



Case Study

## THE ROLE OF PANCHAKARMA IN MANAGING ACUTE GRIDHRASI W.S.R SCIATICA

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### Article info

#### Article History:

Received: 27-09-2024

Accepted: 29-10-2024

Published: 20-11-2024

#### KEYWORDS:

Gridhrasi,  
Intervertebral disc prolapse, *Kulatha Pinda Sweda*, *Agnikarma*, *Rasnaerandadi Niruha Basti*.

### ABSTRACT

*Gridhrasi* is one amongst the *Vatavyadhi* and is characterized by pain in *Sphik* region radiating to *Kati*, *Prushta*, *Uru*, *Janu Jangha* and *Pada*. It can be grossly correlated to sciatica due to the resemblance in signs and symptoms. Sciatica refers to the condition characterized by pain that radiates along the path of the sciatic nerve, from the lower back to the lower limbs. It is usually caused by a herniated disc and is characterized by protrusion or extrusion of the nucleus pulposus through a rent in the annulus fibrosus, which causes compression of the exiting nerve root leading to the excruciating pain in the lower back radiating to one or both the lower limbs. Its peak incidence is seen in the fourth decade, with the lifetime incidence of 10 – 40%. In this case a female patient aged 43 years suffering from pain in the lower back radiating to right lower limb was effectively managed with *Kulatha Pinda Sweda*, *Rasna Erandadi Kashaya Basti* and *Agnikarma*. The patient reported significant improvement in pain, heaviness, tingling sensation and range of movement.

### INTRODUCTION

Lower back ache is a prevalent issue in most age groups in this modern society. It is precipitated due to sedentary lifestyle, poor posture, obesity, stress and lifting heavy weights. It has various causes, the most common one being herniated disc and degenerative disc disease. Sciatica refers to the pain that travels along the path of the sciatic nerve, which is from the lower back and buttocks to the lower limbs. In general, 5-10% of the patients with lower back ache have sciatica. The annual prevalence of sciatica is estimated at 2.2%.<sup>[1]</sup>

*Gridhrasi* is a *Shoola Pradhana*, *Vataja Nanatmaja Vatavyadhi* <sup>[2]</sup>, characterized by *Stambha* (stiffness), *Ruk* (pain), *Toda* (pricking pain) and *Spandana* (twitching). Pain radiates from *Sphik* to *Kati*, *Janu*, *Uru*, *Jangha* and *Pada*. It is called as *Gridhrasi* due to the *Gridhravat Gati* of the patient, that is the person walks like a vulture due to acute pain.

It is of two types - *Vataja* and *Vata Kaphaja*.

#### *Nidana* <sup>[3]</sup>

It includes *Vata Prakopakara Nidanas* including *Abhigata* (trauma), *Vishamacheshta* (improper posture), *Bharavahana* (lifting heavy weight) and *Manasika Nidanas* like *Chinta* and *Krodha*.

#### *Rupa* <sup>[4]</sup>

It is of two types – *Vataja* and *Vatakaphaja*


Pain starts from *Sphik* and radiates till *Pada*. It is associated with *Stambha* (stiffness), *Toda* (pricking pain), *Spandana* (twitching) and causes *Sakthi Utkshepa Nigrahana*.

*Vatakaphaja Gridhrasi* includes clinical features like *Arochaka* (anorexia), *Tandra* (drowsiness) and *Gaurava* (heaviness).

Conventional treatment of sciatica includes non-steroidal anti-inflammatory drugs, analgesics, muscle relaxants and steroids along with physiotherapy.

In Ayurveda, the line of treatment in *Gridhrasi* is *Siravyadha* between *Kandara* and *Gulpha*, *Basti Karma* and *Agnikarma*<sup>[5]</sup>. Since *Gridhrasi* is a *Vataja Nanatmaja Vyadhi*, *Snehana* and *Swedana Karma* can be adopted as the first line of treatment <sup>[6]</sup>.

Here is a case study of a female patient suffering from *Vatakaphaja Gridhrasi* with acute pain

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in Lower Back radiating to Right lower limb associated with heaviness and tingling sensation since 5 years.

**Case Report**

**Chief Complaint**

C/O acute pain in lower back radiating to right lower limb since 5 years.

**Associated Complaints**

Associated with numbness and tingling sensation of right lower limb since 5 years.

**Past History**

Not a K/C/O hypertension or diabetes mellitus

H/O fall 20 years ago

H/O lifting heavy weight frequently at home

**History of Present Illness**

A female patient aged 43 years, not a K/C/O hypertension, diabetes mellitus or other systemic illness was apparently normal 5 years ago when she gradually developed acute pain in lower back radiating to right lower limb. The pain is pulling type in nature and associated with numbness, tingling sensation and heaviness of right lower limb. Pain aggravates with physical activities like walking, standing and doing household chores and is alleviated by rest. She consulted an Orthopedic physician and was suggested for MRI of lumbar spine and was diagnosed with IVDP of lumbar spine and was suggested to go for surgery. So, for further management she approached Panchakarma department of SJGAUH, Bengaluru, on 06/02/2024.

