

Review of Researches on Gridhrasi (Sciatica) at IPGT & RA, Jamnagar

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Abstract

Not available.

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Introduction

Gridhrasi (Sciatica) one of the important disorders affecting the locomotor system is increasing day by day in present scenario. This condition considerably reduces the social and professional activities in fast moving life of the people. As per Ayurvedic classics *Gridhrasi* is a debilitating disease which can be compared with sciatica in modern parlance. In this condition, pain is experienced along the course and distribution of sciatic nerve. The disease sciatica is now become well known even among the common people. The disease *Gridhrasi* is said to cause an abnormal throwing action in the affected leg. By this abnormality and because of the persisting

severe pain the patient has a typical gait (slightly titled towards the affected side & affected leg in slightly flexed position whereas other leg is extended) resembles with the gait of vulture and hence the name *Gridhrasi* is given to this unique illness. The pain in *Gridhrasi* is of the deep piercing type, presumed to be similar as Gridhra (Vulture) piercing its beak deeply in the flesh & then drawing out forcefully causing severe pain. Just like that the word *Gridhrasi* is suggestive of the typical character of pain and gait of the patient.

Definition

Gridhrasi is a Vatavyadhi characterized by Stambha (stiffness), Ruka (pain), Toda (pricking pain) and Spandana (frequents tingling) sometimes accompanied by Tandra, Gaurava, Aruchi. These symptoms initially affect Sphik (buttock) as well as posterior aspect of Kati (waist) and gradually radiates to posterior aspects of Uru (thigh), Janu (knee), Jangha (calf) and Pada (foot)[1]. Acharya Sushruta opines that there are two Kandara in the leg that get afflicted with Vata Dosha and limit the extension of the leg[2]. Acharya Harita opines that *Gridhrasi* originates due to

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vitiation of Vyana Vayu which is responsible for all the types of voluntary movements i.e. expansion, contraction, upward, downward and oblique. Gridhrasi is counted in 80 Nanatmaja Vata Vyadhi. Acharya Charaka categorises it in to two types i.e. Vataja and Vata-Kaphaja type. Hence, it is obvious that Vata Dosha is chief causative factor but Kapha can also be present in Anubandh to Vata.

On the basis of symptoms of Gridhrasi [Toda, spandana, graham, stambha and vedana from Kati-Pradesha to Padanguli (foot)] can be equated with the disease sciatica in modern parlance. The term sciatica is derived from the Greek word "ischiadikos" ("ischion" in French, "sciaticus" in Latin) means pertaining to or located near the ischium. Sciatica is a painful condition in which pain commences from the buttock and radiates down to the lower extremity along its postero-lateral aspect, more or less comprising of the area of sciatic nerve distribution. Moreover, the modern treatment of sciatica is not considered very satisfactory and includes use of analgesics and some surgical procedures which is often associated with many adverse effects. Ayurveda has the answer for Gridhrasi and it can be managed by para-surgical measures like Agnikarma, Siravedha and with the use of systemic application of Shodhan and Shaman Chikitsa without any fear of adverse effect.

Aims & Objective

- Review of researches on Gridhrasi (Sciatica) at IPGT&RA, GAU, Jamnagar.
- To know the better treatment protocol for Gridhrasi by holistic approach.

Material & methods

The titles of theses are procured from 'Ayurveda Research Database 3rd edition' on all PG/PhD theses carried out at I. P. G. T. & R. A.[3].

Method

Hand Search

All the theses were collected manually from Dept. of Shalya Tantra & Kayachikitsa of Institute for Post Graduate Teaching & Research in Ayurveda. The procured theses were reviewed in detail scientifically.

Observations

Total 6 clinical trials were conducted at I.P.G.T. & R.A., GAU, Jamnagar on Gridhrasi and those theses may be appraised as follows.

Dr. Manoranjan Sahu, et.al. (2002):[4]

A comparative study was conducted with Rasna Guggulu along with the Shodhana therapy. In this study total 25 patients of diagnosed cases of Gridhrasi studied into two groups.

Methodology

Group-A: Shodhana group (10 Patients)

Samyak snehana and swedana was done to all 10 patients with sneha-virechana by 50 ml of eranda taila along with 50 ml of nirgundi patra swarasa. After samsarjana karma, siddha basti of vrihat panchamula kwath, pippali, yasthimadhu kalka, honey, saindhava and tila taila was given for 8 days once daily and rasna guggulu orally for 30 days. Mridu abhyanga and nirgundi patrapinda sweda was given daily.

Group-B: Shamana group (15 Patients)

Rasna guggulu tablet of 500 mg twice a day with water for 30 days was given. Mridu abhyanga and nirgundi patra pinda sweda was done daily along with internal medicine.

