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A CLINICAL STUDY TO ASSESS THE EFFICACY OF RAKTMOKSHANA WITH AND WITHOUT SNEHPANA IN THE MANAGEMENT OF GRIDHRASI

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ABSTRACT

Life time incidence of low back pain is 50-70% & incidence of clinically significant sciatica due to lumber disc prolapse occurs in 4-6% of the population. But only the conservative treatment which provides short term relief in pain or surgical intervention with side effects is available in modern medical science. In Ayurveda symptoms of sciatica can be correlated with the *Gridhrasi* .Various treatment modalities with quite good relief in *Gridhrasi* are available in classical texts and *Raktmokshana* is one of them. Aims: A clinical study to assess the efficacy of *Raktmokshana* with and without *snehpana* in the management of *Gridhrasi*. Materials & Methods: Present study was conducted in two groups with each having 10 patients i.e. total no. of 20 patients with age group of 16-70 years have been selected. Group 1- in this group *snehpana* is done with *Nirgundi Ghrita* prior to *Raktmokshana*. Group-2- in this group *Raktmokshana* is done without *snehpana*. *Tryodashang Guggulu* is given in both of the Groups after *Raktmokshana* as *Shaman drug* for 15 days. Result & Conclusion: Statistically significant results were found in both of the groups with group 1 has better relief than group 2 on symptoms of *Gridhrasi*.

Keywords: Sciatica,*Gridhrasi, Raktmokshana, Snehpana, Tryodashang Guggulu*

INTRODUCTION

Ayurveda is the science of life and its principles are applicable in day to day life. In *Gridhrasi*, patient becomes incapable to do his daily routine work because of severe pain from *Kati-Pradesha* to *Padanguli*(toe).Among the galaxy of causative factors both spinal and extra spinal, the most common cause of sciatica seems to be lumbar disc disease and bad postureas theyplay a very significant role in the genesis of this disease. Thecontribution of

bad posture towards this problem is so much, as one can categorically conclude that sciatica is all about disk degeneration predisposed by poor bad posture. In this way, nowadays working population is under great threat to this disease.

Gridhrasi is of two types viz. the one caused by aggravated *Vayu* and the other caused by aggravated *Vayu*&*Kapha*. *Gridhrasi* caused by aggravated *Vayu* causes stiffness, pain, toda(pricking pain), immobility and frequent spasm in the region beginning from buttock, lumbar region, back, thigh, calf region and legs. Consequently *Gridhrasi* of this later type that is the one caused by aggravated *Vayu* as well as *Kapha* is characterised by heaviness and anorexia (in addition).[1]The patients of *Gridhrasi* used to have pain as the prominent feature. The presentation of the disease is similar in signs and symptoms of Sciatica. Sciatica is a term which refers to burning, stinging, numbing pain that is felt in the buttock, thigh, leg and foot. This is caused by a pinching and or irritation of one of the three lowest nerve roots that make up the giant Sciatic nerve.[2]

In reference to sciatica treatment, there is no need to state that in other medicinal sciences only the symptomatic management and also few surgical procedures with interest of adverse reactions are available for the patients.

In Ayurvedic literature various methods are used as a line of treatment in *Gridhrasi* and *Raktmokshana* is one of them. According to *Acharya Charak* the site indicated is "*Antarakandara gulf sira"* for the *Raktmokshana* in disease*Gridhrasi*[3]andalso *Acharya Sushruta* has mentioned that diseases which are not relieved so quickly by *Snehana*, *Lepanadi karma* etc. then *Raktmokshana* is an emergency & effective measure to achieve the better results and it is accepted as half of the therapeutic measure[4.] So in the present study the procedure *Raktmokshana* at the site "*Antarakandara gulf sira"* had been taken which is effective, simple, safe and cheap with quick relief for the patients of *Gridhrasi*.

