

Effect Of *Siravyadha* in The Acute Pain Management of *Gridhrasi*- A Case Study

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ABSTRACT

Introduction: *Gridhrasi* is a condition characterized by symptoms like *Ruk*, *Toda*, *Stambha*, *Spandana* at the *Sphik Pradesha* radiating downwards to *Kati*, *Prishta*, *Uru*, *Janu*, *Jangha* and *Paada*. It is included under the *Shoola Pradhana Vataja Nanatmaja Vikara*¹. *Gridhrasi* has been a pain dominant lifestyle disorder which is commonly encountered in the current era due to improper lifestyle. *Gridhrasi* in modern parlance could be correlated to Sciatica which is characterized by piercing/pulling/aching type of pain felt at the lumbar region radiating along the course of Sciatic nerve from gluteal region to the thigh, calf and foot of affected lower limbs.

Case Study: A male patient of age 37 years, presented to our *Kayachikitsa* OPD with pain and stiffness in the lower back region radiating to right lower limb since 2 months associated with occasional tingling sensation and numbness in the right lower limb, which got worsen in the last 10 days. The patient was examined and detailed history of illness was recorded and was treated with *Siravyadha* by following *Purva*, *Pradhana* and *Paschat Karma*.

Observation and result: Patient got relieved from the symptoms like *Ruk*, *Toda*, *Sthamba*, *Spandana*. There was marked improvement in the SLR test, Bregard's test and Range of movements of the Lumbar spine and right lower limb.

Conclusion: *Gridhrasi* involves *Vyana Vata Dushti*, *Rakta* and *Kandara* are majorly involved. *Siravyadha* will correct these major imbalances by letting out the vitiated blood. The procedure of *Siravyadha* was chosen because it requires less time, can be carried out at OPD level and gives immediate relief from the pain and stiffness.

KEYWORDS: *Gridhrasi*, *Siravyadha*, Sciatica, *Vataja Nanatmaja Vikara*

INTRODUCTION

Vatavyadhi is one of the most common and uprising health problem and *Gridhrasi* is one among them. *Gridhrasi* is commonly encountered in the clinical practice. It is a *Shoola Pradhana Vataja Nanatmaja Vikara*¹. *Gridhrasi* (*Gridhra*-vulture, *asi*- like) the name itself indicates the gait of the patient is altered due to extreme pain i.e., like *Gridhra* or Vulture². It is a condition in which the *Kandara* (muscle tendons) which is passing towards the fingers of the feet, through *Parshni* (the region below *Gulpha*-ankle joint), gets vitiated by *Vata*, causes inability to lift the lower limb. *Vataja Lakshanas* like *Sthamba*, *Toda*, *Ruk* and *Spandana* in the *Sphik*, *Kati*, *Uru*, *Janu*, *Jangha* and *Paada*³ are the classical symptoms of the disease. *Gridhrasi* in modern parlance could be correlated to Sciatica which is characterized by piercing/pulling/aching type of pain felt at the lumbar region radiating along the course of Sciatic nerve from gluteal region to the thigh, calf and foot of affected lower limbs⁴. About 80–90% of people get affected by low back pain and 5% of those become victims of sciatica. Sciatica is a condition occurring due to varied pathologies. This commonly occurs at the active stage of life i.e., between 30-40 years of age & affects both the gender. It is a pain dominant disease and reduces human activity in terms of personal as well as social and professional life⁵.

Line of Management of *Gridhrasi* includes *Siravyadha*, *Bastikarma* and *Agnikarma*⁶. *Siravyadha* and *Agnikarma* are considered as instant healers of pain. *Raktamokshana* by *Siravyadha* considered to be *Ardhachikitsa* according to *Sushruta*⁷. *Siravyadha* is specially indicated in case of *Gridhrasi*. It is a simple OPD level procedure affordable to all categories of patients and is time saving. Hence in the present study is made to evaluate the efficacy of *Siravyadha* in the management of *Gridhrasi*.

CASE REPORT

Chief Complaints: C/O pain and stiffness in the lower back region radiating to right leg aggravated since 2 months. C/O tingling sensation and numbness in the right leg since 10 days.

