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# Critical analysis and unique management of *Gridhrasi* w.s.r. to Sciatica - A Case Report

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## ABSTRACT

*Gridhrasi* (Sciatica) is a disorder in which low back pain is found, that spreads through the hip, to the back of the thigh and down the inside of the leg. Mechanical low back pain (LBP) remains the second most common symptom related reason for seeing a physician. 85% of total population will experience an episode of mechanical LBP at some point during their lifetime. Fortunately, the LBP resolves for the vast majority within 2-4 weeks. There are many causes for low back pain, however true sciatica is a symptom of inflammation or compression of the sciatica nerve. The sciatica nerve carries impulses between nerve roots in the lower back and the muscles and nerve of the buttocks, thighs and lower legs. Compression of a nerve root often occurs as a result of damage to one of the discs between the vertebrae. In some cases, sciatic pain radiate from other nerves in the body. This is called referred pain. Pain associated with sciatica often is severe, sharp and shooting. It may be accompanied by other symptom, such as numbness, tingling, weakness and sensitivity to touch. There is only conservative treatment giving short term relief in pain or surgical intervention with side effect. But these are not successful and therefore those who are suffering from this are always in search of result oriented remedy. Walking distance and SLR test were taken for assessment parameter, VAS score was adopted for pain. Before treatment patient was not able to walk even 4 to 5 steps due to severe pain, was brought on stretcher and his SLR was 30° of right side. After 22 days of treatment he was able to walk up to 500 meters without any difficulty, SLR was changed to 60° and patient had got 80 % relief in pain. This case report showed that Ayurvedic protocol is potent and safe in the treatment of *Gridhrasi*.

**Key words:** *Gridhrasi, Sciatica, SLR Test, VAS score.*

## INTRODUCTION

*Gridhrasi* (Sciatica) is a disorder in which low back pain is found, that spreads through the hip, to the back of the thigh and down the inside of the leg.

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There are many causes for low back pain, however true sciatica is a symptom of inflammation or compression of the sciatica nerve. The sciatica nerve carries impulses between nerve roots in the lower back and the muscles and nerve of the buttocks, thighs and legs. *Gridhrasi* is one among 80 types of *Nanatmaja Vatavyadhi*.<sup>[1]</sup> The cardinal signs and symptoms are *Ruk, Toda, Sthambha, Muhurspandana* in *Sphik Poorvam, Kati, Prishta, Uru, Janu, Janga, Pada*<sup>[2]</sup> in order and *Sakthinikshepa Nigraha*<sup>[3]</sup> i.e., restricted lifting of leg. In *Kaphanubandha Rogi, Tandra, Gourava, Arochaka*<sup>[4]</sup> will be present. Compression of a nerve root often occurs as a result of damage to one of the discs between the vertebrae. In some cases, sciatic pain radiate from other nerves in the body. This is called referred pain. Pain associated with sciatica often is severe, sharp and

shooting. It may be accompanied by other symptom, such as numbness, tingling, weakness and sensitivity to touch. Although low back pain is a common condition that affects as many as 80-90% of people during their lifetime, true sciatica occurs in about 5% of cases. *Sciatica* is more common between 30 and 50 years of age.<sup>[5]</sup> Pain in sciatica is very severe, which makes the patient difficult to walk; hampering the daily routine of the individual. No satisfactory treatment is available in modern medical science, patients depend on analgesics which has temporary action. *Basti* is the most important treatment among *Panchakarma* with multiple benefits. It's also equally effective to *Pitta* and *Kapha*, *Rakta Dosh*. *Basti* is considered as the *Ardha Chikitsa* for *Vatavyadhi*.<sup>[6]</sup>

## CASE REPORT

An adult male patient with moderately built and nourished to age 32 years was admitted in IPD male ward, Department of Kayachikitsa, SKAMCH & RC, Bengaluru, with chief complaints of Low back pain radiating to right lower limb since 1 month, aggravated since 3 days.

Difficulty in activities of daily living (sitting, walking, bike riding, squatting, standing) since 3 days.

Patient also suffered with C/o - Chronic constipation since 2½ years.

He continued his regular activities, he noticed persisting mild pain throughout the day that used to increase on walking, standing, sitting and bike riding for a long duration. The patient ignored this thinking it to be due to work stress. He took analgesics when the pain was more.

