

## SUCSESSEFUL AYURVEDIC MANAGEMENT OF GRUDHRASI WITH MESHASHRUNGYADI KASHAYA & AGNIKARMA – A CASE STUDY

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### ABSTRACT

Today lower back pain is one of the most common orthopedic health problem. It is accompanied most of the time by Sciatica. Depending on how it is defined 2% to 40% of people have Sciatica at some point in time. It is most common during 40s & 50s and men are more frequently affected than women. *Ayurveda* described sciatica as *Grudhrasi*. Most of the common *Vata-Vyadhi* detected in majority of people. *Grudhrasi* word itself describes the disease i.e. “*Grudhra*” (vulture) like walking & recommended for typical character of *Ruja* (pain). *Grudhra* is the bird which found of meat and it eats flesh of an animal in such a manner that it deeply pierce its beak in the flesh then drawn it out forcefully exactly that type of pain (“*Grudhramapisyati*”) occurs in *Grudhrasi*. The present case study is successful *Ayurvedic* management of a case “*GRUDHRASI*”.

**Keywords:** Sciatica, *Grudhrasi*, *Agnikarma*, *Meshashrungyadi Kashaya*.

### INTRODUCTION

The symptoms of sciatica in *Ayurveda* can be well correlated with *Grudhrasi*. Most of the common *Vata-Vyadhi* observed in majority of people. *Grudhrasi* is a *Ruja Pradhana Nanatmaja Vata-Vyadhi*, dominant with the functional capability of low back & lower limbs. *Grudhrasi* cripple the life of patient by causing radiating pain (*Sphik-Kati-Prushtha-Uru-Janu-Jangha-Pad Kramgat Vedana*) in leg while walking or rest as well. The cardinal signs of this disease described In *Ayurved Samhita* are *Ruk*, *Stamabha*, *Toda*, *Pad-Suptata*, *Dehasya-Pravakrata* and *Muhur-Muhur Spandana*. The disease is caused by vitiation of *Vata*, sometimes even *Kapha* vitiation along with *Vata*. Even of the scientific and pharmacological development in all health sciences, dealing with every contributing factor of sciatica, line of treatment & the management is still not satisfactory. It is the leading cause of activity limitation and work absence throughout much of the world. Modern treatment of Sciatica includes use of NSAID and some surgical procedure which is often associated with many adverse effects. It causes an economic burden on individuals, families, communities, industry and governments. For this reason superior need of a management and research required in either of any pathy.

## Case Report

A 23 year old married female, housewife by occupation from middle class Hindu family came to *Seth Sakharam Nemchand Jain Ayurved Rugnalaya* (OPD NO - 9419) in *Kayachikitsa* Department with complaints of –

- Pain – radiating *Kati-Uru-Janu-Pad Vedana in right leg*
- *Stambha* (Stiffness)
- *Toda* (Pricking sensation)
- *Muhurmuhu Spandana –Janu-Kati-Uru-Sandhinam* (Throbbing pain)
- *Deha Pravakrata* (Sciatic scoliosis)
- *Padasuptata* (Paraesthesia) and these complaints since 2 years.

## HISTORY OF PERSONAL ILLNESS

### History of present illness -

Patient said to be apparently normal 2 years ago. Then she meets with an accident after she had got above complaints. She had tried all kinds of pain killer medicines, but nothing provide relief from her problem, then She came to our hospital – *Seth Sakharam Nemchand Jain Ayurved Rugnalaya* for better result we admit her in *Kaychikitsa* IPD department(IPD no 715/17).

History of RTA – 2 years ago.

- History of past illness – *Avishesh*
- Family history – *Avishesh*

## ON EXAMINATION:

*Nadi* = 84/min.

*Mala* = *Asamyaka*.

*Mutra* = *Prakrut*.

*Jeevha* = *Ishat saam*.

*Agni* = *Prakrut*.

*Koshtha* = *Madhyama*.

*Shabda* = *Prakrut*.

*Bala* = *Madhyama*.

*Akruti* = *Madhyama*.

Blood Pressure = 120/80 mm of hg.

## Examination of Srotas

- *Asthivaha Srotas* – *Aasane Uttishte Kashtata, Katishula, Dakshin Vankshan Sandhi Shula, Deha Pravakrata*.

