HOLISTIC MANAGEMENT OF GRUDHRASI: A CASE STUDY
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ABSTRACT
A 36 yrs old female, presented with complaints of Kati to Prapad Teevrashul (pain in back of left lower limb radiating from lumbar to heel), Katishul (low backache), unable to stand due to pain, Vama Pad Chimchimayana (tingling sensation in left lower limb), Sakashta Vama Pad kriya, Kshudhamandy (loss appetite) diagnosed as Grudhrasi (~ sciatica) at Govt. Ayurved College and Hospital, Nagpur. Patient was treated with combination of Traditional treatment, lifestyle management and Yogasana step by step. As per Ayurvedic classics this condition can be correlated with clinical condition sciatica. The case was treated on the basis of Langhan (light diet), Pachan (Gandharvahastyadi Kashay and Patra Pottali Swed) and Doshavasechan principle (MruuduShodhan with Gandharvahastyadi Tailam) followed by Erandmuladi Basti (medicated enema) as a whole was the principle of management along with lifestyle management including proper diet, Nidra, Yog and Pranayam. Assessment was done comparing both subjective and objective parameters before and after treatment in the form of reduction of visual analogue scale, Womac scale and proforma given by Central council for research in Ayurved and siddha. Encouraging results were observed.

Keywords: Grudhrasi, Sciatica, Patrapottali, Erandmuladi basti

INTRODUCTION
Sciatica (Lumbar radiculopathy) caused by injury or irritation to lumbar nerve roots as a result of disc disease is the most common type of neuropathic pain syndrome, with a point prevalence of 4.5% in individuals over the age of 30 years.¹ Many patients report their lower extremity radicular pain to be more severe and disabling than their low back pain. In sciatica, there is sharp, shooting, well-localized pain with leg complaints often greater than back. It may present with: asymmetric deep tendon reflexes, decreased sensation in a dermatomal distribution, objective weakness². This condition is one of the major problems of the present era. In Ayurved it can be correlated with condition Grudhrasi in which a gait of person is changed and compared with the gait of a bird named Grudhra (eagle). The causes of this condition as per Acharya chakra are Rukshashana (food which are dry in naure), Laghvashana (very light diet), Ativyayam (excessive exercises, heavy work), Atishit samparka (contact with cold weather), Chinta (excessive stress), Diwaswap (sleeping in afternoon postmeal), Ratrau Jagaran (late night sleep), Aamat (Indigestion), Vegavidharanat (suppression of natural urges like stool, urine sensation)³
Thus all the causes having ability to vitiate vat and kapha dosha have ability to cause Grudhrasi. Particulars of the case having same manifestation are as below:

Case Report: A 36 yrs middle aged female patient was brought by her husband to Govt. Ayurved College and Hospital, Nagpur, presenting with complaints of Kati to Prapad Teev rashul (pain in back of left lower limb radiating from lumbar to heel), Katishul (low backache), unable to stand due to pain, Vama Pad Chimchimayana (tingling sensation in left lower limb), Sakashta Vama Pad kriya, Kshudhamandya (loss appetite). For the same complaints she attended Lata Mangeshkar Medical College and Hospital, Nagpur for treatment, but was not satisfied, hence patient came to Government Ayurved Hospital, Nagpur for further treatment.

No H/O - Diabetes Melitus, Hypertension, ichaemic heart disease, Tuberculosis, Asthma,

No H/O – Paracentesis, or any major surgery
No H/O- no any drugs history

PROCEDURE ADMINISTERED TO THE PATIENT:
Treatment started on the admission of patient in three divided session.

AYURVEDIC TREATMENT:
Chikitsa was started after the date of
1. Langhan on first two days. (at the time of hunger moong dal soup was given)
2. Patrapottali swedan was started on day three (for 21days)
3. After the hunger had increased medications were started on day 3 Gandharvahastyadi tailam 20 ml at night for three days Gandharvahastyadi kashayam 20 ml BD before meal.
4. Local steam and slight massage(Abhyang Swed) with tail tail was given twice a day
5. Light diet was started on day 6.

INVESTIGATIONS:
Hb % -9.7gm% TLC-5300/cu mm, ESR-74mm/hr, DLC P 73, L 22, E+M 5%
Platelets 1.58 lack/mm3. MRI: Degenerative changes, posterior lateral disc bulge at L1-L2, L2-L3, and L4-L5 with osteophytes. (Noted from discharge summary given by Lata mangeshkar Hospital, Nagpur)

PAST HISTORY:
Patient was alright before 2 months, since a one and half month patient was complaining Kati to Prapad Teev rashul (pain in back of left lower limb radiating from lumbar to heel), Katishul (low backache), unable to stand due to pain, Vama Pad Chimchimayana (tingling sensation in left lower limb), Sakashta Vama Pad kriya, Kshudhamandya (loss appetite). For the same complaints she attended Lata Mangeshkar Medical College and Hospital, Nagpur for treatment, but was not satisfied, hence patient came to Government Ayurved Hospital, Nagpur for further treatment.

