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Case Study

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A CLINICAL CASE STUDY TO EVALUATE AYURVEDIC MANAGEMENT OF VATA-KAPHAJA GRIDHRASI W.S.R TO SCIATICA

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ABSTRACT

Background: Sciatica is a strike pain, which causes difficulty in walking. The disease 'Sciatica' is named because of involvement of sciatic nerve. Intense pain radiating from the gluteal region down the posterolateral leg to the foot more or less following the distribution of the sciatic nerve is known as Sciatica, which is commonly caused by nerve root compression or irritation. Our Ancient Acharyas had identified this problem long back and named it 'Gridhrasi'. Despite recent advancement in modern neurology, an effective and safe cure for sciatica is still not found, except for giving some temporary relief through analgesics, or surgical interventions. Already the efficacy of ayurvedic drugs and techniques has gained global popularity in

Musculo-skeletal disorders. Aim: To evaluate the effectiveness of Shamshaman Chikitsa to the management of Vatakaphaja Gridhrasi w.s.r. to Sciatica. Materials & Methods: In present case study, a 34year old, diagnosed case of Sciatica with complaints of pricking pain in lower back, buttock and left foot since 4 months which was associated with numbness and stiffness in lower back, buttock and left foot, came at the OPD of National Institute of Ayurveda, Jaipur. The patient of Sciatica was treated with Ekangaveer rasa, Chandraprabha vati, Simhanada guggulu, and Rasnasaptaka kwath. Observations: After a month, the patient's symptoms were assessed, and the results were satisfactory. The patient's overall quality of life had also considerably improved. Conclusion: In managing Gridhrasi, the aforementioned treatment provides symptomatic relief.

KEYWORDS: Vatakaphaja Gridhrasi, Sciatica, Shamshaman Chikitsa.

INTRODUCTION

Pain is the chief cause of visiting a doctor in most patients. This era is the era of lifestyle disorders. In this world of modernization, humans are neglecting their health for achieving their goals. Today's lifestyle and nature of work are putting added tension on the usual health. The aggravating factors such as over exertion, sedentary occupation, jerky movements during travelling leads to low backache. Certain occupations are also directly producing the deformities in the bone, especially the joints of back. The most common musculoskeletal disorder affecting the movement of leg is low back pain. Our Ancient Acharyas had identified this problem long back and named it 'Gridhrasi'. Gait of gridhrasi patient during walking resembles with 'Gridhra' (vulture) and hence the name given to it. Gridhrasi is a Rujapradhan Nanatmaja Vaat Vyadhi, [2] intervening with the functional ability of low back and lower limbs. The cardinal features of Gridhrasi Roga are ruk (pain) starting from sphik (buttock) and then radiates to Kati (waist), Prishtha (back), Uru (thigh), Janu (knee), Jangha (calf), and pada (foot) along with Stambha (stiffness), Toda (pricking pain), Spandana [3] (twitching). Whereas in Vata Kaphaj type of Gridhrasi, Arochaka (aversion to food), Tandra (feeling of drowsiness), and Gaurava (feeling of heaviness) are found additionally. The description narrated in these classics exactly coincides with the description of 'Sciatica'. The disease 'Sciatica' is named because of involvement of sciatic nerve. Sciatica is a disease with neurological symptoms pertaining to sciatic nerve. [4] Intense pain radiating from the gluteal region down the posterolateral leg to the foot more or less following the distribution of the sciatic nerve is known as Sciatica, which is commonly caused by nerve root compression or irritation. [5] The main cause behind the irritation of sciatic nerve is degenerative pathology of inter vertebral disc like bulging, desiccation, prolapse of intervertebral disc. Although sciatica has several causes, compression of lumbosacral nerve is the principle cause. The most common cause of sciatica is a herniated or bulging lumbar intervertebral disc. [6] Despite recent advancement in modern neurology, an effective and safe cure for sciatica is still not found, except for giving some temporary relief through analgesics, or surgical interventions. Already the efficacy of ayurvedic drugs and techniques has gained global popularity in Musculo-skeletal disorders.

