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Varicose Veins & Diosed-C

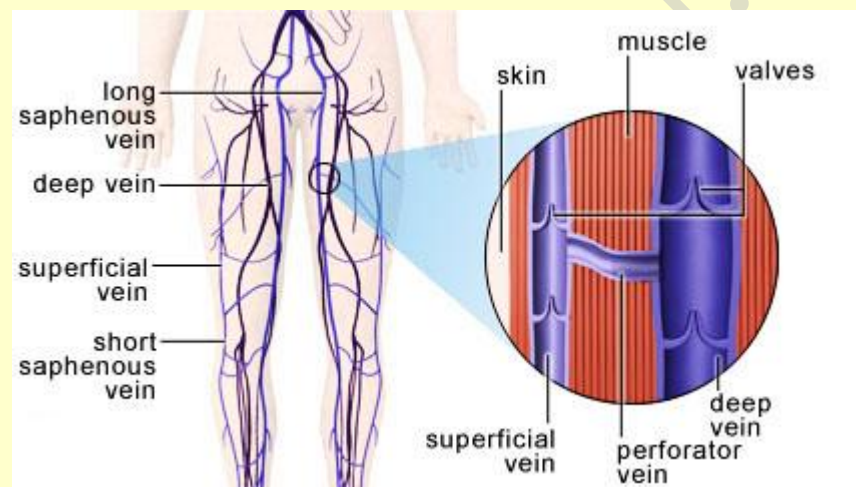
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SEDICO Pharmaceutical
Company
www.sedico.net
newsletter@sedico.net

Definition

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Varicose veins are veins that have become enlarged and twisted. The term commonly refers to the veins on the leg, although varicose veins occur elsewhere. Veins have leaflet valves to prevent blood from flowing backwards (retrograde).

Most varicose veins are relatively benign, but severe varicosities

*“Diosed-C:
Many Choices
just one
is Different.”*

Leg muscles pump the veins to return blood to the heart. When veins become enlarged, the leaflets of the valves no longer meet properly, and the valves don't work. The blood collects in the veins and they enlarge even more. Varicose veins are enlarged veins that are swollen and raised above the surface of the skin. They can be dark purple or blue, and look twisted and bulging. Varicose veins are common in the superficial veins of the legs, which are subject to high pressure when standing.

Varicose veins affect 1 out of 2 people over age 50. They are more common in women than men.

Hemorrhoids are a type of varicose vein.

Spider veins are like varicose veins, but they are smaller.

Symptoms

- ▶ Aching, heavy legs (often worse at night and after exercise)
- ▶ Ankle swelling
- ▶ A brownish-blue shiny skin discoloration around the veins
- ▶ Skin over the vein may become dry, itchy and thin, leading to eczema (venous eczema)
- ▶ The skin may darken (stasis dermatitis), because of the waste products building up in the legs
- ▶ Minor injuries to the area may bleed more than normal and/or take a long time to heal
- ▶ Rarely, there is a large amount of bleeding from a ruptured vein
- ▶ In some people the skin above the ankle may shrink (lipodermatosclerosis) because the fat underneath the skin becomes hard.
- ▶ Restless Leg Syndrome.

Complications

can lead to major complications, due to the poor circulation through the affected limb.

- ▶ Pain, heaviness, inability to walk or stand for long hours thus hindering work
- ▶ Skin conditions /Dermatitis which could predispose skin loss
- ▶ Bleeding: life threatening bleed from injury to the varicose vein
- ▶ Ulcer: non healing varicose ulcer could threaten limb amputation.
- ▶ Development of carcinoma or sarcoma in longstanding venous ulcers. There have been over 100 reported cases of malignant transformation and the rate is reported as 0.4% to 1%.
- ▶ Coagulation of blood in varicose veins cause superficial thrombosis, deep vein thrombosis (DVT), Pulmonary Embolism (PE) & could precipitate stroke in the rare case of predisposed individuals (that is, patients with patent foramen oval).

Causes

Varicose veins are more common in women than in men, and are linked with heredity. Other related factors are pregnancy, obesity, menopause, aging, prolonged standing, leg injury and abdominal straining. Varicose veins are bulging veins that are larger than spider veins, typically 3 mm or more in diameter.

Treatment

Surgical treatment

The traditional surgical treatment is vein stripping to remove the affected veins. Newer surgical treatments are less invasive but have not been tested as thoroughly. Since most of the blood in the legs is returned by the deep veins, and the superficial veins only return about 10%, they can be removed without serious harm. Varicose veins are distinguished from reticular veins (blue veins) and telangiectasias (spider veins) which also involve valvular insufficiency, by the size and location of the veins.

