

ROLE OF TRIVIDHA CHIKITSA IN THE MANAGEMENT OF GRIDHRASI- A CASE STUDY

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ABSTRACT

Background: Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue depth commonly used in day-to-day practice. Low back pain is the most common complaint encountered by general practitioners. *Gridhrasi* is a disease mentioned under *Vatavyadhi* in *Ayurvedic* classics, which can be *Dhatukshaya Janya* or *Avarana Janya*.^[1] Due to the high prevalence of *Gridhrasi*, the disease has been taken up, in which pain is one of the cardinal features of this disease. **Aim and Objectives:** This study aims to understand the role of *Antarparimarjana*, *Bahirparimarjana* and *Shatrapranidhana* in managing *Gridhrasi*. **Materials and Methods:** It is a single case study. A 48-year-old female who was already diagnosed with intervertebral disc space narrow in L4-L5 correlated with *Gridhrasi* of the left leg for six months, approached to Ayurvedic hospital and treated with *Yogabasti*, *Katibasti*, *Agnikarma* along with *Shamana Chikitsa*. The treatment was continued for one consecutive month. **Results:** An asymptomatic assessment of the patient was carried out after one month, and the patient had a satisfactory outcome, and the overall quality of the patient was significantly improved. **Conclusion:** Properly understanding *Chikitsa Siddhanta* helps cure the disease better.

Keywords: Gridhrasi, Case Study, Antarparimarjana, Bahirparimarjana, Shastrapranidhana.

INTRODUCTION

In *Ayurveda*, *Gridhrasi* is included under 80 types of *nanatmaja vata vikara*. In this disease, the patient's gait is typical and resembles that of *Gridra* (Vulture). *Gridhrasi* is divided into two types based on *dosha* involvement in it. One is *kevala vataja* and other is *vata-kaphaja*. The signs and symptoms of *kevala vataja* are pain with a pricking sensation, stiffness and repeated twitching in the buttocks, low back region, thigh, back of the knee, calf region and foot; in *vata-kaphaja* *gridhrasi*. Along with the above symptoms, there is drowsiness, a feeling of heaviness and anorexia may be present.^[2] As *Gridhrasi* brings down the quality of the life in terms of ambulation and mobility, the proper causes of the disease and the management of this condition is given due importance.

Ayurveda provides the most appropriate treatment protocols through *Chikitsa Siddhanta*. The *Trividha Chikitsa*[3], i.e., *Antarparimarjana*, *Bahirparimarjana*, and *Shastrapranidhana*, adopted in management would be *Dosha Pratyanka Siddhanta* and *Vyadhi Pratyanka Siddhanta*.

Antarparimarjana Chikitsa means the internal administration of medicine. The treatment given out of their body, like local applications, etc, is known as *Bahirparimarjana*. A surgical aspect involved in treating a disease or wound comes under *Shastra-pranidhana*.^[4] With this intension, this article took up a case of *Gridhrasi*, studied it, and explained it in detail regarding the role of *Trividha Chikitsa*. Discussions were carried out based on 'analysing the causes, differential diagnosis, and analyzing the administered line of treatment'.

AIM: To evaluate the effects of *Trividha Chikitsa* in the management of *Gridhrasi*

OBJECTIVE: To analyse the role of *Antarparimarjana*, *Bahirparimarjana* and *Shastrapranidhana* in the disease *Gridhrasi*.

METHODOLOGY:

A Clinical case study on *Gridhrasi* in Sri Sri *Ayurveda Hospital*, Bengaluru.

CASE STUDY:

A 48-year-old female farmer of the lower- a middle-class family visited Sri Sri *Ayurveda Hospital* complaining of Moderate pain in the buttocks, hip and lower back region for eight months. Pain radiates to the posterior aspect of the left leg till the toes, and there has been mild pain in the right leg for six months. Numbness in the left foot on and off for one month. The severity of pain has been seen for 15 days. Unable to walk properly due to pain for 15 days. They were pulling type of pain in the left calf and thigh region, which was on and off, with slight left leg swelling for 15 days.

