E-ISSN:2456-3110

Case Report

Gridhrasi

Check for updates

# Journal of Ayurveda and Integrated

Medical Sciences

Publisher Maharshi Charaka Ayurveda www.maharshicharaka.in

2025 Volume 10 Number 1 JANUARY

# Effect of Agnikarma in the management of Gridhrasi with special reference to Sciatica: A Case Study

Suresh SP<sup>1\*</sup>, Sariga KT<sup>2</sup>, Rani A<sup>3</sup>, Menon A<sup>4</sup>

DOI:10.21760/jaims.10.1.37

- <sup>1\*</sup> Sneha P Suresh, Assistant Professor, Department of Shalyatantra, Shree Swaminarayan Ayurvedic College Swaminarayan University Kalol, Gandhinagar, Gujarat, India.
- <sup>2</sup> Sariga KT, Assistant Professor, Department of Roga Nidana Vikruti Vijnana, Shree Swaminarayan Ayurvedic College Swaminarayan University Kalol, Gandhinagar, Gujarat, India.
- <sup>3</sup> Asha Rani, Assistant Professor, Department of Shalyatantra, Shree Swaminarayan Ayurvedic College Swaminarayan University Kalol, Gandhinagar, Gujarat, India.
- <sup>4</sup> Arathy Menon, Assistant Professor, Department of Kayachikitsa, Shree Swaminarayan Ayurvedic College Swaminarayan University Kalol, Gandhinagar, Gujarat, India.

**Introduction:** Gridhrasi is one among the Vataja Nanatmaja Vyadhis. Nantmaja Vyadhi is caused by a single Dosha, or a powerful Dosha that can cause a disease on its own. Gridhrasi is characterized by pain that radiating to Sphik, Kati, Prishta, Ooru, Janu, Jangha and Pada. This feature of Gridhrasi closely resembles with the clinical aspects of Sciatica. Ayurvedic management involves the procedures like Sira Vyadha, Bastikarma and Agnikarma. Agnikarma is a cost effective, easy to practice, less complicated, quick relief treatment that does not require hospitalization.

**Aim and Objectives:** The aim of the study was to evaluate the effect of Agnikarma in the management of Gridhrasi with special reference to Sciatica.

Materials and Methods: It is a single case study of a 23-year-old boy who was already diagnosed with sciatica in the last 1 year. He approached to Ayurvedic hospital and was treated with Agnikarma.

**Results:** Symptomatic assessment of the patient was done after one month and satisfactory result was there. There was very much improvement of the quality of life of the patient.

**Conclusion:** The management of Gridhrasi with the help of Agnikarma has a significant effect in reducing the symptoms.

Keywords: Gridhrasi, Sciatica, Agnikarma, Low back pain, Radiating pain, Ayurveda

Corresponding	Author	How to Cite this Arti	cle To	Browse
Sneha P Suresh, Assistant Pro Shalyatantra, Shree Swan College Swaminarayan Univers Gujarat, India. Email: <b>snehapsuresh91@g</b>	ninarayan Ayurvedic ity Kalol, Gandhinagar,	Suresh SP, Sariga KT, Rani A, Me Agnikarma in the management o special reference to Sciatica: A Case Med Sci. 2025;10(1):242-245. Available From https://jaims.in/jaims/article/view/3	f Gridhrasi with Study. J Ayu Int	
Manuscript Received	Review Round 1	Review Round 2	Review Round 3	Accepted

 

2024-12-15
2024-12-25
2025-01-04
2025-01-14
2025-01-26

Conflict of Interest None
Funding Nil
Ethical Approval Not required
Plagiarism X-checker 12.36
Note

OPENO.xcccss
© 2025 by Suresh SP, Sariga KT, Rani A, Menon A and Published by Maharshi Charaka Ayurveda Organization. This is an Open Access article licensed under a Creative Commons Attribution 4.0 International License https://creativecommons.org/licenses/by/4.0/ unported [CC BY 4.0].
Image: Common Access article Image: Common Access

### Introduction

As we know low back ache is a common health problem that affects millions of people worldwide. There are various reasons for low back ache such as muscle or ligament strain, herniated or bulging disc, degenerative disc disease, spinal stenosis, spondylolisthesis, poor posture, sciatica etc. Intervertebral disc prolapse is one among the primary causes of low back ache.[1]

The symptoms of sciatica syndrome are present in IVDP because the pain may just be in the low back or may also radiate along the path of the Sciatic nerve, which runs from the lower back through the hips and buttocks and down each leg. Typically affects only one side of the body and is often caused by irritation or compression of the sciatic nerve.

