ABSTRACT:

Gridhrasi is one of the “Nanatmaja Vyadhis: of vata”. Improper sitting postures continuous and over exertion, jerking movements during travelling and sports produce structural abnormality in spinal cord. Vata is the prime dosha in the causation of Gridhrasi. The vitiated vata dosha get localized in the sphik, kati region. Occasionally it will be associated with kapha producing vata kaphaj Gridhrasi. Gridhrasi is pain dominant vyadhi so it causes major discomfort to the patient. Pain originates in lumbosacral region and radiate down to tip of legs through posterior aspects of thigh, knee and calf region. Sciatica nerve compression is the main cause of this. Pain creating a major discomfort to the patients. Gridhrasi is cured by the help of shaman chikitsa. Hence in the case study of male patient of age 48 yrs presenting with cardinal clinical sign and symptoms of Gridhrasi are Ruka, Toda, Stambha and Muhu Spandana in the Sphika, Kati, Uru, Janu, Jangha and Pad in order and Sakthikshepanigraha that is restricted lifting of the leg.

Keywords: Gridhrasi; Shaman Chikitsa; Vata Dosha; Ayurvedic medication

INTRODUCTION
The symptoms of gridhrasi initially affect spick (buttock) as well as posterior aspect of kati (Lumbar) and then gradually radiates to posterior aspect of Uru (thigh), Janu (knee), Jangha (calf) and pada (foot). Acharya Sushruta views when two kandra in the leg gets affected with vata dosha, it limits the extension of leg, resulting in Gridhrasi. The symptoms are- Stambha (Stiffness), Thoda (Priking sensation), Rak (pain), Muhuspandan (Tingling). In Vataja- Kaphaja there are types of Gridhrasi- Tandra, Gaurava (heaviness) and Arochaka. Sciatica is also known as sciatic neuritis, sciatic neuralgia or lumbar Radiculopathy when pain is felt going down the leg from the back.

Case report:

History of personal illness:
A male patient aged 48yrs came with the complaints of pain starts from lumbar region to foot and then gradually radiates to posterior aspects of thigh, knee, calf and both legs tingling sensation, difficulty in walking, sitting, standing, numbness, but from 2 month patient increase the severity of symptoms. The present case study is successful ayurvedic management of a case of Gridhrasi (Sciatica).

2. Chief Complaints: Duration
1) Radiating pain from lumber, thigh, knee, calf, foot region since 20 days
2) Tingling sensation in both foots since 3months,
3) Difficulty in walking since 2 months,
4) Difficulty in sitting & standing since 2 months
5) Numbness in both legs since 20 days.

3. Astavidha Pariksha
Nadi (pulse) = 78/min.
Mala (stool) = awastambha (constipation)
Mutra (urine) = 4-5 times in a day (pale yellow)
Jeeva (tounge) = saam (coated)
Druka(eyes) = prakrut
Shabda (speech) = Normal
Akruti = Samanya
spharsh = smshitoshna

4. Vital symptoms:
Blood Pressure = 120/70 mm/Hg
Respiratory rate = 74/min
On physical examinations patients Straight leg rise (SLR) test was positive in both legs (L>R) at 60 degrees in right leg and 45 degrees in left leg. The MRI findings showed straightening of normal lordosis, desiccative disc changes at L4,L5-S1 level, mild diffuse disc bulge at L4-5 level causing thecal sac indentation, nerve compression.

MATERIALS AND METHODS
It is a single case study. Informed consent was taken from the patient in his own language.
Centre of study: Govt. ayurved hospital, anusandhan kendra, gulab bagh, Udaipur
Method of sampling & study design: Simple randomized single case study

Shodhana chikitsa:

<table>
<thead>
<tr>
<th>S.NO.</th>
<th>Type of chikitsa</th>
<th>Drugs</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Kati basti</td>
<td>Bala tail + nirgundi oil</td>
<td>15 days</td>
</tr>
<tr>
<td>2.</td>
<td>Karm basti</td>
<td>Hingu trigun tail</td>
<td>15 days</td>
</tr>
<tr>
<td></td>
<td>Anuvasan basti</td>
<td>Arandmuladi kwath</td>
<td>15 days</td>
</tr>
<tr>
<td></td>
<td>Niruh basti</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Case Study

Saman chikitsa:

