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Maharshi Charaka
Ayurveda
Promising effect of Ayurveda in the management of Gridhrasi - A Case Study

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INTRODUCTION

Excessively aggravated Vata enters the Kandaras of the ankles & toes causing Kshepa (inability to extend) in the thighs is known as Gridhrasi.¹ The patient walks like a vulture (Gridhra) and hence the name is given.²

Gridhrasi is comparable to various terms of the conventional system of medicine as sciatica, sciatic neuritis, sciatic neuralgia, or lumbar radiculopathy. It is a set of symptoms rather than a disease; including pain caused by general compression or irritation of one of the five lumbar nerve roots of each sciatic nerve or by compression or irritation of the left or right or both the sciatic nerves. Symptoms include lower back pain, buttock pain, numbness, pain or weakness in various parts of the leg & foot. Other symptoms include pins and needles sensation, tingling sensation, and difficulty in moving or controlling the leg. Typically, symptoms only manifest on the side of the body. The pain may radiate above the knee but does not always. This type of pain along the distribution of the sciatic nerve occurs due to inflammation of the sciatic nerve.

Types - There are two types of Gridhrasi

1. Vataja Gridhrasi
2. Vata-Kaphaja Gridhrasi

Vataja Gridhrasi

There is severe pricking pain and bending of the body on the affected side. There are contractions and stiffness in the pelvic region, thigh and knee.
Vata-Kaphaja Gridhrasi

There is decreased digestive power, drowsiness, heaviness, increased salivation and loss of appetite.

Samprapti Ghataka

- Dosha: Vata - especially Vyana and Kapha.
- Dushya: Rasa, Rakta, Mamsa, Meda, Asthi, Majja.
- Srotas: Rasavaha, Raktavaha, Mamsavaha, Medovaha, Asthivaha, Majjavaha.
- Srotodushti Prakara: Sanga, Margavarodha.
- Agni: Jatharagnimandya and Dhatwagnimandya.
- Aama: Jatharagnimandyajanya and Dhatwagnimandyajanya.
- Udbhavasthana: Pakwashaya.
- Sanchrastha: Rasayanis of Apanakshetra.
- Adhisthana: Kandaras of Parshni and Pratyanguli and Sphik, Kati, Uru, Jangha, Pada.

Sadhya-Asadhyaata

Acharya Sushruta considers the Vata Vyadhi as Mahagada due to its tendency to be fatal or incurable. Acharya Vagbhata calls it Maharoga. Most of the Acharyas are of the opinion that Vata Vyadhi generally is very difficult to cure. It may be said that Gridhrasi in which the vitiated Vata is seated in Majja Dhatu is accompanied with Khuddavata, Angashosha and Stambha etc. which may or may not be cured even after careful treatment. But if this condition occurs in a strong person, is of recent origin and without any associated disease then it is curable.

Upadrava

Shotha, Suptata, Bhagna, Kampa Adhmana is Upadrava of Vata Vyadhi.

If Vata Vyadhi exist with any of these Upadravas then in such patient disease come under the heading, Asadhya (incurable) category.

Chikitsa

- Shodhana Chikitsa - In all stages of Gridhrasi, expect in Aamavastha, oil preparations are suggested, both externally and internally. But in Aama and Vata Kapha Gridhrasi, Sneha Prayoga will not give any positive result. In this, Ruksha Prayoga should be advised. Generally, Snehana, Swedana, Vamana, Virechana, Niruha and Anuvasana Basti, Siravedha, Raktamokshana, Agnikarma and Shastrakarma are advised by different Acharyas.
- Acharya Charaka explained Siravedha at the site of Antara-Kandara-Gulpha. Acharya Sushruta and Vagbhata indicated Siravedha at four Angula above and four Angula below at the site of the knee joint. Acharya Chakradatta explained the site of Agnikarma in Gridhrasi as Pada Kanistika Anguli (little toe of the affected leg).
- Shamana Chikitsa - Vedanashamaka Chikitsa, Vatahara Chikitsa, Kaphahara Chikitsa, Deepana & Pachana Chikitsa.
- Ajamodadi Vati, Vartaka Yoga, Eranda Phala Payasa, Rasanadi Gutika, Shephalika Kwatha, Shephalika Kwatha.

