



Case Study

## MANAGEMENT OF GRIDHRASI THROUGH PANCHAKARMA W.S.R TO SCIATICA

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### ABSTRACT


Among the *Vatavyadhi* brought on by vitiated *Vata* and *Kaphanubandha vata* is *Gridhrasi*. The symptoms of *Gridhrasi* can be correlated with the symptoms of sciatica. Sciatica is one of the most common disorders, affecting 10% to 40% of the population. Sciatica affects people of all ages, but it particularly affects older folks in their fourth decade of life. Sciatica is a condition in which pain or discomfort radiates down one or both legs, starting in the lower back and ending at the sciatica nerve. The degree of sciatica pain can sometimes make it difficult for a person to go about their everyday activities. It has traits with the traditional Ayurvedic remedies. In *Gridhrasi*, pain corresponds to the following locations: *Jaanu* (knee), *Jangha* (calf), *Paada* (foot), *Prusta* (back), *Sphik purva Kati* (hip), and *Uru* (thigh), internal pharmaceuticals. **Materials and Methods:** A 25-year-old patient complained of lower back pain that was radiating to both of his lower limbs, *Shanoushadhi* and *Panchakarma* procedure were recommended. **Result:** The patient's symptoms considerably subsided, and he was able to carry out his regular tasks without difficulty. **Discussion:** Together with internal medications, *Sarvanga Parisheka*, *Churna Basti*, *Kati Basti*, *Sarvanga Abhyanga*, *Sthanika Patra Pottali Swedana*, *Sarvanga Bhaspha Swedana*, *Stha Lepa*, and *Yogabasti* (*Anuvasana Basti* with *Sahacharadi Taila*, *Erandamoola Niruha Basti*) effectively managed the disease.

### INTRODUCTION

According to Acharya Charaka, Gridhrasi is one of the 80 forms of *Naanatmaja vyadhi*<sup>[1]</sup> and one of the *Vatavyadhi* mentioned by all *Acharyas* that arises from vitiation of *Kevalavata* or *Kaphanubandha Vata*<sup>[2]</sup>. *Sphikapurva*, or hip-originating pain radiating to the following areas: *Kati* (waist), *Prusta* (back), *Uru* (thigh), *Jaanu* (knee joint), *Janga* (calf muscle), and *Paada* (foot) are among the symptoms associated with *Gridhrasi*. *Stambha*, *Toda* (tingling sensation), and other complaints are in addition to pain. If there is a correlation between *Vatakapha dosha* and symptoms like *Gourava* (heaviness), *Arokaka* (anorexia), and *Tandra* (lethargic), it will be evident. *Gridhrasi* can be treated with *Agnikarma*, *Siravyadha*, and *Basti*<sup>[3]</sup>. Sciatica and *Gridhrasi* have many of the same symptoms.

Sciatica<sup>[4]</sup> is defined by acute pain and paraesthesia in the sciatic nerve distribution or in the lumbosacral nerve root (L4-S3). Affected persons also experience a significant reduction in their quality of life. This course explores the ins and outs of sciatica, stressing the significance of differentiating this ailment from other forms of radicular leg pain or low back pain.

**Sciatica Epidemiology:** There doesn't seem to be any gender preference. The fourth decade of life is when the incidence peaks. According to reports, the lifetime incidence ranges from 10% to 40% an incidence of 1% to 5% per year. Except for people between the ages of 50 and 60, there is no proven correlation between it and body height. It seldom happens before the age of 20, unless trauma is the reason. A hereditary propensity is indeed suggested by several studies. In those who have previously experienced sciatica symptoms, physical activity increases incidence; in contrast, it reduces in machine operators, truck drivers, and occupations where workers are required to perform physically difficult positions.

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Modern medicine recommends the following patient education strategies for treating sciatica: apply hot or cold packs; maintain proper posture; avoid prolonged sitting or jerky movements; and use NSAIDs, opioid and non-opioid analgesics, muscle relaxants, spinal manipulation, localized corticosteroid injections, surgical intervention for disc herniation, epidural hematoma, etc. as medical therapy.

