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RESEARCH ARTICLE

CLINICAL STUDY OF SIRAVEDHANA AND AGNIKARMA IN GRIDHRASI (SCIATICA)

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ABSTRACT

Gridhrasi is such a disease, which carry little threat to life and interfere greatly with living also. The person who suffers from this disease is particularly handicapped, as he can't walk, stand or sit properly and the painful limb continuously draws his attention. The management provided by modern medicine for this condition is either conservative like rest, immobilization, analgesic and anti-inflammatory drugs, physiotherapy, manipulation etc. or surgical. If the pain and neurological findings do not disappear on prolonged conservative treatment, finally they go on surgery, which is also not the ultimate solution as there is a common problem of recurrence or some patients lose their working capabilities. Acharya Charaka has described Basti, Siravyadha (Venepuncture) and Agnikarma in the management of Gridhrasi. In this present study, 30 patients were observed randomly during this classical method for treating Gridhrasi (Sciatica). These 30 patients were divided in two groups on the basis of treatment Procedures. In Group I Siravedhana (Blood Letting) was performed and in another group II, Agnikarma Procedure was done on patients as per classical established method adopted by Ayurveda Acharya.

INTRODUCTION

Gridhrasi is such a disease, which carry little threat to life and interfere greatly with living also. The person who suffers from this disease is particularly handicapped Acharya Charaka has described Basti, Siravyadha (Venepuncture) and Agnikarma in the management of Gridhrasi [1]. Role of simple, safe, cheap and practicable Ayurvedic procedures like Siravyadha (Venepuncture) and Agnikarma have not been studied so far in the management of Vatavyadhies like Gridhrasi, which leave a scope to explore the Acharya Sushruta has mentioned diseases, those are not relieved so quickly by Snehana, Lepanadi therapeutic measures in this situation Siravyadha (Venepuncture) is an emergency management to achieve better results [2]. Siravyadha (Venepuncture) is also accepted as half of the therapeutic measures in Shalya Tantra like Basti in Kayachikitsa [3]. (Su. Sha).

Aims & Objectives

- To study the role of Siravyadha (Venepuncture) and Agnikarma in the management of Gridhrasi.
- To compare the efficacy of Siravyadha (Venepuncture) and Agnikarma in the management of Gridhrasi.

MATERIALS AND METHODS

1 Inclusion Criteria for Selection of Patients

The patients suffering from salient features of Gridhrasi(Sciatica) attending the O.P.D. and I.P.D. of Shubhdeep Ayurved Medical College & hospital Indore (M.P.) were selected randomly irrespective of their age, sex, religion, caste, occupation etc. Patients were diagnosed on the basis of signs and symptoms as per Ayurveda as well as modern texts.

Exclusive Criteria of Patients

- Diabetes mellitus
- Tuberculosis (T.B.)
- Ca of lumbosacral plexus
- Ca of Cauda equine
- Pregnancy

Specific Blood Investigations

- Blood sugar fasting & PP
- CBC,ESR, HB%, HIV, HbsAg,
- X-ray: Lumbo-sacral region.

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1 Grouping

Siravyadha (Venepuncture) Group (Group I): It was done at the site of four Angulas below the Janu Marma by using scalp vein (no. 20)

Agnikarma Group (Group II): It was done at the site of Antara-Kandara-Gulpha-Madhya by Pancha Dhatu Shalaka.

Procedures

Both the procedures are entirely consisting;

- Purva Karma (Pre-operative Procedure)
- Pradhan Karma (Operative Procedure)
- Paschat Karma (Post-operative Care)

Agnikarma Vidhi (Procedure)

Purva Karma

- Prepare Triphala Kwatha for Prakshalana of the local part of the patient.
- Yashti Madhu Churna, Small pieces of Kumari Patra, Swab holding forceps, Plota (gauze), Pichu (cotton), Gas stove, Pancha Dhatu Shalaka are kept ready for use.
- Patient was advised for Snigdha and Pichchhila light diet before Agnikarma Chikitsa.
- The Shalaka was heated on fire till red hot.
- The patient was put on the bed of Agnikarma room and the diseased part wash out with Triphala Kashaya . Here, don't use spirit because it is heat sensitive agent.

Pradhana Karma

- The affected leg of the patient was seen and at the site of Antara-Kandara-Gulpha-Madhya, 5-30 Bindu (Bindu Dahana Vishesa) Samyak Dagdha Vrana were produced in the form of Vilekha by Pancha Dhatu Shalaka.
- The proper space between two Samyak Dagdha Vrana was kept.

