



MANAGEMENT OF GRIDHRASI WITH MATRA BASTI- A CASE STUDY

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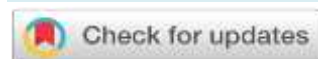
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ABSTRACT

Background: *Gridhrasi* is one of the most common disorders of *Vata*, which closely resembles sciatica, which is characterized by pain or discomfort associated with the sciatic nerve. The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7.9% in the nonworking population. Contemporary medicine has limitations in giving short-term relief from pain or surgical intervention with a side effect. Aim and Objectives: The aim of this study was to access the efficacy of Ayurvedic management including *Shodhana* and *Shamana Chikitsa* in *Gridhrasi*. Materials and Methods: It is a single case study. A 50-year-old man who was already diagnosed with intervertebral disc prolapsed in L2-L5, correlated with *Gridhrasi* of both legs for 10 years approached to Ayurvedic hospital and was treated with Panchakarma treatment including *Matra Basti*, *Kati Basti*, and *Patra panda sweda* along with *Shamana Chikitsa*. Results: Symptomatic assessment of the patient was carried out after one month and a satisfactory outcome was there overall quality of life of the patient was very happy without symptoms and pain. Conclusion: The mentioned therapy gives symptomatic relief for the management of *Gridhrasi*.

Keywords: *Gridhrasi*, *Kala vasti* and *Shamana Chikitsa*, sciatic

INTRODUCTION

Today's lifestyle and nature of work are an added tension on the usual health. The aggravating factors, such as over-exertion, sedentary occupation, jerky movements during travelling, and lifting, create mental stress, which leads to low backache. One of the main causes of low backache is intervertebral disc prolapsed (IVDP)¹. The IVDP means the protrusion from the nucleus pulposus of vertebrae through a rent within the annulus fibrosus². In 95% of the lumbar disc herniation, L4-L5 and L5-S1 discs are most commonly affected³. In IVDP, the pain may be located in the low back only or referred to a leg, buttock, or hip, which outlines the features of sciatica- syndrome. Sciatica is a striking pain, which causes difficulty in walking. It hampers the daily routine and deteriorates the quality of life of the patient⁴. The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7.9% in the nonworking population⁵. It is most prevalent in people during their 40s and 50s and men are more commonly affected than women. Low back pain has been enumerated as the fifth most common cause of hospitalization and the third most frequent reason for a surgical procedure⁵. The signs and symptoms of "Sciatica" found in modern medicine quietly mimic the condition of *Gridhrasi* mentioned in Ayurveda. *Gridhrasi* comes under *Nanatamja Vata vyadhi*⁷. *Gridhrasi*, the name itself indicates the way of gait shown by the patient due to extreme pain, that is, *Gridhra* or Vulture. The cardinal signs and symptoms of *Gridhrasi* are *Ruk* (pain), *Toda* (pricking sensation), *Muhuspandan* (Tingling sensation), *Stambha* (stiffness) in the *Sphik*, *Kati*, *Uru*, *Janu*, *Jangha*, and *Pada*⁸ in order and *Sakthikshepanigraha* (i.e., restriction in the upward lifting of lower limbs)⁹. In *Gridhrasi*, *Tandra* (Drowsiness), *Gaurava* (Heaviness), and *Aruchi* (Anorexia) may be present if *Kapha* is associated with *Vata*¹⁰. The management provided by contemporary medicine for this condition is either conservative or surgical in nature¹¹. By taking into consideration, the prevalence rate of *Gridhrasi* and overcoming the above expensive therapeutics; there is a great need

to find out effective management of *Gridhrasi*. In this case study, a 50-year-old man with IVDP in the lumbar region was prescribed for different *Sthanik* and *Sarvadaihika Shodhan Chikitsa* and *Shamana Chikitsa*, which resulted in excellent symptomatic relief.

CASE REPORT: A 50 Year Male patient, driver by occupation presented with low back ache for 10 years and radiating pain to both legs for 4 years associated with stiffness in the low back region. The patient had sleeplessness due to intense pain. He was unable to sit straight or walk due to pain. No history of systemic disorder. No relevant personal history. In spite of regular modern medication for the past few years patient had no relief, however, in view of increased pain, he came to Kayachikitsa OPD at Karnataka ayurveda medical college, Mangalore.

CLINICAL FINDINGS AND INVESTIGATIONS: Patients pulse rate was 78/min, blood pressure was 140/90 mmHg, respiratory rate was 18/min weight was 84kg and height was 168cm. On examination pain, and tenderness associated with warmth over the lumbar(L2-L3-L4-L5) region are present and SLR Test is found to be positive bilaterally at 40 degrees each. Range of movement – LS spine painful and restricted flexion, extension, right and left lateral bending.

MRI REPORT OF LS SPINE:

Diffuse disc bulge with central protrusion at L2-L3 causing indentation on thecal sac with narrowing of bilateral neural foramina and spinal canal. Diffuse disc bulge with central protrusion at L3-L4 causing indentation on thecal sac with narrowing of bilateral neural foramina and spinal canal. facet joint hypertrophy was seen.

Diffuse disc bulge with right paracentral disc extrusion at L4/L5 level causing indentation on thecal sac, right traversing nerve root with narrowing of bilateral neural foramina. multi-level disc bulge causing spinal canal stenosis.



Fig NO-1: MRI OF LUMBO SACRAL SPINE.

TREATMENT PLAN:

PANCHAKARMA PROCEDURE:

Initially, the patient has treated with *Mrudu Sarvanga abhyanga* with *Mahanarayana taila* followed by *Bashpa Sweda* for 2 days. Along with *Kati Basti* with *Vishagarbha taila* from day 1 for 7 days. From day 3 *Sarvanga Patrapinda Sweda* was started for 5 days after *Sarvanga abhyanga*. After 2 days the patient

was started with *Matra basti* with a mixture of *Gug-gulu tiktaka gritha(30ml)* and *Mahanarayana taila (30ml)* for 7 days.

SHAMANA AUSHADI: The patient was internally administered with *Rasna erandadi Kashaya* 2tsp TID with an equal quantity of water after food, and *Vatari guggulu* 1-tab TID with lukewarm water, cap. *Ksheerabala* (101) 1-tab BD with water.

OBSERVATION AFTER TREATMENT:

	BEFORE TREATMENT	AFTER TREATMENT
<i>Sakthi utkshepa nigraha</i> (SLR)	40 degrees (both legs)	70 degrees (both legs)
Tenderness	++	Resolved
<i>Ruk, Toda, spandana</i>	++	Resolved

CONCLUSION

The overall effect of the above-mentioned therapy reveals that sciatica can be cured effectively with a collaborative approach of various Panchakarma procedures including *matra basti*, *Patrapinda Pottali Sweda*, *Kati Vasti* along with *Shamana Chikitsa* without causing any adverse event and it may be an alternative therapy for sciatica in the current era.

Now to date, there is no need for to patient to undergo any surgical intervention as well as there is no recurrence in symptoms. This study is about the presentation of a single case only. An attempt must be made for further exploration of the effect of these Panchakarma therapies in large populations for establishing standard treatment protocols. To combat the disease in minimum duration, we have used a multi-treatment approach to get a synergistic effect.

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