Gridhrasi can be treated with Basti<sup>[5]</sup>, Agnikarma, and Siravyadha in the Ayurvedic medical system. Since Vatadosha is important, Swedana and Snehana karma, as well as Vata shamana, can also be used to treat Gridhrasi.

**Case Report**

A 25 year old male patient visited to OPD of Panchakarma DGM Ayurveda Medical College and Hospital, Gadag, on date 25/12/2023 with the complaints of severe low back ache which is radiates towards B/L lower limb associated with stiffness and difficulty in attain daily routine since 1 week.

The patient seemed normal. A week later, the patient experienced severe pain that radiates to the right lower limb and slightly to the left lower limb, accompanied by stiffness, numbness, and difficulty

walking or turning to either side. The patient also experienced pulling-like pain in the night, which persisted even after taking painkillers, prompting him to visit the Panchakarma OPD of DGM Ayurvedic Medical College and Hospital for treatment. Seven to eight months later, the patient developed low back ache that is radiating to his B/L lower limb while lifting heavy objects, resulting in a lower back injury.

The study is carried out as per international conference of Harmonization-Good Clinical Practice Guidelines (ICH-GCP) or as per ICMR National Ethical Guidelines for Biomedical and Health Research involving Human Participants.

**Past History**

N/K/C/O DM 1, HTN, COPD

**General Examination**

BP-160/80mmHg, PR – 90bpm, RR- 18 c/min, Temperature- 99, Cynosis -absent, Icterus- absent, Pallor – Absent

CNS- Conscious, oriented to place, time and person, CVS- S1 and S2 heard, RS- Normal vesicular breath sounds heard and no added sounds, P/A – no scar, no lumps, no tenderness.

Personal history	Asthavidha pariksha
Diet: Mixed	Naadi: Vatakaphaja
Agni: Mandagni	Mala: Prakruta
Ahara matra: Madhyama	Mutra: Prakruta
Koshta: Krura	Jihva: Lipta
Pradhana Rasa: Katu pradhana Sarvarasa	Shabda: Prakruta
Vyasana: Tobacco chewing	Sparsha: Prakruta
Nidra: Disturbed due to pain	Druk: Prakruta
Vyayama: Hina	Akruti: Madyama

**Locomotors Examination**

**Inspection**

Gait- Antalgic gait

Deformity- No any deformity

**Palpation**

**Other Test**

Tenderness– Positive at L3, L4, L5 &S1

Muscle tone– Good

Muscle power– Right upper limb and lower limb– 5/5

Left upper limb and lower limb– 5/5

Test	Right lower limb	Left lower limb
SLR Test <sup>[6]</sup>	Positive at < 0 degree	Positive at 50-55 degree
Bragard Test <sup>[7]</sup>	Positive at < 0 degree	Positive at 50-55 degree
Flip test	Positive	Positive

**Other Parameters**

**VAS Scale<sup>[8]</sup>:** Visual Analogue Scale is a uni-dimensional measure of intensity of pain and used to record the progression of pain also compare the severity of pain between the patients.

**Table 1: Showing Vas Scale Score**

Pain Score	Grading of Pain	VAS Score
0	No pain	0
1	Mild pain	1-3
2	Moderate pain	4-7
3	Severe pain	8-10

**Oswestry Disability Index<sup>[9]</sup>:** To evaluate pain-related impairment in people with low back pain (LBP), the Oswestry low back pain impairment Questionnaire (Oswestry Disability Index) is used.

**Table 2: Showing Oswestry Disability Index**

ODI Score (%)	Level of Disability
0-20	Minimal
21-40	Moderate
41-60	Severe
61-80	Crippled
81-100	Bed to bound

### **Nidaana Panchaka**

The patient used to work in agricultural and had a tendency of consuming *Katu pradhana rasa* and *Rukshaahara*. As a result of lifting and moving large objects, he acquired a serious low back discomfort and became concerned about it. Beginning on January 2, 2024, the patient with *Kaphadosha* involvement had *Tandra* (drowsiness) and *Gourava* (heaviness) predormal symptoms. Patient permission is acquired before the trial begins. *Vata* and *Kapha* are vitiated as a

