ORIGINAL ARTICLE

“A Comparative Clinical Evaluation of Agnikarma and Raktamokshana in Management of Gridhrasi (Sciatica)”

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ABSTRACT:

Background: *Gridhrasi* can be correlated with sciatica which is a severe painful condition where back pain and radiating pain of the legs are found together on the basis of symptoms. In the treatment of sciatica only symptomatic management and a very few surgical procedures are available in conventional medical science with their own limits. Various methods used for *Gridhrasi* treatment in *Ayurveda* but para-surgical methods i.e. *Agnikarma* & *Raktamokshana* are more beneficial. **Aim & objective:** To compare the efficacy of *Agnikarma* and *Raktamokshana* (Cupping) in the management of *Gridhrasi* (Sciatica). **Materials & Methods:** Total 32 diagnosed cases of sciatica were registered, from which 29 patients completed the study. In group A, 4 sittings of *Agnikarma* were done in 16 patients with *Panchadhatu Shalaka* at lumbosacral region and achilles tendon region. In group B, 2 sittings of *Raktamokshana* were performed in 16 patients by using modified *Shringa Yantra* at lumbosacral region and four *angula* above *Jamu sandhi* (Knee joint). **Result:** The result was assessed by using wilcoxon signed rank test within the group and Mann whitney test between the group. Statically significant relief was observed in both groups on cardinal symptoms of *Gridhrasi*. In *Agnikarma* group, 26.67% patients had got complete remission, 20% patients had marked improvement whereas 40% had moderate improvement in the symptoms of *Gridhrasi*. In group, *Raktamokshana* 50% had moderate improvement, 42.85% had marked improvement. **Conclusion:** Both para-surgical modalities have definite role in treating sciatica but *Agnikarma* has shown better result in comparison of *Raktamokshana* in the management of *Gridhrasi* (Sciatica).

Keywords: Agnikarma, Blood- letting, Cupping, *Gridhrasi*, Modified *Shringa Yantra*, *Panchadhatu Shalaka*, *Raktamokshana*, Sciatica

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INTRODUCTION

Factors like improper sitting-sleeping postures, jerking movements in travel & sports activities lead to the low back pain & sciatica due to pressure on spine. Low back pain is a common condition that affects as many as 80-90% of people during their lifetime, true sciatica occurs in about 5% of cases.¹ This disease not only inflicts pain but causes difficulty in walking, disturbs daily routine and overall quality of life of the patients because of continuous and stretching type of back pain.

Gridhrasi can be correlated with sciatica which is a severe painful condition where back pain and radiating pain of the legs are found together on the basis of symptoms. For the management of sciatica various modalities are available like conservative treatment (analgesics), epidural steroid injection, peri-radicular infiltration and surgical treatment in modern medicine having their own limitations and complications. In *Ayurveda*, there are various methods used for *Gridhrasi* treatment, which are simple, safe and cost. In *Shalya Tantra* para-surgical methods i.e. *Agnikarma* & *Raktamokshana* are found to be more beneficial in case of surgical disorders.

According to *Charaka*, *Gridhrasi* is caused predominantly due to vitiation of *Vata* / *Vatakapaha*. *Agnikarma* specially works on the aggravated *Vata* and *Kapha* dosha.² According to *Acharya Charaka*, in *Gridhrasi* *Agnikarma* should be done at *antra kandra gulpha sthana*.³ *Raktamokshana* is also accepted as half of the therapeutic measure in *Shalya Tantra* like *Basti* in *Kayachikitsa*.⁴ The site for *Raktamokshana* is four *angulas* above or below of *janu Pradesha*⁵ (Knee joint) and at *antra kandra gulpha sthana*.⁶ Though *Sushruta* and *Charaka* had mentioned different site of *Raktamokshana*, but ultimate aim is to remove the vitiated *dosha* & *rakta*. This research started with the aim and objective to find the individual and comparative effect of both therapies i.e. *Agnikarma* and *Raktamokshana*.

