**AYURVEDIC MANAGEMENT FOR GRIDHRASI WITH SPECIAL REFERENCE TO SCIATICA- A CASE REPORT**

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**ABSTRACT**

Gridhrasi (sciatica) is one among Vata-vyadhi caused by aggravated Vata Doshas. It is characterized by burning, stinging or numbing pain that is felt in the buttock, thigh, leg or foot. It may or may not be associated with low back pain. Purpose of the study was to ameliorate the clinical manifestation of Gridhrasi. In this case report patient who suffered from Gridhrasi of the left leg since one year was treated with combined Ayurvedic regimen. Patrapinda Swedana for 21 days and Erandmuladi Niruhabasti as Karma Basti schedule were used as Panchakarma procedure. Ekangaveera Rasa 250mg B.D., Dasmoola Kwatha 40ml B.D., Ashwagandha Churna 3g B.D. and Triyodashanga Guggulu 2 Tablets B.D., were given for 1 month as oral medicine. Walking distance and SLR test were taken for assessment parameter, VAS score was adopted for pain. Before treatment patient was not able to walk even 4 to 5 steps due to severe pain and his SLR were 30⁰ of left side. After one month treatment he can walk up to 500 meters without any difficulty, SLR was changed to 90⁰ and patient had got 75% relief in pain. This case report showed that combined Ayurvedic regimen is potent and safe in the treatment of Gridhrasi.

**Keywords:** Gridhrasi; Sciatica; Ayurvedic Management

**INTRODUCTION**

Gridhrasi (Sciatica) is a disorder in which low back pain is found, that spreads through the hip, to the back of the thigh and down the inside of the leg. There are many causes for low back pain, however true sciatica is a symptom of inflammation or compression of the sciatica nerve. 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. In some cases, sciatic pain radiates from other nerves in the body. This is called referred pain. Pain associated with sciatica often is severe, sharp and shooting. It may be accompanied by other symptom, such as numbness, tingling, weakness and sensitivity to touch.

Although low back pain is a common condition that affects as many as 80-90% of people during their lifetime, true sciatica occurs in about 5% of cases. Sciatica is more common between 30 and 50 years of age. Pain in sciatica is very severe, which makes the patient difficult to walk; hampering the daily
routine of the individual. No satisfactory treatment available in modern medical science, patients depends on pain killers which has temporary action.

**Case Report:**
A male patient with average built of age 49 yrs. was admitted in IPD male ward, Department of Kayachikitsa, Y.M.T. Ayurvedic College Kharghar Navi Mumbai with
Chief complaints: Pain in low back region since one year
Radiating pain to left lower limb since one year.
Tingling sensation and numbness in his left lower limb since 10 months.

**On examination-**
*Dashvidha Pariksha*
Prakriti: Vaat-kaphaja
Vikriti:
Hetu: Vaat vardhak ahara vihara
Dosha: Vaat Pradhan
Dushya:Ashth-Majja
Prakriti: Sukhasadhya
Desha:Anup
Bhumi Anup
Rog Adhisthan: Kati
Kaal: Adana kala and Vyakta awastha
Bala: Madhyama
Saaratah: Madhyam
Samhanan: Madhyam
Pramaantah: Sama
Satmyatah: Sarva rasa satmya (madhur, katu rasa)
Sattwatah: Madhyam
Aahaar shakti:
Abhyaharan- Avara
Jaran- Avara
Vyayam shakti:
Vayatah: Avara
vaya- (49 years)

**Astavidh Pareeksha**
Naadi: 80 /min, pitta-kaphaja
Mutra: Prakrutha
Mala: Avastambh
Jihwa: Niraama
Shabda: Prakrit
Sparsha: Ushna
Drik: Pitta
Aakriti: Prakrit

