



Case Study

## ROLE OF PANCHAKARMA IN GRIDHRASI WITH SPECIAL REFERENCE TO PERONEAL NEUROPATHY

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### Article info

#### Article History:

Received: 15-05-2024

Accepted: 11-06-2024

Published: 10-07-2024

#### KEYWORDS:

Gridhrasi, Peroneal Neuropathy, Churna Basti, Mustadi Yapana Basti, Shastika Shali Pinda Sweda, Patra Pinda Sweda and Shamana Chikitsa.


### ABSTRACT

The collective meaning of *Vatavyadhi* indicates the specific disorder occurring due to *Vata Dosha*. Wherever, *Vata Dosha* get vitiated it first enters in all *Srotas* of the body and then creates different types of *Vata Vyadhi* describe in Classical Ayurvedic text. **Objective:** The aim of this study was to access the efficacy of Ayurvedic management including *Shodhan* and *Shaman Chikitsa* in *Gridhrasi*. **Material and Method:** A 45 year old male patient who is not a known case of diabetic mellitus and hypertension came to hospital with complain of pain low back radiating to bilateral lower limb (Rt.>Lt.) since 2 months associated with weakness, stiffness, heaviness of right lower limb and dragging type of gait due to right foot drop since 2 weeks which was diagnosed with *Vata- Kahaja Gridhrasi* and was treated with *Dashamoola* and *Mahamanjistadi Qwatha Seka* for 7 days, *Churna Basti* for 3 days, *Patra Pinda Sweda* for 7 days, *Mustadhi Yapana Basti* for 9 days, *Shastika Shali Pinda Sweda* for 15 days. **Result:** After completion of one month of total treatment, the patient as found significant relief in the back pain, numbness, heaviness, improvement in gait and gain in strength in bilateral lower limb. **Conclusion:** *Gridhrasi* can occur due to *Abhigataja* and *Dhatuksaya* where *Vatakaphaja Lakshana* were predominantly seen in the case and treated with *Seka, Basti*, different types of *Sweda*. To combat the disease in minimum duration we have used multi treatment approach to get synergistic effect.

### INTRODUCTION

*Gridhrasi* is one of the most common disorder among *Vata Nanatmaja Vikara*<sup>[1]</sup>. As, *Gridhrasi* can be correlated with sciatica, where the peroneal nerve is the one among the main branch of sciatica nerve. The global prevalence of peroneal neuropathy ranging from 2.8 percent to 3.1 percent<sup>[2]</sup>. Day today we are adopting sedentary lifestyle and nature of work are putting added tension on the unusual heath. The aggravating factors such as over exertion, sedentary occupation, Jerkey movements during travelling, lifting and mental stress which leads to low backache, The peroneal nerve is the smaller and terminal branch of

the Sciatica nerve which is composed of the posterior division of L4 to S2, join with tibial axons to form the Sciatic nerve<sup>[3]</sup>. Peroneal neuropathy is one among the common mono-neuropathies in the lower extremities which can occurs in any age. Foot drop due to weakness of ankle dorsiflexion and sensory disturbances over lateral calf and the dorsum of the foot which are the most common presentation of peroneal neuropathy. Disorders that must be distinguished from peroneal neuropathy include sciatic mono-neuropathy, lumbar sacral plexopathy and L5 Radiculopathy<sup>[4]</sup>. The pain may be located in the low back only or referred to a leg, buttock, hip sciatica is which Causes difficulty during walking. It hampers the daily routine and deteriorates quality life of patient<sup>[5]</sup>. It is most commonly found in 40s and 50s, men are more commonly affected than women. The sign and symptoms of 'sciatica' correlate with the condition of *Gridhrasi* mentioned in Ayurveda. *Gridhrasi* explained under *Nanatmaja Vata Vyadhi*. "*Gridhrasi*" the name itself indicates the way of gait shown by the patient

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|---|---|
| Quick Response Code   |   |
|   | <a href="https://doi.org/10.47070/ayushdhara.v11i3.1578">https://doi.org/10.47070/ayushdhara.v11i3.1578</a> |
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due to extreme Pain that is *Gridha* or vulture<sup>[6]</sup>. *Gridhrasi* is divided into 2 types based on *Dosha* involvement 1. *Kevala Vataja Gridhrasi* and 2. *Vata – Kaphaja Gridhrasi*.

