



## Ayurvedic Management Of Gridhrasi W.S.R. Sciatica-A Case Study

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Article History	ABSTRACT
Received: Revised: Accepted:	<p>Gridhrasi is one of the most common disorders of Vata, which closely resembles with sciatica, which is characterized by pain or discomfort associated with sciatic nerve. The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7.9% in the nonworking population. Contemporary medicine has limitations giving short-term relief in pain or surgical intervention with side effect. Aim and Objectives: The aim of this study was to access the efficacy of Ayurvedic management with shephali patra kwath in Gridhrasi. It is a single case study of a 49-year-old woman who was diagnosed with sciatica by an Allopathy doctor who gave her steroids but this had no positive impact on her condition. The condition worsened and she had swelling at her ankle joint. She approached Ayurvedic treatment further where she was given Shephali patra kwath. The treatment was continued for consecutive 30 days. Symptomatic assessment of patient was carried out after every 8 days and satisfactory outcome was there and overall quality of life of patient was significantly improved.</p>
CC License CC-BY-NC-SA 4.0	<p><b>Keywords:</b> Ghridrasi, Vatavyadhi, Sciatica, Shephali patra kwath. Straight Leg Raising Test</p>

### 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 movements during travelling and lifting, create mental stress, which leads to low backache. One of the main causes of low backache is the intervertebral disc prolapsed (IVDP). The IVDP means the protrusion from the nucleus pulpous of vertebrae through a rent within the annulus fibrosis. In 95% of the lumbar disc herniation, L4-L5 and L5-S1 discs are most commonly affected. 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- syndrome. Sciatica is a strike pain, which causes difficulty in walking. It hampers the daily routine and deteriorates quality life of patient.

The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7.9% in nonworking population. It is most prevalent in people during their 40s and 50s and men are more commonly affected than women. Low back pain has been enumerated as fifth most common cause for hospitalization and the third most frequent reason for a surgical procedure. The signs and symptoms of "Sciatica" found in modern

medicine are quietly mimic with the condition of *Gridhrasi* mentioned in *Ayurveda*. *Gridhrasi* comes under *Nanatamja Vatavyadhi*. *Gridhrasi* the name itself indicates the way of gait shown by the patient due to extreme pain, that is, *Gridha* or Vulture. The cardinal signs and symptoms of *Gridhrasi* are *Ruk* (pain), *Toda* (pricking sensation), *Muhuspandan* (Tingling sensation), *Stambha* (stiffness) in the *Sphik*, *Kati*, *Uru*, *Janu*, *Jangha*, and *Pada* in order and *Sakthikshepanigraha* (i.e., restriction in upward lifting of lower limbs). In *Gridhrasi*, *Tandra* (Drowsiness), *Gaurav* (Heaviness), and *Aruchi* (Anorexia) may be present if *Kapha* is associated with *Vata*. The management provided by the contemporary medicine for this condition is either conservative or surgical in nature. By taking into consideration, more prevalence rate of *Gridhrasi* and to overcome the above expensive therapeutics; there is great need to find out effective management of *Gridhrasi*. In this case study, a 43-year-old man with IVDP in lumbar region was prescribed shephali patra kwath which resulted in excellent symptomatic relief.

## MATERIAL AND METHODS

It is a single case study. Informed consent was taken from the patient in his own language.

### History of Present Illness

The 49-years-old woman was apparently healthy before three months, then he started complaints of pain in the ankle joint of the left leg and then pain in lower back region and then gradually radiates to posterior aspect of thigh, knee, calf region, and foot of left leg since six months. She also had complaints of stiffness in lower back region and left leg since three months, tingling sensation in left leg, heaviness in both legs, and difficulty while walking and bending forward since five months. Along with above complaints, she associated symptom of loss of appetite.