History of Present illness: Patient was apparently asymptomatic before 2012. In 2012, Patient started working at an APMC market where he worked as a coolie and he used to lift heavy loads (70 to 120 kgs of jute bags) containing onions and other vegetables. With the desire of getting more wages, the patient started lifting more than 500 bags per day. Continued the same for 1 month and started experiencing continuous pain of throbbing type at the lower back region which was non radiating in nature for which he consulted an Orthopaedician and was advised to undergo an X-ray, which showed normal study and took an analgesic injection and pain killer tablets for 5 days and found temporary reduction in his symptoms. Further he continued the same type of work for a month and experienced similar type of pain with similar intensity for which patient neither consulted any physician nor took any medications but started getting a massage done at home using castor oil mixed with camphor at night and that would relieve the pain temporarily. Whenever the pain aggravates, he would take analgesic injections from the nearby clinic. He continued to do the same at regular intervals up to 2016. Due to increased workload, the patient left the job and got into Sales field in 2016. Patient did not have any symptoms for about 6 months, in 2017 patient started driving his gear bike for 90 to 130 kms per day for at least 6 days and started having pain in the lower back region of throbbing type and non-radiating in nature for which he consulted a physician and took regular conservative treatments up to 2023. On March 2024, Patient played cricket for the whole day (with 2-3 hrs of rest) and experienced severe pain at lower back for which the patient took analgesic injection and tablets and on the same day he travelled for 120 kms for which he suddenly had stiffness and severe lower back pain, started radiating to the right lower limb which developed overnight. The pain was continuous and unbearable. Patient consulted an Orthopaedician at a Multi-speciality hospital where he was advised to undergo an MRI Scan and was diagnosed as having Right Lumbar Radiculopathy on 29/03/2024 and medications were given for 10 days with physiotherapy. Patient did not find any relief, started experiencing twitching at the right calf region, tingling sensation in the right lower limb with numbness. On April 2024, patient consulted our OPD and was prescribed with Oral medications and advised to perform Yogasana and other breathing exercises patient started experiencing reduction in his symptoms up to 20% in 7 days. Hence with the hope of getting cured from his illness, the patient got admitted at our hospital.

Poorva Vyadhi Vrittanta: Patient is not a known case of HTN/ DM/ Thyroid Dysfunction/ Bronchial Asthma/ PTB/ IHD.

Koutumbika Vrittanta: All the family members were said to be healthy.

On Musculoskeletal system Examination:

Gait: Biphasic Bipedal Antalgic Gait

O/E of LS Spine:

Doorbell Sign: + ve at the level of L3-4, L4-5 Vertebra

SLR test: + ve on right lower limb at 50°

Bregard's Test: + ve on right lower limb at 45°

Tripod Sign: + ve

Vayaktika Vrittanta:

1. *Ahara:* Mixed diet; Takes large quantities of food at irregular timings. *Pravara Matra Ahara Sevana.* Intake of mutton, atleast 4 to 5 days in a week. Pt. gives H/O eating 750 grams to 1 kg of mutton at home.
2. *Vihara:* Patient gives h/o lifting heavy weights at the market from 2012 to 2016, driving a gear bike for 90 to 130 kms for 6 days in a week since 2016 till date.
3. *Nidra:* Sound sleep, for about 7-8 hrs/ night. Regular sleep timings: 12:30am to 8am, No *Divaswapna*.
4. *Mala:* Once per day. Normal consistency. Hard bowels when pt. consumes excess of nonveg and spicy food occasionally.
5. *Mutra:* 4 to 5 times per day; 1 time at night.
6. *Vyasana:* Nothing specific. No Alcohol/ Smoking/ Other habits.
7. *Kshuth:* *Pravara*

Ashta Sthana Pariksha:

Nadi: Pittaja- Manduka Gati

Mala: Prakrutha

Mutra: Prakrutha

Jihwa: Lipta

Shabda: Prakrutha

Sparsha: Anushna Sheeta Sparsha.

