

A RESEARCH ARTICLE - TO EVALUATE THE EFFICACY OF AGNI KARMA AND SIRAVYADHA IN GRIDHRASI W.S.R TO SCIATICA

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ABSTRACT

Lifetime incidence of low back pain is 50-70%. Low back pain and *Sciatica* is major cause of morbidity throughout the world. *Ayurveda* is simple practical science of life, its principles are universally applicable to each individual for daily existence. *Sushruta Samhita* is the earliest known authentic treatise on *Ayurveda*. In Ayurvedic texts, there are various methods used as a line of treatment, some of which are effective, simple, safe and cheap for the patient e.g. *Siravyadha*, *Agnikarma*, *Basti chikitsa*, *Snehana*, *Swedana* and oral medication for *Gridhrasi*. *Shalya tantra* consists of major therapies like *bheshaja karma*, *agni karma*, *kshara karma*, *raktamokshana*. *Agni karma* is superior among all of them and has proved to be a boon where local involvement of *vata-kaphaj doshas* are observed in the disease.

Acharya Sushruta has mentioned *Agnikarma chikitsa* in the management of *Sira*, *Snayu* or *Sandhi* or *Asthi* samprapti and *Gridhrasi* is devolped by all these involved structures. *Acharya Sushruta* also mentioned *Siravyadha* in the management of *Gridhrasi* at four angula below or above of the *janu marma*.

KEYWORDS: *Sushruta Samhita*, *Siravyadha*, *Agnikarma*, *Basti chikitsa*, *Snehana*, *Swedana*, *Gridhrasi*, *Bheshaja Karma*, *Kshara karma*, *Raktmokshana*, *Agnikarma*, *Vata-kaphaj doshas*, *Sciatica*, *Acharya Sushruta*, *Sira*, *Snayu*, *Sandhi*, *Asthi*, *Four angula* and *Janu marma*.

INTRODUCTION

Sushruta Samhita is the earliest known authentic treatise on *Ayurveda*. *Shalya Tantra* is the most ancient surgical science, not only in India but also in the whole world. The human being

is a masterpiece of nature and is no wonder that he has been a subject of immense research with respect to his structural and mental functions and every human being wants to live happy and comfortable life, but it is not possible because of environmental factors, changing life styles etc which create undue pressure to the spinal cord and play a chief role in producing low backache and *Sciatica*. Pain is the chief cause of visiting doctor in most patients. Pain is cardinal symptom of all types of *vatavyadhis*. *Gridhrasi* is such a *ruja pradhana vatavyadhi*.^[1] In this type of disease shooting pain occurs due to irritation of spinal nerve which radiates from *Sphika Pradesha* (gluteal region) to *Pada* (foot).^[2] *Gridhrasi* can be equated with the disease *Sciatica* in modern parlance, which occurs because of spinal nerve irritation. By the process of *Agnikarma*, there is no recurrence of disease (*Apunarbhava*).^[3] There is no fear of putrefaction and bleeding. It also yields quick relief. *Siravyadha* is an emergency management to achieve the better results. *Siravyadha* is also accepted as half of the therapeutic measure in *Shalya Tantra* like *Basti* in *Kayachikitsa*.^[4] *Agnikarma* and *siravyadha* are the two parasurgical procedures in *Ayurveda* which have been proved to be effective in *Ruja Pradhanam Vatavyadhis*. *Agnikarma chikitsa* is superior in *Gridhrasi* management than *siravyadha chikitsa*, to evaluate this hypothesis, the comparison between these two procedures and also combine application of *Agnikarma chikitsa* and *Siravyadha chikitsa* will be helpful to carry out truthful conclusion regarding these therapies.

ETYMOLOGY OF GRIDHRASI

Gridhrasi is a word which is derived from 'Gridhu' Dhatu that means to covet, to desire, to strive after greedily, to be eager for. By adding 'Karan' Pratyaya *Gridha* + *Kran* (by rule of *Susudhanjgiri Dhibhyah Karma*).^[5]

By lope of K and N word

Gridha + RA = *Gridhra* (bird) that means vulture.

Gridhra + Sho (*Anlakarmani Divadi Parasamani pada*)

Anti Dhatu by using it in the form of noun adding 'K' pratyaya by rule of *Atoanupasarga Kah*.

Gridha + *Sho* + *Ka*

Gridha + *Sh* + *A*

Replaced *Sh*. by *Sa*. (rule of *Dhatvadehshahsah*).

Gridhra is a bird called as vulture in English. This bird is fond of meat and he eats flesh of an animal in such a fashion that he deeply pierce his beak in the flesh then draws it out forcefully, exactly such type of pain occurs in *Gridhrasi* and hence the name.