History of present illness:

A 48-year-old female patient came to see us complaining of lower back pain that was radiating to her left leg's posterior area. The patient is a farmer who has been walking for about 5 km daily to the work field for 12 years. Part of his working routine involves prolonged sitting and bending over. As the days passed, the patient began to feel drowsy, exhausted, and tired while working. She saw an allopathic physician for the same issue; she was given a diagnosis of hypertension. After a year, she began to feel slight pain throughout her entire body, especially in her lower back. She used warm oil massage and analgesics (self-prescribed *Tab Hifenac* or *Tab Zerodol SP*) if the discomfort got worse.

The patient's lower back, buttocks, and hips began to hurt more as her working pattern persisted. This was eight months ago while she was performing fieldwork that required her to bend over and sit for extended periods. Rainy seasons make the agony considerably worse. She saw an allopathic doctor during this time, took *Tab Emanzen D*, *Diclofenac gel*, and *Inj Maco-nerve* for a continuous month, and had physiotherapy. She experienced a brief respite from the procedure, but after taking the prescribed meds for 15 days, the pain returned.

She carried on with her field labour and household chores despite the agony. The patient began

experiencing pain that would radiate from his back to his left leg's posterior areas six months ago. This time, the pain was constant and would get worse after hard labour. She reached a point where she was also unable to handle her domestic duties. Her left foot began to become numb, and she began to have

excruciating discomfort that interfered with her sleep. She found out about our hospital fifteen days ago, saw an OPD consultation, and took medication to relieve her problems. She noticed her symptoms improved and was admitted to Sri Sri Ayurveda Hospital for further care.

History of past illness: The patient had a history of Hypertension for four years.

Treatment History: The patient was under Tab Telma 40mg od

Previously done investigations: X-RAY of LS Spine showed narrowed disc space in L4-Lintervertebral space.



General examination:

On general examinations, the patient was conscious and oriented to place, time, and person, with moderate nourishment and a BMI of 24 kg/m².

From general examination to locomotor system examination, it was found that the patient had an Antalgic gait (limping with support towards the left side) and swelling over the left leg.

Table 1: Range of movements

| Range of movements | Lower back region | Left leg | Right leg |
|--------------------|--------------------|------------|--------------------|
| Flexion | Restricted | Restricted | Possible |
| Extension | Possible with pain | Restricted | Possible |
| Lateral | Restricted | Restricted | Possible with pain |
| Rotation | Possible with pain | Restricted | Possible |

Specific examination⁽⁵⁾:

SLRT/LASEGUES SIGN- Positive at 35 degrees (right leg) and 60 degrees (left leg)

BRAGARD TEST: Positive for both limbs (more pain in left leg)

FABER/ PATRICK TEST: Positive for left leg

GAENSLER'S TEST: Positive for left leg

Table 2: Elaboration on characteristics of pain

| Assessment through SOCRATES ⁽⁶⁾ Mnemonics | Characteristics of pain in lower back | Characteristics of pain in left limb |
|--|---|--------------------------------------|
| Site of the pain | Lower back, hip and buttocks | Left leg in calf region |
| Onset of pain | On getting up from continuous sitting posture and bending | Sitting over a long period of time |

| | | |
|---------------------|--------------------------------|------------------------|
| Character | Ache | Pulling type of type |
| Radiation | Radiating type of pain to limb | Radiating type of pain |
| Association | Cramps | Numbness in the foot |
| Time course | For 8 months | For 6 months |
| Aggravating factors | Continuous sitting | Continuous sitting |
| Relieving factors | Warm oil massage | Warm oil massage |
| Severity | Moderate | Moderate |

Family history

Known history of Hypertension on the paternal side.

Occupational history

FARMING: Plucking of Marigold flowers on the farm and sowing of seeds daily for 4 to 5 hours for 12 years.

