

AYURVEDIC MANAGEMENT OF *GRIDHRASI* W.S.R TO *SCIATICA* – A CASE STUDY

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ABSTRACT

Gridhrasi (sciatica) is pain dominant lifestyle disorder, in which the pain starts from *Sphik Pradesha* (back region) and radiates towards the foot. A 41 years old male patient, who was suffering from *Gridhrasi* for last 1 year, was admitted in NIA *Panchakarma* ward. He was diagnosed as a case of sciatica based on MRI- reports. The patient was treated with *Panchakarma* procedure such as *Patrapinda Sveda* for 21 days and *Erandmuladi Niruha Basti* as *Karma Basti* schedule (30 days regime of purification and oleation enema) and oral medication as *Yograj Guggulu* 3 tablet twice a day, *Dashmool Kwath* 40 ml twice a day, *Ashwagandha Churna* (Powder of *Withania somnifera* DUNAL) – 3gms + *Chopchini Churna* (Powder of *Smilax glabra*) – 500mg +

Gokshura Churna (Powder of *Tribulus terrestris*) - 2gms three times a day, *Panchasakara Churna* 5 gm at bed time for 1 month. Before treatment the patient was complaining of severe pain in low back region radiating to right lower limb and difficulty in walking. After completion of treatment the pain in back region and Right lower limb decreased, difficulty in walking was much reduced and walking distance also improved. This case shows that *Ayurvediya* treatment may be helpful in the management of *Gridhrasi*.

KEYWORDS: *Gridhrasi*; Sciatica; Ayurvedic Management.

INTRODUCTION

Lumbar spinal root pain may radiate through the buttock and leg to the knee and below, with paresthesia in the foot with a large disc prolapsed is called 'Sciatica'.^[1] About 90% of the

time sciatica is due to a spinal disc herniation pressing on one of the lumbar or sacral nerve roots.^[2] Other problems that may result in sciatica include spondylolisthesis, spinal stenosis, piriformis syndrome, pelvic tumors, and compression by a baby's head during pregnancy. This causes inflammation, pain and often some numbness in the affected leg.

The prevalence of sciatic symptoms reported in the literature varies considerably ranging from 1.6% in the general population to 43% in a selected working population.^[3] The lifetime prevalence of true sciatica has been reported at 5.3% in men and 3.7% in women. Sciatica is most common in the third to sixth decades of life and occurs about one to three times more frequently in men than in women.^[4]

This condition can be clinically correlated to *Gridhrasi* described in *Ayurveda*. It is described as one of the *Vata Vyadhi* characterised with radiating pain from hip to thigh, knee, calf and feet in order, associated with stiffness and difficulty in movement and numbness.

The present day management includes administration of anti inflammatory analgesics, surgical correction and physiotherapy each of them is having its own limitations. There is an immediate need for the efficient management of sciatica with usage of herbal medicines, following the proper life style and eradicating the problems from root itself. Here we represent a case that was diagnosed as sciatica and was managed with Ayurvedic treatment of *Gridhrasi* with satisfactory outcome.

CASE REPORT

A 41 year-old male patient was admitted in IPD male ward, Department of Panchakarma, National Institute of Ayurveda, Jaipur with chief complaints of pain in low back region radiating to right lower limb since one year. Patient also had complaints of stiffness, tingling sensation and numbness in his right lower limb since 6 months. For this he took treatment from different Govt. Allopathic Hospitals, but got no relief. Then he approached National Institute of Ayurveda in Panchakarma Dept. for better treatment. On examination- general condition of the patient was found antalgic gait. He was not able to walk and stand for more than one minute due to severe pain. SLR was 30° of right side. Lumbar scoliosis was also present. Blood pressure was 120/80 mmHg, Pulse rate was 80/minute, Weight-78 kg and Height -5.10". His family history was not significant. He had no history of addictions and trauma. He was non -diabetic and non- hypertensive.