Another meaning is the person who desires to eat the meat greedily like *Gridhra* (vulture) is prone to get it and the disease which commonly occurs in these persons is known as "*Gridhrasi*"

DEFINITION OF AGNIKARMA

The word *Agnikarma* consists of Agni + Karma i.e. Heat+Procedure. "When *Samyaka Dagdha Vrana* produced by *Agni* with the help of various *Dravyas* called as "*Agnikarma*".

The above description has been given by "*Acharya Dalhana*" the commentator of *sushruta samhita*. In his statement he has classified the agni karma in two categories.^[6]

1. "*Agnina kritva yat karma*" i.e. the *agni* is used directly.
2. "*Agneh sambandhi karmavayattadagnikarma*", i.e. the *agni* related things are used.

DEFINITION OF SIRAVYADHA

Siravyadha is a procedure of bloodletting by puncturing. This procedure is carried out to eliminate local toxic substances from the blood. It is also called *Raktmokshana*.^[7] According to *Sushruta Bloodletting* is considered as one among the 5 detoxifying procedures. The diseases which are not cured by using hot or cold fomentation as per *Ayurveda*, they are cured by Venesection.

Types of *siravyadha*: There are two types of *raktamokshana*^[8]

1) *Shashtra visravana*

- ↓
- a) *Siravedha*
 - b) *Prachanakarma*
 - c) *Alabu avacharna*
 - d) *Ghati yantra*

2) *Anushastra visravana*

- ↓
- a) *Jalaukavacharan*
 - b) *Shrungavacharna*

CLINICAL STUDY

AIMS AND OBJECTIVES

- To study the influence of modern life style on *Gridhrasi* in the light of both Ayurvedic and modern medical science along with its etiopathogenesis.

- To study and compare the efficacy of *agnikarma* and *siravyadha* in the management of *Gridhrasi*.
- To assess any side effects during the course of treatment.

MATERIALS AND METHODS

The entire study consists.

- **Conceptual Contrive:** In this contrive, the available description of Gridhrasi was studied from the various sources of *Ayurvedic texts* and modern medicine.
- **Clinical Contrive:** In this contrive, the patients, various investigations, procedures, Selected diet and regimen were included. The patient attending OPD and IPD of Jammu Institute Of Ayurveda And Research.
- The patient attending the OPD and IPD of Jammu Institute Of Ayurveda And Research, Urban Wing, Janipur, Jammu.

METHOD OF COLLECTION OF DATA

It was a comparative study which was comprised of 60 patients and randomly divided into two groups.

Group A - 30 Patients

Group B - 30 Patients

GROUP A – *Agnikarma* was done on 30 patients with *Panchloha shalaka*.

GROUP B – *Siravyadha* was done on 30 patients with disposable scalp vein 20 no.

The study has been designed as a comparative study to assess the efficacy of 2 procedures in the management of “*GRIDHRASI*”. Study was based on clinical trials.

MATERIALS FOR AGNIKARMA AND SIRAVYADHA

In the present study, following materials were used.

GROUP – A

- 1) Panchloha shalaka
- 2) Triphala kwatha
- 3) Aloe vera pulp
- 4) Yashtimadhu churna

GROUP - B

- 1) Disposable scalp vein 20 no.
- 2) Touniqet
- 3) Cotton, spirit, bandage
- 4) Kidney tray and gloves

CRITERIA FOR SELECTION OF CASES

INCLUSION CRITERIA

1. Patients with symptoms like *ruja*, *stambha*, *suptata*, *Tandra*, *Arochaka*.
2. Patients of age group between 20-60 years.
3. Patients with Straight Leg Raise test positive.

EXCLUSION CRITERIA

1. Patients of age less than 20 and more than 60.
2. Uncontrolled Diabetes Mellitus, Hypertension, Tuberculosis of spine and Hip joint, Malignancy of spine or other organs.
3. Fracture related to spine.
4. Anemia (Hb<7.00 mg/dl)
5. Pregnancy.
6. Cardiac disease like Ischaemic Heart Disease, Myocardial Infarction, Coronary artery disease.
7. Patients with bleeding disorders like prolonged BT, CT, Hepatitis B and C, HIV.

CRITERIA OF ASSESSMENT

The improvement in the patient was assessed mainly on the basis of relief in the cardinal signs and symptoms of the disease. To assess the effect of therapy objectively, all the signs and symptoms were given scoring pattern depending upon their severity as below.

