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REDISCOVERING RELIEF: A CASE REPORT ON EFFECTIVELY MANAGING SCIATICA WITH AYURVEDIC APPROACHES.

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ABSTRACT

Gridhrasi is a common condition characterized by sequential pain that starts from the (buttock region) of *Sphik Pradesh* and radiates down to the foot. It can be correlated with Sciatica, radiating pain from the back to the lower limb with paraesthesia. The present case report is of a 43-year-old male patient, unable to walk due to severe back pain radiating to his left ankle. As per the previous MRI report, the patient had an established case of prolapse of the intervertebral disc (PIVD) with radiculopathy and took treatment at a private allopathic hospital, and they advised him to have surgery. The patient and his attendant refused surgery and came to our hospital. The patient was treated with *Siravedha* and oral medications. After improvement, the patient was maintained on back strengthening exercises. Visual Analogue Scale (VAS) score, comfortable walking distance, Straight Leg Raise (SLR) test,

and % relief reported by the patient were used as assessment criteria. The patient was relieved from all symptoms with a follow-up period of 1 year. This case report shows that *Siravedha* and Ayurvedic oral management is very effective in *Gridhrasi* (PIVD with Radiculopathy). Hence, this treatment can be minimally cost-effective as a day-care procedure and protects the patient from surgical intervention.

Keywords: Ayurveda, *Gridhrasi*, Sciatica, *Siravedha*, Prolapse inter-vertebral disc with radiculopathy

INTRODUCTION

Gridhrasi is one of the 80 *Vataj Nanatmaja Vyadhi*, characterized by the *Gridhh*(~vulture))---like movement of the patient due to pain, which may be correlated with sciatica. Sciatica depicts radiating pain from the hip to the lower limb with paraesthesia in the sciatic nerve distribution or an associated lumbosacral nerve root. It is a lower limb musculoskeletal disorder that can occur in many diseases such as prolapsed disc, spondylolisthesis, lumbago, caries spine, nerve root, or vertebral column tumor. With today's lifestyle, the lifetime incidence of sciatica is between 10% to 40%. The patient's working capacity is altered chiefly, resulting in non-working conditions. It affects the patient with severe pain radiating from the buttock to the foot on the sciatic root nerve with tingling sensations and numbness. As per the contemporary system of medicine, rest, traction, and surgical interventions are different treatment modalities depending on sciatica's cause and severity. *Gridhrasi* occurs due to vitiation of *Vata*, so *Agnikarma*, *Siravedha*, and *Basti* are the other treatment modalities in managing *Gridhrasi*. Here, all the aggravated symptoms were relieved with oral Ayurvedic medicines and two sittings of Siravedha. The patient was free from that pain and back to his normal lifestyle. The results of this study suggest that even a tiny daycare procedure can be highly effective in terms of cost and time.

Case report

A 43-year-old male patient, a footwear shopkeeper by occupation, came to the *Shalya Tantra* outpatient department (OPD) with the assistance of two people having chief complaint of severe pain in the lower back region radiating to the left lower limb up to the ankle with a tingling sensation and numbness since last one and a half month. The patient was even unable to walk two steps. According to the patient, he was well before the last week of January 2022; then, he developed pain in the lower back region. Within 2-3 days, the pain started radiating from the lower back region to the left leg with tingling sensations and numbness. And on the 3rd day, the left leg was immovable on his own will. There was no history of falls, trauma, heavy weightlifting, accidents, jerks, or fever. The patient had surgical intervention for renal calculi 15 years back, for which he was currently not under any medications and had no associated problems at the time of the visit. His sleep was disturbed due to pain, and his bowel was constipated. There was no relevant medical or family history. He took treatment from a private allopathic hospital but had no relief in symptoms. They advised surgical intervention, which the patient denied, and after that, came to our hospital.

General Examination

Ashtavidha Pareeksha was done on the patient and is depicted in Table No.1. Complete systemic examination was done and is mentioned in Table No. 2. On observation, the build was average, but the facial expressions were ill-looking, and the gait of the patient couldn't be assessed because the patient was unable to walk and stand due to severe pain. No pallor, icterus, lymphadenopathy, cyanosis, clubbing, edema, or dehydration was noted.

Local Examination

On local examination, there was a straightening of lumbar curvature. On palpation, tenderness was presented at the L4-L5 region of grade 3. The active straight leg raise (SLR) test was positive at 20º in the left leg and was entirely free (90º) for the right leg, measured using a Goniometer. No muscle wasting was observed. The motor power grading depicted

grade 4 on the left leg. The sensory functions were reduced in the left leg at the level of L4-L5 dermatomes.

Investigations

The blood investigations were sent for evaluation, and all were within normal limits (Table no. 3). Magnetic resonance imaging (MRI) of the lumbosacral region showed straightening of lumbar curvature, sacralization of L5 vertebrae as well as lumbar spondylotic changes, and grade 1 retrolisthesis of L4 over L5 along with left paracentral disc protrusion at L4-5 level causing compression of the left lateral recess.

Diagnostic Focus and Assessment

Comfortable walking distance, VAS Score, SLR test, and % relief, as described by the patient, were taken for the assessment criteria.

