

CASE STUDY

Management of *Gridhrasi* (Sciatica) using *Panchkarma* Therapies – A Case Study

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ABSTRACT

Low back pain is the most common complaint encountered by general practitioners. Chronic low back pain (CLBP) prevalence increases linearly from the third decade of life on, until the 60 years of age, being more prevalent in women. Sciatica is the most common debilitating condition causes CLBP. Radiating leg pain and related disabilities are the observed in sciatica. Nearly 40% of people experience sciatic pain at some point in their life. The diagnosis of sciatica and its management varies considerably within and between countries. Conventional Medicine and surgery are widely used in the management of sciatica. There is a radical rise in the use of Complementary and Alternative Medicine (CAM) in patients with sciatica. Sciatica resembles the disease *Gridhrasi* which is mentioned in *Ayurvedic* classical text book which included under *Vataja Nanatmaja Vikara*. In *Gridhrasi*, pain starts from *Kati-Prushtha* (pelvic and lumbosacral region) radiating toward *Jangha Pada* (thigh and legs) with impairment of lifting leg (stiffness). *Ghridhrasi* can be treated remarkably with procedures of *panchakarma* and internal medicine. Here in this case study, a 55-year-old male patient was suffering from low back pain radiating toward posterior part of the left leg due to disk desiccation with diffuse disc bulge is seen in MRI at L3-L4 and L4-L5 level and also seen a ligamentum flavum hypertrophy and posterocentral extrusion is seen at L5-S1 level, indenting the anterior thecal sac and mild compression on bilateral exiting nerve roots. He was treated with one course of *Kala Basti* followed by *Bala Taila Anuvvasana Basti* and *Erandmuladi Kwath Niruha Basti* along with *Patra Pinda Swedana* and *Prushtha Basti* with *Dashmoola Taila* and internal medicine. The patient showed improvement remarkably and could do all routine work properly.

1. INTRODUCTION

Modernization and sedentary lifestyle of human being in developing countries have created several disharmonies in biological system. Factors such as improper sitting postures in offices and jerky movements in travel and sports lead to the low back pain and sciatica. Low back pain (LBP) is the most frequently reported musculoskeletal problem in elderly adults. LBP due to lumbar disc prolapse is the major cause of morbidity throughout the world. Lifetime incidence of LBP is 50–70 % with the incidence of sciatica more than 40%. However, clinically significant sciatica due to lumbar disc prolapse occurs in 4–6 % of the population.^[1]

In *Ayurveda*, sciatic disease resembles with *Gridhrasi* which included under 80 types of *Nanatmaja Vata Viakara*. In this disease, the gait of patient is typical that resembles of *Ghridra* (Vulture). *Ghridhrasi*

is divided into two types based on *dosha* involvement in it. One is *Keval Vataja* and other is *Vata-Kaphaja*. The signs and symptoms of *Keval Vataja* are pain with a pricking sensation, stiffness, and repeated twitching in the buttock, low back pain region, thigh, back of knee, calf region, and foot. In *Vata-Kaphaja Gridhrasi*, there is drowsiness, feeling of heaviness and anorexia may be present.^[2]

In *Ayurveda*, the disease *Ghridhrasi* treated as a *Vata Vyadhi*, which included mainly *Basti Chikitsa* as a *Sodhana Karma* and internal medicine as a *Shaman Chikitsa*.

2. A CASE STUDY

2.1. History of Present Illness

A 55-year-old male patient came in OPD with complaints of severe pain in low back (lumbar region) on left side which is radiating toward the thigh, calf region and down to the foot, difficulty and pain while walking and sitting, stiffness in lumbar region and numbness in the left

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leg in the past 6 months. The patient underwent for several allopathy treatments but not got only temporarily relief. Then, patient came to the *Nidan* OPD of the National Institute of Ayurveda Hospital, Jaipur. Then, patient admitted in IPD male ward under *Panchkarma* department for *ayurvedic* treatment chief complaints are mentioned in table 1.

