:** *MoorchitaTilaTaila*, Hot water, Needle no 18, sterile cotton pad, sterile gauze, roller bandage, tourniquet, kidney tray, measuring jar, surgical spirit and normal saline.

#### **Procedure**

**Poorva Karma:** *TilaYavagu* was given to the patient, *Abyanga* with *Moorchitatilataila* was done and *SthanikaSwedana* was applied to the lower limb.

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

**Paschat Karma:** When the bleeding stops on its own, pressure bandaging was done with sterile cotton pad. The diet which is neither too hot nor too cold, easily digestible and that which stimulates the digestion was recommended.

#### **Course of Basti**

*Yoga Basti* pattern was adopted

#### **Note: A- Anuvasana Basti**

##### **N- Niruha Basti**

#### **Anuvasana Basti**

**Materials used:** Glycerine syringe, measuring jar, *Moorchitatilataila*, *nadiswedanayantra*, *Sahacharataila* and Catheter no 8

**Poorva Karma:** *SthanikaAbhyanga* with *MoorchithaTilaTaila* and *NadiSwedana* was given. Light food was advised

**Pradhana Karma:** Patient was 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 was anointed using cotton swab dipped in *Taila* and 80 ml of *SahacharaTaila* was administered using *Bastiyantara*.

**Paschat Karma:** *SphikThadana*, *Mardhana* over *Nabhi* region was done and asked

to rub the palms together briskly. Simultaneously patient's sole was rubbed. After that the patient was made to raise the legs by flexing the hip several times. The patient was asked to avoid *AshtaMahadoshakara Bhava*.

#### **Niruha Basti**

**Materials used:** Enema can, *Khalvayantra*, measuring jar, catheter no 12, *Moorchitatilataila*, *Nadiswedanayantra*, *Sahacharataila*, *Madhu*, *Saindhavalavana*, *Bhadradauvadiganakalka* and *kashaya*.

**Procedure:**

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

*SthanikaAbhyanga* with *MoorchithaTilaTaila* was done followed by *Nadi Swedana*.

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

**Paschat Karma:** The patient was advised to take luke warm water bath, consume light diet and to avoid *AshtaMahadoshakaraBhava*.

**Method of Preparation of Bhadradaruvadi Basti:**

To prepare *BhadradaruvadiBasti*, *BastiDravya* were mixed as mentioned in classics, Initially 50 ml of *Madhu* and 4g of *SaindhavaLavana* was taken in a *KhalvaYantra* and mixed homogenously, after that 100 ml of *SahacharaTaila* was taken and mixed to form uniform mixture. Thereafter, 33g of *Kalka* made of *BhadradaruvadiGana* was added to the above mixture. 320 ml of *Kwatha* prepared with *KwathaChoorna* of *Devadaru*, *Tagara*, *Kusta*, *Dashamoola* and *Baladvaya* were added and mixed thoroughly to form a homogenous mixture. The whole of the *BastiDravya* was filtered and administered. The total quantity of

*BastiDravya* was maintained around 470ml

**Method of Preparation of SahacharaTaila:**

**Purva karma-**

Preparation of kashaya:

For 1 part of kashayadravya (*Sahachara*), 8 parts of water was added and reduced to 1/4th.

Simultaneously 1 part of milk was heated and kept warm.

For kalka preparation (1 Part) – Excess water from (*Mulaka*) *Dravya* was removed by straining and kalka was prepared.

**Pradhana karma -**

*Murchitaila* was heated (20ltrs)

To the warm *taila*, *kalkadravya*, *kashayadravya* and warm milk were added. The portion was stirred continuously.

The flame was fixed to *madhyamaagni* and the oil was boiled for around 3 days till *tailasiddhi lakshana* was achieved.

**Paschat karma-**

To the *siddha taila*, *sharkara* was added and was mixed well until it dissolved in the *taila*. Immediately after it dissolved, *taila* was filtered and kept to cool on its own. Once *taila* was completely cooled, it was preserved in a moisture free container.