1. PAIN

No pain	=	0
Mild pain	=	1
Moderate pain	=	2
Severe pain	=	3

2. STIFFNESS

No stiffness	=	0
Mild stiffness	=	1
Moderate stiffness	=	2
Severe stiffness	=	3

3. RESTRICTION IN MOVEMENT

Absent	=	0
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Present	=	1
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4. NUMBNESS (Suptata)

No numbness	=	0
Mild numbness	=	1
Moderate numbness	=	2
Severe numbness	=	3

5. TINGLING SENSATION (Muhuspandanam)

No sensation	=	0
Mild sensation	=	1
Moderate sensation	=	2
Severe sensation	=	3

6. GAURVA

No Gaurava	=	0
Mild	=	1
Moderate	=	2
Severe	=	3

7. SLR ANGLE

Upto 90 degree	=	0
Upto 70 degree	=	1
Upto 40 degree	=	2
Upto 20 degree	=	3
Below 20 degree	=	4

8. TENDERNESS

No tenderness	=	0
Mild tenderness	=	1
Moderate tenderness	=	2
Severe tenderness	=	3

9. REFLEXES

Normal	=	0
Just normal	=	1

Exaggerated	=	2
Absent	=	3

DURATION OF TREATMENT

Both procedures were carried out after 7-7 days interval for 4 times.

OBSERVATION PERIOD

The patients were observed and assessed on weekly interval, i.e on 7th day, 14th day, 21st day and 28th day to find out the efficacy of both parasurgical procedures in the management of Gridhrasi. Follow up of the patient was carried out after one month.

RESULTS

SUBJECTIVE CRITERIA

1. Pain

Table - Assessment of pain.

Group	Follow up	BT	7D	14D	21D	28D	AT
A	Mean	2.66	2.06	1.30	0.76	0.13	0.13
B	Mean	2.76	2.36	1.6	1.13	0.56	0.56

In Group A before treatment mean of pain was 2.66 and after treatment it was reduced to 0.13. In Group B before treatment mean of pain was 2.76 and after treatment it was reduced to 0.56.

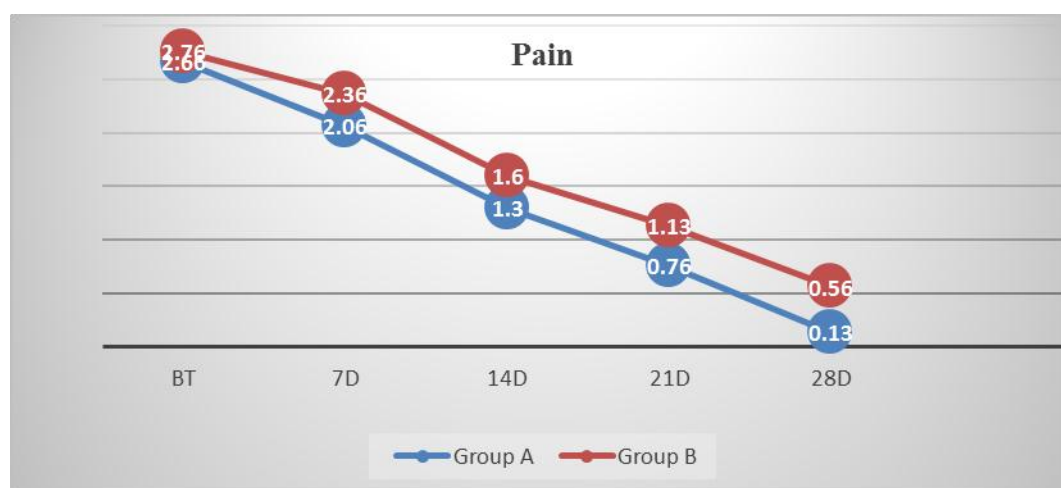


Figure - Effect on pain

Group	Mean		Difference In means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	p value
GROUP-A	2.66	0.13	2.53	0.58	0.106	21.28	(P = <0.001)
GROUP-B	2.76	0.56	2.20	0.71	0.13	16.86	(P = <0.001)

2. Stiffness

Table - Assessment of stiffness.

Group	Follow up	BT	7D	14D	21D	28D	AT
A	Mean	3.03	2.13	1.3	0.4	0.20	0.20
B	Mean	3.10	2.33	1.56	0.83	0.36	0.36

In Group A before treatment mean of stiffness was 3.03 and after treatment it was reduced to 0.20. In Group B before treatment mean of Stiffness was 3.10 and after treatment it was reduced to 0.36.



Group	Mean		Difference In means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	p value
GROUP-A	3.03	0.20	2.83	0.95	0.17	16.37	(P = <0.001)
GROUP-B	3.10	0.36	2.74	1.08	0.19	13.59	(P = <0.001)

3. Restriction in movement

Table - Assessment of Restriction in movement.

Group	Follow up	BT	7D	14D	21D	28D	AT
A	Mean	1.00	0.73	0.50	0.20	0.10	0.10
B	Mean	1.16	0.90	0.5	0.23	0.16	0.16

In Group A before treatment mean of Restriction in movement was 1.00 and after treatment it was reduced to 0.10. In Group B before treatment mean of Restriction in movement was 1.00 and after treatment it was reduced to 0.16.



