



Case Study

UNDERSTANDING AN UNIQUE PRESENTATION OF *GRIDHRASI* AND ITS MANAGEMENT THROUGH A SPECIAL TREATMENT PROTOCOL - A CASE REPORT

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ABSTRACT

One of the most prevalent *Vata* illnesses, *Gridhrasi* shares many characteristics with sciatica, including pain or discomfort along the sciatic nerve. Here is a case of *Gridrasi*/sciatica which has a very unique presentation different from the typical presentation of pain, radiating from the lower back to the feet. Though multiple treatment modalities haven been on the rise for the treatment of *Gridhrasi*/Sciatica, there is a lacuna for a specific treatment protocol which covers the disease treatment in its entirety and hence this effort standardises a protocol for the same. **Aim and Objectives:** The aim of this study was to document this unique presentation of *Gridrasi*/ Sciatica and to access the efficacy of Ayurvedic management with a specific treatment protocol in *Gridhrasi*. **Materials and Methods:** It is a single case study. A 55 year old man complaining of pain originating from the left heel, radiating to the lower back, correlated with *Gridhrasi* of left leg since 2 months approached to Ayurvedic hospital and a treatment protocol which includes *Siravyadha*, *Sadhyovirechana*, *Kala Basti*, *Choorna Pinda Sweda*, *Kati Basti*, *Kati Bandha* and *Snighda Agnikarma* was given. The treatment protocol was continued for a period of 11 days. **Results:** Symptomatic assessment of patient was carried out after eleven days and satisfactory outcome was observed and overall quality of life of patient was significantly improved. **Conclusion:** The aforementioned treatment protocol gives a significant relief for the management of even this unique presentation of *Gridrasi*/Sciatica.

INTRODUCTION

Gridhrasi is a condition where in the general presenting symptoms are pain originating from the lower back and radiating to the thighs, calf region and to the foot eventually,^[1] but in clinical practice we do also rarely come across cases, in which, the pain actually originated from the foot and radiates to the lower back region. This form of presentation has been mentioned by *Acharya Vagbhata* in *Astanga hridaya*^[2]. This article describes one such case of unique presentation of *Gridhrasi*, where a certain treatment protocol formulated has been used to manage this condition.

Sciatica: Sciatica is a debilitating condition in which the patient experiences pain and/or paraesthesia in the sciatic nerve distribution or an associated lumbosacral nerve root. Sciatica is specific to the pain, which is a direct result of sciatic nerve or sciatic nerve root pathology. The L4 through S2 nerve roots combine to form the sciatic nerve, which emerges from the pelvis. Often, lumbar spine flexion, twisting, bending, or even sneezing make sciatica pain worse. It is crucial to understand that the majority of sciatica cases are caused by inflammatory conditions that irritate the sciatic nerve.

The treatment protocol formulated is based upon the principles of *Susruta Acharya* and *Charka Acharya's* treatment of *Gridhrasi*.^[3] This includes *Siravyadha*, *Agnikarma* and *Basti chikitsa*.

The importance of *Siravyadha* has been mentioned at multiple instances in *Susrutha Samhita*, with respect to various *Vata vyadhis* including *Gridhrasi*. *Susrutha Acharya* even goes to the extent of

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saying *Siravyadha* is *Ardha chikitsa* in *Shalya tantra*^[4]. With respect to *Gridhrasi*, *Charaka Acharya* has mentioned *Siravyadha* has to be done in-between the *Antara Kandara* and *Gulpha* region (Tendo-Achilles and medial aspect of ankle joint). Hence *Siravyadha* is considered to be the first line of treatment in this particular protocol that has been developed for *Gridhrasi*.

Agnikarma is one treatment principle that has been extensively detailed about, first by *Susrutha Acharya* in *Sutrasthana*. *Susrutha Acharya* mentions *Agnikarma* to be the *Chikitsa* in which there is *Apunarudbhava* of the *Vyadhi* if done in the right way, in the appropriate disease^[5]. In this treatment protocol, *Snigha agnikarma* has been given special importance.

Bastichikitsa is considered to be *Ardha chikitsa* in *Vata vyadhi* according to *Charaka Acharya*^[6]. It is considered to be one of the best *Chikitsas* available for the management of conditions such as *Gridhrasi*. All *Brihat trayees* mention about the importance of *Yukti* in the formulation of different *Chikitsas*, and hence considered the usage of some unique formulation for the management of *Gridhrasi*.

Case Report

A gentleman aged 55 years, approached the outpatient department of the hospital complaining of pain on the left heel region, radiating to the lower back since the last two months.

