

AYUEVEDIC MANAGEMENT OF *GRIDHRASI* (SCIATICA)- A CASE STUDY¹*Dr. Avinash Sanjay Kadam and ²Vd. Ujwala V. Pawar¹(P.G. Scholar, Department of Rog Nidan Evum Vikruti Vigyan, Government Ayurved College, Nanded).²M.D. (Rognidan Evum Vikruti Vigyan) Professor Department of Rog Nidan Evum Vikruti Vigyan, Government Ayurved College, Nanded.

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ABSTRACT

Low back pain is most common complaint encountered by general practitioners. Low back pain can present as acute or chronic pain. Patient **belonging** to chronic low back pain category are those who have not responded to six weeks of conservative management. These patients can be divided into different groups based on the location and radiation of pain. Sciatica is most common debilitating condition causes low back pain radiating towards posterior part of legs. Nearly 40% peoples experiences sciatic pain at some point in their life. Sciatica resembles the disease *Gridhrasi* which mention in *ayurvedic* classical text book which included under *vataja nanatmaja vikara*. In *gridhrasi* pain starts from *Kati-Prushta* (pelvic and lumbosacral region) radiating towards *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, patient was suffering from sciatic pain (low back pain radiating towards posterior part of left leg) due to herniation at L_{4,5} and L₅.S₁. He was treated with one course of *yogabasti* followed by *Majja ghrut anuvasana basti* along with *abhyanga*, *swedana* and internal medicine *panchatikta ghrut guggulu*. Patient showed improvement remarkably and could do all routine work properly.

KEYWORDS: low back pain, *ghridhrasi*, sciatica, basti (*yogabasti* and *majja ghrut basti*).

INTRODUCTION

Sciatica might be a symptom of a 'pinched nerve' affecting one or more of the lower spinal nerves. The nerve might be pinched inside or outside of the spinal canal as it passes into the leg. Sciatica can occur suddenly or it can occur gradually.

Sciatica refers to pain that radiates along the path of the sciatic nerve, which is associated with tingling numbness, pricking sensation and stiffness. The life time incidence of sciatica varies from 13-40%. It is most common during peoples 40s and 50s and men's are more frequently affected than women's.^[1]

In *Ayurveda* sciatic disease is 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 2 types based on *dosha* involvement in it. One is *keval vataja* and other is *vata-kaphaja*. The sign and symptoms of *keval vataja* is pain with 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 *shodhan karma* and internal medicine as a shaman *chikitsa*.

A CASE STUDY

History of present illness

A 42 year old male patient comes in a OPD with complaints of sever pain in low back (lumbar region) on left side which is radiating towards 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 leg since 6 months. Patient underwent for several allopathy treatments but got only temporarily relief. Then patient came to the *Nidan* OPD of Government *Ayurved* hospital, Nanded on date 20/02/2018. Then patient admitted on the same day for further *ayurvedic* treatment.

Table 1: Chief complaints of patient.

Chief complaints	Duration
1. Severe pain in low back and radiating towards thigh, calf and down to foot. 2. Stiffness in lumbar region. 3. Pricking sensation. 4. Difficulty and pain while walking and sitting.	6 Months

History of Past Illness

- No any specific surgical history.
- No any history of major illness.

General Examination

General examination which includes *Ashtavidha pariksha* as follows:

Table 2: Ashtavidha Parikshana.

1. Nadi	70/min.	7. Druka	Spashta
2. Mala	Samyaka	8. Akrti	Madhyam
3. Mutra	Samyaka	9. Prakurti	Vata-Kaphaja
4. Jivha	Sama	10. Weight	60 kg.
5. Shabda	Spashta	11. Blood pressure	130/90 mm of Hg
6. Sparsha	Samshitoshna	12. Temperature	97.6 ⁰ F

Neurological examination**Table 3: Neurological assessment.**

Tests	Right leg	Left leg
1. Straight leg raise (SLRT)	Negative	Positive(35 ⁰)

Assessment Criteria**Table 4: Assessment of sign and symptoms of patient.**

1. Low back pain radiating towards thigh, calf and down to foot	G ₀	Pain in lumbar region not radiated towards anywhere.	
	G ₁	Pain in lumbar region radiates towards thigh.	
	G ₂	Pain in lumbar region radiates towards thigh.	
	G ₃	Pain in lumbar region radiates towards foot.	√
2. Stiffness in lumbar region	G ₀	No stiffness	
	G ₁	Mild stiffness	
	G ₂	Moderate stiffness	√
	G ₃	Severe stiffness	
3. Pricking sensation	G ₀	No pricking sensation	
	G ₁	Mild pricking sensation	
	G ₂	Moderate pricking sensation	√
	G ₃	Severe pricking sensation	
4. Difficulty and pain while walking and sitting.	G ₀	No pain	
	G ₁	Mild pain+ no difficulty in walking and sitting	
	G ₂	Slight difficulty in walking and sitting	
	G ₃	Much difficulty in walking and sitting	√

Nidana Panchaka

- **Nidana (Causative factors):** *Aatichankraman* (excessive walking), prolonged continuous standing and heavy weight lifting.
- **Poorvarupa (Prodromal symptoms):** Pain and stiffness in lumbar and low back region.
- **Roop (manifestation):** Pain in the lumbar region radiating towards the thigh, calf region and down to the foot, difficulty in walking and sitting, numbness in the left leg.
- **Samprapti (Pathogenesis):** *Vata dosha* is vitiated due to *hetu* seven i.e. excessive walking, prolonged continuous standing and heavy weight lifting.

