

Feasibility of Siravyadha Procedure to Manage Pain Quotient in a Single Case of Gridhrasi (SCIATICA)

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Abstract:- Gridhrasi (Sciatica) is one of the most frequent health conditions associated with vatavyadhi that we frequently handle. Its characteristic symptoms include burning, stinging, or numbness in the leg, foot, thigh, or buttocks. It might or might not have anything to do with back pain. Both physically inactive and physically demanding patient types appear to be affected by gridhrasi. The Chikitsasutra of Gridhrasi contains statements about Siravyadha made by Charya Charaka, Sushruta, Vagbhatta Yogratnakara, and Bhela.. A well-performed siravyadha provides lightness in the painful places of the body, a decrease in pain, a lessening of vyadhi intensity, and a positive outlook. Siravyadha is usually employed when a disorder has a conspicuously painful sign. A study was conducted to evaluate siravyadha's efficiency in Gridhrasi. The goal of the study was to ascertain how effectively Siravyadha regulates Gridhrasi's pain quotient. After the detection of drava snigdha yavagu pana, sthanika snehana, swedana, and samyak stravit lakshanas in a single subject, Siravyadha was carried out.. The pain quotient was assessed using a scoring system and VAS before the siravyadha procedure and immediately after the procedure. Siravyadha was feasible enough to provide reduction in pain symptom of Gridhrasi.

Keywords:- Sciatica, Stambha, Toda, Spandana, Gridhrasi, Siravyadha, Pain, VAS.

I. INTRODUCTION

Low back pain is a frequent musculoskeletal ailment in most age groups in today's modern, fast-paced lifestyle. It primarily affects men and is more prevalent in the working population. Improper seating positions, over-exertion, sedentary lifestyle, abrupt movements when travelling, sudden falls, and moving heavy objects with incorrect posture are all aggravating factors. Sciatica not only causes pain, but it also makes walking difficult and has a detrimental influence on one's quality of life. It is a very painful condition in which pain radiates from the lumbar region and travels down the posterior lateral portion of the thigh to the toes. Depending on the severity of the illness, it might be unilateral or bilateral. This is what makes walking tough. Not all lower back discomfort is sciatica, but if not treated properly and promptly, it will almost certainly lead to it.

Gridhrasi Roga is a disorder that has been identified by Ayurveda from ancient times. Gridhrasi is a remarkable word since it refers to the gait that the patient exhibits as a result of the tremendous agony he or she is experiencing, which is comparable to the gait of the Gridha (vulture). The gait is described as one that is slightly slanted to the affected side, with the affected lower limb flexed and the other lower limb extended, similar to that of a vulture¹.

Gridhrasi is cited by Acharya Charaka as one of the most obstinate of the eighty forms of Vataja Nanatmaja Vyadhi². Ruka (pain), Toda (pricking sensation), Muhuspanana (tingling sensation), and Stambha are the four cardinal signs and symptoms of Vataja Gridhrasi (stiffness). Another symptom of Gridhrasi given by Acharya Susruta is Sakthishepana Nigrahanti³ (limited movement of lower leg). Tandra (drowsiness), Gaurav (heaviness), and Aruchi (anorexia) may also be present in Vata-Kaphaj Gridhrasi.

The condition has an impact on the victim's everyday, ordinary activities since it hinders leg movement. Shooting pain starts in the buttock and travels down to the foot. The victim is experiencing pricking pain (Toda), twitching or trembling sensations (Spandana), and paresthesia as a result of sciatic nerve strain and paresthesia (Supti). The diagnosis is based on a thorough history and the straight leg raising (SLR) test (Sakthishepa Nigraha). Almost all signs and symptoms of sciatica are similar to the Ayurvedic condition Gridhrasi. The disease name alludes to the patient's usual walk, which resembles that of a bird vulture, in which the legs become tight and somewhat bent. The ailment is classified as Nanatmaja Vatavyadhi since it develops due to Vata vitiation alone. Still, while listing the disorders, Gridhrasi was noted as having two types: Vata dominant and Vata-Kapha dominant.