- *Majjavaha Srotas* - *Dakshin Padshula & Sanchari Vedana, Sthambha, Toda, Muhurmuhu Spandana*.

Provisional diagnosis: *Grudhrasi*

## EXAMINATION AND INVESTIGATION

A) “*Sakthikshepana-nigraha*” – (SLRT)

Right leg – Positive at 30 degree.

Left leg – Negative.

B) Blood Investigation

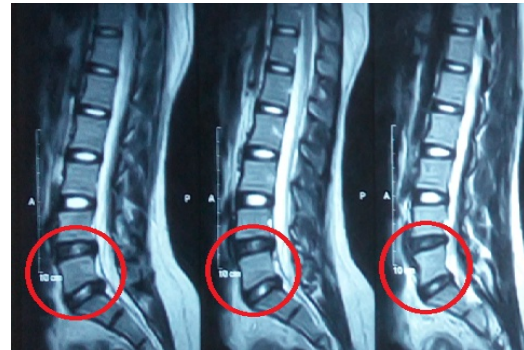
CBC with ESR = WNL

Urine R.M. = WNL

BSL (R) = WNL

C) Radiological Investigation = MRI lumbar spine:

**Fig. I** (showing Lakshanas of *Vataprakopa* in MRI)



1) Sign  $BR^+$  of *Vataprakopa* + ve i.e. diffuse posterior disc *Bhraunsha* at L4-L5 & L5-S1 levels indenting thecal sac & abutting bilateral exiting nerve roots.

2) Sign  $KR^+$  & Sign  $KN^{++}$  of *Vataprakopa* + ve i.e. MRI reveals *Karshya* (+) & *Karshnya* (++) *lakshana* of *Vataprakopa* in vertebral column of L4-L5 and L5-S1 which is suggestive of Mild changes of lumbar Spondylosis.

## DIFFERENTIAL DIAGNOSIS –

*Pangu, Khanja, Sandhigata vata, Aamvata, Koshtruk-shirsha*.

## FINAL DIAGNOSIS – *Grudhrasi*

## NIDAN PANCHAKA

### HETU

-RTA – Trauma to back 2 years ago.

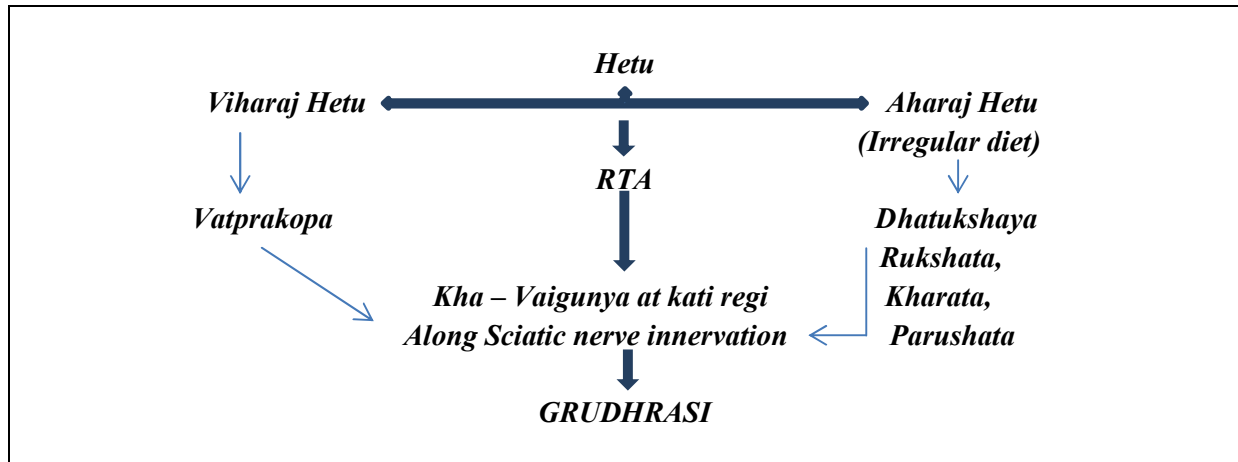
-*Ahar* - improper and irregular diet, *Upavasa*, tea, cold drinks causes the disturbance of *Tri-doshas*.