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5. Light diet was started on day 6.
6. Basti Chikitsa (medicated enema): Erandmooladi Basti3 (charak Siddhi 3/38-42) and Anuvasan with Sahachara-
**Observation and Results:**
Significant decrease in *Kati* to *Prapadshul* (pain in back of left lower limb radiating from lumbar to heel), *Katishul* (low backache), *Vama Pad Chimchimayana* (tingling sensation in left lower limb), *Sakashta Vama Pad kriya*, *Kshudhamandya* (loss appetite). She could stand without support and walk for about 30 steps with slight pain on day 9. The results were assessed using Visual Analogue Scale score (VAS), Westren Ontario and McMaster scale (WOMAC) scores and case report form (CRF) given by CCRAS on day 0, day 10, day 15, day 20, day 25, day 30.

**Table 1: Table Showing Various Assessment Scales of Patient**

<table>
<thead>
<tr>
<th>Assessment scale</th>
<th>Day 0</th>
<th>Day 10</th>
<th>Day 15</th>
<th>Day 20</th>
<th>Day 25</th>
<th>Day 30</th>
</tr>
</thead>
<tbody>
<tr>
<td>VAS scale (0-10)</td>
<td>8</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Womac scale (/96)</td>
<td>80</td>
<td>62</td>
<td>50</td>
<td>50</td>
<td>30</td>
<td>19</td>
</tr>
<tr>
<td>Score using CRF(/100)</td>
<td>87</td>
<td>66</td>
<td>48</td>
<td>30</td>
<td>27</td>
<td>25</td>
</tr>
</tbody>
</table>

**Table 2: Table Showing Various Assessment Scales of Patient**

<table>
<thead>
<tr>
<th>Test</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Right leg</td>
<td>Left leg</td>
</tr>
<tr>
<td>SLRT</td>
<td>70degree</td>
<td>10 degree</td>
</tr>
<tr>
<td>RSLRT</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>SNDT</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>Pump handle</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>Lassigue’s sign</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>Rotation</td>
<td>Negative</td>
<td>Positive</td>
</tr>
</tbody>
</table>

(SLRT: Straight leg rising test, RSLRT: Reverse straight leg rising test, SNDT: Sciatic nerve deep tenderness test)

**DISCUSSION**

A 36 yrs middle aged male patient, presenting with complaints of *Kati* to *Prapad Teev rashul* (pain in back of left lower limb radiating from lumbar to heel), *Katishul* (low backache), unable to stand due to pain, *Vama Pad Chimchimayana* (tingling sensation in left lower limb), *Sakashta Vama Pad kriya*, *Kshudhamandya* (loss appetite) diagnosed as *Grudhrasi*. It is a common condition of adults, spending lot money in healthcare and resulting in more lost days of work than any other illness. A herniated disc, spinal stenosis, piriformis syndrome can cause sciatica. Treatment as per principle of *Vatvyadhi in Ayurved* was given. As per diagnosis considering condition of *Upastambhit Vatvyadhi* treatment was introduced. *Langhan, Mruduwirechan (Gandharvahastyadtailam)* and *Pachan with Gandharvahastyadi kashayam* along with *Panchakarma procedures like patrapottali sweda*, local massage and steam, followed by *Erandmladibasti* have shown some fascinating results.

The text says in *Upastambhit Vatvyadhi Chikitsa, first bring Niramavastha (~ post acute stage of disease)*, then using common
principle of vatvyadhi (~degenerative diseases), Snehan, Swedan and Basti Chikitsa was given. At the same time some intervention in the form of backward bending exercises (Aasan) were introduced. The Grudhrasi is the condition that occurs due to vitiation of Vata and Kapha. The Gandharvahastyaditailam constitutively decreases kapha and helps in normal functioning of Vayu. Main site of action of Gandharvahasttyadi kashayam are intestine (Samanvayu, Apanvayu And Agni), Lumbar region. The main content of Basti was Erandmool which is of Snigdha, Ushnaguna which helps in decreasing vitiated Kapha and Vayu. The Asanas especially backward bending helped by relaxing the compression. Pranayam helped in increasing the mental power to sustain pain. This combined treatment was acted by pacifying the Apanvayu (the region of lumbar, lower GI tract, hip, buttock region), increasing Agni which have vital role in formation of normal Kapha and Vat Dosha along with Rasdhatu which provides nutrition region of basic pathology i. e. Lumbar region in this case.

CONCLUSION
Ayurved deals with unique concepts, Basti is one of them. It is classified under Panchakarma treatment, which by means of its action mainly on Vatadosha and upto certain extent onKapha. The pathological factors responsible for the manifestation of the disease are all three Dosha i. e. Vata, Pitta, Kapha along with reduced status of Agni (decreased power of digestion). By act of Basti, these Doshas were expelled from the body through gastrointestinal tract. Along with medicinal and Panchkarma treatment the Yog also have important role in spinal diseases. We can say that holistic approach can play a definite role in treating such patients.

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