<table>
<thead>
<tr>
<th>S.no.</th>
<th>Drugs</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rasraj ras</td>
<td>100mg</td>
<td>15 days</td>
</tr>
<tr>
<td>2</td>
<td>Punarnava mandoor</td>
<td>500mg</td>
<td>15 days</td>
</tr>
<tr>
<td>3</td>
<td>Ekaangveer ras</td>
<td>250 mg</td>
<td>15 days</td>
</tr>
<tr>
<td>4</td>
<td>Praval pishti</td>
<td>250 mg</td>
<td>15 days</td>
</tr>
<tr>
<td>5</td>
<td>Naarsing churan</td>
<td>2gm</td>
<td>15 days</td>
</tr>
<tr>
<td>6</td>
<td>Triyodashang gugglu</td>
<td>2 tab b.d.</td>
<td>15 days</td>
</tr>
</tbody>
</table>

**Kati Vasti with Bala taila + Nirgundi taila** : *Kati Vasti* is a type of *Snigdha Swedana*. Application of *Kati Vasti* (L4-L5-S1 region) was carried out to provide good nourishment and strengthen the affected part due to protrusion and alleviated *Vatavyadhi*. In this, there is degeneration of Shleshak kapha is affected, which result in compression and irritation. *Kati vasti* with *Bala taila* and *nirgundi taila* is a unique combination in which, properties of both *snehana* and *swedana* are incorporated, which helps to lubricate local musculature as well as tissue of nearby affected region and also increases local blood flow that help to drain out the inflamed exudates.

**Erandnmuladi kwath Niruha Vasti followed by Hingutriguna taila Anuvasana Vasti**: Vasti is the best treatment for *Vata dosha* as per Acharya Charaka. Vasti has systemic action as the active principles (*Virya*) of Vasti preparation are absorbed through *Pakwashaya* (intestine) and spread to various channels of the body. It reaches at the site of lesion and induces systemic effects and relieves the disease. *Vasti* helps to remove *Kapha Avarana* over *Vata* due to protrusionas well as it acts on *Vata dosha*, that is, *Pakwashaya*, which is the prime site of *Vata dosha*. It relieves constipation as well as helps to relieve edema, inflammation, necrosis due to its *Srotoshodhana* effect by *Vata kaphahara* properties of *Kwatha* drugs. *Erandmula* is *Tridoshahara*. *Guduchi* is having *Vedanasthapana*, *Vataghna* action due to *Snigdha* and *Ushna* gunas, cause stimulation of *dhatvagni* by its *tikta rasa* and provide nutrition to the dhatus by *Madhura vipaka*. *Punarnava* is having *Kapha vataghna* action due to *Ushna virya* and also having *Shothahara*, *Rasayana* properties. *Anuvasana Vasti* with *Sahachara taila* get absorbed and spread throughout the body up to subtle channels. *Hingutriguna taila* is having specific property of *Gati visesha* (helps to move) due to its *Madhura* and *tikta rasa* and having *Vatahara*, *Bruhana* (nourishing), and *Pachana* properties. By taking all the aforementioned discussion into consideration that the overall effect of all treatment regime planned in this patient induces *Vatashamana*, *Srotoshodhana*, and *Shothahara* effects, that is, it can be used as an excellent analgesic, anti-inflammatory, and nutritive therapy for such degenerative entity.

**CONCLUSION**

As per the Ayurvedic treatment principle, *Shodhana* with *Snigdha mridu virechana* followed by *Vasti* is the line of treatment of *Vata* situated in *Adhobhaga*. The overall effect of the aforementioned therapy reveals that sciatica can be cured effectively with collaborative approach of various *Panchakarma* procedures including *Erandmooladi Niruha Vasti*, *Kati Vasti* along
with *Shamana Chikitsa* without causing any adverse event and it may be an alternative therapy for sciatica in current era. Now till date there is no need to patient to undergo any surgical intervention as well as there is no recurrence in symptoms. This study is about the presentation of the single case only. An attempt must be made for further exploration of effect of these *Panchakarma* therapies in large population for establishing standard treatment protocol. To combat the disease in minimum duration, we have used multi treatment approach to get synergistic.

**Acknowledgment:** Nil.  
**Financial Support:** Nil.  
**Conflict of Interest:** Nil

**REFERENCES**