

Gridhrasi (Sciatica) – Ayurveda Management

Case Report

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Abstract

Gridhrasi has become a common disease in today's times. It is one amongst the "eighty diseases of *Vata*". '*Gridhra*' refers to "Vulture" where the patient acquires the gait of vulture and hence the disease is termed as *Gridhrasi*. In this case, classical gait refers to 'slight lean' towards the affected part of body. The clinical feature of *Gridhrasi* is, low back pain which radiates from the hip, to the posterior aspect of thigh, and down to leg. It can be correlated to "Sciatica" in modern medicine. Sciatica, is a painful condition, in which, pain starts in the lumbar area, and radiates along the course of the sciatic nerve. This article highlights a case study of *Gridhrasi*, treated with *Ayurvedic* principles in particular *Shodhana Chikitsa*; the therapy which expels out the morbid *Doshas* from the body. *Shodhan chikitsa* helps in eradicating the disease from its root level, that avoids its recurrence in future. Here, is a case study of 72 years old, male patient having signs and symptoms of *Gridhrasi* since 2 years. The patient was admitted and managed with *Shodhana (purification) along with Shamana (pacification) Chikitsa. Basti* was administered for a duration of 30 days. *Ushna virya aushadis* were used mainly for *Agni Deepan, Aampachan* and *Srotoshodhan*. The results with rationality have been depicted in this article.

Key Words: Sciatica, *Gridhrasi*, *Shodhana Chikitsa*, *Dashamuladi Niruha Basti*, SLR test, *Panchatikta Ghrut Guggulu*.

Introduction

"*Vatavyadhi*" (*Vata* disorder) is one of the most common health issue people suffer from, and almost every person suffers from it atleast once, in his lifetime. "*Gridhrasi*" is one among the 80 diseases of *Vata*. Person suffers from grievous pain due to which he walks in a particular style and so this disease is named as *Gridhrasi*. While walking, the patient slightly leans towards affected side, with the affected leg in flexed position and the other leg in extended position. According to *Charaka Acharya*, *Gridhrasi* is caused by "aggravated *Vata*" affecting the hip first, which is afflicted by stiffness, pricking sensation and pain which further radiates towards the waist, back, thigh, knee and calf region in order. These regions constantly have a "twitching sensation" (1). It is of two variants i.e. one caused by the aggravation of *Vata* solely and the second variant is caused by aggravation of both *Vata* and *Kapha*. Severity of pain is more in *Vataja variant*, whereas, anorexia, heaviness, drowsiness is present more in *Vatakaphaja Gridhrasi* in addition to the

common features. As per *Sushrutaaharya*, *Vata* gets aggravated due to indulgence in the etiological factors affecting the area below ankle joint and the toes that cause strain, in lifting lower extremities and extension of the leg (2). Thus, the cardinal signs and symptoms are *Ruk, Toda, Sthambha, Muhurspandana* in *Sphik Poorvam, Kati, Prishtha, Uru, Janu, Janga, Pada* in order and *Sakthinikshepa Nigraha* i.e. restricted lifting of leg. This "painful condition" can be correlated to Sciatica in modern medicine. Pain radiates along the course of the sciatic nerve, starting right from the lumbar region. Lumbar radicular pain is also another term used for this condition. "Compression of a nerve root" often occurs as a result of damage, to one of the discs between the vertebrae. In some cases, sciatic pain radiates from other nerves in the body. This is called referred pain. Pain associated with sciatica often is severe, sharp and shooting. It may be accompanied by other symptoms, such as numbness, tingling, weakness and sensitivity to touch. Despite the fact that, low back pain is a regular disorder that affects 8 out of 10 people during their lifetime, true sciatica occurs in about 5 out of 10 cases. Sciatica is more common between 30 and 50 years of age. Pain in sciatica is very severe, which makes the patient difficult to walk, hampering the daily routine of an individual. No satisfactory treatment is available in modern medical science, patients have no choice other than depending on surgical intervention or analgesics which has temporary action. Thus, there is need of finding a safe & conservative treatment in Sciatica & so *Ayurveda* plays a major role in it. Line of

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treatment of *Gridhrasi* is *snehana*, *swedana*, *basti*, *siravyadha* and *agnikarma*. *Basti* is the most important treatment among *Panchakarma* with multiple benefits. It's also equally effective on *Pitta* and *Kapha*, as well as *Rakta Dosh*. *Basti* is considered as the *Ardha Chikitsa* for *Vatavyadhi*. Patient was treated with *Ayurvedic* oral medications *Shamana Chikitsa* (pacification) and *Panchakarma* procedures i.e. *Shodhana Chikitsa* (purification) and was asked to follow *pathya-apathya* regimen. Patient got excellent results after taking treatment for 30 days.