2.2. History of Past Illness

No H/O Fall down injury, Road traffic accident (RTA)
No H/O HTN, DM
No H/O Past Surgeries
No H/O Hospitalization.

2.3. Personal History

Diet – Vegetarian
Appetite – Normal
Sleep – Disturb (when increase a pain)
Bowel - Irregular
Urine – Regular and normal.

2.4. Physical Examination

The patient aged about 55 years is conscious cooperative well oriented to time place and person.
Built – Moderate
Temperature – Afebrile
Pulse Rate, Respiratory Rate – 80/min; 16/min
Blood Pressure – 130/84 mm/Hg.

2.5. Assessment

Gait – Deformed gait (walks with help of stick)
Arms – No significant finding
Legs – No significant finding
Spine – No scoliosis, no tender spine.

2.6. Other Examination

Astavidha Pariksha are mentioned in table 2.

2.7. Assessment Criteria

Table no 3 & 4 main heading objective criteria
Table no 5 main heading subjective criteria

2.8. *Nidana Panchaka*

Nidana (Causative factors): Prolonged continuous standing and *Ruksha*, *Sheeta Ahara*, and Excessive traveling.

Poorvarupa (Prodromal symptoms): Pain and stiffness in lumbar and low back region.

Roop (manifestation): Pain in the lumbar region radiating toward the thigh, calf region, and down to the foot, difficulty in walking and sitting, and numbness in the left leg.

Samprapti (Pathogenesis): *Vata Dosha* is vitiated due to *Hetu* seven, that is, excessive standing and *Ruksha*, *Sheeta Ahara* and Excessive travelling.

Vitiated *Vata Dosha* causes the formation of *Rukshta*, *Kharata* (dryness) in lumbar vertebra which further leads to loss of functioning of *Shleshaka Kapha*, that is, decreases elasticity and flexibility of disk. It results into the decreasing the functioning of joints in lumbar region, which ultimately results in disk buldge and compression of nerve, that

is, *Prakshobha* of *Vatavahini Nadi*.

Compression of nerve causes radiating pain towards low back, gluteal, calf, and left leg with tingling numbness.

2.9. *Vyadhi Ghataka*

Dosha involvement: *Vata-Kaphaja*.

Dushya involvement: *Rakta* and *Kandara*.^[3]

2.10. Investigation

Patient had already MRI Lumbo-Sacral Spine Date: - 31 December 2023

- Disc desiccation with diffuse disc bulge is seen at L3-L4 level indenting. The anterior thecal sac and mild compression on bilateral-sided exiting nerve roots.
- Disc desiccation with diffuse disc bulge is seen at L4-L5 level indenting. The anterior thecal sac and mild compression on bilateral-sided exiting nerve roots.
- Disc desiccation with diffuse disc bulge with ligamentum flavum hypertrophy and posterocentral extrusion is seen at L5-S1 level, indenting the anterior thecal sac and mild compression on bilateral exiting nerve roots.

2.11. *Chikitsa* (Treatment)

Chikitsa of *Ghriddharsi* disease as per *Ayurvedokta* Samhita or Classical text involves *Basti* with *Patra Pinda Swedana*, that is, *Shodhan Chikitsa* and *Shamana Chikitsa* which includes internal medicines.^[4]

2.12. Treatment Plan

In this case study, the treatment plan for patient includes, first 3 days *Baluka Swedana* with *Sodhana Basti Patrapinda Swedana* with *Dashmoola Taila* all over the body followed by yoga *Basti Karma* (therapeutic enema) for 16 days, along with internal medicine i.e. 1. Combination of *Ashwagandha Churna* – 2 g + *Ajmodadi Churna* – 2 g + *Nagaradya Churna* – 1 g + *Godanti Bhasma* – 500 mg bd bf with Luke warm water, 2. *Vatavidhvansana Rasa* – 2-tab bd af with Luke warm water, 3. *Rasnasaptaka Kwath* – 40 ml bd bf, 4. *Dashmularishta* - 20 ml bd af with equal quantity Luke warm water, 5. *Simhanaad Guggulu* – 500 mg bd bf with *Kwath*, 6. Cap. Scitilon -1 bd af with Luke warm water given the *Sodhana Basti* Ingredients and dashmool tail contents are mentioned in tables 6 and 7.

