Ayurvedic Management of Gridrasi- A Case Report

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ABSTRACT

Gridrasi is a vatavyadhi of the shoola pradhana in nature. It can be identified by a particular sort of radiating pain that originates in the lumbosacral area and travels over the posterior surface of the buttock, thigh, knee, calf, and foot. The patient complained of pain in the low back region which was radiating along the left leg to the toes since 1 year. On detailed examination the patient was diagnosed as Vatakaphaja gridrasi. The condition was assessed with Roland-Morris low back pain and disability questionnaire and Oswestry Disability Index. To know the level of severity of the disease and to assess the improvement in the condition after treatment. Bhadrarvadi kashayam internally and Brihat saindhavadi taila matra basti was given for 14 days. There was a marked improvement in the condition of the patient worth reporting.

Keywords: Bhadrarvadi kashayam, Brihat saindhavadi taila, Gridrasi, Matrabasti, Sciatica

INTRODUCTION

The commonest cause of sickness-related absence from work is due to pain in low back. The prevalence of sciatica over the course of a lifetime ranges from 13% to 40%.¹ Gridrasi is mentioned in Maharogadhyaya in Caraka Samhita.² Vata Dosa is the main cause of gridrasi. Gridrasi can be divided into two varieties: vataja and vatakaphaja. It can be grouped according to symptoms. The vataja variety causes symptoms like ruk, toda, stambha, and spandana, whilst the vatakaphaja variety leads to additional symptoms including tandra, gaurava, and arochaka.³ In Susruta Samhita the lakshana (classical feature) of gridrasi was explained in nidana sthana, specifying sakthiksepa nigraha which can be compared with the present-day Straight Leg Raising test (SLR).⁴

CASE DESCRIPTION

A female patient aged 24 years from Chennai unmarried, IT professional and having no special habits reported to Kayachikitsa OPD of Sri Jayendra Saraswathi Ayurveda College and Hospital, Chennai, with complaints of pain in low back region radiating along the left leg to toes for 1 year. The patient also complained of intermittent dull aching pain.
HISTORY OF PRESENTING CONDITION

The patient was having ruk, stamba, toda, and gaurava. The pain was intermittent and dull aching in nature. It was sudden onset. She had a history of falling on the staircase 2 years back. As she did not have any major discomfort no treatment was undertaken. Now the pain was increasing on traveling and sneezing/coughing. On taking rest patient experienced good relief for a short period.

PERSONAL HISTORY

The patient was consuming a mixed diet. The ahara intake was madhura rasa pradhana and guru guna pradhana. She was on a sedentary lifestyle, doing a job that required being seated more than 10 hours a day. Used to consume 4-5 coffee per day. The menstrual cycle was regular.

TREATMENT HISTORY

The patient has not undertaken any medication for the same condition before.

GENERAL EXAMINATION

Blood pressure- 130/86 mmHg
Respiratory rate- 20/min
Edema- absent
Icterus- absent
Clubbing- absent
Cyanosis- absent
Pallor- absent

ASHTAVIDHA PAREEKSHA

Nadi: Vatakapha
Mutra: 6-7 times/day
Mala: regular
Jihwa: lipta
Shabda: madhyama
Sparsha: anushna sheeta
Drik: madhyama
Akriti: sthula

EXAMINATION

Table 1: Examination before treatment

<table>
<thead>
<tr>
<th>TESTS</th>
<th>RIGHT LEG</th>
<th>LEFT LEG</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLR test</td>
<td>Negative</td>
<td>Positive</td>
</tr>
<tr>
<td>EHL power</td>
<td>Grade 4</td>
<td>Grade 3</td>
</tr>
<tr>
<td>FHL power</td>
<td>Grade 4</td>
<td>Grade 3</td>
</tr>
<tr>
<td>Bragard’s test</td>
<td>Negative</td>
<td>Positive</td>
</tr>
</tbody>
</table>

Hematological assessment: CBC, ESR, RBS, and Hb% were done before treatment. All the parameters were normal.
The pain score on the Visual Analogue Scale was 4 before treatment.

Roland Morris low back pain and disability questionnaire scoring before treatment was 8.

Oswestry low back pain disability questionnaire scoring before treatment was 36%.