Vitiated *vata dosha* causes formation of *rukshata, kharata* (dryness) in lumbar vertebra which further leads to loss of functioning of *shleshaka kapha* i.e. decreases elasticity and flexibility of disc. It result into the decreasing the functioning of joints in lumbar region, which ultimately results in disc herniation and compression of nerve i.e. *Prakshobha* of *Vatavahini Nadi*.

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

Vyadhi Ghataka

Dosha involvement: *Vata-Kaphaja*.

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

Investigation

Patient had already MRI lumbar-spine of recent date 5/02/2018.

MRI reporting suggest the herniation at L₄-L₅, L₅-S₁ and Compression at Sciatic nerve.

Chikitsa (Treatment)

Chikitsa of *ghridharsi* disease as per *Ayurvedokta Samhita* or Classical text involves *Basti* with *Snehana*, *swedana* i.e. *Shodhan chikitsa* and *Shamana chikitsa* which includes internal medicines.^[4]

Treatment plan

In this case study the treatment plan for patient includes, *Sarvanga snehana* with *Brihat Saindhavadi* tail and *Patrapinda Swedana* to left leg and lumbar region followed by *yoga basti karma* (therapeutic enema) for 8 days. After 8 days *Majja ghrut anuvasana basti* given for 14 days, along with internal medicine i.e. *Panchatikta ghrut guggulu* 2 TDS given.

Detailed of treatment**Abhyanga (snehana)**

Ayurvedic massage was done on complete body with *Brihat Saindhavadi tail* for 20 min. daily.

Swedana

Patrapinda swedana was given by using *Nirgundi* (*Vitex negundo*) leaves to the lumbar and left leg region for about 20 min.

Basti (Therapeutic enema)

➤ *Yoga basti* was given for 8 days followed by *Majja ghrut anuvasana basti* for 14 days.

Yoga basti includes two types of *basti*

1. Oil enema i.e. *Anuvasana* with *Brihat saindhavadi tail* and *tila tail* each 30 ml.
2. *Niruha basti* (decoction enema) which includes following ingredients:

Table 5: Ingredients of Niruha Basti.^[5]

1. <i>Saindshava</i> (Rock salt)	5 gm
2. Honey	60 ml
3. <i>Kalka</i> of <i>Triphala</i> , <i>Erandamula</i> , <i>Madanphala</i> .	20 gm
4. Oil: <i>Bala tail</i>	120 ml
5. <i>Dashmoola</i> decoction	400ml

Table 7: Scheduled of Majja ghrut basti.

Days	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Type of <i>Basti</i>	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM	AM

Scheduled of *Yoga basti* is as follows

Table 6: Scheduled of yoga basti.

Days	1	2	3	4	5	6	7	8
Type of <i>basti</i>	A	N	A	N	A	N	A	A

Kalka drugs

- *Triphala* i.e. *Haritaki* (*Terminalia chebula*), *Bhibhitaki* (*Terminalia bellerica*), *Amalaki* (*Terminalia officinalis*).
- *Eranadamula* (*Ricinus communis*).
- *Madanphala* (*Randia spinose*).

Drug of Dashmool decoction

Shalparni (*Desmodium gageticum*), *Prashniparni* (*Urarica picta*), *Kantakari* (*Solanum surattense*), *Bruhuti* (*Solanum indicum*), *Gokshura* (*Tribulus teraestris*), *Bilva* (*Aegle marmelos*), *Agnimanth* (*Premna integrifolia*), *Sonapatha* (*Oroxylum arborea*), *Paatala* (*Sterospermum suaveoleus*), and *Gambhari* (*Gmelina arborea*).

Content of Brihat Saindhavadi tai.^[6]

Saindhava lavana (rock salt), *Shreyasi* (*Scindapsus officinalis*), *Rasna* (*Pluchea lanceolate*), *Shatapushpa* (*Anethum sowa*), *Yamani* (*Trachyspermum ammi*), *Sarjika* (*Swarjika kshara*), *Maricha* (*Piper nigrum*), *Shunthi* (*Zingiber officinalis*), *Kushta* (*Saussurea lappa*), *Sauvarchala* (*Saussurea lappa*), *Vida* (*Vida salt*), *Vacha* (*Acorus calamus*), *Ajamoda* (*Carum roxburghianum*), *Madhuka* (*Glycyrrhiza glabra*), *Jiraka* (*Cuminum cyminum*), *Pushkara* (*Inula racemosa*), *Kana* (*Piper longum*), *Erandtaila* (*Ricinus commis*), *Kanji* (*Fermented gruel*), *Mastu* (*Curd water*).