## MATERIAL AND METHOD

### Case Description

- Age: 45yrs
- Gender: Male
- Occupation: Labour
- Marital status: Married
- Socio-economic status: Middle class
- Address: Bangalore

### Chief Complaints

C/O pain in low back radiating to B/L lower limb since 2 months, aggravated since 2 weeks.

### Associated Complaints

Associated with weakness, heaviness, stiffness over B/L lower limb and burning sensation of B/L foot since 10 days.

### History of Present Illness

A male patient aged 45 years, who is N/KC/O diabetes mellitus and hypertension was apparently normal 2 months back, one day while doing his routine work, had a fall from the wooden chair and he suddenly experienced pain in low back region and for this complaint he visited Sanjay Gandhi Hospital, their they have advised for MRI and given the medication for the same, later pain got reduced and since last 2 weeks the complaint got reappeared and pain got radiated to b/l lower limb, which was associated with weakness, heaviness, stiffness and burning sensation of right foot, due to this pt. feel difficulty in lifting of right foot so he used drag he right foot while walking, so for further management he admitted to Government Ayurveda Medical College, Bangalore.

### Past History

H/O- Fall from wooden chair (2 months back)

### Family History

No family members having such complaint

### Personal History

*Aahara*: Mixed

*Appetite*: Poor

*Bowel*: Constipated

*Micturition*: Normal 4-5 times/day

*Sleep*: Disturbed due to pain

*Habits*: Coffee 2 times/day, alcohol since 10 years – occasionally (2-3 times/month)

### Nidana Panchaka

*Hetu-Aharaja- Ruksha, Tikshna, Amla, Katu Rasa Pradhana Sevana.*

*Viharaja- Abhighata, Ratrijagarana*

*Mansika- Bhaya, Ati-chinta*

*Purvarupa- Avyakta*

*Rupa-* Continuous pain in low back region radiating to B/L lower limb, stiffness, weakness, burning sensation over B/L feet, difficulty to lift right foot and walking.

*Upashaya-* Nothing specific

*Anupashaya-* Walking, standing, movements of lower limbs, rest.