Regimen

She wakes up at around 5 am. After getting fresh, she has taken around 1 litre of water on an empty stomach for **four years**. She starts doing household chores like cleaning the house and cooking and has breakfast at around 8 am with tea. Later, she will go to the farm with her husband, walking barefoot (sometimes) (Around 2.5km from her house). Lunch at 12 – 01 pm. After lunch, she rests, and her pain is comparatively reduced. She will return home around 6 pm by walking and continue her household work. Irrespective of the urge to drink water, she used to take water frequently. (for **four years**). She usually controls the urge of mic-turition during her work. Has her dinner at 7.00 – 8.00 pm. She applies some oil over her lower back and does a mild massage, after which she gets mild relief. He goes to bed at around 9:30 – 10.00 pm.

On Dashavidha Pareeksha,

- 1) Through *Prakruti Pareeksha*, it was found that- The patients were found to be *Vatapitta Prakruthi* and *Satvika-Rajasika Kaya*.
- 2) Through *Vikruti Pareeksha*, it was found that-

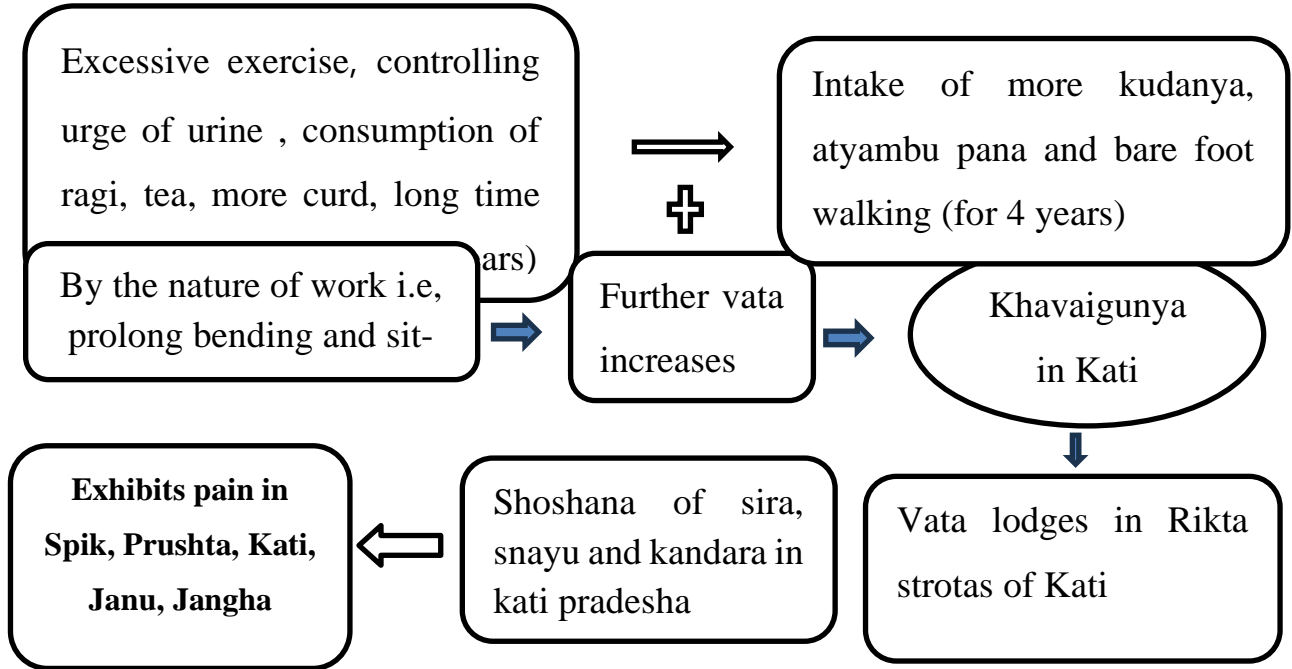
The causes were found as

- Consume ginger pickle and curd every day. Eat more millet and water irrespective of thirst.
- You work prolonged hours, lifting heavy weights, controlling the urge to Urinate, and walking to the field daily with bare feet.

A conducive factor that supports Hetu was found to be *Varsha Ritu*.