Gridhrasi is characterised by discomfort that radiates from Sphik (buttock) to Kati, Prushta (back), Uru (thigh), Janu (knee), Jangha (calf), and Pada (foot), as well as Stambha (stiffness), Toda (pricking pain), and Spandana (twitching) (restricted movement of lifting of the leg). In the Vata Kaphaja kind of Gridhrasi, Arochaka (aversion to food), Tandra (drowsiness), and Gaurava (heaviness) are also present.

In terms of sciatica treatment, analgesics and physiotherapy will aid to some level but will not provide a complete cure. Surgeries are also costly, and there is the possibility of recurrence. Ayurveda provides a plethora of superior solutions for treating this severe illness. Apana and Vyana Vayu vitiation are the most common in this condition, but Kapha is often the linked Dosha. As a result, to manage the painful condition in cases of Gridhrasi a parasurgical “Siravyadha” was adopted to see the efficacy.

II. A CASE STUDY

A case study was conducted on a 52-year-old male patient in order to evaluate the feasibility of Siravyadha procedure in Gridhrasi disease.

A. Primary Complaints

The patient had been complaining for two years about lower back pain that was radiating to his right leg, deteriorated since two days ago. He had been complaining for two months about twitching-type pain, and difficulties sitting and standing. Aruchi (tastelessness), Stiffness (Stambha), and Gouravata (heaviness) during the past month.

B. Present Illness

A 52-year-old male patient first came in with the aforementioned problems one month ago. The patient saw a local doctor in Hubli and received treatment with NSAIDs and other supplements for more than 15 days, but there has been a regression of symptoms worse than the last episode in the past two days. In order to receive additional care, the patient now visited our hospital.

C. Past History:

The patient does not have DM/ HTN/ Other systemic illness.

O/E –
 B.P – 128/76 mm/Hg.
 Pulse – 78 bpm

Local Examination: SLR test - positive at 50⁰ right leg
 Lasseuge’s test – positive
 Gait: Aantalgic gait present

D. Investigations

Blood Parameters:

1. Hb%	-	12.4 gm/dl
2. WBC Total Count	-	5200/cmm
3. ESR	-	11 mm/1 st Hr
4. RBS	-	116 mg/dl

B. Scoring

5. BLEEDING TIME	-	1min 30sec
6. CLOTTING TIME	-	4min 20sec
7. HIV I & II	-	NEGATIVE
8. HBsAg	-	NEGATIVE
9. URINE		
a. ALBUMIN	-	NIL
b. SUGAR	-	NIL
c. MICROSCOPY	-	NAD
d. BILE SALTS	-	ABSENT
e. BILE PIGMENTS-		ABSENT

E. Clinical Study

➤ **Materials:**

- 18 No. Needle
- Gloves
- Kidney Tray
- Torniquet
- Sterile Gauze
- Sterilium & Betadine
- Roller Bandage
- Haridra Churna

III. METHODOLOGY

- **Purva Karma :** Drava Snigdha Yavagu was administered as purva karma on the day of Siravyadha and Sthanika abhyanga using Pinda Taila was performed below the knee, followed by Nadi swedana.
- **Pradhana Karma:** The patient was made to sit in a Jaanu Sama aasana, or kneeling position, facing east in a warm, dust- and breeze-free chamber. An 18 no. needle was placed into a vein after progressively tapping the area around the right ankle joint (Antara khandara gulpha sandhi) to locate the veins. Blood that was dripping out was gathered in a kidney tray until it stopped naturally. In total, 110 ml of blood was drawn in 15 minutes.
- **Paschat karma:** The needle was taken out, and a guaze piece and Haridra churna were used to properly bandage the wound. Laghu, Drava, and Ushna ahara were prescribed for the patient.

A. Criteria of Assessment

Prior to and following treatment, the patient was evaluated for pain scoring. The relief of the disease's primary and secondary symptoms i.e. pain served as the key yardstick by which the progress was evaluated. A unique scoring scheme was developed to evaluate pain symptoms.

