IMPACT OF ORAL ADMINISTRATION OF GANDHA TAILA CAPSULE ALONG WITH SIRAVEDH IN GRIDHRASI - A CASE REPORT

Rutuja Jitendra Shah¹, Harshada Rupesh Terdale², Shravani Uday Mahajan³

¹,²,³UG Student, S. G. R. Ayurved College, Solapur, Maharashtra, India

Email: rutuja18shah@gmail.com

ABSTRACT

Ayurvedic medicine is one of the world's oldest holistic healing systems. Bruhatrayi in Ayurveda include Gridhrasi as a Nanatmaja vyadhi of vata dosha. According to Acharya Charak, vata either alone or associated with kapha produces Gridhrasi. Gridhrasi is correlated with Sciatica in modern Science. Sciatica is a significant risk in working population due to pressure in the buttock or upper part of thigh. The prevalence of sciatica in India is around 13% to 40%. The conventional system suggests pain relievers, muscle relaxants and antidepressants in the form of treatment. But all this provide temporary relief only. A 25 years old male patient with complaints of Katipradeshi shool and Kati to dakshin padanguli siragata vedana from 3 years and MRI suggested that annular tear seen at L5-S1, hence patient was admitted in our SSNJ Ayurved Hospital, Solapur. As per Ayurveda, this case was managed by oral administration of Gandha taila capsule along with Siravedha. Gandha Taila plays significant role in healing the annular tear. Due to Siravedha, damage of the nerve is prevented. Compared to other treatment, Gandha taila capsule and Siravedha proves to be more effective in Gridhrasi.

Keywords: Gridhrasi, vata dosha, Gandha taila, Siravedha

INTRODUCTION

Gridhrasi (sciatica) is one among the major crippling diseases which mentioned under nanatmaja vata vyadhis¹. Even though it shows two types - vataja and vata kaphaja. Vataja Gridhrasi shows lakshanas like Shool, Toda similarly vata kaphaja Gridhrasi shows lakshanas like Stambha, Gaurava, Padasuptata². The Sciatica having radiating pain along with Sciatic nerve root which runs downwards from lower back to leg. Similarly, gridhrasi also have kramat vedana from Sphik- Kati- Prushtha- Uru- Janu- Jangha- Pad ³. So, it can be correlated with Sciatica in contemporary science. Gridhrasi can be equated with the sciatica on the basis of root of origin, cause, sign and symptoms. The prevalence of sciatica in India is around 13% to 40%⁴. The conventional system suggests pain relievers, muscle relaxants, and antidepressants in the form of treatment⁵. But all these provide temporary relief only.

In most of the patients, Gridhrasi is caused mainly due to Aaghata (trauma) and Aatishram⁶. The patient was previously treated by conventional medicine for about 2 years. But later he was treated with oral administration of Gandha taila capsule along with siravedha and he got relief. Gandha taila is mentioned in Bhaishajya Ratnavali⁷ and Ashtanga Hridayam⁸ as a treatment for Bhagnasandhaniya (healing tear) and
controlling the vitiated *vata dosha*. Hence, above reference of *Gandha Taila* was used in the form of Capsule. The impure blood caused by *vata prakopa* was brought out, about 30 ml by *Siravedha*<sup>9</sup> karma which results in reducing the *Siradushti*, SLR test and the radiating pain.

**CASE REPORT**

A male patient 25 years old, working as police officer visited to our SSNJ Ayurved Hospital, Solapur, with complaints about *Katipradeshi shoola*, *Katipradesh* to *dakshin padanguli-siragat vedana*, *Toda*, *Stambha*, *Dakshin Pada Chinchimayan* since last 3 years. The patient walked with antalgic gait because he noticed sudden jerk before 3 years ago. The intensity of pain is felt more by extra warm up exercise and continuous standing position.

*Ashtavidha Pariksha:*

*Nadi* - *Vatta Pradhan Pitta*; *Sarpgati* - 76/min; *Mala* - 1 time/day; *Mutra* - 4-5 time/day; *Jivha* - *Saama*; *Shabd* - *Spashata*; *Sparsh* - *Ruksha*; *Druk* - *Prakrut*; *Akriti* - *Madhyama*

**Past History** –
No H/O of DM, HTN, T.B, Asthma or any major illness. No H/O of any Surgery.

**Dosha-Dushya lakshana**-
In above patient, the predominant *dosha* is *Vyana vayu* and *Apana vayu* which affects *Raktavaha strotas*, *Astitava strotas* and *Majjavaha Strotas* which give rise to the above symptoms.

**INVESTIGATION**-
- Serum uric acid - 9.90 mg/dl
- ESR - 4 mms
- RA - negative
- CBC: Hb - 14.20 gm/dl
  - RBC - 5.8 million/cmm
  - WBC - 6600 cmm
  - Platelets - 2.45 millions/cmm
- BSL (f) - 72 mg/dl
- BSL (PP) - 86 mg/dl
- MRI of Lumbar spine-L5-S1 - Diffuse disc bulge with right paracentral protrusion and annular tear seen at L5/S1.