Aims and Objectives

- To assess the effect of *Ayurvedic* treatment in *Gridhrasi* (Sciatica).

Materials and Methods

- Study design: It is a single arm clinical study.
- Informed consent was taken from patient in his language before treatment.
- For the present study a 72 year old male patient having symptoms of *Gridhrasi* since 2 years is been discussed in detail manner.
- Assessment criteria: subjective parameters were assessed according to the gradation of signs and symptoms and objective parameters were assessed based on VAS score, SLR Test (Straight Leg Raising test) and range of motion.
- Patient was treated with Oral medications and *Panchakarma* therapy.

Case Report

A 72 year old male patient with moderate build from Dhanori, Pune was admitted in IPD male ward, Department of *Kayachikitsa*, Dr. D. Y. Patil Ayurved Hospital, Pimpri, Pune, on 10th September 2021 with the following complaints:

- Chief Complaints:** Radiating pain to lower limbs from low back region to feet since 2 years. He was unable to stand and walk without support. He was facing difficulty in doing even the basic activities like sitting, standing, squatting, climbing stairs, and even walking since last 2 years.
- History of Present illness:** Patient was having H/O identical complaints 10 years earlier, for which he took physiotherapy mainly, along with occasional analgesics and had relief at that time but started suffering from same complaints since last 2 years. Due to recurrence of same complaints he approached to Dr. D. Y. Patil *Ayurved* Hospital for further *ayurvedic* line of management.
- History:** K/C/O Hypothyroidism since 2007. On regular medication Tab. Thyronorm 100 mcg, 1 OD. No history of DM/ HTN/Any other major illness.
- Family history:** Nil
- Personal History:**
 - Appetite - Normal
 - Addiction - No

- Bowel Habit - Normal once/day
- Urine - Normal
- Sleep - Disturbed due to pain
- Diet - Vegetarian diet, consumes dry (non-oily) food mainly.

Investigations

All investigations mentioned below are done on 10th September 2021

- CBC with ESR - NAD
- URINE ROUTINE MICROSCPIC - NAD
- BSL RANDOM - NAD
- TFT - NAD
- ECG - NAD

Diagnosis

Considering the subjective parameters (Table 1 and 2) along with objective parameters (Table 3) and etiopathogenesis (Table 4), disease was diagnosed as *Gridhrasi* (Sciatica).

Table 1: Signs and Symptoms chart

Sr. no.	Signs and Symptoms	Gradations
1	<i>Ruk</i> (Pain)	3
2	<i>Toda</i> (Pricking sensation)	3
3	<i>Sthamba</i> (Stiffness)	3
4	<i>Spandana</i> (Twitching)	3
5	<i>Graha</i> (Restricted movements)	3
6	<i>Aruchi</i> (Anorexia)	0
7	<i>Gaurav</i> (Heaviness)	3
8	<i>Tandra</i> (Stupor)	3

Table 2: Gradation of Subjective Parameters

1. Ruk (Pain)		
1	No pain	0
2	Occasional pain	1
3	Continuous pain after movements	2
4	Continuous pain	3
2. Toda (Pricking sensation)		
1	No pricking sensation	0
2	Occasional pricking sensation	1
3	Continuous pricking sensation after movements	2
4	Continuous pricking sensation	3
3. Sthamba (Stiffness)		
1	No stiffness	0
2	Stiffness lasting for 5 minutes	1
3	Stiffness lasting for 5 minutes-1 hour	2
4	Stiffness lasting more than 1 hour	3
4. Spandana (Twitching)		
1	No twitching	0
2	Occasional twitching	1
3	Continuous twitching after movements	2
4	Spontaneous and frequent	3
5. Graha (Restricted movements)		
1	Forward bending up to toes	0
2	Forward bending up to mid leg	1
3	Forward bending up to knee	2
4	Forward bending up to mid-thigh	3
6. Aruchi (Anorexia)		
1	Equally willing towards all foods	0
2	Willing towards some specific food	1
3	Willing towards bitter, sour, sweet taste	2
4	Unwilling for any food	3

