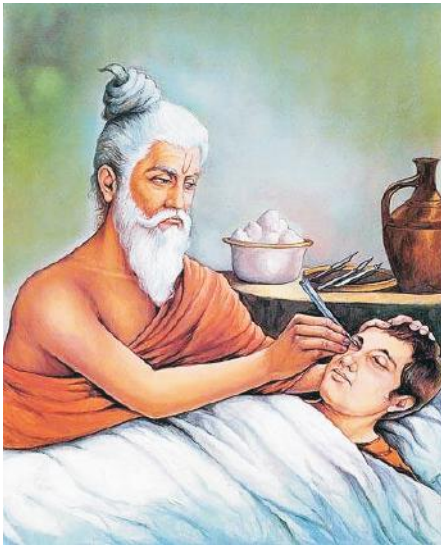


## STUDY THE EFFECT OF SIRAVEDH IN GRIDHRASI (SCIATICA) AS PER SUSHRUTAMHITA

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### INTRODUCTION:

Human beings desire of having good living with healthy life. For this purpose they have been very keen and conscious in maintaining a disease free society. In ancient time they followed nature's rule lived freely without any stress in their life. But now a days people are busy in their routine works and unaware to maintain their health. Consequently, they are being susceptible to various kinds of life style disorders. Gridhrasi Roga [Sciatica] is one of them.

The clinical features seen in Gridhrasiroga can be well correlated with sciatica of modern medicine. Sciatica is very painful condition, in which pain begins in lumber regions and radiate along the posterolateral aspect of thigh and leg . Hence, movement of affected lower limb is restricted and patient is not able to walk properly. Gridhrasi indicates the typical gait that resembles of a bird

"Gridhra"i, evulture, which is often seen in patients of Gridhrasi Roga. The cardinal clinical features of Gridhrasi Roga are Ruk [pain], Toda [Pricking sensation], stambha [Stiffness], Muhurspandan in the Sphikati-uru-janu-jangha-pada in order, sakthikshepan-nigrahi, e restricted lifting of lower limb.

स्फिक्पूर्वाकटिपृष्ठोरुजानुजन्धापदं क्रमात्  
गृध्रसीस्तम्भरुक्तोदैगृन्हातिस्पन्दतेमुहुः ॥

( च.चि.28/56.57)

स्नेहादिभिः क्रियायोगेनतथालेपनैरपियान्याशुव्याधयःशान्तियथासम्यक्सिराव्यधात्॥

– सु.शा.8/22

Raktamokshana is the only shodhana procedure where the vitiated doshas are taken out from the shakhasby creating an artificial route.

The siravedh is considered to be the half or even some times the complete treatment.

### AIM

To study the effect of siravedh in Gridhrasi [Sciatica].

### OBJECTIVES

- ★ To find exact location of vedhyasira in Gridhrasi [Sciatica].
- ★ To study efficacy of siravedh in Gridhrasi [Sciatica].

**INDICATION OF SIRAVEDH:**

Siravedh is to be used in five types of abcess[excluding that caused by tridosha], kushtha [leprasy], painful vatajadisorders, localized in flammetary odema, disease of the ear lobule, shlipad [elephantitis, softchancre, breastdieases, porousgums, dentalcarries, hypertrophy of gums, shitad [supperative gingivitis], dantapupput [spongy gums], disorders of lips caused by pitta, rakta and kapha and most of the minor diseases. (Su.sha 25/12-15)

