



Case Study

AYURVEDIC MANAGEMENT OF GRIDHRASI W.S.R. TO SCIATICA - A CASE STUDY

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ABSTRACT

Low back pain is one of the most common diseases affecting 70% to 80% of population. Low back pain affects the people of all ages from children to elder one. Among various causes of low back pain, Sciatica is most appearing one. Sciatica is a condition in which pain radiating along the sciatica nerve, which runs down one or both legs from the lower back. Sciatica pain sometimes hampers the person daily activities because of its intensity. As per Ayurvedic classics its features closely resembles the *Gridhrasi*. In *Gridhrasi* pain starts from *Sphik* (hip) and runs down to *Kati Prusta* (back), *Uru* (thigh), *Jaanu* (knee), *Jangha* (calf), and *Pada* (foot) along with pain it may be associated with stiffness, heaviness based on *Dosha* involvement. Contemporary medicine has limitation with short term pain relief or surgical interventions which are sometime more costly to afford and also long term pain medication will have side effects. Ayurvedic treatment has good scope in managing *Gridhrasi* with *Panchakarma* procedures with oral medication. Here in this case study Patient was suffering from low back pain radiating to right lower limb she was treated with one course of *Katibasti* followed by *Sarvanga basphasweda* with one course of *Yogabasti* with oral medication. After treatment patient showed remarkable improvement in symptoms, shows improvement of Oswestry Disability score from 68.88% to 22.22% that is moderate disability and would do all routine daily activities properly.

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INTRODUCTION

Sciatica is a condition in which pain going down the leg from the lower back. This pain may go down the back, outside, or front of the leg. It may affect unilateral or bilateral leg. Pain is some to most astonishing intolerable in nature which affect patient physically as well as psychologically. According to *Acharya Charaka* *Gridharsi* is one of the *Vataja nanatmaja vikara*.^[1] *Gridhrasi* has been discussed by all the *Acharyas* under the heading of *Vatavyadhi*. Symptoms of *Gridhrasi* is *Spikapurva* i.e., pain starts at hip and radiates to *Kati* (waist), *Prusta* (back), *Uru* (thigh), *Jaanu* (knee joint), *Janga* (calf muscle), *Paada* (foot) along with pain there is other complaints like *Stamba* (stiffness), *Toda* (pricking type pain), *Muhur spandana* (tingling sensation), and if there is association of *Vatakapha dosha* than the symptoms like *Tandra* (lethargic), *Gourava* (heaviness) and *Arochaka* (anorexia) will be present.^[2] The symptoms of *Gridhrasi* will closely resemble Sciatica and

treatment modalities told are *Basti*, *Agnikarma* and *Siravyadha*. As there is major role of *Vatadosha Snehana* and *Swedanakarma* plays the major role in *Vatashamana*.

CASE REPORT

A 42 year female patient visited *Kayachikitsa* OPD of RPK Ayurvedic hospital, Ilkal on date: 13/3/2021 with following details:

Patient name: XYZ

Age/ Sex: 42yr /female

OPD No: 2102701

DOA: 13/3/2021

DOD: 20/ 3/2021

Address: Mudgal

Chief Complaints

- Low back pain radiating to right lower limb since 4 yrs.
- Difficulty and pain while walking and difficulty to sit on flat surface since 4 yrs.

H/o Present Illness

Patient is said to be healthy before 4yrs than she gradually developed symptoms like low back pain in lumbar region which is radiating to right lower limb and patient is having difficult to walk for longer distance and facing difficult to sit on flat surface because of pain. For these complaints patient approached allopathic hospital where she got medication and pain is relieved for some days but there is no complete recovery and there is reoccurrence of symptoms. Patient consulted many doctors but didn't get satisfactory result so patient approached to *Kayachikitsa* OPD seeking Ayurvedic cure.

Past History

- N/H/O DM /HTN
- N/H/O Trauma or fall
- N/H/O Thyroid

Personal history

- Diet – Mixed
- Appetite – Reduced
- Bowel – clear (1 time / day)
- Micturation – Normal (4–5 times / day)
- Sleep - Disturbed because of pain

Astavidha pariksha

Naadi: Vatakaphaja

Mala: Prakruta

Mutra: Prakruta

Jihva: Alipta

Shabda: Prakruta

Sparsha: Prakruta

Druk: Prakruta

Akruti: Madyama

Nidan Panchaka**Hetu (Etiology)**

Ahara: More intake of Katu and Ruksha ahara, Atisnigda ahara (more oily items).

