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## Ayurvedic management of Gridhrasi with special reference to sciatica: A case report

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### Abstract

Ayurveda is an ancient system of medicine. Ayurveda is life knowledge with scientific based. (Ayu = Life, Veda = Knowledge). Ayurveda having aim that is protection of health and prevention from disease. Several disorders of biological system are produced by improper and changing lifestyle, busy professional life, improper posture in office, jerky movement during travelling and sport, changing food style all are responsible for vatavyadhi and specially Gridhrasi too. Gridhrasi is the one of the common disease. It has painful or shoolpradhan condition which hamper the routine of life. It is occurs about three times as frequently in the male as in the female sex. It is the closely resemble with Sciatica which is characterised by low back pain and radiates towards leg mostly unilateral. The case study being presented of 48 years old female patient suffering from vataj Gridhrasi with cardinal signs and symptoms of Gridhrasi are Ruk, Toda, Stambh and radiating pain in the Right leg in order of Sphik, Kati, Uru, Janu, Jangha, pad. Here Ayurvedic Shaman Chikitsa done.

**Keywords:** Gridhrasi, vatavyadhi, pain, shaman chikitsa, sciatica

### 1. Introduction

Today's lifestyle and nature of work are putting added tension on the usual health. The aggravating factors, such as over exertion, sedentary occupation, jerky movement during travelling, and lifting, which lead to low backache. One of the main cause of low backache is the intervertebral disc prolapsed [IVDP] <sup>[1]</sup>. The IVDP means the protrusion from the nucleus pulposus of vertebrae through a rent within the annulus fibrosus <sup>[2]</sup>. In 95% of the lumbar disc herniation, L4-L5 and L5-S1 discs are most commonly affected <sup>[3]</sup>. In IVDP, the pain may be located in the low back only or referred to a leg, buttock or hip, which outline the features of sciatica. Sciatica is a strike pain, which causes difficulty in walking. It hampers daily routine and deteriorates quality life of patient <sup>[4]</sup>. The annual prevalence of disc related sciatica in general population is estimated at 1.6%-43% <sup>[5]</sup>. It is most prevalent in people during their age 40-50 and men are more affected than women. The signs and symptoms of "sciatica" found in modern medicine are resembled with Gridhrasi mentioned in Ayurveda. According to Acharya Charaka Gridhrasi comes under 80 types of nanatmaja vatavyadhi <sup>[6]</sup>. Gridhrasi also came from Gridhra i.e. Vulture <sup>[7]</sup>. The cardinal signs and symptoms of vataja Gridhrasi are Pain starts from sphik(Buttock) and then radiates to Kati, Prushta, Uru, Janu, Jangha, Pada along with stambha(stiffness), toda(pricking pain), spandhana (twitching) <sup>[8]</sup>. Acharya sushruta has also mentioned saktishepana nigrahanti <sup>[9]</sup> (Restricted movement of lower limb) as one additional symptom of Gridhrasi. In vatakaphaj Gridhrasi Tandra (drowsiness), Gaurav (heaviness), Aruchi (anorexia) may also be present. The management provided by the contemporary medicine for this condition is either conservative or surgical in nature <sup>[10]</sup>. By taking into consideration, more prevalence rate of Gridhrasi and to overcome the above therapeutics; there is great need to find out effective management of Gridhrasi. In this case study, a 48 year old female with IVDP in lumbar region was prescribed for Shamana Chikitsa, which resulted in excellent symptomatic relief.

### 2. Materials and Methods

#### 2.1 Case Report

A 48 Years old Hindu Married female patient comes to Kayachikitsa opd, CSMSS Ayurved mahavidyalaya and rugnalaya, Kanchanwadi Chhatrapati Sambhajnagar, for Ayurvedic treatment. Patient came with following complaints;

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**Table 1:** Chief complaints

Sr. No.	Chief Complaint	Durations
1	Pain in lower back region radiating to right leg	Since 6 months
2	Stiffness in lower back region and right leg	Since 5 months
3	Pricking sensation in the right leg	Since 5 months
4	Heaviness in legs	Since 3 months
5	Difficulty and pain while walking and bending forward	Since 3 months

## 2.2 History of Present Illness

Patient had taken allopathic treatment before came to our hospital as per need for his pain and she was not satisfied by it having repeat episodes. Patient did not have history of any other major illness.

## 2.3 Family History

Not significant.

## 2.4 Physical Examination

Built, nutritional status of the patient is normal. Pallor, clubbing, cyanosis, icterus, lymphadenopathy were absent.

**Table 2:** Ashtavidha pariksha

1	<b>Nadi(pulse)</b>	<b>76/ min</b>
2	Mala(stool)	Samyak(1-2 times per day)
3	Mutra(urine)	Samyak(6-7 times per day)
4	Jeeva (tongue)	Saam(coated)
5	Shabda(speech)	Spashta
6	Sparsha(Skin)	Anushna
7	Druka(eyes)	Prakruta
8	Akruti(posture)	Madhyama

**Table 3:** Vitals examination

1	<b>Blood Pressure (B.P)</b>	<b>110/70 mm of Hg</b>
2	Pulse(P)	76/min
3	Respiratory rate(R.R)	20/min