MATERIALS AND METHODS

Case report: The National Institute of Ayurveda in Jaipur received a visit from a 34-yearsold male patient who was diagnosed with Sciatica and complained of pricking pain in lower back, buttock and left foot since 4 months which was associated with numbness and stiffness in lower back, buttock and left foot.

Investigation

MRI of lumbar sacral spine: (26/10/2022) – Straightening of dorso-lumbar curvature is seen. Disc desiccation with Diffuse disc bulge is seen at L4-5 level indenting the anterior thecal sac and moderate compression on bilateral sided exiting nerve roots. Disc desiccation with Diffuse disc bulge with ligamentum flavum hypertrophy and posterocentral extrusion is seen at L5-S1 level indenting the anterior thecal sac and severe compression on bilateral sided exiting nerve roots.

Examination of the patient: The patient underwent a general and particular examination in accordance with modern and Ayurvedic practises; the specifics are mentioned in tables 1,2 & 3.

Table no. 1: Ashtavidha pariksha.

1	Nadi	Vata-Kaphaja, 78/minute, regular
2	Mala	Prakruta
3	Mutra	Prakruta
4	Jivha	Nirama
5	Shabda	Spashta (clear)
6	Sparsha	Anushnasheeta
7	Drika	Prakruta
8	Aakriti	Madhyama

Table no. 2: Aaturbala pramana pariksha.

1	Prakruti	Kapha-Vataja
2	Sara	Raktasara
3	Samhanana	Madhyama
4	Pramana	Weight – 62kg, Height – 174cm
5	Satmya	Madhyama
6	Satva	Madhyama
7	Aharashakti	Madhyama
8	Vyayamashakti	Avara
9	Vaya	Yuvavastha
10	Desha	Sadharana

Table 3: Examinations specific to diagnosis locomotor system examination.

	T
	Limping gait
	Discomfort in walking and sitting for long
Inspection	duration
Inspection	No localized swelling
	No varicosities
	Reflexes are intact.
	Tenderness 2 + at L4–L5 region
	Muscle tone–good
Palpation	Muscle power grade–right extremities
	(upper and lower)–5/5
	left extremities (upper and lower)–5/5
	Forward flexion of lumbar spine is limited
	to 10 cm above ground
Range of movement of	Right lateral flexion is limited to 25° with
Lumbar spine (ROM)	pain Left lateral flexion is limited to 20°
	with pain Extension is limited to 10° with
	pain
	SLR (active):
Special test	Left leg: positive at 10°
	Braggard's test: positive at left leg

Personal history

- Diet- Mix
- Appetite- Normal
- Bowel- Normal
- Bladder- Normal
- Sleep- Disturbed due to pain
- Addiction- No any
- Occupation- Student
- Past illness- Not K/C/O any major illness
- Family History- Nil
- Surgical History- Nil

Vital examinations

- Pulse Rate 78/minute, Regular
- Blood Pressure 120/70 mmHg
- Temperature 98.6° F
- Respiratory Rate 18/minute

There were no abnormalities in the respiratory, cardiovascular, or neurological systems. Per abdomen examination was found normal.

Table no. 4: Samprapti ghataka.

