

**AYURVEDIC MANAGEMENT OF GRIDHRASI WITH SPECIAL REFERENCE TO  
SCIATICA -A CASE REPORT****K.H Pachchinavar<sup>1</sup>, Rekha.R Muddapur<sup>2</sup>**

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**Article Received:** 16/12/2023 - **Peer Reviewed:** 30/12/2023 - **Accepted for Publication:** 15/01/2024.**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 Dasha, 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*, *Anuvastana 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 gait<sup>1</sup>. 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)<sup>2</sup>. 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*<sup>3</sup>. *Roopa-Stambha*(stiffness), *Ruk*(pain), *Toda* (pricking sensation), and *Muhumu 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)<sup>4</sup>. It is of 2 types: *Vataj* and *Vatakaphaj*. *Chikitsa* mentioned in *Charak Samhita* are *Siravedha* in-between *Kandara*(tendon) and *Gulpha* (ankle), *Basti*<sup>4</sup>.

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

## CASE REPORT

Name -Xyz

Age-47years

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 47years KCO of HTN(for five years on medication) was said to be healthy 3years 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 2years and associated with difficulty in walking since 1year. 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 3years; **Character**-Pricking and tingling sensations; **Radiation**-radiate to the right leg; **Associated Symptoms**-Difficulty in walking; **Time Course**-Initially it was mildly aggravated since 6months; **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. Pal-lor/Icterus/Clubbing/Cyanosis/Edema/Lymphadenopathy -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.

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. *Adhistan*-*Prishtha*, *Kati*, *Sphik*

8.*Vyaktasthan*-*Adhosakti*, *Jannu*, *Jangha*.

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

TEST DESCRIPTION	OBSERVED VALUES	REFERENCE RANGE
<b>HAEMATOLOGY</b>		
Blood Group & Rh Type "O" Positive		
<b>COMPLETE BLOOD COUNT</b>		
Hemoglobin	11.9 gm/dl	12 - 14 gm/dl
Total WBC Count	14,800 cells/cumm	4000 - 11000 cells/cumm
<b>DIFFERENTIAL COUNT</b>		
Neutrophils	65 %	40 - 75 %
Lymphocytes	29 %	20 - 45 %
Eosinophils	04 %	1 - 6 %
Monocytes	02 %	2 - 10 %
Basophils	00 %	0 - 1 %
Platelet Count	3,79,000 Lakhs/cmm	1.5 - 4.0 Lakhs/cmm
RBC Count	4.20 Million/cumm	4.0 - 5.5 Million/cumm
PCV	35.5 %	42 - 50 %
MCV	84 fL	82 - 98 fL
MCH	28.3 pg	27 - 33 pg
MCHC	33.5 %	31 - 38 %
<b>BIOCHEMISTRY</b>		
Random Blood Sugar	73 mg/dl	80 - 150 mg/dl
Blood Urea	18 mg/dl	15 - 40 mg/dl
Sr. Creatinine	0.6 mg/dl	0.7 - 1.4 mg/dl
----- End Of Report -----		