2.13. Detailed of Treatment

2.13.1. *Baluka Swedana*

First 3 days given a *Baluka Swedana* and *Sodhana Basti* as per SOP of *Panchkarma* Department, NIA, Jaipur.

2.13.2. *Patrapinda Swedana*^[7]

Patrapinda swedana was given by using *Nirgundi* (*Vitex negundo*), *Eranda* (*Ricinus communis*), *Shigru* (*Moringa oliifera*) *Arka* (*Calatopis procera*) leaves, *Saindhava Lavana* (Rock Salt), *Lasuna* (*Allium sativum*), *Jambira* (*Citrous lemon*), *Dashmoola Taila* to the all over body especially low back to left leg for about 30 min for 14 days.

2.13.3. *Basti (Kala Basti) the schedule of kala basti are mentioned in table 8*

The contents are mentioned in table 9 and table 10 *Erandamuladi Niruha Basti* – 600 mL
Anuvasana Basti with *Bala Taila* – 60 mL.

3. OBSERVATION

Table no 11.

4. DISCUSSION

In this case study, we treated the patient by *Shodhan Chikitsa*, that is, *Basti* and *Shaman Chikitsa*, that is, internal medicine. *Kala Basti* was given along with *Patra Pinda Swedana* and *Prustha Basti* and *Kala Basti* with schedule of 16 days 1-day oil enema and 2-day decoction enema. In *Baluka Swedana*, the sand is heated to tolerable temperature and tied in a bolus. The bolus is heated in a pan. The heated bolus is continuously rubbed over the afflicted area, low back in this case. This procedure is done in the presence of ama (intermediate products of digestion and cell metabolism, circulating or tissue toxins which get adhered in the cells due to their sticky nature, block the channels and transport systems of the body, and cause pain and stiffness) and symptoms of morbid kapha (stiffness, swelling, heaviness etc.). In this case *Baluka Swedana* relieved pain, stiffness, and rigidity of thigh and lower limb. *Patra Pinda Swedana* is used mainly to provide relief from pain, inflammation, swelling, and stiffness (catch) associated with bone, joint, and musculoskeletal pains. Many times, it also acts as a disease- modifier wherein it provides a substantial relief of more than 90% and a long standing one too. It is more effective when combined skillfully with *Abhyanga* (massage with herbal oils), *Prustha Basti*, *Kati Basti* (oil pooling for low back pains), *Greeva Basti* (oil pooling for neck pains) etc treatments. In this case used of *Patra Pinda Swedana*, it relieved the pain stiffness and mild numbness in the low back and left leg. It used *Prustha Basti* (spine region) with *Dashmoola Taila* for 30 min. The affected area may nourish the nerves, muscles, and joints in the particular region. The heat of the oil also gives passive fomentation. It relieved the spinal pain and stiffness of spin. *Anuvhana Basti* is done with *Bala Taila* because of *Bala Taila* is best for *shamana* of *Vata Dosha*. It helps in the lubrication and nourishment of the lower gastrointestinal tract and useful in alleviating back pain. *Basti* is the *Ardha Chikitsa* of all disease. Effect from *Niruha Basti*: *Madhu* having *Yogavahi* and *Sukshma Marga Anusarita*^[9] property acts as catalyst and penetrates into the *Sukshma Srotas*. *Saindhava Lavana* having *Laghu* and *Tridosha Shamaka*^[10] *Guna* was added to it. *Sneha Dravya*, *Taila* having *Ushna Veerya*, *Snigdha Guna*^[11] combats *Ruksha* and *Laghu Guna* of *Vata*,^[12] which in turn causes *Vata Shamana*. *Kalka* is the main drug, which gives potency to the whole combination. It helps to disintegrate the *Malas*. *Kwatha* does *Anulomana* and *Nirharana* of *Doshas* *Erandamula Niruha Basti* is *Vataghna* and is indicated in *Jangha*, *Uru*, *Pada*, *Prushta*, *Trik Shula hara*.^[13] *Eranda* being main ingredient, has *Snigdha*, *Sukshma*, and *Teekshna* properties does *Srotoshodhana* and thus acts as *Vatahara*, *Balya*, and *Vedhana Sthapana*.^[14] Hence, considering the properties of all the ingredients, *Erandamooladi basti* is effective in treating *Grudhrasi*.

