



## A Clinical Case Report-*Lekhana Basti* and *Kati Basti* in *Gridhrasi* w.s.r *Sciatica*

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### ABSTRACT:

**Background:** *Gridhrasi* is one of the most common disorders of *Vata*, which closely resembles with sciatica, which is characterized by pain or discomfort associated with sciatic nerve. The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7.9% in the nonworking population. Contemporary medicine has limitations giving short-term relief in pain or surgical intervention with side effect.

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

**Materials & methods:** A male patient aged 43years who was already diagnosed with intervertebral disc prolapsed in L4-L5, correlated with *Gridhrasi* 3years approached to our hospital and was treated with Panchakarma treatment including *Lekhana basti*, *Kati vasti*, and *virechana* along with *Shamana Chikitsa*. The treatment was continued for consecutive one 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 *Gridhrasi*.

**Keywords:** *Sciatica*, *Gridhrasi*, *Obesity*, *Lekhana basti*, *Katibasti*

### INTRODUCTION

Life style has a major role in the causation of plethora of illness, and the *Gridhrasi* leads the list. Owing to the growing needs, everyday life of man has changed drastically and there seems no end to this revolution. The

modern era decisively demands speed and accuracy in once aptitude as well as activity for mere survival. To cope up with the situation each and every person in the population at large ought to face hectic competitive stressful life.



Consequently, no surprise if one ignores the mandatory routine healthcare, and hence, it is impossible to expect hale and health amongst people in such weird state of affairs. Irregular food habits, suppression of natural urges, lack of proper sleep and less time for relaxation are the enforced part of present life and also these are the factors favouring ill health. Somewhere with in the core of this lifestyle prevails the unique cause of *Gridhrasi*, which is also known by the name *Sciatica* in the realm of medicine. *Gridhrasi* is a condition where the patient experiences pain primarily in the *sphik pradesha* which later radiates to kati and to leg through the posterior aspect of uru, janu, jangha and pada where the patient finds difficulty in extending the leg. *Atyadhva, ati yana, vyayama, vyavaya, dhavana, pidana, plavana, bharavahana* etc are some of the causative factor for this disease. Identical to this, *Sciatica* is characterized by low back ache radiating down to legs and anterolateral aspects of foot, hence is unerringly equated to *Gridhrasi*

Case is diagnosed with following criteria

1. Limping gait
2. Pain in low back region radiating to left leg
3. Stiffness
4. Difficulty and pain while walking and bending forward
5. Discomfort in walking/sitting
6. Tenderness
7. Muscle power
8. Range of movements
9. SLR test
10. Bragards test

In the practice of conventional medicine the treatment of *Sciatica* is limited to analgesics, anti inflammatory drugs, physiotherapy as well as surgical intervention in extreme cases. Matchless to the cost of these treatments the response is never complete. In addition to this relapse of the illness greatly enhance the gravity of the problem. *Gridhrasi* is enlisted as one among the *Vatavyadhi* in *Ayurveda*. Various treatment modalities like *Snehana, Swedana, Virechana, Basti* etc are said to be efficacious.

## CASE HISTORY

Main complaints : Low back pain radiating to both lower limbs since 3years Difficulty in sitting standing and walking since 1year Pain aggravates on coughing since 1year

A male patient aged 43years old was apparently alright 3years back. He gradually noticed the low back pain during

his physical activities and further radiating to left lower limb initially and later migrated to right side and radiating pain to both lower limbs. Now since 1year patient is feeling difficulty in sitting standing and walking for long time. And also patient has aggravation of pain on coughing since 1year.

**Past history/treatment history:** He has been treated for the same and advised for spine surgery.

### Personal history:

Appetite- good

Bowel-constipated, twice daily , incomplete evacuation

Micturition- NAD

Sleep- disturbed since 3months due to pain

Habbits- absent

### General Examination:

Built & nourishment- obese

Pallor- absent

Cynosis/icterus/clubbing/edema/lymphadenopathy- absent

Pulse rate- 72bpm

BP- 130/70mmhg

Weight- 96.5kgs

Temperature-98° F

Tongue- non coated

### Diagnostic criteria

1. Limping gait
2. Pain in lowback region radiating to left leg
3. Stiffness
4. Difficulty and pain while walking and bending forward
5. Discomfort in walking/sitting
6. Tenderness
7. Muscle power
8. Range of movements
9. SLR test
10. Bragards test

