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Case Report

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AYURVEDIC TREATMENT OF GRIDHRASI WITH PUNARNAVA GUGGULU AND MAHANARAYANA TAILA MATRA VASTI - A CASE REPORT

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ABSTRACT

Gridhrasi is one among eighty types of Nanatmaja Vataja Vyadhis. The pain originates in the buttock and travels towards the heel of the area afflicted. Based on the symptom complex, it is broadly correlated with Sciatica. The advancement of busy social and professional lives has led to an improper sitting posture in offices, and factories, continuous and over exertion and jerky movements during travel and sports, created undue pressure on the spinal cord, and play a significant role in producing low back pain and Sciatica. A clinical study in the management of *Gridhrasi* with *Shamana* therapy is done on a single patient in the OPD of Government Ayurvedic Hospital Hyderabad, to achieve a promising result in the patient of *Gridhrasi. Punarnava Guggulu* is given internally and *Matra vasthi* is done with *Mahanarayana taila*. Pathya and Apathya are explained to the patient. The patient has marked relief in signs and symptoms after the treatment. The following clinical study may be adopted for further research in this field.

Keywords: Gridhrasi, Sciatica, Punarnava Guggulu, Mahanarayana Taila

INTRODUCTION

Gridhrasi is one of the most common disorders of vata origin. It is a painful or Shoola pradhāna condition, which hampers routine life. The word 'Gridhrasi' is derived from the Sanskrit word 'Gridhra' means the name of the bird i.e vulture. The name denotes that, the patient suffering from this disease, walks like a vulture. It implies the typical gait of the patient, slightly tilted on the affected side, with and affected lower limb in a flexed position and another lower limb being extended. It is characterized by the onset of *Ruk*(pain), Toda(pricking sensation), and Stambha(stiffness) initially in Sphik(gluteal region) and then radiating distally to Kati-Prista(low back), Janu(knee), Jangha(thigh) till Pada (feet), Muhuspandana(tingling sensation)¹, Sakthanaha ksepana Nigrah nivat(restriction in the lifting of lower limbs)² and *Kati uru* janu madya bahu vedana(severe pain at the low back, thigh, and knee). In spite of being Nanatmaja vata vyadhi, the involvement of kapha dosa is also mentioned. Based on dosa predominance, Gridhrasi is of two types -1) Vataja and 2) Vatakaphaja. The Visesa Laksanas of Vataja gridhrasi is Deha pra Vakrata (sciatic scoliosis), Sphurana(fasciculation) & Suptata(paranesthesia), and of Kaphaja Gridhrasi are Tandra(stupor), Gourava(heaviness), Arochaka(anorexia), Agnimandhya, Mukha praseka (excessive salivation) and *Bhaktadwesha*(aversion of food).

Sciatica is a debilitating condition that is a result of the Sciatic nerve or Sciatic nerve root pathology. The Sciatic nerve is the longest and thickest nerve in the human body. It originates from the vertebral column at the level of the 4th lumbar to the 3rd sacral vertebra and extends up to the feet. Hence, the pain in Sciatica is felt in the lower back and it radiates along the nerve up to the feet. The common indicator of Sciatica is unilateral leg pain greater than low back pain and radiating to the foot or toes. Numbness and paranesthesia are also present. The management provided by contemporary medicine for this condition is either conservative or surgical in nature. So to overcome the expensive therapeutics, there is a need to find effective management for *Gridhrasi*.

PATIENT INFORMATION:

A 34-year-old female patient came to *Kayachikitsa* OPD 3 with OPD no. 28734 at *Government Ayurvedic Hospital Hyderabad,* with the chief complaint of low back ache radiating to both lower limbs.

HISTORY OF PRESENT ILLNESS:

The patient was asymptomatic 1 month back. Gradually she developed pain in low back region radiating to both lower limbs associated with a tingling sensation, swelling, stiffness, and heaviness in both lower limbs, and had difficulty while walking and bending. She took analgesics on and off while having severe pain. The patient attended the outpatient unit of kayachikitsa at Government Ayurvedic Hospital Hyderabad for better treatment.

HISTORY OF PAST ILLNESS:

Nil

PERSONAL HISTORY:

Appetite-Good

Bowel-Regular

Urine-Clear

Sleep-disturbed

Occupation – Operation Theatre assistant in a private hospital

No addictions

FAMILY HISTORY: Not significant

NIDANA PANCHAKA:

Hetu (etiology):

Ahara: Ruksa and Katu Rasa Pradhana Ahara(excessive intake of non-vegetarian diet)

Vihara: Prolonged standing, excessive walking *Purva rupa* (prodromal symptoms): Mild pain in the low back region and stiffness in both lower limbs.