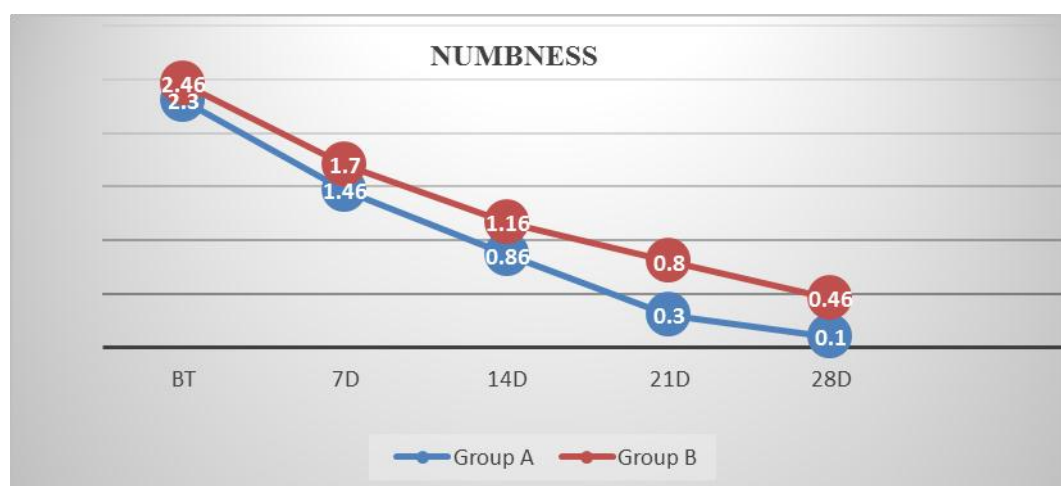
Group	Mean		Difference In means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	p value
GROUP- A	1.00	0.10	0.9	0.305	0.05	16.15	(P = <0.001)
GROUP - B	1.16	0.16	1	0.52	0.09	10.42	(P = <0.001)

4. Numbness

Table - Assessment of numbness.

Group	Follow up	BT	7D	14D	21D	28D	AT
A	Mean	2.30	1.46	0.86	0.30	0.10	0.10
B	Mean	2.46	1.7	1.16	0.8	0.46	0.46

In Group A before treatment mean of numbness was 2.30 and after treatment it was reduced to 0.10. In Group B before treatment mean of numbness was 2.46 and after treatment it was reduced to 0.46.



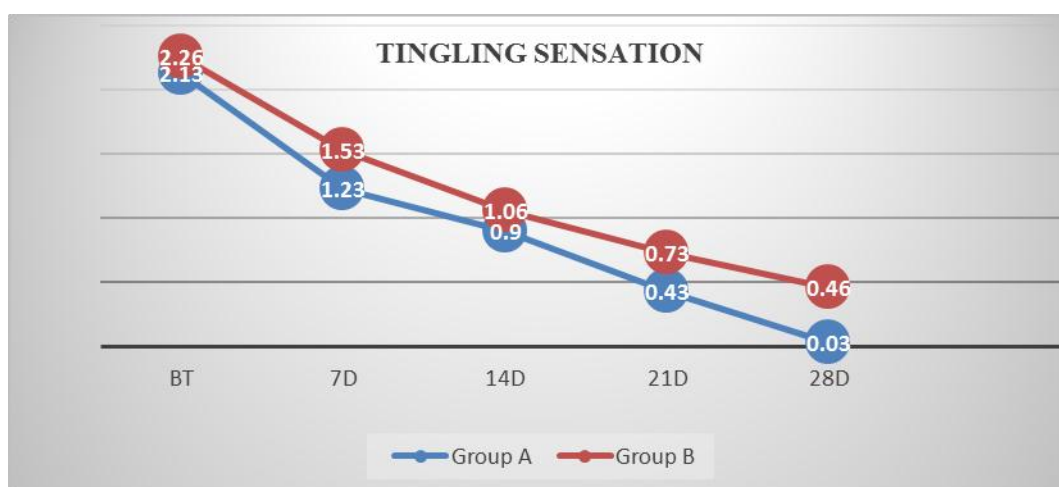
Group	Mean		Difference In means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	p value
GROUP- A	2.30	1.46	0.84	0.71	0.13	16.86	(P = <0.001)
GROUP- B	2.46	1.7	0.76	0.58	0.107	18.65	(P = <0.001)

5. Tingling sensation

Table - Assessment of Tingling sensation.

Group	Follow up	BT	7D	14D	21D	28D	AT
A	Mean	2.13	1.23	0.90	0.43	0.03	0.03
B	Mean	2.26	1.53	1.06	0.73	0.46	0.46

In Group A before treatment mean of Tingling sensation was 2.13 and after treatment it was reduced to 0.03. In Group B before treatment mean of Tingling sensation was 2.26 and after treatment it was reduced to 0.46.



