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Ayurvedic Management Of Gridhrasi With Special Reference To Sciatica: A Case Study

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Abstract –

Ayurveda describes a condition called *Gridhrasi*, or sciatica in modern medical parlance, which refers to discomfort and pain along the sciatic nerve pathway. The word "*Gridhrasi*" refers to a condition where pain metaphorically travels down the leg like the talon of a vulture. It is derived from the Sanskrit words "*Gridhra*" (vulture) and "*Asi*" (pain). In Ayurvedic medicine, it is one of the *Vata*-related disorders. Because sciatica is characterized by pain or discomfort related to the sciatic nerve, the disease is most similar to sciatica. The patient arrived with paraesthesia and numbness in addition to lower back pain that was radiating to both legs. *Acharya's* treatment in various texts focuses on *Agnikarma*. *Agnikarma* therapy relieves pain, inflammation, and stiffness by applying pressure to the affected areas. Internal medicine and *Panchakarma* treatments are excellent ways to treat *Gridhrasi*. The 44-year-old female patient in this case study had *Panchakarma* treatment (*Agnikarma*) after exhibiting clinical signs of *Gridhrasi*.

Keywords- Grishrasi, Vata, Panchakarma, Sciatica

Introduction –

Gridhrasi is an ancient term from Ayurveda, India's traditional medical system, that translates to "the disease of the vulture" because the pain travels down the leg like a vulture's talon. This condition and sciatica are frequently used interchangeably in modern medical terminology. According to Ayurvedic medicine, it is regarded as a disorder of the Vata dosha, one of the three main energies or Doshas in charge of bodily movement and function. Apana Vata, which controls the body's downward motion, is particularly involved in Gridhrasi, which is categorized as a Vata Vyadhi (Vata disorder) in Ayurveda. In Ayurvedic science, the disease Sciatica can be compared with Gridhrasi which falls under the Nanatmaja Vataja Vikara. The symptoms of this disease initially affect Sphik (buttock) as well as posterior aspect of Kati (Lumber) and then gradually radiates to posterior aspects of Uru (thigh), Janu (knee), Jangha (calf) and Pada (foot). The sciatic nerve, which passes from the lower back through the buttocks and down the legs, is the main nerve affected by this condition.

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In *Gridhrasi*, the underlying pathophysiology involves:

- Vata Dosha Imbalance: Excessive or aggravated Vata affects the normal function of Apana Vata.
- Disruption in Apana Vata: Leads to the disturbance of the sciatic nerve's function, causing pain and discomfort.
- *Nadi* Blockage: Obstruction of energy pathways (*Nadis*) results in symptoms such as pain, numbness, and weakness.
- Structural Changes: Possible contributions from physical conditions like disc herniation or muscle dysfunction.
- Inflammation: Though not central in *Ayurveda*, inflammation can contribute to the exacerbation of symptoms.

Understanding this pathophysiology helps guide the Ayurvedic treatment approach, which aims to balance *Vata* dosha, relieve the obstruction in energy pathways, and restore normal function and comfort. As per *Chikitsa Sutra* of *Gridhrasi* by different *Acharaya*, *Snehan*, *Swedan*, *Basti*, *Agnikarma* are preferred treatment. In this case study, management by *Ampachak vati*, *Trayodhashang Guggulu*, *Gandharva Haritaki*, *Dashamularishta*, *Yog Basti* with *Anuvasan* with *Sahachar Taila* and *Niruh* with *Erandashmuladi kwath* have been adviced.

A Case Report-

A 44 year old female patient came in O.P.D in Kayachikitsa Department of Sane Guruji Arogya Kendra Malwadi, Hadapsar, Pune with complaints of severe back pain on right side of back radiating to right leg thumb from thigh, knee, calf region on walking and tingling numbness, since 3 months, difficulty while walking for 100 meters increased from last 7 days, constipation from 3 days, lower back stiffness since 10 days.

Past history –

No any major medical illness history.

No any surgical illness history.

No any addiction

No any allergy to drug or food.

Occupation – House maid and house cook.

Diet-Vegiterian

Examination –

P - 88/min

B.P - 130/80 mmhg

RS-B/L clear

CVS- S1S2 normal

CNS- conscious and oriented

P/A- gaseous distension

Astavidha Pariksha:

Nadi (Pulse) = 88/Min.

Mala(Stool) = Awastambha

Mutra(Urine) = 3-5 Times In A Day

Jeeva (Tounge) = Eshat Saam.

Agni = Mandya

Shabda (Speech) = Spashta

Akruti = Madhyama.

Bala = Madhyama.

Gait- Waddling. Walk by dragging the toe of right foot.

SLRT/ Lasegue's test - Positive on Right side at 30 degree

SNDT- Both leg positive.

Assessment Criteria: Assessment of sign and symptoms of patient.

