ROLE OF SIRAVEDHA (RAKTAMOKSHAN) ON GRIDHRASI — A CASE STUDY.

Bhagwat T Shinde, Tejaswini N. Pedwal, Sandeep T. Shinde, Pritam P. Dhoot

1. INTRODUCTION

Ayurveda has described two-fold of treatments for diseased condition, Shodhana (elimination) and Shaman (alleviation) karma. Shodhana includes Panchakarma (five procedures of treatment) which is used to purify the body by removing the vitiated dosha of body. Raktamokshan is one of the Panchakarma and Parasurgical measures which is described by Acharya Sushruta. Raktamokshan is a unique parasurgical measures indicated in various diseases where Rakta is vitiated by tridosha viz. Vata, Pitta or Kapha. Letting out impure blood from the body is known as Raktamokshan. Raktamokshan is mainly divided into 2 types – Sashstra & Ashastra Using shastra is again divided into 2 types – Pracchana and Stravedha and using ashastra is divided into 4 types - Jaloukavacarana (Pitta), Shringa (Vata), Alabu (Kapha), Gati yantra.

Gridhrasi is derived from the word “Gridhraus” by adding ‘Din’ pratayaya the word Gridhrasi is derived. In this disease the patients gait becomes alter as his legs becomes...
tense and slightly curved due to pain resembling walk of vulture (\textit{Gridhra}), hence the name \textit{Gridhrasi} was given. Excessive walking, riding on vehicle \textit{khavaigunya} is produced in lower part of the body where sthanasamshraya takes place causing \textit{Gridhrasi}. It is included under 80 \textit{nanatamaj vatavyadhi\textsuperscript{5}} characterized by \textit{Stambha} (stiffness), \textit{Ruk} (pain), \textit{Toda} (pricking pain) and \textit{spandana} (frequent tingling). These symptoms initially starts from \textit{sphick} (buttock) as well as posterior aspect of \textit{kati} (waist) then gradually radiates to posterior aspect of \textit{uru} (thigh), \textit{Janu} (knee), \textit{Jangha} (calf) and \textit{Pada} (foot).\textsuperscript{6} Acharya Sushruta has told another path, pain starts from \textit{parshni} and \textit{anguli} and then moves towards upward direction.Vagbhat also same opinion as Acharya Sushruta.\textsuperscript{7}

In sciatia, pain is mainly caused due to tissue trauma. Leg pain and tingling sensation, numbness or weakness that originates in the lower back and travel through the buttocks and down the large sciatic nerve in the back of each leg.\textsuperscript{8} The lifetime incidence of low back pain is 50-60 % with incidence of sciatia more than 40 %. However, sciatia due to lumber disc prolapse occurs only in 4-6 % of the population.\textsuperscript{9}

Ayurveda accepts this disease as \textit{kric-chhaya sadhya} (very difficult to cure) but effectively break the ongoing pathogenesis of the disease. \textit{Siravedha} is one of the satisfactory answers for \textit{Gridhrasi} told by many Acharya such as Charak, Sushruta, Vagbhat, Chakradatta, Yogratnakar with different site for \textit{sriravedha}.\textsuperscript{10-13} (Table 1- \textit{Raktamokshan /sriravedha} site in \textit{gridhrasi} a/c to various acharya) Bhela said \textit{Raktamokshan} is best treatment for \textit{Gridhrasi}. By \textit{Siravedha} alone all the diseases will be cured from their roots, just like rice and other crops in the field dry out completely by removing the bunds of field.\textsuperscript{14} So, we decided to do \textit{sriravedha} in the patient of \textit{gridhrasi} at the site four \textit{angulas} above \textit{janu pradesh} of left leg on 7\textsuperscript{th} day after giving him 6 days \textit{shaman chikitsa}. Outcome of these treatments was found to be very positive.

2. METHODS
2.1. Objectives

$\bullet$ To study \textit{Gridhrasi} from various samhita and other sources.

$\bullet$ To study \textit{sriravedha (Raktamokshan)} in details.

$\bullet$ To evaluate the effect of \textit{Siravedha on Gridhrasi}.

$\bullet$ To study the role of \textit{Shodhana} and \textit{Shaman chikitsa} in \textit{Gridhrasi}.

2.2. CASE HISTORY
2.2.1. History of Present illness

A 50 years old male patient was apparently normal before 2 years. Gradually he was suffered from severe lumber pain which followed by radiating pain from lumber, gluteal region, radiating to left leg, difficulty and pain while walking and sitting ,heaviness in both leg, stiffness in lumber region and also suffering from constipation (on & off) Patient took allopathic treatment but the patient got only temporary relief. So, patient came to our \textit{Kayachikitsa} OPD of Ayurved Hospital and admitted on the same day for the further Ayurvedic management.