Therapeutic Focus and *Siravedha* Procedure

We planned three *Siravedha* sittings for the patient, oral Ayurvedic medications, followed by back-strengthening exercises.

On the first visit, as the patient was in severe pain, we performed the first sitting of *Siravedha*. The whole procedure of *Siravedha* was adequately described to the patient. After getting written informed consent before each session, we checked previous blood investigations and vitals, which were within normal limits. The patient was then placed in a supine position with his left leg hanging from the examination table for at least 15 minutes. Then, we applied a tourniquet just below the left knee, cleaning the medial side of the ankle. After achieving all aseptic conditions, *Siravedha* with a 26-gauge intravenous cannula was performed in the great saphenous vein. The cannula was fixed, and about 60 ml of vitiated blood was drawn in each sitting. The cannula was removed, complete hemostasis was ensured, followed by a sterile dressing. Post-procedure vitals were taken to ensure that the patient was stable. The patient was then kept in the supine position for the next 15 minutes.

Oral medications were prescribed to the patient (Table No. 4), and the patient was advised to do hot water fomentation on the lower back region twice daily. Further instructions were given to avoid prolonged standing, forward bending, and heavy weightlifting. The patient was advised to rest in Fowler's position.

After seven days, we performed a second sitting of Siravedha on the second visit, and 60 ml of blood was let out in the same procedure. The medications and advice remained the same.

On the third visit, the patient was free from all the symptoms and back to his normal day-to-day activities; hence, the 3rd sitting was not done. Oral medications were also stopped, and the patient was advised to do some back strengthening exercises.

Follow-up and Outcomes

A follow-up patient assessment was done each visit, and the patient was examined for up to 1 year. On the first visit, the first sitting of *Siravedha* was given to the patient. At this point, the main focus was on the management of pain. Hence, oral *Vata Shamak* medications were also prescribed to the patient. On the second visit, i.e., after seven days, the patient showed significant improvements; according to the patient, he had 60% relief now, and on examinations, the VAS Score showed improvement of three points, SLR also improved to 60 degrees, and the patient was now able to walk 200 meters comfortably. On the third visit, i.e., after a further seven days, the patient was completely relieved of all the symptoms and back to his normal lifestyle; hence, the third sitting of *Siravedha* was not given to the patient, and all the medications were stopped, and the patient was advised some back exercises to relieve the spasm and improve blood circulation. The subsequent follow-up visits were planned at intervals of 7 days, 15 days, one month, two months up to 1 year, and on each visit, the patient was examined entirely, revealing no reoccurrence of symptoms in the patient, and all the assessment parameters depicted normal findings. Further, the patient was only advised to continue exercising.

DISCUSSION

Gridhrasi is correlated with sciatica or prolapsed Intervertebral disc with radiculopathy due to the same symptoms. *Gridhrasi* has two types of *Sroto-Dushti* (vitiation of channels/system), i.e., *Sanga* and *Sira-Granthi*[1]—both kinds of etiopathogenesis cause

Strotorodha (congestion in pathways) due to *Vata dosha*. *Acharya Charak,* as well as *Acharya Sushruta,* advised *Siravedha*[2,3] in *Gridhrasi*. The site mentioned by *Acharya Charak* for *Siravedha* is *Antra Kandara Gulph*[2](~ between tendon and ankle joint). The great saphenous vein was visualized near the medial malleolus and Achilles tendon. Previous studies[1] also mentioned the *Siravedha* procedure from the great saphenous vein in sciatica, with significant results. The characters of *Asmayak* (appropriate) *Siravedha* include *Vedana Shanti* (pain relief), which explains its mode of action[4]. *Samyak Siravedha* also does *Aashu Vyadhi Shanti*[5] (early relief from disease), and *Acharya Sushruta* also describes *Siravedha* as *Chikitsa-Ardha* (half-treatment) in *Shalya Tantra* (surgery)[6]. We performed only two sittings of *Siravedha* because the patient was relieved entirely from severe back pain with radiculopathy. *Siravedha* helps to pacify the *Vata* and its *Anulomana* (release of this blocked vata) that leads to *Strotoshodhana* (relieving the obstructed pathway). The mechanism of sciatica pain can help us understand the probable mode of bloodletting act from a contemporary perspective. Pain in sciatica is due to an inflammatory response triggered by chemicals released from the bulging disc[7]. With *Siravedha*, released chemicals or toxins were removed and helped to subside the pain by decreasing venous congestion, increasing venous drainage, and increasing blood circulation in the region.

CONCLUSION

The impact of oral medication, *Siravedha*, and back exercises are evident in this case, with drastic relief to the patient regarding symptoms, and the patient could walk on his feet without any complications. After a follow-up of one year, the patient had no symptoms of *Gridhrasi*. Even the patient was saved from surgery. *Siravedha* can be used as a daycare procedure to relieve the pain of *Gridhrasi*/sciatica and improve the patient's quality of life. Further studies are required on a large sample size to authenticate the effectiveness of *Siravedha* in *Gridhrasi*.

