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Pain management in *Gridhrasi* through Ayurveda - An Observational Study

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ABSTRACT

Gridhrasi is a *Shula Pradhana Vata Nanatmaja Vyadhi* which is characterized by the *Kramat Shula* in the *Prushtha Bhaaga* of *Sphik, Kati, Uru, Jaanu Jangha* and *Pada Pradesha*. It is correlated with *Sciatica* based on the aetiology and symptomatology. This disease is mainly caused due to the improper postures and the nature of the work. The main challenge is the management of pain. In Modern Science this condition is managed by the administration of Analgesics and in the later conditions Surgery will be advised with no definite relief. *Shodhana, Siravyadha, Basti, Agni Karma* are the treatment modalities have been mentioned in the classics. Here the study is conducted to evaluate the efficacy of *Siravyadha* in the management of the *Shula* in *Gridhrasi* with a successful outcome.

Key words: *Basti, Gridhrasi, Sciatica, Siravyadha.*

INTRODUCTION

In classics, *Gridhrasi* is included under the 80 types of *Nanatmaja* and *Shoola Pradhana Vata Vyadhi*. *Acharya Sushruta* has mentioned that *Vata Dosha* gets aggravated because of the *Nidana Sevana* and affects the *Kandaras* present in *Parshini Sthana* i.e. *Parshwa Adhobhaga* of *Gulpha Pradesha* and *Pratyangulis*, that causes difficulty in *Sakthi Utkshepa* and *Prasarana Nigrahana Kriya*, which is termed as *Gridhrasi Vyadhi*.^{[1],[2]} There are two types of *Gridhrasi* mentioned namely *Vataja* and *Vata-Kaphaja Gridhrasi*.

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According to *Bhavaprakasha* and *Chakradatta*, *Shodhana (Vamana and Virechana)*, *Basti, Siravyadha* and *Agnikarma* are treatment modalities that are to be adopted. Among these *Siravyadha Chikitsa* is mentioned by all the *Acharyas*. *Charaka* explained *Siravedha* at the site of *Antara-Kandara-Gulpha*.^[3] *Sushruta*^[4] and *Vagbhata*^[5] indicated *Siravedha* four *Angula* above or four *Angula* below the *Janu Sandhi*. *Chakradatta* also mentioned *Siravedha* for *Gridhrasi*, *Vedha* is done near the *Antara* of *Kanistika Anguli* or four *Angula* below the *Indrabasti Marma* i.e. between the *Jangha* and *Parshni*.^[6]

Acharya Sushruta mentions to adopt *Sira Vyadha* in diseases which are not relieved by *Snehana, Lepadadi* therapeutic measures in these situations *Siravyadha* is an emergency management to achieve better results.^[7] *Acharya Charaka* says *Siravyadha* is best as it clears the *Raktamarga Avarana* and there by reduces pain immediately.^[8]

OBJECTIVES OF THE STUDY

1. To evaluate the effect of *Siravyadha* on pain in *Gridhrasi*.
2. To evaluate the pain free duration after *Siravyadha* in *Gridhrasi*.

- To evaluate the improvement in degree of movement after *Siravyadha*.

MATERIALS AND METHODS

Source of data

10 patients diagnosed as *Gridhrasi* presenting with severe pain unilateral or bilateral, irrespective of the cause were selected for the study from the OPD and IPD of SKAMCH & RC, Bangalore.

Method of collection of data

It is a clinical study with pre-test and post-test design assessed by VAS score for pain and SLR test for degree of movement.

Exclusion Criteria

- Patients contra-indicated for *Siravyadha*.
- Patients with any other systemic disorders which may interfere with *Siravyadha*.
- Known cases of haematological and bleeding disorders.

Assessment Criteria

- Patients were assessed before treatment and after 30 min of *Siravyadha* and after 24 hours of *Siravyadha*.
- Pain was assessed by VAS and degree of movement by SLR Test.

STUDY DESIGN

Procedure

Poorva Karma

- The procedure was explained to patient.
- Yavagupaana* - Patients were advised to have adequate quantity (100 ml) of *Tilayavagupana* before undergoing *Siravyadhana*.
- Part preparation was given.
- Patient's vitals were recorded.
- Patient was made to sit on an examination table and the affected leg was exposed hanging down.

- Later patient was given *Sthanika Abhyanga* with *Moorchita Tila Taila* and *Nadi Sweda* for 5-7 min. before *Siravyadha*.
- A tourniquet was applied 4 *Angulas* above *Gulpha Sandhi* and the prominent vein was spotted.

Pradhana Karma

- Under Aseptic precautions, prominent vein near *Antara Kandara Gulpha* was given a prick with sterile no. 20 gauge scalp vein set and fixed.
- The blood let out was collected in a kidney tray and measured with measuring jar.
- Siravyadha* was continued till the bleeding stopped by itself or till *Samyak Siravyadha Lakshanas* appeared.