### Samprapti Ghataka

*Dosha- Vata Kapha*

*Vata- Apana & Vyana, Kapha- Sleshmaka*

*Dushya- Dhatu- Rasa, Raktha, Mamsa, Meda, Asthi*

*Upadhatu- Snayu, Kandara and Shira*

*Agni- Jatharagni & Dhatwagni*

*Ama- Jataragni, Dhatwangni - Janyamandiya*

*Srothas- Rasavaha, Rakthavaha, Asthivaha, Majjavaha*

*Srothodusthi- Sanga and Vimaragagamana*

*Udbhava sthana- Amashaya, Pakwashaya*

*Sanchara Sthana- Spik, Kati, Prushta, Uru, Janu, Janga*

*Vayaktha Sthana- Adhoshaka*

*Adisthana- Kati and Prushthavamsha*

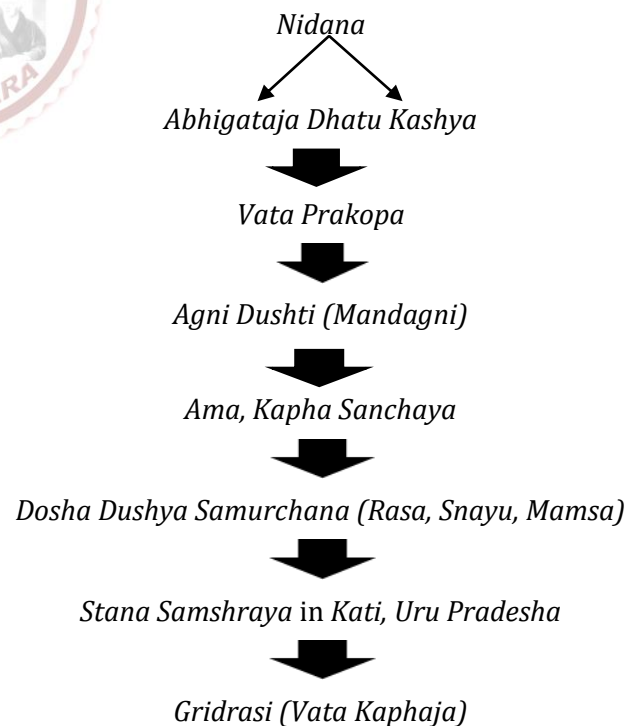
*Rogamarga- Madhyama*

*Svabhava- Kruchrasadhya*

*Vyadhi Swabhava- Ashukari*

*Vyadhi vinischaya: Vata- Kaphaja Gridhrasi*

### Samprapti Chakra



### Investigation

MRI Lumbo-Sacral Spine: ON- 30/4/22

**Impression**

- Lumbar spondylosis
- Mild disc bulge with posterior annular fibrosus tear at l3-l4 level causing anterior thecal sac indentation and b/l mild neural foraminal narrowing.
- Posterior Central disc protrusion with annular fibrosus tear at l4-l5 and l5-s1 levels causing anterior thecal sac indentation, b/l moderate to severe neural foraminal narrowing abutting b/l transversing nerve roots and mild spinal canal narrowing.

- B.P: 130/80mmhg
- Pulse: 70/min
- R.R: 16/min
- Height: 5.5ft
- Weight: 65kg

**Systemic Examination**

**CVS:** S1, S2 heard, no murmur

**GIT:** Inspection- umbilicus- Inverted scar, swelling-absent

**Palpation: P/A:** Both superficial and deep palpation-soft and non-tender.

**R.S:** B/L symmetrical, normal vesicular breath sound-heard and no added sounds.

**CNS:** Higher mental function-intact

**Examination**

**General examination**

|   |  |              |             |
|---|--|--------------|-------------|
| Conscious and well oriented with person, time and place |  |              |             |
| Sensory system  |  |              |             |
| Touch, pain, pressure- Intact                           |  |              |             |
| Motor system limb attitude                              | Right and left upper limb- NAD<br>Right lower limb - Dorsi flexion |              |             |
| Muscle power  |  | <b>Right</b> | <b>Left</b> |
|   | Upper limb   | 5/5          | 5/5         |
|   | Lower limb   | 2/5          | 3/5         |
| Reflexes  | Biceps   | ++           | ++          |
|   | Triceps  | ++           | ++          |
|   | Knee   | ++           | ++          |
|   | Ankle  | ++           | ++          |
| Muscle tone   | Plantar  | Areflexia    | Flexor      |
|   | Upper limb   | Normotonic   | Normotonic  |
|   | Lower limb   | Hypotonic    | Normotonic  |

**Musculoskeleton Examination**

|                    |                             |
|--------------------|-----------------------------|
| <b>Inspection</b>  |                             |
| Gait               | Antalgic gait               |
| Curvature of Spine | Lumbar lordosis             |
| Visible scar       | Absent                      |
| Swelling           | Absent                      |
| Trendelenburg sign | Positive                    |
| Muscle Wasting     | Rt. foreleg and foot region |
| Deformity          | Rt. foot drop               |

|                  |  |
|------------------|--|
| <b>Palpation</b> |  |
| Temperature      | Normal                                   |
| Swelling         | Absent                                   |
| Tenderness       | Positive at (L3-L4,L4-L5, L5-S1, S1-S2)  |
| Door bell sign   | Positive at (L3-L4, L4-L5, L5-S1, S1-S2) |
| Bow string test  | Positive                                 |
| Coin pick test   | Not possible due to pain                 |
| Bragard's test   | Positive                                 |

|                                  |  |
|----------------------------------|--|
| SLR test                         | L/L Rt. Lt.<br>Active 15* 45*<br>Passive 15* 45*   |
| Range of movements-<br>Hip joint | Rt. Lt<br>Flexion 45* 60*<br>Extension 10* 15*<br>Internal rotation 10* 15*<br>External rotation 30* 35*<br>Abduction 25* 35*<br>Adduction 10* 15* |