On examination, the patient was found to be anxious with disturbed sleep due to severe pain, had a moderate appetite, *Vishmagri* (unstable digestive functions), *Krura Kostha* (bowel hard to purgate) with normal micturition. Patient had *Vatapitta prakriti* with *Madhyam* (medium) *Sara*, *Madhyam Samhanana* (medium body built), *Sama Pramana* (normal body proportion), *Madhyam Satmya* (homologation), *Madhyam Satva* (mental strength), *Avara Vyayamshakti* (least capability to carry on physical activities), *Madhyam Aharshakti* and *Jaranshakti* (medium food intake and digestive power). *Asthivaha Srotodusti* (pathology in bone) and *Majjavaha Srotodusti* (pathology in bone marrow) were more prominent. Investigation was done at the time of admission. It revealed Hb 13 gm%, TLC 7000 th/ul, ESR 12 mm/hr, Neutrophil 55%, Lymphocytes 30%, Eosinophil 2%, Monocytes 2%, Basophil 0%, RBS 94 mg/dl. All the investigation for hormonal assay was normal. HIV, HBsAg, VDRL were negative. Magnetic resonance imaging (M.R.I.) report which was done on dated 29 Dec 2015, confirming Disc desiccation with diffuse disc bulge and ligamentum flavum hypertrophy noted at L5-S1 level causing right severe and left mild lateral recess stenosis and right severe and left mild neural foraminal narrowing.

Diagnosis: The patient had complained of pain in low back region radiating to right lower limb; stiffness, tingling sensation and numbness in right lower limb. These symptoms can be compared with symptoms of *Gridhrasi* as *Stambha*, *Ruka*, *Toda* and *Spandana* are the manifestation of *Gridhrasi*.^[5]

Treatment

A) Patra Pinda Pottali Sveda: Application of heat and there by inducing perspiration by using heated pack of specified herbal leaves is known as *Patra Pinda Sveda*. It is efficacious in painful clinical condition where vitiation of *Vata Dosha* is predominant.

The procedure was done with leaves of *Nirgundi* and *Eranda* along with *Ajamoda* 50gms, *Rasona* 10-15 pieces, *lemon* and *Dashmoola Taila* for 30 minutes for duration of 21 days.

B) Basti Karma

Niruha Basti: The composition of the medicine administered in the form of *Basti* contains *Kwath* (herbal decoction), *Sneha* (medicated oil), *Madhu* (Honey), *Saindhava Lavana* (rocksalt) and *Kalka* (herbal powder).

Erandamuladi Niruha Basti was given in *Karma Basti* schedule (30 days) and contents are *Madhu* -60gms, *Saindhava Lavana* -05 gms, *Maha Tiktaka Ghrita* -90ml, *Shatapushpa Kalka* -30gms and *Erandamuladi Kwatha* -240 ml. The contents of *Kwatha* are *Erandamula*, *Palasha*, *Laghu Pancha Mula*, *Rasna*, *Ashwagandha*, *Atibala*, *Guduchi*, *Punarnava*, *Aragwadha*, *Devadaru*, *Madanaphala*.

Anuvasana Basti:- Administration of medicated oil or other fat through the rectal route in a prescribed dose is called as *Anuvasana Basti*. In this case study *Ashwagandha Taila* was used for *Anuvasana Basti*.

C) Shamana Chiktisa: Palliative treatment was given with following drugs

Yograj Guggulu 3 tab twice a day, *Dashmool Kwath* 40 ml twice a day, *Ashwagandha Churna* (Powder of *Withania somnifera* DUNAL) – 3gms + *Chopchini Churna* (Powder of *Smilax glabra*) – 500mg + *Gokshura Churna* (Powder of *Tribulus terrestris*) - 2gms three times a day, *Panchasakara Churna* 5 gm at bed time for 1 month.

Outcome: Before treatment patient was not able to walk some steps due to severe pain and his SLR were 30⁰ of right side. After one month treatment he can walk up to 500 meters without any pain and his SLR was changed to 80⁰ after treatment and patient had got 70% relief in pain.

Before treatment the patient was complaining of severe pain in low back region & right lower limb and difficulty in walking. After completion of treatment the pain in low back region & right lower limb decreased, range of movement of right lower limb improved, difficulty in walking was much reduced and walking distance also improved.