Results

The study showed that overall effect of shodhana with shamana chikitsa was found better in comparison to only shamana chikitsa with drug. In this study the basti therapy has shown beneficial effect in correcting the dushti of doshas, dushyas and srotas as well as it was shown beneficial effect on the signs and symptoms of the Gridhrasi. Shamana therapy with rasna guggulu provided better result also in all signs and symptoms but percentage wise found low in comparison to shodhana chikitsa. So it is justified from this study that shodhana should be done prior to giving internal medicine in cases of Gridhrasi. Muridu virechana with sneha is found much efficacious in this disease.

Dr. Ranjan Kumar Shahi et.al. (2002):[5]

A comparative study was conducted with Agnikarma and Matra Basti in Management of Gridhrasi (Sciatica). In this study total 18 patients of Gridhrasi were studied into two groups of 9 patients in each group.

Methodology

Group-A: Single sitting of Agnikarma was performed at Antara Kandara Gulph Madhyo (Four angulas above the Gulpha in back of afflicted limb).

Group-B: 60-70 ml Matra Basti of Nirgundi oil (Nirgundi Patra Kalka -1part, Nirgundi Patra Kwath -24 part and Tila Taila -6part) was given up to 21 days daily.

Results: 100% relief was observed in features of stambha, ruka, toda and gaurav in patients of group-A. Slightly less relief was observed in other symptoms like spandan (90%), positive SLR (85%), tandra (50%) and 25% relief in aruchi. In patients of group-B, 100% relief was observed in spandan, aruchi, and gaurav. Slightly less relief was observed in other symptoms like ruka (95.27%), toda (92.36%) and positive SLR (69%).

Both procedures were offered better result in Vataja Gridhrasi. In Agni Karma group, highly significant result was found on stambha, ruka, toda, spandana, gaurava and SLR test.

In Matra Basti group highly significant result was observed on three out of eight cardinal symptoms viz. – stambha, ruka and toda with relief in SLR test.

Dr. Rita Khagram, et.al. (2004):[6]

A Comparative Study of Kati Basti and Matra Basti was conducted for the management of Gridhrasi and total 32 patients of Gridhrasi were studied randomly divided into three groups.

Methodology

Kati Basti (KB) Group: Kati Basti was performed in total 8 patients with Sahacharadi Taila once a day for 14 days.

Matra Basti (MB) Group: 13 patients in this group were administered Matra Basti of Sahacharadi Taila in dose of 60 -70 ml, once a day for 14 days.

Rasna Guggulu (RG) Group: 11 patients in this group were given Rasna Guggulu 2 tablets of 500 mg orally twice a day for 30 days.

Results: Overall effect was found better in Matra Basti group as it was provided significant relief in the symptoms of Ruka (87.50%), Toda (87.50%), Stambha (85%) and relief in SLR test (82.14%). So it can be concluded that MB provided better relief in the amelioration of almost all signs and symptoms of Gridhrasi in comparison to Rasna Guggulu (RG) group while poor relief was obtained in Kati Basti therapy group.

Dr. Anant kumar Shekokar, et.al. (2004):[7]

A comparative study of Agnikarma and Ajamodadi vati was conducted for the management of Gridhrasi and total 42 patients of Gridhrasi were divided into 3 groups.

Methodology

Group-A (Agnikarma): Total 17 patients of this group were treated with Bindu type of Agnikarma with Loha Dhatu Shalaka at Antara Kandara Gulpha Madhya (4 Angula above of Gulpha Sandhi on posterior side of affected leg) and 2nd sitting was done after 15 days at the same site.

Group-B (Ajamodadi Vati):[8] In 13 patients, Ajamodadi vati, 3 gm/day (2tab of 500mg * tds) was prescribed for oral use with lukewarm water for 30 days.

All contents of Ajamodadi vati have explained by Charaka in Shulaprashamanam (analgesic) gana whereas Sushruta has explained it in Pipalyadi gana. All those drugs act as Agni deepana, Ama pachana Vata-kaphahara, Aruchinashak, Gulmahar and Shoolanashak.

Group C (Combined Therapy): Total 12 patients of this group were treated by providing both therapies i.e. Agnikarma at Antara Kandara Gulpha Madhya along with Ajamodadi vati orally.

Results: In Agnikarma Group, highly significant result was found on ruka, toda, stambha and significant result was observed in SLR test, gaurava, aruchi and spandana. It was concluded that Agnikarma gives significant result in vataja Gridhrasi.

In Ajmodadi vati Group highly significant result was found on ruka, toda, aruchi, gaurava and SLR test and significant result was found on stambha, spandana. Ajmodadi vati and it was concluded that significant result was observed in Vata-Kaphaja type of Gridhrasi.

In Agnikarma and Ajamodadi vati Group, highly significant result was found on ruka, toda, stambha, aruchi, SLR test and significant result was found on gaurava and deha pravakrta.

Agnikarma and Ajamodadi vati Group gives effective result in vata-Kaphaja type of Gridhrasi as concluded by the scholar.

Comparative analysis of all groups reveals that only Agnikarma procedure (Group-A) gives better results than Ajamodadi vati on Gridhrasi, while combination therapy was proven better result than only Agnikarma.