5. CONCLUSION

In this case study, we treated the patient of *Ghrudhrasi* by giving therapeutic enema, that is, *Niruha Basti* with *Erandamuladi Niruha* and *Anuvhana Basti* with *Bala Taila* and some internal medicine. *Ghrudhrasi* is a one of the *Nanatamaja Vata Vikara* hence *Basti* is the basic treatment of all *Vata Vyadhi* and is thought to be the *Ardhachikitsa* (50% of all treatment modality) in *Ayurveda*.

After all the treatments, patient shows great improvement in his health about 60–70% pain and stiffness reduced. Now, he can do all his routine activities properly.

6. ACKNOWLEDGMENTS

Nil.

7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally in design and execution of the article.

8. FUNDING

Nil.

9. ETHICAL APPROVALS

This manuscript not required ethical approval as it is a case study.

10. CONFLICTS OF INTEREST

Nil.

11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

12. PUBLISHERS NOTE

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REFERENCES

1. Meucci RD, Fassa AG, Faria NM. Prevalence of chronic low back pain: Systematic review. *Rev Saude Publica* 2015;49:1.
2. Sharma P, editor. *Charaka, Charaka Samhita of Agnivesha. Chikitsasthana 28/56. Vol. 2* Varansi: Chaukhamba Orientalia; 2012. p. 700.
3. Sushruta S. *Shushruta Samhita*. In: Sharma PV, editor. *Nidanasthana 1/74. Vol. 1*. Varansi: Chaukhamba Vishwabharti; 2004. p. 15.
4. Sharma P, editor. *Charaka, Charaka Samhita of Agnivesha. Chikitsasthana 28/101. Vol. 2*. Varansi: Chaukhamba Orientalia; 2012. p. 708.
5. Sharma P, editor. *Charaka, Charaka Samhita of Agnivesha. Siddhistan 3/23. Vol. 2*. Varansi: Chaukhamba Orientalia; 2012. p. 912.
6. Taru P, Syed SH, Kute P, Shikalgar M, Kad D, Gadakh A. *Dashmoola: A systematic overview*. *Research Gate* 2022;9:1334-45.
7. Central Council for Research in Ayurveda and Siddha. *A Practical Handbook of Panchakarma Procedures, Patra Pinda Sweda*. New Delhi: Central Council for Research in Ayurveda and Siddha; 2009. p. 55.
8. Sharma P, editor. *Charaka, Charaka Samhita of Agnivesha. Siddhistan 3/38-42. 8th ed., Vol. 2*. Varansi: Chaukhamba Orientalia; 2012. p. 917.
9. Vagbhata AV. *Astanga Samgraha Hindi Commentary of Kaviraj Atridev Gupta. Sutra Sthan 6/93*. Varansi: Chaukhambha Publication; 2002. p. 43.
10. Sharma P, editor. *Charaka, Charaka Samhita of Agnivesha. Sutrasthan 27/300*. Varansi: Chaukhamba Orientalia; 2012. p. 412.
11. Sharma P, editor. *Charaka, Charaka Samhita of Agnivesha. Sutrasthan 27/286. Vol. 2*. Varansi: Chaukhamba Orientalia; 2012. p. 410.
12. Vagbhata AV. *Astanga Samgraha Hindi Commentary of Kaviraj Atridev Gupta. Sutra Sthan 1/10*. Varansi: Chaukhambha Publication; 2002. p. 198.

