



Case Study

MANAGEMENT OF GRIDHRASI W.S.R TO SCIATICA THROUGH PANCHAKARMA: A CASE REPORT

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KEYWORDS: *Gridhrasi, Panchakarma, Abhyanga, Rooksha Churna Pinda Swedana, Patra Pinda Swedana, Abhyantara Basti.*

ABSTRACT

Sciatica is a musculoskeletal disease with more than 10 million cases per year in India. It is a lumbar radiculopathy with mild, moderate or intense pain that radiates from lower back into right, left or both the legs. This article is a case report of a patient presenting with lower extremity weakness, lower back pain radiating towards both the legs and cramps in lower extremity. She was diagnosed for *Gridhrasi* and was admitted in IPD of All India Institute of Ayurveda. She was given *Panchakarma* treatment like *Abhyanga, Rooksha Churna Pinda Swedana, Patra Pinda Swedana* and *Abhyantara Basti* for a period of 18 days. There was 56.5% relief in her symptoms according to Rolland and Morris scale and on an average percentage according to subjective symptoms assessment criteria calculating relief in symptoms. On the basis of result it was observed that *Panchakarma* with proper *Pathya Apathya* can give satisfactory results in addition to it, if this intervention is given in acute stage then it may enhance the results.

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INTRODUCTION

Sciatica is a disease of musculoskeletal system in which pain goes down the leg from the lower back. This pain goes down the back, outside, or front of leg. Most of the times the symptoms appears only on one side of the body. Weakness or numbness may occur in various parts of the affected leg and foot. It is caused due to irritation, inflammation and compression of the sciatic nerve^[1] which branches from your lower back through your buttocks and reaches down each leg. Most of the cases of sciatica are due to spinal disc herniation on pressing one of the lumbar or sacral nerve roots. Spondylolisthesis, spinal stenosis, piriformis syndrome, pelvic tumors and pregnancy are other possible causes of sciatica. Sciatica are most common during peoples 30s and 50s and men are more frequently affected than women^[2].

The disorder seems to apparently no serious but it cripples the patient. Science of Ayurveda had identified this long back, categorized it among *Nanatmaja Vata Vyadhi*^[3] (disease caused by aggravation of *Vata*) and named it *Gridhrasi*. The word itself suggests the gait of the patient which is

similar to *Gridha* (vulture) due to pain. *Gridhrasi* is characterized by *Stambha* (stiffness) *Ruka* (pain) *Toda* (pricking pain) and *Spandana* (tingling sensation). These symptoms initially effects *Sphika* (buttocks) and lower back and then gradually radiates to posterior aspects of *Uru* (thigh), *Janu* (knee), *Jangha* (calf) and *Pada* (foot)^[4]. Interestingly the diagnostic criteria i.e. SLR test is similar to that of *Sakthiutkshepa Nigras* (unable to lift leg)^[5]. The disease might appear as non-serious but it cripples the person completely, this shows the importance of effective treatment from the symptoms of Sciatica.

Case Report: A 40 year old female patient came to OPD of All India Institute of Ayurveda, Sarita Vihar, New Delhi.

Name - XYZ

UHID- 393578

IPD Number- 3304

D.O.A- 3.9.19

D.O.D- 18.9.19

Address - Mahendargarh, Haryana

Occupation - House wife

Chief Complaints

- 1) Pain in lower back radiating through bilateral thigh region till foot region since 10 years
- 2) Difficulty in walking since 10 years
- 3) Weakness in lower extremity since 5 years
- 4) Pain and cramps in lower extremity since 5 years

H/O Present Illness

Patient was asymptomatic 10 years ago, when she suddenly one day in morning developed severe lower backache while doing her daily routine work. After which she was not able to walk without support. She took allopathic medicines from local physicians, but could not get complete relief. Gradually her pain radiated bilaterally through thigh region till foot. She then came to All India Institute of Ayurveda for treatment.

H/O of Past Illness: No significant illness was found.

Assessment Criteria

Subjective symptoms assessment table

S.no	Symptoms	Severity	Gradation
1	Pricking Pain	Absent	0
		Mild	1
		Moderate	2
		Severe	3
2	Pulling Pain	Absent	0
		Mild	1
		Moderate	2
		Severe	3
3	Stiffness	Absent	0
		Mild	1
		Moderate	2
		Severe	3
4	Tenderness of Sciatic Nerve	Absent	0
		Mild	1
		Moderate	2
		Severe	3
5	SLR Scoring	0	9
		10	8
		20	7
		30	6
		40	5
		50	4
		60	3
		70	2
		80	1
		90	0

On Examination

1. General condition- Moderate, Afebrile
2. Pulse rate - 76/min
3. B.P- 120/80 mm of hg
4. Respiration rate - 18/min
5. Straight Leg Raise Test
Right leg – 30 degree +ve
Left leg – 30 degree +ve
6. Examination of *Vidha Strotas*
7. *Asthi* and *Majja Strotas*– *Katigraha*, *Vedana*, *Katishoola Vaha*.