**Table 1: Personal History**

Name -XYZ	Sleep - sound
Age - 43years	Bowel habit- Regular, soft
Sex - Female	Appetite - Reduced
Marital status- Married	Weight - 60 kg
Occupation-Home maker	Height - 162 cm
Bala - Madhyama	Addiction - None

**Table 2: Ashtasthana Pareeksha**

Nadi - 78/min	Shabda- Prakruta
Mutra- Prakruta, 5-6 times/day	Sparsha- Anushna Sheeta
Mala- Prakruta, once/day	Druk- Prakruta
Jihwa- Ishat Lipta	Akruti- Madyama

**Table 3: Dashavidha Pareeksha**

Prakruti - Kapha Pittaja	Pramana - Madhyama
Dosha - Vata Kaphaja	Satva - Madhyama
Dushya - Kandara, Sira	Satmya - Madhyama
Sara - Madhyama	Ahara Shakthi <ul style="list-style-type: none"> <li>Abhayavarana Shakthi- Avara</li> <li>Jarana Shakthi- Madyama</li> </ul>
Samhanana - Madhyama	Vyayama Shakthi - Avara
Vaya - Madhyama	Bala - Madhyama

**Table 4: Nidana Panchaka**

Nidana	Lifting heavy weight
Poorvaroopo	Mild lower back ache
Rupa	Acute pain in lower back radiating to right lower limb associated with numbness, tingling sensation and heaviness
Upashaya Anupashaya	Nothing specific

**Table 5: Samprapti Ghataka**

<i>Dosha</i>	<i>Vata, Kapha</i>
<i>Dushya</i>	<i>Kandara, Snayu, Sira, Asthi and Mamsa</i>
<i>Agni</i>	<i>Jataraagni</i>
<i>Agni dhushti</i>	<i>Mandaagni</i>
<i>Srotas</i>	<i>Raktavaha, Mamsavaha, Asthivaha</i>
<i>Srotodushti</i>	<i>Sanga</i>
<i>Udhhavastana</i>	<i>Pakwashaya</i>
<i>Sancharastana</i>	<i>Kati and Adharanga</i>
<i>Vyaktastana</i>	<i>Prusta kati sphik janu jangha pada</i>
<i>Adhishtana</i>	<i>Prusta, Kati</i>
<i>Rogamarga</i>	<i>Madhyama</i>
<i>Sadhyaasadhyata</i>	<i>Krichra Sadhya</i>

**Systemic Examination**

- CNS- Conscious and oriented to time, place, person
- CVS- S1 and S2 heard, no murmurs heard
- R S – B/L NVBS heard, no added sounds heard
- GIT- Soft and non-tender
- Height- 162cm
- Weight- 60kg
- BMI – 22.9

**Musculoskeletal System Examination**

Gait: Antalgic

Curvature of spine: Normal

Deformity- Nil

Door bell sign- Positive at L4- L5, L5-S1

Tenderness – Paraspinal muscle tenderness positive

**Table 6: Range of movement of Lumbar Spine**

Flexion	Painful
Extension	Painful
Lateral bending	Painful

**Table 7: Tests**

	Left Leg	Right Leg
SLR	Negative	60* positive
Braggards	Negative	Positive
Bowstring	Negative	Positive

Heel walk: Painful

Toe Walk: Painful

**Investigations****MRI Lumbo Sacral Spine**

Disc desiccation seen at L4-L5.

Small marginal osteophytes anteriorly in all lumbar vertebrae

Asymmetric diffuse disc bulge seen at L4-L5

Diffuse disc bulge along with posterior right paracentral intervertebral disc protrusion causing indentation of right exiting nerve root.

**Table 8: Treatment protocol adopted**

Treatment	Date	Duration
<i>Agnikarma</i>	07/02/2024	One sitting
<i>Kulatha Pinda Sweda</i>	08/02/2024 - 10/02/2024	3 days
<i>Rasna Erandadi Niruha Basti</i>	11/02/2024 - 15/02/2024	5 days

**Shamanaushadhi**

1. *Yogaraja Guggulu* 1-1-1 A/F
2. *Agnitundi Vati* 1-0-1 A/F for 3 days
3. *Dashamoola Kashaya* 10ml- 0 – 10ml B/F

**Observation****Agnikarma:** Reported 20% relief in pain**Kulatha Pinda Sweda:** Reported 50% relief in pain

**Table 9: Observation during *Kulatha Pinda Sweda***

Days	Observation
Day 1	Mild relief in pain
Day 2	Able to sit straight for 5 minutes, mild reduction in pain during walking
Day 3	Able to sit straight, able to sleep in prone position, moderate reduction in pain during walking

***Rasna Erandadi Niruha Basti (in Yoga Basti Pattern)***: Reported 80% relief in pain

**Table 10: Observation during *Basti Karma***

Days	Observation
Day 1	No changes
Day 2	Mild relief in pain
Day 3	Able to sit straight for 5 minutes, mild reduction in pain during walking
Day 4	Able to walk for more than 20 minutes
Day 5	Able to walk for 1 km

