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A Case Study Of Ayurvedic Management Of *Gridhrasi* W.S.R. To Sciatica

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ABSTRACT: -

Gridhrasi is one of the “*Nanatmaja Vyadhis :of vata*”. Improper sitting postures continuous and over exertion, jerking movements during travelling and sports produce structural abnormality in spinal cord. *Vata* is the prime *dosha* in the causation of *Gridhrasi*. The vitiated *vata dosha* get localized in the *sphik, kati* region. Occasionally it will be associated with *kapha* producing *vata kaphaj Gridhrasi*. *Gridhrasi* is pain dominant *vyadhi* so it causes major discomfort to the patient. Pain originates in lumbosacral region and radiate down to tip of legs through posterior aspects of thigh, knee and calf region. Sciatica nerve compression is the main cause of this. Pain creating a major discomfort to the patients. *Gridhrasi* is cured by the help of *shamana chikitsa*. Hence in the case study of male patient of age 48 yrs presenting with cardinal clinical sign and symptoms of *Gridhrasi* are *Ruka, Toda, Stambha* and *Muhu Spandana* in the *Sphika, Kati, Uru, Janu, Jangha and Pad in order and Sakthikshepanigraha* that is restricted lifting of the leg.

Keywords: *Gridhrasi; Shaman Chikitsa; Vata Dosh; Ayurvedic medication*



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INTRODUCTION

The symptoms of *gridhrasi* initially affect *spick* (buttock) as well as posterior aspect of *kati* (Lumbar) and then gradually radiates to posterior aspect of *Uru* (thigh), *Janu* (knee), *Jangha* (calf) and *pada* (foot).^[1] Acharya Sushruta views when two *kandra* in the leg gets affected with *vata dosha*, it limits the extension of leg, resulting in *Gridhrasi*.^[2] The symptoms are- *Stambha* (Stiffness), *Thoda* (Pricking sensation), *Ruk* (pain), *Muhuspandan* (Tingling). In *Vataja-Kaphaja* there are types of *Gridhrasi-Tandra, Gaurava* (heaviness) and *Arochaka*.^[3] Sciatica is also known as sciatic neuritis, sciatic neuralgia or lumbar Radiculopathy when pain is felt going down the leg from the back.

Case report :

History of personal illness:

A male patient aged 48yrs came with the complaints of pain starts from lumbar region to foot and then gradually radiates to posterior aspects of thigh, knee, calf and both legs tingling sensation, difficulty in walking, sitting, standing, numbness, but from 2 month patient increase the severity of symptoms. The present case study is successful ayurvedic management of a case of *Gridhrasi* (Sciatica).

2. Chief Complaints: Duration

- 1) Radiating pain from lumber, thigh, knee, calf, foot region since 20 days
- 2) Tingling sensation in both foots since

3months,

- 3) Difficulty in walking since 2 months,
- 4) Difficulty in sitting & standing since 2 months
- 5) Numbness in both legs since 20 days.

3. Astavidha Pariksha

Nadi (pulse) = 78/min.

Mala (stool) = awastambha(constipation)

Mutra (urine) = 4-5 times in a day(pale yellow)

Jeeva (tounge) = saam(coated)

Druka(eyes) = prakrut

Shabda (speech) = Normal

Akruti = *Samanya*

spharsh = *smshitoshna*

4. Vital symptoms:

Blood Pressure = 120/70 mm/Hg

Respiratory rate=74/min

On physical examinations patients Straight leg rise(SLR) test was positive in both legs (L>R) at 60° in right leg and 45° in left leg. The MRI findings showed straightening of normal lordosis, desiccative disc changes at L4,L5-S1 level, mild diffuse disc bulge at L4-5 level causing thecal sac indentation, nerve compression.

MATERIALS AND METHODS

It is a single case study. Informed consent was taken from the patient in his own language.

Centre of study: Govt. ayurved hospital, anusandhan kendra, gulab bagh, Udaipur

Method of sampling & study design: Simple randomized single case study

Shodhana chikitsa:

S.NO.	Type of chikitsa	Drugs	Duration
1.	<i>Kati basti</i>	<i>Bala tail + nirgundi oil</i>	15days
2.	<i>Karm basti</i> <i>Anuvasan basti</i> <i>Niruh basti</i>	<i>Hingu trigun tail</i> <i>Arandmuladi kwath</i>	15 days 15 days

Saman chikitsa:

S.no.	Drugs	Dose	Duration
1	Rasraj ras	100mg	15 days
2.	Punarnava mandoor	500mg	15 days
3.	Ekaangveer ras	250 mg	15 days
4.	Praval pishti	250 mg	15 days
5.	Naarsing churan	2gm	15 days
6.	Triyodashang gugllu	2 tab b.d.	15 days

