

SIRAVEDHA – A CLINICAL EVALUATION IN ACUTE PAIN MANAGEMENT W.S.R TO SCIATICA

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ABSTRACT

Management of acute pain is sometimes extremely difficult in Sciatica. Results aren't satisfactory in terms of pain in many patients even after following *Snehana*, *Swedana* etc properly, in such cases *Siravedha* may be a treatment of choice in *Vatavyadhi* to achieve better results as said by *Acharya Sushruta & Dalhana*. An open clinical study was conducted on 40 patients non-responding to routine treatments were selected from OPD & IPD of SAMC & H Indore, M.P. The evaluation was done on subjective and objective parameters. Results of *Siravedha* in Acute pain management of Sciatica were quite encouraging. Among 40 patients 62.5% & 20% patients got complete remission and mild relief respectively. The study showed highly significant results ($P < 0.001$) of *Siravedha* in non-responding Sciatica. It destroyed the *Avarana* (obstruction). Ultimately; it produced quick relief of symptoms.

Keywords: *Siravedha*, *Gridhrasi*, Sciatica, Acute pain Management.

INTRODUCTION

Management of acute pain is sometimes extremely difficult in Sciatica. Results aren't satisfactory in terms of pain in many patients even after following *Snehana*, *Swedana* etc properly, in such cases *Siravedha* may be a treatment of choice in *Vatavyadhi* to achieve better results as said by *Acharya Sushruta & Dalhana*.¹

The symptoms of sciatica can be correlated to the disease called *Gridhrasi*, mentioned in Ayurvedic text under *Vata Vyadhi*, having symptoms like *Toda* (piercing pain), *Spandana* (twitching), *Graham* (rigidity), *Stambha* (stiffness) and *Vedana* (pain) radi-

ating from *Kati-Pradesh* (lumbosacral region) to *Padanguli* (foot).²

The modern-era man has been precipitated to an increased incidence of musculoskeletal disorders. Improper sitting postures in office, jerking movements in travel, heavy labor work have led to low back pain and sciatica due to extra straining on spine. In the present study majority of patients had history of lifting heavy objects.

In Ayurveda there are therapies like *Bheshaja*, *Snehana*, *Swedana*, *Siravedha*, *Agnikarma* and *Bastikarma* which are simple, safe and cost effective & as

mentioned in classics, *Siravedha*, *Basti* and *Agni karma* are considered as main therapeutic tools for *Gridhrasi*.³

Siravedha (one technique of bloodletting) is one of the fascinating subjects and satisfactory answers for *Gridhrasi-Roga* (disease). Blood was let from prominent vein of affected dorsal foot. As the Veins of the dorsal foot were more prominent & was easy to draw the blood & gave good results, it was adopted.⁴

“*Antaraakandaragulpham sira bastyagnikarma cha | Gridhrasishu prayunjita.....||*”
(Ca.Chi.28/101).

Though *Sushruta* and *Charaka* mention different places for *Siravedha*, the ultimate goal is to remove the vitiated *Dosha & Rakta*.

Materials and Methods:

❖ **Selection criteria**

40 patients who were diagnosed as Sciatica were selected randomly for the study form OPD & IPD of Shubdeep Ayurved Medical College & Hospital (PG Institute), Indore, irrespective of age, sex, religion etc.

Inclusion criteria

Diagnosed cases of *Gridhrasi* (Sciatica) whose symptoms not subsided on treatments like *Snehana*, *Swedana*.

Only Symptoms like *Ruk* (Acute Pain) & *Gaurava* (Heaviness) considered for study.

Exclusion criteria

All systemic diseases like DM, HTN, Cardiac diseases, TB spine & bones etc

Diseases & patients who are contraindicated for *Siravedha*.

❖ **Diagnostic Measures**

Main complaints were pain radiating from *Sphika* (hip) to *Pada* (foot) region & *Gaurava* were considered for study.

Tenderness along the course of Sciatic nerve was also seen in patients.

S.L.R. test in affected leg as objective measure were included for diagnosis.

BT & AT X-Ray for Lumbar spine in AP or Lateral view was done among few patients in whom severity was more.

❖ **Procedure**

Crape bandage was rolled tightly over the affected leg.

Prominent Vein was found at the dorsal side of the affected foot to let the blood.

With the help of needle no. 18 & scalp vein set, blood was let from prominent vein of affected dorsal foot.

~ 30 to 60 ml blood was let in single sitting.

