



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

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ABSTRACT

Gridhrasi is one among 80 *nanatmaja vatavyadhi* described by *Acharya Charaka*. The sign and symptoms found in sciatica are similar to the condition *Gridhrasi* mentioned in *Ayurveda*. According to *Ayurveda* common treatment protocol for *vatavyadhi* should be *shodhana* followed by *shaman chikitsa*. Present study is undertaken to evaluate the effect of *siravedha* on *Gridhrasi*. A 50 years male patient suffering from *Gridhrasi* having low backache, radiating pain from lumber, gluteal region to left leg, difficulty and pain while walking, stiffness in lumber region was admitted in *ayurvedic* hospital. After 6 days *shaman chikitsa* and on 7th day *siravedha* was prescribed to him outcome of these treatments was found to be very positive. After *siravedha* procedure there was good recovery in walking duration and movements of lower extremities and pain relief is observed. According to *Acharya Sushruta* the *kandara (updhatu of rakta)* gets affected by the vitiated *vata dosha* produce *gridhrasi* and *Raktamokshan* is the best treatment for the diseases which is caused due to vitiation of *rakta*. In modern science there is no specific treatment on sciatica, only analgesic and anti-inflammatory drugs are given so it is not permanent management. 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*.

Keywords: *Gridhrasi*, *Sciatica*, *Raktamokshan*, *Siravedha*, *Shodhan*, *Shaman*, *Analgesic*, *Vatavyadhi*, *Rakta*.

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*.¹ *Raktamokshan* is mainly divided into 2 types – *Sashastra* & *Ashastra* Using *shastra* is again divided into 2 types – *Pracchana* and *Siravedha* and using *ashastra* is divided into 4 types- *Jaloukavacarana (Pitta)*, *Shringa (Vata)*, *Alabu (Kapha)*, *Gati yantra*.^{2,3}

Gridhrasi is derived from the word “*Gridhraus*” by adding ‘*Din*’ *pratayaya* the word *Gridhrasi* is derived.⁴ In this disease the patients gait becomes alter as his legs becomes

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tense and slightly curved due to pain resembling walk of vulture (*Gridhra*), hence the name *Gridhrasi* was given. Excessive walking, riding on vehicle *khavaigunya* is produced in lower part of the body where *sthanasamshraya* takes place causing *Gridhrasi*. It is included under 80 *nanatamaj vatavyadhi*⁵ characterized by *Stambha* (stiffness), *Ruk*(pain), *Toda* (pricking pain) and *spandana* (frequent tingling). These symptoms initially starts from *sphick* (buttock) as well as posterior aspect of *kati* (waist) then gradually radiates to posterior aspect of *uru* (thigh), *Janu* (knee), *Jangha* (calf) and *Pada* (foot).⁶ *Acharya Sushruta* has told another path, pain starts from *parshni* and *anguli* and then moves towards upward direction. *Vagbhat* also same opinion as *Acharya Sushruta*.⁷

In sciatica, 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.⁸ The lifetime incidence of low back pain is 50-60 % with incidence of sciatica more than 40 %. However, sciatica due to lumbar disc prolapse occurs only in 4-6 % of the population.⁹

Ayurveda accepts this disease as *kricchaya sadhya* (very difficult to cure) but effectively break the ongoing pathogenesis of the disease. *Siravedha* is one of the satisfactory answers for *Gridhrasi* told by many *Acharya* such as *Charak*, *Sushruta*, *Vagbhat*, *Chakradatta*, *Yogratnakar* with different site for *siravedha*.¹⁰⁻¹³ (Table 1- *Raktamokshan /siravedha* site in *gridhrasi* a/c to various *acharya*) *Bhela* said *Raktamokshan* is best treatment for *Gridhrasi*. By *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.¹⁴ So, we decided to do *siravedha* in the patient of *gridhrasi* at the site four *angulas* above *janu pradesh* of left leg on 7th day after giving him 6 days *shaman chikitsa*. Outcome of these treatments was found to be very positive.

2. METHODS

2.1. Objectives

- ◆ To study *Gridhrasi* from various *samhita* and other sources.
- ◆ To study *siravedha (Raktamokshan)* in details.
- ◆ To evaluate the effect of *Siravedha on Gridhrasi*.
- ◆ To study the role of *Shodhana* and *Shaman chikitsa* in *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 lumbar pain which followed by radiating pain from lumbar, gluteal region, radiating to left leg, difficulty and pain while walking and sitting, heaviness in both leg, stiffness in lumbar region and also suffering from constipation (on & off) Patient took allopathic treatment but the patient got only temporary relief. So, patient came to our *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 lumbar and gluteal region to left leg, Difficulty and pain while walking and sitting, stiffness in lumbar region for 1-2 years, Intermittent constipation, loss of appetite for 1 month.