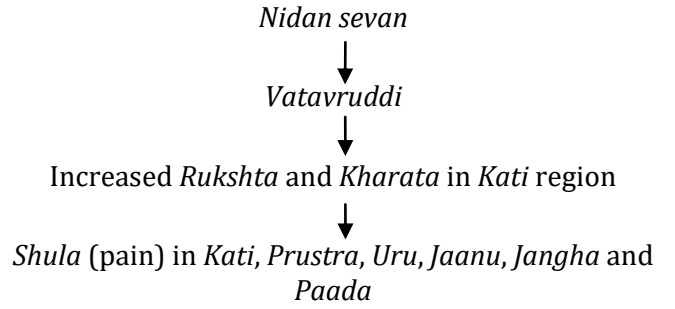
Vihara: Lack of proper sleep.

Others: Age related.

Poorvarupa: Not observed.

Rupa: *Shula* in *Kati pradesha* (region) radiating to Right lower limb.

Upasay: By rest

Samprapti**Samprapti Ghataka**

- *Dosha - Vata*
- *Dusya - Rasa, Rakta, Mamsa, Asthi, Majja*
- *Ama - Jaatragnijyaama*
- *Agni- Jaataragnijanya*
- *Srotas- Rasavaha, Raktavaha, Mamsavaha, Asthivaha, Majjavaha*
- *Srotodusti prakara- Srotosanga*
- *Rogamarga- Madyama*
- *Udbhavasthana- Pakwashaya*
- *Vyaktsthana- Sphik, Kati, Prusta, Uru, Jaanu, Jangha, Paada*
- *Rogaswabhava - Chirakari*
- *Sadhyasadyata - Yapy*

Systemic Examination

CNS- Conscious and well oriented with time and place.

CVS- S1 and S2 heard normally.

RS- Normal vesicular breath sounds heard and no added sounds.

Locomotors Examination**Inspection**

- Gait- Antalgic gait
- Deformity- No any deformity

Palpation

- Tenderness– Positive at L4 and L5
- Muscle tone– Good
- Muscle power– Right upper limb and lower limb– 5/5
Left upper limb and lower limb– 5/5
- Range of movement of spine
 - Forward flexion– limited to 20cm above ground.
 - Right lateral flexion– limited to 30° with pain.
 - Left lateral flexion– limited to 30° with pain
 - Extension– limited to 10° with pain.
 - Schober's Test– less than 10cm of distance.

Special Test

Test	Right leg	Left leg
SLR Test	Positive at 40°	Negative
Bragard's Test	Positive at 40°	Negative

Investigation

MRI Report Date: 18 /5/2020

- At L4 and L5 diffuse disc bulge causes anterior thecal indentation with significant narrowing of the bilateral neural foramen, thus abutting the exiting nerve root (R>L). Bilateral lateral recess stenosis with impingement of the traversing nerve roots.
- At L5 -S1, Broad bases left foraminal disc bulge causes anterior thecal indentation with narrowing of the bilateral neural foramen (L >R), thus abutting the left L5 exiting nerve root.
- Partial to complete disc desiccation at L3 - L4, L4 - L5, L5 - S1 levels.

Treatment (13/3/2021 - 20/ 3/ 2021)

- **Kati basti** - Kottamchukkadi taila followed by Sarvanga basphasweda.
- **Niruha basti** - Eandamoola niruha basti.
- **Anuvasana basti** - Sahacharadi taila (70ml)

13/3	14/3	15/3	16/3	17/3	18/3	19/3	20/3
AB	NB	AB	NB	AB	NB	AB	AB

➤ **Shamana Aoushadi: (21/3/2021 - 3 /4/2021)**

1. Cap. Gandha taila -1BD after food
2. Cap. Neuro XT -1 BD after food
3. Sahacharadikasaya - 3tsf BD Before food with warm water

➤ **Follow up Medication: (4/4/2021 - 13/4/2021)**

1. Astavarga kasaya - 3tsf BD Before food with warm water
2. Cap. Neuro XT - 1 BD after food
3. MM oil - External application

Assessment of Patient

Table 1: Subjective Criteria

S.no	Criteria	Before Treatment	After Treatment	
			After 15 days	After 30 days
1	Radiating pain from lumbar region to Right leg	8+ (VAS Scale)	4+	1+
2	Appetite	Reduced	Improved	Improved
3	Sleep	Disturbed	Good	Good

