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Siravedha, A cost effective, nonmedicinal local therapy of Ayurveda in Janu Sandhigata Vata (Knee joint Osteoarthritis)- A case study

Dr. Jyoti Shukla^{(1)*}, Dr. Vinod M. Choudhari⁽²⁾

[1] PhD Scholor, Dept of Rachana Sharir, Shri Ayurved Mahavidyalaya & Pakwasa Hospital, Nagpur, Maharashtra, Assistant professor in Rachana Sharir, RGS Ayurvedic Medical College, Itaunja, Lucknow, U.P.

[1] Guide, Professor & HOD [M.D., Ph.D.], Dept of Rachana Sharir, Shri Ayurved Mahavidyalaya & Pakwasa hospital, Nagpur, Maharashtra,

ABSTRACT -

Global statistics says that over 100 million people worldwide suffer from OA, which is one of the most common causes of disability in old age. According to arthritis foundation, one in every two will develop symptoms of knee OA during their lives. One of the primary symptoms of knee osteoarthritis is pain. The objective of this study is to present Siravedha and other Blood- letting therapy (nondrug, local therapy from Ayurveda- an indian system of medicine) as an intercession to achieve significant analgesic effect instantly, it is cost effective, has no side effects with possibility of arresting the progression of disease based on Ayurveda principal. Method and result- Viddhachikitsa (blood letting therapy) was done with the help of 23 gauge half inch short, fine, brown hypodermic needle. Its first sitting provide immediate pain relief up to 60 % in patient with moderate knee OA radiologically and severe symptomatically. In next two sittings there is 65 % pain relief. On WOMAC index LK3.1 on initial assessment before treatment was 88 which came down to 40 after treatment. Conclusion- Viddha karma has therapeutic value in the treatment of Knee OA.

Keywords: Knee Osteoarthritis, Pain, Analgesic effect, Viddha, Cost Effective.

INTRODUCTION

According to Global statistics over 100 million people worldwide suffer from OA, it is one of the most common causes of disability in old age. According to the arthritis foundation, one in every two will develop symptoms of OA during their lives. Most common symptom of knee osteoarthritis is pain. Severity of joint pain may vary from minor to severe and disabling pain accompanied by difficulty in walking. Pain worsens with activities like bending, kneeling, squatting, or stair climbing. Knee pain and stiffness worsen after prolonged inactivity or rest, ex. getting out of bed in the morning. Due to the fact that OA is affecting millions worldwide and is often a progressive and irreversible degenerative process, functional improvement and pain control are reasonable treatment goals. Also measures are needed to be developed to prevent early progression

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of the disease. Currently the annually estimated cost per year to treat OA ranges from \$15.5 to \$26.6 billion, with some researchers estimating these figures to be much lower and the total cost is actually believed to exceed \$89.1 billion in the near future. Despite the available treatment methods, there still persist a host of inadequacies that make cost containment a real issue.

Viddha chikitsa, provides immediate pain relief. It is observed that viddha done on patients of knee joint pain (not responding to NSAIDs and analgesics) are getting immediate pain relief with increased range of motion. Also it is very cost effective as there is requirement of very minimal resourses for this treatment (23 gauge half inch short, fine, brown hypodermic needle). There are almost nil side effects with possibility of arresting the progression of disease based on Ayuveda principal.

Viddha is a nondrug, local treatment form indicated for analgesia. It is described in Susruta Samhita, a basic and prime script of Ayurveda for surgical, parasurgical procedures and medicinal treatment. It is used in various conditions for pain relief and specific sites of viddha are described for every condition.

Viddha is indicated at fleshy or hollow sites. Vrihimukh, the instrument for siravedha (type of blood letting) should be inserted Yavamatra (length of ine type of rice). In case of knee joint, intra articular space is the hollow area and the 23 no. half inch needle comes to be yavamatra. These principles when practiced in knee OA showed positive results in some patients.

Method -

- 1) Ask patient to lie down in supine position.
- 2) Flex the affected knee of the patient in 45 degree.
- 3) Locate the lateral intra- articular space of that knee.
- 4) Clean the area with spirit swab and insert the 23 no. gauge half inch short, fine, brown hypodermic needle gently perpendicularly to the whole length of it. One should not feel resistance while inserting the needle.
- 5) Keep it placed for 30 seconds and remove it gently.

Schedule of Viddha followed and results obtained

6) Repeat the same procedure for medial articular space.

No. of sitting	Date

No. of sitting	Date	% of pain relief (subjective, immediately after viddha)
1st	4/2/2024	50 %
2nd	11/2/2024	50 %
3rd	18/2/2024	60 %
4th	27/2/2024	65 %

Duration of pain relief - 6 wks.

Assesment criteria VAS score

Assessment of pain before and after giving treatment will be recorded according to VAS score (1to 10) following table-

Mild 0-2

c409

Discussion –

Tridosha theory is the basic principal of ayurvedic physiology, pathology and pharmacology. Though the term Dosha means the disturbing factor, it has got definite physiological importance in normal state. In ayurveda three doshas- Vata, Pitta and Kapha are said to be responsible for maintenance of homeostasis in the body, and health is a state of equilibrium among these doshas. Vata is responsible for any type of movement in the body and it is the initiating and controlling factor. Pitta performs the activities like digestion, metabolism, production of heat and that is why it is called Agni meaning Fire. Kapha performs the functions like protection, strength, stability and resistance. Pacification or expulsion of vitiated doshas from the body is the basic principal for treatment of any disease condition.

Without vitiation of vata in the body, no pain occurs in any site of the body. In old age Vitiation of Vata occurs, and joints problems get started. Osteoarthritis is one of among them. In knee OA there is lodging of vitiated vata at knee. Properties of vata like Ruksha (dry), Laghu (light), Sheeta (cold), Vishad (unsticky), khara (rough) are responsible for the wearing away of the cartilage. As the chronicity increases, the accumulated vitiated vata causes progressive damage to the joint cartilage, which leads to severity of the condition. After viddha as the vata is expelled out, the wearing away of the cartilage may be halted resulting in checking of progression of the condition. During viddha in knee joint vata along with rakta from vatavahi sira get released outside so reducing the built pressure by vata and resulting in immediate pain relief.

There was immediate pain relief after first sitting of viddha i.e. 50 %. In subsequent sittings some more pain relief was observed. Patient was satisfied with the treatment as her quality of life was improved significantly. It's sitting can be done as per requirement of relief. There are no side effects as it is nondrug intervention and it is too much cost effective also. Reducing needle size reduces pain and generally increases patient acceptance. No one likes the needle prick, but the fact is, once the patient gets significant pain relief immediately, he/she himself asks for the next prick as observed in this case.

CONCLUSION

There was maximum pain relief after the first sitting of Viddha i.e. 50 %. In subsequent sittings more pain relief was observed. Unlike medicinal interventions including corticosteroid injections, Viddha is safe; devoid of potential side effects. It is found very effective analgesic as conventional treatment options with possibility of arresting disease progression. More over it is significantly cost effective and without any side effects. If the similar results are observed in further systematic clinical studies on viddha, it would help to lessen the treatment cost of the disease considerably.

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