Many research works have been carried out regarding efficacy of *Raktmokshana* in *Gridhrasi* with scant data is available regarding its efficacy.[5]But, *Snehpana* should be done prior to *Raktmokshana* or not in patients of *Gridhrasi* is a matter of confusion among scholars and also *Acharya Sushrut* has mentioned that *Raktmokshana* should be done in *"snigdh-swinnaatura"* but which type of *snehana karma (abhyantra or bahya only) should be* enough or done prior to the procedure has not been mentioned clearly[6]. So an attempt has been made and the present study has been taken up to find the efficacy of *Raktmokshana* with and without *Snehpana* in the management of *Gridhrasi.*

MATERIAL & METHODS

Drug used in the study

1. *Murchhita Til Taila (for abhyangarth)*
2. *Nirgundi Ghrita (for snehpana)*
3. *Trayodashanga Guggulu (* Dose – 1gm tid for 15 days *)*

Centre of study **–** R.G.G.P.G. Ayu. Hospital, Paprola

Study Design **–** prospective open comparative study

Source of data-

Total 20 patients who fulfil the specified criteria had been selected out of which each group having 10 patients from OPD/IPD of R.G.G.P.G. Ayu. Hospital, Paprola, Distt. Kangra (H.P).

Consent

Written and informed consent of patients shall be taken before inclusion in the trial.

Group I - In this group each patient was subjected for *Raktamokshana* after *Snehpana* with *NirgundiGhrita*.

Group II - In this group each patient was subjected for *Rakatamokshana* without *Snehpana*.

BahayaSnehana (Abhyanga) with *Murchit TilaTaila* and *Sarvang Svedana* had been done prior to the procedure in each patient.[6] *Trayodshang Guggulu* (3gm/day for 15 days) was given as *Shaman* drug after *Raktamokshna* in both groups.[7]

Group I

Snehapana	*Nirgundi Ghrita*[8]	*3 to 7 days till samyaksnehanlakshana seen*[9]
Abhyanga	*MurchitTilTaila*	*SarvangAbhyang* before svedana
Svedana	*SarvangVashpSvedana*	After *Abhyang* and prior to the*Raktmokshana*
Raktamokshana	Scalpel vein set (20G)	*Antarakandara gulf sira*[10] *(self-stopped or minimum 30ml blood withdrawn)*
Shaman Aushadh	*Tryodashang Guggulu*[11]	3 gm per day (1gm tid) for 15 days

Group II

Abhyanga	*MurchitTilTaila*	*3 to 7 days till samyaksnehanlakshana seen*
Svedana	*SarvangVashpSvedana*	After *Abhyang*
Raktamokshana	Scalpel vein set (20G)	*Antarakandara gulf sira (self-stopped or minimum 30ml blood withdrawn)*
Shaman Aushadh	*TryodashangGuggulu*	3 gm per day (1gm tid) for 15 days

- **Site for *Raktamokshana***

According to *Acharya Charak* the site indicated is "*Antarakandara gulf sira"* (i.e. the vein of respective foot or Tributaries of Great Saphenous Vein on the antero-superior aspect of medial malleolus).

INCLUSION CRITERIA:

a. Patients who were willing for trial and gave their written consent.
b. Patients of age group between 25 –70 years of either sex.
c. Patients with following signs and symptoms of *Gridhrasi* (Sciatica) had been screened.

- Pain (*Ruka*) starts in the back, gluteal region and radiates downwards unilaterally/bilaterally to the lower limb.
- *Toda* (Pricking sensation)
- *Stambha* (Stiffness)
- *Spandana* (Twitching)
- *Aruchi* (Anorexia)

- *Tandra* (Torpor)
- *Gaurava* (Heaviness)

EXCLUSION CRITERIA:-

- Patients below age of 25 years and above 70 years of age.
- Patients with evidence of malignancy or with any complications.
- All drop out due to any reason.
- Schedule of trial

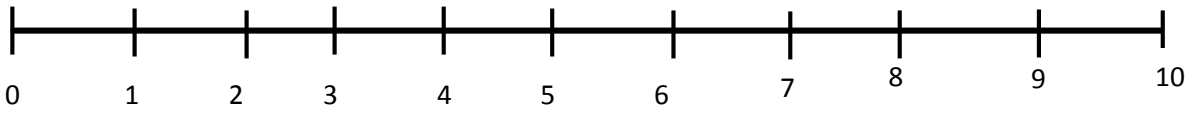
Duration of trial- Group 1 - 23 days (with *Snehpana*)
Group 2-16 days (without *Snehpana*)
Follow up - After fifteen days of *Raktmokshana*