Table 2: Objective Criteria

S.no	Criteria	Before Treatment	After Treatment	
			After 15 days	After 30 days
1	Pain while walk and sit	8+ (VAS Scale)	4+	1
2	SLR TEST a) Right leg b) Left leg	a) Positive at 40° b) Negative	a) Positive at 60° b) Negative	a) Negative b) Negative
3	Bregard a) Right leg b) Left leg	a) Positive at 40° b) Negative	a) Positive at 60° b) Negative	a) Negative b) Negative
4	Forward flexion	Limited to 20cm above ground with pain	Limited to 10cm above ground with mild pain	Limited to 10cm above ground

				without pain
5	Left lateral flexion	30° with pain	20° without pain	20° without pain
6	Right lateral flexion	30° with pain	20° without pain	20° without pain
7	Extension	10° with pain	20° without pain	20° without pain
8	Schober's Test	<10cm of distance	>10cm without pain	>10cm without pain
9	Oswestry Disability Index	68.88% (crippled)	31.11% (moderate disability)	22.22% (moderate disability)

OBSERVATION AND RESULT

After completion of one and half month of Ayurvedic therapy (*Shodhana* and *Shamana*) patient had found significant relief in the lumbar pain, with increased range of movement of spine. Assessment of the patient was carried out by specific subjective and objective criteria including Oswestry low back disability questionnaire^[3] which are shown in Table No 1 and Table No 2. As per patient words, patient is now able to walk more than 500m with not much difficulty, able to sit on flat surface without having much pain and do all daily routine activities without pain.

DISCUSSION

Chikitsa sutra of *Gridhrasi* as per classic is *Bastikarma*, *Siravyadha* and *Agnikarma*. As *Gridhrasi* is *Vatavyadhi*, *Chikitsa* of *Vatadosha Snehana* and *Shodhana* is needed to pacify *Vatadosha*. The treatment principle applied for the management of this disease condition is *Vedanastapana chikitsa* and *Vatashamana chikitsa*. The probable mode of action of these *Shodhana* and *Shaman Chikitsa* can be explored as follow:

- **Kati basti with Kottamchukkadi taila**

Kati basti helps to relieves pain and stiffness in the low back and lower limb. Relives swelling and inflammation in the low back, in the bones and soft tissue of the low back, brings lightness and a sense of health in the lower portion of the body. *Kati basti* strengths the low back, soothes the nerves supplying the low back and lower limb by enhancing blood supply to the low back.

Kottamchukkadi taila^[4] contains more than 9 herbs, *Chincha Rasa* (tamarind juice) and *Dadhi* (curd). The overall properties of the drugs used are *Tikta* (bitter), *Katu* (pungent) dominant *Rasa* (taste), *Laghu* (light), *Ruksha* (dry) in nature, *Ushna* (hot) *Virya* (potency), *Katu Vipaka* (post digestive taste) and indicated in *Sandhigatavata*, *Gridhrasi*, *Kaphavataja*, *Vataja* disorders and *Amavata*. Due to its properties it acts as *Amapachaka* and many ingredients of it produce *Lekhaniya*, *Shotahara* and *Shoolahara* (analgesic) effect.

- **Erandamoola Niruha Basti**

Erandamoola is best *Vatahara*^[5] *Erandamoola* has the properties of *Kaphavata shamakaa* and act as *Shulagna*, *Sothagna*, and also acts as *Vedanasthnapana* and *Adhobhagarogahara*. As *Basti* is main *Chikitsa* in *Gridhrasi* *Erandamoola niruha basti* will plays major role to relieve symptoms of *Gridhrasi*.

- **Sahacharadi taila**^[6]

Sahacharadi taila contain main ingredients like *Sahachara* which is *Vatakapha shamaka* and *Dashamoola* which is *Tridosahara* it is potent oil to combat *Vatavyadhi*, *Kampha* and *Shosha*.

- **Ganda taila**^[7]

Ganda taila act as *Vatapittahara* and it support to Strengthen bones.

- **Sahacharadi kasaya**

Sahacharadi kasaya has main ingredients like *Sahachara*, *Suradaru*, *Shunti* which are act as *Vatakaphashamaka*. It relieves pain associated with hip and low back.

- **Astavarga kasaya**^[18]

Astavarga kasaya act as *Vatakaphahara*.

- **Cap Neuro XT**

It contains *Ekangaveerarasa*, *Mahavata vidwasarasa*, *Vatagajankush rasa*, *Vata kulantaka rasa*, these all helps to *Vatashamana* and *Shulahara*.

CONCLUSION

We can conclude that with proper assessment and treatment *Gridhrasi* can be successfully managed through Ayurvedic treatment of *Panchakarma* and *Shamana aoushadhi* with giving patient satisfactory result without any side effects.

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