History

Patient was apparently well two months ago, due to his occupation which demanded him to walk and stand for long hours, he started developing pain on the left heel region associated with mild swelling and pain radiating to the lower back since the last two months and hence visited our hospital for the management of the same.

Personal History

- Appetite: Normal
- Bowel: Regular
- Micturition: Regular (4–5 times/day)
- Sleep: Sound (6-8 hours)
- Addiction: Nil
- Diet: Vegetarian

General Examination

- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent
- Clubbing: Absent
- Lymph node: Not palpable
- Oedema: Absent
- BP: 130/90 mm/hg
- Pulse: 78bpm

- Respiratory rate: 18/min
- Temperature: 98°F

Ashtasthana Pariksha

- *Nadi: Vata, Kapha*
- *Mala: Prakrutha*
- *Mutra: Prakrutha*
- *Jihva: Liphtha*
- *Drik: Prakruta*
- *Shabdha: Prakruta*
- *Sparsha: Khara sparsha*
- *Aakriti: Madhyama*

Dashavidha Pariksha

- *Prakriti: Pitta Vata*
- *Vikriti: Vata*
- *Satva: Madhyama*
- *Sathmya: Sarvarasa*
- *Ahara Shakti: Madhyama*
- *Vyayama Shakti: Madhyama*
- *Sara: Rasa sara*
- *Samhanana: Madhyama*
- *Agni Shakti: Madyama*
- *Vaya: Madhyama*

Samprapti Ghataka

- *Dosha: Vata (Vyana Vata),*
- *Dhatu: Raktha, Asthi, Mamsa*
- *Upadhatu: Kandara*
- *Agni: Jataragni Madhyama*
- *Srotas: Rakta, Mamsa*
- *Sroto Dusti Prakara: Sanga*
- *Udbhava Sthana: Pada*
- *Sancharasthana: Kati*
- *Adhistana: Asthi, Rakta, Mamsa,*
- *Vyakta Sthana: Pada and Kati*
- *Roga Marga: Bahya*
- *Swabhava: Chirakari*
- *Sadhyasadyata: Krichrasadhya*

Anga Pratyanga Pareeksha

Per Abdomen Examination

Inspection

Shape of abdomen– Distended– Scar tissue from previous surgery (left inguinal hernioplasty)
Umbilicus– Normal, inverted
Palpation: Soft, no tenderness, no organomegaly.
Percussion: Tympanic sounds heard except the area of liver dullness.

Auscultation: Bowel sounds (+ve) – 13/min

Central Nervous System

Patient is conscious, well oriented to time, place and person.

Respiratory System

Inspection: Shape of chest - bilaterally symmetrical

Palpation: Trachea – centrally placed

Tactile vocal fremitus - Normal

Percussion: Resonant sounds heard except the cardiac dullness

Auscultation: Normal vesicular breath sounds heard

Cardiovascular System

Inspection: No scar, no swelling

Palpation: Non-tender

Percussion: Defined area of cardiac dullness

Auscultation: Apex beat felt at 5th intercostal space S1 and S2 heard, no added sounds or murmurs heard

Clinical Findings

SLR – Left (+ve at 80 degrees) Right (-ve)

Patrick's – Left (-ve) Right (+ve)

Tenderness at L4 – L5, L5 – S1

Diagnostic Assessment

Diagnosis: Considering the above clinical examination finding and the patients complaints, this case can be diagnosed to be a case of *Gridhrasi/Sciatica*.

Prognosis – *Krichrasadhya/Yaapya*

MATERIALS AND METHOD

Centre of Study

The following treatment protocol was formulated by Postgraduate Department of Shalya Tantra of our institute.

- 1) SABS followed by *Siravyadha*
 - 2) SABS followed by *Sadhyovirechana*
 - 3) *Kala Basti*
 - 4) *Choorna Pinda Sweda*
 - 5) *Kati Basti*
 - 6) *Kati Bandha*
 - 7) *Snighda Agnikarma*
- 1) SABS followed by *Siravyadha – Sarvanga Abhyanga* with *Dhanwantaram taila* and *Bashpa sweda* and providing the patient with *Snighda yavagu pana*. Site of *Sira vyadha* done is in-between the *Antara Kandara* and *Gulpha* region (Tendo–Achilles and medial aspect of ankle joint).
 - 2) SABS followed by *Sadhyovirechana*– SABS with *Dhanwantaram thailam* followed by *Sadhyovirechana* with *Gandharvahastadi erandam*– 80ml and *Triphala Kashyam*– 100ml was given. Total Vegas – Eleven.
 - 3) *Kala Basti*
 - *Anuvasana basti* (A1–A3) – *Narayana thailam* (60ml) + *Karpooradi thailam* (20ml) and (A4 – A9) – *Guggulu tiktaka ghrita* + *Ashwagandha Bala Lakshadi thailam* (Total - 80ml)
 - *Niruha basti* – (N1–N2) – *Erandamoola kshara basti* + *Nirgundi kalka* and (N3–N7)– *Erandamoola ksheera basti*
 - 4) *Sarvanga Choorna Pinda Sweda*– 3 days followed by *Patra Pinda Sweda* – 6 days
 - 5) *Kati basti* with *Dhanwantaram tailam* and *Kottamchukkadi tailam* – 9 days
 - 6) *Kati bandha* - 6 days
 - 7) *Snighda Agnikarma* over the lumbar region - 6 days

