

**AGNIKARMA WITH TAMRA SHALAKA IN THE MANAGEMENT OF GRIDHRASI W.S.R TO SCIATICA - A CASE STUDY**

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**ABSTRACT**

*Gridhrasi* indicates a typical gait that resembles *Gridhra*/vulture. When vitiated *Vata* affects the *Kandara* (ligaments) of *Parshni* (heel) and *Padanguli* (toes), it restricts the movement of the lower limb i.e., *Sakthi kshepa Nigraha*. This condition is called *Gridhrasi*. *Gridhrasi* can be correlated to sciatica in modern parlance as there is radiating leg pain along with sciatic nerve distribution in sciatica. The condition has the potential to become chronic and intractable, with major socio-economic implications making the sufferer miser and crippled. As far as modern science is concerned, no promising management is available so far. Many treatment protocols for *Gridhrasi* have been advised by our Acharyas like *Aausadh Chikitsaa*, *Snehan*, *Svedan*, *Sodhan*, *Agnikarma*, *Siravyadha* which is simple and cost-effective. In this case study, a patient suffering from *Gridhrasi* was treated with *Agnikarma* by *Tamra Shalaka* given three sittings once a week for three weeks. The patient got relief after treatment. From this case study, it can be concluded that *Gridhrasi* can be treated effectively by *Agnikarma* and is highly encouraging.

**Keywords:** *Agnikarma*, *Gridhrasi*, *Sciatica*, *Tamra Shalaka*.

## INTRODUCTION

Ayurveda has counted *Gridhrasi* under *Nanatmaja Vatavyadhi*. In *Gridhrasi*, vitiated *Vayu* induces *Stambha* (stiffness), *Ruk* (pain), *Tod* (pricking sensation) in *Sphik* (buttock) first and then in *Kati* (waist), *Pristha* (hip), *Uru* (thigh), *Jaanu* (knee) and *Paada* (calf and foot) respectively where there is frequent *Spandan* (twitching)<sup>1</sup>. The main symptom of sciatica is a lumbosacral radicular leg pain that follows a dermatomal pattern radiating below the knee and into the foot and toes<sup>2,3</sup>. The incidence of this ailment is reported 28 per 1000 persons each year in various studies. Similarly, an incidence of 11.6 episodes per 1000 persons each year for the low backache with sciatica is reported<sup>4</sup>. The intervertebral disc herniation causing nerve root impingement is the cause for sciatica in around 90% of cases<sup>5</sup>. It is more common in the third and fourth decades of life.<sup>6</sup> Most patients with sciatica are managed conservatively first but results are not satisfactory. *Agnikarma* is one of the para surgical procedures which can be used to manage *Gridhrasi*. With the busy lifestyle today, people demand effective treatment in less time where *Agnikarma* fits perfect.

Moreover, the diseases treated with *Agnikarma* doesn't have chances of re-occurrence<sup>7</sup>. The therapeutic use of *Agni* can be called *Agnikarma*. In this study, an approach for managing *Gridhrasi* effectively has been carried out through *Agnikarma* with *Tamra Shalaka*.

### Case History:

#### History of present illness

Demographic details of the patient are shown in the table below. A 55-year-old man visited OPD of *Shalyatantra*, National Institute of Ayurveda, Jaipur with complaints of pain in the lower back region radiating towards the right lower limb to the posterior aspect of thigh, knee and calf muscles for two months. He had also complaints of stiffness and heaviness in the low back region and right lower limb, tingling sensation and numbness in the right lower limb, difficulty while walking and bending the right knee. He had associated symptoms of constipation. Examination of the patient including vitals, *Astavidh Pariksha* and specific locomotor system were done and give in the table below.

**Table 1:** Showing demographic details.

OPD registration number	48443
Age	55 years
Sex	Male
Address	Johri Bazar, Jaipur, Rajasthan
Marital status	Married
Occupation	Service
Socio-economic status	Lower middle
Education	Literate
Religion	Hindu
Height	87kg
Weight	5'5" (1.65100 metres)

**History:** No history of Trauma. No history of significant systemic illness. No surgical intervention.

**Personal history:** The patient lives in an urban residence. He is a vegetarian with a good appetite. Sleep is disturbed due to pain. The nature of his occupation is sedentary. No addiction to alcohol or smoking.

**Family history:** There are not any similar complaints to other family members.

**Nidaan Panchak:** *Nidaan:* *Ruksha* and *Katu Rasa Aahar* and sedentary lifestyle. Aggravating factors-age-related degenerations.

**Purvaroopa:** vague pain in the low back and discomfort while walking.

**Rupa:** radiating low back pain, stiffness, numbness heaviness in the low back and right lower limb, disturbed sleep due to pain, changes in gait.

**Upasaya:** Rest and sleeping in a supine position causes relief in signs and symptoms.

**Samprapti:** Due to *Vataprakopa Aharvihar*, *Vata* is vitiated and causes *Avarodh* (obstruction) in *Vatavahini Naadi* (neural conduction) and provoking radicular

pain from *Kati, Prustha, Uru* and *Janu* causing *Gridhrasi*.