**Duration of study**

Group A

Total Study duration is 62 days which is divided into: -

- Intervention study- 17 days.
- Follow up study- 45 days.
- Follow up : 45 days, with a interval of 2 weeks

**Group B**

Total Study duration is 100 days which is divided into: -

- Intervention study- 55 days.
- Follow up study- 45 days.

**Observations and follow up**

**GROUP A**

- Before Treatment : 0<sup>th</sup> day
- After Treatment : 17<sup>th</sup> day
- Follow up : 45 days, with a interval of 2 weeks

**GROUP B**

- Before Treatment : 0<sup>th</sup> day
- After Treatment : 17<sup>th</sup> , 47<sup>th</sup> and 55<sup>th</sup> day

**ASSESSMENT CRITERIA**

Assessment of study was done based on **Subjective criteria**

- Pain
- Itching sensation
- Burning sensation

The following scoring pattern was adopted for the study to observe the changes in the signs and symptoms

1. Grading of Pain (Mc Gill Pain Score Index)

Patient was asked to rate the severity of pain and the same was assessed.

**Table 1 : Course of Basti**

1 <sup>st</sup> day	2 <sup>nd</sup> day	3 <sup>rd</sup> day	4 <sup>th</sup> day	5 <sup>th</sup> day	6 <sup>th</sup> day	7 <sup>th</sup> day	8 <sup>th</sup> day
A	A	N	A	N	A	N	A

**Table 2: Bastidravya**

<b>Bastidravya</b>	<b>Quantity</b>
<i>Madhu</i>	50 ml
Saindhalavana	4 g
<i>Sneha (Sahacharataila)</i>	100 ml
<i>Kalka (BhadradaruvadiGana)</i>	33 g
<i>Kwatha (BhadradaruvadiGana)</i>	320 ml
Total	470 ml

**Table 3: Grading of pain**

<b>SYMPTOM</b>	<b>GRADING</b>
None	0
Mild	1
Discomforting	2
Distressing	3
Horrible	4
Excruciating	5

## 2. Grading of Itching

Patient was asked the severity of itching over lower limbs and the same was assessed

**Table 4: Grading of itching**

Symptom	GRADING
No itching	0
Occasional itching over the varicose area	1
Continuous itching sensation	2

## 3. Grading of Burning Sensation

Patient was asked the severity of Burning sensation over lower limbs and the same was assessed

**Table 5: Grading of Burning sensation**

SYMPTOM	GRADING
No burning sensation	0
Occasional burning sensation	1
Frequent burning sensation	2
Continuous burning sensation throughout the day	3

## Objective Criteria

- Tortuous dilated vein
- Skin changes
- Ankle oedema

The following scoring pattern was adopted for the study to observe the changes in the signs and symptoms

### 1. Grading of tortuous dilated veins

Tortuous dilated veins were assessed by Inspection of Lower limbs

**Table 6: Grading of tortuous dilated veins**

SYMPTOM	GRADING
None	0
Few (scattered i.e. isolated branch varicosities or clusters)	1
Multiple (confined to calf or thigh)	2
Extensive ( involves calf and thigh)	3

## 2. Grading of skin changes

Skin changes were assessed by Inspection of Lower limbs

**Table 7: Grading of skin changes**

SYMPTOM	GRADING
No colour changes	0
Patchy hyper pigmentation	1
Hyper pigmentation with eczema	2
Hyper pigmentation with lipodermatosclerosis	3

## 3. Grading of oedema

Oedema was assessed by Inspection and Palpation of lower limbs

**Table 8: Grading of oedema**

SYMPTOM	GRADING
Oedema absent	0
Oedema present	1

## INVESTIGATIONS

- Routine Investigations
- Venous doppler study (Before treatment)

## Results:

### Between Group A and Group B:

Factors: Pain, Itching, Burning Sensation, Tortuous Dilated Vein, Skin Changes, Oedema

### 1) PAIN

**Table 9: Calculation table on pain between group A and B**

Ranks				
Groups		N	Mean Rank	Sum of Ranks
Day 0	Group A	20	20.50	410.00
	Group B	20	20.50	410.00
	Total	40		
Day 17	Group A	20	21.25	425.00
	Group B	20	19.75	395.00
	Total	40		
Test Statistics				
			Day 0	Day 17
Mann-Whitney U			200.000	185.000
Wilcoxon W			410.000	395.000

Z	0.000	-.463
P value (2-tailed)	1.000	.643
a. Grouping Variable: Groups		
b. Not corrected for ties.		