Table 1: Scoring Criteria

No pain	0
Periodic pain	1
Mild pain with no trouble walking	2
Moderate pain with some difficulty walking	3
Severe pain with extreme discomfort and significant walking difficulty	4

C. Visual Analogue Scale⁴

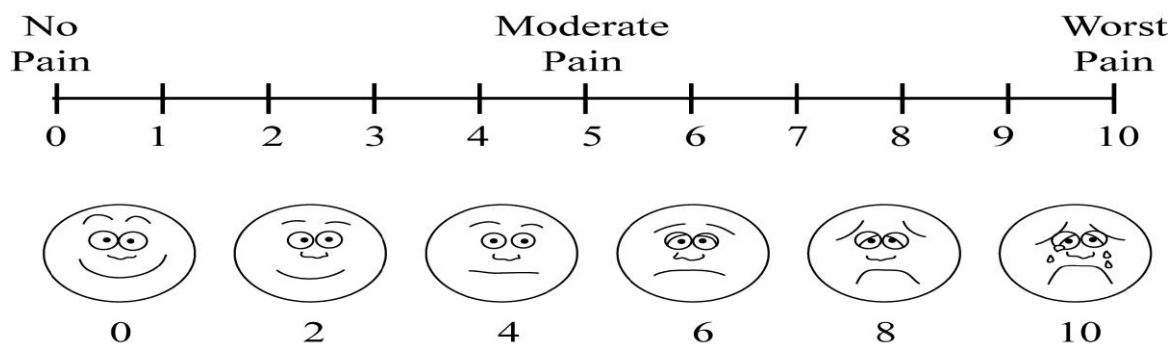


Fig. 1: Visual Analogue Scale

Table 2: Verbal Pain Assessment Scale

Verbal scale:			
No pain	Mild	Moderate	Severe pain

D. Correlation between Visual and verbal scale:

- 1-3 = mild pain
- 4-6 = moderate pain
- 7-10 = severe pain

IV. OBSERVATION AND RESULTS

The observations were tabulated as below

Table 3: Observations before and after the treatment

CRITERIA	BT	AT
Ruk (Pain)	3	0
Visual Analogue Scale	6	0
Verbal Scale	7	2



Fig. 2: Picture showing the procedure of Siravyadha

V. DISCUSSION

Gridhrasi is one of the eighty different varieties of Nanatmaja Vata Vyadhi. In the management of Gridhrasi, Acharya Charaka discussed Siravyadha, Basti Karma, and Agnikarma. Diseases listed by Acharya Sushruta are not alleviated by Snehana and Lapanadi treatment procedures in certain circumstances. Siravyadha is an emergency management system designed to produce better outcomes in relation to pain.

Laghavam (body and sore area) and Vedanashanti (pain alleviation) are signs of Samyak Siravyadha symptoms. Siravyadha elevates the SLR angle in a single sitting and instantly relieves the pain of the Ghridhrasi disease and other symptoms like stiffness, tingling, heaviness and pricking. By rectifying the Dosha-vyana vata and Dushya-kandara, which is Upadhatu of Rakta, this treatment, referred to as Siravyadha, can assist with this illness.

Siravyadha helps Vayu return to normal by expelling the dushita Rakata and Vyanavata. The patient had no trouble accepting the treatment. The patient experienced no negative side effects. The patient does not need to be admitted to the hospital for the procedure. As a result, Siravyadha can be used to manage pain in cases of Gridhrasi feasibly and effectively.

VI. CONCLUSION

Pain quotient in case of Gridhrasi was effectively managed with Siravyadha, with encouraging results. The process was easy, affordable, and doable at the OPD level. The patient experienced immediate pain alleviation by the procedure of Siravyadha.

Siravyadha can be used as effective tool in management of pain in case of Gridhrasi patients. A large sample size must be studied in order to establish an SOP.

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