**Investigations:** Routine blood investigations showed Hb, TC, DC, ESR, CRP, RA factors.

**Table 2:** Showing Physical Examinations

Physical examinations	
Body built	Slight heavy
Nutritional status	Good
Blood pressure	130/80 mm of Hg. On the right arm, sitting position
Pulse rate	78 bpm, regular, normal
Respiratory rate	18/ min
BMI	31.96kg/m <sup>2</sup>

**Table 3:** Showing *Astavidh Pariksha*

<i>Nadi</i> (pulse)	78bpm
<i>Mala</i> (stool)	<i>Asamyak</i> (no complete evacuation, constipated)
<i>Mutra</i> (urine)	<i>Samyak</i>
<i>Jeevha</i> (tongue)	<i>Saam</i> (coated)
<i>Shabda</i> (speech)	<i>Spashta</i> (clear)
<i>Sparsha</i> (skin)	<i>Anushmasheeta</i>
<i>Drik</i> (eyes)	<i>Prakrit</i>
<i>Akriti</i> (posture)	<i>Madhyam</i>

**Table 4:** Showing Systemic examinations

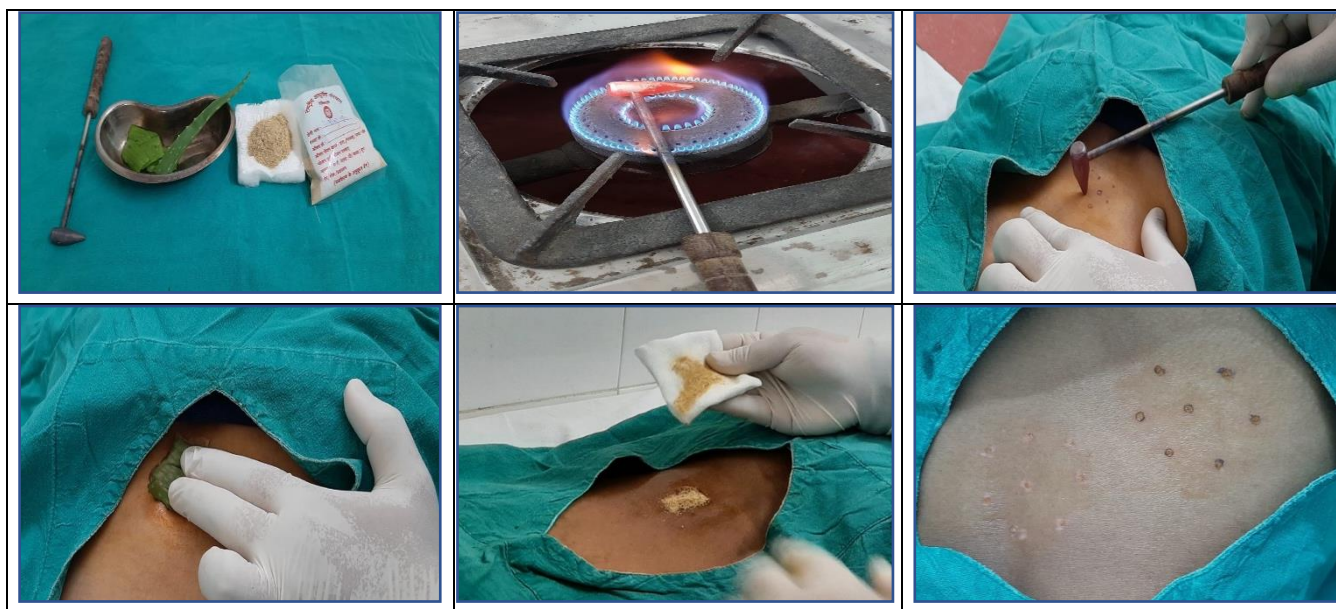
Nervous system	Grossly intact
Respiratory system	Bilateral NVBS, No added sound
Cardiovascular system	S <sub>1</sub> S <sub>2</sub> M <sub>0</sub>
Gastrointestinal system	Non tender, no organomegaly
Urogenital system	No abnormality defined

**Table 5:** Showing Examinations of the specific locomotor system.

Inspection	Limping gait, Difficulty in walking, no swellings or deformity seen
Palpation	Tenderness 2+ at L5S1 region, Local temperature is normal., Muscle tone- good
Special test	SLRT (active)- right leg-45 <sup>0</sup> . Left leg- 90 <sup>0</sup> . Braggards test- positive for right leg at 40 <sup>0</sup>

**Treatment Given:** The patient was given intervention with *Agnikarma* by *Tamra shalaka* in the low back region (L4-L5 region). *Poorvakarma:* The patient was positioned in a prone position on the table. The most tender spots over the low back were marked followed by draping with a sterile cut sheet. *Pradhankarma:*

*Samyak Twak dagdha* was done by red hot *Tamra Shalaka* in rosette pattern i.e., one *Bindu* (dot) in central surrounded by six *Bindus* in the periphery in the marked points. *Paschatkarma:* *Ghrikumari* pulp was rubbed over the *Dagdha Vrana*. Gauze impregnated with *Yasthimadhu Churna* was applied over the *Vrana*.



