The Role of Sringavacharana and Bandages In Sports Injuries WSR to Acromio-Clavicular Joint Dislocation and Low Back Pain

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ABSTRACT

Ayurveda is attaining the attraction globally not only as an ancient life science but also as a successful aid to treat and manage the ailments in style. Apart from the common sayings that Ayurveda does not have quick-acting treatment modality, Nowadays Ayurveda is successfully managing sports medicine effectively and smoothly, as far as sports medicine and athletes are concerned. Injuries are part & parcel of a sportsperson’s life. They are a class of people who torture their body to the maximum to get the maximum result. Injuries sustain due to faulty techniques, accidents as in the case of contact sports. In the process, they sustain a lot of injuries. Despite advanced treatment techniques injuries tend to recur. It severely hampers the progress of their career & shortens their active sports life. It forces them for early retirement. Ayurvedic treatment like sringavacharana & bandaging technique help to heal the injuries more effectively. Sringavacharana is an essential tool in the armarium of Ayurvedic physician to deal as emergency care in low back pain. Here the technique and step involved in executing the Sringavacharana in the modern era and swastika bandhana is explained with essential photographs and also with the help of a clinical study.

INTRODUCTION

Low back pain is a common problem among sportsperson due to repeated strain & trauma. Although there is no clear cut evidence that incidence of low back pain has increased, resultant absence from matches, low performances & loss of wages has increased over the years.

Sringavacharana (Samhita et al., 2010) is a well-accepted treatment modality in dealing the emergency care in low back pain.

Acromioclavicular joint injuries (Lo, 2010) are common when somebody falls on the shoulder and roll over as in the case of a goalkeeper. Swasthika-bandhan, along with oral medication, is an essential tool in the management of acromioclavicular joint injuries.

MATERIALS AND METHODS

Sringa, vacuum extractor, surgical blade no-11, spirit.
The most tender areas in the lumbosacral region are cleaned with surgical spirit. Sringa attached with vacuum extractor is kept in position, a vacuum is created for 3 minutes and is released after it.

Multiple cutaneous incisions are made with surgical blade no-11. Sringa is kept in position (Samhita, 2004c) & vacuum is created & maintained for five minutes (Samhita, 2004b).
Figure 1: Steps of Sringavacharana
Table 1: Immediate effect of sringavacharana on second day

| Assessment Criteria | Relief in Percentage |
|---------------------|----------------------|
| Pain                | 98% of RELIEF        |
| Tenderness          | 10% of RELIEF        |
| Movements           | 97% of RELIEF        |

Table 2: Showing Effect after 7 Days

| Assessment Criteria | Relief in Percentage |
|---------------------|----------------------|
| Pain                | 97%                  |
| Tenderness          | 80%                  |
| Movements           | 95%                  |

Table 3: Showing Effect after 28 Days of treatment

| Assessment Criteria | Relief in percentage |
|---------------------|-----------------------|
| Pain                | 90% Relief            |
| Tenderness          | 75% Relief            |
| Movements           | 80% Relief            |

Table 4: Showing the effect of bandage after 36th Day of treatment

| Assessment Criteria | Percentage of relief |
|---------------------|----------------------|
| Pain                | 100%                 |
| Tenderness          | 100%                 |
| Movements           | 80%                  |

Figure 2: Steps involved in Swastika bandhana
The vacuum is released after 5 minutes. Blood is collected in a kidney tray. The area is watched for hemostasis (Samhita, 2004a) cleaned & dressed. Figure 1.

**Inclusion criteria**
1. Patient between the age of 10 and 30 years
2. A person with sports-related trauma.

**Exclusion criteria**
1. Patients with associated emergencies like head injuries,
2. Patients with abdominal injuries
3. Patients with a rib fracture.

**Investigations**
1. X-Ray Shoulder AP-View.
2. CT, MRI if required

**ASSESSMENT CRITERIA**
1. Pain.
2. Tenderness.
3. Range of movement.

The assessment was made on 1st-day 2nd-day 7th-day 14th-day 21st-day and 28th-day.

**Swastika bandhana**
The patient is made to sit with arms resting on the hip.

Murivenna soaked cotton is placed over the injured acromioclavicular joint. Swastika Bandhan is applied with a crepe bandage (Samhita, 2004d); clavicle brace is used to make the bandage more stable.

The dressing is maintained for 36-45 days (Atrideva, 1960) with rebandage every 6th-day (Vaghbha and Sangraha, 2006) Figure 2.

**Inclusion Criteria**
1. Patient between the age of 10 and 30 years.
2. Patients with sports-related trauma.

**Exclusion Criteria**
3. Patients with associated emergencies like head injuries,
4. Patients with associated sternoclavicular injuries with clavicle falling behind the sternum.
5. Patients with rib fractures causing visceral injuries,

**Investigations**
1. X-Ray Shoulder AP-View.
2. CT, MRI if necessary.

Assessment was made on first, 6th, 16th, 26th, and 36th days. Pain and tenderness was assessed on all these days and range of movement on 36th day. Table 1, Table 2, Table 3 and Table 4 (Valiathan, 2009).

**RESULT**

Sringavacharana gives immediate relief of pain, and restricted movement improved rapidly. Sringavacharana relieves aavarana and obstruction and thus relieves the symptoms immediately. Swastika Bandhan relieves pain immediately. Bandaging reduces dislocation. Ayurvedic bandaging technic gradually stabilizes the joint. Associated ligament injuries heal which support and restore movements completely in acromioclavicular joint injuries. Graph 1, Graph 2, Graph 3 and Graph 4.

**CONCLUSION**

Immediate relief of symptoms with sringavacharana is a marked feature in sports-related low back pain, Tenderness does not show immediate relief may be due to cutaneous incision made for sringavacharana. Tenderness improved during the follow-up. During follow up there was slight pain with some restricted movement. For a stable result, sringavacharana can be repeated after performing snehaswed procedures like pathrapodasweda. This will make the result more stable.

Swastika bandana helps in immediate relief of pain & gradual reduction of the dislocation in the case of acromioclavicular joint disorder. The prominence remains a bit after the treatment period. Range of movement or the strength of the joint is not compromised with this traditional Ayurvedic treatment. Ayurvedic treatment helps in perfect healing of the ligaments. It, in turn, helps in maximizing their performance and preventing recurrence of the injury.
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