SUCCESEFUL 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 Nemachand 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.
- Majavaha Srotas - Dakshin Padshula & Sanchari Vedana, Stambha, Toda, Muhurmuhu Spandana.

Provisional diagnosis: Grudhrai

EXAMINATION AND INVESTIGATION
A) “Sakhikshepana-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 lumber 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 lumber Spondylosis.

DIFFERENTIAL DIAGNOSIS –
Pangu, Khanja, Sandhigata vata, Aamvata, Koshtruk-shirsha.

FINAL DIAGNOSIS – Grudhrai

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.
SAMPRAPTI

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

Management involve
1) Meshashrungyadi Kashaya

Table I: Showing contains of Meshashrungyadi kashaya

<table>
<thead>
<tr>
<th>Sr.no.</th>
<th>Draya</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Meshashrungi</td>
<td>1gm</td>
</tr>
<tr>
<td>2.</td>
<td>Vidanga</td>
<td>1gm</td>
</tr>
<tr>
<td>3.</td>
<td>Gokshur</td>
<td>1gm</td>
</tr>
<tr>
<td>4.</td>
<td>Ashwagandha</td>
<td>1gm</td>
</tr>
<tr>
<td>5.</td>
<td>Eranda</td>
<td>1gm</td>
</tr>
<tr>
<td>6.</td>
<td>Bilwa</td>
<td>1gm</td>
</tr>
<tr>
<td>7.</td>
<td>Bruhati</td>
<td>1gm</td>
</tr>
<tr>
<td>8.</td>
<td>Kantakari</td>
<td>1gm</td>
</tr>
</tbody>
</table>

KASHAYA NIRMAN VIDHI
Kashaya Nirman done as per procedure described in Sharangdhara samhita. 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

Fig. II showing Sthana, Shape and type of Agnikarma
Agnikarma Sthana: “Antarakandaragulpha”
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>
<thead>
<tr>
<th>Lakshana</th>
<th>no/absent</th>
<th>Mild</th>
<th>Moderate</th>
<th>severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Stambha</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Toda</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Muhurmuhu Spandana</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Deha Pravakrata</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Padasuptata</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Objective Parameter
- SLRT

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Positive at 60 degree or above</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Positive at 45 degree or above</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Positive at 30 degree or less</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>0 day</th>
<th>7th day</th>
<th>15th day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Stambha</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Toda</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Muhurmuhur Spandan</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Deha Pravakrata</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Padasuptata</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sakthikshepana-nigraha = SLR test</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

DISCUSSION & SUMMARY
MODE OF ACTION
1) Meshashrungyadi Kashaya

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Draya</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Meshashrungi (Gymnema sylvestre R.Br.)</td>
<td>Shothahar, Vedanahar</td>
</tr>
<tr>
<td>2.</td>
<td>Vidnaga (Embelia Ribes Burm.f.)</td>
<td>Nadisaunsthan Balya</td>
</tr>
<tr>
<td>3.</td>
<td>Gokshur (Tribulus terrestris linn)</td>
<td>Vedanasthapan, Vatshamaka</td>
</tr>
</tbody>
</table>
4. Ashwagandha (Withania Somnifera Linn) Shothahar, Vedanasthapan
5. Eranda (Ricinus Communis linn) Shothahar, Balya, Vedanasthapan, Medhya
6. Bilwa (Aegle Marmelos Corr.) Shothahar, Vedanasthapan
7. Bruhati (Solanum Indicum Linn.) Vedanasthapan
8. Kantakari (Solanum Surattense Bum.) Vedanasthapan, Shothahara, Vatahar

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 Vedanastha-pan 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 choosen 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. Katipradesha (Vertebral column) was needed. In Vangasena Samhita the indication of Meashshrungyadi Kashaya with Eranda Sneha Anupana is given to treat Chirakalin Awastha of Grudhrasi. The Contents of Meshshrungyadi kashaya have Dipan, Pachan, Vedanasthapan, Vat-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 Meshshrungyadi Kashaya with Agnikarma is effective therapy in Grudhrasi.

REFERENCES


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