ISSN (Online): 2455-3662
EPRA International Journal of Multidisciplinary Research (IJMR) - Peer Reviewed Journal
Volume: 10| Issue: 10| October 2024|| Journal DOI: 10.36713/epra2013 || SJIF Impact Factor 2024: 8.402 || ISI Value: 1.188

MANAGEMENT OF GRIDHRASI THROUGH AYURVEDA: CASE SERIES

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ABSTRACT

Gridhrasi (sciatica) is a condition characterized by radiating pain along the sciatic nerve, often due to lumbar disc herniation, spinal stenosis, or trauma. In Ayurveda, Gridhrasi is considered a disorder caused by an imbalance of Vata dosha. This case series examines the efficacy of Ayurveda therapies in managing Gridhrasi. Five patients presenting with symptoms of radiating pain, stiffness, and heaviness were treated using Panchakarma therapies including Snehana (oleation), Swedana (sudation), and Basti (medicated enema), along with internal medications such as Maharasnadi Kashaya, Sahacharadi Kashaya, and Manjishtadi Kashaya, all known for their anti-inflammatory and Vatahara properties. The patients underwent personalized treatment protocols combining Bahya chikitsa like Katibasti, Patra Pinda Sweda, and abhyanga (massage) with Abhyantara chikitsa. Yoga Basti, incorporating Anuvasana and Niruha Basti, was central in pacifying Vata and nourishing the dhatu. Outcomes were assessed based on both subjective and objective criteria, including pain scores, toda, stamba, gourava, and Straight Leg Raise (SLR) test results. Post-treatment assessments revealed significant reductions in symptoms, and improved mobility across all cases, demonstrating the effectiveness of this Ayurveda treatment protocol. These findings suggest that Ayurveda treatment offers a promising-term management of Gridhrasi by addressing both the root cause and symptoms. Further research with larger sample sizes and clinical trials is warranted to establish the broader applicability of these findings.

KEYWORDS: *Gridhrasi, Sciatica, Vata dosha, Basti.*

INTRODUCTION

Sciatica is a common clinical condition characterized by radiating pain along the sciatic nerve, typically caused by compression of the lumbar nerve roots, most often due to lumbar disc herniation. Other causes include spinal stenosis, spondylolisthesis, and trauma. Risk factors include age, obesity, a sedentary lifestyle, and occupations involving prolonged sitting. Patients often present with sharp or burning pain radiating from the lower back through the leg, along with numbness, muscle weakness, and diminished reflexes.[1] Diagnosis is primarily clinical, supported by imaging like MRI to confirm nerve root compression. Conservative treatment, including NSAIDs, physical therapy, and, in some cases, epidural steroid injections, is the first-line management. In cases of persistent pain or significant neurological deficits, surgical interventions such as discectomy may be necessary. Long-term prognosis is generally favorable with proper management, although chronic sciatica may require ongoing treatment.

Gridhrasi commonly equated with sciatica, is a Vyadhi primarily caused by Dooshana of Vata dosha, as per classical Ayurveda texts[2]. it manifests as severe radiating pain from the lower back to the leg, often accompanied by stiffness, numbness, and restricted movement. (Charaka Samhita emphasizes the use of Snehana, Swedana, and Basti for Shamana of Vata[3], while Sushruta Samhita additionally highlights Rakthamokshana for Shodhana of Rakta[4]. Ayurveda treatment also incorporate medicines like Guggulu and Dashamoola for their anti-inflammatory and Vatahara properties. External therapies, such as Agnikarma, Pizhichil and Kati Basti, are also used. A scientific case series presented here could explore the efficacy of these treatments, focusing on analysis across acute and chronic cases and integrating outcomes. This unified perspective offers a comprehensive view of Gridhrasi management, through Ayurveda.

CASE REPORT

This case series includes participants who visited the Kayachikitsa OPD of Ashwini Ayurvedic Medical College and Research Center, Tumkur, Karnataka with a primary history of the low back ache and radiating pain to extremities. Pre and post-assessment was done on the basis of both subjective and objective criteria. All demographic data that include age, gender, occupation, affected site of face, and durations of all patients are described in Table 1.

