

AYURVEDIC MANAGEMENT OF GRIDHRASI W.S.R TO SCIATICA WITH MODIFIED CUPPING THERAPY: A CASE STUDY

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ABSTRACT

Gridhrasi is one among eighty *Nanatmaja Vatavyadhi*, with the symptoms of *Stambha*, *Ruk*, *Toda*, *Graham*, and *Spandana* in *Sphik*, *Kati*, *Uru*, *Janu*, *Pada* and *Sakti utkshepa nigraha*. *Kapha* is also occasionally found as *Anubandha Dosh*a, in which *Arochaka*, *Tandra*, and *Gourava* are observed. *Gridhrasi* can be compared to *Sciatica* as there is a close resemblance in the manifestation of both conditions. *Sciatica* is one of the diseases that is gaining more and more attention from scientists globally. Many institutions and Medical Schools are trying to find the perfect remedy for this burning problem. Ayurvedic treatment has a good scope in managing *gridhrasi* with Cupping Therapy. Because of the decompressive nature of cupping, this is a beneficial therapy to relieve pressure and pain associated with *Sciatica*. It is considered as a modified form of “*ALABU*.” *Alabu* works on the principle “*Vacuum suction*”. Here in this case study, a female patient aged 45 years with complaints of low back pain radiating to posterior aspect of right lower limb, difficulty in walking and numbness in right foot for 2 months, approached Panchakarma OPD of KVG Ayurveda Medical College and Hospital. The patient was treated with two sittings of Cupping Therapy with the gap of 7 days gap. After treatment a significant improvement was noted in patient’s signs and symptoms.

Key words: Low back pain, *Sciatica*, *Gridhrasi*, Cupping Therapy.

INTRODUCTION

Gridhrasi is one of the most common diseases seen in the present era. In this condition patient complained of severe pain from *Kati Pradesha* to *Padanguli* and incapable to do his daily routine work because of the intensity of the pain. According to Ayurvedic classics, *Gridhrasi* is one among 80 *Nanatmaja vatavyadhi*¹. However, *Kaphanubandha* is also seen with *Vata* in the *Vata Kaphaja* type of *Gridhrasi*. Pain is intolerable, which affects the patient physically as well as psychologically. Acharya Charaka classified *Gridhrasi* into two types, i.e., *Vataja* and *Vata Kaphaja* with *Lakshanas* like *Ruk*(pain), *Toda*(pricking), and *Stambha*(stiffness) initially in *Sphik* (gluteal region) and then radiating distally to *Kati Prishta* (low back), *Uru*(thigh), *Janu*(knee), *Jangha*(calf), *Pada*(feet) regions if there is *Kaphanubandha* the symptoms like *Tandra*, *Gourava* and *Arochaka* will be present². Acharya Susruta has described the aggravated *Vata* invading the *Kandaras* of *Parshni pratyanguli*, which resulted in pain and inability to extend the leg³. *Gridhrasi* is correlated to Sciatica in contemporary science where low backache radiating to toes in the lateral aspect of thigh associated with stiffness is observed⁴.

In Samhithas, Acharya has explained many procedures as treatment for *Gridhrasi*. *Raktamokshana* is the one of the important treatments among them. Letting out the impure blood from the body is known as *Raktamokshana*. *Alabu* is a type of *Raktamokshana*. Cupping therapy can be considered as modified form of *Alabu*.

Cupping therapy as a therapeutic method involving the application of suction by creating a vacuum. Cupping therapy belongs to traditional Chinese medicine and in Islamic medicine therapeutic cupping is called Hijama. There are two primary method of application, Dry cupping (Suction is placed directly on the skin) and Wet cupping (the skin is cut to physically draw out any unwanted or stagnant substances, such as blood, poison, venom and pus). Here in this clinical study wet cupping was performed. Primary mechanism of cupping therapy includes Negative pressure, Vasodilation and Enhanced fluid exchange,

which helps to reduce pain. To relieve pain and stiffness of sciatica, Wet cupping method are used to applying cups over low back and in posterior aspect of effected limb⁵.

CASE REPORT

A 45year female patient approached KVG Ayurveda Medical College and Hospital, Panchakarma OPD with complaints of low back ache of acute onset, which was radiating to posterior aspect of right leg associated with numbness and tingling of the right foot for 2 months.

