Gridhasi is one of the most common disease of Vata Vyadhi, which closely related with sciatica. This is characterised by low back pain and radiates towards posterior part of leg or discomfort associated with sciatic nerve. It has painful (Shoola Pradhan) condition which hampers the routine of life. In Gridhasi pain starts form Kati-Prushta (Pelvic & Lumbo-Sacral resion) radiating towards Jangha (Thigh), Pada (Legs) with impairment of lifting leg (Stiffness). The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7.9% in nonworking population. Contemporary medicine has limitations giving short term relief in pain or surgical intervention with side effect. The aim of this study was to access the effect of Ayurvedic management through Shodhan and Shaman Chikitsa. Here in this case study a 60 year female patient was suffering from sciatic pain (Low back Pain) radiating towards posterior part of leg due to herniation of L4-L5 and L5-S1 that is correlated with Gridhasi since 6 months approached to Ayurvedic Hospital and She was treated with Panchakarma treatment including Dashmooladi Niruha Basti, Merudand Basti, Patra Pinda Sweda and Raktmokshan along with Shaman Chikitsa. The treatment was continued for consecutive two months.

Key words: Gridhasi, Sciatica, Vata Roga, Niruha Basti.
prevalence rate of Gridhasi and to overcome the above expensive therapeutics, so there is appreciable need to find out effective management of Gridhasi.

CASE REPORT

A 60 years old female lady comes to OPD of Panchakarma Department of Pt. Khushilal Sharma Govt. Auto. Ayurvedic Institute and Hospital, Bhopal. Patient was house wife by occupation. The Patients was apparently healthy before six month than she started following complaints.

Chief Complaints

On Vam Pada
1. Ruk (Pain)
2. Toda (Pricking sensation)
3. Stambh (Stiffness)
4. Sanchar Vedana (Radiating pain) in order Sphik, Uru, Kati, Janu, Pada
5. Chankraman and Aasan Kashtata (Pain while walk- in and sitting starts before 6 months.

History of Case Study

Patient had taken alternative treatment before came to our hospital as per need for her pain and she was not satisfied by it by having repeat episodes. Patient did not have history of any other illness.

Past History

History of Hypertention and Diabetes.

No any specific surgical History.

Family History

No any major illness.

On Examination

General Condition - Moderate, Afebrile, and No pallor was present.

Ashtavidha Pariksha

Nadi - 76 /mins
Mutra - Samyak
Mala - Samyak

Jivha - Sama
Shabda - Spashtha
Sparsha - Samshitoshna
Druka - Spashta
Akruti - Madhyam
Prakarti - Vata Kaphaja

Weight - 60 kg
Blood Pressure - 130/80
Temperature - 98.6°F

Systemic Examination

Inspection:
Gait - Antalgesic gait
Deformity - No any deformity

Palpation:
Tenderness: Positive at L4 and L5
Muscles tone: Both Upper limb and Lower limb is good

Range of movement of spine:[6]
Forward flexion: Limited to 30 cm above ground
Right lateral flexion: Limited to 40° with pain.
Left lateral flexion: Limited to 40° with pain.
Extension: Limited to 10° with pain.

Special Test:[7]

<table>
<thead>
<tr>
<th>Test</th>
<th>Right Leg</th>
<th>Left Leg</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLR Test</td>
<td>Negative</td>
<td>Positive at 45°</td>
</tr>
<tr>
<td>Lessigue Test</td>
<td>Positive</td>
<td>Negative</td>
</tr>
</tbody>
</table>

Assessment Criteria

Assessment of sign and symptoms of patient

1. Low back pain radiating towards thigh, calf and down to foot.

| Pain in lumber region not radiated towards anywhere | G₀ |
| Pain in lumber region radiates towards thigh       | G₁ |
| Pain in lumber region radiates towards thigh       | G₂ |
2. **Stiffness In Lumbar Region**

| No stiffness | G0 |
| Mild stiffness | G1 |
| Moderate stiffness | G2 |
| Severe stiffness | G3 |

3. **Pricking sensation**

| No pricking sensation | G0 |
| Mild pricking sensation | G1 |
| Moderate pricking sensation | G2 |
| Severe pricking sensation | G3 |

4. **Difficulty and pain while walking and sitting**

| No pain | G0 |
| Mild pain + No difficulty in walking and sitting | G1 |
| Slight difficulty in walking and sitting | G2 |
| Much difficulty in walking and sitting | G3 |

**Overall assessment criteria:**

Thus, the total effect of the therapies will be graded as follows:

- **Complete remission**: 100% relief
- **Marked improvement**: <100% to ≥75% relief
- **Moderate improvement**: <75% to ≥50% relief
- **Mild improvement**: <50% to ≥25% relief
- **No improvement**: < 25% relief

### Treatment

#### 1st Month

<table>
<thead>
<tr>
<th>SN</th>
<th>Procedure</th>
<th>Drugs</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Merudanda Basti</td>
<td>Vata Shamak Oil</td>
<td>Daily at morning</td>
</tr>
<tr>
<td>2.</td>
<td>Nadi Sweda</td>
<td>Dashmool Kwath</td>
<td>Daily After MB</td>
</tr>
</tbody>
</table>

#### 2nd Month

<table>
<thead>
<tr>
<th>SN</th>
<th>Procedure</th>
<th>Drugs</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Merudanda Basti</td>
<td>Vata Shamak Oil</td>
<td>Daily morning</td>
</tr>
<tr>
<td>2.</td>
<td>Patra Pinda Swedana</td>
<td>Vata Shamak Oil</td>
<td>Daily morning after MB</td>
</tr>
<tr>
<td>3.</td>
<td>Karma Basti (Alternate Niruha and Anuwason Basti)</td>
<td>Niruha - Dashmool Kwath, Mahanarayan Oil, Madhu, Saindhava, Satpushpa, Ajwain (450ml) Anuwasana - Bala Oil - 60ml</td>
<td>Every week</td>
</tr>
</tbody>
</table>

### Observation

Assessment between before and after treatment

<table>
<thead>
<tr>
<th>SN</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Low back pain radiating towards thigh calf and down to foot</td>
<td>03</td>
</tr>
<tr>
<td>2.</td>
<td>Stiffness in lumber region</td>
<td>03</td>
</tr>
<tr>
<td>3.</td>
<td>Pricking sensation</td>
<td>02</td>
</tr>
</tbody>
</table>
As observed in the above table, the patient score of symptoms of Gradhasi in left side was 11 and SLRT was +Ve at 45° respectively at the time of admission & was reduced to 03 and SLRT was +Ve at 70° at the time of discharge. It showed moderate improvement (72.7%) in left lower back & lower limb.

**CONCLUSION**

Sciatica is a major cause of morbidity makes a person unable to perform day to day activity. In this case we treated the patient by Shodhan and Shamana Chikitsa and we found that these treatments were very effective in treatment of Gridhasi. It was proved by significant improvement of patient primary symptoms. The patient is doing well with his daily activities. In last we can conclude that Gridhasi can be successfully managed by proper Ayurvedic assessment and treatment without any side effect.

**REFERENCES**


**How to cite this article:** Umesh Tamrakar, Minakshee Chouhan, Kamini Soni. A case study on Gridhasi w.s.r. to Sciatica. J Ayurveda Integr Med Sci 2024;1:294-297. http://dx.doi.org/10.21760/jaims.9.1.46

**Source of Support:** Nil, **Conflict of Interest:** None declared.