7. Gaurav (Heaviness)

1	No heaviness in body	0
2	Feels heaviness in body but it doesn't hamper routine work	1
3	Feels heaviness in body which hamper daily routine work	2
4	Feels heaviness in body which hamper movements of body	3

8. Tandra (Stupor)

1	Normal mental and physical alertness	0
2	Stupor lasting only in morning	1
3	Stupor lasting till afternoon	2
4	Stupor lasting throughout the day.	3

Objective Parameter

- Straight leg raising test

Table 3: SLR test (Before Treatment)

SLR test	Right leg	Left leg
Active	35°	15°
Passive	40°	20°
Positive (Normal value)	< 45° (less than 45°)	< 45° (less than 45°)

- Braggard's test - Positive in both legs
- Bowstring test - Positive in both legs
- Femoral stretch test - Negative
- Visual Analogue scale - 10
- Range of motion was restricted and painful

Table 4: Samprapti Ghataka (etiopathogenesis) (3)

Dosha	Vata, especially Vyana and Apana
Dushya	Rasa, Mamsa, Asthi, Majja, Snayu
Srotas	Rasavaha, Mamsavaha, Majjavaha
Srotodushti prakara	Sanga
Udbhavasthana	Ama pakwashaya
Sanchara Sthana	Rasayani of Apananakshetra
Adhithana	Sphika, Kati, Uru, Janu, Jangha, Pada
Vyakta Sthana	Sphika, Kati, Uru, Janu, Jangha, Pada
Vyakti Swabhava	Chirakari
Rogamarga	Madhyama

Treatment Plan

- *Shodhan Chikitsa*- Basti (Matra and Niruha alternatively).
- *Shaman Chikitsa*- Included *Aushadhis* of *Ushna virya* acting as *Vata Kapha shamak*, *Shothahar*, *Shulahar*, *Aampachak* and *Rasayana*.

Table 5: Shamana Aushadhi

Medicine	Dosage	Time of Administration	Anupan	Duration
<i>Aampachak Vati</i>	250 mg BD	Before meal	Warm water	15 days
<i>Panchatikta Ghrut Guggulu</i>	500 mg BD	Before meal	Warm water	1 month
<i>Simhanada Guggulu</i>	500 mg BD	Before meal	Warm water	1 month
<i>Ekangavir Rasa</i>	250 mg BD	Before meal	Warm water	1 month
<i>Dashamularishta</i>	4 tsp BD	After meal	Warm water	1 month
<i>Parijatak Ghana Vati</i>	500 mg BD	Before meal	Warm water	1 month

Table 6: Panchakarma Therapy

Procedure	Area	Medicine	Duration
<i>Sthanika Snehana</i>	From back to foot	<i>Dashamula taila</i>	30 days
<i>Sthanika Nadi sweda</i>	From back to foot		30 days
<i>Basti</i>			30 days
a) <i>Matra Basti</i>		<i>Dashamula taila</i>	Every alternate day from first day and last 2 days
b) <i>Niruha Basti</i>		<i>Dashamuladi Niruha Basti</i>	Every alternate day from second day

Table 7: Contents of Dashamuladi Niruha Basti

Contents	Quantity
<i>Madhu</i> (Honey)	30 ml
<i>Saindhava lavana</i> (Rock Salt)	10 grms
<i>Dashamula taila</i>	100 ml
<i>Shatapushpa kalka</i>	10 grams
<i>Dashamula</i> + <i>Balamula</i> + <i>Erandamula</i> + <i>Amrita kashaya</i>	300 ml

Matra basti of *Dashamula taila* (60 ml) was administered after light breakfast and *Dashamuladi Niruha Basti* (450 ml) was administered on empty stomach, after subjecting the patient to *sthanika snehana* with *dashamula taila* from low back to foot followed by *nadi sweda*.