Sciatica Neuralgia

It is pain in the distribution of the sciatic nerve or its component nerve. The exact cause of sciatica is not fully understood but is commonly thought to involve slipped or herniated discs.

The syndrome now has been accepted as caused by lumbar disc prolapse in the maximum cases. But there are some predisposing factors towards herniation such as degenerative changes in the vertebral column and a history of some kind of trauma in 90% of cases. Age, sex and climate also play role but sciatica can occur due to true sciatic neuritis.

The causes are grossly divided in the following manner.

- True Sciatic Neuritis: Leprosy, Polyarteritis nodosa, nerve injury due to injections, trauma, Post-herpetic neuralgia, Mechanical Pressure on the Nerves or Roots, or Referred Pain.
In the Spinal Cord: Tumours of cauda equina, Arachnoiditis, rarely Thrombosis Haemorrhage, or infection irritating meninges of the cord.

In the Cord Space: Protruded intervertebral disc, Extramedullary tumors.

In the Vertebral Column: Arthritis, Tuberculosis, Spondylolisthesis, Ankylosing spondylitis, Primary bone tumors, Secondary carcinoma.

In the Back: Fibrositis of posterior sacral ligaments. Compression is where the nerve leave the pelvis in those who lie immobile on a hard surface for a long time (a form of Saturday night palsy).

In the Thigh and Buttock: Fibrositis, Sacro-sciatic band, Hip joint or Sacroiliac Joint disease, Neurofibroma, Haemorrhage within or adjacent to nerve sheath in blood dyscrasia and anticoagulant therapy, Misplaced therapeutic injection.

In the Pelvis: Sacroiliac arthritis or strain. Hip disease, Infection of prostate or female genital tract, rectal impactions, of lumbosacral plexus.

Symptoms

Sciatica doesn't have symptoms. It is a symptom itself consisting of pain, burning, tingling electric shock-like feelings in the path of the sciatic nerve. It usually results from injury to fibres that make up the sciatic nerve. So, in sciatica, there is a pain that begins in the back and radiates through the buttock, thigh, leg, calf, and occasionally the foot.

Spinal symptoms - A reduction of the normal lordosis in the region of the lumbar spine or even a lumbar kyphosis. Sometimes there may be even the appearance of lumbar scoliosis.

- Diminished mobility of the lumbar spine. The patient may be asked to bend backward and forward without flexion at the knee joints. Pain particularly localized over the region of the displaced disc; tenderness, on percussion.

- Muscle spasms and rigidity

Radicular symptoms - Presence of Laseague’s and straight leg raising (S.L.R.) signs or any test purported to stretch the sciatic nerve.

- Tenderness over the course of the sciatic nerve after it exits from the pelvis.

- Sciatic pain aggravated by coughing, sneezing, straining, or pressure on the jugular veins; sometimes by movements of the head, trunk, or legs.

- Paraesthesia in the region of the affected dermatomes.

- Sensory loss in the region of the distribution of the nerve roots pressed upon.

- Paresis or weakness of dorsiflexion of the foot on the affected side in the case of displacement of L4, L5 disc and weakness of planter flexion, when the disc between L5 and S1 is herniated.

Management

Acute Stage

- Rest in bed with boards under the mattress to support the back.

- Analgesics as required.

- Heat

- Injection of 2% procaine or of lignocaine into the sciatic nerve or epidural space or tender spots in the sacroiliac region may give dramatic relief.

Chronic Stage - Management will depend on the cause.

Conservative Management

- High Sciatica

- Injection of tender spots with 5% procaine.

- Counter-irritation, heat, and massage.

- Epidural injection 10 ml. of 2% novocaine, followed by 80 to 100 ml. of normal saline.

Operative Treatment

Indications

1. Acute and incapacitating symptoms not relieved by rest in bed or even an immobilization plaster jacket.

2. Evidence of large prolapse causing pressure on cauda equina, or clinical evidence of severe root
compressions shown by marked motor and sensory changes. The operation consists of hemilaminectomy, removal of the protrusion, and curetting out nuclear material from the central part of the disc. It is the most effective cure.

