

## Intervention of Gridhrasi - A Case Study

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### ABSTRACT

A pain-dominant lifestyle disorder called gridhrasi (sciatica) causes pain to radiate from the back, or Sphik Pradesha, to the foot. A 37-year-old male patient was admitted to SST's Ayurved College in Sangamner after he had been experiencing Gridhrasi for the previous year. Based on MRI results, sciatica was identified as the cause of his symptoms. The patient received treatment using Panchakarma techniques, including Erandmuladi Niruha Basti as part of the Karma Basti schedule (30 days of purification and oleation enema) and Patrapinda Sveda for 21 days. and oral medication as Yograj Guggulu 3 tablet twice a day, Dashmool Kwath 40 ml twice a day, Ashwagandha Churna 3gms + Chopchini Churna 500mg + Gokshura Churna 2gms three times a day, Panchasakara Churna 5 gm at bed time for 1 month. Before treatment the patient was complaining of severe pain in low back region radiating to right lower limb and difficulty in walking. After completion of treatment the pain in back region and Right lower limb decreased, difficulty in walking was much reduced and walking distance also improved. This case shows that Ayurvediya treatment may be helpful in the management of Gridhrasi.

**KEYWORDS:** Gridhrasi; Sciatica; Ayurvedic Management.

### I. INTRODUCTION

'Sciatica' is the term for lumbar spinal root pain that can radiate through the leg and buttocks to the knee and below, along with paraesthesia in the foot caused by a large prolapsed disc.[1] A spinal disc herniation pressing on one of the lumbar or sacral nerve roots is the cause of sciatica about 90% of the time.[2] Spondylolisthesis, spinal stenosis, piriformis syndrome, pelvic tumours, and compression by the head of the foetus are additional issues that can cause sciatica. In the affected leg, this results in inflammation, pain, and frequently some numbness.

The literature reports varying prevalences of sciatic symptoms: 1.6% in the general

population and 43% in a working population sample.[3] According to reports, the lifetime prevalence of true sciatica is 3.7% in women and 5.3% in men. Sciatica affects men one to three times more frequently than women and is most common in the third and sixth decades of life.[4]

Clinically, this illness is comparable to the Ayurvedic Gridhrasi. One of the Vata Vyadhi, it is said to be characterised by pain that radiates from the hip to the thigh, knee, calf, and feet in that order. It is also accompanied by stiffness, numbness, and difficulty moving.

### II. CASE REPORT

A 37 year-old male patient was admitted in SST's Ayurved College, Sangamner with chief complaints of pain in low back region radiating to right lower limb since one year. Patient also had complaints of stiffness, tingling sensation and numbness in his right lower limb since 6 months. For this he took treatment from different Hospitals, but got no relief. On examination- general condition of the patient was found antalgic gait. He was not able to walk and stand for more than one minute due to severe pain. SLR was 30<sup>o</sup> of right side. Lumbar scoliosis was also present. Blood pressure was 120/80 mmHg, Pulse rate was 80/minute, Weight-78 kg and Height -5.10". His family history was not significant. He had no history of addictions and trauma. He was non – diabetic and non- hypertensive.

On examination, the patient was found to be anxious with disturbed sleep due to severe pain, had a moderate appetite, Vishmagni, Krura Kosta with normal micturition. Patient had Vatapitta prakriti with Madhyam Sara, Madhyam Samhanana, Sama Pramana, Madhyam Satmya, Madhyam Satva (mental strength), Avara Vyayamshakti, Madhyam Aharshakti and Jaranshakti. Asthivaha Srotodusti and Majjavaha Srotodusti were more prominent. Investigation was done at the time of admission. Magnetic resonance imaging (M.R.I.) report which was done confirming Disc desiccation with diffuse disc bulge and ligamentum flavum

hypertrophy noted at L5-S1 level causing right severe and left mild lateral recess stenosis and right severe and left mild neural foraminal narrowing.

**Diagnosis:** The patient reported tingling, stiffness, and numbness in the right lower limb, along with pain in the low back that was radiating to the lower limb. Since Stambha, Ruka, Toda, and Spandana are the manifestations of Gridhrasi, these symptoms can be compared to those of that disease.[5]

#### Treatment

**A. Patra Pinda Pottali Sveda:** Application of heat and there by inducing perspiration by using heated pack of specified herbal leaves is known as Patra Pinda Sveda. It is efficacious in painful clinical condition where vitiation of Vata Dosha is predominant.

The procedure was done with leaves of Nirgundi and Eranda along with Ajamoda 50gms, Rasona 10-15 pieces, lemon and Dashmoola Taila for 30 minutes for duration of 21 days.

#### B. Basti Karma

**Niruha Basti:** The composition of the medicine administered in the form of Basti contains Kwath (herbal decoction), Sneha (medicated oil), Madhu (Honey), Saindhava Lavana (rocksalt) and Kalka (herbal powder).

