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Ayurvedic Intervention in the Management of *Ghridrasi* w.s.r. to Sciatica-A Case Study

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ABSTRACT

Man has eventually forgotten the absolute enjoyment and solitary affection for nature, and as a result he is facing many health problems. The prime factors that are responsible for the decline of health are irregular food habits, stress, suppression of natural urges, lack of proper sleep and relaxation. Sciatica pain is often caused by pressure on the sciatic nerve from a herniated disc, bone spurs or muscle spasm. Sciatica being considered as a chronic disease needs a long lasting treatment with non-steroidal anti-inflammatory drugs, muscle relaxant and analgesics. The symptoms similarity and radiation of pain from back to the foot describe the correlation of sciatica with *Gridrasi*. Here a case study was done on a patient with right leg acute sciatica symptoms from 3 months treated successfully with ayurvedic intervention for 2 months.

KEYWORDS

Ayurvedic Intervention, Herniated disc, Bone Spurs, Sciatica, Gridrasi



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INTRODUCTION

Various surveys have found the prevalence of sciatic pain in adult population to be between 15% and 40%. This incidence is related to age, regular walking is also a cause for increase in¹ the incidence of sciatica. In addition, occupations² with greater physical labour, such as carpenters and machine operators, have a higher likelihood of developing sciatica compared to less mobile office workers. Sciatica being a chronic ailment needs long lasting treatment³, which if taken from modern medicine largely has a disease oriented approach, while Ayurveda has a health oriented approach.

According to *Acharya Charaka*⁴, person affected with this disease, walks like vulture, hence the name *Gridrasi*. The pain starts from the lumber region on back and spreads downwards on the backside of thigh, knee and leg to the feet⁵.

CASE REPORT

A male Patient, aged 30 years was presented with acute pain in right leg since last 3 months. Patient was thoroughly examined locally as well as systematically. His back was examined for any tenderness around spine. MRI scan revealed a lumber disc

herniation at L3-L4 level. Patient gave a history that he has a habit of travelling long distances on a two wheeler every day. He took many allopathic treatments which gave him symptomatic relief and was advised to go for surgery being in very acute pain.

PRESENT COMPLAINTS

- Severe radiating pain in Right leg³
- Difficulty in walking
- Insomnia
- Tension
- Decreased Appetite

PERSONAL HISTORY

Bowel: Irregular

Appetite: Decreased

Sleep: Disturbed being in acute pain

Habits: Driving bike for long distances

FAMILY HISTORY

Not any specific history

PHYSICAL EXAMINATION:

B.P-110/70 mmHg

PULSE-74/min

R.R-20/min

SPECIFIC EXAMINATION:

SLR (STRAIGHT LEG RISING)- 45 degrees (right leg) Painful

SLR (STRAIGHT LEG RISING) - 85 Degrees (left leg)

SYSTEMIC EXAMINATION:

CNS- Conscious and oriented

CVS- S1 and S2 normal



RS- Both side air entry equal

GIT-Recurrent constipation

SAMANYA PARIKSHA -

- *NADI -Sarpagati,tivra*
- *SHABDA-kshin*
- *SPARSHA- samshioshna*
- *JIVHA -Sam, lipta*
- *DRIKA -Samanya*
- *AAKRITI -Aturvat*
- *MUTRA-Prakrut-4-5/day*
- *MALA -Asamadhankarak, aniyamit*
,rukshamalapravritti.

STOTAS PARIKSHAN -

- *RasvahaStrotas:*
Aashrdha,Aruchi,Sharirgorav
- *AsthivahaStrotas:Asthisulam,Adhiast*
hi
- *MajjavahaStrotas:RukParvanam*

DIFFERENTIAL DIAGNOSIS:

Sandhigatavata,Vatrakta,Ghradrasi,
aamvat.

Table 1 “Karma basti”

A	A	N	A	N	A	N	A	N	A
N	A	N	A	N	A	N	A	N	A
N	A	N	A	N	A	A	A	A	A

A – Anuvasana =120ml,Tila Tail N – Niruhan=500 ml approx., *DashmulaKwatha*

Karma basti as followed: for 30 days

NIRUH BASTI INGRDIENTS:

Dashmula kwath-400 ml

Tila Tail-50 ml

Madhu-30 ml

DIAGNOSIS: *DakshinpadGridhrasi(Vataj)*

PROGNOSIS: *Sadhya*

TREATMENT: *Shamanachikitsa-*

KaishorGuggulu 250 mg TDS with milk

Mahavatavidhvansak rasa 125 mg 2 TDS
with jala

Dashmularishta 20 ml TDS After meals with
koshnajala

Gandharv Haritki-2 tabs with koushnjala

SHODHAN CHIKITSA

(PANCHKARMA SCHUDLE):

Total 30 days Karmabasti Table 1

TakraDhara 14 days

PURVAKARMA-Snehana-

Sarvangasnehana-Tila Tail

SWEDANA - Nadhiswedan-

katiPradesh,dakshin pad, Sarvangaswedan.

PRADHANKARMA -Table 1 –Karma basti

Sandhav-5mg

Dashmula Kalka-10mg

OBSERVATION

Characteristic of *Gradhrasi* Pain and
insomnia started decreasing simultaneously

with Karma *Basti* procedures followed on the patient and internal medications given. *Takradhara* worked on the mental condition of the patient. The patient was completely cured and was relieved from symptoms within 2 months.

CONCLUSION

Gridrasi being a *vatavyadi* needs a number of scheduled panchkarma which includes *Basti* as a major contributor, along with various *samana* drugs. A single case study highlighted the systemic effect of *basti* and *saman* treatment or internal medication very effective in treating *Gridrasi*.

REFERENCES

1. www.mayoclinic.com/health/sciatica/DS00516/DSECTION_lifestyle and remedies.
2. www.Webmd.com/back-pain/guide/sciatica-symptom
3. Harrison: Principles of Internal Medicines(2004), 15th International Edition, edited by Eugene Braunwald, Anthony S. Fanci, Stephen L. Hauser, Dennis L. Kasper, Dan L. Longo, J. Larry Jameson and McGraw-Hill – Medical Publishing Division, Vol.- I.
4. Kaya Chikitsa (2007), By Prof. Ajay Kumar Sharma, Chaukhamba Prakshan
5. Joshi S.P., Gridhrasi Chikitsa PG Thesis (GAU), Jamnagar.