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Management of *Gridhrasi* (Sciatica) with *Panchakarma* –A Case Study

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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



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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 *shphik pradesh* (hip) and radiates

downwards through *pristhabhaga* of *kati* (waist), *pristha* (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. Brahm Prakash 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. Lasegue's sign was positive. BP- 130/90mm 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 40ml stat

Patra pinda sweda on lower limb for 30-45 min

Kati basti with *laghu vishgarbha* oil and *ksheerbala* oil

About Kati Basti³

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 sweda⁴

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 1 Visual Analogue Scale (VAS)

0	No pain
1-2	Mild pain
3-4	Discomforting
5-6	Distressing
7-8	Horrible
9-10	Excruciating

Objective Parameter-

a) Straight leg rise (SLR) test –

Ref Table 2

b) Lasegue’s sign- Ref Table 3

Table 2 Straight leg rise (SLR) test

Parameter	Grading
90° – 76°	0
75° – 61°	1
60° – 46°	2
45° – 31°	3
Below – 30°	4

Table 3 Lasegue’s sign

Parameter	Grading
Positive	1
Negative	0

OBSERVATIONS

Subjective Parameter – Ref Table 4

Objective Parameter- Ref Table 5

Table 4 Assessment according to VAS Scale

Parameter	Before treatment	After treatment
Visual Analogue Scale (VAS)	9	2

Table 5. Assessment according to SLR and Lasegue’s sign

Parameter	Before treatment (left leg)	After treatment (left leg)
SLR	10	90
Lasegue’s sign	Positive	Negative

Subjective Parameter -Visual Analogue Scale (VAS) – Ref Table 1

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 *laghuvishgarbhatail* 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*⁵ and *Ksheerbala tail*⁶ 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*⁷ is *Vata* predominant '*tridosha shamaka*' as it consists of *Laghu panchamoola* and *Brihat panchamoola* which pacify vitiated *Vatapitta* and *Kaphavata* respectively. *Lashunadi Vati*⁸ is *deepan*, *pachan*, *vatanuloman*, *shulaghna*. *Shatavari guda*⁹ 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.

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