CRITERIA FOR ASSESSMENT

The overall improvement which had been shown by the patients is relief of signs and symptoms according to the subjective and objective criteria in grades:

Subjective criteria

1. *Ruja* (Pain)	Grade
a. No pain	0
b. No pain at rest but occurs after physical work	1
c. Mild pain at rest	2
d. Moderate pain at rest	3
e. Severe pain at rest	4
2. *Toda* (Pricking sensation)	
a. No pricking sensation	0
b. Occasional pricking sensation.	1
c. Mild pricking sensation	2
d. Moderate pricking sensation	3
e. Severe pricking sensation	4
3. Radiation of pain	
a. No radiation of pain	0
b. Pain at gluteal region	1
c. Pain radiate up to knee	2
d. Pain radiate up to leg	3
e. Pain radiate up to foot	4
4. *Stambha* (Stiffness)	
a. No stambha 0	
b. Occasional	1
c. Mild	2
d. Moderate	3
e. Severe	4
5. Visual analogue scale for overall assessment	
An imaginary line of 10 cm will be marked to indicate intensity of pain to assess the pain in the patients.	



6. Verbal descriptive scale		
No pain	-	0
Mild pain	-	1
Distressing	-	2
Horrible	-	3
Excruciating	-	4

Objective criteria

1. Passive straight leg raising test[13]

- Position - supine
- Pain on raising the affected leg straight at an angle had been assessed in grades –

0 - at or $>90^0$
1 - $71 – 90^0$
2 - $51 – 70^0$
3 - $31 – 50^0$
4 - up to 30^0

2. Fajerstajn's test[14]

At an angle when the patients experience first twinge of pain, the ankle will be dorsi-flexed passively.

Grades

0 - No pain at an angle of 90^0 on ankle dorsiflexion

1 - Pain increases in between $70 – 89^0$ on ankle dorsiflexion.

2 - Pain increases in between $69 – 60^0$ on ankle dorsiflexion.

3 - Pain increases $< 60^0$ on ankle dorsi-flexion.

Criteria for assessing the total effect

Considering the overall improvement shown by the patients in signs and symptoms, the total effect of the therapy has been assessed as below:

Cured - 100% relief in signs and symptoms

Marked Improved - 75 to 100 % relief in sign and symptoms

Moderate Improved - 50 to 75% relief in signs & symptoms

Mild Improved - 25 to 50% relief in signs and symptoms

Unchanged - <25% relief in signs and symptoms

OBSERVATIONS

The present study was conducted as a comparative clinical study, in which the efficacy of procedure was tested randomly on the patients who were categorized into two groups.Total of20 patients under inclusion criteria were registered, 10 in each group.

DEMOGRAPHIC DATA

- **Age wise distribution**

Table 1: Age Wise Distribution

Age in Years	No. of patients		Total	%
	Group-1	Group-2		
25-30 years	1	1	2	10%
30-40 years	2	0	2	10%
40-50 years	2	5	7	35%

50-60 years	1	4	5	25%
60-70 years	4	0	4	20%

Maximum patient were registered of age group of 4th and 5th decade.

- **Sex wise distribution**

Table 2: Sex wise distribution

Sex	No. of patients		Total	%
	Group- 1	Group- 2		
Male	5	2	7	35%
Female	5	8	13	65%
Total	10	10	20	100%

Maximum female patients were registered.

- **Sleep wise distribution**

Table 3: Sleep wise distribution

Sleep	No. of Patients		Total	%age
	Group- 1	Group- 2		
Disturbed due to pain	5	6	11	55%
Disturbed due to other reason	0	1	1	5%
Normal	5	3	8	40%

Maximum patients had disturbed sleep due to pain.

- ***DehPrakriti*** wise distribution

Table 4: *DehaPrakriti* wise distribution

DehPrakriti	No. of Patients		Total	%age
	Group- 1	Group- 2		
VP	4	4	8	40%
PK	3	2	5	25%
KV	3	4	7	35%

Maximum patients were having *Vata-Pitta prakriti*.

