

# INTERNATIONAL AYURVEDIC MEDICAL JOURNAL



**Case Report** 

ISSN: 2320-5091

Impact Factor: 6.719

# MANAGEMENT OF VATAKAPHAJA GRIDRASI THROUGH PANCHAKARMA AND INTERNAL MEDICINES VIS-A-VIS SCIATICA - A CASE REPORT

Jyoti<sup>1</sup>, Chaya C<sup>2</sup>, Sidaram Guled<sup>3</sup>

<sup>1</sup>Associate Professor Dept of Panchakarma, JSS Ayurveda Medical College, Lalithadripura, Mysore, Karnataka-570028, India
<sup>2</sup>Assistant Professor, Dept of Shalakya tantra, JSS Ayurveda Medical College, Lalithadripura, Mysore, Karnataka-570028, India
<sup>3</sup>Assistant Professor, Dept of Kayachikitsa, Government Ayurveda Medical College, Mysore, Karnataka. 570001, India

Corresponding Author: jyotivhullale@gmail.com

# https://doi.org/10.46607/iamj4210052022

(Published Online: May 2022)

Open Access © International Ayurvedic Medical Journal, India Article Received: 17/04//2022 - Peer Reviewed: 29/04/2022 - Accepted for Publication: 30/04/2022

Check for updates

# ABSTRACT

*Introduction:* Degeneration of the intervertebral discs affects the lumbar spine resulting in low back pain or irritation of the spinal nerve to cause radiating pain down to the legs is called Sciatica. Sciatica can be considered as Gridrasi in Ayurveda based on signs and symptoms described in Ayurvedic Classics. *Aim and Objectives:* To assess the efficacy of Ayurvedic management (Panchakarma and internal medicine) in Gridrasi. *Materials and Methods:* A 53-year-old female patient attending OPD of JSS Ayurvedic Medical College, Mysore having Vatakaphaja Gridrasi was selected for the study. Panchakarma treatment such as Sarvanga Kashaya Seka, Abhyanga, Bhaspa Sweda, Katibasti, Erandamuladi Niruha Basti, Ekanga Patrapinda Sweda along with oral medicines were used. *Discussion and Conclusion:* The combination of panchakarma treatments and Shamanoushadhi has given encouraging results. In Vatakaphaja Gridrasi, basti is an absolute remedy for vatavyadhi, Erandamuladi Niruha basti is very beneficial in vatavyadhi mainly kati, uru, janu, janga, and pada shola. Procedures Kayaseka, Katibasti, Patrapinda sweda, and oral medicines were having a critical role in the outcome. Keywords: Vatakaphaja Gridrasi, Sciatica, Erandamuladi Niruha Basti, Sarvanga Kashaya seka, Katibasti, Shamanoushadhi.

# 1. INTRODUCTION

Low backache is a common clinical condition that affects 80-90% of the population during their lifetime and sciatica occurs in about 5% of cases.<sup>1</sup> Degeneration of the intervertebral discs affects the lumbar spine resulting in low back pain or irritation of the spinal nerve to cause radiating pain down to the legs (Sciatica). Gridrasi is one among the 80 nanatmaja vatavyadhi, commonly seen nowadays. It is a shula pradhana vatavyadhi, presenting with Ruja (pain), Toda (shooting type of pain), Spandana (pulsative), and Graha (immobility of stiffness) starting in Spik (Gluteal), later observed in Kati-Prusta and radiating to Uru, Janu, Janga up to Pada.<sup>2</sup> Gridrasi is of two types vataja and vatakaphaja, vataja is having abovementioned symptoms and vatakaphaja Gridrasi is associated with Gourava, tandra, and aruchi along with vataja lakshana.<sup>3</sup> which hampers routine life of an individual leading to difficulty in physical activities. Sciatica can be considered as Gridrasi in Ayurveda based on signs and symptoms described in Ayurvedic Classics. There is a need for effective management of Gridrasi that can give long-lasting effects and that can postpone or avoid surgical interventions for such conditions.

#### 2. Materials and Methods:

**2.1** *Source of Data:* A 53-year female patient diagnosed to be suffering from Vatakaphaja Gridrasi visà-vis Sciatica was selected from OPD, JSS Ayurvedic Medical College, and Hospital Mysore.