MATERIALS AND METHODS

For the present study total 29 patients fulfilling the clinical criteria of *Gridhrasi* (Sciatica) were selected from the O.P.D. & I.P.D. of *ShalyaTantra* Department, IPGT &RA, Jamnagar. One Special camp was also arranged in the hospital for the enrolment of the patients. The study was started after approval of Institutional Ethics Committee,

wide letter no. Ref. PGT/7/-A/Ethics/2015-16/1490 (Dated 25/08/15). This Clinical trial was registered retrospectively under Clinical Trials Registry - India CTRI/2016/10/007391 on 20/10/2016.

Diagnostic Criteria:

Patients were diagnosed on the basis of classical signs and symptoms of *Gridhrasi* like pain radiating from *sphika* to *pada* region. Other symptoms of *Gridhrasi* like *Stambha* (stiffness), *Suptata* (numbness) and *Gaurav* (Heaviness) were also included for diagnosis.

Inclusion Criteria:

- Diagnosed cases of *Gridhrasi* (sciatica)
- Straight leg rising (SLR) positive
- Patients of age group of 25- 65 years of either sex.

Exclusion Criteria:

- Uncontrolled cases of Hypertension, Diabetes Mellitus (D.M.), Tuberculosis (T.B.) of spine & hip joint, Malignancy
- Fracture related to spine
- Patients suffering from cardiac diseases
- Patients of Anemia having Hb% < 7 mg/dl
- Pregnancy

INVESTIGATIONS

Laboratory Investigations:

Routine Haematological, biochemical and urine investigations were carried out before treatment and after the completion of treatment in all patients of both groups.

- Haemoglobin,
- TLC (Total leucocyte count), DLC (Differential leucocyte count), ESR (Erythrocyte sedimentation rate)
- Serum calcium
- Serum uric acid

Radiological Examination: X-ray Lumbo-Sacral spine (Antero-posterior & Lateral view) was carried out before and after completion of the whole treatment course.

MATERIALS

Grouping:

After confirming the diagnosis, selected 29 patients were, randomly categorized into the following 2 groups. Informed written consent was taken from all patients before procedures. Before starting the procedure, fitness and investigations were ensured. Inj. Tetanus Toxoid 0.5ml i.m. was given.

Group A:

In this group A (n=15), Agnikarma was done with *Panchdhatu Shalaka* as *Bindu Dahana* (5-20 Bindu) at Painful / Tender area of lumbo sacral spine and four *angulas* above ankle joint at Achilles tendon in Weekly interval for one month in 4 sittings. 0.5 cm –1cm gap was left between two points of *Dagdha* and care was taken to produce *Samyakdagdha Vrana*. Immediately *Ghruta Kumari Majja* was applied to relieve excessive burning sensation. Dusting of *Haridra* powder after *Agnikarma* on the *Dagdha Vrana* was done. Patients were advised to avoid water contact to *Dagdha Vrana* area for 24 hours.

GROUP –B

In group B (n=14) *Raktamokshana* was done with Modified *Shringa Yantra* at Painful / Tender area of Lumbo- sacral region and four *angula* above *Janu Sandhi* in 15 days interval for one month in 2 sittings after Local *Snehan with Tila Taila* and *Nadi Swedana* with *Dashmool Kwath*. In this procedure, first Modified *Shringa Yantras* (MSYs - Hijama instrument) were applied to demarcate the site. After visible change in color all the MSYs were removed. 20-25 pricks in skin were made by using disposable needle no.24 after that Re-application of Modified *Shringa Yantra* was done on the pricking site was done. Cups were kept at the site till complete cessation of oozing of the blood. In one sitting minimum 30ml and maximum 50 ml vitiated blood was removed and on average 40 ml blood was removed. Dusting of *Haridra* powder was done after *Raktamokshana* on the pricked area. Patients were advised to avoid water contact on the pricked area for 24 hours.

FOLLOW UP: One month for both groups.

CRITERIA FOR ASSESSMENT

The improvement was assessed every week on the basis of relief in cardinal signs and symptoms of disease based on scoring, depending upon their severity.