- *Doshas* involved are- *Vyana Vata, Samana Vata* and *Apana Vata*.
 - *Dushyas* are *Mamsa, Meda, Asthi, Sira, Snayu* and *Kandara*.
 - In *Desha*, the affected *Atura Desha* is *Kati, Vaa-masakthi* and *Paada*, and *Bhumi Desha* is *Sad-haarana*.
 - In *Kala*, the *Avasthika Kala (vyadhyavastha)* is *Nava*, and *Nityaga Kala (ritu)* is *Varsha*.
 - From this, the *Rogabala* was understood as *Madhyama*.
- 3) The patients *Sara, Samhanana, Pramana*, and *Satmya* were found to be *Madhyama*.
 - 4) The *Jarana Shakthi* (the patient occasionally feels heaviness in the abdomen and difficulty digesting food) and *Abhyavaharana Shakti* were found to be *Madhyama*.
 - 5) *Vyayama Shakti* is *Pravara*.
 - 6) *Vaya* is *Madhyama*.

Figure 1: Pictorial representation of Vyadhi Samprapti



- Srotas- Raktavaha, Mamsavaha, Medavaha, Asthivaha Srotas
- Srotodushti- Vimargagamana and Srotosanga
- Rogamarga- involvement of Madhyama Roga Marga
- Udbhavasthana- Pakwashayobhava
- Vyaktasthana- Kati, Prushta, Uru, Janu, Janga and Paada
- Adhishtana- Kati pradesha

Analysis of Samprapti Ghatakas:

The probable *Samprapti Ghatakas* involved in this Vyadhi are-

- *Dosha-* Vyana, Samana, Apana Vata vaigunya and Kledaka Kapha kshaya
- *Dhatu-* Kshaya of Mamsa, Meda, Asthi, Sira, Snayu and Kandara

Differential diagnosis:

Table 3: Eliciting Differential Diagnosis:

| Lakshanas | Vataja Gridhrasi ^[7] | Vata-Kaphaja Gridhrasi ^[8] | Khalli ^[9] | Khanja ^[10] | Asthimajagata Vata ^[11] |
|--|---------------------------------|---------------------------------------|-----------------------|------------------------|------------------------------------|
| Kati shula | + | + | - | - | + |
| Ruk Adhoshaka | + | + | + | + | + |
| Spikpurva katiprushta urujaanu janga paada kramat Vedana | + | + | - | - | - |
| Supti | + | + | + | + | + |
| Spandate muhur | + | - | - | - | - |
| Gridhravat | + | + | - | - | - |

Diagnosis:

It is found in the case of *Vataja Gridhrasi* with *Nirama Avastha*.

The treatment plan is Shodhana Chikitsa: Oleation with Dhanwantaram Taila, Sudation with Dashamoola kwatha, Patrapinda pottali sweda with nirgundi, eranda, and shigru patra, Kati basti with Prasarini taila, and Kaala Basti.

Selection of Dravya for Kaala Basti:

Niruha Basti-

- Makshika: 60ml
- Saindava lavana: 10gms

- Sneha Dravya: Dhanwantaram taila (50ml) + Sahacharadi taila(50)
 - Kalka Dravya: Rasnaadi kalka (15gms)
 - Kashaya Dravya: Erandamuladi Kashaya (300ml)
Anuvasana Basti was administered with Ksheerabala taila(100ml)
- 1) Shamana Aushadhis were given at the time of discharge.
 - 2) Agnikarma is done on the posterior aspects of the ankle four angula below the Janu sandhi,