**Table showing site of siravedh according to the disease-**

Sr.no	Disease	Site of Siravedh
1.	Padadaha, padaharsha, chippa, visarpa, vatashonita, vatkantaka, vicharchika, padadari	2 angula above kshipramarma
2.	Kroshtukshirsha, khanja, pangu, vatvedana	4 angula above gulphamarma
3.	Apachi	2 angula below indrabastimarma
4.	Sciatica	4 angula above or below knee joint
5.	Galaganda	Vein in urumula
6.	Pliharoga	Vein in left arm or elbow joint
7.	Kasa, shwasa, yakrutdalludar	Vein in right arm
8.	Vishwachi	4 angul above or below elbow joint
9.	Pravahika	2 angul around shroni
10.	Pari vartika, upadansha	Central(dorsal) vein of penis
11.	Mutravrudhi (hydrocele)	Veins lateral to the scrotum
12.	Dakodar (ascites)	4 angul below nabhi
13.	Avabahuka, bahushosha	Vein in center of shoulder joint
14.	Apasmara (epilepsy)	Vein in center of temperomandibular joint
15.	Unmada	Vein in between shankhamarma and borderline of hairs and also vein in chest,lateral canthus and forehead

**CLINICAL STUDY:**

Instrument for raktamokshan [siravedh]:-

- 1) Intravenous set
- 2) Needle
- 3) Spirit swab
- 4) Cotton swab
- 5) Bottle for blood collection
- 6) Sticking
- 7) Scalp vein set [scalp vein no.18]

**METHOD OF SIRAVEDH:**

For the clinical part of the present study, 38 patients suffering from gridhrasi were randomly selected

from OPD of kaychikitsa in sethtarach and ayurvedic hospital irrespective of their sex, occupation etc. and between the age group 16-70 years. They were randomly selected. Siravedh was done 4 angula above or below the knee joint. Angulapramana measured with the help of swangula of patient.

Detailed history of sciatica patient was taken according to the case record form prepared for the study incorporating all the relevant points from ayurvedic and views.

### **THE WHOLE WORK WAS CARRIED OUT IN FOLLOWING STEPS:-**

#### **Criteria for diagnosis:**

Diagnosis of patient was done on the basis of signs and symptoms available in the ayurvedic and modern books as well as with the help of following parameters.

#### **Inclusive criteria:**

- 1) All patients in the age group of 16-70 years presenting with signs and symptoms of gridhrasi.
- 2) Patients who are willing for siravedh.
- 3) Patients of either sex.

#### **Exclusive criteria:-**

- 1) Patients below 18 and above 70 years.
- 2) Patients having any hematological and bleeding disorders.

#### **Plan of study:**

After diagnosis these 38 patients were subjected to siravedh procedure.

Siravedh was done 4 angula above or below the knee joint. 4 angula above knee is the distance taken from upper border of knee and 4 angula below taken from lower border of knee joint. Sira taken for siravedh in both groups is great saphenous vein.

All readings were taken before the siravedh on 0th day and at each follow-up. Follow-up was taken after 1<sup>st</sup>, 3<sup>rd</sup> and 7<sup>th</sup> days. The total course was completed in 7<sup>th</sup> day.

### **CRITERIA FOR ASSESSMENT OF RESULT:**

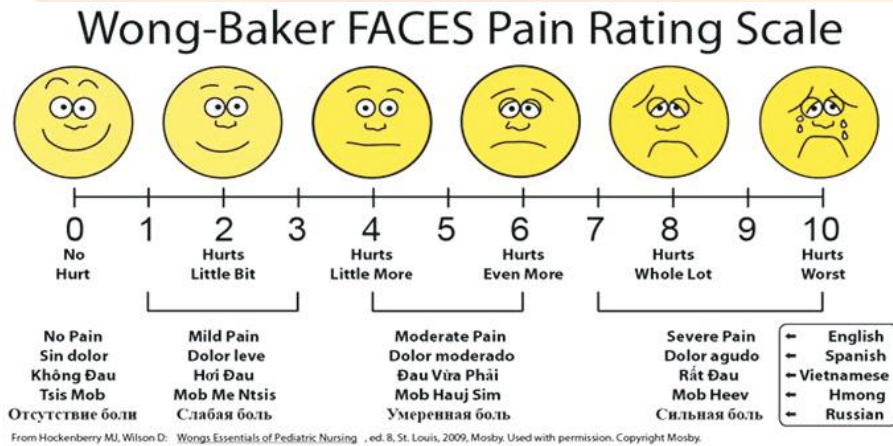
The well improvement in the patient of Gridhrasi (sciatica) was done on the basis of overall improvement in ruja, toda and SLR test. To assess the effect of siravedh, all of them were given scoring pattern depending upon their severity as below:

### **OBSERVATION PARAMETERS:**

#### **Subjective:-**

- 1) Ruja / Pain :

Observations	Grade
No pain	0
Mild pain	1
Moderate pain	2
Severe pain	3



**2) Toda :**

Observations	Grade
No pricking sensation	0
Mild pricking sensation	1
Moderate pricking sensation	2
Severe pricking sensation	3

**OBJECTIVE:-**

**SLR Test**

Observations	Grade
More than 90 <sup>0</sup>	0
61 <sup>0</sup> – 90 <sup>0</sup>	1
31 <sup>0</sup> – 60 <sup>0</sup>	2
Upto 30 <sup>0</sup>	3

**STATISTICAL ANALYSIS CRITERIA:**

**Gradation of Demographic Data**

AGE	GRADE
16-34	1
34-52	2
52-70	3
OCCUPATION	GRADE
House wife	1
Student	2
Teacher or Clerk	3
Labour	4
DURATION OF DISEASE	GRADE
1-3yr	1
3-6yr	2
6-8yr	3

**OBSERVATIONS AND RESULTS**

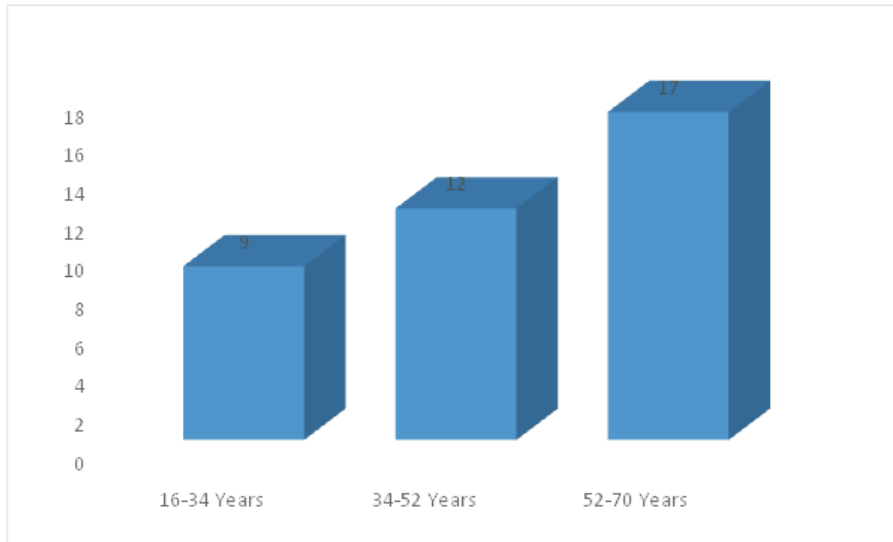
**Observation of clinical study:**

In this study, 38 patients were registered irrespective of their sex, education, occupation etc. having age between 16-70 years. They were randomly selected.

**Table No.1 : Showing distribution of patients according to Age:**

Age Group	Frequency	Percentage
16-34 Years	9	23.7
34-52 Years	12	31.6
52-70 Years	17	44.7
TOTAL	38	100.0