-*Vihar* - exertion immediately after meal, *Ratri Jagarana, Atiyana, Bharavahana*.

-Mansika nidan - Atichinta, Santapa  
 PURVAROOPA -  
 RUPA - Dakshin Padshula & Sanchari Vedana,  
 Katishula, Dakshin Vankshan Sandhi Shula, Deha

Pravakrata, Sthambha, Toda, Muhurmuhu  
 Spandana.  
 UPASHAYA AND ANUPASHAYA –  
 Upashaya with Aushdhopchar.

**SAMPRAPTI**



**SAMPRAPTI GHATAK**

- Dosha – Vata
- Type of Vata – Vyana Vata, Apan Vata, Saman Vata
- Dushya – Majja, Asthi, Rasa, Rakta, Mansa
- Udbhav Sthana – Pakwashaya
- Adhishthana – Kati Pradesh
- Srotas – Rasavaha, Raktavaha, Asthivaha, Majjavaha

Management involve

**1) Meshashrungyadi Kashaya<sup>1</sup>**

**Table I:** Showing contains of Meshashrungyadi kashaya

Sr.no.	Draya	Dose
1.	Meshashrungi	1 gm
2.	Vidanga	1 gm
3.	Gokshur	1 gm
4.	Ashwagandha	1 gm
5.	Eranda	1 gm
6.	Bilwa	1 gm
7.	Bruhati	1 gm
8.	Kantakari	1 gm

**KASHAYA NIRMAN VIDHI**

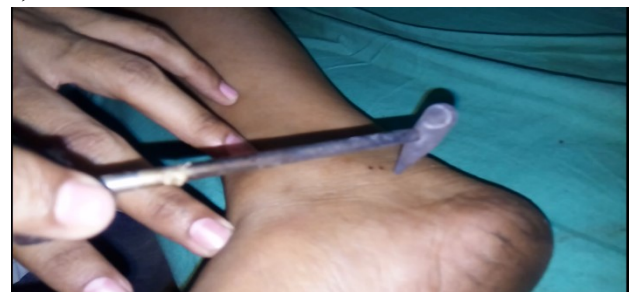
Kashaya Nirman done as per procedure described in Sharangdhara samhita<sup>2</sup>. There are three methods explained in Sharangdhar samhita among them the method in which water is taken 8 (i.e. 64 ml) times than coarse herbal powder (i.e. 8 gm.) & then boiled till ¼th quantity (i.e. 16 ml) of total remain has taken. The raw materials which are to be used were collected from ISO certified company Seth Sakharam Nemachand Jain Ayurved Rasashala, Solapur.

Dose: 16ml twice in a day

Anupana: Eranda Taila 10ml - 20 ml BD

Aushadhi Sevan Kala: Adhobhakta (After Meal)

**2) AGNIKARMA<sup>3</sup>**



**Fig. II** showing Sthana, Shape and type of Agnikarma

Agnikarma Sthana: “*Antarakandaragulpha*”<sup>4</sup>

*Upkarana: Lohashalaka.*

*Type of Agnikarma – Twakagat Bindu shape.*

PROCEDURE DONE WEEKLY i.e. 2 weeks

### CRITERIA FOR ASSESSMENT AND RESULT

The efficacy of therapy assessed on the basis of

- Subjective parameters
- Objective Parameters

Score given for subjective parameters & Objective Parameter are as follows.

**Table II** (showing Score given for subjective parameter)

<i>Lakshana</i>	no/absent	Mild	Moderate	severe
<i>Pain</i>	0	1	2	3
<i>Stambha</i>	0	1	2	3
<i>Toda</i>	0	1	2	3
<i>Muhurmuhu Spandana</i>	0	1	2	3
<i>Deha Pravakrata</i>	0	1	2	3
<i>Padasuptata</i>	0	1	2	3

### Objective Parameter

- SLRT

Negative	0
Positive at 60 degree or above	1
Positive at 45 degree or above	2
Positive at 30 degree or less	3

**Table no III** (showing score given for objective parameter)

### RESULT

Clinical examination of the patients revealed regression of *Shula* (Pain), *Stambh*, *Toda*, *Muhurmuhu Spandana* (*Janu Kati Uru Sandhinam*), *Deha Pravakrata* & *Padasuptata* within 15 days.