### **Samprapthi Ghataka**

Dosha	Vata, Kapha
Dushya	Rasa, Rakta, Mamsa, Asthi, Majja
Agni	Jatharagni Mandya
Srotas	Rasa, Rakta, Mamsa, Asthi, Majja Vaha
Sroto dushti	Kha Vaigunya (Sangha)
Udbhava	Pakwashya
Vyakta sthana	B/L lower limb (Kati, Prustha, Uru, Janu, Jangha, Pada)
Rogamarga	Madhyama
Sadhyaasadyata	Krushra Sadhya
Roga sambhava	Ashukari

result of *Vata Nidana sevana*, and this vitiation spreads throughout the body through *Rasa vaha srotas, Rakta, Mamsa, Asthi, and Majja*. The accumulation of vitiated *Dosha* and *Dushya* in *Pakwashya* causes symptoms of *Vatakaphaja Lakshanas* like *Shoola* (pain), which radiates to *Sphik Purva, Kati, Prusta, Uru, Jaanu, Jangha*, and *Paada* in that order and is linked to *Stambha* (stiffness) and *Toda* (pricking pain). When at total rest, patients use to get relief.

### **Investigation**

#### **MRI report Dated on 21/2/2022**

Spondylitis changes seen in lumbar spine with disc desiccation and marginal osteophytes.

L3-L4, L4-L5 level- Diffuse disc bulge with broad based posterior disc protrusion with ligamentum flavum hypertrophy facet arthropathy causing canal narrowing, compression of bilateral traversing cauda equina nerve roots resulting clumping of cauda equina nerve roots cranially.

L5-S1 Level-Diffuse disc bulge with central, right paracentral, subarticular and foraminal broad based disc protrusion ligamentum flavum hypertrophy and facet arthropathy causing indentation of thecal sac and right traversing and exiting nerve roots.

### **Treatment**

#### **Panchakarma (1/1/2024 - 17/1/2024)**

- *Sarvanga Parisheka* with *Dashamoola kwath* and *Churna basti* given for 2 days(1-2/1/2024) from 3/1/2024 to 17/1/2024 as follows:

- *Kati Basti* with *Kottamchukkadi Taila*
- *Sthanika Patra pottali Swedana*
- *Lepa* with *Kottamchukkadi choorna* in the evening
- *Sarvanga Abhyanga* with *Kottamchukkadi taila*
- *Sarvanga Bhaspha Swedana*
- *Kala Basti*
- *Anuvasana Basti* with *Sahacharadi taila* -70ml
- *Niruha Basti* with *Erandamoola niruha Basti*  
*Madhu* - 80ml  
*Lavana* - 10gm  
*Sukumara ghrita* - 50gm  
*Sahacharadi Taila* - 70ml  
*Kalka* - 15gm  
*Kashaya* - 200ml

3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
A	N	A	N	A	N	A	N	A	N	A	N	A	A	A

**Shamanoushadhi**

Medicine	Matra	Kala	Anupana	Duration
Hingwachadi gulika	1 BD	Before food	Ushna jala	10days
Sahacharadi Kashaya	3 tsp BD	Before food	Ushna jala	After 10 days and continued
Gandharava hastadi Taila	1 tsp OD	Before going to bed	With hot milk/water	10 days

**OBSERVATION AND RESULT**

The patient had complained to us of excruciating pain, limited mobility, and physical, emotional, and social disruption. The patient experienced symptomatic alleviation following a *Panchakarma* therapy in addition to internal medicine, allowing them to resume their regular activities and lead a happy life. The patient's assessment was successfully completed using both subjective and objective criteria, as indicated in Tables No. 03 and No. 04 by the VAS scale and the Oswestry low back disability questionnaire respectively. Subjectively, the patient reported that he could walk more than 500 meters without difficulty, stand for up to 30 minutes, climb stairs, and get up from the ground pain-free and without assistance.