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Table 1: Demographic data of all patients					
	CASE 1	**CASE 2**	**CASE 3**	**CASE 4**	**CASE 5**
Age in years	45	17	21	34	59
Gender	Female	Male	Male	Male	Male
Occupation	Housewife	Student	Student	Business	Retired Teacher
Religion	Hindu	Hindu	Hindu	Hindu	Hindu
Marital status	Married	Unmarried	Unmarried	Married	Married
Socio - Economic status	Upper middle	Lower middle	Upper middle	Lower middle	Upper Middle
Locality	Urban	Rural	Urban	Rural	Rural
Duration since onset of symptoms	6 months	1 month	6 months	1 year	1 year

Case Presentation

Case 1: A 45-year-old female patient reported with complaints of stiffness and pain in lower back radiating to left lower limb associated with heaviness of left lower limb and was not able to do her occupational work for 1 month. Patient took allopathic treatment for 1-2 months but got temporary relief. No significant previous illness history and family history found. Patient is having good appetite, proper micturition and bowel but disturbed sleep due to pain. With dashavidha pareeksha revealing vata-kapha prakruthi, with madhyama sara, samhanana, satva, satmya, ahara shakthi, vyayama shakti, vaya and Pramana. With the exception of the musculoskeletal system, no abnormalities in the respiratory, CNS, GI, or CVS systems were found. MRI reports revealed L2-L3, L4-L5 diffuse disc bulge causing neural foraminal narrowing and possible impingement over bilateral traversing nerve roots.

Case 2: A 17-year-old male patient reported with complaints of low backache radiating to right lower limb since 1month with no associated complaints. With h/o heavy weight lifting 1 month back. Patient took analgesic medications for 1-2 weeks but got temporary relief. No significant previous illness history and family history found. Patient is having good appetite, proper micturition and bowel but disturbed sleep due to pain. With dashavidha pareeksha revealing vata-kapha prakruthi, with madhyama sara, samhanana, satva, satmya, ahara shakthi, vyayama shakti, vaya and Pramana. No abnormalities in the respiratory, CNS, GI, or CVS systems were found.

Case 3: A 21 -year-old male patient came with the complaints of pain in lower back region radiating to left lower limb for 6 months associated with pricking type pain in thigh and calf region. Patient took allopathic treatment for 6 months but got temporary relief. Pain increased from 15 days. No significant previous illness history and family history found. Patient is having good appetite, proper micturition and bowel but disturbed sleep due to pain. With dashavidha pareeksha revealing vata-kapha prakruthi, with madhyama sara, samhanana, satva, satmya, ahara shakthi, vyayama shakti, vaya and Pramana. No abnormalities were detected in respiratory, CNS, GI and CVS systems. L5-S1diffuse posterior disc bulge, left paracentral and subarticular disc protrusion causing anterior thecal sac indentation and narrowing of left lateral recess severely impinging on left traversing nerve root.

Case 4: A 34-year-old male patient came with the complaints of pain and stiffness of low back associated with radiating pain to left leg for 1 year. H/o self-fall in his home 1 year back since then he developed above said symptoms. MRI reports revealed mild disc bulge at L3-L4 level with mild degenerative changes. Patient is having good appetite, proper micturition, bowel and sleep. With dashavidha pareeksha revealing vata-kapha prakruthi, with madhyama sara, samhanana, satva, satmya, ahara shakthi, vyayama shakti, vaya and Pramana. No abnormalities were detected in respiratory, CNS, GI and CVS systems.

Case 5: A 59-year-old male patient came with complaints of pain and stiffness in low back region with pain radiating to right thigh, calf region down to the foot, difficulty while walking and since 6 months. Patient underwent for several allopathy treatments but got only temporarily relief. Patient is having good appetite, proper micturition and bowel but disturbed sleep due to pain. With dashavidha pareeksha revealing vata-kapha prakruthi, with madhyama sara, samhanana, satva, satmya, ahara shakthi, vyayama shakti, vaya and Pramana. No abnormalities were detected in respiratory, CNS, GI and CVS systems.