Paschat Karma

- After producing Samyak Dagdha Vrana, the small piece of Kumari Patra hold with swab holding forcep was applied on Samyak Dagdha Vrana to get relief from burning sensation instantly.
- After wiping of Kumari Patra, Avachurnan (Dusting) of Yashtimadhu Churna was done on Samyak Dagdha Vrana.
- Patient should be advised for local application of mixture of Haridra powder and coconut oil on the Samyak Dagdha Vrana from very next day up to a week.
- Pathyapathya were used as per Sushrutacharya's Vrana Rogadhikara until healing of Samyak Dagdha Vrana.

Siravyadha(Venepuncture) Vidhi

Purva Karma

- The Siravyadha(Venepuncture) room should be well equipped with all the Agropaharaniya required for the Siravyadha(Venepuncture) procedure.
- Patient was advised for taken Yavagu or light liquid diet before 1-2 hours of Siravyadha (Venepuncture) procedure 4.
- Local Snehana and Swedana should be carried out on the affected leg.
- Paint the portion with spirit where Siravyadha (Venepuncture) has to be carried out.

Pradhana Karma

- Siravyadha(Venepuncture) procedure is done in standing position of the patient.
- The patient has to be tighted the muscles of affected leg.
- Yantrana(fixation of veins by tied with bands ofcloth,leather) should be done with the help of thick rope from proximal part of the leg up to the knee joint.
- Try to protrude the superficial vein below four Angulas of the Janu Marma (postero-medial aspect of calf region) 5.
- Siravyadha(Venepuncture) should be done with the help of Scalp-vein (no. 20).
- The vitiated blood letted out and has to be collected in a glass biker.
- The Yantrana has taken out and gradually the blood flow would be stopped.
- Then take out the scalp vein, massaged of local part and tight dressing should be applied.

Paschat Karma [6]

- Patient has to be relaxed.
- After bloodletting, the patient should be fed with soup of flesh of deer, rabbit, sheep, stag or goat, milk or Shastik rice.
- After bloodletting the patient should be advised to avoid exercises, copulation, anger, cold bath, cold breeze, day sleep, use of alkalies, sour and pungent substances in food, grief, too much conversation and indigestion till he/she attains good strength.
- Relief in pain, lightness of the body, retardation of disease process, calmness of mind is the signs of proper bloodletting.

Drugs

- In the Purva Karma of Siravyadha (Venepuncture), Bala Taila is required for Abhyanga.
- In the procedure of Agnikarma, Panchavalkal Kwatha and Yashtimadhu Churna are required.

Duration

Duration of the treatment will be decided according to condition and severity of the patient.

- For Siravyadha (Venepuncture) Karma, sitting with a minimum gap of 15 days, if required.

- For Agnikarma, sitting with gap of 7 days

Follow Up

After completion of the treatment, patient will be advised to visit after 2 months for follow up.

Criteria for Assessment

Ruka :	Toda:
• No pain – 0	• No Toda - 0
• Mild pain but no difficulty in walking - 1	• Occasional – 1
• Moderate pain and slight difficulty in walking- 2	• Mild – 2
• Severe pain with severe difficulty in walking- 3	• Moderate – 3
	• Severe - 4
Stambha:	Spandananubhuti :
• No Stambha – 0	• No Spandana – 0
• Occasional - 1	• Occasional - 1
• Mild - 2	• Mild – 2
• Moderate – 3	• Moderate – 3
• Severe – 4	• Severe – 4

Criteria for Assessing the Total Effect

Cured: More than 75% relief in the complaints of patient	Marked Improvement : 50 - 75% relief in the complaints of patient
Moderate Improvement: 25-50% relief in the complaints of patient	Unchanged : Up to 25% relief in the complaints of the patients

Effect of Therapy

Group I: Siravyadha (Venepuncture)

Chief Complaints	Mean Score		%	S.D.	S.E.	't'	P
	B.T.	A.T.					
Ruka	2.13	0.88	58.82	0.46	0.16	0.00	NS
Toda	1.50	0.63	58.33	1.13	0.40	0.06	NS
Stambha	1.50	0.75	50.00	0.71	0.25	0.02	NS
Spandana	2.13	0.75	64.71	0.92	0.32	0.00	NS

- **Ruka:** The mean score of Ruka was 2.13 before treatment which reduced to 0.88 after treatment with 58.82% relief, which was statistically insignificant.
- **Toda:** Initially the mean score of Toda was 1.50 before treatment which reduced to 0.63 after treatment with 58.33% relief, which was statistically insignificant.
- **Stambha:** The mean score of Stambha was 1.50 before treatment which reduced to 0.75 after treatment with 50.00% relief, which was statistically insignificant.
- **Spandana:** It was reported that initial mean score of Spandana in this group was 2.13 and after treatment it reduced to 0.75. This 64.71% relief was statistically insignificant.