As the pain did not subside he underwent another course of physiotherapy and traction. This time he developed severe low back pain radiating to the right lower limb, difficulty in walking (walking with support) and was unable to do his daily activities after 3 days of Physiotherapy.

So, he approached an Orthopedician who advised him to undergo X- Ray of LS Spine and prescribed medications. After looking at the X-Ray, he was advised for MRI whole spine which revealed IVDP at

L5-S1 and was suggested to undergo surgery for the same but patient refused.

Patient is also suffering from constipation since 2½ years. He passes hard stools once in two days with incomplete evacuation. He did not complain of any pain or bleeding during defecation. He was on oral medications for his constipation and for the last 6 months, he is on warm water enema once in two days (self-administered).

At the time of admission, he had severe low back pain (10 on VAS 0-10) radiating to right lower limb. He had difficulty in sitting, standing and walking and required support for the same. He also complained of numbness in right lower limb and burning sensation in right foot.

For this he took treatment from different Allopathic Hospitals, but got no relief. Then he approached in SKAMCH & RC, Kayachikitsa Dept. for better treatment. On his friend's advice he approached on 22/06/2017.

## On Examination

General condition of the patient was found limping gait due to pain. He was not able to walk and stand for more than 5 minutes due to severe pain. Blood pressure was 130/80 mmHg, Pulse rate was 78/minute, Weight-72 kg and Height-168cm. Bowels Constipated, once in two days on enema, incomplete evacuation.

- SLR was 30° of left side. Loss of Lumbar lordosis was also present.
- Lasegue's Sign - Positive on right leg
- Door bell's sign - Positive at L<sub>4</sub>- L<sub>5</sub>, L<sub>5</sub>- S<sub>1</sub>
- Bowstring test - Positive in right leg
- Flip test - Positive
- Femoral stretch test - Negative
- MRI findings confirming the L5-S1 broad based right paracentral protrusion indenting thecal sac and impinging the right traversing and exiting nerve roots at bilateral recess. Mild to moderate canal narrowing noted. After the examination this

patient was diagnosed to be suffering from *Gridhrasi* (sciatica) and a composite Ayurvedic treatment was given.

#### Samprapti Ghataka

- *Dosha - Vata, especially Vyana and Apana*
- *Dushya - Rasa, Mamsa, Asthi, Majja, Snayu, Pureesha.*
- *Srotas - Annava, Rasava, Pureeshava, Vatava*
- *Srotodushti Prakara - Sanga, Vimargagamana*
- *Agni - Jatharagni*
- *Ama - Jatharagnimandya Janya*
- *Udbhavasthana - Ama Pakwashaya*
- *Sanchara Sthana - Ama Pakwashaya*
- *Adhithana - Ama Pakwashaya*
- *Vyakta Sthana - Kati & Dakshina Adhoshakha*
- *Vyadhi Swabhava - Chirakari*

#### Diagnosis

- *Gridhrasi due to Vidadrita Vata<sup>[7]</sup>*
- *Sciatica - Disc herniation with secondary canal stenosis*

#### Treatment protocol

1. *Sarvanga Churna Pinda Sweda* with *Kottumchukkadi* and *Jadamayadi Churna* for 5 days
2. *Kati Basti* with *Maha Vishagarbha Taila*, *Sarvanga Abhyanga + Patrapinda Sweda* with *Morchita Taila Churna* for 5 days
3. *Sarvanga Abhyanga + Patrapinda Sweda* with *Morchita Taila* for 10 days
4. ***Erandamooladi Kala Basti***

#### Anuvasana Basti

- *Guggulu Thiktaka Gritha - 40 ml*
- *Dhanvanthram Taila - 40 ml*

#### Niruha Basti

- *Honey - 100ml*
- *Saindhava Lavana - 15g*
- *Guggulu Thiktaka Gritha - 100ml*
- *Dhanvanthram Taila - 100 ml*
- *Ashwagandha Kalka - 25 g*
- *Erandamoola Kwatha - 600 ml*

Day	1	2	3	4	5	6	7	8
Basti	A	N	A	N	A	N	A	N
Day	9	10	11	12	13	14	15	16
Basti	A	N	A	N	A	A	A	A

5. *Sarvanga Abhyanga* with *Shastika Shali Pinda Sweda* with *Ksheerabala Taila* for 8 days