Observations and Results

Patient had remarkable relief in the signs and symptoms after *shaman* and *shodhan chikitsa*. Based on the subjective and objective criteria, patient was assessed both "Before" and "After" treatment. Without any support patient was able to walk, and perform his daily activities. Hence, *Ayurvedic* treatment is fruitful in *Gridhrasi*.

Table 8: Subjective assessment criteria: (Before and After Treatment)

Sr. no.	Signs and Symptoms	BT	AT
1	<i>Ruk</i> (Pain)	3	1
2	<i>Toda</i> (Pricking sensation)	3	0
3	<i>Sthamba</i> (Stiffness)	3	1
4	<i>Spandana</i> (Twitching)	3	1
5	<i>Graha</i> (Restricted movements)	3	1
6	<i>Aruchi</i> (Anorexia)	0	0
7	<i>Gaurav</i> (Heaviness)	3	1
8	<i>Tandra</i> (Stupor)	3	0

Table 9: Objective assessment criteria: (Before and After Treatment)

Sr.No.	Parameter	BT	AT
1	Visual Analogue Scale	10/10	1/10
2	Straight leg raising test	Right leg-30° Left leg-15°	Right leg-80° Left leg-80°
3	Low back range of motion	Restricted, severe pain	Able to move with minimal pain

Discussion

In the present single arm clinical study, patient was treated with *Shodhana* and *Shamana Chikitsa*. *Aampachak vati* was given for *Deepan-Pachana* that contributed in *Agni vardhan* and *Aampachan*. Rest of the medications used were *Vata Kapha shamak*, *Shulaha*, *Shothahar* and *Rasayana*. *Panchakarma* procedures were done simultaneously, that helped in getting the desired results. So, the treatment planned was contrary to the etiopathogenesis of *Gridhrasi*. Mode of action of Oral medications and *Panchakarma* is explained below.

Mode of action of Oral Medications

- ✓ *Aampachak Vati* does *Aampachan* (digests toxins) and *Agnideepan* (improves metabolism). It was given only for the first 15 days of treatment.
- ✓ *Panchatikta Ghrut Guggulu* is *ushna virya*, balances *Tridosha*, does *agni deepan* and *Srotoshodhan*.
- ✓ *Simhanada Guggulu* being *ushna virya* does *Vata Kapha shamak*, *Aampachan* and *Srotoshodhan*.
- ✓ *Ekangavir rasa* is a nervine tonic. It reduces *Vata* and *Kapha* because of its *ushna virya* (hot potency).
- ✓ *Dashamularishta* is helpful in all types of *Vata* related disorders, having *Vata* pacifying, *pain relieving* properties, corrects *Dhatukshyaya* (tissue depletion) (5).
- ✓ *Parijataka Ghana Vati* being *ushna virya*, pacifies *Vata*, relieves pain, is anti-inflammatory, indicated in *Gridhrasi* by *Raja Nighantu* (4).

Mode of action of Panchakarma therapy

- ✓ *Sthanika Snehana* with *Dashamula* oil has oleation effect, does downward movement of *Vata* and provides unctuousness to the body (6).
- ✓ *Sthanika Swedana* (*Nadi sweda*- Local steam) at the local site of pain with *Dashamoola* decoction does

downward movement of *Vata*, reduces stiffness and heaviness from the body (7).

- ✓ *Matra Basti* with *Dashamula Tail* has oleation property, does downward movement of *Vata*, relieves inflammation, mitigates *Kapha*.
- ✓ *Dashamuladi Niruha Basti* was formulated of *vatahar dravyas* mainly. *Dashamula* & *Erandamula* are *vatahara*, *shothahara* and *shulahara*. *Balamula* is *brimhana* and *Amrita* corrects the *dhatwagni* & nourishes *asthi* as it is having *tikta rasa*. Therefore, *kashaya* of *dashamula*, *balamula*, *erandamula* & *amrita* was used in *niruha basti*. *Niruha Basti* being *Shodana* & the presence of *madhu* (honey) helps to reduce the *Kapha*, thus helping in achieving the desired results.

Conclusion

Ayurvedic treatment has shown excellent results in this patient. The pacification and purification therapies planned, achieved good results in the patient thus obtaining 80% relief in his signs and symptoms. This is a single case study. In future, same line of treatment can be adopted for large number of patients.

Conflict of Interest - None

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