Gradation of parameters:

a. *Ruka* (Pain):

Grade Description

1	No pain
2	Mild pain but no difficulty in walking
3	Moderate pain and slight difficulty in walking
4	Severe pain with severe difficulty in walking

b. *Stambha* (Stiffness)

Grade Description

1	No Stiffness
2	Daily for < ½ hour
3	Daily for > ½ hour but < 1hour
4	Daily > 1 hour

c. *Suptata* (Numbness):

Grade Description

1	No Numbness
2	Daily for < ½ hour
3	Daily for > ½ hour but < 1hour
4	Daily > 1 hour

d. *Spandana* (Pulsating):

Grade Description

1	No Pulsation
2	Daily for < ½ hour
3	Daily for > ½ hour but < 1hour
4	Daily > 1 hour

e. *Aruchi* (Anorexia):

Grade Description

1	No Anorexia
2	Feeling to take food but not having taste
3	Not feeling to take food even if hungry
4	Aversion to food

f. Tandra (Lassitude):**Grade Description**

1	No Tandra
2	Lassitude without shrama daily for sometimes
3	Lassitude without shrama daily for long duration
4	Always feels tired have no enthusiasms

g. Gaurava (Heaviness):**Grade Description**

1	No Heaviness
2	Occasionally feels heaviness
3	Frequently feels heaviness
4	Continuously feels heaviness

h. SLR:**Grade Description**

1	Equal to 90° or > 90°
2	71° - < 90°
3	51° - 70°
4	31° - 50°
5	Equal to 30° or < 30°

CRITERIA FOR OVERALL ASSESSMENT

- Complete remission : 100% improvement in subjective and objective parameters.
- Marked Improvement : 76-99% in subjective and objective parameters.
- Moderate Improvement : 51-75% in subjective and objective parameters.
- Mild improvement : 26-50% in subjective and objective parameters.
- Unchanged : < 25% improvement in subjective and objective parameter

OBSERVATIONS

Total 32 patients were registered in this work; maximum patients belonged to 41-50 years of age group (40.63%), female (65.63%), housewives (62.50%), hindu religion (81.25%), urban habitat (84.38%), economically middle class (84.38%), married (96.88%), educated/literate (90.62%), sound sleep (56.25%), normal weight (52.63%), and *vata-pittaja prakriti* (43.75%). The maximum patients in this study were vegetarian (78.13%) and having habit of *adhyashana* (43.75%) and *diwaswapna* (62.50%).

Maximum patients had normal micturition (96.88%) but irregular bowel habit and passing hard stool (53.13%) was reported in most of the patients. Maximum patients 53.13% were having *Vata-Kaphaja* type of *Gridhrasi*. In maximum patients there was 1-5 years chronicity (37.50%), No history of injury (78.13%) with intermittent course of pain (53.13%). The symptoms of *Gridhrasi* observed among 32 patients of both groups were *Ruka* (100%), *Stambha* (93.75%), *Suptata* (87.50%), *Gaurava* (62.50%), positive SLR (93.75%), *Spandana* (40.63), *Tandra* (53.13), *Aruchi* (46.88%) and positive Bragard sign (93.75%).

RESULTS

The relief in signs and symptoms were observed after every week and noted in the prepared proforma. For subjective parameters, Wilcoxon signed rank test was applied within the group and Mann Whitney Test was applied between the group for comparison of results.

Effect of Agnikarma

In patients group A, highly significant result ($p < 0.001$) of *Agnikarma* was found in *Ruka* (70.59%), *Stambha* (74.44%), *Suptata* (65.56%), *Sakthi nikshepa nigraya* (SLR) (72.22%). Insignificant result was found in *Spandana* (71.13), *Tandra* (69.44), *Gaurav* (61.11), *Arochaka* (88.88%).

Effect of Raktamokshana

In group B, highly significant result ($p < 0.001$) of *Raktamokshana* was found in *Ruka* (58.67%), *Stambha* (55.95%), *Suptata* (78.78%), *Sakthi nikshepa nigraya* (SLR) (59.52%), *Tandra* (60.71%), and *Gaurav* (75.85%). Significant result was found in *Spandana* (71.30%), and *Arochaka* (76.20%). In group A and B, no significant changes were seen in any lab investigations plain x-ray of Lumbo-sacral spine after *Agnikarma* and *Raktamokshana*.