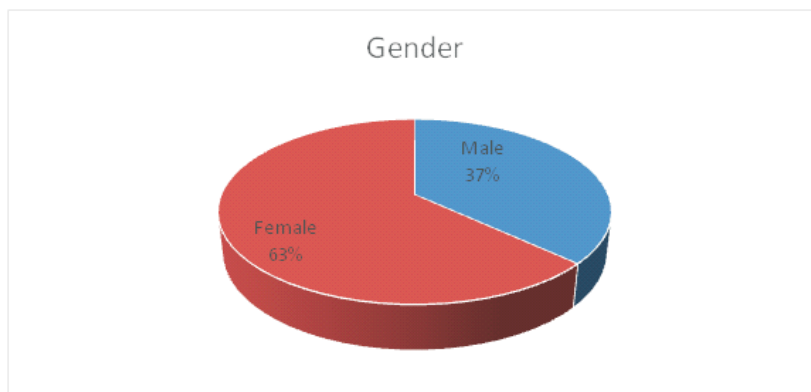
Out of 38 patients, maximum 44.7% Patients were of age group 52-70 years, 31.6% were of 16-34 years and 23.7% of age group 16-32 years.



**Table No.2 :Distribution of patients according to sex:**

Gender	Frequency	Percentage
Male	14	36.8
Female	24	63.2
TOTAL	38	100.0

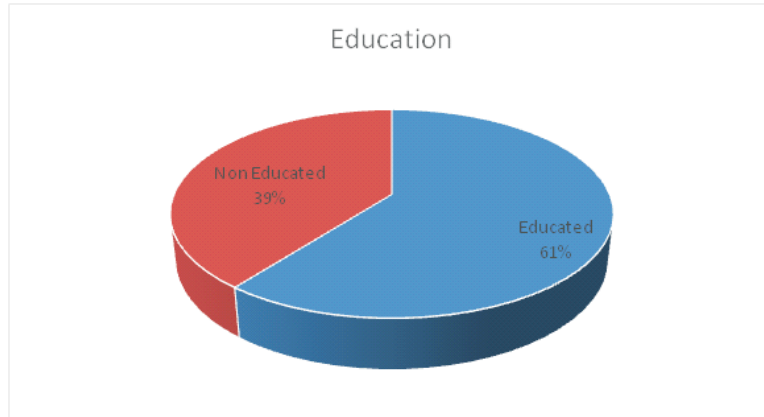
Out of 38 patients, maximum 63.2% patients were female while 36.8% were male patients.



**Table No.3 :Distribution of patients according to education:**

Education	Frequency	Percentage
Educated	23	60.5
Non Educated	15	39.5
TOTAL	38	100.0

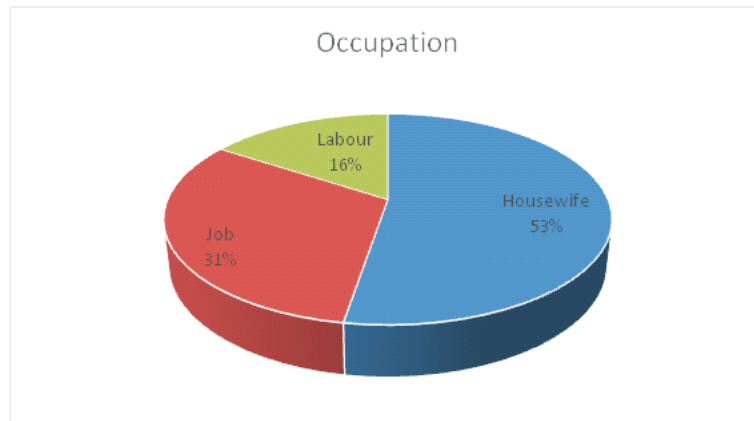
Out of 38 patients, maximum 60.5% patients were educated and 39.5% were uneducated.



