



Case Study

MANAGEMENT OF GRIDHRASI THROUGH PANCHKARMA

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ABSTRACT

Gridhrasi, classified under *Vatavyadhi* in Ayurveda, is a condition characterized by pain originating in the *Sphik* (hip) region and radiating through the *Kati* (lower back), *Prushta* (thoracic region), *Uru* (thighs), *Janu* (knees), *Jangha* (calves), and *Pada* (feet). It closely resembles sciatica due to the similarity in clinical presentations. Sciatica is defined as pain radiating along the sciatic nerve, typically caused by a herniated disc. This results from the protrusion or extrusion of the nucleus pulposus through a rent in the annulus fibrosus, compressing the nerve root and leading to severe pain radiating from the lower back to one or both lower limbs. The condition most commonly occurs during the fourth decade of life, with a lifetime incidence ranging from 10% to 40%. This case study highlights the effective Ayurvedic management of a 43-year-old female patient presenting with lower back pain radiating to the right lower limb. Treatment modalities included *Patra Pinda Sweda*, *Erandmuladi Niruha Basti*. Following the treatment, the patient reported significant improvement in symptoms, including pain relief, reduction in heaviness and tingling sensations, and enhanced range of movement.

INTRODUCTION

Lower back pain is a prevalent issue across various age groups in modern society. It is often triggered by factors such as a sedentary lifestyle, poor posture, obesity, stress, and improper lifting techniques. Among its many causes, herniated discs and degenerative disc disease are the most common.

Sciatica is a condition associated with lower back pain and is characterized by pain travelling along the sciatic nerve, extending from the lower back and buttocks to the lower limbs. Studies indicate that 5–10% of patients with lower back pain have sciatica, with an annual prevalence estimated at 2.2%.^[1] In Ayurvedic texts, *Gridhrasi* is described as a *Shoola Pradhana*, *Vataja Nanatmaja Vatavyadhi* ^[2], characterized by *Stambha* (stiffness), *Ruk* (pain), *Toda* (pricking pain), and *Spandana* (twitching). The pain typically radiates from the *Sphik* (hip) region to the *Kati* (lower back),

Janu (knees), *Uru* (thighs), *Jangha* (calves), and *Pada* (feet). The term "*Gridhrasi*" is derived from *Gridhra*, meaning vulture, referring to the vulture-like gait exhibited by patients due to severe pain and limited mobility. *Gridhrasi* is further categorized into two types:

- 1. Vataja Gridhrasi** - Predominantly caused by aggravated *Vata dosha*.
- 2. Vata-Kaphaja Gridhrasi** - Involving both *Vata* and *Kapha doshas*, with symptoms such as heaviness and swelling accompanying the pain.

Nidana:^[3] It includes *Vata Prakopakara Nidanas* including *Abhigata* (trauma), *Vishamacheshta* (improper posture), *Bharavahana* (lifting heavy weight) and *Manasika Nidanas* like *Chinta* and *Krodha*.

Rupa:^[4] It is of two types - *Vataja* and *Vatakaphaja* pain starts from *Sphikand* radiates till *Pada*. It is associated with *Stambha* (stiffness), *Toda* (pricking pain), *Spandana* (twitching) and causes *Sakthi Utkshepa Nigravana*. *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.

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

Here is a case study of a female patient suffering from *Vatakaphaja Gridhrasi* with acute low back pain radiating to Right lower limb associated with heaviness and tingling sensation since 3 years.

Case Report

Chief Complaint

C/O acute low back pain radiating to right lower limb since 3 years.

Associated Complaints

Associated with numbness and tingling sensation of right lower limb since 3 years.

Past History

H/O: Lifting heavy weight frequently at home

History of Present Illness

A 43-year-old female patient presented with a history of gradually developing acute pain in the lower back, radiating to the right lower limb. The pain was described as a pulling sensation, accompanied by numbness, tingling, and heaviness in the right lower limb. The pain worsened with physical activities such as walking, standing, and performing household chores, but was relieved by rest. She consulted an orthopedic physician, who recommended an MRI of the lumbar spine, leading to a diagnosis of Intervertebral Disc Prolapse (IVDP) of the lumbar spine, with surgery suggested as a treatment option. For further management, she sought treatment at the Panchakarma department of NIA, Jaipur.