- ***ManasPrakriti*** wise distribution

Table 5: *ManasPrakriti* wise distribution

Manas Prakriti	No. of Patients		Total	%age
	Group- 1	Group- 2		
Rajasa	8	6	14	70%
Tamasa	2	4	6	30%

Present study revealed that maximum patients were of *Rajasaprakriti*.

- Symptoms wise distribution

Table 6: Symptoms wise distribution

Sr.no.	Symptoms	No of patients		Total	Percentage
		Group 1	Group 2		
1.	Ruka (pain)	10	10	20	100%
2.	Toda (pricking sensation)	7	8	15	75%
3.	Radiation of pain	10	10	20	100%
4.	Stambha (stiffness)	9	7	16	80%

Present study depicted those symptoms of the disease i.e. *Ruka* and *Radiation of pain* found in all 20 (100%) patients. While the other features, *Stambha* in 16 (80%) patients and *Toda* found in 15 (75*%) patients.*

- **Objective parameter wise distribution**

Table 7: Objective parameter wise distribution

Sr.no.	Symptoms	No of patients		Total	Percentage
		Group 1	Group 2		
1.	Passive SLRT	10	10	20	100%
2.	Fajersztajn's test	9	9	18	90%

Passive SLRT is found in all the patients while *Fajersztajn's test* is positive in 18(90%) patients.

EFFECT OF THERAPY

In the present study proper scoring methods was applied to assess the effect of treatment. Percentage relief, S.D., S.E. and't'& 'p' value were calculated. **Students paired 't'test** was applied for each group separately and then **Students unpaired't' test** applied for inter group comparison. The reason for using the test was to evaluate the findings properly. Trial patients were managed by *Raktamokshana Karma* with *Snehpana (NirgundiGhritta*) in Group 1 and *Raktmokshana karma* without *Snehpana* in Group 2 along with shaman drug (*Tryodashang Guggulu*) given in both the groups. Detailed statistical and mathematical analysis of the observations was done. Assessment of relief in symptoms and signs was done by calculating the percentage of BT & AT means scores.

Effect of Therapy on Individual Criteria In Group- 1

The efficacy of *Raktmokshana Karma with snehpana* was adjudged in 10 patients on the basis of assessment criteria's and results were derived after applying **Students paired 't'test**.

Table 8:

S. No.	Name of the feature	n	Mean		M.D.	+ SD	+ SE	't'	'P'	%age Relief
			BT	AT						
1.	*Ruja* (pain)	10	2.800	1.100	1.700	0.675	0.213	7.965	<0.001	60.71%
2.	*Toda*(pricking sensation)	7	1.300	0.200	1.100	0.994	0.314	3.498	< 0.05	84.61%
3.	Radiation of pain	10	3.100	1.000	2.100	0.876	0.277	7.584	<0.001	67.74%
4.	*Stambha* (stiffness)	9	1.400	0.300	1.100	0.994	0.314	3.498	< 0.05	78.75%
5.	Visual analogue scale	10	6.700	1.900	4.800	1.751	0.554	8.668	<0.001	71.64%
6.	Verbal descriptive scale	10	3.200	1.100	2.100	0.876	0.277	7.584	<0.001	65.62%
7.	Passive SLRT	10	2.700	1.300	1.400	0.516	0.163	8.573	<0.001	51.85%
8.	Fajersztajn's test	9	2.500	1.400	1.100	0.568	0.180	6.128	<0.001	44.00%

Effect of Therapy on Individual Criteria in Group- 2

The efficacy of *Raktmokshana Karma without snehpana* was adjudged in 10 patients on the basis of assessment criteria's and results were derived after applying**Students paired 't'test**.