**Table 11: Symptoms before and after treatment**

Symptoms	Before treatment	After Treatment
Acute low back pain	Severe pain, VAS score =8	Significant relief in pain VAS score = 2
Numbness	Present	Absent
Gait	Antalgic	Able to walk for 1 km
Standing Posture	Slightly stooped	Able to stand straight for more than 15 min
Sleeping posture	Unable to sleep in prone position	Able to sleep in prone position
SLR	60* positive	Negative

## DISCUSSION

*Gridhrasi* is a *Vataja Nanatmaja Vyadhi* characterized by pain in *Sphik* radiating to *Janu, Uru* and *Pada*. Modern management of the disease includes the use of pain killers, muscle relaxants, NSAID's and surgery. These are mainly symptomatic management of the condition, associated with various complications. Ayurveda, which is a holistic science has a better prognosis in managing such conditions. *Panchakarma* therapies help provide a faster and better management of the condition by expelling the *Doshas* from the body. *Agnikarma, Kulatha Pinda Sweda* and *Rasnaerandadi Basti* were employed in this case.

*Agnikarma* is a parasurgical procedure explained in Ayurveda classics, which is a simple, effective and quick acting way of managing acute pain. *Acharya Sushruta* has explained *Agnikarma* as superior to other treatment modalities [7]. The procedure entails the use of red, hot *Shalaka* at the site of pain, carefully avoiding bony points, till *Samyak Dagdha lakshanas* are observed. Due to its *Ushna* and *Teekshna Gunas*, it pacifies *Vata* and *Kapha*. It also improves the local circulation, thereby removing the accumulated metabolites and reducing the pain. According to Van't Hoffs equation, heating of tissues accelerates

metabolism [8]. This improves oxygen supply and expels metabolites. Heat also seems to have a sedative effect on sensory excitation.

*Swedana* is procedure where an external heat source is utilized to induce sweating. This leads to Vasodilatation, thereby improving local circulation and removing the vitiated *Doshas*. *Swedana* reduces *Stambha* and *Gaurava*, and helps *Ama Pachana at Dhatwagni* level. It helps remove stiffness and pain and strengthens paraspinal muscles. *Kulatha has Kashaya Rasa, Ushna Veerya and Laghu, Ruksha Guna*, thereby is *Vata Kapha Shamaka* [9]. *Acharya Charaka* has also enumerated it amongst *Swedopaga Dashemani Gana* [10], so it facilitates sweating and helps in the management of acute pain. It also contains alkaloids, flavonoids, proteins and N acetyl glucosamine which are having anti inflammatory and anti oxidant properties.

*Basti* is considered as *Ardha Chikitsa* and the *Pradhana Upakrama* in *Vatavyadhi* [11]. *Gridhrasi* is one of the 80 *Vataja Nanatmaja Vyadhi* and *Basti* is directly indicated here. *Pakwashaya* is the *Sthana* of *Vata* and as *Basti* enters the *Pakwashaya*, it helps pacify the *Vikruta Vata*, especially *Apana Vayu*. Even though *Basti*

*dravyas* are evacuated quickly, its action is seen through the *Veerya* of the drugs. By active or passive diffusion the active principles of the drug enter circulation and directly act on the body. It also cleanses the Colon, thereby increasing the absorption of micro and macro nutrients which may be necessary for the function of nerves [12]. It helps in *Samprapti Vighatana* and helps in curing and preventing the recurrence of diseases. *Rasnaerandadi Kashaya* is *Tridosahara* and is indicated in *Jangha, Uru, Trika, Prushta, Parshva gata Vata* [13], hence can be utilized in the form of *Basti* for the management of *Gridhrasi*. It contains flavanoids like quercetin and isorhamnetin and proteins like pluchine and sterols which have anti inflammatory and anti arthritic activities.

### CONCLUSION

*Gridhrasi* is a *Shoola Pradhana Vataja Nanatmaja Vyadhi*, which produces *Ruk* from *Sphik* to *Pada*. When associated with *Kapha* it leads to symptoms like *Tandra, Gaurava* and *Arochaka*. Since *Snayu* and *Kandara* are involved as *Dushya, Agnikarma* is indicated. *Kulatha Pinda Sweda* helps remove the *Kapha Avarana*, thereby by reducing the *Stambha, Ruk* and *Gaurava*. *Rasna Erandadi Kashaya Basti* can be utilized in acute pain management. The above mentioned treatment modalities helped manage the case of acute *Vata Kaphaja Gridhrasi*, thereby improving the quality of life of the patient. This is a unique and effective method of managing Acute *Gridhrasi* in Ayurveda.

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#### Cite this article as:

Pooja I, Swathi N, Ananta S Desai. The Role of Panchakarma in Managing Acute Gridhrasi W.S.R Sciatica. *AYUSHDHARA*, 2024;11(5):68-72.

<https://doi.org/10.47070/ayushdhara.v11i5.1760>

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

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