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Case Study

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# **AYURVEDIC MANAGEMENT OF GRIDHRASI: A CASE STUDY**

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#### **ABSTRACT**

The disease *Gridhrasi* is a commonly seen problem nowadays. In this disease, there is severe pain and stiffness in *kati*, *prishtha*, *padanguli*. Patient become incapable to do his routine work. *Gridhrasi* is mentioned in *vatavyadhis* by *Acharyas*. *Vata dosha* is mainly responsible for this disease, but *kapha dosha anubandha* is also there. Hence, *Acharyas* mentioned two types of *Gridhrasi* is according to *dosha* involvement viz. *Vataja* and *vatakaphaja*. Patients complaining of *kati prishtha shula*, *chankramana kashtata* regularly visit OPD.A case of *Gridhrasi* visited to OPD of Government Ayurved College, Nanded is discussed in this paper.

**KEYWORDS:** *Gridhrasi*, *vatavyadhi*, *kati prishtha shula*.

## **INTRODUCTION**

Gridhrasi is one of the disease from vata vyadhis.<sup>[1]</sup> 'gridhravat chalate yasmin' is the nirukti for this disease. It means there is Gridhra (vulture) like gait in these patients due to severe pain. Toda (pricking pain), stambha (stiffness), spandana (pulsations) in kati, prishtha region, radiating to back of thigh, popliteal region, calf muscles till feet are the symptoms of Gridhrasi.<sup>[2]</sup> Though Charaka mentioned this in eighty nanatmaja vikara of vata dosha,<sup>[3]</sup> he mentioned involvement of kapha dosha in Gridhrasi. Tandra, gaurava and aruchi are the symptoms in Gridhrasi due to kapha dosha.<sup>[4]</sup> The symptoms of Gridhrasi closely resembles with Sciatica in modern science.

1449

#### **CASE STUDY**

## **Present History**

A male patient aged about 50 years old, farmer, Hindu by religion with complains of

Sr.no	Symptoms	<b>Duration since</b>
1.	Pricking pain and stiffness in right thigh, leg	3 months
2.	Difficulty in walking	3 months
3.	Tingling sensation in right leg	2 months

## Past history

Patient was well before 3 months. Then he started complaining of low back ache on right side, right sided thigh and leg pain. Patient neglected the symptoms and continued his work. Now, because of unbearable pain and difficulty in walking, patient approached to our hospital for treatment.

No H/o any other major medical or surgical illness.

#### **General Examination**

G.C Fair

Afebrile

Pulse - 70/min

BP - 120/80 mm Hg

## Systemic examination

RS – Clear, air entry equal bilaterally

 $CVS - S_1 S_2 Normal.$ 

CNS – Conscious, well oriented.

Personal history:

Diet: ruksha, katu ahara,

Regimen: Ati chankramana, atibharavahana, aatapasevana.

## Ashtwidha Parikshan

Nadi: 70/min

Mala: Vibandha

Mutra: Samyaka

Jivha: Nirama

Shabda: spashta

Sparsha: Anushna, ruksha.

Druka : Prakrita Aakriti : madhyama

## Examination of low back and right leg

Inspection: No swelling noted over thigh, leg.

Palpation: Local temperature – normal

No tenderness over anterior superior iliac spine

Straight leg raising test: (SLR test) –On admission, positive in right leg with 60 degree angle.

## **Pathological Reports:**

Hb - 12.0gm/dl,

WBC- 6500 /mm<sup>3</sup>

E.S.R. (Wintrobe method) - 4 mm at the end of an hour,

BSL (Random) - 78 mg/dl

#### **Treatment Given**

This patient was admitted for 26 days in IPD for treatment purpose.

Sr.No.	<b>Treatment Plan</b>	Treatment	Dose	Duration
1.	Sthanika	Snehana	-	25 days
		Nadi swedana	-	25 days
		Patrapottali sweda	-	25 days
2.	Shodhana	Matrabasti with Sahachara taila	50 ml	15 days
2.	Snoanana	Erandamuladi niruha basti	300ml	12 days
		Siravedha	-	1 day
3.	Shamana	Gomutra + Eranda tailapana	20 ml OD	25 days Morning period
		Parijata patra kwatha	40 ml BD	After food 25 days

#### **DISCUSSION**

Gridhrasi is mentioned in vata vyadhis by Acharyas. It is a common disease found in present era. Due to various vata prakopaka hetu like excess travelling on bike, long time sitting position, ruksha, katu aahara, many people suffer with this disease. A male patient admitted in IPD of Governemnt ayurved college, Nanded was a classical case of gridhrasi. He was having pain and stiffness in right leg upto toes, low back ache in right side of the body, difficulty/painful walking and tingling in right leg. According to classics, the patient presented with symptoms of gridhrasi viz. parshni pratyanguli shula, kati prushtha parshwa

uru janu stambha and shula. Hence diagnosed as Gridhrasi and treatment was given according to dosha involvement.

In *bahya chikitsa*, *snehana* done on *kati*, *prishtha*. '*Marutaghnam*' .i.e. vataghna is the karma of taila, hence, in bahya chikitsa, snehana done with tila taila on right leg, low back.<sup>[5]</sup> After snehana, nadi sweda was given. Reducing of stambha, gaurava is the property of swedana.<sup>[6]</sup> Also, patrapottali swedana was given with shigru patra.

In *shaman chikitsa*, *Chakradatta* mentioned *gomutra* and *eranda tailapana* in *gridhrasi vyadhi*.<sup>[7]</sup> As *eranda taila* is *shreshtha vataghna dravya*, this *yoga* was given to patient in morning period. *Mrudu sanshodhana* is the *chikitsa* for *vata dosha* hence this *yoga* helped in relieving pain of patient which was due to vitiated *vata dosha*.

Sharangdhar Acharya mentioned shefali patra kwatha i.e. Parijataka patra (Nyctanthes arbortristis) kwatha in gridhrasi, this kwatha was given after food twice in a day. [8]

In *shodhana karma*, at first *matra basti* with *sahachara taila* was given for 15 days. There is reduced tingling sensation with *basti* and slight improvement in SLR test.

Then *Erandamuladi niruha basti* (Erand, devdaru, rasna, vacha, hingu) was started to the patient for 12 days. Patient having relief in pain, SLR was almost 90 degree and he could walk for 10 to 15 minutes without taking break. On discharge day, siravedha was done from popliteal fossa. <sup>[9]</sup> About 40 ml of blood was removed, all aseptic precautions were taken and patient was discharged. 15 days follow up time was given to the patient.

RESULT
SLR degree improvement

Date	SLR degree angle in Right leg	SLR degree angle in Left leg
31/12/2016	60	Negative
05/01/2017	60	Negative
10/01/2017	70	Negative
15/01/2017	70	Negative
20/01/2017	80	Negative
25/01/2017	Negative	Negative

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