Investigation

M.R.I Lumbosacral spine

Bilateral complete sacralisation of L5 vertebrae with rudimentary L5 L3 disc.

Grade 2 anterior Spondylolisthesis of L4 L5 vertebrae.

Diagnosis: *Gridhrasi* (Sciatica)

6	Pressing Power	Up to 10 kg 10-20 kg 20-25 kg >25 kg	3 2 1 0
7	Walking Speed time taken to cover 60 steps	Up to 20 sec 21-40 sec 41-60 sec >60 sec	0 1 2 3
8	Sensory Impairment	Absent Mild Moderate Severe	0 1 2 3

The Rolland Morris Low Back Ache and Disability questionnaire.^[6]

Treatment Module

The treatment protocol of this patient mainly involves *Vedana Sthapana* (pain relief treatment) *Chikitsa* and *Vata dosha* pacifying *Chikitsa*. Following *Panchakarma* treatment was given to the patient for a period of 18 days.

S.no	Panchakarma Treatment	Duration
1	<i>Sarvanga Rooksha choorna Pinda Swedana-Kottamchukadi Choorna</i>	1.10.19 – 10.10.19
2	<i>Sarvanga abhyanga-Dhanwatara Taila</i>	11.10.19 – 18.10.19
3	<i>Sarvanga Patra Pinda Swedana-Dhanwantara Taila</i>	11.10.19- 18.10.19
4	<i>Yoga basti-ErandamooladiNirooh basti</i>	11.10.19 – 18.10.19

RESULT

Patient got marked improvement from the disease after 18 days of *Panchakarma* treatment. Following are the BT, AT recordings of the patient.

S.no	Symptoms	Score BT	Score AT	Percentage Relief
1	Pricking pain	3	1	66.6 %
2	Pulling pain	3	1	66.6 %
3	Stiffness	3	1	66.6 %
4	Tenderness of sciatic nerve	3	2	33.3 %
5	S.L.R of Rt. & Lt	6 & 6	2 & 2	66.6 %
6	Pressing power	2	2	No change
7	Walking speed	3	1	66.6 %
8	Sensory impairment	0	0	No change
9	Posture	7	1	85.7 %

S.no	Scale	Score BT	Score AT	Percentage relief
1	Rolland and Morris Lower back pain & Disability Questionnaire	23	10	56.5 %

DISCUSSION

In this patient from history and clinical examination it was clear that there is severe aggravation of *Vata*, hence *Vata Hara* treatment with *Vata Hara* drugs are used.

- *Sarvanga Abhyanga* with *Dhanwantaram Taila* was given as *Abhyanga* has been praised as *Vata Shamaka* by *Acharya Shushrut*. Also according to *Charaka*, *Vayu* dominates *Sparshaendriya*, and

Abhyanga is extremely beneficial for *Vata Vyadhi* as per *Charka*. According to *Dalhana Sneha* reaches to *Majja Dhatu*, when *Abhyanga* is done for 900 *Matra*. In *Gridhrasi*, *Asthi Majja Vaha Strotas Asthi* get disturbed, *Sneha* strengthens *Strotas* and pacify increased *Vata dosha* at the site of affliction.^[7]

- *Sarvanga Rooksha Choorna Pinda Svedana* with *Kottamchukadi Choorna - Svedana* is *Vata hara*, cures stiffness, heaviness and is best treatment considered to relieve pain. *Kottamchuladi Choorna* is *Ushna Virya, Guru* which helped in relieving symptoms of *Vata* like pain and stiffness in the patient.
- *Erandmooladi Yoga Basti* was given, *Pakwashaya* is the primary location of *Vata Dosha*, and medicine administered through *Basti* directly reaches the *Pakwashaya*, hence it is useful in pacifying *Vata*. Further it is also described in ancient texts that *Basti* is *Ardha Chikitsa* of *Vata*^[8]. *Erandmoolaadi* is *Ushna Virya, Guru* and *Snigdha* hence best for pacifying *Vata Prakopa*.
- *Sarvanga Patra Pinda Swedana* with *Dhanwantara Taila- Bala* main ingredient of *Dhanwantaram Taila* which has properties to pacify *Vata, Pitta*, it is a good nerve tonic and avoid nerve irritation. It also helps in improving muscular atrophied conditions it contains alkaloids which have rejuvenating property. It has ephedrine which is sympathomimetic drug. *Sida Cordifolia* increases pain tolerance and have anti-inflammatory properties.^[9]

CONCLUSION

The prevalence of sciatica is on rise and it demands a multi modal approach while treating pain and disability of patient. Although this particular case was chronic still the results attained were appreciating. Hence, this study provides

effective management and a ray of hope for patients of *Gridhrasi*.

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