## 2.5 Nidan Panchak

### Hetu:

**Ahara:** Ruksha and katu rasatmak ahara

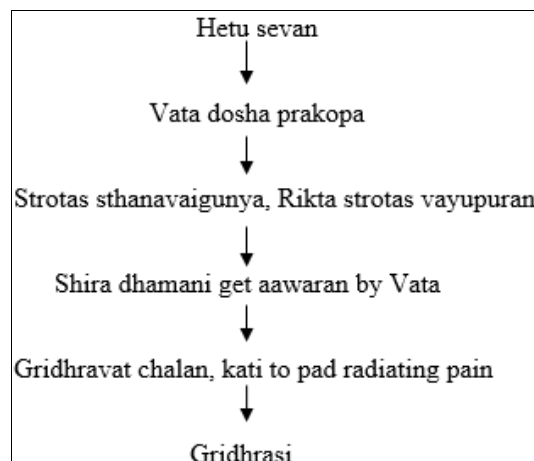
**Vihara:** Systemic Vata prakopa due to travelling, Jerky movement, which induces strotovaigunya.

**Purvarupa:** Stiffness in lower back region and right leg, mild discomfort in right leg.

**Rupa:** Pain in lower back region radiating to right leg, stiffness in lower back region and right leg, tingling sensation in right leg, difficulty while walking and bending forward.

**Upashaya:** Rest in supine position and after taking analgesic medicine.

## Samprapti



## 2.6 Investigation Done

Magnetic resonance imaging (MRI) lumbar spine dated on 13 June 2023 reveals S/o

- Posterior disc prolapse is seen at L4-5 level, compressing the thecal sac and bilateral traversing nerve roots.
- Posterior disc bulge is seen at L5-S1 level, compressing the thecal sac.

## 2.7 Samprapti Ghatak

**Dosha:** vata dosha

**Dushya:** Majja, Asthi, sira, snayu, kandara

**Strotas:** Asthivaha, Majjavaha

**Strotodushti:** Sanga

**Rogamarga:** Madhyam

**Agni:** Mandagni

**Udbhavasthana:** Pakvashaya

**Vyaktasthana** [11]: Sphik, Kati, Prushtha, Uru, Janu, Jangha, Pad.

## 2.8 Diagnosis

sVataj Gridhrasi (Sciatica due to IVDP).

## 2.9 Treatment Advised

By analyzing the above pathogenesis of disease in this patient following treatment plan was prescribe.

**Table 4:** Treatment Advised

Sr. No	Drugs	Dose	Time of Administration	Anupana	Duration
1	Aampachak vati	250 mg 2 tab BID	Before food	Lukewarm water	5 Days
2	Trayodashanga Guggulu	250 mg 2 tab BID	After food	Lukewarm water	30 Days
3	Rasnasaptak kwatha	15 ml BID	After food	Lukewarm water	30 Days
4	Cap. Palsinuron	1 cap BID	After food	Lukewarm water	30 Days

## 2.10 Assessment Criteria

### 2.11 Subjective Parameter Gradation

**Table 5:** Ruka (Pain)-(By Visual Analogue Scale)

Grade	Criteria
0	No pain (0)
1	Mild pain but no difficulty in walking (1-3)
2	Moderate pain with slight difficulty in walking(4-6)
3	Severe pain with severe difficulty in walking(7-10)

**Table 6:** Stambha (Stiffness)

Grade	Criteria
0	No stiffness
1	Sometime for 5-10 min
2	Daily for 10-30 min
3	Daily for 30-60 min
4	Daily more than 1 hours

**Table 7:** Toda (Pricking Sensation)

Grade	Criteria
0	No pricking sensation.
1	Pricking sensation occasionally.
2	Tolerable pricking sensation with hampering daily activities.
3	Intolerable pricking sensation persistently with hampering daily activities.

**Table 8:** Gaurav (Heaviness)

Grade	Criteria
0	No heaviness
1	Heaviness with no interference in daily activities
2	Heaviness with interference in daily activities
3	Heaviness with unable to do daily activities

### 2.12 Objective Parameter Gradation

**Table 9:** SLR (Straight Leg Raising Test)

Grade	Criteria
0	SLR>71 Degree
1	SLR 51-70 Degree
2	SLR 31-50 Degree
3	SLR <30 Degree

## 3. Observations

**Table 9:** Shows before treatment and after treatment

Sr. No.	Type of Assessment	Before treatment	After treatment
<b>Subjective criteria</b>			
1	Ruka	3	0
2	Stambha	2	1
3	Toda	3	1
4	Gaurav	2	0
<b>Objective criteria</b>			
5	SLR Test	3	0

## 4. Observation and result

After completion of one month of total ayurvedic therapy, the patient had found significantly relief in the lumbar pain, pricking sensation, heaviness and difficulty while walking and bending forward. After the treatment patient shows great result in her sign and symptoms of Gridhrasi. She started walking and bending forward comfortably. Assessment of patient was carried out by specific subjective and objective criteria. No radiological investigation was carried out after completion of therapy.

## 5. Discussion

The treatment principles applied for the management of this disease condition are Vedanasthapana Chikitsa (Analgesic), Shothahara (Anti-inflammatory), and vata dosha pacifying treatment along with physiotherapy.

## 6. Conclusion

Above treatment helps to relieve symptoms of disease and also an attempt to provide safe and effective treatment to the patient. Treatment was easily administrated to patient, and no side effects were noticed.

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