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“MANAGEMENT OF GRIDHRASI - A CASE STUDY”**Dr. Pallavi H. Sukare¹, Dr. Archana S. Dachewar²**

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Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra, India.**ABSTRACT:**

Ayurveda described sciatica as Gridhrasi. It is one of the most common disorders of Vata observed in the majority of people. Gridhrasi word itself describes the disease, i.e., Gridhra (Eagle), like walking. The disease is caused by vitiation of vata; sometimes even Kapha vitiation along with vata also causes sciatica. The symptoms seen in Gridhrasi, which closely resemble sciatica in modern terminology. Sciatica is a very painful condition in which pain begins in the lumbar region and radiates along the posterolateral aspect of the thigh and leg. Hence, movement of the affected leg is restricted, and the patient is not able to walk properly. Modern medicine has limitations in giving short-term relief in pain or surgical intervention with side effects. Gridhrasi can be successfully treated by Ayurvedic medicines and procedures described in the ancient text of Ayurveda. Here is a case study. The patient was suffering from sciatica due to herniation of the L3-L4 and L4-L5 intervertebral discs. He was treated with 2 courses of Matrabasti with Sahacharadi Taila along with Abhyaang, Nadisweda, and internal medication. The patient shows remarkable improvement.

KEY WORDS:- Gridhrasi, Sciatica, Matrabasti, dhatukshay, Kandara**Corresponding Details:****Dr. Pallavi H. Sukare**

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INTRODUCTION

The evolving lifestyle of modern humans has resulted in the emergence of numerous deformities. With the progress of hectic work and social life, incorrect sitting posture in offices and factories, excessive physical effort, jerky movements during travel, and participation in sports, these factors apply excessive pressure on the spinal cord and significantly contribute to the development of low backache and sciatica. This condition is most prevalent among the working population.

Sciatica is the pain that radiates down the course of the sciatic nerve, namely accompanied by tingling numbness, pricking sensations, and stiffness. The lifetime prevalence of sciatica ranges from 13% to 40%. Men experience a higher incidence of the condition compared to women.

According to Ayurveda, sciatic illness is similar to gridhrasi, which encompasses over 80 forms of nanatmaja vata viakara disorders. Patients with this condition exhibit a characteristic walk that closely resembles that of a ghrindra (vulture). Hepatic ghridra is classified into two categories according to the dosha involved. Among the two, one is keval vataja, and the other is vata-kaphaja. The indications and manifestations of keval vataja include stambha, ruk, toda in the sphika, kati, uru, janu, jangha, and pada in sequential sequence, such as sakthikshepa nigraha, which refers to the limited elevation of the leg. Vata-kaphaja gridhrasi contains the presence of Tandra gourauam aruchi.

In Ayurveda, the diagnosis of ghridhrasi is addressed through vata vyadhi, which primarily involves basti chikitsa as shodhan karma and internal medicine as a shaman chikitsa.

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A CASE STUDY

2.1 History of present illness

A 65-year-old female patient comes into an OPD with complaints of severe low back pain on the left side radiating towards the thigh, calf region, and down to the left foot, difficulty walking and sitting, stiffness in the lumbar region, and numbness in the left leg for 6 months. Patient underwent several allopathy treatments but got temporary relief, but no permanent solution was found. Then patient came to the Kayachikitsa OPD of Shri Ayurved Mahavidyalay Nagpur on 22/03/2024. She was admitted the same day for more ayurvedic treatment.

Table 1 : Chief complaints of patient

Chief complaints	Duration
<ol style="list-style-type: none"> 1. sever low back pain on left side radiating towards thigh, calf region and down to left foot. 2. difficulty during walking and sitting 3. stiffness in lumber region and numbness in left leg 4. pricking sensation at left leg 	Since 6 month

2.2 History of Past illness

K/C/O hypertension (since 3-4 yrs on regular medication)

H/O chickengunya (before 15 yrs)

No specific accidental or surgical history.

No any history of major illness.

Table 2: general Examination

Pulse	74/min
Blood Pressure	130/80 mmHg
Weight	55 kg
Temperature	98.2 ⁰ F
Respiration	18/min

Table 3: Neurological Examination

Test	Right leg	Left leg
1. Straight leg raised (SLRT)	Negative	Positive at 35 ⁰

3. Assessment Criteria

Table 4: Assessment of sign and symptoms of patient

Low back pain radiating towards thigh, calf and foot	G0	Pain in lumbar region not radiated towards anywhere	
	G1	Pain in lumbar region radiates towards thigh.	
	G2	Pain in lumbar region radiates towards thigh & Calf	
	G3	Pain in lumbar region radiates towards foot	+
difficulty during walking and sitting	G0	No pain	
	G1	Mild pain+ no difficulty in walking and sitting	
	G2	Slight difficulty in walking and sitting	
	G3	Much difficulty in walking and sitting	+
stiffness in lumber region	G0	No stiffness	
	G1	Mild stiffness	
	G2	Moderate Stiffness	+
	G3	Severe Stiffness	
Pricking sensation	G0	No pricking sensation	
	G1	Mild pricking sensation	
	G2	Moderate pricking sensation	+
	G3	Severe pricking sensation	

Nidana Panchaka :

1) **Nidana (Causative factors):** Age (vrudhaawastha), Occupation (shetikam), Aatichankraman (excessive walking), prolonged continuous standing, and heavy weight lifting.

2) **Poorvarupa (Prodromal symptoms):** Pain and stiffness in lumbar and low back region.

3) Roop (manifestation): Pain in the lumbar region radiating towards the thigh, calf region, and down to the left foot; difficulty in walking and sitting; numbness in the left leg.

