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AYURVEDIC MANAGEMENT OF GRIDHRASI WITH SPECIAL REFERENCE TO **SCIATICA -A CASE REPORT**

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ABSTRACT

The disease *Gridhrasi* is commonly seen in society as a prominent problem which is caused by a herniated disc or disc compression of the lumbosacral disc, which puts pressure on the sciatica nerve and causes radiating pain from the lower back to the foot. Gridhrasi is one of the Vataja Nanatmaja vyadhi caused by aggravated Vata Dosha, closely resembling sciatica. It is characterized by pain starting from the buttock, then radiating to the lower back, whole back, thigh, knee, calf, and foot. The present case study was undertaken to determine the efficacy of Ayurveda management of Gridhrasi in its early stages. Case Study: A female patient of age 47 years complaining of severe pain in the lower back region, which has been radiating to the right leg (back) for 3 years. She was examined thoroughly, and a detailed history was recorded. She was treated with Siravedha. Agnikarma, Anuvasana Basti with Sahacharadi Taila and Shamanaushadhi.

INTRODUCTION

In Today's modern day, due to a fast-paced lifestyle and the nature of work, low back pain is a common musculoskeletal disorder. Gridhrasi is one of the many conditions causing back pain and pain in the lower limbs. It is caused by a herniated disc, which puts pressure on the sciatica nerve (originating from the lumbosacral plexus and continuing along the posterior aspect of the thigh) and causes radiating pain. Some aggravating factors are improper sitting positions, over-exertion, a sedentary lifestyle, jerky movements while traveling, sudden falls, heavy lifting, stress, and being overweight. Sciatica does not only cause pain but also causes difficulty in walking, altered routine, and gait¹. Sciatica can be correlated with Gridhrasi, as described in Ayurvedic classics. Gridhrasi means the way the patient shows gait due to severe pain, just like Gridhra (vulture)². It is one among Vataja Nanatmaja Vikara. Sevana of Vata Prakopakara Ahar & Viharas are Nidanas of Gridhrasi; Sushruta opines that vitiated Vata Dosha afflict the Kandara producing Gridhrasi. Poorva Rupa - Gridhrasi is being Vatavyadhi Avyakta Laxanas considered as Purva $Rupa^3$. Stambha(stiffness), Ruk(pain), Toda (pricking sensation), and Muhumuhu Spandana (tingling sensation). Pain originates from Sphik(buttocks) and later radiates to Kati (low back), Prushta(whole back), Janu (knees), Jangha (thigh), and Pada(foot)⁴. It is of 2 types: Vataj and Vatakaphaj. Chikitsa mentioned in Charak Samhita are Siravedha in-between Kandara(tendon) and Gulpha (ankle), Basti⁴.

Keywords: *Gridhrasi*, Sciatica, *Siravedha*, *Agnikarma*, *Anuvasana Basti*.

CASE REPORT

Name -Xyz

Age-47 years

Sex-Female

Religion -Hindu

Place- Lokapur

Occupation -Housewife

Pradhana Vedana: Severe pain in the lower back region radiating to the right leg for three years.

Anubandhi Vedana: Difficulty in walking for one year.

Vedana Vrittanta: A female patient aged 47 years KCO of HTN(for five years on medication) was said to be healthy 3 years back; later, she started complaining of mild pain in the lower back region, and the pain started radiating to her right leg (post aspect) since 2 years and associated with difficulty in walking since 1 year. Symptoms aggravated for six months. She took modern medications given by a physician and got temporary relief. Hence, approached our hospital for further management.

Site-Lower back, right leg(back); **Onset** -Since 3 years; **Character**-Pricking and tingling sensations; **Radiation-**radiate to the right leg; **Associated Symptoms-**Difficulty in walking; **Time Course-**Initially it was mildly aggravated since 6 months; **Exacerbating factors-**Pain aggravates while bending forward and prolonged sitting; **Relieving Factors-**Get relief while sleeping; **Severity-** Severe (9/10)

Poorva Vyadhi Vrittanta: Medical history -KCO of HTN on medication for five years, N/H/ODM Surgical history -she underwent a Hysterectomy 20 years back.

Medical history: Tab. Telma Am(40/5mg) 1 OD in the morning.

Kula Vrittanta: Nothing significant

Vyayaktika Vrittanta: Ahara -vegetarian. Nidra - Disrupted sleep due to pain for six months. Mutra -7-8times/day, Mala-1-2times /day not clear

Prasav Vrittanta: P4 L4 A0 D0

General Examination:

- 1.Built -Overweight 5. Pallor/Icterus/Clubbing/Cyanosis/Edema/Lymphaden opathy -Absent
- 2. Nourishment-Moderate 6. BP 130/80mmhg
- 3. Appearance-Ill looking 7.PR -80bpm
- 4. Height -148cm 8. RR -15cpm
- 5.Weight-74kg

Ashta Vidha Pariksha-

1.Nadi- Kapha pitta 5.Aakriti-Madhyam

2.Mala-Vibhandha 1-2 times/day 6. Shabda - Prakruta

- 3.Mutra-7-8 times/day Prakruta 7. Drik-k/c/ o of Presbyopia (wearing glasses)
- 4. Jiwha -Lipta 8. Sparsha -Anushna

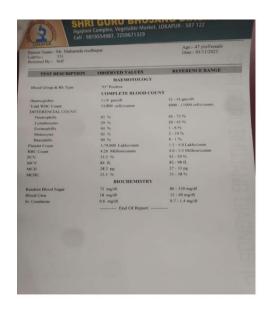
Dashavidha Pariksha-1. Prakruti -Kapha Pittaj 2. Vikruti- Vatakapha

- 3. Sara-Madhyam 4. Satva- Heena
- 5. Samhanan-Madhyam 6. Pramana-Madhyam
- 7. Vaya-Madhyam 47years 8. Satmya-Avar same
- 9. Aharashakti -Madhyam 10. Vyayamshakti-Avara

Systemic Examination: 1. CNS -1. Conscious, well oriented. 2.CVS-S1&S2heard, no murmur

3. RS- NVBS. There are no added sounds. 4.P/A-soft, no tenderness

Musculoskeletal Examination: Inspection; site-low back, right leg, redness/Swelling- Absent Gait -Limping with support.



