

## “CASE STUDY OF EFFECT OF SIRAVEDH CHIKITSA IN INSTANT PAIN MANAGEMENT IN VATARAKTA WITH SPECIAL REFERENCE TO GOUT”

Dr. Mayuri D. Thakre<sup>1\*</sup>, Dr. Shubhangi P. Badole<sup>2</sup>

<sup>1</sup>PG Scholar, Final Year [Department of Shalya Tantra],

<sup>2</sup>Associate Professor, [Department of Shalya Tantra],

Dr. G.D. Pol Foundation's Y.M.T. Ayurvedic Medical College and Hospital,

P.G. Institute - Research Centre, Kharghar, Navi Mumbai, Maharashtra, India.

Article Received on 26 Sept. 2025,  
Article Revised on 06 October 2025,  
Article Published on 16 October 2025,

<https://doi.org/10.5281/zenodo.17365372>

### \*Corresponding Author

**Dr. Mayuri D. Thakre**

PG Scholar, Final Year [Department of Shalya Tantra], Dr. G.D. Pol Foundation's Y.M.T. Ayurvedic Medical College and Hospital, P.G. Institute -Research centre, Kharghar, Navi Mumbai, Maharashtra, India.



**How to cite this Article:** Dr. Mayuri D. Thakre\*, Dr. Shubhangi P. Badole (2025). “Case Study of Effect of Siravedh Chikitsa In Instant Pain Management In Vatarakta With Special Reference To Gout”. World Journal of Pharmaceutical Research, 14(20), XXX-XXX.

This work is licensed under Creative Commons Attribution 4.0 International license.

### ABSTRACT

Vatarakta is an unique type of Vatavyadhi. The etiopathology says vitiated Vata becomes aavruta with vitiated Raktadhatu and obstructed Vata in turn vitiates the whole Rakta and manifests as Vatarakta.<sup>[1]</sup> Textual references of Vatarakta defines kandu, dah, ruja, shof, tod, bhed, sfuran, pak, aayaas as presenting symptoms which are well explained in Charak Samhita, sushruta Samhita, Asthanga hriday, Ashtang sangrah, Madhav nidan.<sup>[2]</sup> As comparison of symptoms it can be co-related with Gout, which is one among the metabolic disorders. The Disease Gout mainly affects joints and is characterised by severe pain, tenderness, inflammation and burning sensation in the affected joints with an abnormal elevation of Urate level in the body. It is secondary due to Uricemia either due to over production or under excretion or sometimes both as metabolic disturbance.<sup>[3]</sup> **Methodology:** This case series explores the efficacy of **Siravedha** (bloodletting), an Ayurvedic intervention, in managing instant pain relief in five case

diagnosed with *vatarakta*, with serum uric acid level >6.0 mg/dL in female >7.0mg/dl in male underwent 1 session of Siravedha along with dietary modifications. symptomatic relief were assessed for two week. **Results:** All patients demonstrated a reduction in significant

symptomatic improvement in joint pain, stiffness, mobility. **Conclusion:** Siravedha may offer a safe and effective complementary therapy for symptomatic pain relief *in* gout.

**KEYWORDS:** vatarakta, siravedh, hyperuricemia, Raktmokshan, kshipra marma.

## INTRODUCTION

In 8<sup>th</sup> chapter of sushruta sharirsthan naming siravyadhvidhisharir adhaya, aacharya sushruta has explained various indication of siravedh with its landmark for procedure as per individual disease.<sup>[4]</sup> Siravedh is blood letting procedure by venesection from sira (vein), the amount of blood letting is depend on rog-gambhira\dosh balabal (disease grievance) and patient's strength.<sup>[5]</sup> Siravedh is considered as *Ardhachikitsa* (half treatment) while treating the surgical diseases as per Ayurveda.<sup>[6]</sup> It is done for systemic diseases as well localized disorders so is the choice of location of sira is decided.

Vatarakta is a progressive disorder, where the disease is initially limited to the superficial Dhatu (tissue) leading to Uttana Vatarakta but later on involves the deep Dhatu giving rise to Gambhira Vatarakta. The basic etiopathology is combination of vitiated vata and rakta which deforms the joints and forms non healing ulcer in end stage.<sup>[7]</sup> Prognosis as per Madhavanidan says with involvement of single doshdushti is curable, with two doshdushti with few complications is curable but with difficulty and with three dosh i.e tridoshaj vatarkta with many complications is not curable.<sup>[8]</sup>

The above entity can be correlated with Gouty Arthritis due to similarity in the clinical presentations like severe pain, tenderness, inflammation and burning sensation in the affected joints.<sup>[9]</sup> Nowadays human beings are more prone to metabolic disorders due to their faulty dietary habits and life style. Gout is one of it and In modern medical science Gout is the true crystal deposition disease and is defined as pathological reaction of the joint or periarticular tissues to the presence of monosodium urate monohydrate [MSU] crystals. MSU crystals preferentially deposit in peripheral connective tissues in and around synovial joints, initially favoring lower rather than upper limbs and especially targeting the first MTP joint and small increase and enlarge, there is progressing involvement of more proximal sites and the potential for cartilage and bone damage with 'secondary' O.A.<sup>[10]</sup>

Hyperuricemia is defined by elevated serum uric acid (>7.0 mg/dL in men and >6.0 mg/dL in women) and is a known precursor to gout, renal stones, and cardiovascular morbidity. Current

treatments, including xanthine oxidase inhibitors (e.g., allopurinol), can lead to side effects and require long-term use. Prevalence of Gout is more in city like Mumbai.<sup>[11]</sup>

The classical Ayurvedic intervention **Siravedha** (therapeutic bloodletting) is indicated for diseases involving vitiated blood, especially in cases of Vatarakta along with some oral medication and panchakarma therapy. This case series evaluates the role of Siravedha in managing instant pain relief in five patients with Gout.

