



## Varied–Course Veins

Varicose veins are as old as humankind. Like prolapsed discs, uterus, or rectum, varicose veins is the price the Homo sapiens has paid for the Vanity of being Homo erectus. The way humankind has dominated, nay, ravaged Mother Earth, it would seem that varicose veins is well worth the price for the privilege of the erect posture.

The outstanding features of varicosity is obvious variance from the normal thickened, elongated, tortuous. Their course and the course of the blood flowing therein, remain unpredictably varied and hence the title of this article.

The common assumption is that venous varicosity is confined to the lower limbs, particularly the saphenous systems.

Two other important and common sites of varicosity of veins comprise the submucous region of the esophago-cardiac junction and the recto-anal junction. The former, an end-result of portal hypertension is technically cold esophageal varices. The recto-anal varied-course veins, forming like in the esophagus, a pendulous bunch of veins, is called by the all too popular name, piles.

We shall confine ourselves to the lower limb.

More common in the fair sex, lower limb varicosities affect the short/long saphenous systems, one limb or both, over the thigh, the leg and the foot. The fairer the skin, the more prominent the varicosities. The frequency with which lower limb varices are treated in the west, is related to the white (melanin-poor) skin that make the veins convert the lower limb into an ugly showroom, totally unacceptable to a race used to a high hemline (mini-skirt) and the beachwear called bikini. Varicosi-

ties can prove nasty in terms of pain, edema, obstinate ulceration but these as reasons for surgery are more common amongst the poor. The chief reason for varicosity surgery amongst the elite is cosmeticity.

The physiologic mechanism underlying the varicose pathology remained shrouded in mystery until the pioneering work and monograph–varicose veins by two English surgeons, Dodd and Cockett. They explained that the venous return to the heart from the lower limb, had to contend against gravity. So Nature has devised circulation of blood from skin and superficial fascia to the saphenous veins wherefrom to the deep veins via communicating veins and from the deeper veins to heart through the compressing action of calf-muscles rightly designated as the calf-pump. When the calf muscles contracted, the blood therein was directed upwards to the iliacs and the inferior vena cava, the blood's reflux into the superficial veins presented by competent various valves, best seen and clinically demonstrated at the sapheno-femoral junction in the front of the upper thigh. Of the valves more incompetent for reasons congenital or following inflammation, the pumping might of the calf-pump got directed the wrong way, resulting in the engorgement and expansion of the superficial veins, followed by the inevitable thickening and tortuosity giving the veins a varied course to also deserve the appellation *varied course veins*.

Varicose veins, in the esophagus, rectum or the limbs are a hydrodynamic mechanical problem and must be tackled by appropriate venoplastic measures that cut off the reflux from the deeper to the superficial veins. It is not possible for us to reason the cause, course and cure of varicosity homoeopathically. Even allopathically, nothing really works save, open or scolic sacrifice of the communicating channels. Given the modern imaging techniques, it is possible to exactly pinpoint the culprit areas and to tackle them surgically, largely by ligating them off. In the 50's and two decades later, strip-



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ping of the varicose veins was a crude, debilitating procedure that was reflective of allopathic vengeance on a problem that seemed beyond its ken. In MVLK's student days, a brilliant surgical registrar stripped the varicosities of an Air India Hostess, who ended up with an amputation high up in the thigh. The enthusiastic surgeon had inadvertently guided the stripper into the femoral artery instead of the long saphenous vein with inevitable disaster.

Much of the esophageal and rectal varices can be, when small, tackled by moderate measures, such as injection of sclerosing agents. These remain shots in the dark with unpredictable outcome. Nothing like locating the valvular leak and nabbing the connecting vessel. Mod-

ernoscopic surgery has made the treatment of limb varicosities fairly precise, productive and aesthetic.

The greater lesson is from the fact that the Majority of us course thro life without the variceal burden. And underlying that is the superb physiology of the calf pump. Hippocrates called the leg pump as gastrocnemius- meaning the belly of the frog. If he had read Dodd and Cockett, surely he would have named the calf pump as the peripheral heart.

*In the secret book of nature, little do I read-*

This humble lines from William Shakespeare in *Anthony and Cleopatra*, expresses a sentiment tinged with wonder and reverence .

Long live varied course veins!

## Tortuous Veins

The heart pumps blood through blood vessels. The arterial system carries blood away from the heart to minute vessels the capillaries. From the capillaries the blood is collected and returned to the heart by the venous system. The veins have thinner valves than the arteries and are less elastic. The lower extremities veins have numerous valves. They are absent in the vena cava, in the veins of the intestine, in the vertebral veins and in the venous sinuses of dura matter.

"Varicose" is latin word varicosus mean full of dilated veins-permanently and abnormally dilated vessels. The valves of which become incompetent so that blood flow may be reversed. Most commonly found in the lower legs, rectum (Haemorrhoids), lower oesphagus and scortum (Varicocale).

Varicose veins occur in women then men, old people who are over weight and long periods of standing. During pregnancy also it occurs in the legs. Some persons may have cramp, itching, heaviness of legs, pain in the varicose veins and inflammation, sometimes ulcer may develop.

I have treated many cases of varicose veins only with the following drugs.

1. *Hamamelis* 6
2. *Calcarea-flour* 6x
3. *Mag-phos* 6x

3 times day till the patient gets cure. Whenever pain is felt add *Mag-phos*.



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**The only weapon that becomes  
sharper with constant use  
is the tongue...  
Anonymous.**