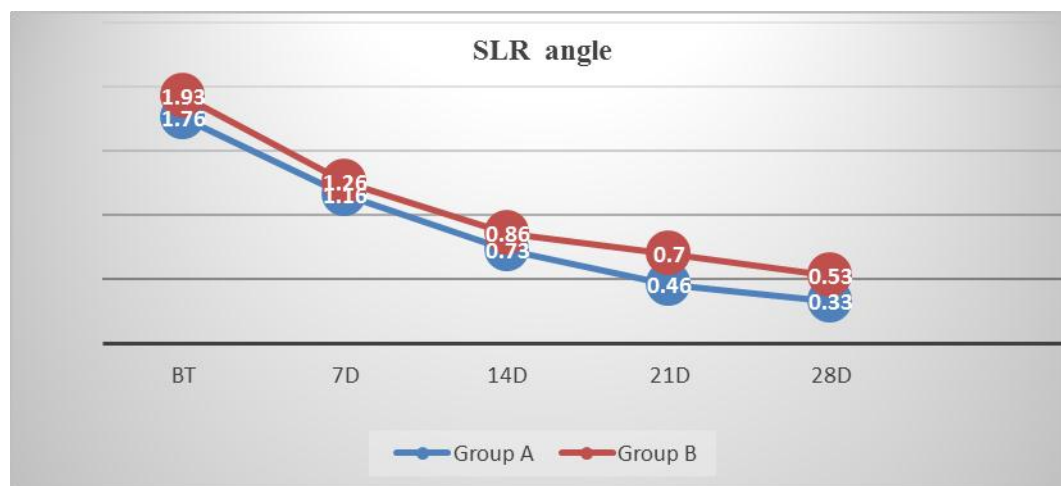
Group	Mean		Difference In means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	p value
GROUP- A	2.13	0.03	2.10	0.75	0.13	15.15	(P = <0.001)
GROUP - B	2.26	0.46	1.8	0.61	0.11	16.15	(P = <0.001)

6. SLR ANGLE

Table - Assessment of SLR angle.

Group	Follow up	BT	7D	14D	21D	28D	AT
A	Mean	1.76	1.16	0.73	0.46	0.33	0.33
B	Mean	1.93	1.26	0.86	0.70	0.53	0.53

In Group A before treatment mean of SLR was 1.76 and after treatment it was reduced to 0.33. In Group B before treatment mean of SLR was 1.93 and after treatment it was reduced to 0.53.



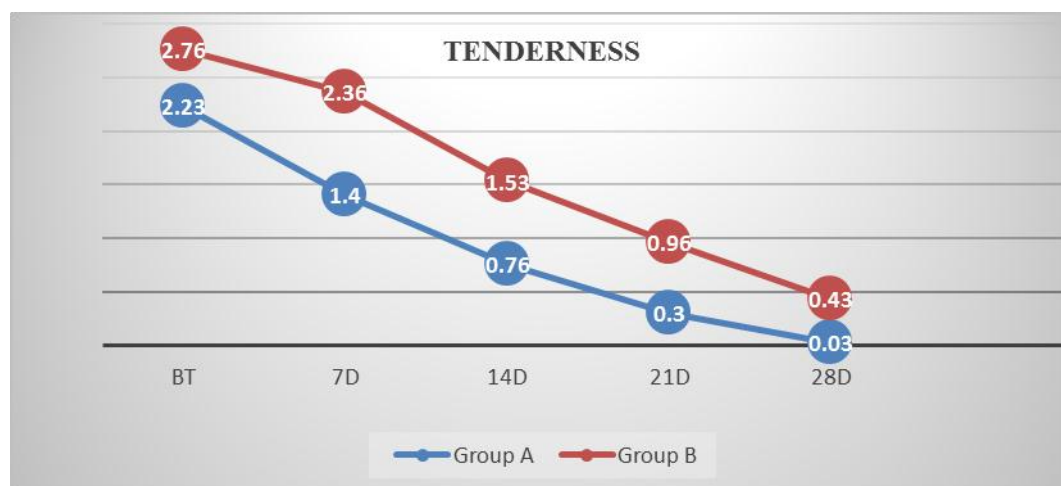
Group	Mean		Difference In means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	p value
GROUP- A	1.76	0.33	1.43	0.81	0.14	9.6	(P = <0.001)
GROUP - B	1.93	0.53	1.40	0.49	0.90	15.38	(P = <0.001)

7. TENDERNESS

Table - Assessment of Tenderness

Group	Follow up	BT	7D	14D	21D	28D	AT
A	Mean	2.23	1.40	0.76	0.30	0.03	0.03
B	Mean	2.76	2.36	1.53	0.96	0.43	0.43

In Group A before treatment mean of Tenderness was 2.23 and after treatment it was reduced to 0.03. In Group B before treatment mean of Tenderness was 2.76 and after treatment it was reduced to 0.43.



