AYURVEDIC MANAGEMENT OF GRIDHRASI: A CASE STUDY

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ABSTRACT

The disease Gridhrasi is a commonly seen problem nowadays. In this disease, there is severe pain and stiffness in kati, prishtha, padanguli. Patient become incapable to do his routine work. Gridhrasi is mentioned in vatavyadhis by Acharyas. Vata dosha is mainly responsible for this disease, but kapha dosha anubandha is also there. Hence, Acharyas mentioned two types of Gridhrasi is according to dosha involvement viz. Vataja and vatakaphaja. Patients complaining of kati prishtha shula, chankramana kashtata regularly visit OPD. A case of Gridhrasi visited to OPD of Government Ayurved College, Nanded is discussed in this paper.

KEYWORDS: Gridhrasi, vatavyadhi, kati prishtha shula.

INTRODUCTION

Gridhrasi is one of the disease from vata vyadhis.¹ ‘gridhravat chalate yasmin’ is the nirukti for this disease. It means there is Gridhra (vulture) like gait in these patients due to severe pain. Toda (pricking pain), stambha (stiffness), spandana (pulsations) in kati, prishtha region, radiating to back of thigh, poplitical region, calf muscles till feet are the symptoms of Gridhrasi.² Though Charaka mentioned this in eighty nanatmaja vikara of vata dosha,³ he mentioned involvement of kapha dosha in Gridhrasi. Tanda, gaurava and aruchi are the symptoms in Gridhrasi due to kapha dosha.⁴ The symptoms of Gridhrasi closely resembles with Sciatica in modern science.
CASE STUDY

Present History

A male patient aged about 50 years old, farmer, Hindu by religion with complains of

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Symptoms</th>
<th>Duration since</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pricking pain and stiffness in right thigh, leg</td>
<td>3 months</td>
</tr>
<tr>
<td>2.</td>
<td>Difficulty in walking</td>
<td>3 months</td>
</tr>
<tr>
<td>3.</td>
<td>Tingling sensation in right leg</td>
<td>2 months</td>
</tr>
</tbody>
</table>

Past history

Patient was well before 3 months. Then he started complaining of low back ache on right side, right sided thigh and leg pain. Patient neglected the symptoms and continued his work. Now, because of unbearable pain and difficulty in walking, patient approached to our hospital for treatment.

No H/o any other major medical or surgical illness.

General Examination

G.C Fair
Afebrile
Pulse – 70/min
BP – 120/80 mm Hg

Systemic examination

RS – Clear, air entry equal bilaterally
CVS – S₁ S₂ Normal.
CNS – Conscious, well oriented.
Personal history:
Diet: ruksha, katu ahara,
Regimen: Ati chankramana, atibharavahana, aatapasevana.

Ashtwidha Parikshan

Nadi : 70/min
Mala : Vibandha
Mutra : Samyaka
Jivha : Nirama
Shabda : spashta
Examination of low back and right leg

Inspection: No swelling noted over thigh, leg.
Palpation: Local temperature – normal
No tenderness over anterior superior iliac spine
Straight leg raising test: (SLR test) – On admission, positive in right leg with 60 degree angle.

Pathological Reports:
Hb - 12.0gm/dl,
WBC- 6500 /mm³
E.S.R. (Wintrobe method) - 4 mm at the end of an hour,
BSL (Random) - 78 mg /dl

Treatment Given

This patient was admitted for 26 days in IPD for treatment purpose.

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Treatment Plan</th>
<th>Treatment</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sthanika</td>
<td>Snehana</td>
<td>-</td>
<td>25 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nadi swedana</td>
<td>-</td>
<td>25 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patrapottali sweda</td>
<td>-</td>
<td>25 days</td>
</tr>
<tr>
<td>2.</td>
<td>Shodhana</td>
<td>Matrabasti with Sahachara taila</td>
<td>50 ml</td>
<td>15 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Erandamuladi niruha basti</td>
<td>300 ml</td>
<td>12 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Siravedha</td>
<td>-</td>
<td>1 day</td>
</tr>
<tr>
<td>3.</td>
<td>Shamana</td>
<td>Gomutra + Eranda tailapana</td>
<td>20 ml OD</td>
<td>25 days Morning period</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Parijata patra kwatha</td>
<td>40 ml BD</td>
<td>After food 25 days</td>
</tr>
</tbody>
</table>

DISCUSSION

Gridhrasi is mentioned in vata vyadhis by Acharyas. It is a common disease found in present era. Due to various vata prakopaka hetu like excess travelling on bike, long time sitting position, ruksha, katu aahara, many people suffer with this disease. A male patient admitted in IPD of Governemnt ayurved college, Nanded was a classical case of gridhrasi. He was having pain and stiffness in right leg upto toes, low back ache in right side of the body, difficulty/painful walking and tingling in right leg. According to classics, the patient presented with symptoms of gridhrasi viz. parshni pratyanguli shula, kati prushtha parshwa
uru janu stambha and shula. Hence diagnosed as Gridhrasi and treatment was given according to dosha involvement.

In bahya chikitsa, snehana done on kati, prishtha. ‘Marutaghnam’. i.e. vataghna is the karma of taila, hence, in bahya chikitsa, snehana done with tila taila on right leg, low back. After snehana, nadi sweda was given. Reducing of stambha, gaurava is the property of swedana. Also, patrapottali swedana was given with shigru patra.

In shaman chikitsa, Chakradatta mentioned gomutra and eranda tailapana in gridhrasi vyadhi. As eranda taila is shreshtha vataghna dravya, this yoga was given to patient in morning period. Mrudu sanshodhana is the chikitsa for vata dosha hence this yoga helped in relieving pain of patient which was due to vitiated vata dosha.

Sharangdhar Acharya mentioned shefali patra kwatha i.e. Parijataka patra (Nyctanthes arbor-tristis) kwatha in gridhrasi, this kwatha was given after food twice in a day.

In shodhana karma, at first matra basti with sahachara taila was given for 15 days. There is reduced tingling sensation with basti and slight improvement in SLR test.

Then Erandamuladi niruha basti (Erand, devdaru, rasna, vacha, hingu) was started to the patient for 12 days. Patient having relief in pain, SLR was almost 90 degree and he could walk for 10 to 15 minutes without taking break. On discharge day, siravedha was done from popliteal fossa. About 40 ml of blood was removed, all aseptic precautions were taken and patient was discharged. 15 days follow up time was given to the patient.

**RESULT**

<table>
<thead>
<tr>
<th>Date</th>
<th>SLR degree angle in Right leg</th>
<th>SLR degree angle in Left leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>31/12/2016</td>
<td>60</td>
<td>Negative</td>
</tr>
<tr>
<td>05/01/2017</td>
<td>60</td>
<td>Negative</td>
</tr>
<tr>
<td>10/01/2017</td>
<td>70</td>
<td>Negative</td>
</tr>
<tr>
<td>15/01/2017</td>
<td>70</td>
<td>Negative</td>
</tr>
<tr>
<td>20/01/2017</td>
<td>80</td>
<td>Negative</td>
</tr>
<tr>
<td>25/01/2017</td>
<td>Negative</td>
<td>Negative</td>
</tr>
</tbody>
</table>
REFERENCES
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