Drik: Prakrutha

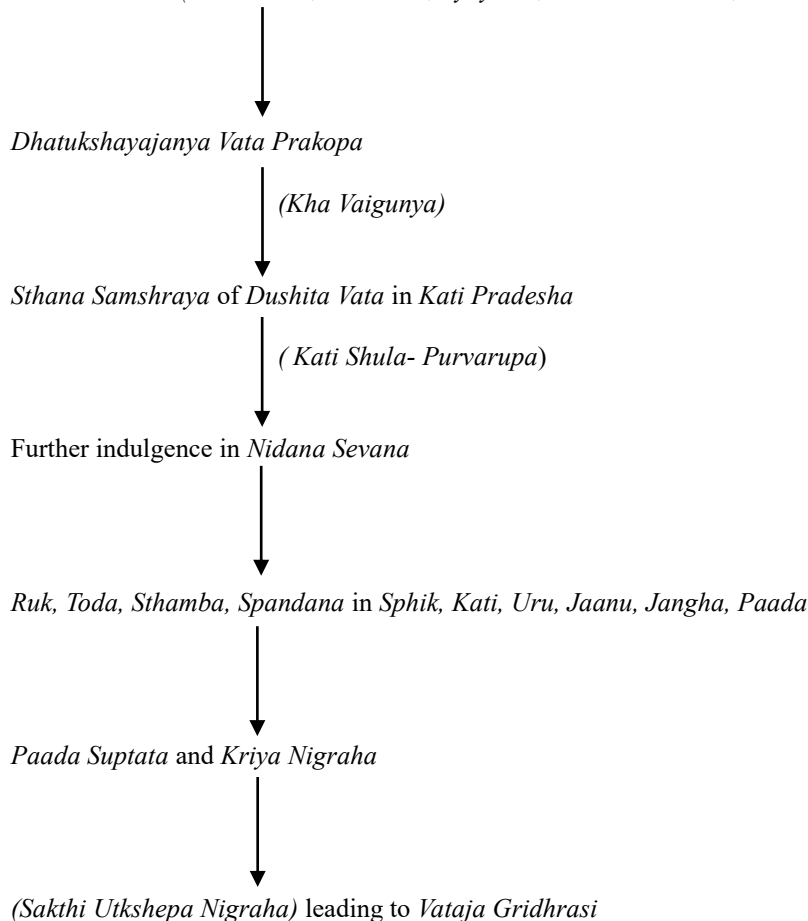
Akriti: Madhyama

Nidana Panchaka:

1. *Nidana* : *Ati Chalana, Ati Yaana, Vyayama, Atibhara Vahana, Vishama Cheshta*.
2. *Purvarupa* : *Ruk in Kati Pradesha*
3. *Rupa* : *Ruk and Sthamba in Kati Pradesha; Spandana in Uru, Janu, Jangha and Paada, Toda in Jangha of Dakshina Pradesha*
4. *Upasahaya* : *Massage with Castor oil + Camphor, Bed rest, medications*
5. *Anupashaya* : *Ati Chalana, Ati Yaana, Vyayama*

Samprapti:

Nidana Sevana (Ati chalana, Ati Yaana, Vyayama, Atibhara Vahana, Vishama Cheshta)



Prayogashaleena Pariksha:

Hb% - 16.5%
Esr- 10mm/hr
RBS- 101mg/dl
CT- 6 min 23 sec
BT- 4 min 11 sec
Serology- Negative

Urine routine

Albumin- Traces
Sugar- Nil
Pus cells- 3-4/hpf
LS Spine MRI (Date: 29/03/24) showed L2/3 to L5/S1 Mild Facetal Arthropathy

Diagnosis: *Vataja Gridhrasi*

Right Lumbar Radiculopathy due to L2/3 to L5/S1 Facetal Arthropathy

Clinical Study: Materials and Methods

PURVA KARMA

1. Informed Consent was taken after relevant investigations.
2. The subject was advised to undergo *Sthanika Abhyanga* and *Swedana* with *Prasarini taila*.⁸
3. Then the subject was made to sit on the chair comfortably.
4. *Ghrita Mishritha Yavagu Pana* was given to the subject.⁹
5. A Tourniquet was tied above the region of *Siravyadha*.
6. Painting the site of *Siravyadha* with Betadine Liquid was done.

