

Ayurvedic Management of Ghridhrasi through Shodhana and Shamana Chikitsa

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Abstract: In Ayurveda, Ghridhrasi is considered to be one of the most common disorders of vata dosha. It closely resembles with Sciatica and is characterized by pain or discomfort associated with sciatic nerve. The prevalence of sciatica varies considerably ranging from 3.8% in the working population. Contemporary medicine has its own limitations giving only short - term relief in pain or surgical intervention with side effects. **Aim and Objectives:** The aim of this study was to access the efficacy of Ayurvedic management including Shodhana and Shamana Chikitsa in Ghridhrasi. **Material and Methods:** It is a single case study. A 40 year old women was diagnosed with intervertebral disc herniation of L4 - L5, correlated with Ghridhrasi of left leg (since 2 year), approached to Ayurvedic Hospital and was treated with Panchakarma treatment including Dashamooladi niruha vasti, kati vastialong with shaman chikitsa. The treatment was continued for one consecutive month. **Results:** Symptomatic assessment of patient was carried out after one month and satisfactory outcome was there and overall quality of life of patient was significantly improved. **Conclusion:** The aforementioned therapy gives symptomatic relief for the management of Ghridhrasi.

Keywords: Ghridhrasi, kala vasti, shamana chikitsa, sciatica

1. Introduction

Pain is a cardinal symptom in most of the *vata vyadhis* and is a main cause of visiting a doctor in most of the patients.

Gridhrasi is a *shoolpradhana vata vyadhi* mainly caused due to vitiation of *vata doshas* and *vata* is the main cause of pain. It is characterized by intense shooting pain which radiates from *sphika* (gluteal region) to *pada* (foot). Movement of limb generally intensifies the suffering. ⁽¹⁾ It is basically of two types, *Vataja* and *Vata - Kaphaja Gridhrasi*. On the basis of symptoms it can be correlated with sciatica in modern science. Sciatica is a neuralgic pain referred to the muscles supplied by the sciatic nerve. Sciatic nerve is the thickest nerve in the body. Sciatic nerve comprises of L4, L5, S1, S2 and S3 nerves. Due to compression of the nerves or nerve roots, the symptoms of sciatica appear. ⁽²⁾

With the changes in life style, low back ache is very common complaint now - a - days in every age group. One of the main causes of low back ache is the intervertebral disc prolapse. In 95% of the lumbar disc herniation, L4 - L5 and L5 - S1 discs are most commonly affected.

The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7 - 9% in non - working population. ⁽³⁾ It is most prevalent in people during their 40s and 50s.

The management provided by the contemporary medicine for this condition is either conservative or surgical in nature, which have their own limitations. ⁽⁴⁾

That is why an elaborate study has been undertaken to have an in depth knowledge about the concept of sciatica in Ayurveda terms.

In Ayurveda different treatment modalities are described that protect the normal health while treating the disease with safe, effective methods and easily available drugs. It includes procedure like *snehana*, *swedana*, *shodhana* and *shamana chikitsa*.

2. Aim and Objectives

The aim of this study was to access the efficacy of Ayurvedic management including *Shodhana* and *Shamana Chikitsa* in *Ghridhrasi*.

3. Material and Methods

For this study, patient of *Ghridhrasi* was registered from OPD of *Kayachikitsa* Department and admitted in female IPD of PKLS Govt. Ayurveda Hospital, Bhopal. The allopathic medicines were stopped during the study period. The registered patient was properly informed regarding the procedures that she would undergo and was admitted in the hospital.

The drugs required for *Panchakarma* procedures were procured and prepared in *Panchakarma* in PKLS Govt. Ayurvedic Hospital, Bhopal.

The duration of the study was one month.

4. Case Report

A 40 years old female patient came with chief complaints of pain in left lumbar region radiating towards left thigh, calf and foot, tingling sensation and stiffness in left lower limb and difficulty in walking since 2 year.

H/O present illness - The patient was healthy before 2 year. Then she started feeling pain in left lumbar region. Slowly it

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started radiating towards lower limb. After sometime the patient started feeling numbness and tingling sensation in left lower limb. She took modern medicines too, but didn't get any relief.

