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A comparative clinical study on the efficacy of *Siravyadha* and *Agnikarma* in the management of *Snayugata Vata* affecting *Kurpara Sandhi vis-à-vis* Tennis Elbow

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ABSTRACT

Background: *Snayugatavata* (fibromyalgia) affecting *Koorpara Sandhi* (elbow joint) is one among pain predominant *Vata Vyadhi*. Tennis elbow is a musculoskeletal, degenerative disorder affecting elbow joint. *Acharya Sushruta* has mentioned *Siravyadha* (blood letting) for *Snayurogas* and *Agnikarma* (thermal cautery) as specific *Chikitsa* for *Snayuroga*.^[1] As similar features are shared, the study has been taken up to see the efficacy of *Siravyadha* and *Agnikarma* affecting *Koorparasandhi* in comparison to tennis elbow. **Objective:** To study the clinical effect of *Agnikarma* (thermal cautery) in *Snayugatavata* affecting *Kurparasandhi* (elbow joint) vis-à-vis Tennis elbow. **Method:** The method used in the study is single blind clinical study with pre-test and post-test design. 40 patients suffering from *Snayugatavata* of either sex were selected and divided into two groups. Group A patients were subjected to *Agnikarma* at maximum point of tenderness and Group B patients were subjected to *Siravyadha*. Both modalities were done for only once and studied for 28 days. The data during the study was recorded and analysed statistically. **Result:** The study confirms *Agnikarma* and *Siravyadha* are effective in the treatment of *Snayugatavata* and later being the more effective in comparison statistically.

Key words: *Siravyadha*, *Agnikarma*, *Snayugata Vata*, *Tennis Elbow*, *Fibromyalgia*.

INTRODUCTION

Snayugatavata (fibromyalgia) is one among the *Vatavyadhi*. The vitiated *Vata* when gets *Ashrita* (located) in *Ekanga*, in this case *Koorpara* (elbow), leads to *Snayugatavata*. Tennis elbow is a musculoskeletal and degenerative disorder. According to data, 1-3 % of world population suffers

from tennis elbow.^[2] It mainly affects the age group 35-55 years.^[3] Histopathology reveals tendon degeneration due to repetitive use of the joint. Ayurvedic treatment principles consider *Snayugatavata* (fibromyalgia) as a manageable disease with treatment modalities like *Snehana* (unction), *Upanaha* (variety of poultice), *Agnikarma* (thermal cautery), *Bandhana*, *Unmardana*.^[4] *Acharya Sushruta* has mentioned in *Gridrasyadi Chikitsa* (treatment for sciatica) one should do *Siravyadha*.^[5] As the functional element, *Vata* is responsible for all kinds of movement in the body, most of the diseases of *Snayu* are due to vitiated or aggravated *Vata* and thus, shows relief in symptoms when treated with the regimen of *Vata*. As mentioned, *Vata* particularly *Vyana Vayu* has a close relationship with *Snayu* (ligaments), because *Vyana Vayu* controls all functions of the body like *Gati*, *Akshepana*, *Utkshepana*, *Nimesha* and *Unmesha*.^[6] These functions are directly connected with joints; hence disturbed *Vyana Vayu*

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can disturb the functions of joints. It is believed that no pain can be produced without involvement of Vata.^[7] More over Acharya Sushruta has mentioned Siravyadha as Ardha Chikitsa.^[8] In this study two para surgical treatment modalities Agnikarma and Siravyadha with classical references are compared for its effect in the management of Snayugatavata.

METHODOLOGY

40 clinically diagnosed patients of Snayugatavata were selected randomly based on inclusion criteria. They were equally divided into two groups A & B, 20 patients in each group.

STATISTICAL METHOD

There were multiple time points when pain scores were noted. To compare reduction in the mean pain score between two interventions, Repeated measures ANOVA [RANOVA] was used. The entire analysis was done using SPSS VERSION 15.