Table 1: Personal History

	Details
Name	XYZ
Age	43 years
Sex	Female
Marital Status	Married
Weight	60 kg
Height	160 cm

Table 2: Ashtasthana Pareeksha (Eight-fold Examination)

Examination	Details
Nadi	78/min
Shabda	<i>Prakruta</i> (normal sound)
Mutra	<i>Prakruta</i> , 5-6 times/day
Sparsha	<i>Anushna Sheeta</i> (slightly cold)
Mala	<i>Prakruta</i> , once/day
Druk	<i>Prakruta</i> (normal vision)
Jihwa	<i>Ishat Lipta</i> (slightly coated tongue)
Akruti	<i>Madhyama</i> (medium physique)

Table 3: Dashavidha Pareeksha (Ten-fold Examination)

Examination	Details
<i>Prakruti</i>	<i>Kapha Pittaja</i> (combination of <i>Kapha</i> and <i>Pitta doshas</i>)
<i>Pramana</i>	<i>Madhyama</i> (medium proportions)
<i>Dosha</i>	<i>Vata Kaphaja</i> (Imbalance of <i>Vata</i> and <i>Kapha</i>)
<i>Satva</i>	<i>Madhyama</i> (medium mental strength)
<i>Dushya</i>	<i>Kandara</i> (ligaments), <i>Sira</i> (nerves)
<i>Satmya</i>	<i>Madhyama</i> (medium tolerance)
<i>Sara</i>	<i>Madhyama</i> (medium quality of tissues)
<i>Ahara Shakti</i>	<i>Abhayavarana Shakti</i> (weak digestive capacity)
<i>Jarana Shakti</i>	<i>Madhyama</i> (medium digestive strength)

<i>Samhanana</i>	<i>Madhyama</i> (medium body structure)
<i>Vyayama Shakti</i>	<i>Avara</i> (low physical endurance)
<i>Vaya</i>	<i>Madhyama</i> (medium age)
<i>Bala</i>	<i>Madhyama</i> (medium strength)

Table 4: Nidana Panchaka (Five Factors of Diagnosis)

Factor	Details
<i>Nidana</i> (cause)	Lifting heavy weights
<i>Poorvaroopa</i> (preliminary symptoms)	Mild lower back ache
<i>Rupa</i> (manifest symptoms)	Acute pain in the lower back radiating to the right lower limb, associated with numbness, tingling sensation, and heaviness
<i>Upashaya</i> (relieving factors)	Nothing specific
<i>Anupashaya</i> (aggravating factors)	Nothing specific

Table 5: Samprapti Ghataka

Aspect	Details
<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>Udbhavastana</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>

Table 6: Systemic Examination

System	Findings
CNS	Conscious and oriented to time, place, person
CVS	S1 and S2 heard, no murmurs heard
Respiratory System (RS)	B/L NVBS heard, no added sounds heard
Gastrointestinal Tract (GIT)	Soft and non-tender
Height	162 cm
Weight	60 kg

Table 7: Musculoskeletal System Examination

Aspect	Findings
Gait	Antalgic
Curvature of Spine	Normal
Deformity	Nil
Door Bell Sign	Positive at L4-L5, L5-S1
Tenderness	Paraspinal muscle tenderness positive

Table 8: Range of movement of Lumbar Spine

Flexion	Painful
Extension	Painful
Lateral bending	Painful

Table 9: Tests

Test	Left Leg	Right Leg
SLR (Straight Leg Raise)	Negative	60° Positive
Braggard's Test	Negative	Positive
Bowstring Test	Negative	Positive

Investigations

MRI lumbo sacral spine disc desiccation was 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 10: Shamanaushadhi

Medicine	Dosage	Timing	Duration
<i>Yogaraja Guggulu</i>	1-0-1	Before food (A/F)	As prescribed
<i>Vatavindhasana rasa</i>	1-0-1	After food (A/F)	As prescribed
<i>Dashamoola Kashaya</i>	40 ml - 0 - 40 ml	Before food (B/F)	As prescribed
<i>Ashwagandha churna + Chopachini churna + Nagaradhya churna</i>	5gm	After food (A/F)	As prescribed

