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# SIDDHA AYURVEDIC SURGICAL MANAGEMENT OF VATHASTHAMBAM (SCIATICA)– A CASE STUDY

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## ABSTRACT

Sciatica is a more common cause of pain & disability. Sciatica is common type of pain affecting the sciatic nerve. Sciatica is defined as the pain in the distribution of sciatic nerve or its component nerve roots. 45 year old male patient comes in Herbal Health Care Clinic Jaffna, Sri Lanka with complaints in low (lumbar region) on left side which is radiating towards the thigh, calf region and down to the foot, difficulty and pain while walking and sitting, stiffness in lumbar region and numbness in the left leg since 2 months. Patient underwent for several allopathy and Ayurvedic treatments but got only temporarily relief. Then patient came to the this clinic for Siddha Ayurvedic Surgical department for further Ayurvedic Surgical treatment. He consulted Siddha Ayurveda physician and taken Siddha Ayurveda treatment for the same. Herbal formulation and Parasurgical treatment are better alternative natural remedies and it is safe, simple effective, self- of treatment. It is concluded that the combination of the Siddha medical herbal treatment & Parasurgical procedure is effective in the management

Keywords: Agnikarma, Ayurvedic, Pancha Dhatu Sciatica

## INTRODUCTION

Changing of life style of modern human being has created several disharmonies in his biological system. As the advancement

of busy, professional and social sedentary lifestyle, improper sitting posture in officers, factories, continuous and over exertion jerking movements during travelling and sports all these factors create undue pressure to the spinal cord and play an important role in producing low back ache and sciatica. Likewise progressive disorders affecting the pelvis and nearer structures are also precipitating this condition. In this way, this disease is now becoming a significant threat to the working population. Sciatica might be a symptom of a ‘pinched nerve’ affecting one or more of the lower spinal nerves. The nerve might be pinched inside or outside of the spinal canal as it passes into the leg. Sciatica can occur suddenly or it can occur gradually. Sciatica refers to pain that radiates along the path of the sciatic nerve, which is associated with tingling numbness, pricking sensation and stiffness<sup>1</sup>. The life time incidence of sciatica varies from 13-40%<sup>2</sup>. It is most common during people 40, 50 and men’s are more frequently affected than women’s<sup>3</sup>. In Siddha medicine As per Yugi Vatha disease has been broadly classified into 80 different types, vathasthambam is one among them<sup>4</sup>. It closely resembles to Sciatica in Modern aspects. In Ayurveda sciatica disease is resembles with gridhrasi which included under 80 types of nanatmaja vata viakara<sup>5</sup>. In this disease the gait of patient is typical that resembles of Ghrindra (Vulture).

Gridrasi is divided into 2 types based on dosha involvement in it. One is keval vataja and other vata-kaphaja<sup>6</sup>. The sign and symptoms of keval vataja is pain with pricking sensation, stiffness and repeated twitching in the buttock, low back pain region, thigh, back of knee, calf region and foot. In vata-kaphaja gridhrasi there is drowsiness, feeling of heaviness and anorexia may be present<sup>7</sup>. Stiffness is effectively relieved by the Agnikarma is an established fact due to it is a higher dose of fomentation. Reference show that the diseases treated with Agnikarma are less recur<sup>8</sup>. By the process of , Agnikarma there is no fear of putrification and bleeding. It also yields quick relief. We have found lot of various products and metal instruments can be used for Agnikarma therapy in Ayurvedic literature<sup>9</sup>, but at the end “Samyak Dagdha Virana” (Therapeutic burn) would be obtained at the site of Agnikarma therapy given is the heart of treatment. On this way, we have innovated an Agnikarma probe mixing by five different type of metals in different proportions i.e. Copper 40%, Iron 30%, Zinc 10%, Silver 10% and Tin 10%<sup>10</sup>. This probe can be used for superficially skin burn as well deep for muscle burn. We have found that the innovated probe is also sustain heat for longer period, so it is easy to handle and perform the procedure with less period of time.

### A Case Study

45 year old male patient comes in Herbal Health Care Clinic Jaffna, Sri Lanka with complaints in low (lumbar region) on left side which is radiating towards the thigh, calf region and down to the foot, difficulty and pain while walking and sitting, stiffness in lumbar region and numbness in the left leg since 2 months. Patient underwent for several allopathy and Ayurvedic treatments but got only temporarily relief. Then patient came to the this clinic for Siddha Ayurvedic

Surgical department for further Ayurvedic Surgical treatment.

### On examination

General condition of the patient was found antalgic gait. He was not able to stand or sit or remain in a same posture for more five minutes due to severe pain stating in his his back. SLR was 40° of left side and Cross SLR test was positive. Blood pressure was 110/70 mmHg, Pulse rate was 78 / minute, weight-72 kg and height -5.13”. All routine blood and urine investigations were carried out which seem to be normal. X-rays of LS Spine saw mild space diminished between L4 - L5 body.

### Procedure of Agnikarma

#### 1. Poorva Karma (Preoperative procedure)

The Agnikarma therapy prepared with all materials and instruments required for the therapy and care of patient in aseptic condition i.e freshly prepared Triphala decoction, Aloe vera leaf, Agnikarma innovated Probe, Probe stand, High pressure burner for making the Probe red hot, LPG Cylinder, SS tray, SS bowl, Sponge holding forceps, Gloves, Sterilized plan and hole towel, Cotton, Aknife, Lighter ect. Take written inform consent of the patient. Keep the probe on burner until it become red hot. It is hardly take two minutes to make the probe red hot. Ask the patient to lie down on examination table in prone position and make him relax. Ask the patient when therapeutic burn is made, you just feel like an ant bite for a friction of second and do not move your limbs until the procedure will finish.