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CHIKITSA GIVEN TO ALL PATIENTS

PANCHAKARMA

Day 1: Sindhuvara eranda taila – 25ml on empty stomach at 8.a.m
Followed by Day 2- Day 9

1) Katibasti by Mahamasha taila – 8 days
2) Sthanika abyanga by Prabhanjana Vimardana Taila (over kati and both lower limbs)- 8 days
3) Sthanika patra pinda sweda – 8 days
4) Yoga basti:
   Anuvasana basti by Sahacharadi taila Dose:100 ml
   Niruha basti by Dashamoola Kashaya Dose: 400 ml
   Niruha basti preparation: Honey – 30ml, saindhava lavana: 3 gm, Shatapushpa churna Kalka: 25 gm, Sahachardi taila: 80 ml, Dashamoola Kashaya- 400ml

Shamana Aushadi	Dose	Time	No of days
1) Maharasnadi Kashaya	3tsp-0-0 mixed with 6tsp lukewarm water	30 min before food	14 days
2)Sahacharadi Kashaya	0-3tsp-0 mixed with 6tsp lukewarm water	30 min before food	14 days
3)Manjishtadi Kashaya	0-0-3tsp mixed with 6 tsp lukewarm water	30 min before food	14 days
4)Nuro XT caps	1-0-1	30 min before food	20 days
5)Spiner tab	1-0-1	30 min before food	20 days

Following the scoring pattern is applied for the subjective and objective parameters

Ruk (Pain)	**Score**
No Pain	**0**
Slight pain in only on hard work	**1**
Pain on movement but do not disturb routine work	**2**
Pain on movement which disturb routine work	**3**
Severe pain compelling patient to be bed ridden	**4**
Toda (Pricking Sensation)	
No pricking sensation	**0**
Occasionally pricking sensation	**1**
Mild pricking sensation, once in a day	**2**
Moderate pricking sensation, frequently	**3**
Severe pricking sensation, persistent	**4**
Stambha (Stiffness)	
No stiffness	**0**
Sometimes for 5 – 10 minutes	**1**
Daily for 10 – 30 minutes	**2**
Daily for 30 – 60 minutes	**3**
Daily more than 1 hour	**4**
Gaurava	
No heaviness	**0**
Heaviness of leg for sometimes	**1**
Heaviness of leg throughout the day	**2**
S.L.R. Test	
More than 90°	**0**
71° – 90°	**1**
51° – 70°	**2**
31° – 50°	**3**
Up to 30°	**4**

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Assessment Between Before and After Treatment

Parameters	CASE 1		CASE 2		CASE 3		CASE 4		CASE 5	
	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
RUK	4	2	3	1	3	1	2	0	3	2
TODA	3	0	2	0	2	0	1	0	0	0
STAMBHA	4	2	4	1	3	2	3	1	3	1
GAURAVA	2	0	0	0	1	0	0	0	0	0
S.L.R Test	4	2	3	1	3	1	2	1	2	0

DISCUSSION: PROBABLE MODE OF ACTION

The treatment approach for Gridhrasi described in the case series integrates various Ayurvedic therapies targeting the root cause—imbalance of Vata dosha. The protocol focuses on relieving symptoms like Shoola, Stambha, and Guruta.

Sadyovirechana given with Sneha - Sindhuvara eranda taila to pacify Vata dosha, which is responsible for the pain and stiffness experienced in sciatica. Following Snehana, Swedana is performed using Patra Pinda Sweda and Katibasti with this promotes muscle relaxation and improves circulation. Swedana helps in sroto shodhana, which allows better movement of Vata and reduces symptoms like toda and gaurava.

