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A conceptual analysis of Siravyadhana and Agnikarma's function in Gridhrasi pain management

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Abstract

Gridhrasi is a type of *Shoolapradhana Vyadhi* (Pain-predominant disorder) listed among the 80 kinds of *Vataj Nanatmaja Vyadhi*, characterized by symptoms like *Ruk* (Continuous pain), *Toda* (Pricking pain), *Stambha* (Stiffness), and *Spanadana* (Twitching sensation) that affect areas from the lower back (*Sphika, Kati, Prishtha*) down to the thigh (*Uru*), knee (*Janu*), calf (*Jangha*), and foot (*Pada*). Based on its symptoms, it aligns with sciatica, a condition caused by irritation of the spinal nerves, resulting in pain along the sciatic nerve path. Sciatica has a lifetime incidence of 10-40% and an annual episode incidence of 1-5%. Conservative treatments like NSAIDs, steroids, and muscle relaxants provide only temporary relief, while surgical options are limited and carry certain risks. Traditional Ayurvedic treatments for Gridhrasi include *Basti* (Enema), *Siravyadhana* (Bloodletting), *Agnikarma* (Thermal cauterization), and *Bheshaj* (Herbal remedies). This discussion will focus on the roles of *Siravyadhana* and *Agnikarma* in managing Gridhrasi.

Keywords: Gridhrasi, siravyadhana, agnikarma, vataj nanatmaj vydhi

Introduction

Gridhrasi is classified as a *Vataj Nanatmaja Vyadhi* and is regarded as a *Maha Agad* (Severe ailment) by *Aacharya Charak* ^[1]. Although there is no direct reference to specific causes (*Nidana*) in classical Ayurvedic texts, it is understood to be a *Vata* disorder, so factors that aggravate *Vata* are considered relevant causes. In Gridhrasi, *Vata dosha* impacts the tendons of the ankle and toes, causing pain and radiating discomfort through the thighs, thus earning the name *Gridhrasi* ^[2].

In modern medicine, several treatments for sciatica are available, including conservative management, epidural steroid injections, peri-radicular infiltration, and surgical procedures like laminectomy and discectomy ^[3]. While these methods are effective, Ayurveda offers additional treatment approaches such as *Bheshaj* (Medicinal therapy), *Sneha* (Oleation), *Snehapana* (Internal oleation), *Siravyadhana* (Bloodletting), and *Agnikarma* (Thermal cauterization). Among these, *Siravyadhana* and *Agnikarma* are considered symptomatic therapies (*Lakshnika Chikitsa*), helping alleviate symptoms like *Ruk* (Pain), *Toda* (pricking pain), *Stambha* (Stiffness), and *Spandana* (Twitching).

Diseasae Review**Samprapti Ghatakas** ^[4]

- Nidana - Vataprakopaka Nidana.
- Dosha - Vyana and apana vata, kapha
- Dushya - Asthi, majja, sira, kandara, snayu
- Agni - Jatharagni and Dhatwagni
- Ama- Jatharagnijanya and dhatwagnijanya
- Udhhbava sthana-Pakwashaya
- Sancharasthana-Rasayani
- Adhisthana -prishtha, kati, sphik
- Srotas- asthi and majjavaha & vatavaha srotasas
- Vyaktasthana- Sphika, kati, uru, janu jangha and pada
- Rupa- Ruk, toda, stambha arochaka, suptata, bhaktadwesa, tandra, gaurava.
- Aacharya Sushruta mentioned that due to nidanasevana, Vata get agreevated.

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Management of Gridhrasi

Siravyadhana (Venesection) is recommended for managing *Gridhrasi* by various classical Ayurvedic authors. It is regarded as *Ardha Chikitsa* (Half of all surgical treatments) in *Shalyatantra* (Surgical branch of Ayurveda) [5]. *Siravyadhana* is a form of *Raktamokshana* (Bloodletting) performed using surgical tools (*Shastrakrita Raktamokshana*). *Raktamokshana* is effective for disorders caused by impure blood (*Shonitadushita Vyadhi*) and for managing pain (*Shoola*). According to *Aacharya Sushruta*, conditions not alleviated by therapies like *Snehana* (Oleation) or *Lepana* (Application of medicated paste) can be effectively managed with *Siravyadhana* alone.

Agnikarma (Thermal cauterization) is considered a highly effective treatment (*Pradhanatam Chikitsa*), as it is believed that diseases treated with *Agnikarma* do not recur [6]. It is specifically recommended for managing *Atyugra Rujā* (Severe pain).