2.2 Study Design: Single Case Report

#### 2.3 History of Present Illness:

A 53-year-old female patient is said to be normal 5 months back. Since, 5 months she was suffering from backache, which was progressive. Along with backache, later patient noticed radiation of pain in both legs. Due to the severity and radiation of pain, she was having difficulty sitting and walking. She was also complaining of the heaviness of both legs and stiffness in the back. She took medication for the above-mentioned complaints from the Allopathy practitioner but didn't get any long-term relief rather there was only temporary pain relief. Then patient consulted JSS Ayurveda College Hospital, Panchakarma OPD, and was admitted for further Ayurvedic management. The patient is a known case of hypertension and diabetic mellites since 5 years and is in control with regular medications.

#### 2.4 History of Past Illness:

The patient had undergone Hysterectomy 10 years back, with no history of trauma to the spine or any other major illness.

#### 2.5 Presenting Complaints:

- Katishula, radiating to both legs since since 5 months
- Chimchimayana and Guruta in both legs since 3 months
- Stambha in Kati for one month
- Difficulty in walking and setting since one month

2.6 Asthasthana Pariksha: Table 1

Sthana	Finding
Nadi	76 per minute
Mala	Once per day prakruta
Mutra	3 to 4 times prakruta
Jihva	Alipta
Shabda	Prakruta
Sparsha	Prakruta
Drik	Prakruta
Akruti	Sthula

#### 2.6.1 General Examination:

Built	: Obese
Respiratory Rate	:18 / minute
Weight	: 68 kg
Height	: 5.3 feet
Pallor, icterus and cyar	nosis: Absent

2.6.2 Systemic Examination: Neurological System

Gait: limping gait

2.6.3 Local Examination of LS Spine:

**Tenderness** : ++ L4-L5

**SLR Test**: Positive right leg at 45 degrees and left leg at 30 degree

Coin test - positive

Bragard's sign - positive

**Range of Motion:** reduced forward flexion limited to 30 centimeters above ground, right lateral flexion 35 degrees with pain, left lateral friction 30 degrees with pain, extension 10 degrees with pain

#### 2.6.4 Investigation:

#### MRI L-S Spine:

#### **Impression:**

• Lumbar Spondylosis,

- L4-L5 diffuse disc bulge along with causing abducent corresponding bilateral transverse roots
- L3-L4 diffuse disc bulge with central discretion

**2.7** *Intervention:* Initially the patient was administered with Dashamula Kashaya Seka along with Katibasti and Erandamuladi Niruha basti. After Seka and Katibasti, Ekanga Patrapottali sweda was advised. Sarvanga Abhyanga with bhaspa sweda was administered after the completion of Kashaya seka. Erandamuladi Niruha basti was continued.

Sl.No.	Treatment/Procedure	Drugs used	Duration
1	Sarvanga Kashaya Seka	Dashamula kashaya	4 days $(1^{st} to 4^{th} day)$
2	Kati basti	Mahavishagarba taila	5 days ( $1^{st}$ to $5^{th}$ day)
3	Ekanga Patrapinda Sweda	Mahanarayana Taila	3 days (6th to 9 <sup>th</sup> day)
4	Erandamuladi Niruha basti	AB – GTG 50ml+KBT 50ml	9 days AB 9(1 <sup>st</sup> to 9 <sup>th</sup> day)
		Niruha Basti Honey-80ml Saindhava-10gm Sneha: GTG 40ml + KBT 40ml Kalka- 20gm Erandamuladi kashaya-300ml Gomutra - 50ml Anuvasana Basti: GTG 40ml + KBT 40ml	NB 6 (from 2 <sup>nd</sup> to 7 <sup>th</sup> day)
5	Sarvanga Abhyanga and bhaspa sweda as purva karma of basti	Mahanarayana taila	5days (5 <sup>th</sup> to 9 <sup>th</sup> day)

#### 2.7.1 Panchakarma Upakrama Table 2

**2.7.2** *Shamanoushadhi*: Following Shamanoushadhi was administered from the first day, for a period of 26 days as shown in **Table 3** 

Sl.No.	Shamanoushadhi	Matra and Kala
1	Trayodashanga Guggulu	2-2-2 After meals
2	Tab. Shallaki MR	1-0-1 after food
3	Cap Palsinuron	1-1-1 after food

3. Observations: grading system for subjective parameters was followed using the VAS scoring system.

ë ;	5 1	e e ,	
	BT	At 9 <sup>th</sup> day	26 <sup>th</sup> day
Pain	3+	1+	1+
Tingling sensation	2+	1+	1+
Heaviness	2+	0	0
Difficulty in walking	2+	0	0
Stiffness	2+	1+	1+
Gait	Limping	Normal	Normal
Tenderness	3+	1+	1+
ROM			