Sciatica due to Inflammation of Muscular and Fascial Structures- Rest, local application of heat, and massage. If tender nodules, injection with 2% procaine solution. Treatment of sepsis.

**CASE STUDY**

**History of present illness**

A 40 year old female patient visited the OPD with complaints of severe pain in low back (lumbar region) radiating towards right thigh, calf region and down to the foot, difficulty and pain while walking and sitting, stiffness in lumbar region and numbness in the right leg since 3 months. Patient underwent several allopathy treatments but got only temporarily relief. Then patient came to the Kayachikitsa OPD of Ayurveda Mahavidyalaya, Hubballi, Karnataka on 04/07/2023. The patient was admitted on the same day for further Ayurvedic treatment.

**Table 1: Chief complaints of patient.**

<table>
<thead>
<tr>
<th>Chief complaints</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sever pain in low back and radiating towards thigh, calf and down to foot.</td>
<td>3 months</td>
</tr>
<tr>
<td>2. Stiffness in lumbar region.</td>
<td></td>
</tr>
<tr>
<td>3. Pricking sensation.</td>
<td></td>
</tr>
<tr>
<td>4. Difficulty and pain while walking and sitting.</td>
<td></td>
</tr>
</tbody>
</table>

**Past History:**

- No any specific surgical history.
- No any history of major illness.
- Menstrual history - Regular
- Obstetric history - P5L5 (All FTND - Last delivery-5½ years back - Twins)

**General Examination:**

Patient well oriented to time and place. Difficulty to sit.

BP: 110/80 mmhg

PR: 76/min

RR: 18/min

RS: B/L NVBS

CVS: S1 & S2 heard

P/A: Soft, Non-tender

Weight: 86 kgs

Tempt.: 97.6 F

**Table 2: Ashtavidha Pariksha**

<table>
<thead>
<tr>
<th>Nadi</th>
<th>76/min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mala</td>
<td>2 times/day</td>
</tr>
<tr>
<td>Mutra</td>
<td>6-7 times/day</td>
</tr>
<tr>
<td>Jihva</td>
<td>Lipta</td>
</tr>
<tr>
<td>Shabda</td>
<td>Prakruta</td>
</tr>
<tr>
<td>Sparsha</td>
<td>Prakruta</td>
</tr>
<tr>
<td>Druk</td>
<td>Prakruta</td>
</tr>
<tr>
<td>Akruti</td>
<td>Madhyama</td>
</tr>
</tbody>
</table>

**Neurological examination**

**Table 3: Neurological assessment.**

<table>
<thead>
<tr>
<th>Tests</th>
<th>Right leg</th>
<th>Left leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight leg raise test</td>
<td>Negative</td>
<td>Negative</td>
</tr>
<tr>
<td>FAIR test</td>
<td>Negative</td>
<td>Negative</td>
</tr>
<tr>
<td>FABER’s test</td>
<td>Negative</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Coin test - Positive (+++)

**Nidana Panchaka**

**Nidana** (Causative factors): Aatichankraman (excessive walking), prolonged continuous standing and heavy weight lifting.
**Poorvarupa (Prodromal symptoms):** Pain and stiffness in lumbar and low back region.

**Roopa (manifestation):** Pain in the lumbar region radiating towards the right thigh, calf region and down to the foot, difficulty in walking and sitting, numbness in the right leg.

**Samprapti (Pathogenesis)**

- **Nidana Sevana**
  - Vitiation of Vata Dosha

- **Formation of Rukshata, Kharata in lumbar vertebra**

- **Loss of functioning of Shleshaka Kapha**

- **Decrease in the functioning of joints in lumbar region**

- **Disc herniation and compression of nerve i.e., “Prakshobha of Vatavahini Nadi”**

- **Radiating pain towards low back, gluteal, right leg with tingling numbness.**

**Samprapti Ghataka**

- **Dosha:** Vata - especially Vyana and Kapha.
- **Dushya:** Rasa, Rakta, Mamsa, Meda, Asthi, Majja.
- **Srotas:** Rasavaha, Raktavaha, Mamsavaha, Medovaha, Asthivaha, Majjavaha.
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- **Udbhavasthana:** Pakwashaya.
- **Sanchara Sthana:** Rasayanas of Apanakshetra.
- **Adhisthana:** Kandaras of Parshni and Pratyanguli and Spik, Kati, Uru, Jangha, Pada.