Table 9: Effect of Therapy on Individual Criteria In Group- 2

S. No.	Name of the feature	n	Mean		M.D.	+ SD	+ SE	't'	'P'	%age Relief
			BT	AT						
1.	Ruka (pain)	10	2.500	1.100	1.400	0.699	0.221	6.330	<0.001	56.00%
2.	Toda(pricking sensation)	8	1.300	0.700	0.600	0.843	0.267	2.250	=0.05	46.15%
3.	Radiation of pain	10	3.300	1.000	2.300	1.059	0.335	6.866	<0.001	69.69%
4.	Stambha (stiffness)	7	1.200	0.300	0.900	0.738	0.233	3.857	< 0.05	75.00%
5.	Visual analogue scale	10	6.100	2.600	3.500	0.972	0.307	11.38	<0.001	57.32%
6.	Verbal descriptive scale	10	2.300	1.300	1.000	0.471	0.149	6.708	<0.001	43.47%
7.	Passive SLRT	10	2.400	1.400	1.000	0.667	0.211	4.743	=0.001	41.66%
8.	Fajersztajn's test	9	2.100	1.300	0.800	0.422	0.133	6.000	<0.001	38.09%

INTERGROUP- COMPARISON (Group- 1 vs Group- 2)

In this part of the study, inter Group- comparison is done on the effect of therapies on assessment criteria's statistically along with relief difference in percentage between two Groups which is recorded and presented below. Percentage relief, S.D., S.E. and't' and 'p' value were calculated after applying **Students unpaired 't' test**.

Table 10: Intergroup comparison

S. No.	Name of the feature	% Relief		%Relief diff..	+ SD	+ SE	't'	'P'
		Gr-1	Gr-2					
1.	Ruka (pain)	60.71%	56.00%	4.71%	1.028	0.459	0	>0.05

2.	Toda (pricking sensation)	84.61%	46.15%	38.46%	1.008	0.450	-1.11	>0.05
3.	Radiation of pain	67.74%	69.69%	-1.95%	1.005	0.449	0	>0.05
4.	Stambha (stiffness)	78.75%	75.00%	3.75%	1.012	0.452	0	>0.05
5.	Visual analogue scale	71.64%	57.32%	14.32%	0.942	0.421	-1.66	>0.05
6.	Verbal descriptive scale	65.62%	43.47%	22.15%	1.027	0.459	-0.475	>0.05
7.	Passive SLRT	51.85%	41.66%	10.19%	1.035	.462	-0.216	>0.05
8.	Fajersztajn's test	44.00%	38.09%	5.91%	0.953	0.425	0.235	>0.05

EFFECT OF THERAPY

1. Effect on *Ruk(Pain)*

In Group 1: Mean B.T. score of *Ruk* (pain) was 2.8, which was reduced to mean A.T score 1.1, with the mean difference of 1.7 showing the relief of 60.71%, SD +0.675, SE + 0.213 with 't' value 7.965 which is statistically highly significant. (P<0.001)

In Group 2: Mean B.T. score of *Ruk* (pain) was 2.5 , which was reduced to mean A.T score 1.1 , with the mean difference of 1.4 showing the relief of 56.00%, SD +0.699, SE + 0.221 with 't' value 6.330 which is statistically highly significant. (P<0.001)**Group 1 vs Group 2:** Statistically both of the groups showed highly significant relief but no statistically significant difference was observed in intergroup comparison (p>0.05) though Group 1 showed better results than group 2. (G-1 60.71% as compared to 56% in G-2)

(B)Toda (Pricking sensation)

In Group 1: Mean B.T. score of *Toda* in Group 1 was 1.3, which was reduced to mean A.T 0.2with the mean difference 1.1 showing the relief of 84.61 % and SD + 0.994, SE + 0.314 with't' value 3.498 which is statistically significant. (P<0.05)

In Group 2: Initially mean score of *Toda* in Group 2 was 1.3 B.T., which was reduced to mean A.T 0.7 with the mean difference 0.6 showing the relief of 46.15 % and SD + 00.843, SE + 0.267 with't' value 2.250 which is statistically significant (P=0.05).**Group 1 vs Group 2:** Statistically both of the groups showed significant relief but no statistically significant difference was observed in intergroup comparison (p>0.05) though Group 1 showed better results than group 2. (G-1 84.61% as compared to 46.15% in G-2)

(C)Radiation of pain

In Group 1: Mean B.T. score of radiation of pain was 3.1 which was reduced to mean A.T 1.0 with mean difference of 2.1 showing the relief 67.74%, SD+ 0.876, SE + 0.277 with 't' value 7.584, which is statistically highly significant (P<0.001).

