CLINICAL EVALUATION OF SIRAVEDHA IN THE MANAGEMENT OF GRIDHRASI WITH SPECIAL REFERENCE TO SCIATICA

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Received on: 20/09/2015 Revised on: 06/10/2015 Accepted on: 16/10/2015

ABSTRACT

Gridhrasi (sciatica) is pain dominant lifestyle disorder, in which the pain starts from Sphik Pradesha (back region) and radiates towards the foot. According to Charaka it can be managed by the process of Siravedha, Snehana, Bastikarma and Agni karma.

Siravedha is considered as half of the therapeutic measure in Shalyatantra like Basti in Kayachikitsa. Siravedha is an emergency management in Vataja nanatmaja vyadhi like Gridhrasi to achieve better results. It has been done at the site of four Angula above and below the Janu sandhi.

The present study was carried out on clinical evaluation of Siravedha in Gridhrasi as cited by Sushruta in the context of management of Gridhrasi. For the study 15 patients were randomly selected from OPD and IPD of JIAR hospital, Jammu. It was single blind clinical study to evaluate the efficacy of Siravedha by subjective and objective criteria i.e. pain, pricking sensation, stiffness, tingling sensation, anorexia, torpor, heaviness, SLR angle and walking time.

The study revealed that, there were significant results found in Gridhrasi by Siravedha. It destroyed the Avarana (obstruction) which helped in normal movement of Vata and therefore restored the normal circulation and function of Vata. Ultimately; it reduced pain, pricking sensation, stiffness, tingling sensation, heaviness and quick relief of symptoms. It was simple economical and highly effective procedure without producing any adverse effects.

KEYWORDS: Gridhrasi, Sciatica, pain, Siravedha, management.

INTRODUCTION

Ayurveda is the practical science of life, which speaks about the longevity of life. But the changing lifestyle of modern human beings has created several disharmonies in his biological system as the advancement of busy professional and social life, improper sitting postures and over exertion jerking movements during travelling etc. factors creates undue pressure to spinal cord which leads to low backache and Sciatica likewise progressive disorders affecting pelvis and also the nearer structures. Thus, the disease now becomes threat to working population.

Sciatica is characterized by constant aching pain which felt in the lumbar region may radiate to the buttock, thigh, calf and foot. Sciatic pain radiates along the course of the sciatic nerve. According to Stanlay J. Swierzewski, low backache affects 80-90% of people during their life time but sciatica occurs in about 5% of cases. It is common between 30-40 yrs of age and affects both the sexes (male and female) equally.

Treatment in the modern medicine and surgery includes:

1) Conservative treatment
2) Epidural steroid injection
3) Peri-radicular infiltration
4) Surgical treatment

But all these treatments have adverse effects, complications and also possibility of more reoccurrence rate.

On the basis of symptoms, Sciatica can be correlated with Gridhrasi in Ayurveda. Gridhrasi is included in Vataja Nanatmaja Vyadhi and also considered as Maharoga by Acharya Charaka. In all Ayurveda classic, the description of disease is available.

In Ayurvedic texts, the treatment described:

1) Siravedha
2) Agni karma
3) Basti karma
4) Snehana
5) Swedana
6) Oral medication
Siravedha is accepted as half of the therapeutic measure in Shalya tantra, like Basti in Kayachiksa. And here also in this disease it has spontaneous effects. The cardinal symptoms of Gridhrasi like pain (Ruk), stiffness (Stambha), pricking sensation (Toda), tingling sensation (Muhuspandanana), are relieved by Siravedha procedure. It is done at the site of four Angula above and below the Janu sandhi. Dalhana, while commenting on Siravedha in Gridhrasi clarified that Siravedha will be beneficial in Avrita vatajanya Gridhrasi. Sushruta has mentioned the diseases, which are not relieved so quickly by Snehana, Lepanadi measures; in this situation Siravedha is an emergency management to achieve the better results. An effort was made to know the efficacy of Siravedha for the management of Gridhrasi.

MATERIAL AND METHOD

It is a single blind clinical study wherein 15 patients suffering from sciatica were randomly selected from OPD and IPD of JIAR hospital, Nardini, Jammu.

A detailed clinical proforma was prepared, to study the patient and disease. Blood investigations are also preformed.