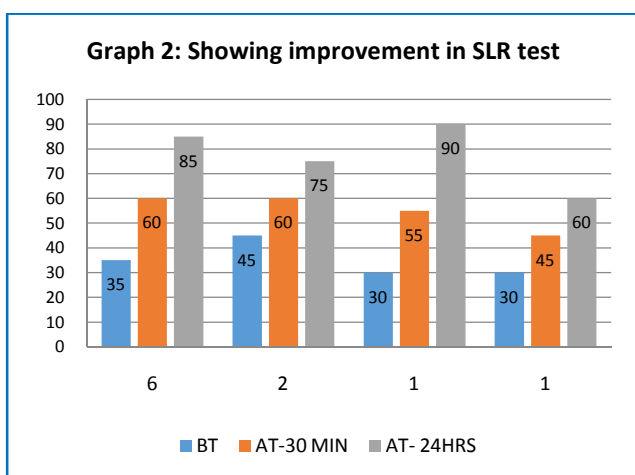
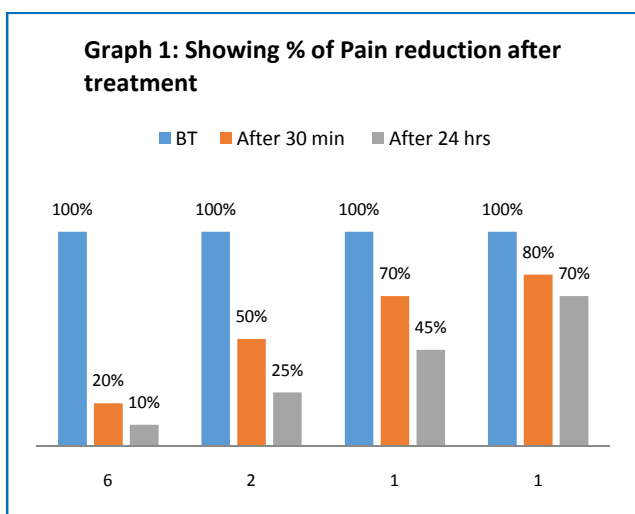
Fig. 1: *Siravyadhana*

Paschat Karma

- After letting out blood, the needle was taken out and sterile cotton pad was kept and bandaged.
- The patient was asked to take rest for 10-15 minutes.
- After *Siravyadha*, patient was shifted toward or sent home.
- The collected blood and scalp vein was discarded as per BMWM rules 2016.

OBSERVATIONS

Observations were made on the pain free duration and the improvement in the degree of SLR and is depicted in Graph.



DISCUSSION

1. The main aim of the *Raktamokshana* is *Prakupita Doshanirharana*. *Siravyadha* is indicated primarily in generalized vitiation of blood causing distress. In contemporary science venepuncture or phlebotomy treatment is parallel to *Raktamokshana*.
2. The disability caused by pain in *Gridhrasi* hampers activities of daily living.
3. Patients of *Gridhrasi* treated with *Siravyadha* showed 80 % relief *Ruja* (VAS) & 60 % relief in SLR.
4. Among the 10 patients, 4 patients had numbness reduced by 70%.
5. Numbness might have been reduced as by *Siravyadha* the peripheral resistance is reduced as told in *Suptivata Chikitsa*.

Probable mode of action

1. The *Raktamarga Avarana* is removed in *Gridhrasi* by *Siravyadha* hence the pain reduces immediately.
2. As mentioned in the *Samprapti* of *Gridhrasi* it is having *Ashukari Swabhava*, *Raktamokshana Karma* provides '*Ashu Vyadhi Shanti*'.
3. *Siravyadha* near *Gulpha* which is a *Rujakara Marma* probably reduces the pain soon.
4. The symptoms of *Samyak Siravyadha* are *Laghavam* (body and painful area) and *Vedanashanti* (pain reduction), *Visravat Rakta* will stop itself, it means the pain arising from a disease condition get subsided followed by decrease in the symptoms of the disease, so *Siravyadha* can be used in pain predominant diseases.
5. According to modern research, it reduces the intravascular pressure and volume which will reduce pain immediately.
6. *Doshavishesha* - that is, as *Gridhrasi* comes under *Vatavyadhi* and *Adhahshaaka* is *Vatasthana* as per our *Samhitas*.
7. *Sthanavishesha* - as the symptoms of *Gridhrasi* states "*Spikh Poorva Kati Prista Uru Janu Jangha Padam Kramat*" the disease is confined to the entire leg.
8. *Vyadhivishesha* - in *Chikitsa* of *Gridhrasi*, *Siravyadha* is *Adhya Upakrama* as per *Charaka* and the site mentioned is *Antarkandara Gulpha Pradesha*.
9. As *Sushruta* says *Samyak Siravyadha Laxanas*, '*Samyak Gatwa Yada Raktam Swayammeva Avatistati, Shuddam Tadavijaaneyat Samyag Visravitam*' for this to happen again there is a direct reference to introduce the needle in such a way that it should be *Ruju*, *Asankeerna*, *Sukshmam*, *Samam*, *Anavaghadam*, *Anuttanam*, *Aashu*, *Sandhi-Marma-Sira* should be kept in mind while doing *Siravyadha* so that they should not be damaged.

CONCLUSION

The above clinical study was undertaken to study the effect of *Siravyadha* in the acute management of pain in *Gridhrasi*. The mean score of pain in *Gridhrasi* patients was 8 (on VAS) it reduced to 6 after *Siravyadha* (after 30 min) and 2 (on VAS) after 24 hours having percentage of improvement 40% and 80% respectively. The *Sira* which can be considered for *Antarakandaragulpha* is probably Posterior tibial vein and this was selected because of the following reasons; Due to maximum gravitational force in that area. As this vein is near to capillary bed the peripheral resistance will be increased. In ankle joint, range of venous blood pressure is between 30 - 60 mm of Hg, because of this when the muscle contracts, pressure goes up to 100 mm of Hg and when it relaxes, it drastically comes down up to 20 mm of Hg. So this phenomenon may cause free flow of blood as at the time of prick there will be muscle contractions and after sometimes when it relaxes pressure drastically comes down to 20 mm of Hg which helps in cessation of blood by itself and this is why *Samyak Sravya Lakshanas* were seen at this point. 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*. Thus, the data suggests that *Siravyadha* is effective in the management of pain in *Gridhrasi*.

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