No oral medications were given. Three sittings of *Agnikarma* were done once a week for three weeks. The points for *Agnikarma* differed from the previous one. The patient was assessed after each sitting the very next day. After completion of three sittings, the patient was called on follow up for a month once in two weeks.

### Observations and Result

The patient got better in every sitting. He found significant relief in lumbar pain, tingling sensation and heaviness. Gait was improved. Assessments were carried out by specific subjective and objective criteria on 0, 2<sup>nd</sup> day, 8<sup>th</sup> day, 15<sup>th</sup> day and 30<sup>th</sup> day shown in the table.

**Table 6:** Assessment findings

S. N	Parameters	Before treatment	2 <sup>nd</sup> day	8 <sup>th</sup> day	15 <sup>th</sup> day	30 <sup>th</sup> day
1.	<i>Stambha</i> (Stiffness)	3+	2+	2+	1+	1+
2.	<i>Ruja</i> (Pain)	6+ (VAS)	4+	3+	1+	1+
3.	Radiation of pain	2+	2+	1+	0	0
4.	Tingling sensation	2+	1+	1+	0	1+
5.	<i>Toda</i> (Pricking sensation)	2+	1+	0	0	0
6.	<i>Spandan</i> (Twitching)	1+	1+	0	0	0
7.	<i>Aruchi</i> (Anorexia)	0	0	0	0	0
8.	<i>Tandra</i> (Drowsiness)	0	0	0	0	0
9.	Tenderness	3+	2+	1+	0	1+
10.	SLRT (Right leg)	45 <sup>0</sup>	60 <sup>0</sup>	80 <sup>0</sup>	90 <sup>0</sup>	90 <sup>0</sup>
11.	Braggart's test (Right leg)	Positive	positive	Positive	Negative	Negative

### DISCUSSION

*Agnikarma* has potential effective results in the management of *Gridhrasi*. It can be used for symptomatic treatment of *Gridhrasi*. Because of *Usna*, *Tiksna*, *Suksma*, *Asukari Guna* of *Agni*, being opposite to vitiated *Vatika Guna* and Vitiated *Kapha Guna*,

*Agnikarma* clears the *Srotavarodh* pacifying *Prakupit Vata* and *Kapha* maintaining *Samavastha* *Agnikarma* upsurges *Rasarakta Samvahan* so that pain-producing substances are flushed away. The transferred *Agni* causes *Utkleshana* of *Dhatvagni*, which act against vitiated *Ama Dosha* in *Dushya* by *Dosha Pachana*.

Thus, *Sama* and *Nirama Dosha* gets Neutralise. This causes *Samprapti Vighatana*, and the patient's signs and symptoms are corrected. Here in this case study, *Tamra shalaka* was used as it has good conduction of heat, easy to attend red hot, handy and easily achieved *Samyak Twak Dagdha*. From in modern perspective, Blood flow to the skin is regulated through two branches of the sympathetic nervous system i.e., the noradrenergic vasoconstrictor system and the Cholinergic vasodilator system. These two mechanisms or systems affect the thermoregulation of the surface of the body. Heating diminishes nerve sensitivity and increases blood flow to the tissue. It also increases tissue metabolism, relaxation and flexibility of muscles. Heat activates thermoreceptors over the skin that are in connection with its blood vessels. It releases bradykinin that is responsible for vasodilation as it relaxes smooth muscles wall. The muscle relaxation occurs due to a decrease in the flow of alpha motor neurons and gamma efferent. The regulation of heat in the body is mediated by calcium channels that cause an increment in intracellular calcium. Increase intracellular calcium generates action potentials which stimulates sensory nerves and makes the brain feel the heat. These channels belong to TRPV (Transient receptor potential vanilloid) receptors. TRPV1 and TRPV2 get sensitized when there is noxious heat and TRPV4 to normal physiological heat. Activation of these channels causes inhibition of purine pain receptors i.e., P2X2 and P2Y2 receptors that lie in the endings of peripheral nerves. For example, heat causes direct inhibition of peripheral pain. But for deeper pain, heat activates peripheral pain receptors that cause alteration in the gate control of the spinal cord thus reducing deeper pain.

## CONCLUSION

The patient has a recurrence in symptoms like tenderness and tingling sensation. This may be because of *Vata* provoking *Aahar-Vihar* of the patient. This study is about the presentation of the single case only. In today's world with a busy lifestyle, people demand effective treatment in less time where *Agnikarma* can be the best treatment option. It is a safe, acceptable and

cost-effective Ayurveda treatment modality that needs furthermore researches for establishing it as a first option treatment protocol for musculoskeletal disorders. This interventional procedure can be combined with other treatment modalities to get a synergistic effect.

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