#### Internally

1. Cap. Nuro – XT 1 BD,
2. *Gandharvahastyadi taila* - 2tsf + ½ cup hot milk HS A/F,
3. Tab. *Vishatinduka Vati* 2 TID a/f,
4. Tab. *Yogaraja Guggulu + Rasna Erandadi Kashaya*, 2 tab powdered + 2 tsf *Kashaya* + 6 tsf water at 7am & 6pm B/F ,
5. Syp. *Madiphala Rasayana* 2 tsf TID with 6 tsf water,
6. *Hingwashtaka Churna* - ½ tsf powder + ½ tsf melted ghee + ½ glass hot water TID , B/F

#### Pathya advised to avoid Vata Prakopa

- Timely food
- Chew the food well and eat.
- Avoid any distraction during eating food.
- Not to consume large quantity of water immediately after food.
- Avoid day sleep.
- Avoid in between meals, snacks, sprouts, bakery products.

**DISCUSSION**

*Gridhrasi* (sciatica) is one among nanatmaja *Vata-Vyadhi* caused by aggravated *Vata Doshas*. It is characterized by burning, stinging or numbing pain that is felt in the buttock, thigh, leg or foot. It may or may not be associated with low back pain.

Purpose of the study was to highlight the clinical manifestation of *Gridhrasi* with its unique *Samprapti* and its successful treatment.

In this case report patient who suffered from *Gridhrasi* of the right leg since one month was treated with Ayurvedic regimen where as patient earlier was advised surgery.

The *Chikitsa* should be based on *Avarana* concept and the *Adhishtana*, *Avastha* and *Doshapradhanyata* of *Vyadhi*.

In the initial stages, more importance is given to *Kapha* as it is dominantly *Sama Vata Lakshanas* and in later stages to the vitiated *Vata*. After *Kapha* is brought under control, further management aims at normalizing the *Vata Dosh*.

Treatment	Purpose
Sar. C.P.S with Kottumchukadi & Jadamayadi Churna	To relieve <i>Sama Vata</i> by <i>Rookshana</i>
<i>Kati Basti</i> with <i>Maha Vishagarbha Taila</i>	<i>Sthanika Snigdha Svedana</i> , <i>Vata Shamana</i>
Sar. <i>Abhyanga</i> + PPS with MTT	<i>Snehana</i> , <i>Swedana</i> , <i>Vatanulomana</i>
Sar. <i>Abhyanga</i> + SSPS with KBT	For <i>Bruhmanartha</i>
<i>Kala Basti</i>	Specific treatment for <i>Vidavrita Vata &amp; Gridhrasi</i>
<i>Tab Yogaraja Guggulu</i> + <i>RE Kashaya</i>	<i>Shoola Prashamana</i>
<i>Gandharvahasthyadi Taila</i>	<i>Vatanulomana</i>

	<i>Udavarthahara Chikitsa</i>
<i>Syp. Madiphala Rasayana</i>	For <i>Hrutkantha Daha (Aruchi)</i>
<i>Tab. Vishatinduka Vati</i>	<i>Shoolahara</i>
<i>Hingwashtaka Churna</i>	<i>Agnideepana</i> , <i>Pachana &amp; Vatanulomana</i>
<i>Cap. Nuro XT</i>	<i>Vatahara</i> , <i>Shoolahara</i> and <i>Agnideepana</i>

SN	Parameter	BT	AT
1	LBA radiating to right leg	10/10	2/10
2	SLR TEST	Rt leg - 30°	60°
3	Low back ROM	Restricted, severe pain	Able to move with minimal pain
4	Constipation	Irregular, incomplete evacuation	Regular, complete evacuation

**CONCLUSION**

The present case study signifies the role of *Dosha - Avasthika* and *Vyadhi Pratyaneeka Chikitsa*. The *Chikitsa* should be based on *Avarana* concept and the *Adhishtana* and *Doshapradhanyata* of *Vyadhi*. In the initial stages, more importance is given to *Kapha* and in later stages to the vitiated *Vata*. After *Kapha* is brought under control, further management aims at normalizing the *Vatadosha*. Thus the result obtained from the treatment was remarkable.

रोगमादौपरीक्षेतततोऽनन्तरमौषधम् ।

ततःकर्मभिषक्पश्चाज्ज्ञानपूर्वसमाचरेत् ॥ Ch.Su.20/20

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