**EXAMINATION** – **SLR Test**

1st day

10th day

**NIDAN PANCHAKA:**

*Hetu* - *Aahara* - Not specific time
*Vihara* - *Aatishrama*,
H/O - *Aghataj Etihas* (Jerk at lumbar region),
*Aalpanidra*.

*Samprapti* -
*Nidan (Abhhigatata)* ➔ *Vata prakopa* ➔

*Dosha dushya samurchana* ➔ *Stana Samshraya in kati, Uru* ➔ *Sanchari Vedana (from Kati to padanguli)* ➔ *Vataja Gridhrasi*

**Rupa** –
1. *Katipradeshi shoola* (low back pain)
2. *Katipradesh to dakshin padanguli-siragat vedana*
3. *Toda* (pricking type of pain at right leg)
4. Stambha,
5. Dakshin Pada chimchimayana (tingling sensation at the region of feet and toe)

**TREATMENT**

**Shodhana Chikitsa:**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Ingredients</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sarvang Abhyanga</td>
<td>with Mahanarayan taila F/B Nadi sweda</td>
<td>10 days</td>
</tr>
<tr>
<td>2. Merudanda Basti</td>
<td>Mahanarayana taila</td>
<td>10 days</td>
</tr>
<tr>
<td>3. Tiktaksheer Basti- 220ml</td>
<td>Vasa, Patol, Kantakari, Guduchi, Nimba, Kshira, Go-ghrita</td>
<td>8 days</td>
</tr>
<tr>
<td>4. Agni karma at kati pradesha</td>
<td></td>
<td>1 day</td>
</tr>
<tr>
<td>5. Siravedha- at gulf sandhi, a total volume of 30-40ml of bloodletting</td>
<td></td>
<td>2 days</td>
</tr>
</tbody>
</table>

**Shamana Chikitsa:**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ativisha, Musta, Haritaki, Shunti Choorna-each 500mg(2 gm)</td>
<td>4 days</td>
</tr>
<tr>
<td>2. Capsule of Gandha taila with Luke warm water in BD dose.</td>
<td>10 days</td>
</tr>
<tr>
<td>3. Tb. Panchamruta Loha Guggulu-250 mg TDS (750mg)</td>
<td>10 days</td>
</tr>
<tr>
<td>4. Dashmularishta-20 ml BD with Luke warm water</td>
<td>10 days</td>
</tr>
<tr>
<td>5. Amrutadi kwatha-20ml BD with Luke warm water</td>
<td>6 days</td>
</tr>
<tr>
<td>6. Yogaraj Guggulu-500mg BD (1gm)</td>
<td>5 days</td>
</tr>
<tr>
<td>7. Gandharwa Haritaki-2gm</td>
<td>10 days</td>
</tr>
</tbody>
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**DISCUSSION**

According to classical text of Ayurveda, Gandha Taila capsules are administrated for various types of Bhagna and for vata shamana. Oral administration of Gandha Taila capsule has healing properties and helps to spread evenly at cellular level in the body. It also helps to bring mruduta in koshta region due to which the existence of vata in koshta is reduced. The elevated vata dosha causes annular tear which is subsided by the Gandha Taila capsule also it prove to be excellent vataagnana as it has ushna, guru and snigdha guna. All this results in healing of annular tear.

The treatment for Gridhrasi in Ayurveda includes vata shaman, pain relief, reduce the sira dushti and aama pachan. The chikitsa sutra for gridhrasi, according to charaka is siravedha, agnikarma and basti. So, sarvang abhyanga, merudanda basti were performed for vata shamana and tiktasheera basti was preferred, agnikarma gives instant relief for radiating pain by balancing local vata dosha.

Kandara is upadhatu of rakta and kandara is dushta in gridhrasi. According to Harita, Gridhrasi is rakta vataj vyadhi. Gridhrasi occurs due to vyana vayu prakopa and this vyana vayu is related to blood circulation. By siravedha, probably there may be breaking down of obstruction (avarana) which helps in normal movement of vata and hence significant result on SLR test also. Siravedha was done at gulf sandhi with the help of disposable scalp vein no-20 under all aseptic condition; the total volume of 30 ml bloodletting was krishnavarna. So, according to above evaluation siravedha can be considered as superior treatment procedure for gridhrasi.

**CONCLUSION**

Gridhrasi which is the recent burning issue in working population can be treated with oral administration of gandha taila capsule and panchakarma therapy of siravedha, which give significant effect in healing of annular tear, reduce siradushti, relief pain and concluded into negative SLR test. The patient was suffering from the above complaints since last 3 years.
which was cured within 10 days. This treatment proved to be non-complicated, less time consuming, more effective with no side effects and providing best outcome.

REFERENCES
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5. ASPIF.GOLWALA, Golwala’s medicine,23rd edition pp513

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