## MATERIALS AND METHODS

A prospective case series conducted in an Ayurvedic hospital between June and August 2024. Enrolled cases are with Age 20–65 years and Serum uric acid >7.0 mg/dl with symptoms of vatarakta.

### Sop followed for siravedha

**Pre assessment of patients:** Rule out Active infection or bleeding disorders, Severe anemia (Hb<9g/dL), Current anticoagulant use Equipments: scalp vein no 20, cotton, spirit, tourniquet, kidney tray.

### Preprocedure<sup>[12]</sup>

- Counselling of patient
- Snehan internally for 2-3 days and then abhyanga and svedan to the affected part or to the whole body should be done on the day of siravedh, yavagu should be given just before siravedha to prevent murchha, bhrama etc.
- TPR, BP monitoring
- Demarcation of site of siravedh
- Preparation of parts with spirit
- Drapping with sterile towel
- Arrange necessary equipments required for procedure.

### Procedure

- Proper posture of patient
- Application of tourniquet
- Siravedh is performed over desired site with scalp vein no 20 as required.

**Post procedure**

- TPR, BP monitoring
- Dressing with haridra locally

**Total sittings:** single sitting

Observations noted: Instant pain relief noticed after siravedh procedure done.

**Concurrent treatment**

- kaishore guggul vati 2 TDS
- kokilaksh kashay 10ml BD
- Dietary restrictions on purine-rich diet

**Assessment**

- **Visual Analog Scale (VAS)** for joint pain
- **Subjective symptom:** swelling

**Case Summaries**

Patient No	AGE /Sex	CBC-HB%	BSL-R	Sr.URIC ACID
1 S.P	42yrs/F	14.3gm%	99.4mg/dl	8.49mg/dl
2 J.K	33yrs/M	14.7gm%	100.2mg/dl	9.9mg/dl
3 S.D	60yrs/F	13.9mg%	93.5mg/dl	7.25mg/dl
4 P.T	52yrs/F	12.9gm%	120.2mg/dl	8.48mg/dl
5 C.S	53yrs/M	13.7mg%	113.5mg/dl	7.72mg/dl

**RESULTS**

PATIENTS NO.	Assessment criteria	Before treatment	Immediately after treatment	On 3 <sup>rd</sup> day after procedure	On 7 <sup>th</sup> day after procedure
1	Pain	8	2	2	2
	Swelling	Present	Present	Absent	Present
2	Pain	7	2	2	3
	Swelling	Present	Present	Present	Present
3	Pain	9	3	3	4
	Swelling	Present	Present	Absent	Present
4	Pain	6	2	2	2
	Swelling	Present	Present	Present	Absent
5	Pain	10	3	3	4
	Swelling	Present	present	Present	Present

- **Symptom relief** noted in all patients within 1 session
- **No adverse effects** (e.g., bleeding, infection) recorded

- **Improved quality of life:** better sleep, energy, and appetite.



## DISCUSSION

Vatarakta being a trouble to the society is becoming the priority health issue because of its increasing prevalence. This is manifested due to the vitiation of two body humours namely Vata and Rakta. Basis of the treatment is to control both the vitiated Vata and Rakta and to remove obstruction in their path to overcome the progression of disease. In this very case study siravedh is one of the best instant pain relief modality.

Pain management modality is the need of the hour and local modalities for it are must to avoid ill effects of oral pain management modalities. Sushruta the father of surgery has given details about it in siravedh vidhi adhyaya.

The application of Kshipra Marma Siravedha in this case facilitated the removal of vitiated blood, thereby reducing inflammation and pain associated with Vatarakta. This supports the traditional Ayurvedic understanding of utilizing marma points for therapeutic interventions.

He mentioned some sira for specific disorders. Sira near kshipra marma is one of them. In this present case siravedh at kshipra marma sira shows 60% relief in pain in single sitting with reduce swelling 40%.

## CONCLUSION

Siravedh as pain management modality is beauty of ayurveda science. It has promising results and vast scope for further study vatarakta, vatakantak, chippa, visarp, padadah, padaharsha etc.

□ □ □.8/16 (3F)

## Ethical Considerations

- ## REFERENCES

- [www.wjpr.net](http://www.wjpr.net)

10. Davidson's principles and practice of medicine 24<sup>th</sup> ed. edited by Ian D. Penman, Stuart H. Ralston, Mark W. J. Strachan, Richard P. Hobson, 1097.
11. Davidson's principles and practice of medicine 24<sup>th</sup> ed. edited by Ian D. Penman, Stuart H. Ralston, Mark W. J. Strachan, Richard P. Hobson, 884.
12. principle and practice of panchakarma -Dr. Vasant patil.