Some doctors favor traditional open surgery, while others prefer newer methods. Newer methods for treating varicose veins, such as:

- ▶ Endovenous laser Treatment
- ▶ Radiofrequency ablation
- ▶ Foam sclerotherapy

Endovenous laser and radiofrequency ablation require specialized training for doctors and expensive equipment. Doctors must use ultrasound during the procedure to see what they are doing. Follow-up treatment to smaller branch varicose veins is often needed in the weeks after the initial procedure. Some practitioners also perform traditional surgery at the time of endovenous

Other Treatments

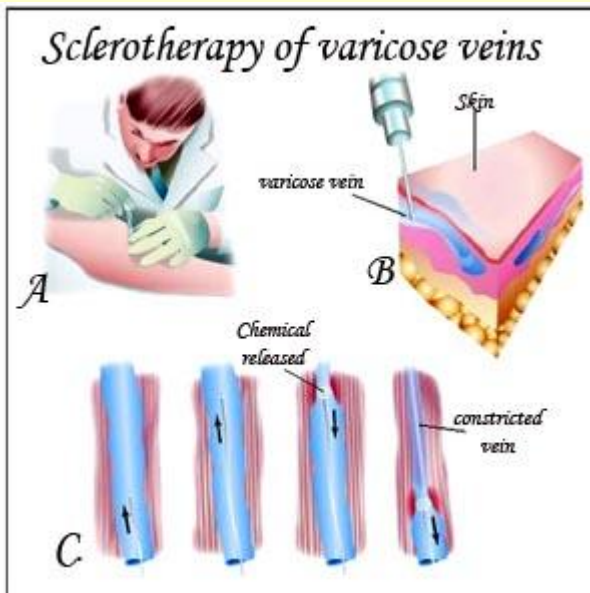
- ▶ Vein ligation
- ▶ Ambulatory phlebectomy:

Ambulatory phlebectomy is a treatment for superficial varicose veins. The procedure involves the removal of the varicose veins through small 2-3 mm incisions in the skin overlying the veins. The procedure may be performed in hospital or outpatient settings. The procedure may be performed with tumescent local anesthesia, such as with Lidocaine.

Complications are uncommon, but include paraesthesia, bruising, and hematoma. Graded compression stockings are usually worn for 1-2 weeks after the procedure. Patients usually return to normal light activity immediately after the procedure. This procedure is often used as an adjunct to EVLT or other endovenous ablations of the greater saphenous vein.

Non-surgical treatment

Sclerotherapy:



Sclerotherapy During sclerotherapy for the treatment of varicose veins, the doctor injects a chemical solution directly into the vein (A and B). The needle travels up the vein, and as it is pulled back, the chemical is released, causing the vein to form fibrous tissue that collapses the inside of it (C).

Today, many plastic surgeons are treating used for telangiectasias (spider veins) and varicose veins that persist or recur after vein stripping with sclerotherapy. In this rather simple procedure, veins are injected with a sclerosing solution, which causes them to collapse and fade from view. The procedure may also remedy the bothersome symptoms associated with spider veins, including aching, burning, swelling and night cramps.

Although this procedure has been used in Europe for more than 50 years, it has only become popular in the United States during the past decade. The introduction of sclerosing agents that are mild enough to be used in small veins has made sclerotherapy predictable and relatively painless. Sclerotherapy can also be performed using microfoam sclerosant under ultrasound guidance to treat larger varicose veins, including the greater and short saphenous veins. A Health Technology Assessment found that sclerotherapy provided less benefit than surgery, but is likely to provide a small benefit in varicose veins without reflux. Complications of sclerotherapy are rare but can include blood clots and ulceration.

Anaphylactic reactions are "extraordinarily rare but can be life-threatening," and doctors should have a resuscitation cart ready. There has been 1 reported case of stroke after ultrasound guided sclerotherapy when very a large dose of sclerosant foam was injected.

- ▶ Elevating your legs when resting and not crossing them when sitting can help keep varicose veins from getting worse and provides relief.
- ▶ Advice about regular exercise sounds sensible but is not supported by any evidence.
- ▶ The wearing of graduated compression stockings with a pressure of 30-40 mmHg has been shown to correct the swelling, nutritional exchange, and improve the microcirculation in legs affected by varicose veins. They also often provide relief from the discomfort associated with this disease. Caution should be exercised in their use in patients with concurrent arterial disease.
- ▶ Losing weight
- ▶ Wearing loose clothing and avoiding long periods of standing can also help.