So for the further treatment she came to PKLS Govt. Ayurvedic Hospital and Institute, Bhopal.

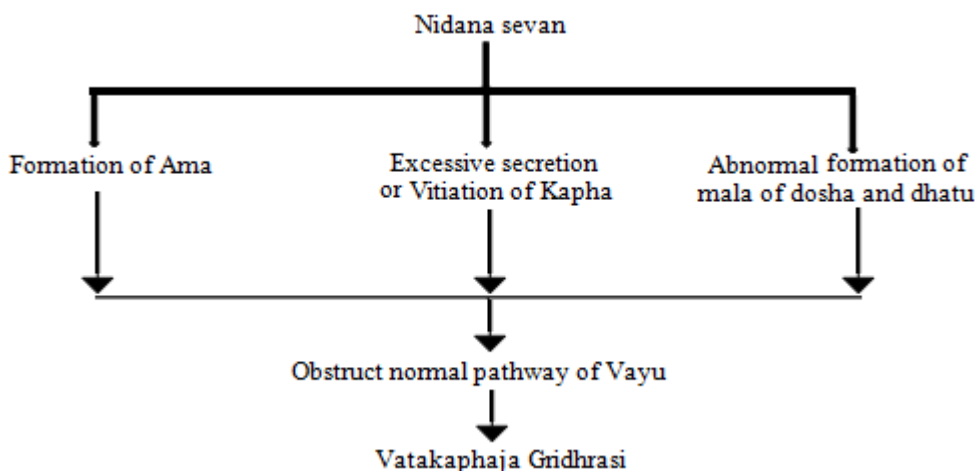
H/O - past illness – There was no any history of DM, HTN or any other major illness or surgery in the past.

Personal history

Name	XYZ
Age	40 yrs
Sex	Female
Occupation	House wife
Marital status	Married
Appetite	Normal
Sleep pattern	Disturbed due to pain
Micturition	Normal
Addiction	None

Family history – not significant

Nidana Panchak –



Samprapti Ghataka

Dosha: vata, kapha pradhan tridosha
Dushya: rasa, rakta, asthi, majja, sira, kandara and snayu.
Srotas: rasavaha, asthivaha, majjavaha and purishavaha.
Strotodushhti: sanga
Agni sthiti: mandagni, vishamagni
Ama: jatharagnijanya, dhatwagnijanya
Udbhavasthana: Pakwashaya
Sanchara sthana: kati and adharanga
Adhithana: kati, uru, janu, jangha, pada.
Vyadhi swabhav: aashukari
Sadhyasadhya: krichasadhya⁽⁶⁾

General Examination

Pallor, icterus, cyanosis, clubbing and odema absent.
 B P = 120/80 mmHg
 Pulse – 70/min
 Spo2 and all vitals were stable.

1) *Hetu* (etiological factors):

Ahara: Ruksha and Katu rasatmaka ahara

Vihara: Systemic vata and kapha prakopa due to *divaswapa, dukhashaya, bharvahana, vegavarodha, atijagrana*, which induces *strotovaigunya*.

Aggravating factor – constipation, age related degeneration.

2) *Purva roopa* (Prodromal symptoms): Stiffness in lower back region and left, low back pain and mild discomfort in left leg.

3) *Rupa* (Manifestation): Pain in lower back region radiating to left leg, stiffness in lower back region and left leg, tingling sensation in left leg, heaviness in both legs, difficulty in bending forward and walking,

4) *Upashaya* (Relieving factors): Rest in supine position and after taking medicine.

5) *Samprapti* (Patho - physiology of the disease): Due to consumption of different types of *Vata* and *Kapha* prakopaka ahara and vihara, *vata dosha or vata - kapha dosha* gets vitiated and gets accumulated in *rasa - raktadi strotasa* and thus produces pain in *kati, prushtha, uru, janu, jangha and pada*. This is known as *gridhrasi*.⁽⁵⁾

Systemic Examination

S. No.	System	Result
1.	CVS	Normal
2.	P/A	Normal
3.	RS	Bilateral lung sounds clear
4.	CNS	Patient was conscious, reflexes normal

O/E –

SLRT – Pain produced at 30° at left lower limb.