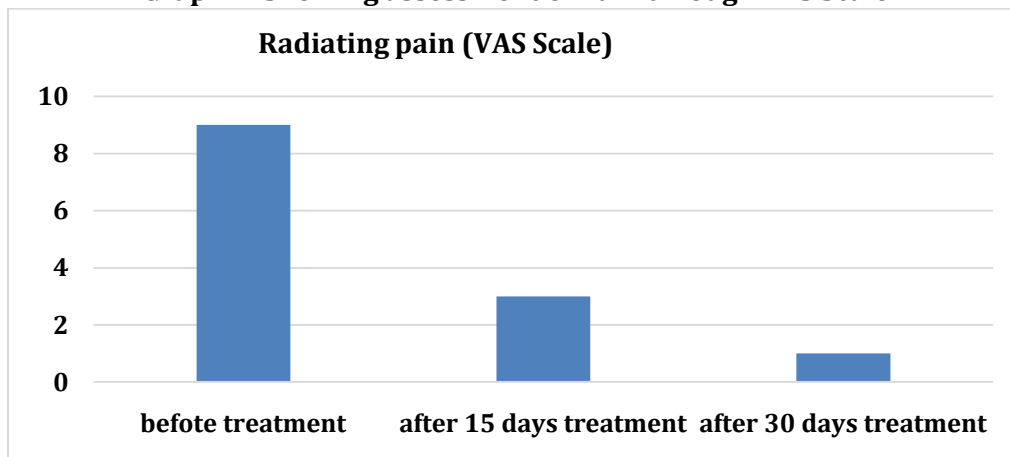
**Table 3: Showing Subjective Parameter**

Criteria	Before treatment	After Treatment	
		After 15 days	After 30days
Radiating pain to lower lumbar region	9+(VAS scale)	3+	1+
Stiffness	Severe	moderate	mild
Appetite	Reduced	improved	improved
Sleep	Reduced	improved	improved

**Table 4: Showing Objective parameter**

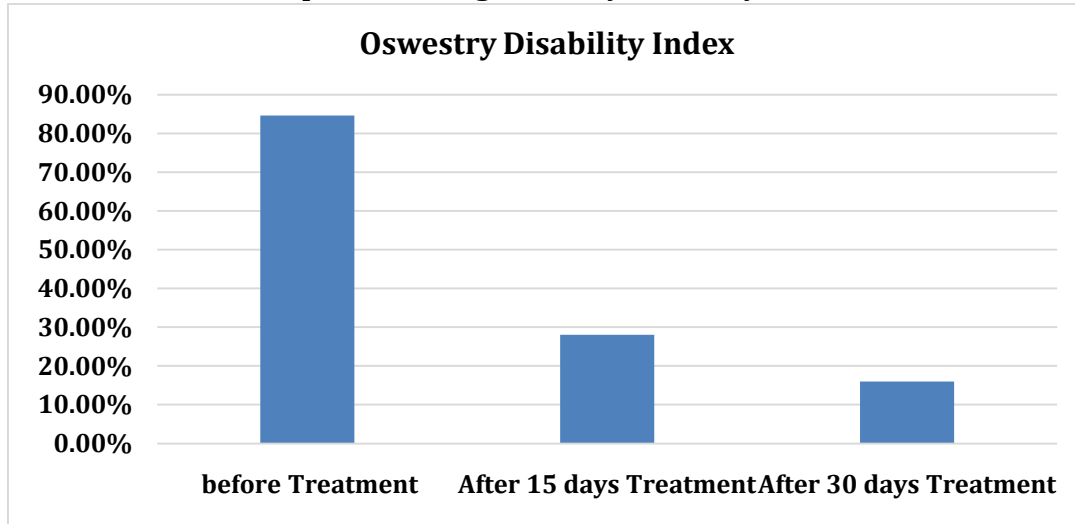
Criteria	Before treatment	After treatment	
		After 15 days	After 30 days
Pain while walking and sitting	9+	3+	1+
SLR a) Right b) Left	Positive at < 0 degree 50-55 degree	Positive at 60-65 degree 80-85 degree	Negative Fully raised without pain
<b>Bragard Test</b> a) Right b) Left	Positive at < 0 degree 50-55 degree	Positive at 60-65 degree 80-85 degree	Negative Fully raised without pain
Oswestry Disability Index	84.61% (crippled)	28.06% (moderate disability)	16% (Mild disability able to)