Declaration of patient consent

The authors certify that they have obtained the patient consent form, where the patient has given his consent to report the case along with all the clinical information in the journal. The patient understands that his name and initials will not be published, and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

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Images


Table 01

Nadi (Pulse)	89/min
Mala (Stool)	***Asamyak* (Mildly constipated)**
Mutra (Urine)	*Samyak*
Jihva (Tongue)	***Saam* (coated)**
Shabda (Speech)	*Spashta*
Sparsha (Touch)	*Anushnasheeta*
Druka (Eyes)	*Prakruta*
Akriti (Posture)	*Madhyama*

Table 02

Respiratory system	Normal
Cardiovascular system	Normal
Gastrointestinal system	Normal
Central nervous system	• The patient was fully conscious and alert but restless due to severe pain. • Well-oriented to time, place, and person (TPP) • Functions of all cranial nerves were intact. • Left lower limb sensory functions were diminished at the level of l4-l5 dermatomes.

Table 03

Test done	**Observed value**	**Units**	**Biological reference value**
HIV- I (RAPID TEST)- Serum	Non- Reactive		Non- Reactive
HIV- II (RAPID TEST)- Serum	Non- Reactive		Non- Reactive
HBSAG (RAPID)	Non- Reactive		Non- Reactive
Uric Acid- Serum	4.0	mg/dl	3.5-7.2
Bleeding time	3.15	minutes	2-9
Clotting time	4.55	minutes	4-10

Erythrocyte Sedimentation Rate	10	mm	0-10
Haemoglobin	14.7	g/dl	13.0-17.0
Total leucocyte count	8.1	$\times 10^3/\mu L$	4.0-10.0
Total erythrocyte count	4.7	$\times 10^6/\mu L$	4.5-5.5
Platelet count	364.00	$\times 10^3/\mu L$	150-410
Haematocrit (HCT)	42.7	%	40.0-50.0
M.C.V.	91.2	fl	83-101
MPV	9	fl	9.1-12.0
M.C.H.	31.3	pg	27-32
M.C.H.C.	34.3	gm/dl	31.5-34.5
R.D.W.CV	11.2	%	11.0-16.0
Neutrophils	60.9	%	40-80
Lymphocytes	27.5	%	20-40
Monocytes	7.2	%	2-10
Eosinophils	3.4	%	1-6
Basophils	0.7	%	0-1
Random Blood Glucose	136.5	mg/dl	70-140

Table 04

S. No.	Medicine Name	Dose	Unit	Morning	Evening	After Food (AF)/ Before Food (BF)	Vehicle
1.	Ashwagandha Churna	3	gm	✓	✓	AF	Lukewarm Water
	Shatavari Churna	2	gm				
	Arjuna Churna	1	gm				
	Godanti Bhasma	500	mg				
2.	Dashmool Kwath	20	ml	✓	✓	AF	Lukewarm Water
3.	Rasnasaptak Kwath	20	ml	✓	✓	AF	Lukewarm Water
4.	Kaishor Guggu-lu	500	mg	✓	✓	AF	After Crushing with Luke-warm Water

Table 05

DATE and VISIT NO. and FOLLOW-UP NO. (FU)	22.03.22 1st Visit (0th day)	29.03.22 2nd Visit (7th day)	05.04.22 3rd Visit (14th day) (1st FU)	12.04.22 4th Visit (21st day) (2nd FU)	28.04.22 5th Visit (37th day) (3rd FU)	12.05.22 6th Visit (51st day) (4th FU)	14.06.22 7th Visit (84th day) (5th FU)	14.07.22 8th Visit (114th day) (6th FU)	13.09.22 9th Visit (175th day) (7th FU)	15.11.22 10th Visit (238th day) (8th FU)	17.01.23 11th Visit (301st day) (9th FU)	21.03.23 12th Visit (364th day) (10th FU)
INTERVENTION	First sitting of *Siravedha* (60 ml)	Second sitting of *Si-*	None	None	None	None	None	None	None	None	None	None

		raved ha (60 ml)										
MEDI-CATION	*Vata Shamak*	*Vata Sham ak*	Back Ex-er-cises	Back Ex-er-cises	Back Ex-er-cises	Back Ex-er-cises	Back Ex-er-cises	Back Ex-er-cises	Back Ex-er-cises	Back Ex-er-cises	Back Ex-er-cises	Back Ex-er-cises
% RE-LIEF	- BE F0 RE SI RA	60	100	100	100	100	100	100	100	100	100	100
SLR test positive at (in de-grees)	20	60	Full free	Full free	Full free	Full free	Full free	Full free	Full free	Full free	Full free	Full free
VAS SCORE	7	4	0	0	0	0	0	0	0	0	0	0
COM-FORTA-BLE WALK-ING DIS-TANCE	Unable to walk and stand with-out assis-tance	200 me-ters	500 me-ters	Nor mal walk	Nor mal walk	Nor mal walk	Nor mal walk	Nor mal walk	Nor mal walk	Nor mal walk	Nor mal walk	Nor mal walk
On the 8th visit, a patient was advised to discontinue exercises also. Further, the patient was examined every 15 days up to the period of 1 year, without medications to observe the reoccurrence of symptoms. No complaints reoccurred later on.												

Table No.5