ABSTRACT
Prevalence of Sciatica is increasing very rapidly. Number of sciatica patients hitting the outpatient departments is noticeable. In severe conditions, patient was unable to stand or walk leading to complete disability. One such female patient aged 60 years was brought by relatives on stretcher at Panchakarma OPD of CBPACS, New Delhi. She was complaining of severe pain in lower back and buttocks on her left side which is radiating to the thighs, calf region and down to the foot. Lying down in supine position was unattainable for her, so she had positioned herself laterally, that too with difficulty. She was unable to sit, stand or walk. Straight leg rise (SLR) test was not possible to perform. Treatment followed- internally fresh Dashmoola kwath 40ml, Shatavari guda 5gm and Lashunadi vati 500mg with warm water after meals (Vyaanodaanakaal). Panchakarma – Matra Basti stat with Laghu vishgarbha oil 20ml and Ksheerbala oil 40ml followed by Kati basti with Laghu vishgarbha oil and Ksheerbala oil and Patra Pottali Swedana for 15 days. After discharge patient was having complete relief from pain. She was able to sit, walk and lay down with ease. Straight leg rise (SLR) was 90°. Visual Analogue Scale (VAS) score came down to 2 from 9.

KEYWORDS
Gridhrasi; Sciatica; Ayurvedic Management
INTRODUCTION

Sciatica is a cause of pain and disability. It is defined as the pain in the distribution of sciatic nerve or its component nerve roots. The syndrome now has been accepted as caused by lumbar disc prolapse. The sciatica nerve carries impulses between nerve roots in the lower back and the muscles and nerve of the buttocks, thighs and lower legs. Compression of a nerve root often occurs as a result of damage to one of the discs between the vertebrae. There are some predisposing factors such as degenerative changes in the vertebral column and history of some kind of trauma. The trauma may be sudden such as fall from certain height, lifting heavy weights, sleeping with back hyperextended position. Risk factors include male gender, age 30-70 years, heavy lifting or twisting, sitting for long time, stressful occupation, cigarette smoking. Symptoms typically commences with a period of back pain followed by sciatica. Pain associated with sciatica often is severe, sharp and shooting¹.

In Ayurveda, it may be correlated with Gridhrasi. It is one of Vatavyadhi characterised by ruka (pain), stambha (stiffness), toda (piercing pain) and gourava (heaviness) which starts from sphik pradesh (hip) and radiates downwards through pristhabhaga of kati (waist), prista (back), uru (thigh), janu (knee), jangha (shank) and pada (foot)².

A case of Gridhrasi, one of the Vatavyadhis was managed following the basic guidelines of treating Vatavyadhi, which provided significant improvement.

CASE REPORT

A 60 years old female patient from Rohini Delhi, was admitted in IPD of Ch. Brahmaprakash Ayurved Charak Sansthan, Khera Dabar, New Delhi from 21/8/17 to 4/9/17.

Patient Name- (Identity Hidden)

Age: 60 years
Sex: Female
Religion: Hindu
Socioeconomic status: Lower class
Built: Medium
DOA & DOD- 21/8/17 to 4/9/17
OPD/IPD No.- 89414/5208
Address- Rohini, New Delhi

Chief complaints - Severe low back pain
Pain radiating from hip to left thigh, calf region and down to foot, Unable to sit, stand or walk
All these complaints were from 15-20 days.

History of present illness- Patient was asymptomatic. Suddenly, she developed severe pain in lower back and buttocks on
her left side which is radiating to the thigh, calf region and down to the foot of left side. Due to extreme severity of pain, she was not able to stand or walk and was not able to do her routine work like sitting on floor, climbing upstairs, etc. The pain was associated with heaviness and numbness of the leg. Her sleep was disturbed since then due to the shooting type of pain that comes in the midst of night. She went to nearby clinic and took allopathic treatment but found no relief, so she came to this hospital for further management.

**History of past illness** - Repetitive history of fall from 3-4 times in 1 year

**Treatment History** - She was taking anti-inflammatory and analgesics from past 15-20 days.

On examination, there was no swelling, tenderness, reddishness or increase in temperature on her back and whole course of lower limb. Straight leg rise test was positive at app. 10 degree on left side. Lasègue’s sign was positive. BP - 130/90 mm of Hg, Pulse - 72/min.

**Ashtavidha Pariksha**

*Nadi-* Vatadhika tridosaja.