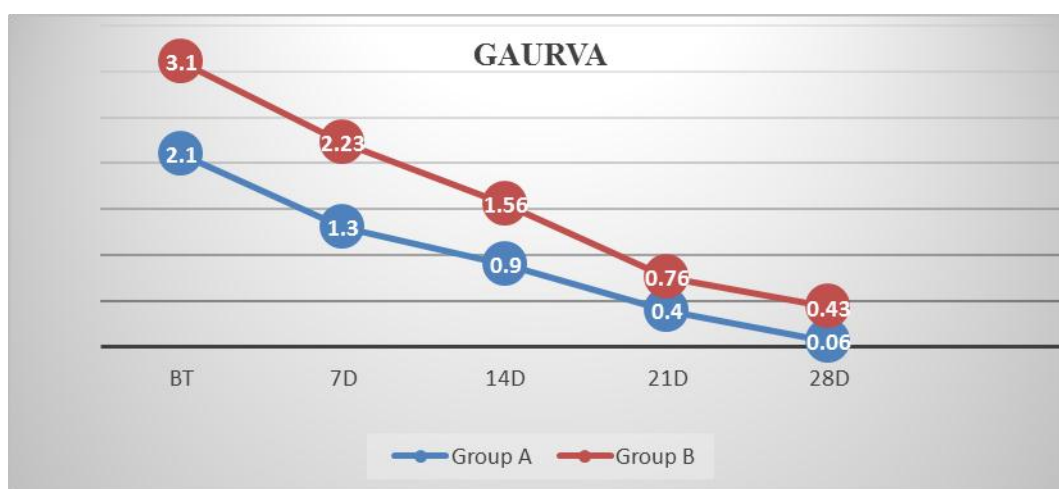
Group	Mean		Difference In means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	p value
GROUP- A	2.23	0.03	2.20	0.66	0.121	18.13	(P = <0.001)
GROUP - B	2.76	0.43	2.33	0.71	0.12	17.97	(P = <0.001)

8. GAURVA

Table - Assessment of Gaurva.

Group	Follow up	BT	7D	14D	21D	28D	AT
A	Mean	2.1	1.3	0.9	0.4	0.06	0.06
B	Mean	3.1	2.23	1.56	0.76	0.46	0.46

In Group A before treatment mean of Gaurva was 2.1 and after treatment it was reduced to 0.06. In Group B before treatment mean of Gaurva was 3.1 and after treatment it was reduced to 0.46.



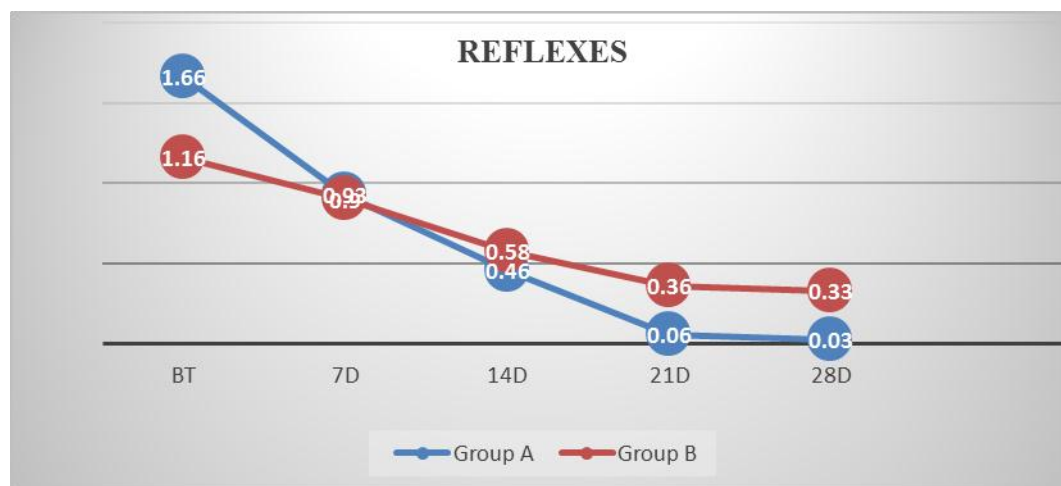
Group	Mean		Difference In means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	p value
GROUP- A	2.1	0.06	2.03	0.99	0.18	11.14	(P = <0.001)
GROUP - B	3.1	0.46	2.63	0.96	0.17	14.95	(P = <0.001)

9. REFLEXES

Table - Assessment of Reflexes.