Dr. Pragnesh Patel, et.al. (2005):[9]

A comparative study of Siravedha and Agnikarma in Management of Gridhrasi w.s.r. sciatica was conducted and total 23 patients were randomly selected and studied into two groups.

Methodology

Group A: In 8 patients Siravyadha was done at four Angula below the Janu Sandhi by using scalp vein set no. 20.

Group B: In 15 patients, Agnikarma was done with Pancha Dhatu Shalaka at Antara-Kandara-Gulpha-Madhya.

Results: The clinical data depicted that Agnikarma therapy has been found much effective in Graha Pradhana Gridhrasi (e.g. Vataja Gridhrasi), while Siravyadha was proven effective in the management of Ruka, Toda and Spandana Pradhana Gridhrasi (e.g. Vata-kaphaja Gridhrasi). Finally it was concluded that both the parasurgical procedures i.e. Siravyadha and Agnikarma provides relief in cardinal symptoms of Gridhrasi.

Dr. Anamika Kumari (2006):[10]

A Comparative study was conducted on the effect of some indigenous compound drug and Matra Basti in the Management of Gridhrasi and total 34 patients were studied in two groups.

Contents of indigenous compound drug:

Each capsule (500mg) contains-

1. Nirgundi Patra Churna - 440 mg
2. Shuddha Kupilu - 60mg

3. Parijata Patra Kwatha - Used for Bhavana for 3 times.

Methodology

Group A: Total 17 patients were prescribed 2 capsules orally twice daily after meal with luke warm water along with Abhyanga with Prasarani Taila and Swedana for 30 days.

Group B: In this group, total 17 patients were prescribed 2 capsules orally twice daily after meal with luke warm water along with Abhyanga with Prasarani Taila and Swedana along with 60 ml Matra Basti with Prasarani Taila for 30 days.

Results: Highly significant relief was observed in the symptoms of Ruk Stambha, Spandana, Toda, and SLR test in Group-A patients and significant relief was found in the symptom of Gaurava whereas insignificant relief was observed in the symptoms of Tandra, Aruchi and Dehasya Pravakrata.

In Group-B, therapy provided highly significant relief in the symptoms of Ruk (68.08%), Toda, Stambha Spandana and SLR test. The significant relief was noted in case of Gaurava whereas insignificant result was found in the symptoms of Tandra, Aruchi and Dehasya Pravakrata. Finally it was concluded that the patients of group-B provided better relief than patients of Group-A in the amelioration of signs and symptoms.

Overall Discussion

Change of life style of human being in developing countries has created disharmonies in his biological system. The factors like improper sitting postures in offices, jerking movements in travel & sports events lead to the low back pain & sciatica which was attributed due to irritation / pressure on spinal nerves. Likewise, progressive disorders affecting the pelvis and nearby structures are

also precipitating this condition. Medical science is working hard to find definite solution to combat this problem of social and professional disability. Various treatment modalities are available in modern science like conservative treatment with analgesics drugs, epidural steroid injection, peri-radicular infiltration and lastly surgical treatment. All these modalities are having their own limitations and side effects. Society is looking back towards the nature that is why traditional systems of medicine are getting more importance and actually offering potent treatments modalities for such type of diseases.

On reviewing the research works carried out on Gridhrasi with different treatment like shodhan, shaman and parasurgical treatment modalities, following points are noted:

Different treatment protocols tested for Gridhrasi at IPGT & RA reveals several things. All works were of random clinical trials in nature and it is seen that only oral medication has less significance than oral medication fortified with shodhana or parasurgical therapies. The general principles of management of disease prescribed by the classics are Aampachana, shodhana, Shamana and parasurgical measures as last modalities. Matra basti of different oils has been used as an effective treatment for vatavyadhi. Review study reveals that Agnikarma provides better relief in purely vataja type of Gridhrasi where shodhana may not be possible. In such cases Agnikarma along with Matra Basti or Oral administration of Vedanashamak, Vatahara drugs can provide more effective result.

Conclusion

The review of above 6 research works it can be concluded that the disease Gridhrasi which is a vatic disorder can be managed by the following treatment protocol.

1. Observation for Ama condition (involvement of kapha): Amapachan (with Chitrakadi Vati) should be done before

proceeding for shodhan and shaman chikitsa.

2. If kapha anubandh is seen in cases of Vatakaphaja Gridhrasi then after Amapachana, Snehana (sahcharadi taila or prasarani taila) and Swedana should be performed. Later on Snehavirechana (erand taila and nirgundi patra swarasa) and matra basti (nirgundi taila) along with oral medication like Rasna Guggulu, Ajmodadi Vati can be prescribed. Finally, if there pain is still persisted Agnikarma (at Antara Kandara gulpha madhya) and Siravedha (4 angula below Janusandhi) should also be done.
3. In pure vataj Gridhrasi if no kapha involvement is there, daily MB for 30 days with oral medication along with Agnikarma on weekly interval should be done.

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