**Table No.4 : Distribution of patients according to occupation:-**

Occupation	Frequency	Percentage
Housewife	20	52.6
Job	12	31.6
Labour	6	15.8
TOTAL	38	100.0

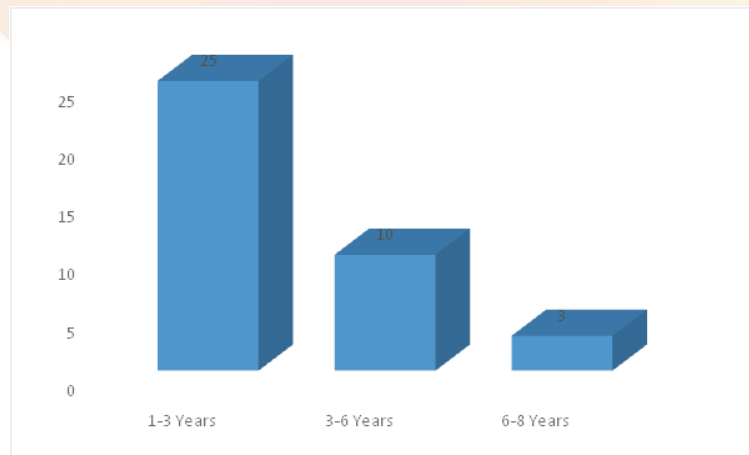
Out of 38 patients, maximum 52.6% patients were housewives, 31.6% were doing job, 15% were labour.



**Table No.9 : Distribution of patients according to chronicity:**

Duration of Disease	Frequency	Percentage
1-3 Years	25	65.8
3-6 Years	10	26.3
6-8 Years	3	7.9
TOTAL	38	100.0

Out of 38 patients, maximum 65.8% patients were having chronicity of up to 1-3 years,26.3% were having chronicity of 3-6 years, 7.9 %were havingchronicity of 6-8 year.

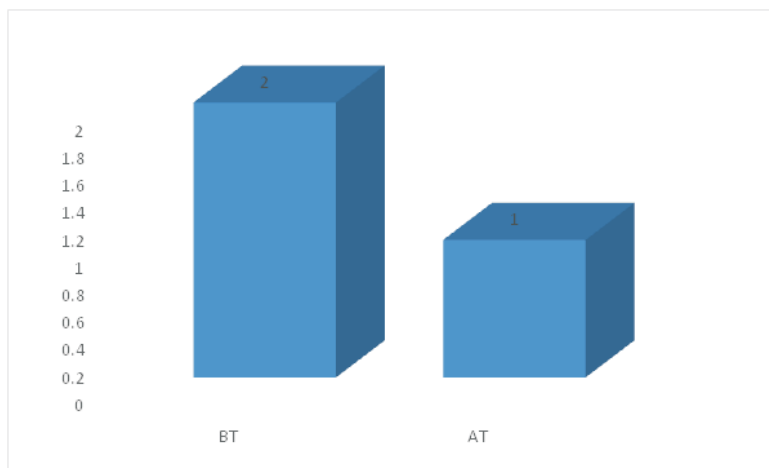


**Effect of therapy on symptoms of Gridhrasi:**

Ruja	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
	2	1	-5.514 <sup>a</sup>	0.000	61.8	Significant

**1)Effect of Ruja**

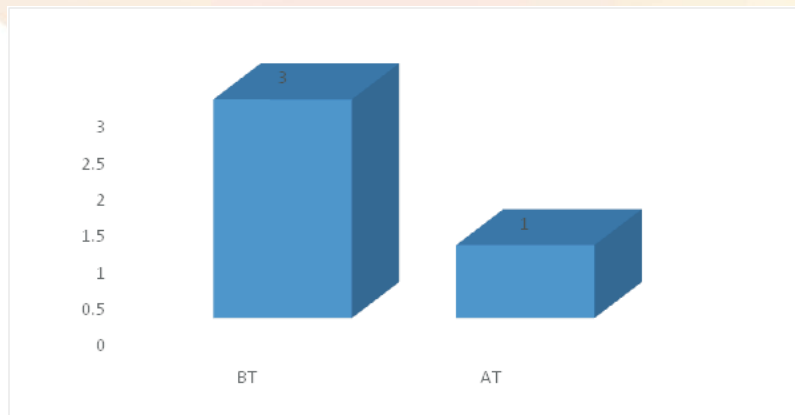
Since observations are on ordinal scale, we have used Wilcoxon Sign Rank Test. From above table we can observe that P-Value is less than 0.05 hence we conclude that effect observed is significant.