In Agnikarma (thermal cautery), Butane gas operated Panchaloha Shalaka tip. Mfd. by Dr. Santosh Kumarar Junagi, Bengaluru, was heated and made red hot. Agnikarma was done in circular manner starting from the center towards periphery. Immediately after the procedure, Kumari (aloe vera) paste was applied. In Siravyadha, on noticing well engorgement of cephalic vein, the same was subjected for Siravyadha using 18 number scalp vein set. Blood was drained into a measuring jar, flow of blood was allowed till it stops by itself or maximum of 250ml. After stoppage of flow on its own or 250ml collection, scalp vein set was removed, tourniquet was released and pressure was applied over the site.

Efficacy of treatment was assessed by change in features, which are recorded before and after the course of study. Assessment was done with PRTEE CRITERIA.^{[9],[10]} Data was analyzed by statistical tests.

RESULTS

The descriptive statistics showing the mean and standard deviation for each time point among the interventions.

Table 1: Descriptive statistics

	Group A N= 20	Mean	SD	Group B N= 20	Mean	SD
Before intervention	Agnikarma	52.575	15.6980	Siravyadha	52.875	15.0095
Soon after intervention		49.175	19.3086		36.900	23.4058
Follow up 7 th day		43.825	16.0060		28.125	18.2005
Follow up 14 th day		38.475	16.0103		24.625	17.4920
Follow up 21 st day		33.175	17.6727		21.600	17.1944
Follow up 28 th day		31.025	17.4834		21.125	17.0378

Test to see whether scores change as time goes by:

As time goes by to see whether the score change, we use Pillai's trace statistics. The p value < 0.001. Therefore it is a significant change in the score as time goes by.

To test whether there is difference in the mean pain scores between two groups: For the study, repeated measures ANOVA is used to test whether there is a significant difference in the mean scores between two groups. The p value = 0.042. There is significant difference in the reduction of pain scores between two groups.

Table 2: Showing the mean pain scores for the two groups.

Groups	N	Mean	95% Confidence Interval	
			Lower bound	Upper bound
Group A	20	30.875	23.717	38.033
Group B	20	41.375	34.217	48.533

This shows that mean pain score is lesser for *Siravyadha*.

Table 3: Showing the mean pain scores at each time point in Group B.

SN	PRTEE Scoring time	Mean	95% Confidence Interval	
			Lower Bound	Lower Bound
1	Before treatment	52.725	52.725	52.725
2	Soon after treatment	43.038	43.038	43.038
3	Follow up 7 th day	35.975	35.975	35.975
4	Follow up 14 th day	31.550	31.550	31.550
5	Follow up 21 st day	27.387	27.387	27.387
6	Follow up 28 th day	26.075	26.075	26.075

DISCUSSION

The whole study was done centred to pain/tenderness, which are the main feature of disease. Mean pain score for group A was 52.575 and group B was 52.875. After the full course of study the values changed to group A 39.135 and 26.475 in group B. Group B showed better results, may be because of the reason that *Siravyadha* helps in removal of *Dustarakta* (vitiating blood) near the affected site and improves circulation to the part, thereby increasing the chances of regeneration of affected tissues. Group

A individual showed reduction in the pain but was comparatively less than group B, this may be because *Agnikarma* though removes *Srotorodha*, improves *Dhatwagni* locally and has *Gunas* opposite to *Vata* but acts only as counter irritant on the site.

CONCLUSION

Snayugatavata (fibromyalgia) affecting *Kurparasandhi* (elbow joint) is a commonly seen *Vatavyadhi* affecting between 3rd to 5th decades of life. *Snayugatavata* affecting *Koorparasandhi* can be compared with tennis elbow based on clinical features. Two groups of 20 patients each were made and treated with *Agnikarma* (thermal cautery) and *Siravyadha* (blood letting) as assigned to their respective group. Group B was treated with *Siravyadha* showed better results than group A treated with *Agnikarma*. Both groups had symptomatic relief. It was very well noted that rest played a prime role in attaining relief. The individuals who resumed to work soon had recurrence of pain and those who continued to do strenuous during the course of treatment did not respond at all. The individuals who provided themselves good rest turned up with best outcomes. The middle class and lower class individuals were suffering more with the condition, as they could not pause or take break from their work.

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