

## EFFICACY OF SIRAVEDHA IN THE MANAGEMENT OF PAIN IN GRIDHRASI

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### ABSTRACT

*Vatavyadhi* is one of the most prevailing health problems in our day to day clinical practice and *Gridhrasi* is one among them. It is characterised by burning, stinging or numbing pain that is felt in the buttock, thigh, leg and or foot. It may or may not be associated with low back pain. *Gridhrasi* seems to occur in both type patient having sedentary occupation as well as those doing heavy work. In the *chikitsa* sutra of *Gridhrasi Acharya Charaka, Sushruta, Vagbhatta Yogratnakara* and *Bhela* have mentioned *Siravedha*. Lightness in the painful areas and in body, reduction of pain, decrease in the intensity of vyadhi and cheerfulness of mind are symptoms of proper *Siravedha*. Mainly *siravedha* is done in an acute condition of diseases having pain as prominent feature. So a study was designed to evaluate the efficacy of *siravedha* in management of pain in *Gridhrasi*. Objectives of the study were to study the efficacy of *Siravedha* in the management of pain in *Gridhrasi*. 10 patients of *Gridhrasi* having acute pain were selected. *Deepana pachana* with *Ajamodadi choorna* 3gm BD with warm water, *Sasneha Tila yavagu* in the morning time and *Sarvanga Abhyanga* with *Tila taila* and *Bashpa sweda* for 3 days and on third day *siravedha* will be done at *antara kandara gulpha* till *samyak stravita lakshanas* are observed. Patient will be assessed on 0<sup>th</sup>, on the day of *Siravedha* and on 7<sup>th</sup> day after procedure. The observation and result will be given in full paper.

**Keywords:** *Gridhrasi, Siravedha, Pain.*

### INTRODUCTION

The procedure which takes out the doshas from the nearest route of its vitiation is considered as *Shodhana*. *Vamana, Virechana, Shirovirechana, Nirooha* and *Raktamokshana* are five types of *Shodhana*. *Raktamokshana* is the only *shodhana* procedure where the vitiated *doshas* are taken out from the *shakhas* by creating an artificial route. The *Siravyadha* is considered to be the half or even some times the complete treatment. *Rakta* takes important role in spreading the disease from one part to the other part of the body by carrying the toxins or *vikruta doshas*. *Raktamokshana*

by *siravyadha* is considered to be the supreme as it drains out the vitiated *rakta* and cures the diseases. *Vatavyadhis* are one of the most prevailing health problems we see in our day to day clinical practice and *Gridhrasi* is one among them. *Gridhrasi* patients used have pain as the prominent feature. Almost everyone will experience acute low back ache at some point in his or her life. These episodes can be extremely painful and cause significant disruption in one's life; however, most episodes of low backache will get better with time (about 2 to 12 weeks), otherwise pain may radiate to both legs and leads to *Gridhrasi*. The

presentation of the disease is similar in signs and symptoms of sciatica. Sciatica is caused by a pinching and or irritation of one of the three lowest nerve roots that make up the giant Sciatic nerve. Any pinching nerve/irritation of these delicate nerve roots may also ignite the entire sciatica nerve into a pain state Sciatica is a term which refers to burning, stinging or numbing pain that is felt in the buttock, thigh, leg and / or foot. Acharya Charaka has mentioned *siravedha* in the line of treatment of *Gridharsi* so here an attempt has been made to see its efficacy in pain management of *gridharasi*.

### METHODOLOGY

A total number of 10 patients satisfying the inclusion criteria and having classical signs and symptoms of Gridharasi were selected from OPD and IPD of S.J.I.I.M., Hospital (GAMC, Teaching Hospital), Bangalore. Inclusion criteria is as follows

- Presence of *Ruk* (pain) as the prominent feature in the *Sphik*, (Buttock) *Kati*, (Waist) *Uru*, (Thigh) *Janu*, (Knee) *Jangha* (Calf) and *Pada* (foot)
- Tenderness along the course of sciatica nerve.
- SLR test in affected leg as objective measures for diagnosis as well as for assessment of the treatment.
- Patients fit for *Siravedha*.