In Group 2: Mean B.T. score of radiation of pain was 3.3 which was reduced to mean A.T1.0 with mean difference of 2.3 showing the relief 69.69%, SD+ 1.059, SE + 0.335 with't' value 6.866, which is statistically highly significant (P<0.001).**Group 1 vs Group 2:** Statistically both of the groups showed highly significant relief but no statistically significant difference was observed in intergroup comparison (p>0.05) though Group 2 showed better results than group 1. (G-1 67.74% as compared to 69.69.00% in G-2)

(D) Stambha (stiffness)

In Group 1: Mean B.T. score of *Stambha* was 1.4 which was reduced to 0.3 A.T. with mean grade difference of 1.1 showing the relief 78.75%, SD + 0.994, SE + 0.314, with 't'

value 3.498, which is statistically highly significant (P<0.001).

In Group 2: Mean score of*Stambha* was 1.2 B.T. which was reduced to 0.3 mean A.T. with mean difference of 0.9 showing the relief 75.00%, SD + 0.738, SE + 0.233, with 't' value 3.857 which is statistically highly significant (P<0.001).**Group 1 vs Group 2:** Statistically both of the groups showed significant relief but no statistically significant difference was observed in intergroup comparison (p>0.05) though Group 1 showed better results than group 2. (G-1 78.75% as compared to 75.00% in G-2)

(E) ***Visual analogue scale***

In Group 1: Mean B.T. score of Visual analogue scale was 6.7, which was reduced to 1.9 mean A.T. with the mean difference 4.8 showing the relief of 71.64%, SD + 1.751, SE + 0.554 with 't' value 8.668 which is statistically highly significant. (P<0.001)

In Group 2: Mean B.T. score of Visual analogue scale was 6.1, which was reduced to 2.6 mean A.T. with the mean difference 3.5 showing the relief of 57.32%, SD + 0.972, SE + 0.972 with 't' value 11.38 which is statistically highly significant. (P<0.001)

Group 1 vs Group 2: Statistically both of the groups showed highly significant relief but no statistically significant difference was observed in intergroup comparison (p>0.05) though Group 1 showed better results than group 2. (G-1 71.64% as compared to 57.32% in G-2)

(F) ***Verbal descriptive scale***

In Group 1: Mean B.T. score of verbal descriptive scale was 3.2, which was reduced to 1.1 mean A.T. with the mean difference 2.1 showing the relief of 65.62% SD + 0.876, SE + 0.277 with 't' value 7.584 which is statistically highly significant. (P<0.001).

In Group 2: Mean B.T. score of verbal descriptive scale was 2.3, which was reduced to 1.3 mean A.T. with the mean difference 1.00 showing the relief of 43.47% SD + 0.471, SE + 0.149 with 't' value 6.708 which is statistically highly significant. (P<0.001).

Group 1 vs Group 2: Statistically both of the groups showed highly significant relief but no statistically significant difference was observed in intergroup comparison (p>0.05) though Group 1 showed better results than group 2. (G-1 65.62% as compared to 43.47% in G-2)

(G) Passive SLRT

In Group 1: Mean B.T. score of Passive SLRT was 2.7, which was reduced to 1.3 mean A.T. with the mean difference 1.4 showing the relief of 51.85%, SD + 0.516, SE + 0.163 with't' value 8.573 which is statistically highly significant. (P<0.001)

In Group 2: Mean B.T. score of Passive SLRT was 2.4, which was reduced to 1.4 mean A.T. with the mean difference 1 showing the relief of 51.85%, SD + 0.667, SE + 0.211 with't' value 4.743 which is statistically highly significant. (P=0.001)**Group 1 vs Group 2:** Statistically both of the groups showed highly significant relief but no statistically significant difference was observed in intergroup comparison (p>0.05) though Group 1 showed better results than group 2. (G-1 51.85% as compared to 41.66% in G-2)

(H) Fajersztajn's test

In Group 1: Mean B.T. score of Fajersztajn's test was 2.5 , which was reduced to 1.4 mean

A.T. with the mean grade difference 1.1 showing the relief of 44.00% SD+ 0.568, SE + 0.180 with 't' value 6.128 which is statistically highly significant. (P<0.001)