**Graph 1: Showing assessment of Pain through VAS Scale**





Graph 2: Showing Oswestry Disability Index



## DISCUSSION

According to the classics *Gridhrasi* treatment modality is *Agnikarma*, *Siravyadha*, and *Basti karma*. *Vatashamana Chikitsa* and *Vedanastapana Chikitsa* are the therapy principles used for the management of *Gridhrasi* since *Gridhrasi* is *Vata vyadhi bahya* and *Abhyantara Snehana* to pacify *Vatadosha* and *Swedana* is essential. *Shamana* and *Shodhana Chikitsa* likely mode of action is as follows: As *Gridhrasi vatanubandha kapha*, *Rukshana* therapy must be adopted prior to *Snehana* and *Shodhana*. Therefore, *Sarvanga Parisheka* with *Dashamoola Kwath* acts as *Vatakapha hara*. Additionally, the patient's condition was in *Amavastha* and was associated with bloating and loss of appetite; to alleviate that, *Churna basti* is given with *Hingwasthaka churna*, which acts as both *Deepana* (carminative) and *Pachana* (digestive) and *Vatanulomana*.

*Kottamchukkadi taila*<sup>[10]</sup> has ingredients like *Kottim* (*Kushta*), *Chukku* (*Sunthi*), *Vayampu* (*Vacha*), *Sigru*, *Lashuna*, *Karkoti*, *Devadaru*, *Sarshapa*, and *Rasana* are acts as *Vatahara*. *Sthanika Patra pottali* has *Vatahara Patras* like *Eranda* and *Arka patra*, and *Sarvanga abhyanga* is done with *Kottamachukkadi Taila* and followed by *Swedana*.

As per Acharya Charaka, *Basti* is choice of *Shodhana* also considered as *Ardhachikitsa* because *Basti* eliminates the vitiated *Kevala Vata* or associated with *Kapha* or *Pitta* to achieve that the administration of *Anuvasana Basti* with *Sahacharadi Tail*<sup>[11]</sup> and *Erandamoola Niruha basti*<sup>[12]</sup> in *Kala Basti* pattern. *Sahacharadi Tail* has ingredients like *Sahachara Panchaga*, *Dashamoola*, *Abhiru* and *Usiradi Kalka* drugs and it act as *Vatahara* and *Erandamoola Niruha* has ingredients like *Erandamoola*, *Triphala*, *Palasha*, *Hriswapanchamoola*, *Rasna*, *Ashwagandha*, *Atibala*, *Guduchi*, *Punarnava*, *Devadaru*, *Arghwadaha* and 8 *Madanaphala* reduces pain and stiffness mainly

associated with *Kapha* and also helps in *Dipana* (carminative), *Lekhana* (scraping) and *Shoola* (pain) of *Janga* (calf region), *Uru* (thigh region), *Paada* (feet), *Trika*, *Prushta Shoola* and also dose *Kaphaavrutamaruta Nigraha*.

*Sahacharadi kashaya*<sup>[13]</sup> ingredients have properties of *Vatahara* and it acts as *Shoola hara* (reduces pain), *Gandhrvahasthadi taila* acts as *Vatanulomana*.

## CONCLUSION

With this we can conclude the successful management of *Vatakaphaja Gridhrasi* by virtue of combination of *Shamanoushadhi* and also the procedural effect of *Rukshana*, *Snehana*, *Swedana* and *Kala Basti* with this patient has got significant result without any complication.

**Diet and lifestyle modification:** The patient is advised to have *Laghu*, *Ushna*, *Anabhishtyanda ahara* and to follow *Ashtavarjakara bhavas* and regular yoga like *Pavanamuktasana*, *Shashankasana*, *Ardhakati chakrasana*, *Surya namaskar* etc which are beneficial in *Gridhrasi*.

This case study was conducted with a single patient, the mass study with a broad statistical approach is necessary for further evaluation.

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