Investigations –

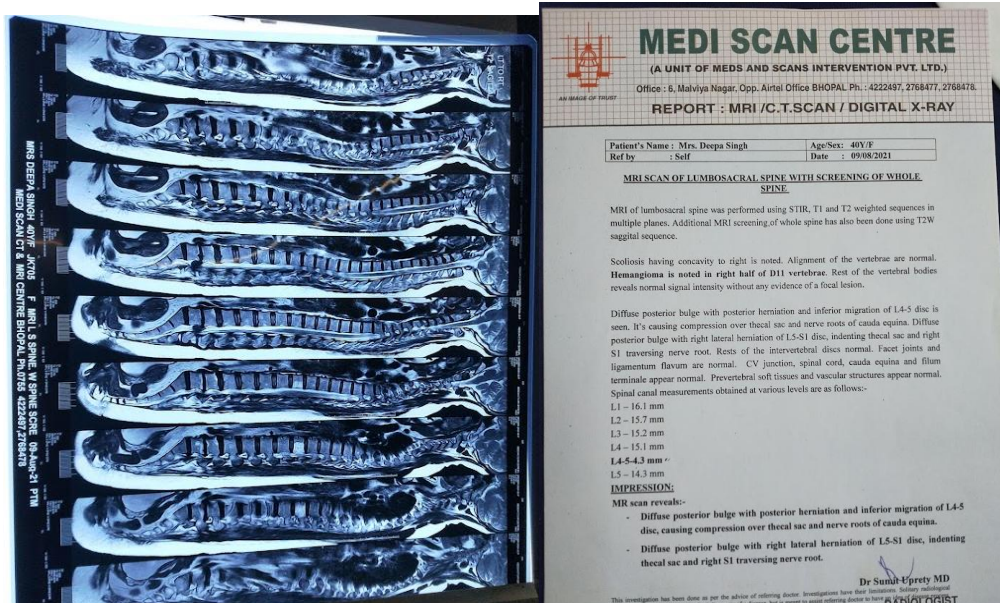
The lab investigations CBP, lipid profile, LFT were normal
 HIV = - ve
 Covid - 19 = - ve

MRI Scan –

The MRI reports revealed diffuse posterior bulge with posterior herniation and inferior migration of L4 - 5 disc, causing compression over thecal sac and nerve roots of cauda equina.

It showed diffuse bulge with right herniation of L5 - S1 disc, indenting thecal sac and right S1 traversing nerve root.

After the examination, this patient was diagnosed as Gridhrasi (Sciatica).



Diagnosis –Vata - Kaphaja Gridhrasi

Treatment Regimen

By analyzing the above pathogenesis of disease in this patient, following treatment plan was prescribed which can be divided into *swedana*, *shodhana* and *shamana* category.

Swedana chikitsa -

1) *Kati basti with Narayan taila*

Shodhana chikitsa -

2) *Kala basti:*

Anuvasana vasti with sahcharadi taila – 60 ml

Niruha vasti with dashmooladi kwatha – 500 ml

Shamana chikitsa -

S. No.	Drug	Dose	Duration
1.	<i>Trayodashanga guggulu</i>	2 BD	1 month
2.	<i>Punarnavadi guggulu</i>	2 BD	1 month
3.	<i>Rasnasaptaka kwath</i>	20 ml BD	1 month

5. Observation and Result

After completing a month of ayurvedic treatment (*shodhana* and *shamana chikitsa*), there was a remarkable relief in the lumbar pain, tingling sensation and stiffness with increased range of movement of spine. Gait of the patient was also improved. The patient got complete symptomatic relief. Assessment of patient was carried out by specific subjective and objective criteria. No radiological investigation was carried out after completion of treatment.