RESULT

Patient's lumbar pain, oedema, and range of movement of the spine had improved considerably after completing the full eleven-day Ayurveda treatment protocol, Gait also improved. Patient observed complete symptomatic relief. Assessment of patient was carried out by specific subjective and objective criteria. No radiological investigations were carried out after completion of therapy.

Subjective

Pt c/o of pain over the left heel radiating to the lower back has significantly reduced.

Tenderness over the L4 – L5 and L5 – S1 region – Reduced

VAS scale before treatment – 7

VAS scale after treatment – 2

Objective

SLR - Left leg (-ve) and Right Leg (-ve)

Patrick's test - Left leg (-ve) and Right Leg (-ve)

Adverse and Unanticipated Events

No such events were observed.

DISCUSSION

The treatment protocol was formulated on the basis of the principles of *Sushruta Acharya* and *Charaka Acharya's* treatment of *Gridhrasi*.

This includes *Sira vyadha*, *Agni karma* and *Basti chikitsa*. The use of *Karpooradi thailam* as one among the drugs in *Vasthi dravyas*, is to provide an analgesic effect through the rectal route. The efficacy and safety of which, has been extensively studied in various literatures.^[7]

The rationale of giving *Sadhyovirechana* before *Basthi* comes from a reference which states the necessity of *Urdhva* or *Adhah Shodhana* before the *Basthi chikitsa* to enhance the efficacy of *Basthi* as a treatment for *Gridhrasi*.^[8]

Choorna Pinda Sweda has been made use of, in this case because of the presence of *Kapha* along with *Vata* in the presentation of the *Gridhrasi* and the *Nadi* confirming the same. Once the *Kapha* has been alleviated with the help of *Rukshana*, *Patra Pinda Sweda* has been advocated for *Vata shamana*.

Modern Perspective

Sira Vyadha (Bloodletting)

Bloodletting has been understood to be an effective tool for pain relief in Ayurveda. The MOA can be understood on the terms of inflammatory markers such as prostaglandins. Whenever there is inflammation locally at a region of the body, prostaglandins play a major role in the inflammatory cascade. In *Siravyadha*, we are letting the blood out

from a selected vein, which is draining that particular region and because of which, locally the prostaglandins and other inflammatory markers are let out, leading to an instantaneous reduction the inflammatory markers. This leads to a significant relief in the signs of inflammation like rubor, calor, dolor and tumour.

Basti (Medicated Enema)

The medicines given through the rectal route have proved to be more effectively absorbed in larger quantities than the oral route. It is found through various studies that about 50% of the medicines also bypass the first pass metabolism and hence the absorption is much quicker and more effective drug quantity is passed into the blood stream. Hence Ayurveda makes use of this principle to administer drugs which have analgesic and anti-inflammatory in nature through this manner to alleviate the condition.

Snigdha Agnikarma

Heat and cold stimulate the sensory receptors of the skin since these sensations can be recognized. Afferent nerves stimulated by heat may have an analgesic effect by acting on the gate control mechanism. The usage of lipid medium for this procedure makes sure that the heat is retained for a sustained period of time, hence providing a prolonged analgesic effect on the site where the treatment has been done.

CONCLUSION

The overall effect of the aforementioned therapy reveals that *Gridrasi/Sciatica* even with an unique presentation can be managed effectively with the treatment protocol which includes *Kala Vasti* with special reference to *Karpooradhi thaila anuvasana*, *Choorna Pinda Sweda* followed by *Patrapinda Pottali Sweda*, *Kati Basti* and *Snigha Agnikarma* followed by *Kati bandha*, without causing any adverse event and it may be an alternative therapy for sciatica in current era. This study is about the presentation of the single case only. An attempt must be made for further

exploration of effect of these therapies in large population for establishing standard treatment protocol.

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