2.2.4. Examination of patient

A. *Ashtavidha Pariksha*

Nadi - 70/min, *Mala* -Malabadhta, *Mutra* - *Samyak*, *Jivha* - *Sama*, *Shabda* - *Spashta*,

Sparsha - *Anushnasheet*, *Druka* - *Samyaka*, *Akruti* -*Madhyama*, *Prakruti* -*Vatapittaj*,

BP - 130/90 mmHg

B. Neurological Examination

Gait – Foot drop gait, **Reflexes** – Normal, **Muscle Power Grade** – Upper and lower extremities are normal, **Muscle tone** – Normal, **SLRT**- Right- 70⁰+ve and left- 40⁰+ve

C. Systemic Examination (examination of *Viddha strotas*)

Rasavaha strotas – Aruchi, *Mamsavaha strotas* – Kriyahani, *Asthivaha and Majjavaha Strotas* – Katigraha, *Sanchari vedana*, *Purishavah strotas* – Malabadhata.

D. Vyadhi Nidan - Gridhrasi

E. Vyadhiprakar - Vataj

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.¹⁵ This process when takes place in lower limbs, Gridhrasi are produced.

H. Samprapti Ghatak

- ♦ *Dosha* – Vata (apan 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.¹⁶

As per Ayurveda Kriyaalpata of asthi and sandhi situated in kati and prushata region which results into progression dislocation (disc Prolapsed 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 left 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.¹⁷ Acharya Sushruta mentioned the involvement of kandara in gridhrasi.¹⁸ When vayu in its normal state, moving in specific siras helps the unobstructed performance of its specific function like prasarana and akunchana and when vitiated vayu enters siras, it causes diseases.¹⁹

Treatment principles applied for treatment of Gridhrasi are vedanasthapan 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 pradash, 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.²⁰ 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 *sarvang snehan*, *sweden* 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^o of left leg and 70^o of right leg & foot drop gait simultaneously. After giving 6 days treatment SLRT and gait improved as 50^o left leg, 80^o right leg and slight decrease in foot drop gait. On 7th days after *siravedha* procedure after examine patient later SLRT was 70^o of left leg and 85^o 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. *Gandhrva haritaki churna* 3 gm was advised to be taken daily at night with lukewarm water in order to relieve constipation, *vata anuloman* is necessary for the *vayu* obstructed by *malas* lodge in *srotas*.²¹ *Maharasanadi kwath* was excellent *vata shamak* and break down the local *sampapti*. *Snehan*, *Sweden* and *katibasti* with *tila tail* by virtue of their *vata shamak* and *dhatu-*

poshak properties are useful in relieving the symptoms.

Mode of Action of *Shodhan Chikitsa*

In this disease main *Dushya* are *Rakta*, *Kandara*, *Snayu*, *Sira* etc and *Kandara* is *upadhatu* of *rakta*.²² *Chakrapani* mentions that *kandara* may also consider as *sthula snayu*.²³ *Snayu* is *upadhatu* of *meda* and *mulasthan of mamsa dhatu*.²⁴ *Siravedha* eradicated the vitiated *pitta* and *vata dushta rakta*, reduces the pain immediately, improves blood circulation and *prasadana* 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.²⁵ 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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TABLES

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

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

S N	Drug	Dose	Time of administration	Anupana	Duration

1	<i>Rasnadi guggul</i>	2 BD	Before meal	Lukewarm water	6 day
2	<i>Cap. Palsineuron</i>	1 BD	After meal	Lukewarm water	6 day
3	<i>Maharasnadi quatha</i>	15ml TDS	1 hour before each meal	Lukewarm water	6 day
4	<i>Gandhrva haritaki</i>	3 gm HS	After meal	Lukewarm water	6 day

Table No. 2: *Shaman Chikitsa*

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

Table No. 3: *Panchakarma Chikitsa*

Types of Assessment	Day 1	Day 3	Day 6	Day 7
Radiating pain from lumber, gluteal and low back region to left leg	4+	4+	3+	1+
Difficulty and pain while walking and sitting (restricted movement of back)	4+	4+	3+	1+
Stiffness in lumber region	4+	3+	3+	1+

Table No. 4: Changes in symptoms

Types of Assessment		Day 1	Day 3	Day 6	Day 7
SLRT	Left	40 ⁰	45 ⁰	50 ⁰	70 ⁰
	Right	70 ⁰	70 ⁰	80 ⁰	85 ⁰
Gait	Foot drop gait	Foot drop gait	Foot drop gait	Decrease	Decrease
Muscle tone	Normal	Normal	Normal	Normal	Normal
Reflexes	Normal	Normal	Normal	Normal	Normal
Muscle power	Normal	Normal	Normal	Normal	Normal

Table No.5- Changes in Neurological Examination

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