Medicament used in Varicose Veins

The symptoms of varicose veins can be controlled to an extent with either of the following:

- ▶ **Escinogel** is a venotonic and a vascular protector containing Aescin. It improves the resistance of the blood vessels and diminishes their permeability. Escinogel does not soil clothes and is easily washable.
- ▶ **Aescin** reduces swelling, inhibit inflammation and relieve pain due to its anti-inflammatory effect that protects the capillary network.
- ▶ **Bamethan sulfate** is a vasodilator used in the management of peripheral vascular disorders.

Anti-inflammatory medication such as ibuprofen or aspirin can be used as part of treatment for superficial thrombophlebitis along with graduated compression hosiery. But there is a risk of intestinal bleeding. In extensive superficial thrombophlebitis, consideration should be given to anti-coagulation, thrombectomy or sclerotherapy of the involved vein.

Diosed-C



Each tablet contains:

Diosmin.....450 mg
 Ascorbic acid.....100 mg
 Hesperidin.....50 mg

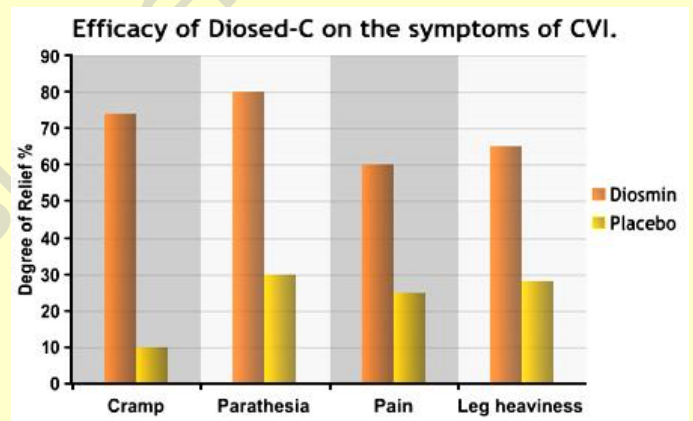
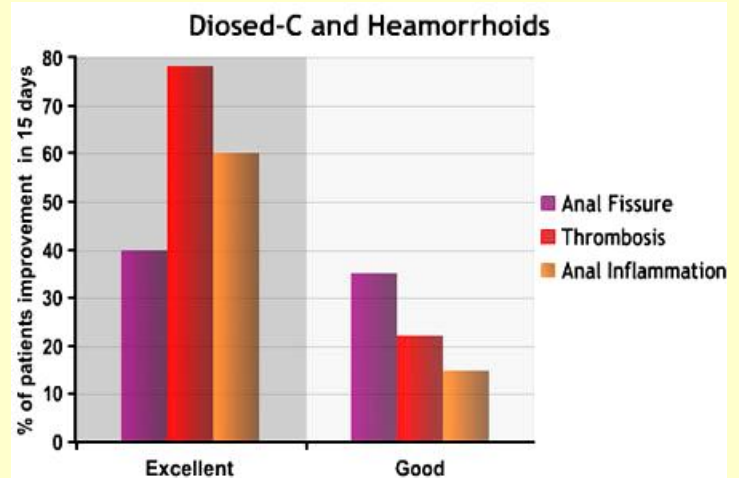
► Diosmin is the bioflavonoid extracts of rutaceae (Aurantiae).

Diosmin increases the venous tone of the veins and venules and thus improves venous insufficiency and edema of venous origin.

► Diosmin also increases the resistance of the capillary walls and normalizes its permeability by restoring the biological integrity of the capillary endothelium.

► Ascorbic acid deficiency is characterized by capillary fragility bleeding, especially from the small blood vessels. It's also important for the formation and the maintenance of intercellular ground substances and collagen and hence promotes the healing of the wounds.

► Hesperidin is a flavonoid isolated from the rind of certain citrus fruits. Hesperidin has been used in the treatment of capillary fragility. So, Diosed-C by its very active combination of three essential factors, acts synergistically for the treatment of capillary fragility and the prevention of accidents which may entail.



Dosage and administration:

► In phlebology:

2 tablets daily in two divided doses midday and evening during meals.

► Acute hemorrhoid episode:

6 tablets per day for the first 4 days, then 4 tablets per day for the following 3 days.

Side effects:

Gastralgia and headache have been rarely reported, these effects disappear as the treatment continues. Gastric discomfort is avoided by taking Diosed-c during meals.