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## Ayurveda Approach in the Management of Sciatica with Neurological Deficits: A Case Study

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### ABSTRACT

Sciatica is caused by impingement of the L<sub>4</sub>, L<sub>5</sub>, or S<sub>1</sub> nerve (i.e. from a herniated disk) and manifests as unilateral neuropathic pain extending from the gluteal region down the posterolateral leg to the foot. *Gridhrasi* is mentioned as *Vataja Vyadhi* (disease due to *Vata Dosha*) in *Charaka Samhita*, having symptoms *Stambha* (Stiffness), *Ruka* (Pain), *Toda* (Pricking Pain), *Spandana* (Tingling Sensation) which starts from waist than goes to hip, back of the thigh, calf & foot. There is no satisfactory treatment available in biomedicine for treatment except surgical intervention and this has many limitations. *Ayurveda* drugs and *Panchkarma* therapy have been in use to treat such conditions since a long time. In this case a male patient suffering from severe back-pain, unable to walk without support, neurogenic bowel and neurogenic bladder. Patient was advised for spinal surgery. The combined treatment was planned having oral *Ayurveda* medications with as well as external and internal *Panchkarma* procedure. A substantial clinical improvement was seen after 5 months of *Ayurveda* treatment in neurological deficits and in quality of life.

### KEYWORDS

*Panchkarma*, *Gridhrasi*, sciatica



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## INTRODUCTION

Nowadays the most common musculoskeletal disorder is low back pain. Sciatica is common cause for low back pain due to injury or compression of sciatic nerve. Sciatica is caused by impingement of the L<sub>4</sub>, L<sub>5</sub>, or S<sub>1</sub> nerve (i.e. from a herniated disk) and manifests as unilateral neuropathic pain extending from the gluteal region down the poster-lateral leg to the foot<sup>1</sup>. The prevalence of sciatic symptoms reported in the literature varies considerably ranging from 1.6% in general population to 43% in a selected working population<sup>2</sup>. Sciatica is common in working age groups & affects the efficiency of work and hampered daily routine. Intensity & characteristic of pain widely varies from dull ache, tingling, numbness, or burning sensation to severe ache & disability. Piriformis syndrome, slipped disk, degenerative disc disease, spinal stenosis, pelvic injury, or tumours are causative factors for sciatica. According to *Ayurveda* Sciatica can be equated with *Gridhrasi*. *Acharya Charaka* mentioned *Gridhrasi* in *Vataja Vyadhi* (disease due to *Vata Dosha*), having symptoms as *Stambha*(stiffness), *Ruka*(pain), *Toda*(pricking pain), *Spandana*(tingling sensation) which starts from waist than goes to hip, back of thigh, calf, & foot. There is no satisfactory

treatment available in biomedicine for treatment except surgical intervention and this has many limitations. Ayurveda drugs and *Panchkarma* therapy have been in use to treat such conditions since a long time. The SLR (straight leg raising) test is used both for diagnosis as well as for assessing the progress of treatment.

## CASE REPORT

A male patient of 32 years old came in OPD of *Panchkarma*, National Institute of Ayurveda, Jaipur, India, on 20/06/18. Patient was admitted and examined in the I.P.D. of N.I.A. He had complaints of severe pain in low back, difficulty in walking, tingling sensation in left lower limb, patient neither able to feel nor control the urge for micturition and defecation, numbness over hip and thigh after sitting few minutes from last 6 months. Before 6 years patient felt pain in low back region resolved with symptomatic treatment, 6 month ago he got severe pain on low back and went for treatment, during treatment they did some type of machine massage over low back region, after this treatment patient had obstructed micturition & defecation. After observing severity of symptoms he consulted physicians. Magnetic resonance imaging of lumber spine was done on 31/05/18. This revealed



straightening of lumbar curvature. Disc desiccation with diffuse disc bulge and large posterocentral extruded and sequestered disc at L5-S1 level migrating cranially behind L5 vertebra showing annular tear causing severe compression over thecal sac, bilateral lateral recess, cauda equina and exiting nerve roots. Disc desiccation with diffuse disc bulge at 4<sup>th</sup> and 5<sup>th</sup> lumbar level. Patient was diagnosed as PIVD (prolapse intervertebral disc) by Physician. He recommend him analgesic drug for pain but there was no clinical improvement and then advised him for spinal surgery. He didn't want any surgery so he came to our institute for better treatment. Patient was diagnosed as *Gridhrasi* and was treated on the line of management of *Vatavyadhi*. Oral medication given to the patient included: combination of *Trayodashanga Guggulu*,

*Rasna Saptak Kwath*, *Vata Gajankusha Ras*, *Ashwagandha Churna*, *Chopachini Churna*, *Gokshura Churna*, *Panchsakar Churna*. Patient was recommended for a set of *Panchkarma* therapies comprising of *Sarwanga Swedana* (Massage and sudation), *Kati Basti* with *Dashmoola Taila* (medicated oil put on lumbo-sacral region), *Matra Basti* with *ksheerabala Taila* (Enema with KBT), *Erandmooladi Niruha Basti* (Enema with decoction of drugs).