Gridhrasi has its origin in pakwashaya, as it is a vata disorder, Basti is considered to be the effective treatment for disorders caused by Vata dosha. The Yoga basti regimen, which includes alternating Anuvasana basti with Sahacharadi taila which is mentioned in Ashtanga Hrudaya[5]. It has Ushna Virya and it act as Vata and Kapha Dosha hara. It is very effective in Adha Kaya Vatarogas and Niruha basti with Dashamoola Kashaya, is key in pacifying Vata. Dashamoola kashaya consists of laghu and brihat panchamula has the properties like ama pachana and kapha pitta anila hara and jwarahara. It is also mentioned under shvayathu hara dashemani gana. Dashamoola kashaya acts on rasa, mamsa and asthi dhatu. It can also be given in avruta vata conditions. Dashamoola kashaya has ushna veerya, tikta kashaya madhura rasa, laghu guna tridosha shamana mainly vata kapha hara, vatanulomana, shoola prashamana, anaha hara and mutrala. Dashamoola kashaya also enhances digestion and providing relief from acidity These Basti helps in shodhana of pakwashaya, does nourishment of the nervous system, and alleviate inflammation. They improve both local symptoms and systemic imbalances, offering long-term relief from the condition. Basti should not be given without proper agni and koshta Shuddhi.

Internal Medications Alongside external treatments, internal medications are administered to address inflammation and promote nerve healing. The protocol includes: Maharasnadi Kashaya which is anti-inflammatory, pain-relieving, and Vatahara properties[7], Sahacharadi Kashaya indicated in adhakayavata vikara known for its benefits vata-kapahara [8]action and Manjishtadi Kashaya used for its Rakta Shodhaka and anti-inflammatory effects[9]. These Kashayas are taken before meals to enhance digestion and absorption. Cap Nuro XT contains ekangaveera ras, vata gajankusha rasa, maha vata vidhwamsana rasa useful in intercoastal neuropathy[10]. Spiner tablet is formulated guggulu tiktaka Kashaya, shallaki and many more to tackle spondylitis[11].

The assessment of symptoms such as pain, pricking sensation, stiffness, heaviness, and Straight Leg Raise (SLR) angle is carried out both before and after treatment. A significant reduction in pain and improvement in movement, as well as reduced pricking sensations and heaviness, were observed post-treatment, showing the effectiveness of the integrative approach.

CONCLUSION

The management of Gridhrasi (sciatica) through Ayurveda treatment, as demonstrated in this case series, presents a promising approach to a condition that often poses challenges to long-term relief with conventional treatments alone. The approach also involved external therapies such as Katibasti, Patra Pinda Sweda, and abhyanga (massage), which not only provided symptomatic relief but also improved circulation and promoted muscle relaxation. The incorporation of Yoga Basti, a combination of Anuvasana and Niruha basti, significantly contributed to the management of the condition by nourishing the Dhatus and aiding in the elimination of Ama from the body.

The internal medications such as Maharasnadi Kashaya, Sahacharadi Kashaya, and Manjishtadi Kashaya, with their known anti-inflammatory and Vatahara properties, played a crucial role in addressing both systemic and localized issues associated with the condition. These medicines, traditionally used to treat Vata-related disorders, also helped to enhance digestion and absorption, thereby improving the overall therapeutic outcomes.

The subjective and objective assessments, including the reduction in pain scores, improvement in Straight Leg Raise (SLR) test outcomes, and the overall decrease in stamba and gourava, underscore the effectiveness of the Ayurvedic approach. The marked improvement in all five cases presented in this series, including patients with varied durations of symptoms, occupations, and demographic backgrounds, demonstrates the versatility and adaptability of Ayurveda in managing chronic conditions like Gridhrasi.

Overall, this case series highlights the potential of Ayurveda to offer sustainable and long-term solutions for sciatica. While the results are encouraging, larger-scale studies and clinical trials are necessary to further validate the findings and establish standardized protocols for wider clinical application. The comprehensive nature of Ayurvedic treatments with both

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antahparimarjana and bahiparimarjana chikitsa, focusing on the root cause of disease while providing symptomatic relief, makes it a valuable component in the management of Gridhrasi.

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