



Case Study

EFFECT OF SIRAVYADHA IN THE PAIN MANAGENT OF GRIDHRASI- A CASE STUDY

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ABSTRACT

Introduction: *Gridhrasi* is a condition characterized by *Ruk*, *Toda*, *Stambha*, *Spandana* in *Sphik pradesha* and radiates downwards to *Kati*, *Prusta*, *Uru*, *Janu*, *Jangha* and *Pada*. *Gridhrasi* can be compared with *Sciatica*. *Siravyadha* is the major line of treatment mentioned in Ayurveda classical texts.

Case study: A female patient aged 35 years; presenting with cardinal clinical signs and symptoms of *Gridhrasi* visited OPD with history of eight years and worsen in last two days. She was examined thoroughly and detailed history of illness was recorded. She was treated with *Siravyadha atantara kandara gulpha sandhi* by following proper *Purva*, *Pradhana* and *Paschyat karma*.

Observation and Result: patient got relief in subjective parameters i.e., *Ruk* and *Stambha*. There was marked improvement in SLR test, mild improvement in Rt. lateral flexion and backward extension of lumbar spine movement. Forward flexion and Lt. lateral flexion of lumbar spine movement remained unchanged.

Conclusion: *Siravyadha* is administered in *Tridoshadushti* and *Sarvangatadushti*. In *Ghridrasi*, *Rakta* and *Kandara* are *Dushya* and *Vyana vata* is major *Dosha*. *Siravyadha* corrects these imbalances by letting out the vitiated blood. The procedure was simple, economical and can be done in OPD level. It gives immediate relief of pain and stiffness.

KEYWORDS: *Gridhrasi*, *Vatavyadhi*, *Siravyadha*, *Sciatica*.

INTRODUCTION

Gridhrasi is *Shoola pradhana nanatmaja vatavyadhi*,^[1] affecting the lower limb which hampers patient's daily routine activity. *Gridhrasi* (*Ghridhra*-vulture, *asi*- like) the name itself indicates the gait of patient due to extreme pain i.e., like *Gridhra* or vulture.

It is a condition in which the *Kandara* (muscle tendons) which is passing towards the fingers of the feet, through *Parshni* (the region below *Gulpha*- ankle joint), gets vitiated by *Vata*, causes inability to lift the lower limb. The cardinal signs and symptoms in *Gridhrasi* is intense shooting pain which is initially affect sphik as well as posterior aspect of *Kati* and then gradually radiates to posterior aspect of thigh (*Uru*), knee (*Janu*), calf (*Jangha*) and foot (*Pada*). *Gridhrasi* is of two types - *Vataja* and *Vatakaphaja* like *Tandra* (drowsiness), *Gouvara* (heaviness), *Arochaka* (anorexia) will be there.^[2] On the basis of symptoms of *Gridhrasi*; it can be correlated to sciatica. It occurs due to spinal nerve irritation and is characterized by pain in distribution of sciatic nerve.^[3]

Low back pain is a common condition that affects as many as 80 to 90 percent of people during their lifetime, sciatica occurs in about 5 percent of cases. Sciatica is more common between 30 and 50 years of age.^[4]

Conservative management of sciatica includes administration of muscle relaxants, NSAIDs, analgesics and corticosteroids. But their long term use can produce toxic effects to the different system of the body. And surgical procedures are carried out which are quite expensive and cause adverse effects like restricted movement of spine, bowel and bladder incontinence.

Line of Management of *Ghridrasi* includes *Siravyadha*, *Bastikarma* and *Agnikarma*.^[5-8] *Siravyadha* and *Agnikarma* are considered as instant healers of pain. *Raktamokshana* by *Siravyadha* method is *Ardhachikitsa* according to *Sushruta*.^[9] *Siravyadha* is specially indicated in case of *Gridhrasi*. It is a simple OPD level procedure affordable to all categories of patients and time saving. Hence in the present study is made to evaluate the efficacy of *Siravyadha* in the management of *Gridhrasi*.

CASE REPORT

Chief Complaints

1. C/o back pain which is radiating to right leg since 8years. Got worsen since 2 days.
2. c/o twitching type of pain, difficulty in sitting-standing since 2 months.
3. *Stambha, Aruchi* and *Gouravata* since 1month.