**SAMPRAPTI GHATAK**
Dosha: Vaat
Dushya: Asti-Majja
Srotas: Astivaha-Majjavaha
Samutthan: Kati
Adhishthan: Kati,

**General Physical Examination**
BP 120/80 mmHg
PR 80 beats/min
RR 18/min
Temperature Afebrile
General condition Good
Pallor Absent
Icterus Absent
Cynosis Absent
Clubbing Absent
Lymph node not palpable
Oedema Absent

**LocalExamination:** Inspection: Gait antalgic gait
Lumbar scoliosis was also present
SLR was 30\(^{\circ}\) of left side

**Investigation:**
Hb. 11.5 g/100ml,
TLC 8400 th/ul,
ESR 09 mm/hr,
Neutrophill 60%,
Lymphocytes 34%,
Eosinophil 2%,
Monocytes 2%,
Basophil 0%,
RBS 90.4mg/dl. All the investigation was in normal limit.HIV,
MRI findings confirming the presence of severe thecal sac compression and mild narrowing of both neural foramina at L4-L5 due to diffuse circumferential bilging and posteriorly extruding disc.

**Ayurvedic Treatment given:** Patrapinda Swedana for 21 days and Erandmuladi Niruhabasti as Karma Basti schedule were used as Panchakarma procedure. Ekangaveera Rasa 250mg B.D., Dasmoola Kwatha 40ml B.D., Ashwagandha Churna 3g B.D. and Triyodashanga Guggulu 2 Tablets B.D. were given for 1 month as oral medicine. Satisfactory results were found after one month of treatment.

**DISCUSSION**

Gridhrasi is a Shoolapradhana Nanatmaja Vata-vyadhi, intervening with the functional ability of low back & lower limbs. In this disease onset of Rak (pain), Toda (numbing pain) and Stambha (stiffness) is initially in Kati (lumbosacral region) and radiates distal to Pristha, Janu, Jangha till Paada. 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. This is an important clinical test for the diagnosis of sciatica known as SLR. In Madhava Nidana, Dehasyapi Pravakrata (Lumbar scoliosis) is considered in Vataja type of Gridhrasi.

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 and Basti Karma also indicated in Gridhrasi Roga. Taking consideration of above fact a composite treatment plan was adopted. Patrapinda Swedana for 21 days and Erandmuladi Niruhabasti as Karma Basti schedule were used as Panchakarma procedure. From the Shamana point of view various medications that soothe the severity of pain and improve functional ability are adopted in Gridhrasi as Ekangaveera Rasa 250mg B.D., Dasmoola Kwatha 40ml B.D., Ashwagandha Churna 3g B.D. and Triyodashangaguggulu were also given for 1 month as oral medicine.

Before treatment patient was not able to walk even 4 to 5 steps due to severe pain and his SLR were 30⁰ of left side. After one month treatment he can walk up to 500 meters without any pain and his SLR was changed to 90⁰ after treatment and patient had got 75% relief in pain.

Patrapinda Swedana is a form of Sankara Swedana. The word Sankara as it suggests the mixture of different medications or drugs when used in form of Pinda or Pottali, it is called as Pinda Swedana. The probable mode of action of Patrapinda Swedana can be explained as- Thermal effect, Drug effect, Procedural effect.

Basti is the best treatment modality in the management of Vata-vyadhi. Mixture of Madhu, Saindhava Lavana, Sneha, Kalika, Kashaya and Avapa Dravya are administered in the form of Niruha Basti. Erandmuladi Niruhabasti 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 Apatarpama 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. Triyodasanga Guggulu, Ashwagandha Churna, Ekangaveera Rasa and Dasmoola Kwatha.
In this Ayurvedic Management satisfactory relief was found in signs & symptoms of Gridhrasi and it may be adopted for other cases of Gridhrasi or sciatica & for further research in the management of Gridhrasi (sciatica).

CONCLUSION

This case report showed that combined Ayurvedic regimen is potent and safe and effective in the treatment of Gridhrasi. There were no adverse effects found in combined Ayurvedic regimen.

REFERENCES

5. Ibidem, Charaka Samhita, Sutra Sthana, Swedadhayya, 14/22. 89.

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