**Chikitsa Sutra**

अन्तराकण्डरागुल्फं सिरा बस्त्यग्निकर्मच ॥ (cha chi 28/101)

Treatment protocol adopted- *Panchakarma* procedures along with oral medications were administered

| Treatment given                                     | From date | To date |
|---|-----------|---------|
| <i>Churna Basti - 5 days</i>                        | 24/6/22   | 28/6/22 |
| <i>Patra Pinda Sweda - 7 days</i>                   | 29/6/22   | 05/7/22 |
| <i>Musthadi Yapana Basti - 9 days</i>               | 07/7/22   | 15/7/22 |
| <i>Kaya Seka With DMQ+MMQ - 7 days</i>              | 17/7/22   | 23/7/22 |
| <i>Shashtika Shali Pinda Sweda - 16 days</i>        | 26/7/22   | 10/8/22 |
| <i>Matra Basti with Samisha Taila (50ml) 9 days</i> | 11/8/22   | 19/7/22 |

| Shamana Yogas                        | Dose                         |
|--------------------------------------|------------------------------|
| <i>Lavan Baskara Churna</i>          | 3 gms bd B/F with warm water |
| <i>Simhanada Guggulu</i>             | 2 tab tid A/F                |
| <i>Vishatinduka Vati</i>             | 1 tab tid A/F                |
| <i>Sahacharadi Kashaya</i>           | 15 ml bd A/F                 |
| <i>Ghandravahastadi Eranda Taila</i> | 10ml hs A/F                  |

**RESULT**

|                          | Before treatment         | During treatment              | After treatment              |
|--------------------------|--------------------------|-------------------------------|------------------------------|
| Gait                     | Antalgic (with support)  | Antalgic (without support)    | Normal gait                  |
| Tenderness               | Severe                   | Moderate (Persist-30% to 40%) | Mild (persist upto 5% - 10%) |
| Stiffness & Muscle cramp | Present                  | Mild stiffness got reduced    | Absent                       |
| Weakness                 | Present                  | Reduced to (35-50 per)        | Absent                       |
| Rt.foot drop             | Present                  | Present                       | Absent                       |
| Bowstring test           | Positive                 | Negative                      | Negative                     |
| Coin Pick Test           | Not possible             | Not possible                  | Possible                     |
| Trendelenburg Sign       | Positive                 | Positive                      | Negative                     |
| Toe to Heel walk         | Not possible due to pain | Possible with pain            | Possible without pain        |
| SLR Test-                | Rt Lt                    | Rt Lt                         | Rt Lt                        |
| Active                   | 15 15                    | 45 60                         | 90 90                        |
| Passive                  | 45 45                    | 60 75                         | 90 90                        |

**DISCUSSION****1. Churna Basti** [8]

Ingredients *Dravya Prabhava*

*Rasna Churna* - 20 gram *Rasna* - *Tiktha Rasa*, *Ushna Veerya*, *Katu Vipaka*, *Sleshmahara*

*Vaishwanara Churna* - 20 grams *Vaishwanara* - *Agni Deepaka*, *Ama Pachaka*

*Shatpushpa Churna*- 10 grams *Shatapushpa* - *Agni Deepaka*

*Saindhava Lavana*- 10grams *Saindhava Lavana* - *Agni Deepaka*

*Dhanvantram Taila*-20ml *Dhanvantram Taila*-*Vatahara*

*Nimbu Swarasa*- 20ml *Nimbu Swarasa*- *Ama Doshahara Ushna Jala* - 100ml

Indicated in - *Tivra Ruja* condition

**2. Patra Pinda Sweda- Acc -(Arogya Kalpa Dhuma)**[9]

This is the type of Swedana where in different kind of *Vatakaphahara* leaves which is made into *Pottali* and used in the form of *Ushma Sweda*.