On comparison between two groups, *Agnikarma* was found statistically more effective than *Raktamokshana* in *Stambha* and SLR. In symptoms like *Ruka*, *Suptata*, *Spandana*, *Tandra*, *Gaurava* and *Arochaka*, statistically similar effect was seen on comparison between two groups.

In case of overall effect in Group A, there was complete remission of disease in 04 (26.67%) patient, 03 (20%) patients got marked improvement, 06 (40%) patient got moderate improvement, 01 (6.67%) patient got mild

improvement and 01 (6.67%) patient remain unchanged by the therapy after *Agnikarma*. In Group B, 06 (42.85%) patients got marked improvement, 07 (50%) patients got moderate improvement, 01 (7.14%) patient got mild improvement. No patients got complete remission and remain unchanged after *Raktamokshana* treatment.

Post *Agnikarma* Vrana

The scar produced is very superficial and it heals spontaneously within 7 days without producing any noticeable scar formation & complications.

DISCUSSION

In this study, maximum (40.63%) number of patients observed in age group of 41-50 years. According to *Sushruta* this age group is *parihani kala* of *madhyam avastha* in which gradual decline of *sharira bala* and *dhatu*s occur and provokes *vata dosha*.⁷ According to modern science there is progressive decrease in degree of hydration of the inter-vertebral disc with advancement of age which leads to the cycle of degeneration resulting in disc problems causing sciatica.⁸ Maximum (65.63%) patients were female category might be because they are frequently involved in postural stress like bending, lifting etc. in their routine household works, osteoporosis, multiple pregnancies may be responsible for higher incidence of sciatica. Maximum numbers of patients (84.38%) were observed from middle class might be due to excess exposure of physical activities, lifting of excess weight with improper spine care and practicing faulty food habit. 53.13% patients were having constipated bowel habit which highlights the definite role of *apana vata* in the *samprapti* of *Gridhrasi*. Among female patients 52.38% had achieved menopause which may be related to lack of female hormone (oestrogen) which plays important role in calcium binding capacity of bones. Maximum 37.50% patients had 1-5 years chronicity of sciatica which proves the disease as *kricchrasadhya* (difficult to treat).⁹ Maximum patients were habituated to *sheeta*, *ruksha* and *laghu ahara dravya* which vitiated *vata dosha* in body due to their *samaan guna* to that of *vata*. *Visama cheshta*, *aticheshta* and *vishamasana* are responsible for bad postural habits. *Diwaswapna* like factors increases *Kapha* and *Meda* in the body and *marga avrodhajanya samprapti* of the disease occurs. In 78.13% of patients, sciatica manifested without any history of injury as sciatica is chiefly occurs due to age related degenerative