### Exclusion criteria

- Patients below 16 and above 70 years.
- Patients with other systemic disorders and serious illness like DM, CA spine which create any problem during the *siravedha*.
- Patients having any Hematological and Bleeding disorder.

From all the patients written consent was obtained and routine blood investigation

BT, CT and other investigation which are necessary was done.

### Study design:

All patients were subjected for *deepana pachana* with *ajamodadi choorna* 3gm BD with warm water till *niramavastha*, *Sasneha Tila yavagu* morning time and *Sarvanga Abhyanga* with *Tila taila* and *Bashpa sweda* for 3 days and on third day *siravedha* will be done at *antara kandara gulpha* till *samyak stravita lakshanas* are observed. Patients will be assessed on the day of admission to study, on the day of *Siravedha* and on 7<sup>th</sup> day after procedure.

### ASSESSMENT CRITERIA

#### Subjective and Objective Parameters:-

Pain was graded on the basis of Visual Analogue Scale (VAS). For this, a 20 cm long line was drawn, one end of which indicates no pain and another side indicates the pain as bad it can be. The patient is asked to mark their pain levels on the line (VAS) against the number corresponding to severity of pain felt by the patient. The scores thus obtained were given grading as follows (Table no 1-5)

### OBSERVATION AND RESULTS

In the present study maximum of 90% patients were Hindu, 70% between age group of 30 to 50 years, 60% of middle class and 40% patients having sudden onset respectively. 40% each patients having involvement of right limb and bilateral limb involvement, all were having history of less than 3 years duration, 50% of *Vatakaphaja prakriti*, 60% having *krura koshta*. In all patients *nidanataha Ruksha aahara* and *katu tikta aahara*, *Ativyayama*, *Vishamaasana* and *vegasandharana* was found, five of them are IVDP patients. During *Siravedha* the nature of blood flow was fast, 83ml was the average *raktavisra- van* in each patient, no major complication was observed except one patient had

fainting during procedure. It was found that there is highly significant relief in the symptoms of Gridhrasi after *siravedha* and after follow up as shown the next table. (Table no 6) It was found that after *siravedha* out of 10 patients, 3 patients got cured, 6 & 1 got marked and moderate improvement respectively. After follow up 1 patient got cured, 8 & 1 got marked and moderate improvement respectively. (Table No 7)

## DISCUSSION

*Gridhrasi* is such a disease having its origin in *Pakvashaya* and seat in *Sphika* and *Kati* i.e. lumbar spine. In classics, *Gridhrasi* is included under the 80 types of *Nanatmaja Vata Vikara* under the heading of *Vatavyadhi* as a separate clinical entity. In human body for treatment aspect the lumbar spine is the site of most expensive orthopedic problem for the world's industrialized countries. Sciatica or sciatic syndrome – a condition described in modern medicine resembles with *Gridhrasi*. In sciatica, there is pain in distribution of sciatic nerve which begins in the lower back and radiates through the posterior aspect of the thigh and calf and to the outer boarder of foot. Herniation and degenerative changes in the disk are the most common causes. There is often history of trauma as twisting of the spine, lifting heavy objects or exposure to cold. The disability caused by this disease hampers day to day activity of the patients and makes the patient crippled. Acharya Charaka has described *Siravyadha*, *Basti Karma* and *Agnikarma* in the management of *Gridhrasi*. Acharya *Sushruta* has mentioned diseases; those are not relieved so quickly by *Snehana*, *Lepanadi* therapeutic measures in these situation *Siravyadha* is an emergency management to achieve better results.

“स्नहादीभिः क्रियायोगेन तथा लेपनेराप  
यान्त्याशु व्याधयः शान्ते यथा सम्यक्  
सिराव्यधात् ॥ सु. शा. ८/२२॥

*Siravyadha* is also accepted as half of the therapeutic measure in *Shalya Tantra* like *Basti* in *Kayachikitsa*.

सिराव्यधाश्चाकेत्साधे शल्यतन्त्रे

प्रकीर्तितः यथा । प्राणोहेतः सम्यग्बास्ति

कायाचोकोत्सते ॥ सु. शा ८/२३

In Panchakarma Chikitsa, the vitiated Doshas are purified whereas in *Siravyadha* to let out *Rakta* Dhatu along with vitiated *Doshas* where *Rakta Dhatu* is predominant. The susceptibility of *Rakta* towards impurity is so versatile that the classics were compelled to agree upon *Rakta* as fourth *Dosha*.