1.Low back pain radiating towards	G_0	Pain in lumbar region not radiated towards
thigh, calf and down to foot	-0	anywhere.
and down to root	G_1	Pain in lumbar region radiates towards thigh.
	G_2	Pain in lumbar region radiates towards thigh.
	G ₃	Pain in lumbar region radiates towards foot.
2.Stiffness in lumbar region	G_0	No stiffness
	G_1	Mild stiffness
	G_2	Moderate stiffness √
**************************************	G ₃	Severe stiffness
3. Pricking sensation	G_0	No pricking sensation
100	G_1	Mild pricking sensation
100	G_2	Moderate pricking sensation √
	G_3	Severe pricking sensation
4.Difficulty and pain while walking and sitting.		No pain
	G_1	Mild pain+ no difficulty in walking and sitting
	G_2	Slight difficulty in walking and sitting
	G ₃	Much difficulty in walking and sitting √

MATERIALS AND METHODS Center of study: Sane Guruji Arogya Kendra Hadapsar, Pune .

Method of sampling & study design: Simple randomized single case study

Sr.	Medicine	Dose	Anupan	Duration
No				
1.	Amapachak Vati	500 mg		Day 1 to Day 5
		TDS	Koshna Jal	
2.	Trayodashang Guggulu	250 mg		1 Month
		TDS	Koshna Jal	
3.	Dhashamularishta	20 ml BD	Koshna Jal	1 Month
4.	Gandharva Haritaki	1 gm HS	Koshna Jal	Day 1 to Day 3

Anuvasana Basti - Sahacharadi taila ; Niruh Basti - Eranddasahmuladi kwath

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
Anuvasana	Anuvasana	Niruha	Anuvasana	Niruha	Anuvasana	Niruha	Anuvasana
Basti	Basti	Basti 🧆	Basti	Basti	Basti	Basti	Basti

Agnikarma with Suvarna Shalaka Shooladhikya Pradeshi by conduction method. Agnikarma on the points Dakshin Kati, Uru, Janu, Pad, Parshni Pradeshi (posterior site of femoral, knee, calf musle, calcanium region)

Observation - Assessment between before and after treatment

Par	ameters	Before treatment	After treatment
1.	Low back pain radiating towards thigh, calf and down	G_3	G_0
to	foot		The state of the s
2.	Stiffness in lumbar region	G_2	G_1
3.	Pricking sensation	G ₂	G_1
4.	Difficulty and pain while walking and sitting.	G_3	G_1
5.	Straight leg raise (SLRT)	Right leg 30 ⁰	left leg 60 ⁰

Gait has improved.

Walking distance:-

Before treatment: - Patient had severe pain after walking 100 mts.

After treatment: - Patient could easily walk without pain about 100 to 150 mts.

Walking time:-

Before treatment: - Patient took around 15 minutes to walk 100 steps.

After treatment: patient took around 5 min minutes to walk 100 steps.

Disscussion-

Hetu Seven Ahar- Ruksha, Shit(cold), bread, bekari products oily, Katu Tikta Kashaya Rasatamak diet.

Vihar- continuous standing work, mental tension, Vegadharana,

Aamotpatti (Indigestion),

Samprapti-

Hetu Seven Vata Dosh Prokop



Strotus Stanvaigunya Nirman (Rukshata, Parushata, Kharata)



Rikta Strotas Vayupuran Spikpurva Kati Prushta Jangha Pad Kramat



Ruja Grudhravat Chalan



Gridharasi

Samprati-Ghatak:

- Dosha– Vata Dosha Prakop
- Dushya Majja, Asthi
- Srotas Asthivaha, Majjavaha
- Srotodusti Sanchaya Vrutti
- *Udhbhavasthana Asthi*, *Sandhi*
- Vyaktasthana Katipradesh, Uru, Janu, Jangha, Pad Pradeshi

In this case study, we treated the patient by *Shodhan Chikitsa* i.e. *Basti* and *Shaman Chikitsa* i.e. internal medicine. Total two types of *Basti* were given along with *Snehana* and *Swedana*. One *Yog Basti* with schedule of 8 days alternate day oil enema and decoction enema. *Agnikarma* was done on right side of lower back and other region

Samprapti Bhanga:

In line of treatment we think about *Aampachan, Dipan, Vatashamana, Balya* and *Rasayan chikitsa*. Action of all individualdrug mentioned in following table-

Sr.	Dravya	Action
No		
1	Trayodahang	Vatshamak, Vatashoolnashak,
	Guggulu	Strotobandanashak
2	Amapachak Vati	Ama Pachan, Dipan
3	Dashashmularishta	Vatanashak, Shothahar, Shoolprashaman
4	Gandrav Haritaki	Anulomak, Vatashulanashak

Conclusion-

In this case study we treated the patient of *Ghridhrasi* by giving therapeutic enema i.e. *Yog Basti* and *Agnikarma* and some internal medicine. *Ghridhrasi* is a one of the *Nanatamaja Vata Vikara* hence *Basti* is the basic treatment of all *Vata Vyadhi* and is thought to be the *Ardhachikitsa* (50% of all treatment modality) in *Ayurveda*.

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