Basti retention time of Kala Basti Plan -

Day	Date	Basti	Aadana kala	Pratyagama kala	Retention time
1.	07/09/2021	Anuvasana	11: 00 a. m.	12: 20 p. m.	1 hr 20 min
2.	08/09/2021	Anuvasana	11: 15 a. m.	01: 00 p. m.	1 hr 45 min
3.	09/09/2021	Niruha	09: 40 a. m.	10: 00 a. m.	20 min
4.	10/09/2021	Anuvasana	11: 00 a. m.	12: 40 p. m.	1 hr 40 min
5.	11/09/2021	Niruha	10: 00 a. m.	10: 15 a. m.	15 min
6.	12/09/2021	Anuvasana	10: 30 a. m.	12: 15 p. m.	1 hr 45 min
7.	13/09/2021	Niruha	09: 20 a. m.	09: 45 p. m.	25 min
8.	14/09/2021	Anuvasana	11: 00 a. m.	01: 20 p. m.	2 hr 20 min
9.	15/09/2021	Niruha	09: 00 a. m.	09: 15 a. m.	15 min
10.	16/09/2021	Anuvasana	10: 00 a. m.	11: 00 a. m.	1 hr
11.	17/09/2021	Niruha	09: 10 a. m.	09: 30 a. m.	20 min
12.	18/09/2021	Anuvasana	10: 00 a. m.	12: 10 p. m.	2 hr 10 min
13.	19/09/2021	Niruha	10: 00 a. m.	10: 20 a. m.	20 min
14.	20/09/2021	Anuvasana	10: 15 a. m.	01: 45 p. m.	3 hr 30 min
15.	21/09/2021	Anuvasana	10: 00 a. m.	02: 00 p. m.	4 hr
16.	22/09/2021	Anuvasana	11: 00 a. m.	01: 45 p. m.	2 hr 45 min

Assessment Criteria

Subjective Criteria:

Type of Assessment	Before Treatment	After Treatment - 15 days	After Treatment - 1 month
Radiating pain from lumbar region to left leg	6+ (VAS score)	4+ (VAS score)	0 (VAS score)
Heaviness in both legs	3+	2+	0
Stiffness in lower back and left leg	3+	2+	0
Tingling sensation in left leg	2+	1+	0
Difficulty and pain while walking and bending forward	6+ (VAS score)	4+ (VAS score)	1+ (VAS score)
Gaseous distension of abdomen	2+	1+	0
Loss of appetite	2+	1+	0
Constipation	2+	1+	0

Objective Criteria:

Type of Assessment	Before Treatment	After Treatment - 15 days	After Treatment - 1 month
Gait	Limping gait	No limping gait	No limping gait
SLRT - Rt. Leg	+ve at 50°	+ve at 70°	Negative
SLRT - Lt. Leg	+ve at 30°	+ve at 60°	Negative
Lasegue's test	+ve	Negative	Negative
Walking distance	100 m with severe pain	200 m without pain	500 m without pain
Walking duration	5 min to walk 100 m	3 min to walk to 100 min	3 min to walk to 100 m

6. Discussion

Gridhrasi is *vata nanatamaja vyadhi* and occasionally *Kapha* is also associated with the *Vata dosha* and produce *Vata - Kaphaja* type of *Gridhrasi*. So, the drugs having *vatahara*, *shoolahara*, *deepana*, *pachana*, *shothahara* and *strotoshodhana* properties may be useful in the treatment of *Gridhrasi*. *Chikitsa sutra* (Principle of Treatment) of *Gridhrasi* involves *vasti karma*, *siravyedha*, and *agnikarma chikitsa*.⁽⁷⁾ The treatment planned for this patient can be divided into *shodhana* and *shamana*. The treatment principles applied for the disease management are *vedanasthapana chikitsa*, *shothahara*, and *vata doshahara chikitsa* along with providing strength and nutrition to the various muscles and structures in lumbar region and lower extremities. The probable mode of action of the aforementioned *shodhana* and *shamana chikitsa* can be explained as follows:

