CLINICAL EVALUATION OF SUCHIVEDHA (A TYPE OF VYADHAN KARMA) IN PAIN MANAGEMENT

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ABSTRACT:

Suchivedha karma can be considered as the simplest method of Raktamokshana. Many Vaidyas are practicing Suchivedha with pediatric needle no. 26 for painful conditions. In present study, 33 patients of pain including joint pain, muscle pain & nerve pain conditions were treated with Suchivedha karma on multiple tender points (Max. 3 to 5 points) and relief in pain was noted. Results were quite encouraging in single sitting.

Key words: Suchivedha, Raktamokshana, vyadhan, pain management

INTRODUCTION:

Suchivedha i.e. vyadhan karma is the simplest procedure to perform in routine practice and can be considered as a subtype of Raktamokshana. Symptoms of durviddha sira that a simple puncture though bleeds but does not reveal, also reflects an idea of suchivedha. There are many methods of Raktamokshana can be found in Ayurveda Classics shrifta, Alabu, Jalauka, ghatiyantra, vigharsan, suchivedha and siravedha. The basic classification is based on whether it is done by some sharp instrument or by any other method. Shringa, alabu ghati and jaluka are examples of other methods. Shringa, alabu ghati and jaluka are examples of other methods. Amongst them siravedha is considered best method of raktamokshana as it affects on whole body. While describing line of treatment of many of the vatavyadhis siravedha is mentioned. One of the indication of Raktamokshana is failure to cure any painful condition by Snehana, Swedana, lepa etc. those are main therapies to cure pain. Furthermore, it is the treatment of choice advised for sadyarggruja samana (It relives pain and redness immediately). It opens the channels of vata avritta by shonit and results relief in pain as mentioned in vata vyadhi chikitsa. Many procedures are carried out in routine practice for raktamokshana among them; suchivedha seems to be the simplest and cost effective treatment that reduces pain instantly. To study the effect of suchivedha for instant pain relief the present study had been planned.

AIMS AND OBJECTIVES:

1. To evaluate the effect of suchivedha karma in the pain management
2. To evaluate the short and long-term effects of this procedure

MATERIALS AND METHOD:

CLINICAL STUDY: Total 33 patients with acute pain either muscular or inflammatory joint pain or nerve generated pain were randomly selected from O.P.D. of Shubhdeep Ayu Medical college & Ayurvedoamrutnam clinic Indore (M.P.). Pediatric needle (no.26) was used for suchiveda procedure.

INCLUSION CRITERIA:

1. Patients with acute pain either muscular or inflammatory joint pain or nerve generated painful condition above 10 years age.

EXCLUSION CRITERIA:

1. Patients below 10 years age
2. Uncontrolled Diabetic patients

PROCEDURE & DURATION:

The procedure is very simple and does not
require any prior blood investigation before performing it. Hardly one to two drops of blood come out during the process. The patient is allowed to sit comfortably and points of maximum tenderness are identified. Points may be 3 to 5 in number. The part is cleaned with spirit and the needle is pierced 2 to 4 mm for skin, 4 to 6 mm for mamsa and 6 to 10 mm for snayu, asthi and Sandhi on painful points until the resistance is felt inside. After 2 to 3 min., the needle is removed followed by cleaning of the part again. Sticking plaster is used on the prick points and Patient is allowed to open it after 30 minutes.

**FOLLOW UP STUDY:** Follow up was taken after 24 hrs. of the treatment to monitor any recurrence or intensification in pain.

**CRITERIA FOR ASSESSMENT:**
Assessment of the effect of treatment was done on the basis of relief in symptoms through statistical analysis.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
<th>Grade</th>
<th>Grading criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>0</td>
<td>Absent</td>
<td>No pain</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Mild</td>
<td>Mild pain of bearable nature comes occasionally</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Moderate</td>
<td>Moderate pain but no difficulty in movements requires some measures for relief</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Severe</td>
<td>Pain in resting position, disturbs sleep requires analgesics for relief</td>
</tr>
<tr>
<td>Stiffness</td>
<td>0</td>
<td>Absent</td>
<td>No stiffness</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Mild</td>
<td>Stiffness felt on movement lasts for 5 min to 2 hrs.</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Moderate</td>
<td>Stiffness felt in resting position 2-8 hrs.</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Severe</td>
<td>Stiffness &gt;8 hrs.</td>
</tr>
</tbody>
</table>

**OBSERVATION & RESULTS:**
Total 33 patients were selected for the study and the treatment was done. Follow up was taken after 24 hrs. of treatment. None of the patient had reported any complications or discomfort.

**Total no. of patients-33**

<table>
<thead>
<tr>
<th>observations</th>
<th>No. of patients</th>
<th>% of patients felt relief in symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients with muscular pain</td>
<td>14</td>
<td>78.5%</td>
</tr>
<tr>
<td>Patients with joint pain</td>
<td>8</td>
<td>62.5%</td>
</tr>
<tr>
<td>Patients with nerve pain</td>
<td>11</td>
<td>72.7%</td>
</tr>
<tr>
<td>Patients with no relief after snehan-sweedana</td>
<td>7</td>
<td>57%</td>
</tr>
</tbody>
</table>
RESULTS:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Mean score</th>
<th>Difference</th>
<th>SD ±</th>
<th>SE ±</th>
<th>% of Relief</th>
<th>Paired “t”</th>
<th>“t” value</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain</td>
<td>2.15</td>
<td>0.85</td>
<td>1.3</td>
<td>0.79</td>
<td>60.4%</td>
<td>11.75</td>
<td></td>
<td>&lt;0.00</td>
</tr>
<tr>
<td>Stiffness</td>
<td>1.61</td>
<td>0.58</td>
<td>1.03</td>
<td>0.49</td>
<td>63.9%</td>
<td>10.10</td>
<td></td>
<td>&lt;0.00</td>
</tr>
</tbody>
</table>

P<0.001=highly significant

DISCUSSION: In present study, 78.5% relief in symptoms was seen in patients with muscular pain (commonly having spasm, sprain etc.). 72.7% relief in symptoms was seen in patients with nerve pain (sciatica, brachial neuralgia etc.) and 62.5% relief in symptoms was seen in patients with joint pain (Osteoarthritis, Rheumatoid arthritis, Gout, AVN etc.). Relief in both the symptoms (pain and stiffness) is statistically highly significant. 70% patients reported relief in pain for next 24 hrs. and no recurrence of pain observed before that. However, after next few hours, pain again started though with less severity.

The causative factor of pain is *vata dosha* and the probable mode of action may be explained as during this procedure *alpa raktasrava* leads to removal of *margavarodha* of *vata* and thus results relief in pain. For the same region, *Raktamokshana* is indicated many of the *vata and vatarakta vyadhies* to remove *margavarodha* of *vata*.

From modern point of view, stimulation to large sensory fibers from peripheral tactile receptors depresses the transmission of pain signals either from the same area of the body or even from many segments. This results in a local lateral inhibition.

CONCLUSION: According to above data, it can be concluded that *suchivedha karma* helps to relieve pain in certain painful conditions for approximately 24 hrs. of duration. To get long-lasting and complete relief repeated sittings along with medication is obvious.

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Source of support: Nil
Conflict of interest: None
Declared