Erandamuladi Niruha Basti was given in Karma Basti schedule (30 days) and contents are Madhu -60gms, Saindhava Lavana -05 gms, Maha Tiktaka Ghrita -90ml, Shatapushpa Kalka -30gms and Erandamuladi Kwatha -240 ml. The contents of Kwatha are Erandamula, Palasha, Laghu Pancha Mula, Rasna, Ashwagandha, Atibala, Guduchi, Punarnava, Aragwadha, Devadaru, Madanaphala.

**Anuvasana Basti:-** Administration of medicated oil or other fat through the rectal route in a prescribed dose is called as Anuvasana Basti. In this case study Ashwagandha Taila was used for Anuvasana Basti.

**C. Shamana Chiktisa:** Palliative treatment was given with following drugs

Yograj Guggulu 3 tab twice a day, Dashmool Kwath 40 ml twice a day, Ashwagandha Churna (Powder of Withania somnifera DUNAL) – 3gms + Chopchini Churna (Powder of Smilax glabra) – 500mg + Gokshura Churna (Powder of Tribulus terrestris) - 2gms three times a day,

Panchasakara Churna 5 gm at bed time for 1 month.

**Outcome:** Before treatment patient was not able to walk some steps due to severe pain and his SLR were 30<sup>o</sup> of right side. After one month treatment he can walk up to 500 meters without any pain and his SLR was changed to 80<sup>o</sup> after treatment and patient had got 70% relief in pain.

Before treatment the patient was complaining of severe pain in low back region & right lower limb and difficulty in walking. After completion of treatment the pain in low back region & right lower limb decreased, range of movement of right lower limb improved, difficulty in walking was much reduced and walking distance also improved.

### III. DISCUSSION

As a Shoolapradhana Nanatmaja Vata-vyadhi, Gridhrasi interferes with the lower limbs' and low back's ability to function. Ruk (pain), Toda (numbing pain), and Stambha (stiffness) in this disease originate in the lumbrosacral region (Kati) and spread distally to Pristha, Janu, Jangha, and Paada.[6] In his commentary, Arundutta explicated precisely how Vata in the tendon of the kandara causes pain when the leg is raised straight and limits the range of motion in the thigh.[7] The SLR clinical test is a crucial tool for diagnosing sciatica. Lumbar scoliosis, or Dehasyapi Pravakrta, is regarded as a Vataja type of Gridhrasi in Madhava Nidana.[8]

Sciatica is a term used to describe a similar condition today. Characteristic is the way pain is distributed along the sciatic nerve or the nerve roots that make up the nerve. The diagnosis is supported by radiating deep-seated cramping pain in the buttocks, which is followed by paraesthesia and numbness in the lower extremities. A restricted SLR test confirms the clinical diagnosis, and imaging methods can even confirm the disease. The most common causes of sciatica are degenerative changes in the lumbar spine, prolapse of the intervertebral disc, and external mechanical pressure.

Gridhrasi is listed as a Swedana Sadhya Vyadhi in the Charaka Samhita [9], and Gridhrasi Roga also mentions Basti Karma.[10] A composite treatment plan was chosen after taking the aforementioned fact into account. The Panchakarma procedure used was Patrapinda Swedana [11] for 21 days and Erandmuladi Niruha Basti [12] as Karma Basti schedule.

Patrapinda Pottali Sveda is a kind of Snigdha Sveda. Which was done over the back and in the limbs helps to regulate the movement of Vata and sooth the irritated nerve resulting in relief in complains of pain, numbness, tingling sensation etc.

Basti is the best treatment modality in the management of Vata-vyadhi.<sup>[13]</sup> Mixture of Madhu, Saindhava Lavana, Sneha, Kalka, Kashaya and Avapa Dravya are administered in the form of Niruha Basti. Erandmuladi Niruha Basti Which contains 34 drugs among them maximum number Dravyas to Ushna Veerya, which is indicated in Shoola of Jangha, Uru, Paada and Pristha region and it is indicated in Kapha-avruta conditions also.

Dashamula Kvatha is Tridosahara, Vedana sthapak and Sroto Shodhaka, so in the condition of AVN it gives relief in signs and symptoms of disease and in breaking down the Samprapti (pathogenesis) of the disease.<sup>[14]</sup>

Ashwagandha posseses Rasayana and Brahmana properties, so it is useful in all types of Dhatukshya.<sup>[15]</sup>

Chopchini is Vedanahara, Shothanashaka and able to carry drugs in Sukshma Srotasa. So, it helps in decreasing the pain and facilitates the penetration of drugs to deeper tissues like Asthi Dhatu.<sup>[16]</sup>

This case study showed that Ayurvediya treatment may be effected in the management of Gridhrasi.

#### IV. CONCLUSION

On the basis of this single case study it can be concluded that Patrapinda Sveda and Erandmuladi Niruha Basti along with certain palliative medicine of Ayurvediya treatment are helpful in the management of Gridhrasi.

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