13. Sharma P, editor. Charaka, Charaka Samhita of Agnivesha. Siddhistan 1/40. 8th ed., Vol. 2. Varansi: Chaukhamba Orientalia; 2012. p. 887.
14. Sharma P, editor. Charaka, Charaka Samhita of Agnivesha. Sutrasthan 27/297. Vol. 2. Varansi: Chaukhamba Orientalia; 2012. p. 410.

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BARALA HOSPITAL & RESEARCH CENTRE
curing through care

MR LUMBAR SACRAL SPINE

Patient Name	BABU LAL
Age	53
Gender	M
Date	31/12/2023
Ref Doctor	BHRC

Findings:

Straightening of dorso-lumbar curvature is seen.

Disc desiccation with Diffuse disc bulge is seen at L3-4 level indenting the anterior thecal sac and mild compression on bilateral sided exiting nerve roots.

Disc desiccation with Diffuse disc bulge is seen at L4-5 level indenting the anterior thecal sac and severe compression on bilateral sided exiting nerve roots.

Disc desiccation with Diffuse disc bulge with ligamentum flavum hypertrophy and posterocentral extrusion is seen at L5-S1 level indenting the anterior thecal sac and severe compression on bilateral sided exiting nerve roots.

Vertebral bodies show normal heights and alignment.
Marrow signal intensities are preserved.
Posterior elements and facet joints appear to be normal.
Pre and Paravertebral regions are normal.
Visualized spinal cord is normal in morphology and signal intensity.

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Table 1: Chief complaints of patient

Chief complaints	Duration
1. Pain in lower back region.	Past 6 month
2. Stiffness in the lower back region and difficulty in walking.	Past 3 month
3. Pain radiates lower back to left leg and tingling sensation in left leg.	Past 3 month
4. Numbness in the left leg below the knee joint.	Past 2 month

Table 2: *Ashtavidha Parikshana*

1. <i>Nadi</i>	<i>Samayaka</i>	5. <i>Shabda</i>	<i>Spashta</i>
2. <i>Mala</i>	<i>Asamyaka Pravritti</i>	6. <i>Sparsha</i>	<i>Samshitoshna</i>
3. <i>Mutra</i>	<i>Samyaka</i>	7. <i>Druka</i>	<i>Spashta</i>
4. <i>Jivha</i>	<i>Sama</i>	8. <i>Akruti</i>	<i>Madhyam</i>

Table 3: Neurological assessment

Test	Right leg	Left leg
Straight leg raise (SLRT)	Negative	Positive (30°)

Table 4: VAS pain scale

Scale	Right leg	Left leg
VAS scale	0	09

Table 5: Assessment of sign and symptoms of patient

1. Low back pain radiating toward thigh, calf, and down to foot	G0	Pain in lumbar region not radiated toward anywhere.	
	G1	Pain in lumbar region radiates toward thigh.	
	G2	Pain in lumbar region radiates toward thigh.	
	G3	Pain in lumbar region radiates toward foot.	✓
2. Stiffness in lumbar region	G0	No stiffness	
	G1	Mild stiffness	
	G2	Moderate stiffness	
	G3	Severe stiffness	✓
3. Pricking sensation	G0	No pricking sensation	
	G1	Mild pricking sensation	
	G2	Moderate pricking sensation	
	G3	Severe pricking sensation	✓
4. Difficulty and pain while walking and sitting.	G0	No pain	
	G1	Mild pain+no difficulty in walking and sitting	
	G2	Slight difficulty in walking and sitting	
	G3	Much difficulty in walking and sitting	✓
5. Numbness	G0	No Numbness	
	G1	Numbness in foot	
	G2	Numbness in below knee to foot	✓
	G3	Numbness in Lumber region to foot.	