INVESTIGATION

MRI of LS spine with whole spine screening report shows:

- Mild lumbar spondylotic changes with small posterior osteophytes.
- L3-L4 level: Posterior and left paracentral annular bulge with annular tear seen causing mild indentation of the left sided transversing nerve roots.
- L4-L5 level: Posterocentral and bilateral paracentral herniation with annular tear seen involving the L4-L5 intervertebral disc, causing spinal canal and bilateral lateral recess narrowing, indenting the bilateral transversing L5 nerve roots, more on the left.

MANAGEMENT

<table>
<thead>
<tr>
<th>AUSHADA</th>
<th>MATRA</th>
<th>ANUPANA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trikatu choornam⁵</td>
<td>3 gm (B/F) morning and evening</td>
<td>Warm water</td>
</tr>
<tr>
<td>Bhadraradavadi kashayam⁶</td>
<td>50 ml kashayam (B/F) morning and evening</td>
<td>-</td>
</tr>
<tr>
<td>Brihat saindhavadi taila⁷</td>
<td>70 ml</td>
<td>Shatapushpa choornam and saindhava lavana (1gm)</td>
</tr>
</tbody>
</table>

Initially, Trikatu churna was administered for 3 days for deepana and pachana. Then from day 4 Bhadraradavadi kashayam was administered orally and Brihat saindhavadi taila matra basti was done for 14 days after local abhyanga and nadi swedana. The Brihat saindhavadi taila was used for abhyanga.

OUTCOME ASSESSMENT

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<td>Negative</td>
</tr>
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</table>

The pain score on the Visual Analogue Scale (VAS) was 0 after treatment and during treatment. Roland Morris low back pain and disability questionnaire scoring after treatment was 3 and during follow-up, it was 2.

Oswestry low back pain disability questionnaire scoring after treatment was 11% and during follow-up, it was 8%.
DISCUSSION

Initially, Trikatu churna was given internally along with hot water in the morning and evening before food for deepana and pachana purposes. Then Bhadraradvadi kashaya (50 ml) internally and matra basti with Brihat saindhavadi taila (70 ml) added with satapushpa churna and saindhava lavana (1gm) was given for 14 days. Local abhyanga was done with Brihat saindhavadi taila followed by nadi swedana before administering matra basti. Snehanam alters metabolism and stimulates vasodilation, which improves blood circulation. Stambha (stiffness), gourava (heaviness), and sheeta (coldness) are eliminated from the body by swedana procedure. Through fomentation, the circulation is boosted due to the vaso-dilatation action, which reduces muscle spasms and tension. Diseases brought on by dosas with vata predominance or vata alone are best treated with basti. Bhadraradvadi kashaya was prepared using the kwatha churna.

The weakness of Jataragni gives rise to illness. The medications which are deepana and pachana in nature present in the kashaya aid in ridding samprapti gataka of the illness by addressing the jataragni. The vatahara characteristic of Bhadraradvadi kashayam is well acknowledged. Any type of pain is caused by vata dosa. Addressing the vata dosha helps in the reduction of pain to a considerable level.

Due to the vata predominance in this condition, matra basti was recommended, as it can also be performed without adhering to any specific regimental rules. Most of the ingredients in Brihat saindhavadi taila are lavana, katu, and tikta rasa. To exert the effects of ingredients of the taila, Erandataila, the base potentiator by its sukshmaguna and yogavahitva, obtains the characteristics of activators and enters dhatu. Vata and kapha, the two main doshas associated with the illness, are also balanced by the drugs employed in taila.

CONCLUSION

In modern science, 'Gridrasi nadi/dhamni' can be associated with the Sciatic nerve and 'Gridrasi' with the condition Sciatica. Badradarvadi kashayam acts by correcting the jataragni, addressing the vata dosa mainly thus, relieving the pain significantly. Basti karma is a popular healing practice in Gridrasi. Matra Basti is a subset of Sneha Basti that performs brimhana and vatarogahara. Matra Basti is so simple that it can be performed at the O.P.D. level. The condition of the patient improved well.

Declaration of patient consent

The authors certify that they have obtained all patient consent forms. In the form, the patient has given his consent for her images and other relevant clinical information to be used in the journal.

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