SELECTION OF PATIENTS

INCLUSION CRITERIA

- Patient of either sex with age group of 20-70 years.
- Classical signs and symptoms of Gridhrasi like pain, pricking sensation, stiffness and tingling sensation starting from Sphik pradesha (back) and radiates towards the foot were included.
- Chronicity less than 2 years.

EXCLUSION CRITERIA

- Gridhrasi due to traumatic injuries.
- Gridhrasi developed due to any post surgical complication.
- Gridhrasi associated with systemic /metabolic disorders.
- Congenital deformity of vertebral column.
- Pregnant and lactating women.

MATERIALS

1) Scalp vein set 18No.

ASSESSMENT CRITERIA

Table 1: Assessment criteria & Grading

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Grade 0</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>No pain</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Pricking sensation</td>
<td>No sensation</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Stiffness</td>
<td>No stiffness</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Tingling sensation</td>
<td>No tingling</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Anorexia</td>
<td>No anorexia</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Torpor</td>
<td>No torpor</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>Heaviness</td>
<td>No heaviness</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>SLR Angle rises up to degree</td>
<td>90</td>
<td>70</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>Walking (50 ft.)</td>
<td>in 50sec</td>
<td>In 51-100 sec</td>
<td>In 101-150 sec</td>
<td>More than 150</td>
</tr>
</tbody>
</table>

METHODOLOGY

In this study of 15 patients, signs and symptoms before and after treatment were recorded in the proforma of case sheet of Gridhrasi. The treated patients were advised not to carry out strenuous work and avoid straining of the leg during treatment.

POORAVKARMA

- Abhyanga with Moorchita Tailam and Nadi swedana was given on the day of Siravedha.
- Patients were given Yavagu 48 minutes prior to procedure.

PRADHANA KARMA

- Patient was made to lie down in prone position with knee flexed and draping done.
- Regular checkup of vitals.
- Tourniquet was applied 4 Angulas above the Janu sandhi.
- 4 Angulas below the Janu sandhi i.e. at the site of Siravedha was cleaned with antiseptic solution.
- A straight vein was made prominent and the needle of scalp vein 18 No. (Vrihi Mukha Shastra) was inserted by puncturing the vein and blood was allowed to flow and is collected in kidney tray.
- Then after sometime the flow of blood was arrested itself without any external influence.
- The amount of blood taken should be 50-100 ml.

PASCHAT KARMA

- Scalp vein was removed.
- Tourniquet was removed.
- Haridra churna was applied at the site of Siravedha and patient was shifted to ward.
- Advised not to carry out heavy work and to avoid straining of the leg during the day of treatment.
- Advised to follow Pathya-Apathya.

PERIOD OF STUDY: 60 days.
RESULT
The present study revealed that incidence of Gridhrasi was more common in age group of 31-40 yrs and 41-50 yrs i.e. 33.33% followed by 20% in age group of 21-30 yrs. Maximum patients were male i.e. 60%. Maximum patients were Hindus i.e. 93.33%. Maximum were from rural area. Maximum patients have moderate type of life style i.e. 53.33%.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Mean BT</th>
<th>SD BT</th>
<th>Mean AT</th>
<th>SD AT</th>
<th>SE BT</th>
<th>SE AT</th>
<th>t</th>
<th>df</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruk</td>
<td>2.2</td>
<td>0.414</td>
<td>0.107</td>
<td>0.091</td>
<td>16</td>
<td>14</td>
<td>0.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLR</td>
<td>1.8</td>
<td>0.414</td>
<td>0.107</td>
<td>0.131</td>
<td>8.573</td>
<td>14</td>
<td>0.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toda</td>
<td>1.13</td>
<td>0.915</td>
<td>0.236</td>
<td>0.126</td>
<td>5.527</td>
<td>14</td>
<td>0.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stambha</td>
<td>0.93</td>
<td>0.704</td>
<td>0.182</td>
<td>0.126</td>
<td>4.583</td>
<td>14</td>
<td>0.000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muhuspandanam</td>
<td>0.73</td>
<td>0.704</td>
<td>0.182</td>
<td>0.107</td>
<td>3.228</td>
<td>14</td>
<td>0.006</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aruchi</td>
<td>1.00</td>
<td>0.845</td>
<td>0.218</td>
<td>0.126</td>
<td>3.568</td>
<td>14</td>
<td>0.003</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tandra</td>
<td>0.47</td>
<td>0.516</td>
<td>0.133</td>
<td>0.107</td>
<td>2.256</td>
<td>14</td>
<td>0.041</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gaurav</td>
<td>0.6</td>
<td>0.507</td>
<td>0.131</td>
<td>0.107</td>
<td>3.055</td>
<td>14</td>
<td>0.009</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking time</td>
<td>1.4</td>
<td>0.507</td>
<td>0.131</td>
<td>0.131</td>
<td>10.247</td>
<td>14</td>
<td>0.000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: "BT"-Before Treatment," AT"-After Treatment, "SD"- Standard Deviation, "SE" Standard Error, "df"- degree of freedom
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Table 3: Showing total percentage of relief in overall parameters