HISTORY

Patient was apparently healthy 2 months before, then she developed pain in lumbar region which was radiating to right lower limb. The pain was consistent and worsened progressively over next few days, ultimately developing numbness and tingling of the right foot. For all these complaints she consulted many hospitals and took NSAIDs and muscle relaxants, from which she found temporary relief. On stopping medications, the pain got aggravated and the intensity of disease increased which affected her daily routine activities and reduced her quality of life. So, for the treatment she visited our OPD and got admitted in the hospital.

Past History

- No history of DM, HTN
- No history of Trauma or Fall
- No history of Thyroid

Personal History

Diet – Mixed

Appetite – reduced.

Bowel- Once in a day

Micturition – Normal(3-4times/day)

Sleep- Disturbed (because of pain)

Ashtavidha Pareeksha

Nadi - *Vata*

Mutra - *Prakruta*

Mala - *Sama*

Jihwa -*Alipta*

Shabdha -*Prakruta*

Sparsha -*Anushna*

Druk -*Prakruta*

Akriti - *Madhyama*

NIDANA PANCHAKA

Nidana-

Ahara- More intake of *Katu*, *Rooksha Bhojana* and *Sheetahara*

Vihara- *Prajagara*, *Ativyayama*

Poorva Rupa-

Mild pain in lowback region.

Rupa-

Shoola in *Kati* pradesha radiating to right lower limb.

Upashaya- Taking rest, Application of heat etc.

Anupashaya- Physical exertion like walking, lifting weights, exercises etc.

Samprapti-

Nidana sevana



Vatavrudhi



Increased Rukshata and Kharata in Kati region



Vata vitiates Kandara and Snayu of Lower Limbs



Shoola in Kati, Prusta, Uru, Jaanu, Jangha and Paada

Samprapti Ghataka

Dosha - Vata

Dusya - Rasa, Rakta, Mamsa, Asthi, Majja

Ama - Jatharagnijanya Ama

Agni - Jatharagnijanya

Srotas - Rasavaha, Raktavaha, Mamsavaha,

Asthivaha, Majjavaha

Srotodustiprakara - Srotosanga

Rogamarga - Madhyama

Udbhavasthana- Pakwasaya

Vyakthasthana - Sphik, Kati, Prusta, Uru, Janu, Jangha, Pada

Rogaswabhava - Chirakari

Sadhyasadyata - Yasya

General Examination

Built: Moderate

Bp: 130/80mmhg

PR: 78/min

RR: 20/min

Height: 5ft 3inch

Weight: 58kg

Systemic Examination

- CNS – Conscious, well oriented to person, place and time. Memory intact. Higher mental functions intact.
- CVS –S1 and S2 heard with no murmurs.
- RS – Normal vesicular breath sounds heard and no added sounds.

Locomotory Examination

Inspection:

- Gait – Antalgic gait
- Deformity – No visible deformity

Palpation:

- Tenderness – Present at L4 and L5
- Muscle tone – Normal
- Muscle power – Right upper limb and lower limbs 5/5

Left upper limb and lower limb 5/5

- Range of Movements of Spine (Assessed with Goniometer):

- ✓ Flexion – 40°
- ✓ Extension- 15°
- ✓ Right lateral flexion –20°
- ✓ Left lateral flexion – 20°
- ✓ Schober's test – less than 10 cm

Table No:1 Special Test

Test	Right leg	Left leg
SLR Test	Positive at 45°	Negative
Bragard's Test	Positive at 45°	Negative

TREATMENT –

Cupping Therapy:

Poorva Karma –

- ❖ Patient was made to undergo Snehana and Swedana locally by Moorchita Tila Taila and Pata Sweda.

Pradhana Karma –

- ❖ Patient was made to lie down on prone position.
- ❖ Four cups are applied – two on low back region, one on thigh region and one on calf region for a

period of 3 minutes. After 3 minutes all cups were removed.

- ❖ Then small superficial incision was made over the place. Again, cups are applied, and observation was done for the proper oozing of blood in the respective cups. Then cups are removed after 3 minutes, and site of cupping was wiped off with sterile gauze piece.

Paschat Karma –

- ❖ Wound was cleaned and dressing was done.

Photography: Cupping Therapy



GRADING FOR ASSESSMENT CRITERIA

I. Subjective parameters –

1) RUK (Continuous pain)

Ruk was assessed using visual analogue scale.