History of personal illness

A female patient aged 35years presented with the complaints of back pain and then gradually radiates to posterior aspects of *Uru, Janu, Jangha* and *pada* of right side. Also c/o twitching type of pain, difficulty in sitting-standing since two months, associated with *Stambha, Aruchi* and *Gouravata* since one month. The patient consulted a physician in Hubli, and treated with NSAIDs for 7 days and patient felt little relief; but from last two days there is regression of symptoms severe than previous episode. Now the patient came to our hospital for further treatment.

Poorvavyadhivrittanta

Not a k/c/o DM/ HTN/ Other systemic illness.

Astastana Pariksha

Nadi = 82/min.

Mala = once/ day without difficulty

Mutra = 4-5 times/day, 1 time/night

Jiwha = coated

Shabda= Normal

Sparsha= slight tenderness present over the lumbar region

Druk = Normal

Akruti = *Madhyama*

B.P = 140/80 mm/Hg.

Locomotor system:

SLR test: positive at 50° right leg

Gait: antalgic gait present

Investigations

Hb%= 11gm%

RBS= 110

PS= Normocytic normochromic blood picture

Clinical Study, Materials and Methods

Purva karma: *Tila yavagu* was administered for one *Annakala*. On the day of *Siravyadha, Sthanika abhyanga* was done around *Gulpha sandhi* using *Tila taila*, followed by *Bhaspa swedana* of *Dashamula kashaya*.

Pradhana karma: Patient was made to sit in a *Jaanu Sama aasana* (on a chair of his knee height), facing to east in a warm room, devoid of breeze and dust. The area around right ankle joint (*Antarakhandara gulphasandhi*) was slowly tapped with fingers to find the veins; *Siravyadha* is done by puncturing prominent vein using number 20 scalp vein set. Blood flowing out was collected in kidney tray till it stops by itself. There was total 120ml blood was collected in 12 minutes.

Paschat karma

The scalp vein set was removed and proper bandaging was done using *Haridra churna*. Patient was advised to take *Laghu, Drava, Ushna ahara*.

Subjective parameters		
	<i>Ruk</i>	<i>Sthamba</i>
BT	Moderate-painful walk with limping but without support.	Mild stiffness (1-10 min) - up to 25% impairment. Pt. can perform daily work.
AT	Relief was found in back pain	Relief was found in stiffness
FU	Relief was found in back pain	Relief was found in stiffness

Observation and Result

The values of SLR test, movement of lumbar spine were recorded before treatment, after treatment and on day of follow-up, and tabulated in the case proforma. Patient got relief from back pain, numbness and tingling sensation. There was improvement in gait.



The observations are tabulated below

Objective Parameters	BT	AT	Follow up
SLR (right leg)	50° with pain	80° without pain	80° without pain
Movement at lumbar spine			
Forward Flexion	20cm above ground	20cm above ground	20cm above ground
Rt. Lateral Flexion	30° with pain	35° without pain	35° without pain
Lt. Lateral flexion	35° without pain	35° without pain	35° without pain
Backward extension	10° with pain	20° without pain	20° without pain

DISCUSSION

Gridhrasi is included under the 80 types of *Nanatmaja Vata Vikara*. Diseases of lumbar spine are most expensive orthopedic problem. Herniation and degenerative changes in the disk are the most common causes of sciatica. There is often history of trauma as twisting of the spine, lifting heavy objects or exposure to cold.

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.

The symptoms of *Samyaksiravyadha* are *Laghavam* (Body and painful area) and *Vedanashanti* (pain reduction), *Visravitrakta* stop itself.

Siravyadha reduces pain of *Ghridhrasi* diseases immediately and also reduces other symptoms of *Ghridhrasi* pricking sensation, stiffness, tingling sensation, heaviness and increases the SLR angle in a single sitting procedure.

This procedure *Siravyadha* may help in this disease *Ghridhrasi* by correcting the *Dosha- vyanavata* and *Dushyakandara*; which is *Upadhatu* of *Rakta*.

Siravyadha expels out vitiated *Rakata* and *Vyanavata* and facilitates normalcy of *Vayu*.

The entire treatment was accepted easily by the patients. There were no side effects noticed in the patients. There is no need to be hospitalization of the patient in the procedure.

Hence, *Siravyadha* can be used in pain predominant diseases.

CONCLUSION

This case study of effect of *Siravyadha* in the pain management of *Gridhrasi* gave a promising result. The procedure was simple economical and can be done in OPD level. *Siravyadha* shows immediate pain relief in *Gridhrasi*, but still to avoid the reoccurrence of the disease and to break the *Samprapti* the patient may need to maintain their lifestyle.

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