PRADHANA KARMA

1. The prominent vein on affected lower limb was selected and punctured with SV set no.20 and the Tourniquet was removed.
2. The procedure was continued till the blood flow stops and haemostasis was achieved on its own. (Table no.1)
3. 320 ml of blood was collected over 40 minutes.

PASCHAT KARMA

1. The area of *Siravyadha* was covered with a wet gauze and compression bandaging was done.
2. The subject was made to lie in Supine position with foot end elevation.
3. Patient was advised to take *Laghu, Drava, Ushna Ahara*.

Table 1 Showing Procedure of *Siravyadha* and collected blood.



Observation and Results:

The values of SLR test, movement of lumbar spine, subjective criteria were recorded before treatment, after treatment and on day of follow-up, and tabulated in the case proforma. Patient got relief from low back pain radiating to right lower limb with stiffness, numbness and tingling sensation. There was marked improvement in the gait.

Table 2 showing changes in subjective criteria:

<i>Lakshana</i>	BT (27/04/24)	AT- DAY 2 1 day After <i>Siravyadha</i> (28/04/24)	DAY 32 (01/06/24)
<i>Ruk</i>	08 (VAS score)	05 (VAS score)	01 (VAS score)
<i>Toda</i>	2	1	0
<i>Sthamba</i>	3	3	0
<i>Spandana</i>	3	2	0
<i>Tandra</i>	-	-	-
<i>Gourava</i>	-	-	-
<i>Arochaka</i>	-	-	-

Table 3 showing changes in Objective criteria:

	BT (27/04/24)	AT- DAY 2 1 day after Siravyadha (28/04/24)	DAY 32 (01/06/24)
SLR	Positive at 50 ⁰	Positive at 60 ⁰	Negative
BREGARD'S	Positive at 45 ⁰	Positive at 55 ⁰	-
TRIPOD SIGN	Positive	Positive	Negative
DOOR BELL SIGN at LS Spine	Positive at the level of L ₂₋₃ , L ₃₋₄ , L ₄₋₅ , L ₅ -S ₁ vertebra	Positive at the level of L ₂₋₃ , L ₃₋₄ , L ₄₋₅ , L ₅ -S ₁ vertebra	Negative
LUMBAR SPINE MOVEMENTS	Possible with Pain	Possible with Pain	Possible with minimal Pain

DISCUSSION:

Gridhrasi is included under the 80 types of *Vataja Nanatmaja Vikaras*. Diseases of the Lumbar spine are currently most expensive orthopaedic issue. Herniation/ Degeneration/ Arthropathies of the Vertebral disc are the most common causes of Sciatica to develop.¹⁰ These are majorly involved with the trauma or heavy load lifting or travel history. *Acharya Charaka* has described *Siravyadha* as the first line of treatment in the management of *Gridhrasi*.¹¹ *Acharya Sushruta* has mentioned that the diseases which are not relieved by *Snehana* and *Lepadi Chikitsa*, will be relieved by *Siravyadha*.¹² The symptoms of *Samyak Siravyadha* are *Laguta Prapti* (feeling lightness in the body), *Vedanashanti* (relief from the pain) and *Visravitrakta* (cessation for the flow of blood).¹³ *Siravyadha* was found to relieve tingling sensation, numbness and radiating pain in the affected lower limbs and increases the angle of SLR in a single sitting. *Siravyadha* is said to act on the *Vyana Vata Dosha* and *Dushya Khandara*, which is the *Upadhatu of Rakta*. Elimination of vitiated *Rakta* from the associated *Sira* by *Siravyadha* to provide *Vata* to move in *Anuloma Gati*.¹⁴ Hence *Siravyadha* will be beneficial in managing the acute pain. The entire treatment was accepted easily by the patient and there were no adverse effects from the *Siravyadha* treatment.

CONCLUSION:

This case study gave a promising result on the effect of *Siravyadha* in providing relief from the acute pain occurring in the disease *Gridhrasi*. The procedure is economical, simple and can be undertaken at the OPD level. Further studies with large sample size would be required to prove its efficacy and its wider practice elsewhere.

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