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Mean</th>
<th>Mean difference</th>
<th>% of relief</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
</tr>
<tr>
<td>Ruk</td>
<td>2.2</td>
<td>1.13</td>
<td>1.07</td>
</tr>
<tr>
<td>SLR</td>
<td>1.8</td>
<td>0.4</td>
<td>1.4</td>
</tr>
<tr>
<td>Toda</td>
<td>1.13</td>
<td>0.33</td>
<td>0.8</td>
</tr>
<tr>
<td>Stambha</td>
<td>0.93</td>
<td>0.33</td>
<td>0.6</td>
</tr>
<tr>
<td>Muhuspandanam</td>
<td>0.73</td>
<td>0.2</td>
<td>0.53</td>
</tr>
<tr>
<td>Aruchi</td>
<td>1</td>
<td>0.33</td>
<td>0.67</td>
</tr>
<tr>
<td>Tandra</td>
<td>0.47</td>
<td>0.2</td>
<td>0.27</td>
</tr>
<tr>
<td>Gaurav</td>
<td>0.6</td>
<td>0.2</td>
<td>0.4</td>
</tr>
<tr>
<td>Walking time</td>
<td>1.4</td>
<td>0.4</td>
<td>1</td>
</tr>
</tbody>
</table>

DISSCUSSION

Gridhrasi is similar condition in modern medical context as Sciatica syndrome. Distribution of pain along the course of Sciatica nerve or its component nerve roots is characteristic feature. Pain starting from Lumbo-sacral region, it radiates to postero-lateral aspect of thigh and the calf to the outer aspect of the foot, is the cardinal symptom of Sciatica syndrome. Different Acharyas have mentioned the disease condition Gridhrasi and its treatment principles. These are Siravedha, Basti, Agnikarma, Snehana, Swedana, Vamana and Virechana. These treatments are to be implemented on considering the disease condition and stage of disease.

Siravedha is half the line of treatment in Shalya tantra. This procedure is both therapeutic and prophylactic. Siravedha as cited by Acharya Sushruta in the context of Gridhrasi is said to produce quick relief from symptoms.

By Siravedha, probably there may be breaking down of obstruction (Avarana) which helps in normal movement of Vata, thereby restoring the normal circulation and function of Vata. It removes congested blood in the area of Shonita avarana.

The effect of Siravedha on pain was highly encouraging. Pain might have reduced due to reduction of pressure over the surrounding nerves by Siravedha. It has significant effect on SLR test. It might be due to accumulated blood was let out through Siravedha and allowed free space for movement limb.

Toda, Stambha, Muhuspandanam, Aruchi and Gaurav appeared in Rakta avrita vata. These were improved due to letting of Rakta avrita vata. There was drastic improvement in walking time after Siravedha. Severity of pain reduced and patient was able to walk in short duration. It was shown that, Siravedha has ultimate effect on reduction of pain, tenderness, stiffness, increasing SLR and improvement in walking time.

CONCLUSION

The present study clinical evaluation of Siravedha in the management of Gridhrasi w.s.r. to Sciatica has revealed.

- In Gridhrasi Vyana vayu is essential factor for the manifestation of the disease.
- Siravedha is found efficacious in the management of Gridhrasi.
- Siravedha acts on the breakdown of obstruction (Avarana) which helps in normal function of Vata.
- Siravedha help in quick relief from symptoms.
- Siravedha also reduces pain, pricking sensation, stiffness, tingling sensation, heaviness, walking time and increases the SLR angle.
- Siravedha is simple, economical and highly effective procedure and patients did not require long duration of bed rest.
- So Siravedha can be considered as superior treatment procedure for Gridhrasi treatment.

REFERENCES


Available online at: http://ijapr.in


Cite this article as:

Source of support: Nil, Conflict of interest: None Declared

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