Baseline Equivalence (Day 0): The mean ranks for both groups were identical at 20.50. This indicates that the two groups started with statistically similar pain levels.

Post-Intervention Comparison (Day 17): A difference emerged between the groups:

Conclusion:

There is no significant difference in the factor stated above between Group A and Group B. The effect on the factor stated above is nearly same in Group A and Group B.

## 2) ITCHING

**Table 10: Calculation table on itching between group A and B**

Ranks				
Groups		N	Mean Rank	Sum of Ranks
Day 0	Group A	20	20.50	410.00
	Group B	20	20.50	410.00
	Total	40		
Day 17	Group A	20	20.50	410.00
	Group B	20	20.50	410.00
	Total	40		
Test Statistics <sup>a</sup>				
			Day 0	Day 17
Mann-Whitney U			200.000	200.000
Wilcoxon W			410.000	410.000
Z			0.000	0.000
P value (2-tailed)			1.000	1.000
a. Grouping Variable: Groups				
b. Not corrected for ties.				

Conclusion:

There is no significant difference in the factor stated above between Group A and Group B. The effect on the factor stated above is nearly same in Group A and Group B.

## 3) BURNING SENSATION

**Table 11: Calculation table on burning sensation between group A and B**

Ranks				
Groups		N	Mean Rank	Sum of Ranks
Day 0	Group A	20	20.50	410.00

	Group B	20	20.50	410.00
	Total	40		
Day 17	Group A	20	18.60	372.00
	Group B	20	22.40	448.00
	Total	40		
<b>Test Statistics<sup>a</sup></b>				
			Day 0	Day 17
Mann-Whitney U			200.000	162.000
Wilcoxon W			410.000	372.000
Z			0.000	-1.283
P value (2-tailed)			1.000	.199
a. Grouping Variable: Groups				
b. Not corrected for ties.				

**Conclusion:**

There is no significant difference in the factor stated above between Group A and Group B. The effect on the factor stated above is nearly same in Group A and Group B.

**4) TORTUOUS DILATED VEINS**

**Table 12: Calculation table on tortuous dilated veins between group A and B**

<b>Ranks</b>				
Groups		N	Mean Rank	Sum of Ranks
Day 0	Group A	20	21.00	420.00
	Group B	20	20.00	400.00
	Total	40		
Day 17	Group A	20	21.00	420.00
	Group B	20	20.00	400.00
	Total	40		
<b>Test Statistics</b>				
			Day 0	Day 17
Mann-Whitney U			190.000	190.000
Wilcoxon W			400.000	400.000
Z			-.350	-.350
P value (2-tailed)			.727	.727
a. Grouping Variable: Groups				
b. Not corrected for ties.				

5) SKIN CHANGES

**Table 13: Calculation table on skin changes between group A and B**

<b>Ranks</b>				
Groups		N	Mean Rank	Sum of Ranks
Day 0	Group A	20	20.50	410.00
	Group B	20	20.50	410.00
	Total	40		
Day 17	Group A	20	20.95	419.00
	Group B	20	20.05	401.00
	Total	40		
<b>Test Statistics<sup>a</sup></b>				
			Day 0	Day 17
Mann-Whitney U			200.000	191.000
Wilcoxon W			410.000	401.000
Z			0.000	-.276
P value (2-tailed)			1.000	.782
a. Grouping Variable: Groups				
b. Not corrected for ties.				