Table No:2

None (0)	0
Mild (1-3)	1
Moderate (4-6)	2
Severe (7-10)	3

2) TODA (Pricking pain)

Grade 0 - Absent

Grade 1 - Mild pricking pain, occasionally in a day

Grade 2 - Moderate pricking pain, after movement, daily Persistent.

Grade 3 - Severe pricking pain, persistent.

3) SPANDANA (Frequent spasm in the region)

Grade 0 - Absent

Grade 1 - Mild twitching pain, occasionally in a day

Grade 2 - Moderate twitching pain, after movement, daily Persistent

Grade 3 - Severe twitching pain, persistent.

II. Objective Parameters –

1) Straight leg Raise test (SLR Test)

Grade 0: 0 – 30 degrees

Grade 1: 30 – 70 degrees

3) Table No:3 Schober’s test

Severity	Measurement	Grade
None	5cm	0
Mild	Mild (>4cm)	1
Moderate	Moderate (2-4cm)	2
Severe	Severe (<2cm)	3

Grade 2: > 70 degree

2) Stambha (Stiffness)

Grade 0-No stiffness

Grade 1- With up to 25% impairment in the range of movements of joints. patient can do daily routine work without any difficulty.

Grade 2- With 25%-50% impairment in the range of movements of joints. Patient has moderate to severe difficulty in performing daily routine.

Grade 3-With 50%-75% impairment in the range of movements of joints. Patient has moderate to severe difficulty in performing daily routine.

Grade 4 - >75% Impairment in the range of movements of joints. Patient unable to perform daily routine.

Assessment of Patient

Table No:4 Subjective Criteria

Parameter	Before Treatment	After Treatment	Follow up (After 14 th Day)
Pain (VAS)	6	4	4
Toda	2	1	1
Spandana	2	1	1

Table No:5 Objective Criteria

Si. No	Criteria	Before Treatment	After Treatment	Follow up after 14 days
1	SLR TEST a) Right Leg b) Left Leg	Positive at 40 ⁰ Negative	Positive at 60 ⁰ Negative	Negative Negative
2	Bregard’s Test a) Right b) Left	Positive at 40 ⁰ Negative	Positive at 40 ⁰ Negative	Negative Negative
3	Forward Flexion	40 ⁰	50 ⁰	50 ⁰
4	Left lateral flexion	15 ⁰	20 ⁰	20 ⁰
5	Right lateral flexion	15 ⁰	20 ⁰	20 ⁰
6	Extension	5 ⁰	10 ⁰	10 ⁰
7	Schober’s Test	<10cm of distance	>10cm without pain	>10cm without pain
8	Owestry Disability Index	23	18	18

DISCUSSION

Like *Basti*, *Raktamokshana* is worth the name “Ardhachikitsa,” or “Half treatment,” as it covers a wide range of indications, as Acharyas has indicated, is a treatment for *Gridhrasi*. Cupping Therapy is considered a modified form of ‘*ALABU*.’ *Alabu* works on the “Vacuum Suction” principle, which can correlate to the principle of Cupping Therapy. In Cupping Therapy, the negative pressure applied to the skin surface causes a local collection of filtered and interstitial fluids containing the causative pathological substance at the skin's elevation inside cups. Scarifying skin uplifting followed by cupping causes a pressure gradient and a traction force across the skin and capillaries to excrete collected fluids with causative pathological substance and cause bleeding at puncture sites. This increases filtration at both capillary ends and causes clearance of blood and interstitial spaces from causative pathological substances. Cupping therapy benefits from the suction pressure, Phenomenon of reactive hyperemia, nitric oxide production, and skin scarifications (opening skin barrier) in enhancing natural excretory skin functions, improving lymphatic and capillary circulations, and restoring homeostasis.

CONCLUSION

Gridhrasi is one among *vataja nanatmaja vyadhi* and it has lakshanas like *Ruk*, *Toda*, and *Stambha*, initially in *Sphik* and then radiating distally to *Kati Prishtha*, *Uru*, *Janu*, *Jangha*, till *Pada*. Here, Cupping Therapy was considered for the study; four cups were applied 2 on the lower back region, one on the thigh region, and one on the calf region. Cupping Therapy was done on 1st day and 7th day. Follow-up was done on

the 14th day. In this study, Cupping Therapy had significant results in reducing symptoms like *Ruk*, *Toda*, and *Stambha*, Because of the decompressive nature of cupping, this is a beneficial therapy to relieve pressure and pain. The study showed significant results. So, the study can be conducted further with a large sample size.

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