Siravedha was done for three consecutive sittings in One month duration.

Patient was asked to come for follow up weekly once & changes in symptoms were noted.

❖ **Assessment criteria**

Grading done on the basis of Scores, to divide the severity of the *Ruk & Gaurava* with the help of VAS scale.

0 – No (Pain / Heaviness)

1-3 Mild (Pain / Heaviness)

4-6 Moderate (Pain / Heaviness)

7-10 Severe (Pain / Heaviness)

❖ **Observation (before treatment):**

Observed data from the table no 1 reveals that, all the 40 patients were having the *Ruka Lakshana* i.e 100 % & also *Gaurava* 100%

Table 1: Percentage of Severity of Symptoms

Symptoms	No. of patients	Percentage
<i>Ruk</i> (Pain)	40	100%
<i>Gaurava</i> (Heaviness)	40	100%

Table no 2 reveals distribution of number of patients into different grading of the symptoms *Ruk* & *Gaurava* i.e. out of 40 patients 17 patients had Mild Pain, 16 patients had Moderate Pain & 07 patients

had Severe Pain & 18. And in same 40 patients, 18 patients had Mild Heaviness, 17 patients had Moderate Heaviness & 05 patients had Severe Heaviness.

Table 2: Distribution of Number of Patients on Grading of Severity of Symptoms

Symptoms	No. of patients	Grading of severity
<i>Ruk</i> (Pain)	17	Mild
	16	Moderate
	07	Severe
<i>Gaurava</i> (Heaviness)	18	Mild
	17	Moderate
	05	Severe

Table 3: Percentage wise relief

Symptoms	No. of patients	Percentage Wise relief
<i>Ruk</i> (Pain)	40	52.5%
<i>Gaurava</i> (Heaviness)	40	62.5%

Observations after 1st sitting of *Siravedha*:

- ❖ Final assessment done on scoring pattern
- 0 - complete remission
- 1 - moderate relief
- 2 - mild relief
- 3 - no change

Table no. 3 reveals the Percentage wise Relief of the symptoms *Ruk* & *Gaurava* after the 1st sitting of *Siravedha*. 52.5% i.e. 21 patients out of 40 patients had relief in pain & 62.5% i.e. 25 patients out of 40 patients had relief in heaviness.

Table 4: Distribution of Number of Patients on Grade wise relief

Symptoms	No. of patients	Grade wise relief
<i>Ruk</i> (Pain)	10	Mild
	11	Moderate
	19	No change
<i>Gaurava</i> (Heaviness)	15	Mild
	10	Moderate
	15	No change

Table no 4 reveals the distribution of number of patients into different grading depending on the grade of relief in the symptoms after 1st sitting of *Siravedha*. Out of 40 patients, 10 patients had mild relief in pain, 11 had moderate relief in pain & 19 had no change in pain. And in same 40 patients, 15 patients had mild relief of heaviness, 10 had moderate relief of heaviness & 15 had no change in heaviness.

Observations after 3rd sitting of *Siravedha*:

Table 5 reveals the distribution of number of patients into grade wise relief & percentage of relief in different symptoms after the complete duration of the *Siravedha* treatment i.e. after 3 sittings. i.e. 25 patients had complete relief in pain, 08 patients had moderate relief, and 07 remained unchanged under symptom pain even after 3rd sitting of *Siravedha*. 25 patients had complete relief in heaviness, 08 had

moderate relief in heaviness, 04 had mild relief in heaviness & 03 remained unchanged under symptom heaviness.

Table 5: Distribution of number of patients into grade wise relief & percentage

Symptoms	No. of patients	Grading	Percentage
<i>Ruk</i> (Pain)	25	Complete relief	62.5%
	08	Moderate	20%
	00	Mild	0%
	07	No change	17.5%
<i>Gaurava</i> (Heaviness)	25	Complete relief	62.5%
	08	Moderate	20%
	04	Mild	10%
	03	No change	7.5%

Results:

Overall effect of therapy 62.5% i.e. in 25 patients complete remission was seen, 20% i.e. in 8 patients moderate relief seen & 17.5% i.e in 7 patients no change in *Ruk* seen. 4 patients had mild relief in *Gaurava* among the 7 patients who had no change in pain, i.e. 10% & 7% i.e. 3 patients still remained non responsive for the treatment from table 5.