Conclusion:

There is no significant difference in the factor stated above between Group A and Group B. The effect on the factor stated above is nearly same in Group A and Group B.

6) OEDEMA

**Table 14: Calculation table on oedema between group A and B**

<b>Ranks</b>				
Groups		N	Mean Rank	Sum of Ranks
Day 0	Group A	20	20.50	410.00
	Group B	20	20.50	410.00
	Total	40		
Day 17	Group A	20	18.00	360.00
	Group B	20	23.00	460.00
	Total	40		
<b>Test Statistics<sup>a</sup></b>				
			Day 0	Day 17
Mann-Whitney U			200.000	150.000
Wilcoxon W			410.000	360.000

Z	0.000	-1.667
P value (2-tailed)	1.000	.096
a. Grouping Variable: Groups		
b. Not corrected for ties.		



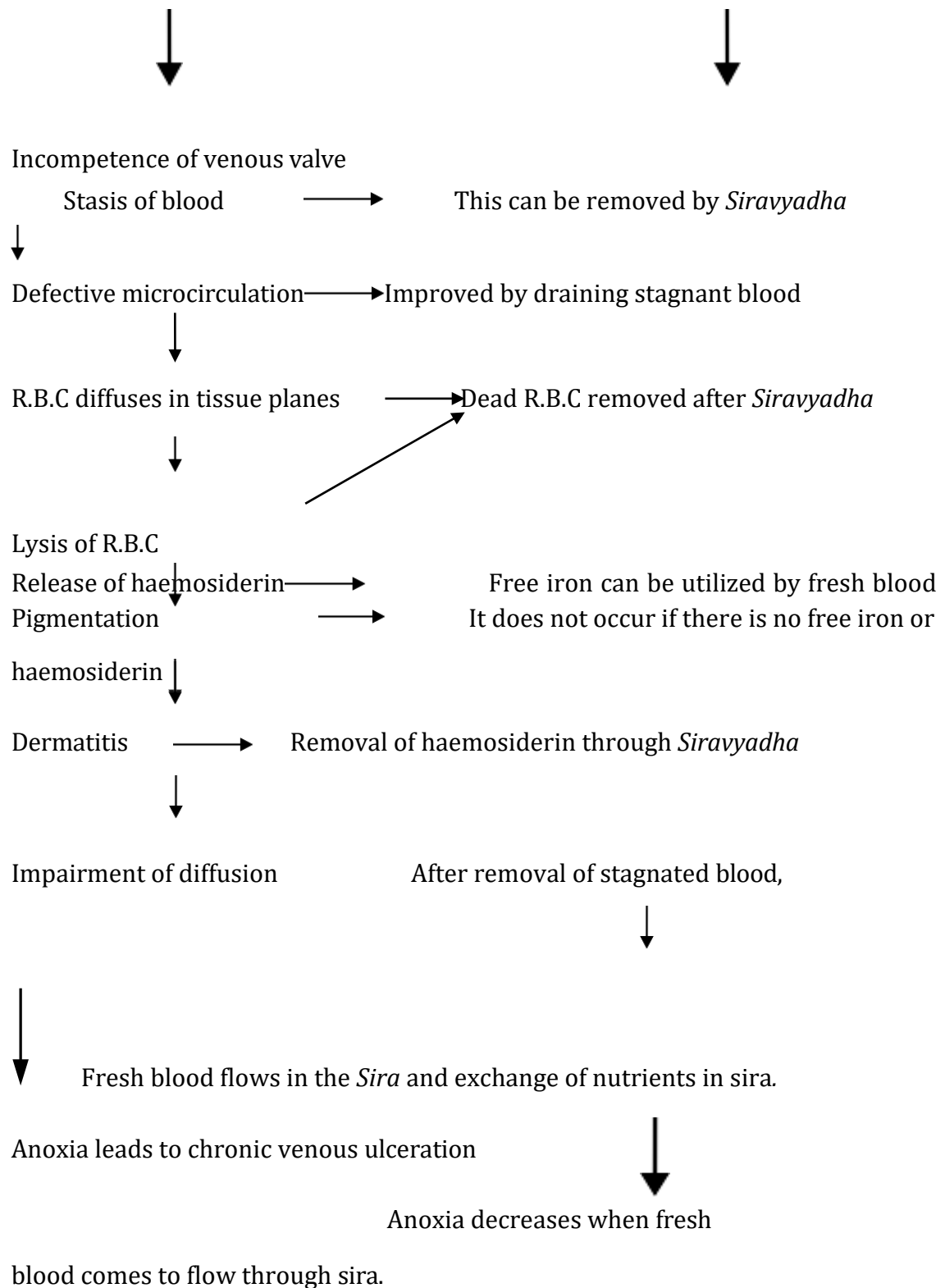
**Figure 1: Materials for administration of Basti:** Saindhalavana, Madhu, kalkadravya, kwathadravya, sahacharataila, khalvyantra, enema can, catheter and gloves.