Swedana chikitsa -

Kati vasti with Narayana Taila – *Kati vasti* is a type of *snigdha swedana*. Application of *kati vasti* (L4 - L5 region) was carried out in order to provide nourishment and strength to the affected area. Here due to degeneration of inter - vertebral disc and affected function of *Shleshaka kapha*, results in compression and irritation. *Kati vasti with Narayana taila* is a combination in which, properties of both *snehana* and *swedana* are incorporated, which helps in lubricating local musculature and tissues of nearby affected region and also increases local blood flow which helps to drain out the inflamed exudates.⁽⁸⁾

Shodhana Chikitsa:

Dashmooladi Niruha Vasti followed by *Sahacharadi tail Anuvasana Vasti* – According to *Acharya Charaka*, *vasti* is the best treatment for *vata dosha*.⁽⁹⁾ Since the active principles of *vasti* preparation are absorbed through *Pakwashaya* (intestine) and then spread to various channels of the body that is why *vasti karma* has a systemic action. It reaches the site of lesion and induces systemic effects and gives relief in the disease.⁽¹⁰⁾ *Vasti* helps in removing the *avarana of kapha* over *vata* due to protrusion as well as it

acts on *vata dosha* i. e. *pakwashaya*, which is the prime site of *vata dosha*. It helps in relieving constipation, edema, inflammation and necrosis due to its *strotoshodhana* effect. *Dashmool* is a *tridosahara* drug. *Guduchi* possess *vedanasthapana*, *vataghna* action due to *snigdha and ushna gunas*.⁽¹¹⁾ *Punarnava* possess *kapha - vataghna* action due to its *ushna virya* and has *shothahara* properties.⁽¹²⁾ *Anuvasana vasti with sahacharadi taila* gets absorbed and spread throughout the body up to subtle channels.⁽¹³⁾ *Sahacharadi taila* has a specific property of *gati viseshatvam* (helps in moving) due to its *Madhura and tikta rasa* and have *vatahara*, *bruhana* (nourishing) and *pachana* properties.⁽¹⁴⁾

Shamana Chikitsa:

Trayodashanga Guggulu – The contents of *trayodashanga guggulu*⁽¹⁵⁾ has the properties of *aampachana* and *vatanulomana* which helps in relieving *malbaddhata* (constipation). Due to its *deepana* and *pachana* properties, *tandra*, *aruchi* and *gauravta* are also reduced. It has other properties like anti - inflammatory, anti - arthritic, analgesic, muscle relaxant etc.

Punarnavadi Guggulu – *Punarnavadi guggulu*⁽¹⁶⁾ contains mainly *punarnava*, *erandamoola*, *shunthi*, *guggulu*, *eranda taila* etc. which possess *vata - kaphahara*, *shoolahara* and *anulomaka* properties along with anti - inflammatory, analgesic, muscle relaxant properties and even regenerative properties which gives relief from the disease.

Rasnasaptaka Kwatha – *Rasnasaptaka kwatha*⁽¹⁷⁾ possess an excellent *vata shamaka* property. It has the following contents *rasana*, *amrita*, *aaraghwadh*, *devdaru*, *trikantaka*, *punarnava*, etc. having the property anti - inflammatory, analgesic, anti - arthritic.

7. Conclusion

According to the Ayurvedic Principle of treatment, *shodhana* with *snigdha mridu virechana* followed by *vasti* is the line of treatment of *vata dosha* situated in *adhobhaga*.⁽¹⁸⁾ The overall effect of the aforementioned treatment

reveals that *Gridhrasi* can be treated effectively with collaborative approach of various *Panchakarma* procedures including *kati vasti*, *dashmooladi niruha vasti* followed by *shamana chikitsa* without causing any adverse effects and may be an alternative therapy for sciatica in current era. Now - a - days, there is no need of patient undergoing any surgical intervention as well as there is no recurrence of symptoms.