Symptoms	0 day	7 <sup>th</sup> day	15 <sup>th</sup> day
Pain	3	1	0
Stambha	1	1	0
Toda	2	1	0
Muhurmuhu Spandan	2	0	0
Deha Pravakrata	1	0	0
Padasuptata	1	1	0
<i>Sakthikshepana-nigraha</i> = SLR test	3	1	0

**Table no IV** (showing score after result)

## DISCUSSION & SUMMARY

### MODE OF ACTION

#### 1) Meshashrungyadi Kashaya

Sr.no	<i>Draya</i>	<i>Action</i>
1.	<i>Meshashrungi</i> ( <i>Gymnema sylvestre</i> R.Br.)	<i>Shothahar, Vedanahar</i>
2.	<i>Vidnaga</i> ( <i>Embelia Ribes</i> Burm.f.)	<i>Nadisaunsthan Balya</i>
3.	<i>Gokshur</i> ( <i>Tribulus terrestris</i> linn)	<i>Vedanasthapan, Vatshamaka</i>

4.	<i>Ashwagandha</i> ( <i>Withania Somnifera</i> Linn)	<i>Shothahar, Vedanasthapan</i>
5.	<i>Eranda</i> ( <i>Ricinus Communis</i> linn)	<i>Shothahar, Balya, Vedanasthapan, Medhya</i>
6.	<i>Bilwa</i> ( <i>Aegle Marmelos</i> Corr.)	<i>Shothahar, Vedanasthapan</i>
7.	<i>Bruhati</i> ( <i>Solanum Indicum</i> Linn.)	<i>Vedanasthapan</i>
8.	<i>Kantakari</i> ( <i>Solanum Surattense</i> Burm.)	<i>Vedanasthapan, Shothahara, Vatahar</i>
9.	<i>Eranda taila</i> ( <i>Anupana</i> )	<i>Srotovishodhana, Vat-Kaphahara, Adhobhagdosahara.</i>

**Table no V** (showing latin names properties of *Dravya*)

## 2) AGNIKARMA – *Sthanik Vedanashaman*

In *Chikitsa* of *Grudhrasi Ayurveda* mainly concentrate on bringing back the vitiated *Vata Dosha* in the state of equilibrium. In present case study chief *Hetu* was trauma to back at the time of RTA since 2 years back. So in present case of *Chirakalin Awastha* of *Grudhrasi* our first motto was to give *Vedanasthapan Chikitsa* without modern pain killer drugs, because patient had tried all kinds of pain killer medicines but nothing provide relief from her problem. In *Ayurveda Agnikarma* is useful in *Atyaik Awastha* of *Sthanik Pain* management, so we chosen *Agnikarma Chikitsa*. Later on our Aim was to promote recovery & to prevent the further complications. For that purpose *Vatahara & Balya Aushadhi* for *Kha-vaigunya Sthana* i.e. at *Katipradesha* (Vertebral column) was needed. In *Vangasena Samhita* the indication of *Meshashrungyadi Kashaya* with *Eranda Sneha Anupana* is given to treat *Chirakalin Awastha* of *Grudhrasi*. The Contents of *Meshashrungyadi kashaya* have *Dipan, Pachan, Vedanasthapan, Vata-shamak, Balya properties* which Helps in bringing back the vitiated *doshas* in the state of equilibrium along with *Agnikarma*.

## CONCLUSION

Since the conservative management therapy for *Grudhrasi* has limitation in other pathy, the unique combination of *Meshashrungyadi Kashaya* with *Agnikarma* is effective therapy in *Grudhrasi*.

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**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Gauravkumar V. Shaha & Vivek S. Chandurkar: Successful Ayurvedic Management Of Grudhrasi With Meshashrungyadi Kashaya & Agnikarma – A Case Study. International Ayurvedic Medical Journal {online} 2018 {cited June, 2018} Available from: [http://www.iamj.in/posts/images/upload/1311\\_1315.pdf](http://www.iamj.in/posts/images/upload/1311_1315.pdf)