Forward flexion	30cm above ground	10cm	5cm
SLR test -			
Right leg	+ve 45	+ve 75	-ve
Left leg	+ve 30	+ve 60	-ve
Bragard's test			
Right leg	+ve	-ve	-ve
Left leg	+ve	-ve	-ve
Coin test	+ve 30cm	+ve 10cm	-ve

# 4. RESULTS AND DISCUSSION

Dashamula Kashaya Seka (Ruksha Sweda), having the properties Vata-Kapha hara, Shotha, and Shula hara, has helped the patient of Vatakaphaja Gridrasi. Katibasti is having both Snehana and swedana effects, helps in reducing localized pain and stiffness,

Patrapinda sweda (Snigdha sankara sweda)<sup>4</sup>, by the virtue of vatahara property, reduces pain and stiffness. Basti is the main line of treatment in Gridrasi.<sup>5</sup> Erandamuladi Niruha basti with Gomutra, is Deepaniya, Lekhaniya, Vatakapha hara and is indicated in jangha, uru, pada, trika and prista shula<sup>6</sup>.

There was significant improvement was observed in subjective parameters, pain, stiffness, tingling sensation, heaviness, and difficulty in walking. In objective parameters, gait, SLR test, and coin test were negative after the completion of 26 days of treatment. To summarise comprehensive management of Gridrasi with panchakarma and Shamanoushadhi is useful in the management of Gridrasi. Kaphahara, amapachana chikitsa is essential in the management of Gridrasi before the administration of Sneha upakrama. Overall improvement in the quality of life of the patient was observed.

# **5. CONCLUSION**

Gridrasi is a commonly observed ailment among medical conditions in day-to-day practice. In conventional medical practice, either symptomatic management or surgery with uncertain outcomes is the only choice. Ayurveda especially panchakarma treatment is benefitting Gridrasi and katishula patients on a large scale, comprehensive and multidimensional approach with panchakarma therapeutics and Shamanoushadhi is the key to successful management of Vatakaphaja Gridrasi.

### 6. REFERENCES

- 1. Stanley J. Swierzewski, Remedy Health Media. Sciatica Overview; www.healthcommunities.com
- Agnivesha, revised by Charaka and Dridhabala, Chakrapanidutta commentary, edited by Yadavaji Trikamaji acharya. Charaka Samhitha: Chikitsasthana; 28<sup>th</sup> chapter; 56<sup>th</sup> sutra. Reprint edition. Varanasi: Chaukhambha Orientalia; 2015. p. 619.
- Agnivesha, revised by Charaka and Dridhabala, Chakrapanidutta commentary, edited by Yadavaji Trikamaji acharya. Charaka Samhitha: Chikitsasthana; 28<sup>th</sup> chapter; 57<sup>th</sup> sutra. Reprint edition. Varanasi: Chaukhambha Orientalia; 2015. p. 619.
- Vagbhata, Sarvanga Sundari commentary by Arunadutta, Ayurveda Rasayana commentary by Hemadri. Asthanga Hrudaya: Chikitsasthana; 21<sup>st</sup> chapter; 4<sup>th</sup> sutra. Reprint 9<sup>th</sup> edition. Varanasi: Chaukambha Orientalia; 2005. p. 722.
- Agnivesha, revised by Charaka and Dridhabala, Chakrapanidutta commentary, edited by Yadavaji Trikamaji acharya. Charaka Samhitha: Chikitsasthana; 28<sup>th</sup> chapter; 101<sup>st</sup> sutra. Reprint edition. Varanasi: Chaukhambha Orientalia; 2015. p. 621.
- Agnivesha, revised by Charaka and Dridhabala, Chakrapanidutta commentary, edited by Yadavaji Trikamaji acharya. Charaka Samhitha: Siddisthana; 3<sup>rd</sup> chapter; 41<sup>st</sup> sutra. Reprint edition. Varanasi: Chaukhambha Orientalia; 2015. p. 696.

#### Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Jyoti et al: Management Of Vatakaphaja Gridrasi Through Panchakarma And Internal Medicines Vis-A-Vis Sciatica - A Case Report. International Ayurvedic Medical Journal {online} 2022 {cited May 2022} Available from: http://www.iamj.in/posts/images/upload/1363\_1366.pdf