#### 2. Pradhana Karma (Para operative procedure)

Examine the patient carefully and make the maximum tender points on and around L4 L5 vertebral bodies and Sciatic notch.

Paint the portion by Aseptic solutions like Triphala decoction, and drape with the use of Red hot Agnikarma probe and skilled hands, give 6-9 therapeutic burn marks(Fig-3) with a distance of an inch up to skin level on spinous process and transverse process of L4 and L5 body. Also give 2-3 therapeutic burn marks at the level of sciatic notch when Cross. SLR test become positive. Give 2-3 therapeutic burn marks longitudinally on tendo achilles ligament (Antra kandara gulf Madhya as per Ayurveda 11, on affected limb when popliteal compression test get positive. Instantly apply the pulp of Aloe vera leaf hold with swab holding forceps in small piece on the burn marks,(Fig-4) as Aloe vera is working as instant cooling agent.



Fig-1 Marked the tender points.



Fig-2 Agni karma therapy



Fig-3- after Agnikarma therapy



Fig-4 Apply the Aloe vera pulp



Fig-4. Agni karma Lumba region

### 3.Paschata (Postoperative procedure):

After a minute, clean the part by cotton and apply “Sivappu kukkil thailum” ( Siddhha herbal formulation used for burns

treatment) advise to the patient twice a day continuous for a week and do not apply water on the Agnikarma site ( burn marks) for next 24 hours.

## DISCUSSION

Sciatica is neuralgic disorder caused by nerve root compression and irritation or inflammation of the sciatic nerve. The disease is characterized by lower back pain which radiates to the leg. Clinically, Agnikarma is very effective for relieving sciatic pain. It has been demonstrated that Agnikarma can make the brain and spinal cord release  $K^+$ ,  $CA^{++}$ , 5-hydroxytryptamine and opioid peptides which may change the composition of neurotransmitters to block the transmission of pain, thus showing the analgesic effect.

According to Gate Control Theory, Gate control system is located at the junction of first and second neuron. Large diameter fibre 13 ‘A’ is stimulated by touch and temperature. Fine ‘C’ fibre is stimulated by pain. If ‘A’ fibre once gets stimulated, blocks the Gate mechanism, then pain from ‘C’ fibre does not pass through the Gate to reach the brain for perception. Thus, by Agnikarma pain perception is not felt to the patient. Moreover, Heat Induces metabolism at muscle fibre cells and removes waste products and release the stiffness of the muscle.

## CONCLUSION

The case report showed that Agnikarma therapy with oral medication is potent, safe and effective in the treatment of Sciatica, which was not relieved by allopathic medical intervention. There was no any adverse effect found during and after the whole procedure in this case.

Conflict of Interest: None

## REFERENCES

Ashworth J, Konstantinou K, Dunn KM. Prognostic factors in non-surgically treated sciatica: a systematic review. *BMC Musculoskelet Disord.* 2011;12:208

Bolton JE. Evidence-based case reports. *J Can Chiropr Assoc.* 2014;58(1):6–7

Punam Sawarkar, Gaurav Sawarkar, Ayurvedic Management of ghridhrasi (sciatica), *Joinsysmed,* 2017; 5(2): 119-125

Ramachandran,S.P, (1998) Yugi Vaidhya Chinthamani- 800 1st edition, Chennai.

Yadavji,T.Sutrasthana Maharoga adhyaya In: charak samhita with Ayurved dipika. Varanasi: Chaukhambha surbharti prakashan; 2012, p.113.

Yadavji,T. Chikitsasthana Vata vyadhi chikitsa adhyaya In: Charak samhita with Ayurved dipika. Varanasi: Chaukhambha surbharti prakashan; 2012, p.619.

Charaka, Charaka Samhita of Agnivesha, Sharma Priyavat (editor); chikitsasthana 28/56:Chaukhamba Orientalia, Varansi, Volume II, 8th edition, 2007; 787.

Sushruta, Sushruta Samhita, Sutra sthana, Agnikarmavidhi Adhyay,12/15. Edited by Vaidya Yadavji, Trikamji Acharya, Reprint.Chaukhambha Sanskrit Samsthana, Varanasi, 2007;53.

Sushruta,Sushruta Samhita, Sutra sthana, Agnikarmavidhi Adhyay,12/4-7. Edited by Vaidya Yadavji, Trikamji Acharya,Reprint.Chaukhambha Sanskrit Samsthana, Varanasi, 2007;51-52.

Bijur PE,Silver W, Gallagher EJ, et al; Reliability of the Visual Analog Scale for Measurement of Acute Pain, *Academic Emergency Medicine,* December 2001, Volume 8, Number 12.

Sushruta, Sushruta Samhita, Sutra sthana, Agnikarmavidhi Adhyay,12/4-7. Edited by Vaidya Yadavji, Trikamji Acharya, Reprint. Chaukhambha

Sanskrit Samsthana, Varanasi, 2007;51-52.

Cook CE, Taylor J, Wright A, Milosavljevic S, Goode A, Whitford M. Risk factors for first time incidence sciatica: A systematic review. *Physiother Res Int* 2014;19:65-78.

Bhatta SR,Rao P, Joshua TV. *Manual of Surgery.* 5th Edition, Jaypee publishers (pg.no.343)