Critical analysis of Siravyadhana in pain management of Raktavrutavataja Gridhrasi – A Case Study

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ABSTRACT

Gridhrasi is a major and common disease among Vatavyadhis. It is such a condition which hampers the quality of life of individual and affect the day to day activities. Raktaavarana to Vata causes Shoola and Daha in a patient of Gridhrasi. Removing the Raktaavarana should be the prime concern in this case. A case of Raktavrutavataja Gridhrasi treated successfully with Siravyadhana is presented here.

Key words: Gridhrasi, Daha, Raktaavarana, Siravyadhana, Lumbar Spondylosis.

INTRODUCTION

Life style comprising junk food intake, sedentary habits or strenuous physical activities contribute for the occurrence of Gridhrasi as a major disease among Vatavyadhis. It is such a condition which hampers the quality of life of individual and affect the day to day activities. Raktaavarana to Vata causes Shoola and Daha in a patient of Gridhrasi.¹ Removing the Raktaavarana should be the prime concern in this case.

The Pratyatmalakshana of Vatajagridhrasi is the pain starting at Sphikpradesha and radiates till the Pada.² If it is associated with Kapha, Lakshanas like Tandra, Gourava and Aruchi are also seen.³ Daha is not mentioned among the Pratyatmalakshanas of Gridhrasi. So a case of Gridhrasi associated with Daha needs to be understood in a different manner. Avarana is one among the two main causative factors for Vatavyadhis and the other is Dhatukshaya.⁴ The symptoms of Raktavruravata includes Teevaruja, Daha and Sparshaasahatwa.⁵ These symptoms are present in the current patient as severe pain, burning sensation and tenderness. So the final diagnosis was made as Raktavrutavataja Gridhrasi. So removing Avarana of Rakta should be the prime concern in this case. This is done by Raktamokshana in the form of Siravyadhana.⁶ The Chikitsa Sutra of Gridhrasi is “Antara Kandara Gulpha Sirabastiagni Karma Cha” and the main line of treatment for Raktavrutavata is Raktamokshana.⁷⁸ As the case is Gridhrasi which is caused by Raktaavatavata, the selection of Siravyadhana as the initial treatment becomes more apt.

Here in, details of a patient of Raktavrutavataja Gridhrasi treated successfully with Siravyadhana have been described. Immediate and significant relief from the symptoms like pain, burning sensation and tenderness was observed after Siravyadhana. The improvement was observable through the follow-up photographs.

CASE REPORT

A 40 year old male patient, who is a bus conductor by profession was admitted in the In Patient Department (IPD) of Sri Dharmasthala Manjunatheswara College of
Ayurveda and Hospital, Hassan, Karnataka, India (IP No. 25318) with complaints of pain in low back radiating to right leg till right foot since 3 months, associated with burning sensation in right buttock and right leg since 1 month. He did not have any history of injury or trauma. He is not a known case of diabetes or hypertension and was not under any long term medication.

**Clinical Findings**

**General examination**

The general condition of the patient was fair and his vital signs were normal. He was moderately built and nourished. He had normal appetite, bowel and bladder habits. His sleep was disturbed due to increased pain.

**Local examination**

The lumbar spine examination revealed loss of curvature on inspection. Tenderness was elicited on palpation at L4-L5 region and all the range of movements were restricted due to pain. SLR test was found to be positive at 45° in the right side which was negative in left. Bowstring test was also positive in right side. Heel walking and Bragard’s tests were positive bilaterally. All other tests like Faber’s, femoral nerve stretch and toe walking were found to be negative bilaterally.

**Investigations**

Previously done MRI scan report of the LS spine shows mild diffuse posterior disc bulge of L3-L4 region, whereas diffuse posterior bulge of L4-L5 disc indenting on the theca and compromising neural foramina on right side.