Group II – Agnikarma [2]

Chief Complaints	*Mean Score*		*%*	*S.D.*	*S.E.*	*'t'*	*P*
	B.T.	*A.T.*					
Ruka	*1.93*	*0.40*	*79*	*0.52*	*0.13*	*11.50*	*<0.001*
Toda	*1.87*	*0.27*	*86*	*0.99*	*0.25*	*6.29*	*<0.001*
Stambha	*1.13*	*0.07*	*94*	*0.96*	*0.25*	*4.30*	*<0.001*
Spandana	*1.13*	*0.27*	*76*	*0.83*	*0.22*	*4.03*	*<0.01*

- **Ruka:** The mean score of Ruka was 1.93 before treatment which reduced to 0.40 after treatment with 79% relief, which was statistically highly significant (P<0.001).
- **Toda:** Initially the mean score of Toda was 1.87 before treatment which reduced to 0.27 after treatment with 86% relief, which was statistically highly significant (P<0.001).
- **Stambha:** The mean score of Stambha was 1.13 before treatment which reduced to 0.07 after treatment with 94% relief, which was statistically highly significant (P<0.001).
- **Spandana:** It was reported that initial mean score of Spandana in this group was 1.13 and after treatment it reduced to 0.27. This 76% relief was statistically significant (P<0.01).

- In Siravyadha (Venepuncture) group, out of 8 patients after the completion of treatment 5(21.73%) got moderate improvement, 02(08.70%) were got marked improvement, whereas in 01 (04.34%) patient there was no change observed into the symptoms of Gridhrasi. None of the patient could get complete relief.
- In Agnikarma group, out of 15 patients after the completion of treatment 08 (34.78%) couldn't get any change, 05 (21.73%) could get moderate improvement, whereas 02 (08.70%) patient could achieve marked improvement in the symptoms of Gridhrasi. None of the patient got complete relief.
- The clinical data clearly depicts that Agnikarma therapy has been very effective in Graha Pradhana Gridhrasi (e.g. In Vataja type of Gridhrasi), while Siravyadha(Venepuncture) saw effective results in the treatment of Ruka, Toda and Spandana Pradhana Gridhrasi.

Mode of Action of Siravyadha (Venepuncture) (According To Ayurveda)

In Panchakarma Chikitsa, the vitiated Doshas are purified whereas in Siravyadha(Venepuncture) 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 [7]

Mode of Action of Agnikarma (According to Ayurveda)

By doing Agnikarma, we need to transfer Agni in quantum. This Agni is transferred to Dushya (Dhatus). The pathology in Dushya is treated by neutralizing the vitiated Doshas as Agni Guna is opposite to vitiated Vatika Gunas and vitiated Kapha Gunas directly. In transferred Agni again used to do the Utkleshana (aggravate) of Dhatvagni, which act against vitiated Ama Dosha in Dushya by Dosha Pachana action thus, the Sama and Nirama Doshas are neutralized. Hence, the Samprapti Vighatana is completed and the patient became free from symptoms of the disease.

Conclusion

- Gridhrasi is a painful condition and mainly Vatavyadhi Chikitsa has been advocated.

- Gridhrasi can be equated with sciatica in modern parlance.
- Caring of sciatica should be considered part of one's daily living, not just something to add to the routine at the end of the day.
- Various back exercises play an important role in treatment as well as in prevention of the disease.
- There is no need to be hospitalize of the patients in both the procedures (Siravyadha and Agnikarma).
- Both the procedures are effective, simple, cheap and safe for the patient having Gridhrasi.
- Less fear of complications in both of the procedures to be concerned.
- Siravyadha(Venepuncture) and Agnikarma gives relief spontaneously in the cardinal symptoms of Gridhrasi.

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