Group	Follow up	BT	7D	14D	21D	28D	AT
A	Mean	1.66	0.93	0.46	0.06	0.03	0.03
B	Mean	1.16	0.90	0.58	0.36	0.33	0.33

In Group A before treatment mean of Reflexes was 1.66 and after treatment it was reduced to 0.03. In Group B before treatment mean of Reflexes was 1.16 and after treatment it was reduced to 0.33.



Group	Mean		Difference In means	Paired 't' test			
	BT	AT		S.D	S.E.M.	t value	p value
GROUP- A	1.66	0.03	1.63	0.85	0.15	10.52	(P = <0.001)
GROUP - B	1.16	0.33	0.83	0.64	0.118	7.047	(P = <0.001)

OVER ALL RESULT

GROUP – A (AGNI KARMA)

S.No.	Symptoms	No.Of Patients	Mean Score Bt	Mean Score At	Percentage	Mean Difference	P Value
1	Pain	60	2.66	0.13	95%	2.53	< 0.001
2	Stiffness	60	3.03	0.20	93%	2.83	< 0.001
3	Restriction in movement	60	1.00	0.10	90%	0.90	< 0.001
4	Numbness	60	2.30	1.46	84%	0.84	< 0.001
5	Tingling sensation	60	2.13	0.03	97%	2.10	< 0.001
6	SLR Test	60	1.76	0.33	81%	1.43	< 0.001
7	Tenderness	60	2.23	0.03	98%	2.20	< 0.001
8	Gaurva	60	2.10	0.06	97%	2.04	< 0.001
9	Reflexes	60	1.66	0.03	98%	1.63	< 0.001

GROUP – B (SIRAVEDHA)

S.No.	Symptoms	No.Of Patients	Mean Score Bt	Mean Score At	Percentage	Mean Difference	P Value
1	Pain	60	2.76	0.56	79%	2.20	<0.001
2	Stiffness	60	3.10	0.36	88%	2.74	<0.001
3	Restriction in movement	60	1.16	0.16	86%	1.00	<0.001
4	Numbness	60	2.46	1.70	30%	0.70	<0.001
5	Tingling sensation	60	2.26	0.46	79%	1.80	<0.001
6	SLR Test	60	1.93	0.53	72%	1.40	<0.001
7	Tenderness	60	2.76	0.43	84%	2.33	<0.001
8	Gaurva	60	3.10	0.46	85%	2.64	<0.001
9	Reflexes	60	1.16	0.33	71%	0.83	<0.001

POST AGNIKARMA VRANA

The wound made by *Agnikarma* completely healed within a week without any complications and the scar disappeared within 15 days of post *Agnikarma* period.

DISCUSSION ON SUBJECTIVE CRITERIA

PAIN: In Group A before treatment mean of pain was 2.66 and after treatment it was reduced to 0.13 with 95% relief. In Group B before treatment mean of pain was 2.76 and after treatment it was reduced to 0.56 with 79% relief. The study shows that *agnikarma* is the only best procedure for pain in *sciatica* as compared to *siravedha*. The P- value is statistically highly significant in both the procedures. i.e. $P < 0.001$.

STIFFNESS: In Group A before treatment mean of stiffness was 3.03 and after treatment it was reduced to 0.20 with 93% relief. In Group B before treatment mean of Stiffness was 3.10 and after treatment it was reduced to 0.36 with 88% relief. The P-value is highly significant in both groups ($P < 0.001$). The study shows that both procedures helped in relieving stiffness but only few of the patients complained of stiffness at morning and evening time. As morning and evening time is the kala of kapha thats why stiffness is complained by patients at these kala. In this study, *Agnikarma* gives better results in the management of *sciatica*.

RESTRICTION IN MOVEMENT: In Group A before treatment mean of Restriction in movement was 1.00 and after treatment it was reduced to 0.10 with 90% relief. In Group B before treatment mean of Restriction in movement was 1.00 and after treatment it was reduced to 0.16 with 86% relief. The p-value is highly significant in both groups ($P < 0.001$). This study again shows that *Agnikarma* has better results than *siravedha*.

NUMBNESS: In Group A before treatment mean of numbness was 2.30 and after treatment it was reduced to 0.10 with 84% relief which was highly significant $P < 0.001$. In Group B before treatment mean of numbness was 2.46 and after treatment it was reduced to 0.46 with 30% relief which was stastically highly significant $P < 0.001$. Again *Agnikarma* shows better results in numbness.

TINGLING SENSATION: In Group A before treatment mean of Tingling sensation was 2.13 and after treatment it was reduced to 0.03 with 97% relief. In Group B before treatment mean of Tingling sensation was 2.26 and after treatment it was reduced to 0.46 with 79%

relief. Both groups shows highly significant values($P<0.001$). But *agnikarma* gives better results than *siravedha*.