In Group 2: Mean B.T. score of Fajersztajn's test was 2.1, which was reduced to 1.3 mean A.T. with the mean grade difference 0.8 showing the relief of 44.00% SD+ 0.800, SE + 0.422 with 't' value 6.000 which is statistically highly significant. (P<0.001)

Group 1 vs Group 2: Statistically both of the groups showed highly significant relief but no statistically significant difference was observed in intergroup comparison (p>0.05) though Group 1 showed better results than group 2. (G-1 44% as compared to 38.09% in G-2)

OVERALL EFFECT OF THERAPY

Table 11: Overall effect of Therapy

Results	Group -1		Group-2	
	no. of patients	%	no. of patients	%
Cured	0	0%	0	0%
Marked improved	2	20%	1	10%
Moderate Improved	5	50%	3	30%
Mild Improved	3	30%	6	60%
No improvement	0	0%	0	0%

In Group-1

Maximum patients had shown moderate improvement i.e 5 (50%) patients followed by mild improvement in 3 (i.e 30%) patients. Only 2 patients (i.e 20%) had shown marked improvement.

In Group-2

Maximum patients i.e 6 (60%) were having mild improvement followed by moderate improvement in 3 (30%) patients. Only 1(10%) patient had shown marked improvement in Group-2.

No patient is cured completely in both of the groups completely.

DISCUSSION

Present research work aims to assess the efficacy of *Raktamokshana* in the management of *Gridhrasi*and which way this procedure is more beneficial to the patients with *snehpana* or without *snehpana.* Drug used in the study i.e. *Murchhita Til Taila* for *abhyangarth*, and *TrayodashangGuggulu as ShamanaAushadh* in both of the groups but *NirgundiGhritta* as *SnehpanaAushadh* used only in group 1.

Group I

Snehapana	*Nirgundi Ghrita*[8]	*3 to 7 days till samyaksnehanlakshana seen*[9]
Abhyanga	*MurchitTilTaila*	*Sarvang Abhyang* before svedana
Svedana	*SarvangVashpSvedana*	After *Abhyang*and prior to the *Raktmokshana*
Raktamokshana	Scalpel vein set (20G)	*Antarakandara gulf sira*[10] *(self-stopped or minimum 30ml blood withdrawn)*
Shaman Aushadh	*Tryodashang Guggulu*[11]	3 gm per day (1gm tid) for 15 days

Group II

Abhyanga	*MurchitTilTaila*	*3 to 7 days till samyaksnehanlakshana seen*
Svedana	*SarvangVashpSvedana*	After *Abhyang*
Raktamokshana	Scalpel vein set (20G)	*Antarakandara gulf sira (self-stopped or minimum 30ml blood with-drawn)*
Shaman Aushadh	*Tryodashang Guggulu*	3 gm per day (1gm tid) for 15 days

GROUP 1: (with Snehpana)

(1) Snehpana (2) Sarwang Abhyang (3) Sarwang Svedana (4)Raktamokshana

GROUP 2: (No *Snehpana*)

(1) Sarwang Abhyang (2) Sarwang Svedana (3) Raktamokshana

BahayaSnehana (Abhyanga) with *MurchitTilaTaila* and *Sarvang Svedana* had been done prior to the procedure in each patient. *Trayodshang Guggulu* (3gm/day for 15 days) was given as *Shaman* drug after *Raktamokshana* in both groups.

Trayodashanga Guggulu[8]

Sr.No.	Name of drug	Botanical name	Family	Part used	Proportion
1.	Aabha (babbula)	Acacia Arabica Wild	Legumnosae	Tvak-Saar(Stem bark)	1 part
2.	Ashwagandha	Withaniasomnifera Linn. Dunal	Solanaceae	Mool	1 part
3.	Hapusha	Juniperuscummunis Linn.	Pinaceae	Phala	1 part
4.	Guduchi	Tinosporacardifolia wild miers ex Hook. f. and Thomas	Menispermaceae	Kand (Stem)	1 part
5.	Shatavari	Asparagus racemosus Willd	Liliaceae	Mool (Root Tuber)	1 part
6.	Gokshur	Tribulusterrestris Linn	Zygophylaceae	Phala	1 part
7.	Vriddhadaruk	Argyreiaspeciosa Sweet	Convolvulaceae	Moola	1 part
8.	Rasna	Pluchealanceolata Oliver	Asteracea	Patra or Root	1 part