**Table 1: Timeline of the case**

<table>
<thead>
<tr>
<th>Dates</th>
<th>Relevant medical history and interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2017</td>
<td>Gradual onset of pain in low back relieved after pain killer injection</td>
</tr>
<tr>
<td></td>
<td>Re occurrence of pain in low back which started to radiate till right foot. No relief on pain killers</td>
</tr>
</tbody>
</table>

**Diagnosis:** Raktavrutsavataja Gridhrasi

**Treatment**

The patient was approached with Siravyadhana as the first line of treatment for his complaints. The treatment was planned based on the diagnosis which was drawn from the presentations of the patient. Sarvanga Abhyanga was done with Nirgundi Taila and Bashpa Sweda was given. Later 200ml of Yavagu with 10ml of Ashwagandha Ghrita was given for Pana. Sthanika Abhyanga and Swedana was done for 10mins using Nirgundi Ghitra. After all the above said Poorvakarmas, Siravyadhana is carried out in the dorsum of foot for 10mins till the bleedings stopped by itself and almost 25ml of venous blood has been drawn.

**Table 2: Timeline of the treatment**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/10/2017</td>
<td>1.00 PM</td>
<td>Admitted</td>
</tr>
<tr>
<td></td>
<td>1.30 PM</td>
<td>Sarvanga Abhyanga with Nirgundi Taila and Bashpa Sweda</td>
</tr>
<tr>
<td></td>
<td>2.30 PM</td>
<td>Snigdha Yavagu Pana with 200 ml Yavagu and 10 ml Ashwagandha Ghitra</td>
</tr>
<tr>
<td></td>
<td>3.00 PM</td>
<td>Sthanika Abhyanga and Swedana for 10 mins</td>
</tr>
<tr>
<td></td>
<td>3.10 PM</td>
<td>Siravyadhana</td>
</tr>
</tbody>
</table>

**Follow up and Outcomes**

Pictures of the movement of right lower limb before and after Siravyadhana were taken from which the
significant improvement was noted. Significant reduction in signs and symptoms were observed after Siravyadhana based on which the outcomes were assessed.

<table>
<thead>
<tr>
<th>Clinician assessed outcome</th>
<th>Patient assessed outcome</th>
<th>BT</th>
<th>AT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tenderness</td>
<td>-</td>
<td>++</td>
<td>Absent</td>
</tr>
<tr>
<td>SLR</td>
<td>-</td>
<td>RT +ve at 45 degrees</td>
<td>RT -ve</td>
</tr>
<tr>
<td>Pain</td>
<td>+++</td>
<td>absent for 9 hrs, + afterwards</td>
<td></td>
</tr>
<tr>
<td>Burning sensation</td>
<td>+++</td>
<td>absent for first 5 days, + afterwards</td>
<td></td>
</tr>
</tbody>
</table>

**DISCUSSION**

Gridhrasi is the most common among Vatavyadhis which can be caused by the sedentary life styles as well as strenuous physical activities. The day to day life of the person affected with Gridhrasi will be hampered due to the increased pain. The specific diagnosis was made as Raktavrutavataja Gridhrasi based on the presence of typical symptoms like Teevvaruja, Daha and Sparsha Asahatva. As all the symptoms were severe in nature, immediate relief had to be given to the patient which was given through Siravyadhana.

Siravyadhana is one among the main treatments of Gridhrasi and it is also the line of treatment for Raktavruta Vata. After Siravyadhana, all the signs and symptoms were relieved immediately. This gave a great comfort to the patient with which he was able to move his right lower limb without any difficulty. Further treatments were given to the patient as the pain and burning sensation were reoccurred in mild form.

**CONCLUSION**

The presentation of a case of Gridhrasi with burning sensation as a main complaint is not explained in classics. So it has to be taken in a different manner by which the diagnosis was made as Raktavruta
Vatajagridhrasi. As the patient complained of severe pain and burning sensation which was due to Raktavruta Vata, the prime aim of the treatment should be the removal of Avarana. This was done by Raktamokshana in the form of Siravyadhana. Immediate relief from the pain, burning sensation was observed after Siravyadhana and the movements of the right lower limb were found to be improved and became painless. By this study the significant role of Siravyadhana in the management of Raktavrutavataja Gridhrasi was observed. The easy approach and immediate relief from the signs and symptoms are the strengths of Siravyadhana. The limitation is the reoccurrence of symptoms after a particular time in mild form, but it can be managed by further treatments. From this study it is evident that Gridhrasi associated with Teevrajuja, Daha and Sparsha Asahatva should always be initially approached through Siravyadhana.

REFERENCES

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