process and lesion in the intervertebral disc. It was observed that forward bending of body (62.50%) was major factor which aggravated the symptoms of sciatica. When patients bend forward, part of prolapsed disc comes more in contact with posterior longitudinal ligament that has rich sensory nerve supply. Maximum patients (75%) had pain relieved during lying supine position may be due to release of some pressure on nerve roots by postero- centrally or postero- laterally displaced disc. *Ruka*, *Stambha*, *Suptata*, *Sakhtinikshepanigraha*, *Gaurav* is found in most of the patients. According to *Ayurveda*, basic humour responsible for causation of *ruka* is *vata* and pain is cardinal symptom in most of the *vata vyadhis*.¹⁰ *Vata dosha* is predominantly having *sheeta guna* which is exactly opposite to *ushna guna* of *agni*. So *agni* is capable of producing relief in pain by virtue of its *ushana guna* and as such results were seen in this study. In *Raktamokshana*, expulsion of morbid humors (vitiated *Doshas*) outside body can give relief in pain. Hence pain relief was observed in both the groups. *Stambha* is chiefly due to *Sheeta* and *Ruksha Guna* of *Vata Dosha* and *Agnikarma* is having *Ushna Guna* which acts as antagonist to *Vata* properties so indirectly providing relief in *Stambha*. Relief in *Suptata* after *Agnikarma* may probably be due to relaxation of the surrounding muscles and ligaments and might be due to release of pressure on sciatic nerve. *Suptata* is found in *Twakagata Vata* and in which *Raktamokshana* by *shringa* is indicated by *Sushruta*. Hence, in superficial nerve involvement, *Raktamokshana* was found effective to relieve *Suptata*. Restricted SLR in most of patients is due to pain caused by sciatica nerve stretching. After *Agnikarma* and *Raktamokshana* pain was relieved and SLR was improved. Angle of SLR was improved better in *Agnikarma* group than *Raktamokshana*. Almost similar relief in *Gaurav* was seen in both groups. *Gaurav* is developed due to *Guru Guna* predominantly found in *Kapha Dosha*. As *Agni* is having *Laghu Guna* and its *Ushna Guna* pacifies the *Sheeta Guna* of *Kapha* as well, so *Gaurav* is relieved by *Agnikarma*. *Raktamokshana* remove the *srotavrodha* and got relief in *Gaurav*. *Spandana*, *Tandra* and *Arochaka* symptoms were observed in few patients. In both the group i.e after *Agnikarma* as well as after *Raktamokshana* all these symptoms were relieved as these symptoms are associated symptoms. Advised diet regimen might be helpful to relieve these symptoms during the treatment.

PROBABLE MODE OF ACTION OF AGNIKARMA

The exact action of *Agnikarma* is still difficult to explain but significant results in improvement of symptoms of *Gridhrasi* shows that *Agnikarma* probably works by pacifying the vitiated *Doshas* & improving the *Deepana*, *Pachana* of *Doshas*, removing the *Malabhuta Doshas* and clearing the *Srotavarodha* ultimately. After applying direct heat to the affected part of body directly makes impacts on *Dhatvagni* and *Mahabhutagni* of that particular region by virtue of *Ushna*, *Sukshma*, *Ashukari Guna*. Further, the process of *Dhatu Kshaya Janya Samprapti* is resolved & ultimately improves the overall functions of the affected parts. In case of *Margavarana Janya Samprapti*, *Agnikarma* removes the *Avarana* produced by *Kaphavrita Vyana Vayu* & helps to establish normal *Rasa Rakta Samvahana* to the affected parts by virtue of its *Ushna*, *Tikshana*, *Ruksha* & *Ashukari Guna*. So that normal bone gets proper nourishment. As *Prakruta Vata Dosha* starts its function normal way which is well understood by applying the principle of *Ashrya-Ashrayi Bhava*.

THERMOTHERAPY

By application of external heat, it stimulates thermoregulatory centre of brain which activates hypothalamo-pituitary axis and releases endorphins. Endorphins are pain sensory neuromuscular chemical variants that are responsible for subsiding pain sensation in the localised tissue by suppressing or deactivating pain sensitive receptors in the affected parts & finally it provides relief in pain. Thermotherapy helps to provide more blood supply to lumbo- sacral joint and posterior aspect of thigh area. So that lumbo- sacral joint gets proper nutrition and regulates the joint mechanics by eliminating the accumulated toxins.

Probable Mode Of Action Of *Raktamokshana* By Cupping Method

Application of modified *Shringa Yantra* helps to remove *Vata* vitiated blood, other pain producing chemicals and toxins from the affected part. It helps to enhance fresh blood supply to the affected lumbo- sacral and leg region. Thus, it acts as local level *Shodhana* therapy at local level which purifies *Pravartaka Mula* of *Rasa* and *Rakta Vaha Srotas* (blood vessels). It promotes detoxification, purification of nutrition path way by removing *Doshas*, those are lodged in affected inter-vertebral joint spaces. In this way the *Raktamokshana* by cupping process helps to regain the

normal function in degenerative joint disorders causing nerve compression. *Raktamokshana* removes *Avarana* of *Kapha Dosha* over *Vyana Vayu* which helps to re-establish *Prakrut Rasa-Rakta Samvahana* and provides nutritional support to the affected parts. This process might have reduced the inflammatory pathology by flushing out the inflammatory chemical mediators and ultimately provides relief from pain to the patient.