**Figure 2: Materials for Siravyadha:** Tourniquet, needle, surgical spirit, measuring flask, gauze, cotton pad, roller bandage, micropore and gloves

**Pathogenesis**

**Mode of action of *Siravyadha***



## DISCUSSION:

### Discussion on *siravyadha* and its probable mode of action

The procedure of *Siravyadha* is a treatment traditionally prescribed for *Sirajagranthi*. In the context of *Sirajagranthi*, the two primary contributing factors are *Vata* and *Rakta*.

#### Mode of Action of *Siravyadha*:

The therapeutic efficacy of *Siravyadha* can be understood through several interconnected mechanisms:

1. Restoring the Mobility of *Vata*
2. Reducing Vascular Pressure and Relieving Symptoms
3. Preventing Tissue Damage and Secondary Symptoms
4. Mitigating Pain through Neuro-Humoral Regulation

### Discussion on *bhadradarvadi basti* and its probable mode of action

The procedure of *Basti* is considered the most superior treatment (*ArdhaChikitsa* or half of all treatments) in *Ayurveda*, particularly for pacifying the *VataDosha*.

#### Ayurvedic Mode of Action of *Basti*

The primary action of *Basti* is *Vatahara*. Its efficacy is not solely dependent on simple absorption but is largely attributed to its *Veerya* and *Prabhava*. Just as water is absorbed and transported through the channels of a lotus stem, the potent *Veerya* of the *Basti* spreads throughout the entire body. The

*VataDosha* itself, being the principle of movement, acts as the primary carrier, utilizing the *Sira* originating from the *Nabhi* to disseminate the therapeutic effect. [6]

#### Mode of Action from a Modern Scientific View:

While modern science may not fully embrace the concept of *Basti* as *Ardha-Chikitsa*, its therapeutic effects can be rationalized through several physiological mechanisms:

1. Absorption Mechanism
2. Neural Stimulation
3. Chemical Stimulation (Local and Systemic)
4. Mechanical Stimulation

#### Action of *BhadradarvadiGana* Drugs:

The *BhadradarvadiGana* is a group of herbs specifically indicated for *Vataja* (*Vata*-dominant) conditions. Its use in *Basti*, such as the *BhadradarvadiBasti*, provides targeted *Vata*-pacifying action. *Vatahara*: Direct pacification of *Vata*, essential for treating pain and neurological symptoms. *Shothahara*: Reduces swelling (*Shotha*) by mitigating fluid accumulation and local tissue inflammation. *Shoolahara*: Relieves pain (*Shoola*) by correcting *Vata* imbalance and reducing inflammation. *Srothoshodhana*: Clears obstructions in the micro- and macro-circulatory channels (*Srotas*), improving tissue perfusion.

**CONCLUSION:**

Study concluded that there is no significant difference between the effect of *Siravyadha* and *Siravyadha followed by Bhadradarvadi Basti* in the management of *Sirajagranthi*.

No adverse effects were observed in either group during the study

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