Patient had also taken contemporary medicine for low backache for one month, but didn't get satisfactory relief and there was increase in the intensity of symptoms. So she approached to Ayurvedic treatment. All her previous medicines were advised to stop and *Shephali patra kwath* has been given to her. Examination of the patient including Vitals examination, *Ashta Vidhpariksha* and specific locomotor system examination was done and recorded.

### Past History

No significant suffering or any surgical intervention was obtained in past history, which could contribute the pathology.

### Medication History

History of medicine (Tab Mobizox 250 mg, Tab Rantac 150 mg, Tab Neurobion forte 1 tab OD, and Diclo gel for local application) were for low backache for one month.

### Personal history

Food habits: *Dal Bhat*, *Bhaji*, fish curry etc  
Disturbed sleep

### Family history

Not significant

### Nidana Panchaka

**Hetu** (Etiology or causative factors)

**Ahara:** *Ruksha* and *Katu Rasatmaka Ahara*

**Vihara:** Systemic *Vataprakopa* due to travelling, which induces *Srotovaigunya*

**Purvarupa** (Prodromal symptoms): Pain at the ankle joint and stiffness in lower back region and left leg, vague low back pain, and mild discomfort in left leg.

**Rupa** (manifestation): pain in lower back region radiating to left leg, stiffness in lower back region and left leg, tingling sensation in the left leg, heaviness in both legs, difficulty while walking and bending forward.

**Upashaya** (Relieving factors): rest in supine position and after taking analgesic medicine (Tab Mobizox 250 mg).

**Samprapti** (Patho-physiology of the disease): Due to *Vataprakopa Ahara* (*Vata* vitiating food items) and *Marmabhighata* at *Kati Pradesha* (age related degeneration) due to jerky movements while travelling and excess vitiation of *Apanavayu* due to constipation, which leads to vitiation of *Vata* and *Kaphaja Doshas* along

with vitiation of *Rakta* (blood), *Sira* (veins), and *Dhamani* (arteries). This ultimately causes obstruction to the neural conduction (*Vatavahini Nadi*) and elicited as radiating pain from *Kati* (lumbar region), *Prishtha* (back), *Uru* (thigh), *Janu* (knee), *Jangha* (calf), and *Pada* (foot), and leads to generation of *Gridhrasi* (sciatica). In this disease, the main *Dushya* are *Rakta*, *Kandara*. [2]

#### **Samprapti Ghataka**

**Dosha:** *Vata* and *Kapha*

**Dushya:** *Rasa*, *Rakta*, *Asthi*, *Majja*, *Sira*, *Kandara*, and *Snayu*.

**Srotas:** *Rasavaha*, *Asthivaha*, *Majjavaha*, and *Purishavaha*.

**Srotodushhti:** *Sanga*

**Roga Marga:** *Madhyama*

**Agnimandya:** *Ama*, *Jatharagnimandya* and *Dhatvagnimandya*.

**Udbhava Sthana:** *Pakvashaya*

**Adhishtana:** *Kati* and *Prushthavamsh*

**Vyakta Sthana:** *Sphik*, *Kati*, *Prushtha*, *Uru*, *Janu*, *Jangha*, and *Pada*.

Diagnosis: *Vata*– *Kaphaja Gridhrasi*

#### **Treatment**

By analyzing the above pathogenesis of disease in this patient following shephali patra has been given

### **OBSERVATIONS AND RESULT**

After completion of 30 days of total treatment the patient had found significantly relief in the lumbar pain, tingling sensation, and heaviness with increased range of movement of spine. Gait was also improved. The patient got complete symptomatic relief. No radiological investigation was carried out after completion of therapy.

#### **Criteria for Assessment**

Both subjective and objective variables were employed for assessment of impact of the treatment. Clinical assessment of symptoms and severity was done in terms of gradation of symptoms. For this purpose main sign and symptoms were given suitable score. The relative extent of all these criteria was recorded according to the rating scale in the patient before and after the treatment.