So *Siravedha* is effective treatment in Acute pain management w.s.r. Sciatica as *Ruk* (Pain) is 82.5% decrease which was statistically highly significant ($p < 0.001$) & *Gaurava* (Heaviness) is 92.5% decrease which was statistically highly significant ($p < 0.001$) the results showed the relief in symptom *Gaurava* was more significant than that of *Ruk* as tabulated in from table no. 6.

Table 6: BT AT Comparison

Symptoms	Mean BT	Mean AT	Mean Difference	Total Percentage of Relief	W	N	P
<i>Ruk</i> (Pain)	4.475	1.525	2.95	82.5%	820	40	<0.001
<i>Gaurava</i> (Heaviness)	4.375	1.25	3.025	92.5%	820	40	<0.001

DISCUSSION

The treatment principles of *Gridhrasi* depends on the disease condition whether it is *Kevala Vataja Gridhrasi* or *Avarana Janaya Gridhrasi* (*Doshanubandi Gridhrasi*). The treatments include *Siravedha*, *Basti*, *Agnikarma*, *Snehana*, *Swedana*, *Vamana* and *Virechana*. These treatments are to be implemented on considering the disease condition and stage of disease.

In this study, Diagnosed cases of *Gridhrasi* (Sciatica) whose symptoms not subsided on treatments like *Snehana*, *Swedana* were taken among whom only complaints of *Ruk* & *Gaurava* were considered for the study. These two symptoms were divided into different grading i.e. out of 40 patients 17 patients

had Mild Pain, 16 patients had Moderate Pain & 07 patients had Severe Pain. And in same 40 patients, 18 patients had Mild Heaviness, 17 patients had Moderate Heaviness & 05 patients had Severe Heaviness.

All the 40 patients belonged to the age group of 35 to 50 years. This is *Madhyama Avastha* in which there is gradual decrease of *Sharira Bala* and also *Dhatu Bala* which provokes *Vata Dosha*⁵. In this study, *Siravedha* procedure was done by using 20 number disposable scalp vein set; which was easily available and there was no problem of septic precaution. The vitiated *Vata Dosha* aggravates the pain (*Ruk*) i.e. pain radiating from *Sphika* (hip) to *Pada* (foot) region. This when associated with vitiated

Kapha Dosh and *Marga Avrodhajanya Samprapti* (obstructive pathogenesis) of the disease, there is *Gaurava* (heaviness) in the leg involved because of *Guru Guna*.

In *Siravedha*, expulsion of morbid humors (vitiated *Doshas*) accumulated due to inflammatory reaction outside body can give relief in pain. Restricted SLR in most of patients is due to pain caused by sciatica nerve stretching so after *Siravedha* pain was relieved and SLR was improved.

Probable mode of action of Siravedha:

Siravedha is predominantly indicated in *Pitta, Rakta* and *Kaphaja Vyadhis* or when *Pitta* or *Kapha* is in *Anubandha* to *Vata Dosh*. In such conditions of *Vata Prakopa* due to *Kapha* and *Pitta Avarana*, *Siravedha* can help in breakdown of obstruction (*Avarana*) of *Pitta* and *Kapha Dosh* giving way for normal circulation i.e. *Anuloma Gati* of vitiated *Vata* that indirectly cures the *Vatika* symptoms along with symptoms produced by *Kapha dosha*. It removes congested blood in the area of *Shonita Avarana*. The effect of *Siravedha* on pain was highly encouraging. Pain might have reduced due to reduction of pressure over the surrounding nerves by *Siravedha*. It might be due to accumulated blood was let out through *Siravedha* and allowed free space for movement of limb.

Siravedha as cited by *Acharya Sushruta* in the context of *Gridhrasi* is said to produce quick relief from symptoms in *Avarana* by other *Doshas*. Hence hypothetically it can be said that the *Siravedha* is useful in patients when there is *Avarana Janya Samprapti* of *Gridhrasi* mainly in *Vata Kaphaja Gridhrasi*.

CONCLUSION

Results of *Siravedha* in Acute pain management of Sciatica were quite encouraging. Than *Ruk* there were good results in *Gaurava*. The patients who still remained non responsive in them surgical intervention was needed. The study showed highly significant results of *Siravedha* in non-responding Sciatica.

It destroyed the *Avarana* (obstruction) which helped in normal movement of *Vata* and therefore restored the normal circulation and function of *Vata*. Ultimately; it produced quick relief of symptoms. It was simple economical and highly effective procedure without producing any adverse effects.

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