Leaves like-*Nirgundi*, *Dhatura*, *Shigru*, *Chincha*, *Arka* etc

Grinded coconut, lemon pieces

*Churna*- *Saindhava*, *Rasna*, *Shatapushpa* etc

Oil- *Vatahara* oil

Indication- *Kati Shula*, *Sandhigraha*.

**3. Mustadi Yapana Basti (Rajayapana Basti)**[10]

As *Basti* is the 1<sup>st</sup> line of treatment for *Vata Dosha* disorders.

As the name suggest *Rajayapana Basti* is superior among all the *Basti*

*As.Sa.Ka 5* - *Rasayana*

*Ca.Si-12* - *Rasayana* and *Sadyobalajana*

*Su.Ci-38/106-111*-*Balya*, *Vrishya*, *Cakshushya*, *Rasayana*.

*Kala Basti* pattern- Average retention time of - *Niruha Basti* - 10mins.

- *Anuvasana Basti* – 04 hours.

**4. Dashamoola and Maha Manjistadi Kashaya Seka** [11]

*Dashamoola*- *Kapha-Vata Nashaka* (which act has anti-inflammatory and anti-oxidant action)

*Maha Manjistadi*- *Vatta-Pitta Hara*, *Raktha Shodaka* (act has anti-inflammatory, purifies the blood)

*Seka* helps to resolves *Stambha*, *Gourava* etc.

Increases blood circulation.

Relief the pain, muscle relaxation.

**5. Shastika Shali Pinda Sweda**[12]

It is *Brimhana*, *Vatahara*, and *Bahya Sweda*.

It contains- *Godugda*, *Shasthika Shali* due to its *Madhura* and *Snigdha Gunas* it nourishes and gives strength to muscle tissues.

*Dashamoola* nourishes the nervous tissues.

Application of *Pinda Sweda* does the –

Vasodilation that inturn improves blood circulation and removes waste products.

Decrease the stiffness and increase tissue extensibility that facilitates easy range of movements.

**6. Matra Basti**[13]

*Matra Basti* is one among *Sneha Basti*, it is termed so because the dose of *Sneha* used is very less compared to the dose of *Sneha Basti*.

Acc – *Cha. Si- 5/52-53*

The dose of the *Matra Basti* is half of the dose of *Anuvasana Basti* or 1/4<sup>th</sup> of *Sneha Basti*.

It can be given at any time in all the season and no restriction in diet.

It promotes strength, causes to easily to elimination of *Malas* and *Mutra* from the body and cures the *Vata* disorders.

**CONCLUSION**

*Basti* is the main line of treatment in *Vata Vyadhi* condition, which removes the toxin and helps to reach the drug in cellular level. In peroneal neuropathy there will be decrease sensation in the lower limb due which leads to restriction movements, sever pain and also responsible for aggravation of *Vata Dosha* in advanced condition. Future imbalance in *Vata Dosha* causes vitiation of *Pitta* and *Kapha Dosha*. *Patra Pinda Sweda* and *Kaya Seka* is also best line of treatment in *Vata Vyadhi*. *Mustadi Yapana Basti* is selected in treating *Tridoshaja* condition and it has therapeutic effect like *Brihmana* and *Rasayana* properties. It gives significant results in subjective and objective parameters indicates quality of life of patient improved, presently patient doing well for his daily activities. By proper analysis of treatment we can conclude that *Gridhrasi* can be successfully managed and gives satisfactory result without any complications. Therefore, in peroneal neuropathy like condition this can prove to the greater modality of treatment as in this condition there is *Gambhir Dhatu* involvement.

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**Cite this article as:**

Jukur Rajesh, Tejali Rohidas, Ananta S Desai. Role of Panchakarma in Gridhrasi with special reference to Peroneal Neuropathy. AYUSHDHARA, 2024;11(3):162-167.

<https://doi.org/10.47070/ayushdhara.v11i3.1578>

**Source of support: Nil, Conflict of interest: None Declared**

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