

HOLISTIC MANAGEMENT OF GRUDHRASI: A CASE STUDY**Vd. Urkude Gaurishankar Domaji¹, Vd. Nistane Rita Rajendra², Vd. Patrikar V. G.³**^{1,2,3} MD Scholar (Swasthavrutta and Yog)

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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*, *Kshudhamandya* (loss appetite) diagnosed as *Grudhrasi* (~ sciatica) at Govt. Ayurved College and Hospital, Nagpur. Patient was treated with combination of Traditional treatment, life style 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 (*MruduShodhan with Gandharvahastyadi Tailam*) followed by *Erandmuladi Basti* (medicated enema) as a whole was the principle of management along with life style 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 (egle)*. The causes of this condition as per *Acharya charaka* are *Rukshashana* (food which are dry in nature), *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

(Charak Chi. 28/15,16,18). 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 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*, *Kshudhamandya* (loss appetite)

On Examination:

1. General condition of patient moderate (as vitals were stable but condition was painful, she was able to communicate)
2. Pulse rate 98/min, B.P.=130/90mm of Hg
3. Pallor ++
4. Akriti = Madhyam, weight=50kg, height=1.60m, Body mass index =19.53 and Waist hip ratio: 0.65(25"/38")
5. RS: Air entry equal on both sides
CVS: Normal function
CNS: Conscious, Oriented, Glasgow Coma Scale (GCS) was 15/15
6. On examination, the abdomen with gaseous distention
7. Stool- not passed from 2 days (h/o hard stool)

INVESTGATIONS:

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 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 Padkriya*, *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, icaemic 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 on 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 till tail was given twice a day
5. Light diet was started on day 6.
6. *Basti Chikitsa* (medicated enema): *Erandmooladi Basti*⁵ (*charak Siddhi* 3/38-42) and *Anuvasan* with *Sahachara-*

di Tailam(60 ml). Total Basti given were 18 Anuvasan and 12 Niruha.

- Asana: Shalabhasana, Utthitmakarasa-na, Bhujangasana followed by Shavasa-na were started on day 10 after some pain was reduced. Pranayam: Nadi-shuddhipranayam and Omkar chanting was introduced upto last date.

Observation and Results:

Significant decrease in Kati to Prapadshul (pain in back of left lower limb radiating from lumbar to heel), Katishul (low back-

ache), Vama Pad Chimchimayana (tingling sensation in left lower limb), SakashtaVama 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 scale (VAS), Westren Ontario and McMaster scale (WOMAC) scores and case report form (CRF) given by CCRAS on day 0, day 10,day15,day20,day25,day30.

Table-1: Table Showing Various Assessment Scales of Patient

Assessment scale	Day 0	Day 10	Day 15	Day20	Day 25	Day 30
VAS scale (0-10)	8	5	5	2	1	1
Womac scale (/96)	80	62	50	50	30	19
Score using CRF(/100)	87	66	48	30	27	25

Table 2: Table Showing Various Assessment Scales of Patient

Test	Before Treatment		After Treatment	
	Right leg	Left leg	Right leg	Left leg
SLRT	70degree	10 degree	70 deg	70 deg
RSLRT	Negative	Positive	Negative	Negative
SNDT	Negative	Positive	Negative	Positive
Pump handle	Negative	Positive	Negative	Negative
Lassigue’s sign	Negative	Positive	Negative	Negative
Rotation	Negative	Positive	Negative	Negative

(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 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, 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, Mruduvirechan (Gandharvahastyaditailam) 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 *Gandharvahastyadi 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 *Rasdhātu* 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 on *Kapha*. 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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