		&Hiern.			
9.	Shatahwa (Shatpushpa)	AnethumsowaKurz	Umbelliferae	Phala	1 part
10.	Yawani	Trachyspermumammi Linn. Sprague	Umbelliferae	Phala	1 part
11.	Shati	Hedychiumspicatium Buch Ham	Zingiberaceae	Kanda	1 part
12.	Nagar	ZingiberofficinaleRoxb.	Zingiberaceae	Kanda	1 part
13.	Shuddha Guggulu	Commiphoramukul Hook (ex stocks) Egnl	Burseraceae	Niryasa	12 part
14.	Ghrit				½ part

As the main seat of *GridhrasiVyadhi* is '*Kandra'*.[15]*Kandra* along with *Sira*is considered as the *Updhatu* of *Rakta Dhatu.*[16]*RaktaMokshana* is a type of *ShodhanChikitsa* that aims at elimination of the vitiated *Dosha* directly out of the body through *RaktaDhatu*.

In the present study , The site chosen for *Raktamokshana* was above the medial malleolus from the Great Saphenous Vein (in the range of 2.5–5cm area, proximal to medial malleolus).[17]*Raktamokshana* is done by scalp vein set (20G) until bloodletting has been stopped itself and minimum blood drawn is 30 ml.As *Acharya Sushruta* clearly mentioned that all the vitiated *Dosha* present in *Rakta* should not be let out completely and remained *Dosha* should be treated with *Shaman* medicine.[18] So in the present study *Trayodashang Guguulu* (3gm/day for 15 days) was used to get better results after *Raktmokshana Karma* in the management of *Gridhrasi* which is indicated for the disease *Gridhrasi*.

Overall effect of the therapy shows definite improvement in both of the groups but no patient was completely cured. Demographic data of Group 1 showed marked improvement in 2 patients (20%) whereas in Group 2, only 1patient (10%) was markedly improved i.e. total 3 patients showed marked improvement. Demographic data of Group 1 showed moderate improvement in five patients (50%) whereas in Group 2, three patients (30%) were moderately improved. In Group 1, three patients (30%) showed mild improvement and in Group 2, six (60%) patients showed mild improvement.

So the above results showed the fact that *Raktamokshana Karma* has definite role in the management of *Gridhrasi* and patients of-Group 1 has shown better effect or improvement as compared to patients of Group 2which showed the importance of the *Snehpana* in *Gridhrasi* before *Raktmokshana Karma* although *Raktmokshana*without*Snehpana* is equally significant in the management of *Gridhrasi*. But as the disease *Gridhrasi* is a *VataNanatmaj* disease so Group 1 may have yielded better results than Group 2.

It is very difficult to explain the exact mode of action of *Raktmokshana Karma* in the management of *Gridhrasi*. However an attempt has been made as *Gridhrasi* is *VataNanatmajaVyadhi*, with the predominance of *Vyaan Vayu*.[19]*Raktdhatu* is probable *Dushya*[20]and also *Kandra* along with *Sira*. These two (*Kandra* along with *Sira)* are the *Updhatu* of

RaktDhatu. So *Raktmokshana* is the direct route to alleviate these vitiated *dosha* from the *RakatDhatu* and its *Updhatu* by *Siravyadha*.

CONCLUSION

The selected intervention i.e. *Raktamokshana Karma* gave statistically significant results in relieving the symptoms of *Gridhrasi* in both of the groups. However Group 1 yielded better results as compared to Group 2 which shows *Raktmokshana* with *Snehpana* is more beneficial to the patients, although due to small sample size it founds to be insignificant on statistical parameter. Careful procedure of *Raktamokshana Karma* did not cause any complication but the patients have hesitancy or poor acceptance for the procedure of *Raktamokshana Karma*. *Raktamokshana Karma* although yielded statistically significant results in both of the Groups with quite good relief but were incapable of curing the disease completely.

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