**Investigation**

Patient already had reports of MRI lumbar-spine of recent date 21/02/2023.

L₄-L₅: Mild diffuse disc bulge indenting the thecal sac with no significant nerve root compression.

L₅-S₁: Broad-based central and right paracentral disc protrusion indenting over the thecal sac, causing b/l mild to moderate neural foraminal narrowing (Rt.>Lt.), impinging Rt. Traversing and abutting Rt. Exiting nerve roots with mild spinal canal stenosis (11.8mm).

**Chikitsa (Treatment)**

**Chikitsa of Gridhrasi disease as per Ayurvedokta Samhita** involves **Basti** with **Snehana, Swedana** i.e., **Shodhan Chikitsa and Shamana Chikitsa** which includes internal medicines.

**Treatment plan**

In this case study, the treatment plan for patient includes, **Valuka Sweda and Nadi Sweda** for 2 days, only **Nadi sweda** for 5 days, **Mrudu Abhyanga** with **Kottamchukkadi Taila** and **Nadi Sweda** followed by **Niruha Basti** for 8 days.

**Details of treatment:**

**Abhyanga:** **Abhyanga** was done on complete body with **Kottamchukkadi Taila** for 20 min. daily.

**Swedana:** **Nadi Sweda** was given to the lumbar and right leg region for about 20 minutes.

**Basti (Therapeutic enema)**

**Niruha Basti** was given for 8 days.

**Table 4: Ingredients of Niruha Basti.**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sahacharadi Kashaya</td>
<td>75 ml</td>
</tr>
<tr>
<td>Rasna Saptaka Kashaya</td>
<td>75 ml</td>
</tr>
<tr>
<td>Guggulu Tiktaka Ghruta</td>
<td>30 ml</td>
</tr>
<tr>
<td>Kalka Dravyas - Shatahva Churna</td>
<td>10 gms</td>
</tr>
<tr>
<td>Guduchi Churna</td>
<td>10 gms</td>
</tr>
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</table>
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CASE REPORT

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Table 6: Neurological assessment

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<td>Negative</td>
</tr>
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<td>Coin test - Positive (+)</td>
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**DISCUSSION**

In this present case, the disease Gridhrasi can be considered as Vata-Kaphanubandhi due to presence of Gouravata, Tandra, Aruchi along with Ruja, Stambha Laxanas etc. With proper understanding of Dosha, Dhatu, Nidana, Laxana, Avastha, Rogibala, Rogabala a different Chikitsa Krama is adopted viz Mridu Sthanika Abhyanga with Nadi Sweda is adopted due to involvement of Vata and Kapha Dosha; and later only Niruha Basti is advised and later with Kukkutanda Pinda Sweda.

Probable action of procedure and medications:

**Abhyanga (Mridu Sthanika)** - This helps to mobilize the Dosha, soften the body and mitigates Vata.

**Kottam Chukkadi Taila** - acts as Shoola-Shothahara and hence used in Vatavyadhis like Gridhrasi, Amavata, or in any neuropathic pain.

**Nadi Sweda** - It helps to relieve the stiffness of body & coldness and induces sweating and improves blood circulation and mitigates Kapha-Vata.

**Basti** - As Basti is considered as Ardha Chikitsa it mitigates Tridoshas. Basti potentiates the Agni thus decreases Agnimandyata, which inturn lowers the synthesis of Ama. It cleanses the channels and eliminates Mala and Dushita Doshas. Here the benefits of Amapachana, Kapha Shodhana and Srotovishodhana are facilitated by the Ushna, Teekshna and Ruksha Gunas of Basti.