Kati Vasti with Bala taila + Nirgundi taila : Kati Vasti is a type of Snigdha Swedana. Application of Kati Vasti (L4-L5-S1 region) was carried out to provide good nourishment and strengthen the affected part due to protrusion and alleviated Vatavyadhi. In this, there is degeneration of intervertebral disc and lubrication function of Shleshak kapha is affected, which result in compression and irritation. Kati vasti with Bala taila and nirgundi taila is a unique combination in which, properties of both snehana and swedana are incorporated, which helps to lubricate local musculature as well as tissue of nearby affected region and also increases local blood flow that help to drain out the inflamed exudates.^[4]

Erandmuladi kwath Niruha Vasti followed by Hingutriguna taila Anuvasana Vasti: Vasti is the best treatment for Vata dosha as per Acharya Charaka. Vasti has systemic action as the active principles (Virya) of Vasti preparation are absorbed through Pakwashaya (intestine) and spread to various channels of the body. It reaches at the site of lesion and induces systemic effects and relieves the disease.^[5] Vasti helps to remove Kapha Avarana over Vata due to protrusion as well as it acts on Vata dosha, that is, Pakwashaya, which is the prime site of Vata dosha. It relieves constipation as well as helps to relieve edema, inflammation, necrosis due to its Srotoshodhana effect by Vata kaphahara

properties of Kwatha drugs. Erandmula is Tridosahara. Guduchi is having Vedanasthapana, Vataghna action due to Snigdha and Ushna gunas, cause stimulation of dhatvagni by its tikta rasa and provide nutrition to the dhatus by Madhura vipaka.^[6] Punarnava is having Kapha vataghna action due to Ushna virya and also having Shothahara, Rasayana properties.^[7] Anuvasana Vasti with Sahachara taila get absorbed and spread throughout the body up to subtle channels.^[8] Hingutriguna taila is having specific property of Gati viseshatvam (helps to move) due to its Madhura and tikta rasa and having Vatahara, Bruhana (nourishing), and Pachana properties.^[9] By taking all the aforementioned discussion into consideration that the overall effect of all treatment regime planned in this patient induces Vatashamana, Srotoshodhana, and Shothahara effects, that is, it can be used as an excellent analgesic, anti-inflammatory, and nutritive therapy for such degenerative entity

CONCLUSION

As per the Ayurvedic treatment principle, Shodhana with Snigdha mridu virechana followed by Vasti is the line of treatment of Vata situated in Adhobhaga. The overall effect of the aforementioned therapy reveals that sciatica can be cured effectively with collaborative approach of various Panchakarma procedures including Erandmooladi Niruha Vasti, Kati Vasti along

with *Shamana Chikitsa* without causing any adverse event and it may be an alternative therapy for sciatica in current era. Now till date there is no need to patient to undergo any surgical intervention as well as there is no recurrence in symptoms. This study is about the presentation of the single case only. An attempt must be made for further exploration of effect of these *Panchakarma* therapies in large population for establishing standard treatment protocol. To combat the disease in minimum duration, we have used multi treatment approach to get synergistic.

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REFERENCES

- [1]Tripathi B: Charak Shamhita, Vatvydhi Chikitsa. Choukhamba Surbharti Prakashan, Varanasi: Pratisanskran 2005: Page No. 947.
- [2] Shastri A.D Sushrut Samhita: Chikitsastana Maha vatavyadhi: Chokhambha Sanskrit Prakashan: reprint 2009: page no. 43.
- [3]Sharma S: Ashtang Sangraha: Vatavyadhi Nidan: Chokhambha Sanskrit Prakashan: 2 nd Edition 2008: Page no. 416.
- [4] API Text Book of Medicine: Edition 7th, Page No.887, 1148.
- [5] Das S: A Mannual of Clinical Surgery-7 th Edition, Examination of Peripheral Nerve Lesions: Page No. 97, Examination of spinal abnormalities: Page No. 225.
- [6] Brain R. Walker: Nicki. R. Colledge: Stuart. H. Ralston: Davidson's Medicine, Neurological Disease: 22ndEdition, Reprint 2014: Page No. 1219.
- [7] Younes M, Bejia I, Aguir Z, Letaif M, Hassen Zroer S, Touzi M, et al. Prevalence and risk factors of disc related sciatica in an urban population in Tunisia. Joint Bone Spine 2006; 73:538-42.
- [8] Shastri A.D : Bhaishjya Ratnavali: Amavatachikitsa 29/14: Chokhambha Sanskrit Prakashan- 19th Edition 2008: page no. 614.
- [9] Deshpande A.P , Dravyaguna Vinyan part I, II.:Anamol Publication, Pune: 5th edition Reprint Jan 2017: page no. 452, 646.