Toda	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
	3	1	-5.625 <sup>a</sup>	0.000	74.3	Significant

**2)Effect of Toda**

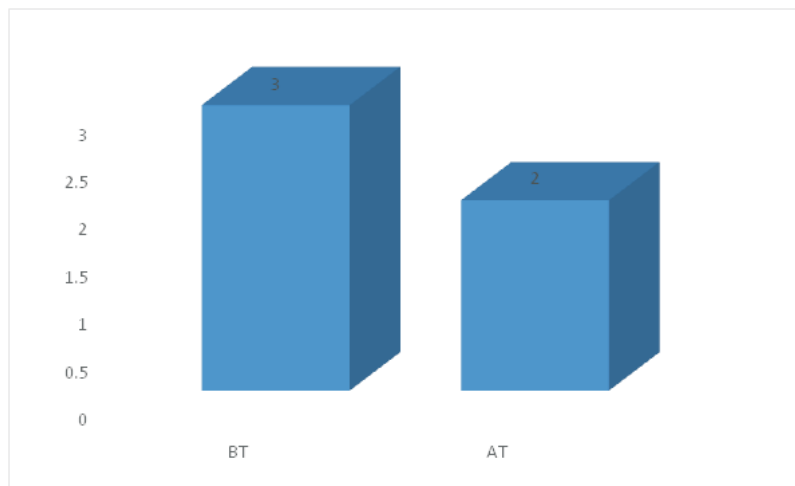
Since observations are on ordinal scale, we have used Wilcoxon Sign Rank Test. From above table we can observe that P-Value is less than 0.05 hence we conclude that effect observed is significant.



SLR Test	Median		Wilcoxon Signed Rank W	P-Value	% Effect	Result
	BT	AT				
	3	2	-5.477 <sup>a</sup>	0.000	39.8	Significant

**Effect of SLR Test**

Since observations are on ordinal scale, we have used Wilcoxon Signe Rank Test. From above table we can observe that P-Value is less than 0.05 hence we conclude that effect observed is significant.



**DISCUSSION**

Due to changing life style, more and more younger and older population is falling to many “Vatika disorders” affecting the locomotory system. The disease “Gridhrasi” is a Vataja Nanatmaja Vyadhi described by almost all ancient text.

Acharya Sushruta has mentioned the involvement of Antara-Kandara-Gulpha producing the disease Gridhrasi. He also added an important sign Sakthanaha-Kshepam-Nigrahaniyat i.e. restricted movement of lower extrimities. Nowadays, this sign known as S.L.R. test. It plays a major role in diagnosis of the disease and assessment of effect of therapy as an objective parameter in modern pathy.

In Gridhrasi, though kandara is mainly affected but rasa, rakta, mansa ,meda, asthi and majja dhatus are also involved.

**CONCLUSION:**

**Clinical study:**

In this study, total 38 patients of known cases of Gridhrasi (sciatica) were selected. Analyzing all the data, following conclusions are made-



1) Maximum incidences were found in between 52-70yrs of age group, female sex, educated, middle class and house wives.

2) Maximum patients were with chronicity up to 1-3 years.

After siravedh significant result was found on Ruja, Toda and SLR test. The effect was more in patients having chronicity up to 1-3 years.

Result of siravedh in Ruja symptom is 61.8%,Toda is 74.3% and SLR test is 39.8%.

In 38 patient Siravedh was done either above the knee joint or below the knee joint. Therefore, siravedh done either above knee joint or below knee joint proves effective on Gridhrasi.

Analysis of result in patients reveals that, siravedh in both 4 angula above or 4 angula below knee joint offers significant result in Gridhrasi. This confirms that, sira described by acharya Sushruta, 4 angula above and below janusandhi is nothing but on great saphenous vein.

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