Table 11: Treatment Protocol Adopted

Treatment	Date	Duration
<i>Patra Pinda Sweda</i>	08/02/2024 - 15/02/2024	8 days
<i>Erandamuladi Niruha Basti</i>	08/02/2024 - 15/02/2024	8 days

Table 12: Observation During Patra Pinda Sweda

Days	Observation
Day 1	Mild relief in pain
Day 3	Able to sit straight for 5 minutes, mild reduction in pain during walking
Day 8	Able to sit straight, able to sleep in prone position, moderate reduction in pain during walking

Table 13: Observation During Basti Karma

Days	Observation
Day 1	No changes
Day 3	Mild relief in pain
Day 8	Able to walk for more than 20 minutes

Table 14: 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 minutes

Sleeping Posture	Unable to sleep in prone position	Able to sleep in prone position
SLR (Straight Leg Raise)	60° positive	Negative

DISCUSSION

Gridhrasi is a *Vataja Nanatmaja Vyadhi* characterized by pain in the lower back (*Sphika*), radiating to the knee (*Janu*), thigh (*Uru*), and foot (*Pada*). Modern treatments typically involve the use of painkillers, muscle relaxants, NSAIDs, and sometimes surgery, which mainly provide symptomatic relief but are often associated with various complications. In contrast, Ayurveda, being a holistic science, offers a more favorable prognosis for managing such conditions. *Panchakarma* therapies play a vital role in the effective and faster management of *Gridhrasi* by eliminating the accumulated *Doshas* from the body. In this case, treatments such as, *Patra Pinda Sweda*, and *Erandamuladi Basti* were used to provide relief and promote healing.

Swedana is a procedure that utilizes an external heat source to induce sweating. This process causes vasodilation, improving local circulation and aiding in the removal of vitiated *Doshas*. *Swedana* reduces stiffness (*Stambha*) and heaviness (*Gaurava*), while promoting *Ama Pachana* at the *Dhatwagni* level. It helps relieve stiffness and pain, strengthening the paraspinal muscles. *Basti* is regarded as *Ardha Chikitsa* and a primary therapeutic approach in treating *Vatavyadhi*^[8]. *Gridhrasi*, one of the 80 *Vataja Nanatmaja Vyadhis*, is directly indicated for *Basti* therapy. Since the *Pakwashaya* (colon) is the seat of *Vata*, *Basti* helps pacify the vitiated *Vata*, particularly *Apana Vayu*. Despite the rapid evacuation of *Basti dravyas*, their therapeutic action is sustained through the potency of the drugs used. The active principles of the drugs, through active or passive diffusion, enter circulation and directly affect the body. *Basti* also cleanses the colon, improving the absorption of essential nutrients required for nerve function^[9].

Basti aids in *Samprapti Vighatana*, promoting healing and preventing the recurrence of diseases. *Rasna Erandadi Kashaya*, being *Tridoshahara*, is effective in treating conditions like *Jangha*, *Uru*, *Trika*, *Prushta*, and *Parshva gata Vata*^[10]. As such, it is suitable for use in *Basti* for managing *Gridhrasi*. *Erandamuladi* contains flavonoids like quercetin and isorhamnetin, along with proteins such as pluchine and sterols, all of which possess anti-inflammatory and anti-arthritis properties.

CONCLUSION

Gridhrasi is a *Vataja Nanatmaja Vyadhi*, predominantly characterized by pain (*Shoola*) that radiates from the lower back (*Sphika*) to the foot (*Pada*). When concomitant with *Kapha*, it manifests

additional symptoms such as *Tandra* (drowsiness), *Gaurava* (heaviness), and *Arochaka* (loss of appetite). Given the involvement of *Snayu* (ligaments) and *Kandara* (tendons) as primary tissues (*Dushya*), *Agnikarma* is considered an appropriate therapeutic intervention. *Kulatha Pinda Sweda* facilitates the removal of *Kapha Avarana*, thereby alleviating *Stambha* (stiffness), *Ruk* (pain), and *Gaurava* (heaviness). *Erandmuladi Kashaya Basti* has been found effective in the management of acute pain.

The integration of these treatment modalities effectively addressed the case of acute *Vata-Kaphaja Gridhrasi*, leading to a significant improvement in the patient's overall quality of life. This therapeutic approach provides a distinctive and efficacious strategy for the management of acute *Gridhrasi* in Ayurvedic practice.

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