Table 6: *Sodhana Basti* Ingredients^[5]

S. No.	Sanskrit name	Botanical/English name	Quantity
1	<i>Madhu</i>	Honey	60 mL
2	<i>Saindhava Lavana</i>	Rock Salt	10 g
3	<i>Dashmoola Taila</i>	-	30 mL
4	<i>Shatpushpa Churna (Kalka)</i>	Anethum sowa	10 g
5	<i>Dashmoola Kwath</i>	-	400 mL
6	<i>Go-mutra</i>	-	100 mL

Table 7: *Dashmoola Kwath Dravya*^[6]

S. No.	Sanskrit name	Botanical name
1	<i>Bilva</i>	<i>Aegle marmelos</i>
2	<i>Agnimantha</i>	<i>Premna mucronata</i>
3	<i>Shyonaka</i>	<i>Oroxylum indicum</i>
4	<i>Patala</i>	<i>Stereospermum suaveolens</i>
5	<i>Gambhari</i>	<i>Gmelina arborea</i>
6	<i>Bruhata</i>	<i>Solanum indicum</i>
7	<i>Kantakari</i>	<i>Solanum xanthocarpum</i>
8	<i>Shalaparni</i>	<i>Desmodium gangeticum</i>
9	<i>Prishnaparni</i>	<i>Uraria picta</i>
10	<i>Gokshura</i>	<i>Tribulus terrestris</i>

Table 8: Schedule of *Kala Basti*

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Empty Stomach	Empty Stomach	After Diet	Empty Stomach	Empty stomach	After Diet	Empty stomach	Empty Stomach
<i>Sodhana Basti</i>	<i>Sodhana Basti</i>	A	EM	EM	A	EM	EM
Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16
After Diet	Empty Stomach	Empty Stomach	After Diet	Empty stomach	Empty Stomach	After diet	After diet
A	EM	EM	A	EM	EM	A	A

A: *Anuvasana Basti*, EM: *Erandmuladi Niruha Basti*

Table 9: Contents of *Niruha Basti*^[8]

S. No.	Dravya	Quantity
1.	<i>Makshika</i>	120 mL
2.	<i>Saindhava Lavana</i>	10 g
3.	<i>Sneha (Tila Tail)</i>	90 mL
4.	<i>Kalka (Shatpushpa Churna)</i>	10 g
5.	<i>Kwath (Erandmuladi Kwath)</i>	500 mL

Table 10: Contents of *Erandmuladi Kwath*

S. No.	Name	Botanical name
1.	<i>Erandmula</i>	Roots of <i>Ricinus communis</i>
2.	<i>Palasha</i>	<i>Butea monosperma</i>
3.	<i>Bruhati</i>	<i>Solanum indicum</i>
4.	<i>Kantakari</i>	<i>Solanum xanthocarpum</i>
5.	<i>Shalaparni</i>	<i>Desmodium gangeticum</i>
6.	<i>Prishnaparni</i>	<i>Uraria picta</i>
7.	<i>Gokshura</i>	<i>Tribulus terrestris</i>
8.	<i>Rasna</i>	<i>Alipinia galanga</i>
9.	<i>Ashwagandha</i>	<i>Withnia somnifera</i>
10.	<i>Atibala</i>	<i>Abutilon indicum</i>
11.	<i>Guduchi</i>	<i>Tinospora cordifolia</i>
12.	<i>Punarnava</i>	<i>Boerhavia diffusa</i>
13.	<i>Aragvadha</i>	<i>Cassia fistula</i>
14.	<i>Devadaru</i>	<i>Cedrus deodara</i>
15.	<i>Madanaphala</i>	<i>Randia dumetorum</i>

Table 11: Assessment between before and after treatment

Symptoms	Before treatment	After treatment
1. Low back pain radiating toward thigh, calf, and down to foot	G ₃	G ₀
2. Stiffness in lumbar region	G ₃	G ₀
3. Pricking sensation	G ₃	G ₀
4. Difficulty and pain while walking and sitting	G ₃	G ₁
5. Numbness	G ₂	G ₀
6. Straight leg raise (SLRT)	Left leg 30°	Left leg 80°
7. VAS Scale	Left leg (09/10)	Left leg (01/10)