## METHODOLOGY

Plan of study: National institute of Ayurveda, hospital Jaipur and single case study.

### AYURVEDA INTERVENTION-

1. Details of Oral drugs and *Panchkarma* procedure:

Posology is mentioned in Table 1

**Table 1** Oral medication and *Panchkarma* procedure

Oral Drugs	Dose	Duration and Anupana
<i>Trayodashanga Guggulu</i>	500 mg. twice daily	With <i>Rasna Saptaka Kwath</i> for 5months
<i>Rasna Saptak Kwath</i>	20ml twice daily	for 5months
<i>Vata Gajankusha Ras</i>	125mg. twice daily	With honey for 2 months
<i>Ashwagandha Churna</i>	2 gm	With milk for 5months
<i>Chopachini Churna</i>	1 gm	
<i>Gokshura Churna</i>	2 gm. twice daily	
<i>Panchsakar Churna</i>	5 gm/ night	With lukewarm water for 5months
<i>Panchkarma</i> procedure		
Date	<i>Panchkarma</i> procedure	Duration
First admission (20/06/18- 12/07/18)	<i>Sarwanga Abhyanga</i> with <i>Dashmoola Taila</i> and <i>Sarwanga Swedana</i>	For 16 days
	<i>Kati Basti</i> with <i>Dashmoola Taila</i> - 40 minute	For 16 days
	<i>Matra Basti</i> with <i>Ksheerabala Taila</i> - 60ml	For 16 days



second admission (13/08/2018-28/08/2018)	<i>Sarwanga Abhyanga</i> and <i>Sarwanga Swedana</i>	For 16 days
	<i>Kati Basti</i> with <i>Dashmoola Taila</i> -40 minutes	For 16 days
	<i>Erandmooladi Niruha Basti</i> with <i>Ksheerabala Anuvasana Basti</i> in <i>Kala Krama</i>	For 16 days
Third admission (22/10/18-14/11/18)	<i>Sarwanga Abhyanga</i> with <i>Dashmoola Taila</i> and <i>Sarwanga Swedana</i>	For 16 days
	<i>Kati Basti</i> with <i>Dashmoola Taila</i> - 40 minute	For 16 days
	<i>Matra Basti</i> with <i>Ksheerabala Taila</i> - 60ml	For 16 days

## 2. Method of application of Panchkarma Procedure-

*Sarwanga Abhyanga* is gentle application of oil on whole over body, it is beneficial for vitiated *Vata Dosha*<sup>3</sup>. It was done with *Dashmoola Taila* and fomentation with plain steam, which is indicated for vitiated *Vata & Kapha* dominant disease<sup>4</sup>. *Kati Basti* is a specialized technique in which warm medicated oil (*Dashmoola* oil) placed on lumbo-sacral region with the help of gram flour frame for a specific time (40 to 45 minutes). It is indicated in painful condition of low back region<sup>5</sup>.

In *Matra Basti* patient was instructed to lie down in left lateral position and keep his left hand below the head. Medicated oil was administered through rectal route. *Matra Basti* is having no complication<sup>6</sup> and indicated in painful condition of *Vataja* disease<sup>7</sup>.

**Schedule for *Kala Basti Karma* (16 *Basti* = 6 *Niruha* + 10 *Anuvasana*)**

In the *Kala Basti* schedule, one alternating with the other, 10 *Anuvasana* and 6 *Niruha Basti* were given. In the beginning, one *Anuvasana Basti* and at the end, three *Anuvasana Basti* were given. *Niruha Basti* was given with the *Erandmooladi Kwatha* and *Anuvasana* by *KBT*.

*Niruha Basti*- The *Niruha Basti* administered was a homogenous colloidal solution having volume 530 ml, which contained 60 g Honey, 5 g Rock salt, 90 ml *Tila Taila*, 25 g *Shatpuspa kalka*(Paste), 300 ml *Erandmooladi Kwatha* (decoction) and 50ml of Cow urine. *Niruha Basti* was administered empty stomach in morning.