Sciatica is extremely common with a prevalence rate ranging from 2-5%, depending on population. Lifetime incidence is reported to be between 10% and 40% and the annual incidence of 1 to 5% in India.[2] In *Ayurveda*, *Gridhrasi* is the term used for the condition resembling sciatica in modern medicine. The word *Gridhrasi* derived from the word *Gridhra*, meaning vulture, the gait of the patient resembles like gait of a vulture.[3] *Ayurvedic* classics always consider the features of the disease while naming the disease.

The cardinal features of Gridhrasi are Ruk, Toda, Muhuspandan, Stambha in the Sphik, Kati, Uru, Jangha Janu, and Pada in order and Sakthikshepanigraha.[4] If Kapha Dosha is associated with Vata i.e. Vatakaphaja Gridhrasi, symptoms are Tandra, Gaurava and Aruchi.[5] The management provided by the modern medicine is either conservative or surgical in nature. There is various treatment modalities explained in Avurvedic classics for the effective management of Gridhrasi. In this case study, a 23-year-old male patient with complaints of sciatica was treated with Agnikarma.

# **Case Report**

A 23-year-old male came to Shalyatantra OPD of Prem Swarup Swami Ayurvedic Multispeciality Hospital, with the complaints of pain in the lower lumbar region radiating to the left lower limb in the last three weeks. He also had stiffness in the lower back region, numbness of left leg and difficulty while walking in the last two weeks. Patient had a history of fall while participating in school sports - high jump by hitting his back on the ground. At that time, he took allopathic painrelieving medication. One year before he developed low back pain radiating to left leg and he took allopathic conservative medicines. Three weeks before he developed pain radiating to the left lower limb along with walking difficulty. Sometimes he had numbness and tingling sensation in the left leg. He has no previous history of surgery. He had a normal bladder habit. He doesn't have any other addictions like smoking or drinking. Now the pain and numbness is much disturbing his sleep and also other activities.

#### **Clinical Findings**

#### **General examination**

- BP: 120/80 mmHg
- PR: 76/min
- RR: 18/min
- Temperature: 98.6°F
- Weight: 75 Kg
- Nadi: Vata Kaphaja
- Mutra: Samyak
- Mala: Samyak
- Jihwa: Nirama
- Shabda: Prakruta
- Sparsha: Anushnasita
- Drik: Prakruta
- Akruti: Madhyama

#### Samprapti Ghataka

- Dosha: Vata, Kapha
- Dushya: Rasa, Rakta, Asthi, Majja, Kandara, Sira, Snayu
- Srotas: Rasa Vaha, Rakta Vaha, Asthi Vaha And Majja Vaha
- Srotodushti: Sanga
- Agni: Vishama Agni
- Roga Marga: Madhyama
- Adhishtana : Kati, Prishta, Uru, Jangha, Pada Udbhava Sthana: Pakwashaya
- Vyakta Sthana: Sphik, Kati, Prishta, Uru, Janu, Jangha and Pada

#### Locomotor examination

#### Inspection

- Antalgic gait
- Difficulty in walking and sitting for a long time
- Restricted movements of low back region & hip

#### Palpation

- Tenderness at L4-L5 region
- Stiffness of paraspinal muscles of low back region

#### **Range of Movement of Lumbar Spine**

- Forward flexion Limited to 30cm above ground
- Extension limited to 10° with pain
- Right lateral flexion is limited to 20° with pain
- Left lateral flexion is limited to 20° with pain

#### SLR Test (Active)

- Positive at 30° on left leg
- Negative on right leg

#### **Bragard's Test**

- Positive at left leg
- Negative at right leg

#### Diagnosis

Vata Kaphaja Gridhrasi

#### **Therapeutic Intervention**

Agnikarma with Panchadhatu Shalaka

# **Observation And Results**

After *Agnikarma*, patient had found signif. relief in low back pain, numbness & tingling sensation. Gait was also improved. Patient got symptomatic relief.

# Details of Assessment parameters before and after treatment

Assessment of patient was carried out by specific subjective and objective criteria before and after one month of treatment.

#### **Subjective Parameters**

S. N.	Parameter	Before	After 1 moth
1	Radiating pain	6+ VAS score	1+ VAS Score
2	Stiffness	5+	2+
3	Tingling sensation	4+	1+
4	Difficulty while walking	7+	2+

#### **Objective Parameters**

SN	Parameter	Before	After 1 month
1.	SLRT (Active)		
	Right leg	Negative	Negative
	Left leg	Positive at 30°	60°
2.	Bragard's test		
	Right leg	Negative	Negative
	Left leg	Positive	Negative
3.	Gait	Antalgic gait	Normal
4.	ROM lumbar spine		
	Right lateral flexion	limited to 20° with pain	35° without pain
	Left lateral flexion	limited to 20° with pain	35° without pain
	Extension	limited to 10° with pain	25° without pain
	Forward flexion	Limited to 30cm above	15 cm above the
		ground	ground

### Discussion

Sciatica is most commonly found in people over 30 years of age, but there are a few reasons why someone in their teens or 20s can experience sciatic nerve pain. Sports or workplace injuries may cause sciatica. *Gridhrasi* is one among the *Vataja Nanatmaja Vyadhi*. *Gridhrasi* is a painful condition affecting Sakthi Utkshepa; and it hampers normal activities of the person.