*Mala-* unsatisfactory

*Mutra-* 5-6 vegas, normal

*Jihva-* Saama

*Sabda-* Prakrit

*Sparsa-* khara, rooksha

*Druk-* Aatur

**Akruti** - Medium.

**TREATMENT PLAN**

**Abhyantar Chikitsa**-

*Dashmoola kwath* 40 ml twice a day

*Lashunadi vati* 2 tab twice a day

*Shatavari Gud* 5 gm twice a day

**Panchakarma**-

*Matra basti* with laghu vishgarbha oil 20 ml and ksheerbala oil 40 ml stat

*Patra pinda sweda* on lower limb for 30-45 min

*Kati basti* with laghu vishgarbha oil and ksheerbala oil

**About Kati Basti**

*Kati Basti* is a treatment for pathological conditions pertaining to lower back, unique to Ayurveda. It is a form of localised external oleation. ‘Kati’ refers to the lower back and ‘Basti’ means ‘to hold’. Flour dough is used to form a well on the lower back and is filled with warm oil and is kept warm by continuously replacing it as it cools.

**About Patra pinda sweda**

*Patra* means leaves of medicinal plants.

*Pinda* means a bolus. *Sweda* means Fomentation or sudation. It is a kind of Sudation which is given by using a bolus prepared by different combination of medicinal leaves processed with medicinal oil. This procedure is unique, it comprises
both snehana (oleation) and swedana (sudation) at the same time.

**ASSESSMENT CRITERIA -**

<table>
<thead>
<tr>
<th>Table 1 Visual Analogue Scale (VAS)</th>
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<tbody>
<tr>
<td>0</td>
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<tr>
<td>1-2</td>
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<td>3-4</td>
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<td>5-6</td>
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<td>7-8</td>
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<td>9-10</td>
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**Objective Parameter-**

a] Straight leg rise (SLR) test – Ref Table 2

b] Lasegue’s sign- Ref Table 3

<table>
<thead>
<tr>
<th>Table 2 Straight leg rise (SLR) test</th>
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<tbody>
<tr>
<td>Parameter</td>
</tr>
<tr>
<td>90° – 76°</td>
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<tr>
<td>75° – 61°</td>
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<tr>
<td>60° – 46°</td>
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<td>45° – 31°</td>
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<td>Below – 30°</td>
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<tr>
<th>Table 3 Lasegue’s sign</th>
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<tbody>
<tr>
<td>Parameter</td>
</tr>
<tr>
<td>Positive</td>
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<tr>
<td>Negative</td>
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**OBSERVATIONS**

Subjective Parameter – Ref Table 4

Objective Parameter- Ref Table 5

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<thead>
<tr>
<th>Table 4 Assessment according to VAS Scale</th>
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<td>Visual Analogue Scale (VAS)</td>
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<th>Table 5. Assessment according to SLR and Lasegue’s sign</th>
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<tr>
<td>Parameter</td>
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<td>SLR</td>
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<td>Lasegue’s sign</td>
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**DISCUSSION**

Gridhrasi is described as one of the Vatavyadhi. First line of treatment in vitiation of Vata is Snehana and Swedana. Swedana is specifically indicated in Gridhrasi. Patrapinda swedana a form of Sankara sweda is combined ruksha-snigdha at the same time. Vata shamaka leaves triturated with laghuvishgarbha tail used for the PPS in this patient facilitate amapachana and vata shamana. Kati basti, a local snehana at lumbar region helped to break down the pathogenesis. Snehana and swedana both at the same time are followed in Kati basti and PPS. However, predominantly Snehana is achieved in Katibasti and Swedana is achieved in PPS. Stat Matra Basti with Ksheerbala tail and Laghu vishagarbha tail oleated Vankshana and thereby results in local Vata shamana.

Laghu vishgarbha tail and Ksheerbala tail both are indicated in Vatavyadhi. Tail itself has sukshma property. Due to visha
dravya used in Lagu vishgarbha tail, combination of these two oils pervades easily deep down through targeted tissue. Dashmoola is Vata predominant ‘tridosha shamaka’ as it consists of Laghu panchamoola and Brihat panchamoola which pacify vitiated Vatapitta and Kaphavata respectively. Lashunadi Vati is deepan, pachan, vatanuloman, shulaghna. Shatavari guda was given as balya (to restore energy) since there was remarkable bala kshya in patient.

CONCLUSION

Snehana and Swedana has definite role in the management of Gridhrasi provided a specific form of Snehana and Swedana is chosen according to Samprapti of the disease. Even a bad case can be managed effectively if basic treatment principles are followed meticulously.
REFERENCES