*Anuvasana Basti*- Lukewarm 60 ml of *KBT* was given just after meal.

## 3. Criteria for Assessment:

Assessment as per *Ayurveda* parameters and grading of SLR (straight leg raising) test and Visual Analogue Scale is placed in in Table 2.

**Table 2** Grading scale of symptoms-

1. <i>Ruka</i>	Grade
No pain	0
Occasional pain	1
Mild pain but no difficulty in walking	2
Moderate pain and slight difficulty in Walking	3
Severe pain with severe difficulty in Walking	4
2. <i>Toda</i> (pricking pain)	Grade
No pricking sensation	0
Occasional pricking sensation	1
Mild pricking sensation	2
Moderate pricking sensation	3
Severe pricking sensation	4
3. <i>Suptata</i> (numbness)	Grade
No numbness	0
Occasional numbness	1
Mild numbness	2
Moderate numbness	3
Severe numbness	4
4. S.L.R. test	Grade
No pain at 90 <sup>0</sup>	0
Pain > 71 up to 90 <sup>0</sup>	1
Pain > 51 up to 70 <sup>0</sup>	2
Pain > 31 up to 50 <sup>0</sup>	3
Pain below 30 <sup>0</sup>	4
5. VAS scale	Grade
No pain	00
Distress	01
Annoying	02-03
Uncomfortable	04
Dreadful	05-06
Horrible	08
Unbearable	09
Agonizing	10

Overall assessment of parameters before and after treatment is mentioned in Table 3.

**Table 3** Overall assessment of parameters before and after treatment

Parameters	BT	AT (after 5 months)
<i>Ruka</i> (pain)	04	01
<i>Toda</i> (pricking pain)	05	01
<i>Suptata</i> (numbness)	05	02
S.L.R. test	03	01
Pain assessment by Visual Analogue Scale	08	02

## DISCUSSION

It was a case of incontinence of bowel & urination with severe pain in low back radiating to left lower limb. Symptoms started with physical trauma which is the cause of vitiated *Vata Dosha*. *Sheeta* and *Tikta Ahara* (cold and bitter food) and prolong sitting work were major causes for vitiated *Vata & Kapha Dosha*. General line of treatment of *Vatavyadhi* was adopted to treat this condition. First treatment was given to pacify vitiated *Vata Dosha* and *Basti* (medicated enema) is the best treatment modality in the management of *Vataja* disease<sup>8</sup>. *Sarvanga Abhyanga & Sarvanga Swedana* both are indicated in *Vataja* disorder. *Kati Basti* reduces local inflammation & pain in back region. *Dashmoola Taila* is our drug of choice for *Sarvanga Abhayanga & Kati Basti*, because it has proven that *Dashmoola* has anti-inflammatory, analgesic and antipyretic effect<sup>9</sup>. *Sida cordifolia* which is main ingredient of *ksheerabala Taila*, having analgesic and anti-inflammatory effect<sup>10-11</sup>. Treatment was started with *Sarvanga Abhayanga & Swedana* along with *Kati Basti* and *Matra Basti*. The results after first admission was that patient got mild relief in low back pain & mild holding capacity bowel activity.



After one month patient was again admitted. *Erandmooladi Basti* is *Deepana* and *Lekhana* in nature which helps to treat *Vata-Kaphaja* disease and provide relief in Low-back pain<sup>12</sup>. *Eranda* (*Ricinus Communis*) is main content of *Erandmooladi Basti* having anti-inflammatory, anti-oxidant, central analgesic, and bone regeneration activity<sup>13</sup>. The patient had gained remarkably control on the urge for micturition and defecation. On 22/10/18 patient was again admitted and given treatment as same as during first admission for *Brimhana* and *Snehana* to pacify the *Vata Dosha*. He got marked relief in numbness over hip and thigh region. Oral medication were continued for 5 months except *Vata Gajankusha Ras* for 2 months to avoid its toxic effects.

After the whole treatment protocol we found good significant results in grading of VAS from 08 to 02 after treatment. Before treatment patient felt numbness of grade 05 which was reduced to 02 after treatment. Main achievement was he got relief from catheterization and normal bowel activity. SLR test was grade 03 before treatment decreased to grade 01. This treatment of sciatic with neurogenic deficits is economically affordable, simple and safe. In this case patient was treated with *Ayurveda* oral drugs along with *Panchkarma* procedures and experienced

sustained relief. As the treatment was able to make improvements in these conditions, this approach should be taken into consideration while making any further trial to treat similar conditions with the help of *Ayurveda*.



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