According to Acharya Susrutha, when Vata is found affecting Snayu, Sandhi, Asthi- therapies such as Snehana, Upanaha, Agnikarma, Bandhana, Unmardana should be done. Agnikarma was selected as treatment protocol for this patient because Agnikarma is a clinically established para surgical treatment modality for disorders of Asthi, Sandhi and Snayugata Vyadhi without producing any untoward complications and its effectiveness is well documented in Ayurveda.[6]

Agnikarma has an important role in reducing pain and hence the use of heat either directly or indirectly helps to cure pain and restore functions.

We can consider the gate control theory of pain, spinal cord analgesia system or thermodynamics to substantiate the effect of *Agni* in pain relieving mechanism. *Agnikarma* is considered as best therapy for *Vata* and *Kapha* dosha because *Agni* possesses *Ushna*, Sukshma, *Tikshna Guna*, *Asukarai Guna* which are opposite to *Vata* and *Kapha*.[7] It removes *Srotavarodha* and increase the *Rasa Raktha Samvahana* to the affected site. Heat appears to produce definite sedative effects.

# Conclusion

Pain is a subjective feeling; precision of intensity is difficult to generalize. *Agnikarma* act over cutaneous receptor and first cause sharp pain through ascending pain pathway and activate the descending pathway which involves various chemicals, which are the basis of Gate Control Theory. Rise in temperature induces muscle relaxation and increases the efficiency of muscle action, as the increased blood supply ensures the optimum conditions for muscle contraction.

Pancha Dhathu Shalaka has been used on a regular basis for the purpose of Agnikarma. Musculoskeletal disorders are quite a significant global problem, particularly of general working population and create a heavy socioeconomic burden over the families. Hippocrates, father of medicine quotes like what drugs will not cure, the knife will: what the knife will not cure the cautery will: what the cautery will not cure must be considered as incurable.[8] Agnikarma can be practiced as an effective, safe and drug less therapy. It is an ambulatory treatment modality and can be performed as an op procedure in routine practice.

# References

1. Walker B, Colledge N, Ralston S, Penman I, editors. Davidson's Principles and Practice of Medicine. New York: Churchill Livingstone; 2014. p. 1072-3 [Crossref][PubMed][Google Scholar]

2. Suresh K. Management of Sciatica Pain in Primary and Secondary Settings. Austin J Musculoskelet Disord. 2023;10(1):1064. [Crossref][PubMed] [Google Scholar]

3. Raja Radha Kant Deva. Shabdakalpadruma. Vol. IV. Varanasi: Chaukambha Sanskrit Series; 1967. p. 348 [Crossref][PubMed][Google Scholar] 4. Yadavji Trikamji Acharya, editor. Sushruta Samhita with Dalhana Commentary. Varanasi: Chaukambha Prakashana; Reprint 2010. Nidanasthana, Vatavyadhi Nidana. *Chapter no. 1, shloka no 74. p. 268 [Crossref][PubMed][Google Scholar]* 

5. Sharma PV, editor. Charaka Samhita of Agnivesha. Varanasi, India: Chaukamba Orientalia; 2007. Chikitsasthana, Vatavyadhichikitsa Adhyaya. *8, 28, 57. p. 466 [Crossref][PubMed][Google Scholar]* 

6. Sushruta. Sushruta Samhita (Purvardha). Ambikadutta Shastr, editor. 9th ed. Varanasi: Chaukhamba Sanskrit Samsthan; 1955. Chikitsasthan. p. 26 [Crossref][PubMed][Google Scholar]

7. Mahanta VD, Dudhamal TS, Gupta SK, Panda PK. Review of Agnikarma in the Management of Asthi-Sandhigata Vata (Muskuloskeletal Pain). Ayurpharm Int J Ayur Alli Sci. 2013;2(6):189-195. [Crossref] [PubMed][Google Scholar]

8. Shalu Mol S, et al. A Review on Agnikarma and its Probable Mode of Action. Int Ayur Med J. 2023 {cited October 2023}. [Crossref][PubMed][Google Scholar]

Disclaimer / Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journals and/or the editor(s). Journals and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.