## ASSESSMENT CRITERIA:

### Subjective criteria:

Pain in low back region radiating to both lower limbs (left>right)

1. Stiffness
2. Difficulty & pain while walking & bending forward.
3. Discomfort in walking & sitting.

### Objective Criteria:

1. Limping Gait
2. Tenderness
3. Muscle Power

4. SLR TEST
5. Bragards Test
6. Range of movements
7. Body weight

#### Treatment Given:

Patient treated as IP

1. *Chitrakadi vati* 0-4-4 b/f for 3days for *deepana pachana*
2. *Snehapana with Guggulu tiktaka Ghrita* in empty stomach for 3days

1<sup>st</sup> day- 50ml

2<sup>nd</sup> day- 100ml

3<sup>rd</sup> day- 150ml

3. *Sarvanga abhyanga* with *mahanarayana thaila* followed by *bashpa sweda* for 3days
4. *Virechana with Trivrit leha* 45gms with milk morning in empty stomach
5. *Katibasti* with *Vishagarbha thaila* for 7days from day 1 to day 7
6. *Lekhana basti* after *samsarjana karma* for 7days

7. **Duration of the study:** 25 days.

8. **Shamana :**

- *Chitrakasava* 15ml TID
- *Trayodashanga guggulu 1-1-1*
- *Flexy Linament L/A*
- *Avipattikara churna* 1tsf at night

**Follow up 1:** 30 days.

**Follow up 2:** 45days

#### Investigations:

All routine haematological investigations done. (All report were WNL)

#### RESULTS-(Table 1)

#### DISCUSSION:

*Gridhrasi* is a condition which is caused by the vitiated *vata* afflicting the *snayu and kandra* resulting in difficulty in walking and also restricted movements of the spine. *Gridhrasi* can be related to *Sciatica* in contemporary sciences where the patient experiences pain in the lumbosacral region and also in the course of *Sciatic nerve*. This may be associated with tingling sensation or numbness in the leg. *Gridhrasi* is one among the *Aseeti*

*Nanatmaja Vatavikara* and it is included in *Vatavyadhi* also. No specific etiological factors and *poorvarupa* are mentioned for *Gridhrasi* as such. So the etiological factors of *vata prakopa* and the etiological factors of *Vatavyadhi* can be considered as the *nidana for Gridhrasi*. In clinical practice also we can very well relate the *nidana* of *Gridhrasi* similar to that of *Vatavyadhi nidana*.

*Virechana* helps in detoxification and *amavastha* of the disease Will be treated with *deepana pachana* by which *sthambha* remitted. *Lekhana basti* helps to treat *medoroga* like *sthoullya and sthoulya* is one of the cause for *gridhrasi* as extra weight creates pressure on the spine which further leads to herniation and protrusion of disc which will be cause for low back pain. *Katibasti* can be considered as *sthanika snigdha sweda as swedana* which relieves *sthambha* and helpful in *vatakaphaja gridhrasi*.

#### CONCLUSION

Diagnosis of *Gridhrasi* is key factor for the proper treatment protocol. As it is having involvement of *vata* and also *ama*, hence both *chikitsa siddhanta of vatavyadhi* and *ama* is preferred. *Gridhrasi* associated with *sthoullya* is most compatible to tackle with ayurvedic management hence *medohara chikitsa* comprises complete treatment in the present case.

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**Conflict of Interest –None**

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**Table 1 Shows Results**

SL NO	Parameters	BT	AT	
			After 30days	After 45days
1	Limping gait	Present	Negative	negative
2	Pain in low back region radiating to both lower limbs(Lt >Rt)	6+(VAS score)	4+	0
3	Stiffness	3	1	0
4	Difficulty & pain while walking & bending forward	6	4	1
5	Discomfort in walking & sitting	Present	Absent	Absent
6	Slr test RT	40(positive)	70	Negative
	LT	30(positive)	60	Negative
7	Bragards test Rt	Negative	Negative	Negative
	Lt	+	-	-
8	Forward flexion	20cm above ground	15cm above ground	15cm above ground
9	Rt lateral flexion	35° with pain	35° without pain	35° without pain
10	Lt lateral flexion	30° with pain	35° without pain	35° without pain
11	Extension	10°with pain	20°without pain	20°without pain