BAGALKOT SCANS AND DIAGNOSTICS	
A Division of Bagalkot Health Care Solutions Pvt. Ltd.	
NAME: MAHANANDA MUDAPUR	AGE & SEX: 47YFEMALE
REF. BY: DR. VIJAY DADENAVAR (MD, (PHD))	DATE: 15/07/2023
<b>MRI LUMBO-SACRAL SPINE - PLAIN</b>	
PROTOCOL: Multi-planar, multi-echo MRI of lumbar spine was performed.	
<b>OBSERVATIONS:</b>	
All the lumbar discs are partially desiccated. Small marginal osteophytes noted involving lumbar vertebrae.	
Mild narrowing of bilateral neural foramina noted at L2-3 level.	
Narrowing of bilateral neural foramina noted at L3-4 level - Due to focal foraminal bulge and bifacetal arthropathy.	
Posterior disc bulge noted at L4-5 level causing thecal sac indentation and narrowing of bilateral neural foramina with indentation of bilateral traversing nerve roots.	
Posterior disc bulge noted at L5-S1 level causing thecal sac indentation and narrowing of bilateral neural foramina. Mild bifacetal arthropathy noted at this level.	
Vertebral alignment appears normal. No evidence of spondylolisthesis seen.	
Rest of the vertebral bodies, pedicles, laminae, spinous processes and facet articulation appear normal. Normal marrow signal intensity preserved.	
No evidence of significant primary canal stenosis seen.	
No evidence of any significant disc bulge or herniation noted in rest of the discs.	
Lower thoracic spinal cord and the conus medullaris appear normal.	
Pre and paravertebral soft tissues appear normal.	
Sacralia joints included in the study region show no definite abnormality.	
Incidentally noted: Bilateral hydrosalpinx noted.	
<b>IMPRESSION:</b> MRI Lumbo-sacral spine study shows -	
➤ Early lumbar spondylosis.	
➤ Mild narrowing of bilateral neural foramina at L2-3 level.	
➤ Narrowing of bilateral neural foramina at L3-4 level - Due to focal foraminal bulge and bifacetal arthropathy.	
➤ Posterior disc bulge at L4-5 level causing thecal sac indentation and narrowing of bilateral neural foramina with indentation of bilateral traversing nerve roots.	
➤ Posterior disc bulge at L5-S1 level causing thecal sac indentation and narrowing of bilateral neural foramina. Mild bifacetal arthropathy noted at this level.	
Suggested: Clinical correlation.	
Dr. Suthendraswamy V Dr. Prashanthkumar Consultant Radiologist	

**CHIKITSA -1.** On the first visit Did *Siravedha karma* in their right leg on 1<sup>st</sup> 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,

*Ekangaveera Rasa* 1TID, *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.



**2<sup>nd</sup> 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. Ksheerabalataila 1BD,

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

**On the 3<sup>rd</sup> 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 Guggulu 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 Vyadhi<sup>6</sup>. 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 thigh<sup>7</sup>. This disease onset of Ruk(pain), Toda (pricking pain), Stambha(stiffness), Muhumu 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-Kaphaja<sup>8</sup>. 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 *Ghrirasi* is mainly a *Vataja Vyadhi*, *Basti* is the best treatment for *Vata Vyadhis*. Hence, *Sahacharaditaila* (50ml) *Anuvasana Basti* was scheduled 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 *Agnitundi 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*.

## REFERENCES

1. Meucci RD, Fassa AG, Faria NM. Prevalence of Chronic Low Back Pain, A Systematic Review. *Rev Saude Public.*2015;49. Pubmed PMID:26487293.
2. Raja Radha Kant deva, *Shabdakalpadruma*, vol 4 edition 1967, Chaukambha Sanskrit Series, Varanasi, Page- 348.
3. Ibidem Charaka Samhita, Chikitsa Sthan, *Vatavyadhi-chikitsa*,28/19, page -617.
4. Agnivesha Charak Samhita with Dalhan commentary Chikitsa Sthan, *Vatavyadhi Chikitsa*,28/56-57, edited by Vaidya c Acharya, Chaukambha Subharati Prakashan, Varanasi, Edition 2009,619.
5. Agnivesha Charak Samhita with Dalhan commentary Chikitsa Sthan, *Vatavyadhi Chikitsa*,28/101, edited by Vaidya Yadavji Trikamji Acharya, Chaukambha surbharati prakashan Varanasi, Edition 2009,619.
6. Yadavaji Trikamji , Acharya ,Charak Samhita ,Chaukhambha Prakashan,Varanasi ,2009,(Cha Su 20/11)
7. Vagbhata, *Ashtanga Hridayam*, *Nidana Sthana*, *Vatavyadhinidanam*,15/54 Arunadatta's commentary, Pt. Hari Sadashiv Shastri Paradakara Bhisagacharya, editor Reprinted. 2010. 535.
8. Yadavaji Trikamji, Acharya, Charak Samhita, Chaukhambha Prakashan,Varanasi ,2009,(Cha Su 19/3).

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