Sites for Siravyadhana

Samhita	Sites for Siravyadhana
Charaka Samhita	Antara kandaragulpham
Sushruta Samhita	Janusandheruparyadhovachaturangule
Astanga Hrudaya	Janunoadhasthadurdvambachaturangule
Astanga Sangraha	Janusandheruparyadhovachaturangule
Chakradatta	Indravastheradhashtachaturangule
Yogaratanakara	Medrabastheradhashtachaturangule
Gadanigraha	Indravastheradhashtachaturangule

Sites of Agnikarma

Samhita	Sites Of Agnikarma
Charaka Samhita	Antara kantaragulpham
Yogaratanakara	Pada kanishtikam
Chakradatta	Pada kanishtikam
Gadanigraha	Gulphachaturanguletiriyakdaham

Procedure of Siravyadhana [7]

Poorvakarma

- Apparatus
- Tourniquet
- Measuring glass
- Kidney tray
- Sterile disposable gauze
- Needle no. 18 or Scalp vein set no. 20
- Surgical spirit

Preparation for the Patient: The patient is advised to consume *Yavagu* (A light, gruel-like preparation) one hour before the procedure to aid in digestion and preparation of the body.

Sthanika Abhyanga (Localized massage): Massage the affected area with *Triphala Taila* to stimulate circulation and prepare the tissues.

Sthanika Swedana (Localized fomentation): Apply heat to the area to further loosen tissues and facilitate the procedure.

Pradhankarma

1. **Site Preparation:** Clean the site of *Siravyadhana* thoroughly with surgical spirit to ensure sterility.

2. **Tourniquet Placement:** Tie a tourniquet approximately 4 *angula* (Finger-widths) above the vein (*Sira*) to apply gentle pressure and facilitate blood flow.

Needle Insertion

- Insert a sterile, disposable 18G needle (Bevel facing upward) into the vein at the proper location as specified in classical texts.
- Carefully collect the blood in a measuring glass.
- **Tourniquet Release:** Once the blood collection begins, release the tourniquet to allow a smooth flow and prevent excess pressure.
- **Blood Collection:** The amount of blood collected should be adjusted according to the patient's *Dehabala* (Physical strength and constitution).

Paschatakarma

1. Cleaning the site of *Siravyadhana* with sterile cotton.
2. Haemostasis to be achieved.
3. Tight bandaging is done with sterile gauze.
4. Advised for elevation of limb.

Procedure of Agnikarma

Poorvakarma

1. Required material: Sterile gauze, surgical spirit, Panchadhatu shalaka, ghrita, Madhu, Sponge holding forcep.
2. Patient advised to lie down in prone position.

Pradhanakarma

1. Panchadhatu shalaka is heated to red hot.
2. *Agnikarma* is performed with the red hot shalaka at mentioned site as per the Classics.
3. *Samyaka Dagdha Lakshana* should be observed.

Paschatakarma

Immediately after *Agnikarma* *Madhu* and *Ghrita* is applied over the area.

Discussion

Probable Mode of Action of Siravyadhana in Gridhrasi

Gridhrasi is an *Aavaranajanya Vyadhi*, characterized by the obstruction (*Aavarana*) of *Vata* by *Kapha* or by *Vata* itself (*Vatavruta Aavarana*). This leads to channel blockages (*Srotoavarodha*) that cause symptoms like pain and stiffness. *Siravyadhana* (Bloodletting) aids in removing these obstructions (*Samprapti Ghataka*), thereby relieving channel blockage and imparting a sense of lightness (*Laghavata*) in the body.

Additionally, as per *Sushruta*, *Gridhrasi* involves the *Dushya Kandara* (Tendons) in its pathogenesis. Since *Kandara* is an *Upadhatu* (Secondary tissue) of *Rakta* (Blood), *Siravyadhana* purges the vitiated *Rakta* to reduce pain (*Vedanashanti*) and the severity of the disease. For these reasons, various scholars have recommended *Siravyadhana* for pain management in *Gridhrasi*.

Probable Mode of Action of Agnikarma in Gridhrasi

- *Agnikarma* (Thermal cauterization) is beneficial in *Gridhrasi* due to the qualities of *Agni-Ushna* (Hot), *Tikshna* (Sharp), *Sukshma* (penetrative), and *Ashukari* (Quick-acting)- which counteract *Vata* and *Kapha*, the primary doshas involved in *Gridhrasi*. These opposing qualities help alleviate pain associated with *Gridhrasi*.

- Immediately after *Agnikarma*, there is an increase in blood flow (*Rasa Rakta Samhana*) to the treated area. This enhanced circulation flushes out pain-inducing substances from the affected site, providing relief from pain.
- *Agnikarma* is specifically indicated for severe pain (*Atyugra Rujā*). When performed correctly (*Samyaka Agnikarma*), it brings about *Laghavata* (Lightness) and relief from symptoms (*Vikaropashama*), thereby significantly improving patient comfort and mobility.

Conclusion

Thus, *Siravyadhana* and *Agnikarma* play a crucial role in managing pain in *Gridhrasi*. These procedures are simple, safe, and effective, helping alleviate symptoms such as *Ruk* (Pain), *Toda* (Pricking pain), *Stambha* (Stiffness), and *Spandana* (Twitching).

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