1	Dosha	Vata Kapha
2	Dushya	Rasa, Rakta, Asthi, Majja, Sira, Kandara, and Snayu
3	Srotas	Rasavaha, Asthivaha, Majjavaha, and Purishavaha
4	Srotodushti	Sanga
5	Roga marga	Madhyama and bahya
6	Adhisthan	Kati and Prushthavamsha
7	Udbhavasthana	Pakwasaya
8	Vyakta sthana	Sphik, Kati, Prushtha, Uru, Janu, Jangha, and Pada.
9	Agni	Ama, Jathargnimandya, and Dhatvagnimandya
10	Ama	Jatharagni Janya Ama
11	Roga Prakrti	Chirkari

Diagnosis – Vata-Kaphaja Gridhrasi (Sciatica)

Subjective criteria

A. Ruk (Pain) - VAS

Parameters	Score
No pain- Scale reading zero	0
Mild pain complained by patient whenasked – Scale reading >0-3	1
Patient frequently complained of pain andhas a painful	-
look – Scale reading >3-6	2
Severe pain associated with painful criesand agonizing	3
look – Scale reading >6-10	3

B. Toda (Pricking sensation)

Parameters	Score
No pricking sensation	
Occasional pricking sensation	1
Daily frequent moderate pain but not persistent	2
Severe persistent pricking sensation, patient	3
becomes restless	3

C. Stambha (Stiffness)

Parameters	Score
No stiffness	0
Occasionally restricted movements of legs but can do usual work	1
Continuously restricted movements of legs which hamper usual work	2
Unable to walk due to restricted movements	3

D. Gaurav (Heaviness)

No heaviness in body	0
Occasionally heaviness in body at morning and evening subsides without exercise	1
Daily, intermittent heaviness in body at morning and evening, subsides with mildexercise	2
Daily, persistent frequent heaviness in body at morning and evening not subsides by exercise	3

E. Tandra (Drowsiness)

No sleepiness	0
Occasional sleepiness, awaken on external	1
stimulus	1
Daily, intermittent sleepiness, takes few	2
times to awake on external stimulus	2
Daily, persistent, frequent sleepiness, not	2
react/awake on external stimulus.	

F. Arochaka (Anorexia)

Having proper taste and appetite	0
Occasional loss of taste with normal diet	1
Daily, frequent loss of taste with decreased appetite	2
Daily, persistent, frequent loss of appetite	3

G. Spandana (Tremors)

No Spandana	0
Occasional mild Spandana	1
Frequent, daily moderate spandana but not persistent	2
Severe, daily persistent Spandana	3

Objective criteria

Straight Leg Raise test (SLRT)

More than 70^0	0
$61^0 - 70^0$	1
$31^0 - 60^0$	2
Up to 30 ⁰	3

Table no. 5: Treatment Plan: Shamana chikitsa.

S.N.	Drugs	Dose	Time of Administration	Anupana	Duration
1.	Ekangaveer rasa	125mg	After food 2 times a day	Lukewarm water	1 month
2.	Chandraprabha vati	500mg	After food 2 times a	Lukewarm	1 month

			day	water	
3.	Simhanada guggulu	500mg	Before food 2 times	With	1 month
			a day	kwath	
1	Rasnasaptaka	Before food 2 times Lukewarm	1 month		
4.	kwatha		a day	water	1 monu

Table no. 6: Assessment of patient.

S.N.	Type of assessment	Before treatment	After treatment	
	Subjective criteria		After 15 days	After1 month
1.	Radiating pain from lumbar region to left leg	8+ (VAS score)	6+	2+
2.	Stiffness in lower back region and left leg	6+	3+	2+
3.	Tingling sensation in the left leg	3+	2+	1+
4.	Difficulty and pain while walking and bending forward	7+	5+	3+
В	Objective criteria			
1.	SLRT (active)			
	Left leg	positive at 10°	30°	45°
2.	Braggard's test			
	Left leg	Positive	Positive	Negative
3.	Gait	Limping gait	Improve	Improve
4.	ROM of lumbar spine			
	Right lateral flexion	25° with pain	35° with mild pain	35° without pain
	Left lateral flexion	20° with pain	30° with mild pain	35° without pain
	Extension	10° with pain	25° with mild pain	30° without pain
5.	Walking Distance	100m, with severe pain	400m, with moderate pain	500m, with mild pain
6.	Walking duration	5 min taken to walk 100 m	4min taken to walk 100m	3min taken to walk 100m

This finding demonstrates that the management of *Vata-Kaphaja Gridhrasi* is significantly improved by Ayurvedic treatment.