DISCUSSION

Gridhrasi is a *Shoolapradhana Nanatmaja Vata-vyadhi*, intervening with the functional ability of low back & lower limbs. In this disease onset of *Ruk* (pain), *Toda* (numbing pain) and *Stambha* (stiffness) is initially in *Kati* (lumbosacral region) and radiates distal to *Pristha*, *Janu*, *Jangha* till *Paada*.^[6] *Arundutta* in his commentary defined clearly that due to *Vata* in *Kandara* (tendon) the pain is produced at the time of raising leg straight and it restricts the movement of thigh.^[7] This is an important clinical test for the diagnosis of sciatica known as SLR. In *Madhava Nidana*, *Dehasyapi Pravakranta* (Lumbar scoliosis) is considered in *Vataja* type of *Gridhrasi*.^[8]

A similar condition in modern parlance is sciatica. It is the distribution of pain along the course of the sciatic nerve or its component nerve roots is characteristic. Radiating deep seated cramping pain in buttocks followed with numbness and paresthesia in lower extremities favors the diagnosis. Restricted SLR test consolidates the diagnosis clinically and even the illness can be confirmed by imaging techniques. Prolapse of intervertebral disc, external mechanical pressure and degenerative changes of the lumbar spine are the commonest cause for sciatica.

In *Charaka Samhita*, *Gridhrasi* is counted as a *Swedana Sadhya Vyadhi*^[9] and *Basti Karma* also indicated in *Gridhrasi Roga*.^[10] Taking consideration of above fact a composite treatment plan was adopted. *Patrapinda Swedana*^[11] for 21 days and *Erandmuladi Niruha Basti*^[12] as *Karma Basti* schedule were used as *Panchakarma* procedure.

Patrapinda Pottali Sveda is a kind of *Snigdha Sveda*. Which was done over the back and in the limbs helps to regulate the movement of *Vata* and sooth the irritated nerve resulting in relief in complains of pain, numbness, tingling sensation etc.

Basti is the best treatment modality in the management of *Vata-vyadhi*.^[13] Mixture of *Madhu*, *Saindhava Lavana*, *Sneha*, *Kalka*, *Kashaya* and *Avapa Dravya* are administered in the form of *Niruha Basti*. *Erandmuladi Niruha Basti* Which contains 34 drugs among them maximum number *Dravyas* to *Ushna Veerya*, which is indicated in *Shoola* of *Jangha*, *Uru*, *Paada* and *Pristha* region and it is indicated in *Kapha-avruta* conditions also.

The *Shamana* like therapy generally employed to restore *Agni* and pacify the excited *Dosha*. When we consider *Samprapti* of *Gridhrasi* due to *Apatarpana* or *Abhighata* where *Vata Prakopa* takes place due to *Rikitata* of *Srotas* or damage of vital points. Here along with *Deepana Pachana* properties, the drugs having *Rasayana* and *Balya* property, that replace the damage nerve tissue and *Vata Shamaka* property were used i.e. *Yograj Guggulu*, *Ashwagandha Churna*, *Gokshura Churna* and *Dasmoala Kwatha*.

Dashamula Kvatha is *Tridoshahara*, *Vedana sthapak* and *Sroto Shodhaka*, so in the condition of AVN it gives relief in signs and symptoms of disease and in breaking down the *Samprapti* (pathogenesis) of the disease.^[14]

Ashwagandha posseses *Rasayana* and *Brahmana* properties, so it is useful in all types of *Dhatukshya*.^[15]

Chopchini is *Vedanahara*, *Shoathanashaka* and able to carry drugs in *Sukshma Srotasa*. So, it helps in decreasing the pain and facilitates the penetration of drugs to deeper tissues like *Asthi Dhatu*.^[16]

This case study showed that *Ayurvediya* treatment may be effected in the management of *Gridhrasi*.

CONCLUSION

On the basis of this single case study it can be concluded that *Patrapinda Sveda* and *Erandmuladi Niruha Basti* along with certain palliative medicine of *Ayurvediya* treatment are helpful in the management of *Gridhrasi*.

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