2.2.2. History of Past illness

No major illness

No history of trauma

2.2.3. Chief complaints and its duration

Low backache, radiating pain from lumber and gluteal region to left leg, Difficulty and pain while walking and sitting ,heaviness in both leg, stiffness in lumber region for 1-2 years, Intermittent constipation, loss of appetite for 1 month.

2.2.4. Examination of patient

A. \textbf{Ashtavidha Pariksha}

\textbf{Nadi} - 70/min, \textbf{Mala} -Malabadhta, \textbf{Mutra} -Samyak, \textbf{Jivha} – Sama, \textbf{Shabda} – Spashta, \textbf{Sparsa} – Anushasheet, \textbf{Druka} – Samyaka, \textbf{Akruti} –Madhyama, \textbf{Prakruti} –Vatapittaj, \BP – 130/90 mmHg

B. \textbf{Neurological Examination}
Gait – Foot drop gait, Reflexes – Normal, Muscle Power Grade – Upper and lower extremities are normal, Muscle tone –Normal, SLRT- Right- 70° +ve and left- 40° +ve

C. Systemic Examination (examination of Viddha strotas)


D. Vyadhi Nidan - Gridhrasi

F. Hetu

- Ahar - Ruksha and katu, tikta rasa Pradhan ahar, upavas
- Vihar- Atichakraman, hard work in farm, riding on vehicle.

G. Samprapti

Hetusevan Vata prakopa ➔ Rasa, Rakta, Mamsa, Asthi, Majjavaha strotas dushti ➔ Rikta, kharata in strotas ➔ sthansanshraya in lumber region ➔ Gridhrasi.

When vitiated dosha affect snayu, sira and kandara, stambha, sphurana and supti are produced. This process when takes place in lower limbs, Gridhrasi are produced.

H. Samprapti Ghatak

- Dosha – Vata (apans and vyan), Kapha
- Dushya - Rakta, Mamsa, Asthi, Majja, kandara, sira, snayu
- Adhishthan - Kati, Uru, Jangha, Pada
- Udbhavasthana - Pakwashaya
- Strotas - Raktavaha, Mamsavaha, Medovaha, Asthivaha, Majjavaha
- Srotodusti prakar – Sanga
- Agni - Vishmagni
- Vyadhi swabhava - Ashukari/chirkari
- Sadhyata - Kriccyahsadhya

3. TREATMENT GIVEN

3.1. Shaman Chikitsa – Details are mentioned in Table No. 2

3.2. Panchakarma Chikitsa – Details are mentioned in Table No. 3

4. RESULTS AND DISCUSSION

Sciatica is the neuralgic pain starts in the back region and radiates along the posterior aspect of limb to heel, also known as lumber radicular pain. Occurs due to irritation of a spinal root compressed by the bulged disc close to the intervertebral foramen. Pain may be continuous or may be brought on by spinal movement and straining. Patient choose to lie down on his sides with flexed lower limbs. Positive SLR test is present.

As per Ayurveda Kriyaalpata of asthi and sandhi situated in kati and prushata region which results into progression dislocation (disc Prolapased or herniation) results into prakshobha of vatavahini nadi (nerve compression or irritation) finally elicited as radiating pain from lumber, gluteal and low back region to leg and generation of Gridhrasi. Malavarodha is the most important factor to cause apan vayuprakop in gridhrasi. This cause pain in sacral region, twitching pain in calf region backache and also leads to rukshata, kharata (dryness) in lumber vertebra due to vitiation of vata. Acharya Sushruta mentioned the involvement of kandara in gridhrasi. When vayu in its normal state, moving in specific sirs helps the unobstructed performance of its specific function like prasarana and akunchana and when vitiated vayu enters sirs, it causes diseases.

Treatment principles applied for treatment of Gridhrasi are vedanashpana chikitsa (pain relieving). Treatment principles were used in above case by considering the stiffness, spasm and loss of elasticity and flexibility develop due vatadustya rakta dosha in lumber region. After given 6 days shaman chikitsa patients got partial relief from his symptoms. On 7th day siravedha was done above four angul on janu pradesh, stiffness in lumber region was grossly decrease and range of motion in lumber spine increase. There was also improvement in walking capacity and SLR test and radiating
pain also subsides.

In sciatica modern line of management provides a range of analgesics and sedative type of medication, physiotherapy and lastly surgery which are also not a permanent solution. So, Ayurvedic treatment was able to make improvement in existing condition this approach should be taken into consideration while making any further trial to treat similar or new condition with the help of Ayurveda.

Changes in symptoms

First 6 days shaman chikitsa along with sarvam snehan, swedan and katibasti was given to the patient and he got partial relief in radiating pain from lumber to left leg, walking difficult and stiffness and on 7th day after siravedha on four angula above janu pradesh, he got substantial relief from its all symptoms. Details are mentioned in Table No. 4.