SLR ANGLE: In Group A before treatment mean of SLR was 1.76 and after treatment it was reduced to 0.33 with 81% relief which was statistically highly significant($P<0.001$). In Group B before treatment mean of SLR was 1.93 and after treatment it was reduced to 0.53 with 72% relief which was statistically highly significant ($P<0.001$). It can be concluded that *Agnikarma* acts directly on *Kandra* which may be more related to this test.

TENDERNESS: In Group A before treatment mean of Tenderness was 2.23 and after treatment it was reduced to 0.03 with 98% relief. In Group B before treatment mean of Tenderness was 2.76 and after treatment it was reduced to 0.43 with 84% relief. Both groups shows statistically highly significant values($p<0.001$). Again *agnikarma* shows better results.

GAURVA: In Group A before treatment mean of *Gaurva* was 2.1 and after treatment it was reduced to 0.06 with 97% relief. In Group B before treatment mean of *Gaurva* was 3.1 and after treatment it was reduced to 0.46 with 85% relief. Both groups shows highly significant values ($P<0.001$). The study shows that *gaurva* i.e. heaviness in the leg is due to *kapha dosha* which is vitiated with *vata dosha* and cause *vata-kaphaja gridhrasi* and is well treated by *agnikarma* procedure with 97% relief as compared to *siravedha*. So it can be concluded that *agnikarma* has better results.

REFLEXES: In Group A before treatment mean of Reflexes was 1.66 and after treatment it was reduced to 0.03 with 98% relief which was statistically highly significant($P<0.001$). In Group B before treatment mean of Reflexes was 1.16 and after treatment it was reduced to 0.33 with 71% relief which was statistically highly significant ($P<0.001$).

PROBABLE MODE OF ACTION OF AGNIKARMA

- *Agni* process is *ushana*, *tikshna*, *sukshma* and *aashukari* which is opposite to *vata* and anti- *kapha* properties.
- *Agni karma*- the parasurgical pricedure is a management for local regional disease. The use of local heat may provide relief of pain and painful muscle spasm by acceleration of metabolic processes.

- Physical heat from red hot *shalaka* is transferred as therapeutic heat to *twakdhatu* by producing *samyak dagdh vrana*. From *twak dhatu* this therapeutic heat acts in three ways:
- First due to *ushna*, *tikshana*, *sukshma*, *ashukari guna*- it removes the *sroto avrodha*, pacifies the vitiated *vata* and *kapha* and maintains their equilibrium.
- Secondly it increases the *rasa - rakta samvahan* to affected part. The excess blood circulation to the affected part flushes away the pain producing substances and patients get relief from symptoms.
- Therapeutic heat increases the *dhatwagni* so metabolism of *dhatu* becomes proper and digest the *amadosha* from the affected site and promotes proper nutrition from *purva dhatu*.

PROBABLE MODE OF ACTION OF SIRAVYADHA

- Symptoms of *samyak siravedha* are *laghvam* and *vedanashanti*, *visravat rakta* stop itself, it means the pain arising from a disease condition get subsided followed by decrease in the symptoms of the disease so *siravedha* can be used in pain predominant disease.
- *Siravedha* helps in removing the *avarana* of *pitta* and *kapha dosha*. *Acharya sushruta* stated that *raktmokshna* is not only that purifies the channels but also let other parts become free from diseases and action is so fast than other remedies.
- In *Panchakarma Chikitsa*, the vitiated *Doshas* are purified whereas in *Siravyadha* to let out *Rakta Dhatu* along with vitiated *Doshas* where *Rakta Dhatu* is predominant. The susceptibility of *Rakta* towards impurity is so versatile that the classics were compelled to agree upon *Rakta as fourth Dosh*.

CONCLUSION

1. Gridhrasi is commonly seen in society as prominent problem. There is no direct reference regarding Nidana and Samprapti.
2. Vyana Vayu is essential factor for manifestation of the disease.
3. Almost everyone will experience at least one experience of acute low back ache at some point in his or her life. These episodes can be extremely painful and cause significant disruption in one's life; however, most episodes of lower backache will get better with time (about 2 to 12 weeks), if not itself it may subside pain may radiate in both legs and leads to Gridhrasi.
4. Gridhrasi is a painful condition and mainly Vatavyadhi Chikitsa has been advocated. Gridhrasi can be equated with sciatica in modern parlance.

5. Allopathic management of sciatica is far away from the complete cure of the disease.
6. Various back exercises play an important role in treatment as well as in prevention of the disease.
7. There is no need to be hospitalized of the patients in both the procedures (Siravyadha and Agnikarma). Both the procedures are effective, simple, cheap and safe for the patient having Gridhrasi.
8. Less fear of complications in both of the procedures to be concerned.
9. Siravyadha and Agnikarma gives relief spontaneously in the cardinal symptoms of Gridhrasi.
10. After vivid discussion it has been seen that Agnikarma had a definite role in the management of Gridhrasi.

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