Pathya Apathya

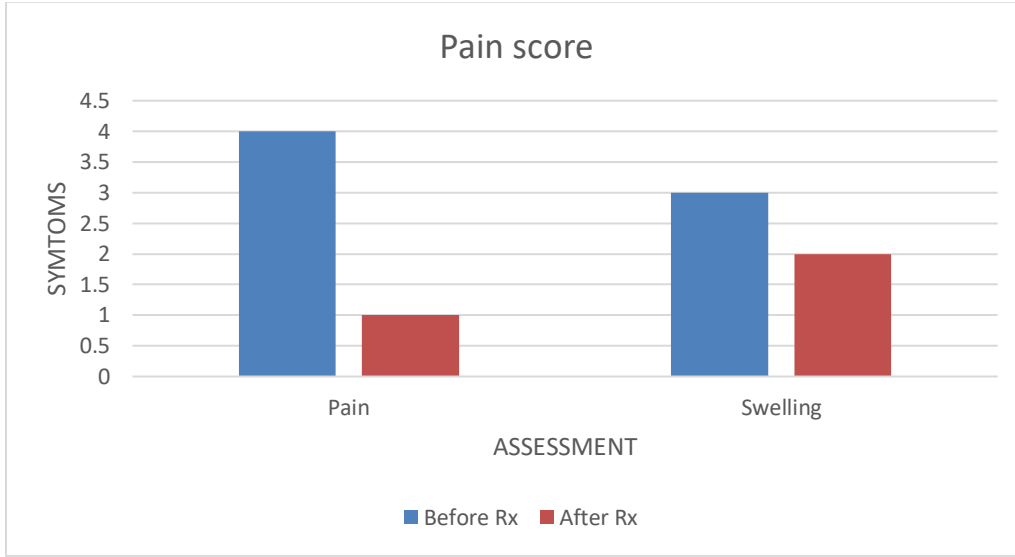
Table 4: Representing Pathya Apathya

| | |
|---|---|
| Pathya Ahara | Apathya Ahara |
| Godhuma Masha Kakamachi Kushmanda Madhuka Dadima Taila Ghrita Guda | Tea, curd every day, Daily intake of millets, more intake of water, more ginger pickle intake. |
| Pathya Vihara | Apathya vihara |
| Use hot water for drinking and bathing. Apply oil daily over the lower back region and leave it for around 30 minutes. Lateral bending is advised instead of forward bending. | Standing for the long time. Walking for the longer duration. Walking on bare foot. Walking on cold and rough surfaces. Avoid Vegadharana. Avoid exposure to cold breeze. |

Table 5: Assessed symptoms before and after treatment

| Sl. No | Lower back | Pain score before treatment | Pain score after treatment |
|--------|------------|-----------------------------|----------------------------|
| 1. | Shula | 4 | 2 |
| 2. | Shopha | 3 | 2 |
| 3. | Stambha | 2 | 1 |

Graphical representation of the pain score before and after treatment:



DISCUSSION

The treatment principles for managing this disease are Vedanasthapana, shothahara and Vata dosha pacifying treatment, strengthening and nutritional therapy for the

various musculatures and structures in the lumbar region and lower extremities. The probable mode of action of Antarparimarjana, Bahirparimarjana and Shatrapranidhana can be explored as follows:

Table 6: Analysis of gunas that Nidana Sevana probably vitiates:

| Nidana sevana | Probably gunas involved |
|-------------------------------|---------------------------|
| Tea intake | Ruksha guna |
| Curd intake | Kshara, vidahi, katu rasa |
| Ginger pickle | Amla rasa, Ushna veerya |
| Milletts | Increase vata guna |
| Intake of more water | Agnidushti |
| Walking on the cold surface | Sheeta guna, khara guna |
| Controlling the urges | vatakara |
| Long time sitting and working | Vatakara |

Discussion on management through Trividha Chikitsa:

1) Role of Bahirparimarjana Chikitsa:

The role of administration is how the drug is taken into the body. The route of administration is classified according to the target effect of drugs, such as whether the effect is local or systemic. In the local route of administration, drugs/therapies are applied to the body surface, like skin or mucous membranes. The local application prevents the metabolism of the drugs and increases their bioavailability, also providing its effects directly on the site of action.^[12]

Acharya Sushruta describes bahirparimarjana as snehana, upanaha, and unmardana as chikitsa when vata is localised in snayu and sandhi.^[13]

Hetuvyadhi Viparita Aushadha: By applying Hetuvyadhi Viparita Aushadha (vatahara and also alleviate the symptoms of Gridhrasi), taila prayoga can be opted. Balaashwagandhaadi taila and Prasarini taila are given in this case as it is used in all vata diseases like arthritis, brachial plexus injury, lumbar and cervical spondylitis, neuralgia etc.

