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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 *Raktavrutavata* includes *Teevvaruja, 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*.^{[7][8]} As the case is *Gridhrasi* which is caused by *Raktavrutavata*, 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

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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

Dates	Relevant medical history and interventions
July 2017	Gradual onset of pain in low back relieved after pain killer injection
	Re occurrence of pain in low back which started to radiate till right foot. No relief on pain killers

September 2017	Increased pain in low back radiating till right foot associated with burning sensation in right buttock and right lower limb
2 September 2017	All the above complaints increased and made the patient unable to walk or to move his right lower limb

Diagnosis: Raktavrutavataja 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 Taila*. 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

Date	Time	Treatment
02/10/2017	1.00 PM	Admitted
	1.30 PM	<i>Sarvanga Abhyanga</i> with <i>Nirgundi Taila</i> and <i>Bashpa Sweda</i>
	2.30 PM	<i>Snigdha Yavagu Pana</i> with 200 ml <i>Yavagu</i> and 10 ml <i>Ashwagandha Ghrita</i>
	3.00 PM	<i>Sthanika Abhyanga</i> and <i>Swedana</i> for 10 mins
	3.10 PM	<i>Siravyadhana</i>

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.

Figure 1: Before treatment



Figure 2: Siravyadhana



Figure 3: After treatment



Table 3: Outcome assessment in *Siravyadhana*

Clinician assessed outcome	Patient assessed outcome	BT	AT
Tenderness	-	++	Absent
SLR	-	RT +ve at 45 degrees	RT -ve
	Pain	+++	absent for 9 hrs, + afterwards
	Burning sensation	+++	absent for first 5 days, + afterwards

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 *Teevruja*, *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 complaints 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 *Teevruja*, *Daha* and *Sparsha Asahatva* should always be initially approached through *Siravyadhana*.

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