CHIKITSA -1. On the first visit Did Siravedha karma in their right leg on 1st day, 20/09/2023

- 2.Agni Karma to lumbo sacral region
- **3.**Anuvasana Basti with Sahacharadi Taila of 50ml *10days
- **4.**Shamanaushadhi -Agnitundi Vati 1 TID, Trayodashanga Guggulu 1TID,

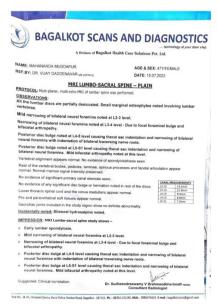
Palpation; Warmth- Absent, Tenderness-Present L5S1S2.

ROM: Lumbar flexion and lateral bending restricted. Particular test: SLR-Negative in left leg and Positive in right leg @30degree.

Samprapti Ghatak:1. Dosha Vata (Vyana, Apana) prakop

- 2. Dushya- Majja, Asthi
- 3.Srotas- Rasavaha, Raktavaha, Asthivaha ,Majjavaha ,Sira ,Kandara
- 4. Srotodushti- Sanchaya Vritti
- 5. Udbhavsthan-Pakwashaya
- 6. Sancharsthana-Rasayani
- 7. Adhisthan-Prishta, Kati, Sphik
- 8. Vyaktasthan-Adhosakti, Jannu, Jangha.

Investigations; CBC, Sr. Creatinine, Blood Urea, RBS, MRI of lumbo-sacral spine



Ekangaveera Rasa1TID, Cap. Gandha taila 1BD, Cap. Antanil 1BD,

Rasnasaptaka Kashaya 10ml TID *15days.

Advice – Walking twice a day, weight reduction, stop drinking cold water Follow-up after 15 days.



2nd Visit (9/10/23): Patient got 50% relief, lumbaregio pain was reduced completely, and complaints of radiating pain in right leg persist.

Adv: Trayodashanga Guggulu 1TID, Mahayogaraja Guggulu 1TID, Ekangaveera Rasa 1TID,

Panchamrutaloha Guggulu 1TID, Cap. Ksheera-balataila 1BD,

Rasnaerandadi Kashayam 15ml BD *15 days and follow-up after 15 days.

On the 3rd Visit (26/10/2023), The patient reduced pain by 70-80% overall and reduced pain complaints while prolonged sitting and walking only.

Adv: Agnitundi Vati 1TID, Trayodashanga Guggulu 1TID, Mahayogaraja Guggulu 1TID,

Ekangaveera Rasa 1TID, Panchamrutaloha Gugglu 1BD, Cap. Gandhataila 1BD, Rasnaerandadi Kashaya

15ml BD*1Month, walking twice daily, weight reduction, avoiding forward bending actions, practicing yoga asanas, and visiting the hospital if pain aggravates; otherwise, follow-up is unnecessary.

DISCUSSION

Gridhrasi is Shoola Pradhana Vataja Nanatmaja Vyadhi⁶. Arundatta, in his commentary, defined clearly that due to Vata in Kandara, pain is produced when raising the leg straight, and it restricts the movement of the thigh⁷. This disease onset of Ruk(pain), Toda (pricking pain), Stambha(stiffness), Muhumuhu Spandana (tingling sensation) Initially in Sphik followed by Kati, Prishta, Janu, Jangha &Pada. Based on Dosha predominance, Gridhrasi is of 2 types: 1) Vataja. 2)Vata-Kaphaja⁸. A Similar condition in modern science is sciatica. It is defined as the distribution of pain along the course of the sciatica nerve. It radiated deep-seated cramping pain in the lower lumbar, buttocks, whole leg (Dost. aspect), and foot. SLR is an important clinical test for the diagnosis of sciatica.

In Charaka Samhita Chikitsa Sthana Acharya Charak explained the line of treatment of Gridhrasi as Siravedha Karma in between Kandara and Gulpha. Agni Karma, and Basti Karma. Acharya Sushruta and Acharya Vagbhata have indicated Siravedha at four Angula above or four Angula below the knee joint. Taking into consideration the above factors, a

composite treatment was adopted. Siravedha was done in the right leg (between Kandara and Gulpha), and Agni Karma was done with the help of Shalaka and a lamp in the Lumbo sacral region. As a Ghridrasi is mainly a Vataja Vyadhi, Basti is the best treatment for Vata Vyadhis. Hence, Sahacharaditaila (50ml) Anuvasana Basti was cheduled for ten days. From Shamana point of view, various medications reduce the severity of pain and improve functional ability. Shamanaushadhis used in this case are Ag-Vati. Trayodashanga Guggulu, Panchamritaloha Guggulu, Gandhatail capsules ,Mahayogaraja Guggulu, and cap. Ksheerabalataila ,Rasnasaptaka Kashaya, Rasnaerandadi Kashaya , Ekangaveera Rasa, Cap. Antanil.

CONCLUSION

This case report shows that Ayurveda *Chikitsa* is very potent and effective in the management of *Gridhrasi*. In this *Ayurvedic* management, satisfactory relief was found, and it may be adopted for other cases of *Gridhrasi*.

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