**1. Subjective parameters:** This includes the symptoms and severity in suitable grading score for *Vataja* Symptoms like *Ruka* (Pain), *Toda* (Pricking Sensation), *Stambha* (Stiffness), *Spandan* (Twitching) and *Kaphaja* Symptoms like *Aruchi* (Anorexia), *Tandra* (Drowsiness), *Gaurava* (Heaviness).

#### **Grading of Vataja Symptoms.**

<b>Ruka (Pain)</b>	<b>Spandan (Twitching)</b>
No pain	No Twitching
0	0
Occasional pain	Sometimes for 5-10 minutes
1	1
Mild pain -walking difficulty	Daily for 10 – 30 minutes
2	2
Moderate pain and slight difficulty in walking	Daily for 30 – 60 minutes
3	3
Severe pain with severe difficulty in walking	Daily more than 1 hour
4	4
<b>Toda</b>	<b>Stambh (Stiffness)</b>
No pricking sensation	No stiffness
0	0
(Pricking sensation)	
Occasional pricking sensation	Sometimes for 5 – 10 minutes
1	1
Mild pricking sensation	Daily for 10 – 30 minutes
2	2
Moderate pricking sensation	Daily for 30 – 60 minutes
3	3
Severe pricking sensation	Daily more than 1 hour
4	4

**Grading of Kaphaja Symptoms.**

Aruchi (Anorexia)	Tandra (Drowsiness)
No anorexia 0	No Drowsiness
Mild anorexia 1	Mild Drowsiness
Moderate anorexia 2	Moderate Drowsiness
Severe anorexia 3	
Gaurava (Heaviness)	
No Heaviness 0	
Mild Heaviness 1	
Moderate Heaviness 2	
Severe Heaviness 3	

**2.Objective Parameter**

Grading of Objective Variables.

S.L.R. Test (Sakthini- kshepam- Nigraha)	Walking Distance
>90 0	Ptn can walk upto 1Km without pain
71-90 1	0
51-70 2	Ptn can walk upto 500 m without pain
31-50 3	1
Upto 30 4	Ptn can walk upto 250 m without pain
	2
	Patient feels pain on standing
	3
	Patient cannot stand

**Parameters of assessment**

The progress of therapeutic regimen was assessed on subjective and objective parameters. Improvement in clinical symptoms were taken for subjective assessment and S.L.R. test and Walking Distance test were the objective parameters.

**Assessment of total effect of therapy**

The overall assessment was calculated on the basis of average improvement in terms of percentage relief of scores.

1. Complete remission - 100%
2. Marked improvement – 76% to 100%
3. Improvement - 51% to 75%
4. Mild improvement – 25% TO 50%
5. Unchanged- 25%

**Study Design**

On the basis of symptoms, Shephali patra kwath 40 ml BD given to patient for 30 days with 8 days follow up

## RESULTS

The assessment of the patient was done on the basis of Subjective and Objective Parameters.

During treatment, the patient did not develop any other complaint. After treatment, the patient got marked improvement in the symptoms and objective tests findings.

**Table 5:** Improvement in Subjective Variables findings.

Symptoms	BT	AT
Ruka (pain)	4	1
Toda (Pricking sensation)	3	1
Stambh (Stiffness)	4	1
Spandan (Twitching)	4	0
Aruchi (Anorexia)	2	0
Tandra (Drowsiness)	1	0
Gaurava (Heaviness)	2	0

**Table 6:** Improvement in Objective Variables findings.

Test Name	BT	AT
S.L.R. Test (Sakthini-kshepam- Nigraha)	2	0
Walking Distance	3	1

## DISCUSSION

In this case study patient get treated by Shaman Chikitsa that is internal medicine with result in his signs and Symptoms about Gridhrasi. He started walking and sitting comfortably. Nirgundi is Vataghna and Shothaghna dravya. Is great in Vaataj vikar with its Ushna Vipaka and Katu Tikta Rasa.

## 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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