Discussion on the selection of Basti Dravya: Basti was based on appropriate treatment principles from the classics. These are explained below:

Table 7: Representing properties of Basti Dravyas

| Basti Kalpana | Dravyas | Rasa Panchaka | Doshagnata | Rogagnata & Karmukata |
|------------------------------|--------------------------------------|---|-----------------------------|---|
| Niruha basti Kashaya Dravya | Erandamuladi Kashaya ^[13] | Madhura Katu, Kashaya rasa Sookshma, Teeksha guna, Ushna veerya, Madhura vipaka | Act on Vata and Kapha dosha | Behdaniya, Angamarda prashamana and Swedopaga |
| Niruha basti Kalka Dravya | Rasnadi kalka ^[14] | Tikta rasa, Guru guna, Ushna veerya, Katu vipaka | Vata kapha shamaka | Vatavyadhi, Vatarakta, Amavata |
| Anuvasana basti Sneha Dravya | Ksheerabala taila ^[15] | Madhura Rasa, Madhura vipaka | Vata and Pitta doshashamana | Vatavyadhi |

2) Role of Antarparimarjana Chikitsa :

Selection of Medicine can be based on two reasons:

- Based on the application of Chikitsa Siddhanta
- Based on outright indications in classics.

The proposed plan for selecting Shamana Aushadhis for this case is described below-

Dosha Pratyani Chikitsa—By applying Dosha Pratyani Chikitsa Siddhanta, the involved Doshas can be counteracted. For example, the Pana of Gandha Taila indicated in Pavanapeedita Deha Gati, can be prescribed. To ensure “Ishta Rasa Sparsha Gandha”

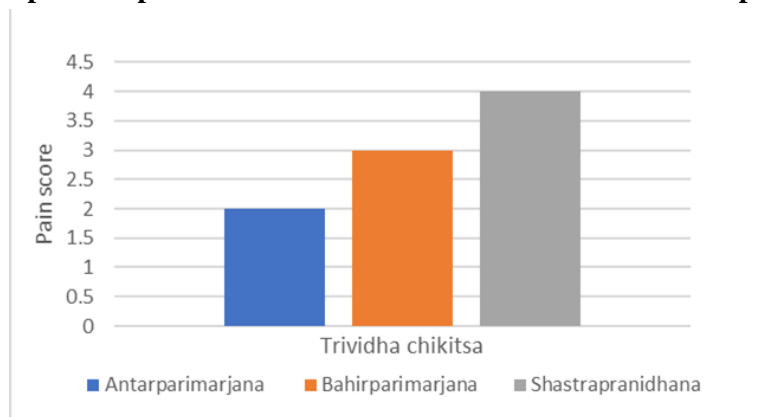
(desirable taste, touch, odour), Anubhuti Yoga with similar properties can also be chosen. For example, a Gandha Taila capsule has properties identical to the Pana of Gandha Taila.

Panchatikta guggulu ghrita also act as dosha pratyani chikitsa in this case.

3) Role of Shastrapranidhana:

Agnikarma is done four angula below the Jaanu sandi on the posterior side, which will act as Atyayika chikitsa as the pain reduces immediately.

Graphical representation of the effect of trividha chikitsa on pain:



CONCLUSION

A detailed case study and a thorough analysis would help us with critical points while making a diagnosis. The holistic approach by Antarparimarjana, Bahirparimarjana and Shastrapranidhana helps treat Gridhrasi. This case study demonstrates that Ayurveda treatment may give healthy life by improving the individual's immune system. Purifactory measures help remove the disease's root cause and prevent the disease from reoccurring. A single case study may give an idea about the online treatment, but more cases have to be taken to evaluate the treatment procedure's efficacy.

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