CONCLUSION: Finally, study was concluded that both para-surgical modalities have definite role in relieving pain whereas *Agnikarma* has shown better result in compare to *Raktamokshana* in the management of *Gridhrasi* (Sciatica).

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CONFLICT OF INTEREST: Author declares that there is no conflict of interest.

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Table No. 1 : Effect of Agnikarma therapy on signs and symptom n=15

Symptoms	n	Mean Score		%	S.D.	S.E.	W	T	P
		B.T.	A.T.						
<i>Ruka</i>	15	6.533	1.866	70.59	2.093	0.5404	105	105	<0.001
<i>Stambha</i>	15	2.933	0.733	74.44	1.014	0.2619	105	105	<0.001
<i>Suptata</i>	13	2.4	0.6	65.56	1.146	0.296	78	78	<0.001
<i>Spandana</i>	03	0.466	0.133	71.13	0.727	0.1869	6	6	0.250
<i>Sakthi nikshepa nigraha (SLR)</i>	15	3.4	0.933	72.22	0.990	0.255	105	105	<0.001
<i>Tandra</i>	06	1	0.333	69.44	1.113	0.2873	15	15	0.063
<i>Gaurav</i>	06	1	0.466	61.11	0.820	0.247	15	15	0.0625
<i>Arochaka</i>	03	0.6	0.066	88.88	1.125	0.29	6	6	0.25

Table No.2 : Effect of Raktamokshana therapy on signs & symptoms n=14

Symptoms	n	Mean Score		%	S.D.	S.E.	W	T	P
		B.T.	A.T.						
<i>Ruka</i>	14	6.174	2.786	58.67	1.328	0.345	105	105	<0.001
<i>Stambha</i>	13	2.428	1.071	55.95	0.633	0.169	91	91	<0.001
<i>Suptata</i>	13	2.357	0.500	78.78	1.027	0.274	78	78	<0.001
<i>Spandana</i>	06	1.000	0.287	71.30	0.913	0.244	21	21	=0.031
<i>Sakthi nikshepa nigraha (SLR)</i>	14	3.214	1.357	59.52	0.534	0.142	105	105	<0.001
<i>Tandra</i>	11	1.857	0.500	60.71	0.841	0.225	66	66	<0.001
<i>Gaurav</i>	12	2.071	0.500	75.85	0.851	0.227	78	78	<0.01
<i>Arochaka</i>	03	1.50	0.357	76.20	1.099	0.293	36	36	=0.008

Table No. 3 : COMPARITIVE EFFECT OF AGNIKARMA AND RAKTAMOKSHANA:

Symptoms	Mean Score		% Relief		U	P	Significance
	Group A	Group B	Group A	Group B			
<i>Ruka</i>	4.533	3.929	70.59	58.67	130	0.283	NS
<i>Stambha</i>	2.133	1.357	74.44	55.95	156	0.026	S
<i>Suptata</i>	1.733	1.857	65.56	78.78	110	0.843	NS
<i>Spandana</i>	1.333	1.667	71.13	71.30	12	0.506	NS
<i>Sakthi nikshepa nigraha (SLR)</i>	2.400	1.857	72.22	59.52	155	0.029	S
<i>Tandra</i>	1.667	1.727	69.44	60.71	34	0.959	NS
<i>Gaurav</i>	1.167	1.900	61.11	75.85	46	0.086	NS
<i>Arochaka</i>	2.667	1.778	88.88	76.20	22	0.139	NS

Table No.4 : Overall effect of therapy in group A and B:

Improvement	Group A		Group B	
	No. of Patients	%	No. of Patients	%
Unchanged	01	6.67	00	0.00%
Mild Improvement	01	6.67	01	7.14%
Moderate Improvement	06	40	07	50%
Marked Improvement	03	20	06	42.85%
Complete remission	04	26.67	00	0.00%