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DISCUSSION

Vedanasthapana Chikitsa (analgesic), Shothahara (anti-inflammatory), and Vata-Kapha dosha pacifying treatment, along with strengthening and nutritional therapy for the various musculatures and structures in the lumbar region and lower extremities, are the treatment philosophies used for the management of this disease condition.

The following can be used to investigate the potential mode of action of the aforementioned Shamana Chikitsa:

- 1. Ekangaveer rasa: Vanga, Naga, Tamra, Abhraka, and Loha are all ingredients in this herbo-mineral substance. The shool/shothhara quality of Tamra, the kostashodhak and rasayana qualities of Loha, and the use of Vanga in nadi dourbalya, which works on the vitiated Gridhrasi nadi. The digestive system, a source of vayu, is maintained by loha, which is kosta shodhak. Naga is regarded as a balya, which means that it both strengthens our bodies and the Gridhrasi nadi. Rasayana is regarded as abhraka. In the herbal section, Nirgundi, Kupilu, and Sahijana are vedana shamakas, while Haritaki is one of the finest vatanulomakas that purges vitiated vayu (relieves pain). Others, like Maricha, Amlaki, Kooth, Aak, etc., have anti-inflammatory, vata kapha hara, shool hara qualities and even regenerative qualities that alleviate the illness. In Gridhrasi roga, the combination of these herbs and minerals is therefore very efficient.
- 2. Chandraprabha vati: There are 37 ingredients of plant and mineral sources in anti-inflammatory and Chandraprabha Vati. Due to its analgesic qualities, Chandraprabha Vati is beneficial for treating conditions like spinal arthritis and lower back discomfort.
- 3. Simhanada guggulu^[7]: Simhanada guggulu, which has potent analgesic, antiinflammatory, and pain-relieving properties due to its bio-active components, provides significant relief from pain and inflammation and lowers the risk of developing chronic autoimmune inflammatory diseases like joint pain, rheumatoid arthritis, and osteoarthritis, which are brought on by the vitiation of Vata Doshas. It is used to address arthritic conditions, painful muscular spasms, sore muscles, and other inflammatory conditions because it is a natural vasodilator.
- **4.** Rasnasaptaka kwatha^[8]: Is possessing a superb Vata Shamaka Guna. All of these herbs, including Rasna, Gokshura, and Eranda, are recognised for their anti-inflammatory,

analgesic, and anti-arthritic action in addition to Aampachana. Some of them, such as Guduchi, Aragvadha, which has Vata-Kapha Shamaka properties and is Mridu Virechaka and helps to relieve constipation and also performs antioxidant activity, are even renowned for their immunomodulatory activity.

CONCLUSION

Sciatica is a serious health condition that affects the locomotor system. As it is closely related to the locomotor system, this condition causes the patient great discomfort and interferes with his everyday activities. The prevalence of sciatica is increasing, and treating it requires a different strategy. Pain, incapacity, and discontent with current treatment options. If we are able to treat such a painful condition using the foundational ideas established by our ancient Acharyas, it will be a tremendous accomplishment. The current case study unequivocally shows that Ayurvedic practises and medications are highly successful in the treatment of sciatica. To achieve the desired effects, though, a thorough grasp of the Pancha Nidana and wise drug selection are necessary. In the current instance, it was discovered that Ekangaveer Rasa, Chandraprabha Vati, Simhanada Guggulu, and Rasnasaptaka Kwatha were effective for Sciatica without causing any negative side effects.

Declaration of patient consent

Authors certify that they have obtained patient consent form, where the patient/caregiver has given his/her consent for reporting the case along with the images and other clinical information in the journal. The patient/ caregiver understands that his/her name and initials will not be published and due efforts will be made to conceal his/her identity, but anonymity cannot be guaranteed.

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