4) Samprapti (Pathogenesis): Vedhaawastha and hetu seven, which include excessive walking, lengthy continuous standing, and heavy weight lifting, are factors that vitiate Vata dosha.

Vitiated vata dosha causes dhatukshay formation of rukshata and kharata (dryness) in lumbar vertebra, which further leads to loss of functioning of shleshaka kapha, i.e., decreases elasticity and flexibility of disc. It results in the decreasing functioning of joints in the lumbar region, which ultimately results in Prakshobha of Vatavahini Nadi.

Compression of nerve causes radiating pain towards low back, gluteal, calf, and left leg with tingling numbness.

Vyadhi Ghataka :

Dosha involvement: Vata

Dushya involvement: Rakta and Kandara³

Investigation

Patient had already MRI lumbar-spine of recent date 21/01/2024. MRI reporting suggest the herniation at L4-L5, L5-S1 and Compression at Sciatic nerve.

Chikitsa (Treatment)

Chikitsa of ghridharsi disease as per Ayurvedokta Samhita involves Basti with Snehana, swedana, i.e., Shodhan chikitsa, and Shaman chikitsa, which includes internal medicines.

Treatment plan

In this case study, the treatment plan for the patient includes Sarvanga snehana with Bala tail and Nadisweda to the left leg and lumbar region, followed by Matra basti karma (therapeutic enema) for 16 days. After 16 days, stanik abhyanga with bala taila, along with internal medicine, i.e., Bala aswagandha shatawari 2 gm each ksheerpak -40 ml twice daily before meal and trayodasang guggulu-500 mg 2 tab twice daily after meal with leuk warm water

Detailed of treatment

Abhyanga (snehana)

Ayurvedic massage was done on complete body with Bala taila for 20 min. daily.

Bala Taila : The contents of Bala Taila are Atibala (*Abutilon indicum*) and Tila Taila (*Sesamum indicum*).

Swedana

Nadi Sweda was given by using Dashamula kwath to the lumbar and left leg regions for about 20 min.

Drug of Dashmool decoction

Shalparni (*Desmodium gangeticum*), Prashniparni (*Urarica picta*), Kantakari (*Solanum surattense*), Bruhati (*Solanum indicum*), Gokshura (*Tribulus terrestris*), Bilva (*Aegle marmelos*), Agnimanth (*Premna integrifolia*), Sonapatha (*Oroxylum arborea*), Paatala (*Sterospermum suaveoleus*), and Gambhari (*Gmelina arborea*).

Basti (Therapeutic enema)

Matra Vasti with Sahacharadi Taila 60 ml daily was given for 16 days followed by Abhyanga with bala Taila for 14 days.

Ingredients of sahacharadi tail⁴ –

Sahachar Panchang, Shatavari (*Asparagus racemosus*), Bala (*Sida cordifolia*), Yela, Suganghwala, Bhurichharila, Atibala, Jlatamansi, Badishep, Nakh, Teel Tail, Dashmool, Nakh, Padmak, Brahmi (*Bacopa monniera*), Nalika, Kostha, Raktachandan, Agaru, Raktakarveer, Shilajeet (*Asphaltum*), Godugdha, Priyangu.

Tayodashang guggul⁵ :

Trayodashang guggulu contains babula (stem bark of *Acacia nilotica*), ashwagandha (roots of *Withania somnifera*), hapusa (fruits of *Juniperus communis*), guduchi (stem of *Tinospora cordifolia*), shatavari (roots of *Asparagus racemosus*), gokshuara (fruits of *Tribulus terrestris*), vradadaru (roots of *Argyria nervosa*), rasana (roots and leaves of *Pluchea lanceolata*), satavha (fruits of *Anethum sowa*), sati (rhizome of *Hidichium spicatum*), yavani (*Trachyspermum ammi* fruits), sunthi (rhizome of *Zingiber officinale*), shuddha officinale guggulu (exudates of *Commiphora mukul*) and goghrot (ghee).

Bala aswagandha shatawari ksheerpak :

It acts as a balya, vatshamak and help in bruhan on dhatukhayaj samprapti

1. Observation

Symptoms	Before treatment	After treatment
sever low back pain on left side radiating towards thigh, calf region and down to left foot.	G3	G0
difficulty during walking and sitting	G3	G1
stiffness in lumber region and numbness in left leg	G2	G0
pricking sensation at left leg	G2	G0
Straight leg raised (SLRT)	35 ⁰	70 ⁰

DISCUSSION

In this particular case study, the patient received treatment through Shodhan chikitsa, also known as basti, and Shaman chikitsa, the practice of internal medicine. Matra basti was administered in conjunction with snehana and swedana. Administer Matra basti with a daily dose of 60 ml of Sahacharadi taila for 16 days. After 16 days, a patient had abhyanga with Bala Taila for 14 days while continuing internal treatment. Add 2 grammes of Bala Aswagandha Shatawari to each 40-ml ksheerpak twice daily, and take 2 tablets of Trayodasang Guggulu at 500 grammes twice daily.

Following all the treatment, the patient significantly improved his health, with pain and stiffness reduced by 70-80%. Currently, he is able to adequately carry out all of his regular activities.

CONCLUSION

This case study involved the treatment of a patient with ghridhrasi using a therapeutic enema called Matra basti with Sahacharadi Taila, along with prescribed internal medicine. Ghridhrasi is a type of nanatamaja vata vikara, such that basti is considered the fundamental treatment for all Vata Vyadhi and is considered the Ardhachikitsa, which accounts for 50% of all treatment methods in Ayurveda.

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