References

- [1] Professor Ajay Kumar Sharma, 2011, Chaukhambha Orientalia, Varanasi, India, p.35.
- [2] Professor Ajay Kumar Sharma, 2011, Chaukhambha Orientalia, Varanasi, India, p.35.
- [3] Kaila - Kangas L, Leino - Arjas P, Karppinen J, Viikari - Juntura E, Nykyri E, Heliövaara M. History of physical work exposures and clinically diagnosed sciatica among working and nonworking Finns aged 30 to 64. *Spine (Phila Pa 1976)* 2009; 34: 964 - 9.
- [4] Walker B, Colledge N, Ralston S, Penman I, editor. *Davidson's Principles and Practice of Medicine*. 22nd ed. Chapter 26. New York: Churchill Livingstone; 2014. p.1242.
- [5] Sharma PV, editor. *Nidanasthana; Vatavyadhi Nidana Adhyaya. Sushruta, Sushruta Samhita. Chapter 1, Verse 74. Varanasi, India: Chaukhambha Visvabharati; 2005. p.15.*
- [6] Professor Ajay Kumar Sharma, 2011, Chaukhambha Orientalia, Varanasi, India, p.31.
- [7] Professor Ajay Kumar Sharma, 2011, *Charak Samhita, Chikitsa Sthana, Seventh Edition, Vol 2, 28/101, Chaukhambha Orientalia, Varanasi, India, p.33.*
- [8] Khagram R, Vyas H. A clinico - comparative study of Matra basti & Kati basti with Sahacharadi tail in the management of Gridharasi (sciatica). *Worlds J Pharm Pharm Sci* 2016; 5: 729 - 39.
- [9] Sharma PV, editor. *Sutrasthana; Yagyapurushiyadhyaya. Charaka Samhita of Agnivesha. 8th ed. Chapter 25, Verse 40. Varanasi, India: Chaukhambha Orientalia; 2007. p.168.*
- [10] Sharma PV, editor. *Siddhisthana; Bastivyapadasiddhi Adhyaya. Charaka Samhita of Agnivesha. 8th ed. Chapter 7, Verse 64. Varanasi, India: Chaukhambha Orientalia; 2007. p.638.*
- [11] Deshpande AP, Subhash R, editors. *Textbook of Dravyaguna Vigyan (English), Part - 2, A. R. Nandurkar. Shaniwar Peth, India: Proficient Publishing House; 2007. p.271.*
- [12] Deshpande AP, Subhash R, editors. *Textbook of Dravyaguna Vigyan (English), Part - 2, A. R. Nandurkar. Shaniwar Peth, India: Proficient Publishing House; 2007. p.551.*
- [13] Sharma PV, editor. *Chikitsa sthana; Netrabastipramanapra vibhaga chikitsam Adhyaya. Sushruta, Sushruta Samhita. Chapter 35, Verse 27. Varanasi, India: Chaukhambha Visvabharati; 2005. p.527.*
- [14] Tripathi B, editor. *Chikitsa sthana; Vatavyadhi Chikitsa Adhyaya. Vagbhata, Ashatanga Hridaya. Chapter 21, Verse 67-69. Delhi, India: Chaukhambha Sanskrit Pratishthan; 2015. p.510.*
- [15] Mishra S, editor. *Govinddas, Bhaishajyaratnavali; Vatavyadhi Chikitsa Prakarana: Chapter 26, Verse 98-101. Varanasi, India: Chaukhambha Surbharati Prakashan; 2007. p.148 - 9.*
- [16] Vangasena, Vangasena Samhita, edited by Kaviraj Shri Shalligramji Vaishya, *Vatavyadhiadhyaya Adhyaya Shloka 326 - 332, Kamaraj Shri Krishnadasa Prakashana Mumbai, p.351.*
- [17] Mishra S, editor. *Govinddas, Bhaishajyaratnavali; Vatavyadhi Chikitsa Prakarana: Chapter 26, Verse 69. Varanasi, India: Chaukhambha Surbharati Prakashan; 2007. p.142 - 143.*
- [18] Sharma PV, editor. *Chakradatta; Vatavyadhi chikitsa Adhyaya. 1st ed.: Chapter 22, Verse 6. Delhi, India: Chaukhambha Orientalia; 2007. p.183.*
- [19] Nykyri E, Heliövaara M. History of physical work exposures and clinically diagnosed sciatica among working and nonworking Finns aged 30 to 64. *Spine (Phila Pa 1976)* 2009; 34: 964 - 9.