➤ **Majja Ghrut Anuvasana Basti.**^[7]

After 8 days of *yoga basti* *Majja ghrut anuvasana basti* was given for 14 days as per following scheduled.

Ingredients

- Bone marrow of Goat (male). (1 kg)
- Cow's ghee. (1 kg).
- *Kalka* of *Gokshur*, *Ashwagandha*, *Jatamansi*, *Brahmi*, *Kapikachhu*. (each 150 gm).

Procedure

- *Gokshur*, *Ashwagandha*, *Jatamansi*, *Brahmi* and *Kapikachu churna* each 30 gm was taken and 3 liters of water was added to make decoction.
- Liter of decoction was prepared.

- Goat (male) bone marrow 1kg and *Kalka* of above *churna* was added in hot cow's ghee and heated till all water in decoction is evaporated and only *Majja ghrut* is left.
- This prepared *Majja ghrut* was used for *anuvasana basti*.
- Content of *Panchatikta Ghrut Guggulu*.^[8]

Nimba (*Azadirachta indica*), *Patola* (*Trichosanthes dioica*), *Vyaghri* (*Solanum xanthocarpum*), *Guduchi* (*Tinospora cordifolia*), *Vasa* (*Adhatoda vasica*), *Shudha Guggulu* (Purified *Commiphora mukul*), *Ghrut* (Ghee) and water for decoction.

OBSERVATION**Table 8: Assessment between before and after treatment.**

	Before treatment	After treatment
1. Low back pain radiating towards thigh, calf and down to foot	G ₃	G ₀
2. Stiffness in lumbar region	G ₂	G ₀
3. Pricking sensation	G ₂	G ₁
4. Difficulty and pain while walking and sitting.	G ₃	G ₁
5. Straight leg raise(SLRT)	Left leg 35 ⁰	left leg 70 ⁰

DISCUSSION

In this case study, we treated the patient by *Shodhan chikitsa* i.e. *Basti* and *Shaman chikitsa* i.e. internal medicine. Total two types of *Basti* were given along with *snehana* and *swedana*. One is *yog basti* with schedule of 8 days alternate day oil enema and decoction enema. Then after *Yog basti*, *Majja ghrut basti* (the enema of bone marrow of male goat) given to a patient for 14 days with continue internal medicine *Panchatikta ghrut guggulu* 2 tablets TDS given.

After all the treatment patient show great improvement in his health about 70-80% pain and stiffness reduced. Now he can do all his routine activities properly.

CONCLUSION

In this case study we treated the patient of *ghridhrasi* by giving therapeutic enema i.e. *Yog basti* and *Majja ghrut basti* and some internal medicine. *Ghridhrasi* 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*.

REFERANCES

1. Punam Sawarkar, Gaurav Sawarkar, *Ayurvedic Management of ghridhrasi (sciatica)*, *Joinsysmed*, 2017; 5(2): 119-125.
2. Charaka, *Charaka Samhita of Agnivesha*, Sharma Priyavat (editor); *chikitsasthana 28/56*: Chaukhamba Orientalia, Varansi, Volume II, 8th edition, 2007; 787.

3. Sushruta, *Shushruta Samhita*, Sharma P.V. (editor); *Nidanasthana 1/74*, Chaukhamba Vishwabharti, Varansi, Reprint, 2004; I: 15.
4. Charaka, *Charaka Samhita of Agnivesha*, Sharma Priyavat (editor); *Chikitsasthana 28/100*: Chaukhamba Orientalia, Varansi, Volume II, 8th edition, 2007; 795.
5. Charaka, *Charaka Samhita of Agnivesha*, Sharma Priyavat (editor); *Siddhistan 3/23*: Chaukhamba Orientalia, Varansi, Volume II, 8th edition, 2007; 26-28.
6. Shri Govindas, *Bhaishajya Ratnavali of Ambika Datta Shashtri, Rajeshwar Datta Shashtri* (editor); Chapter 29/222-227, Chaukhamba Sanskrit Prakashana, Varansi, 447.
7. Vagbhata, *Ashtanghrdayam Samhita* by Kaviraja Atrideva Gupta; edited by Vaidya Yadunandana Upadhyaya; *chikitsasthana 21/28, 29*: Chaukhamba Prakashan, Varansi, 807.
8. Vagbhata, *Ashtanghrdayam Samhita* by Kaviraja Atrideva Gupta; edited by Vaidya Yadunandana Upadhyaya; *chikitsasthana 21/57-60*: Chaukhamba Prakashan, Varansi, 572.