Changes in Neurological Examination

On the admission day on examination, SLRT and gait of patient was 40° of left leg and 70° of right leg & foot drop gait simultaneously. After giving 6 days treatment SLRT and gait improved as 50° left leg, 80° right leg and slight decrease in foot drop gait. On 7th days after siravedha procedure after examine patient later SLRT was 70° of left leg and 85° right leg. Gait was improved. Muscle tone, Reflexes, Muscle Power Grade are normal. Details are mentioned in Table No. 5.

Mode of Action of Shaman Chikitsa

In shaman chikitsa cap. Palsineuron and Rasnadi guggul which is having property as vatahar and helpful in regression of inflammation, indirectly helpful for releasing compression and rejuvenation of nerve. Gandhrya haritaki churna 3 gm was advised to be taken daily at night with lukewarm water in order to relieve constipation, vataanulom is necessary for the vayu obstructed by malas lodge in srotas. Maharasanadi kwath was excellent vatashamak and break down the local samprapti. Snehan, Sweden and katibasti with tila tail by virtue of their vatashamak and dhatuposhak properties are useful in relieving the symptoms.

Mode of Action of Shodhan Chikitsa

In this disease main Dushya are Rakta, Kanda-ra, Snyau, Sira etc and Kandara is upadhatu of rakta. Chakrapani mentions that kandara may also consider as sthula snayu. Snyau is upadhatu of meda and mulasthan of mamsa dhatu. Siravedha eradicated the vitiated pitta and vatadushta rakta, reduces the pain immediately, improves blood circulation and prasadan of rasa and rakta.

5. CONCLUSION

Gridhrasi is one of disease which causes disability and disturbing quality of life of patient. Acharya Sushruta mentioned that the diseases in which Snehana, Swedana and lepadi kriya ineffective, Siravedha can give quick relief. In this case study shaman chikitsa with siravedha has shown highly significant results in walking capacity, stiffness and radiating pain and pain is one of the most uncomfortable factors for patient. The procedure was simple and gives instant relief from pain. This concept may be useful for clinical practices and further studies on treating Gridhrasi. Ayurvedic management done by using shodhana and shaman chikitsa can effectively managed Gridhrasi.

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<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Name of Acharya</th>
<th>Site of siravedha</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Charaka</td>
<td>Between kandara and gulf</td>
</tr>
<tr>
<td>2</td>
<td>Sushruta</td>
<td>Janu after flexion</td>
</tr>
<tr>
<td>3</td>
<td>Vagbhata (Both)</td>
<td>Four angula above or below jana</td>
</tr>
<tr>
<td>4</td>
<td>Chakradatta</td>
<td>Four angula below Indrabasti marma</td>
</tr>
<tr>
<td>5</td>
<td>Yogratnakar</td>
<td>In the area of four angula around basti and mutrendriya</td>
</tr>
</tbody>
</table>

Table No. 1: Siravedha site in Gridhrasi by various acharya

<table>
<thead>
<tr>
<th>S N</th>
<th>Drug</th>
<th>Dose</th>
<th>Time of administration</th>
<th>Anupana</th>
<th>Duration</th>
</tr>
</thead>
</table>

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Table No. 2: Shaman Chikitsa

<table>
<thead>
<tr>
<th>Type of procedure</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarvang snehan, Svedana, katibasti (tila tail)</td>
<td>6 day</td>
</tr>
<tr>
<td>Siravedha (four angula above janu pradesha)</td>
<td>7th day</td>
</tr>
</tbody>
</table>

Table No. 3: Panchakarma Chikitsa

<table>
<thead>
<tr>
<th>Types of Assessment</th>
<th>Day 1</th>
<th>Day 3</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiating pain from lumber, gluteal and low back region to left leg</td>
<td>4+</td>
<td>4+</td>
<td>3+</td>
<td>1+</td>
</tr>
<tr>
<td>Difficulty and pain while walking and sitting (restricted movement of back)</td>
<td>4+</td>
<td>4+</td>
<td>3+</td>
<td>1+</td>
</tr>
<tr>
<td>Stiffness in lumber region</td>
<td>4+</td>
<td>3+</td>
<td>3+</td>
<td>1+</td>
</tr>
</tbody>
</table>

Table No. 4: Changes in symptoms

<table>
<thead>
<tr>
<th>Types of Assessment</th>
<th>Day 1</th>
<th>Day 3</th>
<th>Day 6</th>
<th>Day 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLRT</td>
<td>Left</td>
<td>40º</td>
<td>45º</td>
<td>50º</td>
</tr>
<tr>
<td>Right</td>
<td>70º</td>
<td>70º</td>
<td>80º</td>
<td>85º</td>
</tr>
<tr>
<td>Gait</td>
<td>Foot drop gait</td>
<td>Foot drop gait</td>
<td>Foot drop gait</td>
<td>Decrease</td>
</tr>
<tr>
<td>Muscle tone</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Reflexes</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Muscle power</td>
<td>Normal</td>
<td>Normal</td>
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</tr>
</tbody>
</table>

Table No.5: Changes in Neurological Examination

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