Rupa (cardinal symptoms): Pain in the low back region radiating to both lower limbs associated with a tingling sensation, swelling, stiffness, and heaviness in both lower limbs, and difficulty while walking and bending. *Upasaya:* Rest and Analgesics.

Samprapti ghatakas:

Dosa: Vata (vyana & apana) and Kapha (slesaka & bhodaka)

Dushya: Rasa, Rakta, Mamsa, Meda, Asthi, Majja, Sira, Kandara, Snayu Srotas: Raktavaha, Mamsavaha, Medovaha, Asthivaha, Majjavaha Srotodushti: Sanga Agni: Jatharagni and Dhatwagni Ama: Jatharagnijanya and Dhatwagnijanya Udbhavasthana: Pakwashaya Sanchara: Apana kshetra Adhistana: Kati and Prushthavamsha Vyakta sthana: Sphik, kati, prishta, uru, janu jangha and pada Roga marga: Madyama CLINICAL FINDINGS: Blood Pressure: 110/70 mm of Hg Pulse rate: 76/min Respiratory rate: 18/min Straight leg raising test: +ve in both lower limbs at 45°.

S.NO	Assessing	Grade-0	Grade-1	Grade-2	Grade-3	Grade-4
1	Ruk	No Pain	Occasional pain.	Mild pain but no difficulty in walking.	Moderate pain and Slight difficulty in walking	Severe pain with severe difficulty in walking.
2	Toda	No pricking Sensation	Occasional pricking sensation.	Mild pricking sensation.	Moderate pricking sensation.	Severe pricking sensation.
3	Stambha	No stiffness	Sometimes for 5- 10 min.	Daily for 10-30 min.	Daily for 30-60 min.	Daily more than 60 min
4	Gourava	Absent	Occasionally	Frequently	Regularly	

THERAPEUTIC INTERVENTION:

The patient is treated with *Punarnava Guggulu*³ internally for a period of one month and *Matra vasthi* with *Mahanarayana Taila*⁴ for the first 7 days of a month.

NAME OF DRUG	DURATION	DOSE
Punarnava Guggulu	30 days	500 mg BD after food with water
Matra vasti with Mahanarayana Taila	First 7 days	72 ml

ASSESEMENT CRITERIA: GRADATION OF SUBJECTIVE PARAMETERS OBJECTIVE PARAMETERS:

• Straight Leg Raising Test

• Gamana shakti OBSERVATION:

SUBJECTIVE PARAMETERS:

SIGNS AND SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT
Ruk	3	0
Toda	3	0
Stambha	2	0
Gourava	1	0

OBJECTIVE PARAMETERS:

PARAMETER	BEFORE TREATMENT	AFTER TREATMENT
Straight Leg Raising Test	Positive at 45 ° in both lower limbs	Negative at 75° in both lower limbs

Gamana shakti

100 meters in 10 seconds

100 meters in 5 seconds

DISCUSSION

As there is the involvement of *vata* and *kapha dosa*, most of the ingredients here are vatahara and kaphahara. Punarnava has kapha Vatagna, Shothahara and Rasayana properties. Guggulu is well known for its anti-inflammatory property. Haritaki has Vatanulomana property. Erandamoola is the best Vatahara dravya. Guduchi has Vedanastapana property. Some of the drugs are having Deepana, Pachana, Rasayana, and Brihmana properties. Vasti is very helpful in pacifying Vata dosa. Further, it is described that Vasti chikitsa as 'Ardha chikitsa' or 'Purna chikitsa' for Vata dosa. The Astavarga group of herbs has anti-inflammatory, analgesic, and antioxidant properties. Hence, the treatment principles applied here are Vatahara, Vedanastapana (analgesic), Shothahara(anti-inflammatory), and Sroto shodana.

CONCLUSION

Hence, the combination of Pu*narnava Guggulu* internally and *Matra vasti* with *Mahanarayana Taila* provided better improvement in both subjective and objective parameters. So, to establish the efficacy of the above-mentioned, clinical study may be done in large samples. To date there have been no reoccurrence of the symptoms and the overall quality of life of the patient is significantly improved.

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