**Niruha Basti** - The Niruha Dravyas improves the Vata Gati thus helps in expulsion of the morbid Kapha and Pitta from Pakvashaya. Madhu added in Basti by its Lekhana Karma eliminates the Doshas which are causing Upalepa in Srotas. Saindhava Lavana does Dosha Sravana with its Sukshma Guna carries the Dravyas to minute parts and disintegrates the Avarodha. Guggulu Tiktaka Ghrita - Ruksha, Khara Guna of Tikta Dravya along with Ghrita Guna nourishes the Asthi Dhatu and acts as Vata-Shotha-Shoolahara and thus indicated in Arthritis, rigidity, loss of function, degenerative disease of bones and joints. *Kalka Dravyas used in Basti - Guduchi* - it portrays strong anti-inflammatory and pain-relieving qualities thus acts as anti-arthritic. *Ashwagandha* - contains Withaferin-A and Withnone which helps in anti-inflammatory action. *Shatapushpa* is an essential ingredient in Niruha Basti, which aids in digestion and transferring of phytochemicals of Basti into the system of body and it acts as Vatahaha. Musta helps in well absorption of medicine by its Agnideepana and Amapachana properties. Kashaya - Sahacharadi Kashaya - It acts as Shoola-Shotha Hara in joints and improves muscle strength. Rasna Saptaka Kashaya - It contains the 7 Dravyas i.e., Rasna, Amrita, Devadaru, Aragwadha, Gokshura, Punarnava, Eranda combinedly they act as Shothahara and Shoolahara and this Yoga is indicated in almost all type of Vatavayadhi.

**Shephaleeka Patra Kashaya** - by its properties of Tikta Rasa, Laghu & Ruksha Guna ,Ushna Veerya & Katu Vipaka helps to achieve Kapha-Vataghnata Karma. Thus, helps in this Vatakaphanubandhi Gridhrasi.

**Kaishora Guggulu** - helps in reducing Shotha in Joint disorders by removing toxins from joints, it acts as Rakta Shodhana thus improves blood circulation strengthens the joints and muscles.
Yogaraja Guggulu - It has very tremendous effect in all types of Vatavyadhi: mainly acts on Asthi-Majjagata conditions. It acts as Tridoshashamaka, Balya, Agnideepaka etc.

Gokshuradi Guggulu - It is superiorly acts as Shothahara by its diuretic property & also acts as analgesic, antiarthritic and muscle relaxant.

Lohasava - helpful in Anemia; in addition, with helps in reducing swelling, inflammation and also improves digestion quickly.

Ajamodadi Churna - helps in reducing in Amavata Ruja, Sandhipeeda etc. Vata Rogas mainly indicated in diseases like Gridhrasi, Vishwachi etc. and balances Kapha and Vata.

Kukkutanda Sweda - Kukkutanda Sweda provides the dual benefits of Snehana and Swedana along with nourishing action of the bodily tissues. Kukkutanda itself has Brihmana and Snigdha Guna assists the action of Snehana which strengthens nerves by Balya Guna and removes nerve compression by Snigdha Guna. By Ushna, Teekshna Guna results in Ushnata thus causes vaso-dilation of localized blood vessels which further stimulate Bhrajaka Pitta & resulting in expulsion of mala by Swedajanana. Thus, further helps in absorption of active principles of Dravyas and nourishes the Body.

Thus, these treatment procedures are effective and plays key role in managing certain Vatavyadhi, muscle wasting etc. conditions by playing crucial function in Neurotransmission and Bone integrity.

CONCLUSION

Gridhrasi is a Vata Pradhana Vyadhi with involvement Kapha Dosha. Hence the selection of Basti Kalpa which includes only Niruha Basti along with other treatment modality has shown markedly result in this case of Gridhrasi. So, it can be concluded that there is no match for Basti in management of Gridhrasi. It’s not only glorified as Ardha Chikitsa; considered as Poorna Chikitsa in Vatavyadhis. As Vatavyadhis are manageable multiple sitting of treatment essential for fruitful condition of the Patient.

REFERENCES


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