“नते देहः कफादास्ति न पित्तान्न च मारुतात् ।

शाणतादाप वा नित्य देह एतेस्तु धायते ॥

सु सु २१/४”

Therefore *Dushita* (vitiating) *Rakta* from the related *Siras* (veins) should be let out to protect the health or to remove the disease. Advantages of *Samayak siravedha* सम्यग्गत्वा यदा रक्त स्वयमेव अवातेष्ठते ।

शुद्ध तदा विजानीयात् सम्यग विस्त्रावेत्

तत् ॥ लाघवं वेदनाशान्ते व्याघ वेग

पारक्षयः । सम्यक विस्त्रावेते लेङ्ग प्रसादा

मनसस्तथा ॥ सु सु १४/३२-३३

The symptoms of *samyak siravedha* are *Laghavam* (Body and painful area) and *Vedanashanti* (pain reduction), *visravita rakta* stop itself, it means the pain arising from a disease condition get subsided followed by decrease in the symptoms of the disease so *siravedha* can be used in pain predominant diseases.

## CONCLUSION

The above clinical study was undertaken to study the effect of siravedha in the management of pain in *Gridharasi*. The mean score of pain in Gridhrasi patients was 4 it reduced to 0.7 after *siravedha* and 1.1 after follow up having percentage of improvement 82.5% and 72.5% respectively. Thus the data suggest that *siravedha* is effective in the management of pain in *Gridharsi*. Further research is needed to generalise its effectiveness in *Gridharasi* in a large sample scale.

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**Table No 1: Ruk (pain)**

No pain	Grade 0	Scale reading 0cm
Trivial pain	Grade 1	reading 0-5cm
Mild pain	Grade 2	reading 5.1-10cm
Moderate pain	Grade 3	reading 10.1-15cm
Severe pain	Grade 4	reading 15.1-20cm

**Table No 2: Toda (Pricking type of pain sensation)**

No Pricking Sensation	0
Occasional pricking sensation	1
Mild pricking sensation	2
Moderate pricking sensation	3
Severe pricking sensation	4

**Table No 3: Spandana (Fasciculation)**

No Involuntary Movement	0
Sometimes for 5-10 minutes	1
Daily for 10-30 minutes	2
Daily for 30-60 minutes	3
Daily more than 1 hour	4

**Table No 4: SLRTest**

> 90	0
75 to 90	1
50 to 74	2
30 to 49	3
< 30	4

**Table No 5: Lasegues Test**

Absent	0
Present	1

**Table No 6: % of Relief in symptoms**

**Table No 7: Relief in symptoms before and after treatment**

No of Patients	Cured >75% relief in symptoms	Marked improvement 51 to 75 % relief	Moderate Improvement 25 to 50% relief	No change < 25% relief
After Siravedha	3	6	1	0
After Follow up	1	8	1	0

Sl. No	Parameter	Average			Difference		% of Difference		SD		SE		df	T value		P value		Remarks
		BT	AS	AF	AS	AF	AS	AF	AS	AF	AS	AF		AS	AF	AS	AF	
1.	Ruk	4	0.7	1.1	3.3	2.9	82.5	72.5	0.6749	0.5676	0.2134	0.1795	9	15.461	16.155	<0.0001	<0.0001	HS
2.	Toda	2.7	0.2	0.6	2.5	2.1	92.5	77.7	0.5270	0.5676	0.1667	0.1795	9	15	11.699	<0.0001	<0.0001	HS
3.	Spandana	2.4	0.5	0.5	1.9	1.9	79.1	79.1	0.7379	0.7379	0.2333	0.2333	9	8.143	8.143	<0.0001	<0.0001	HS
4.	SLR test	5.1	3	2.8	2.1	2.3	41.17	45.09	1.663	1.494	0.526	0.4726	9	3.992	4.867	<0.005	<0.009	HS
5.	Lasegues test	1	0.4	0.5	0.6	0.5	60.0	50.0	0.5164	0.5270	0.1633	0.1667		3.674	3	<0.005	<0.01	S

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