AN AYURVEDA APPROACH TOWARDS ACUTE SCIATICA WITH PARAESTHESIA

Chippy Soman1*, Navaneeth Krishnan N2, Marikutty TC3

*1PG Scholar, 2Assistant Professor, 3Professor and HOD, Department of Kayachikitsa, Vaidyaratnam Ayurveda College, Ollur, Thrissur, India.

ABSTRACT
Sciatica is pain or paraesthesia which radiates path of the sciatic nerve and its branches from the lower back through the hips and buttocks and down to the leg. A 41-year-old female patient with an acute low back ache to radiate to left lower limb with paraesthesia for three months came to Kayachikitsa IPD of Vaidyaratnam Ayurveda College on 18/3/24. The pain was graded eight out of ten in the VAS pain scale and her overall Oswestry low back pain score is 32 which means severe functional disability. She underwent for Vatakapha hara chikitsa protocol. It includes Rookshana, Snigda sweda, Vata hara, and Brihmana chikitsa. Ayurvedic preparations like Aadarisahacharadi kasayam, Suntibaladi choornam Vyoshadi guggulu were given Swedam, Patrapoliswedam, and Pizhichil, Shastika pinda swedam, Yoga vasti along with passive exercise were given. After 30 days of treatment outcome of these treatments found to be very positive. There was a substantial recovery in walking duration, heaviness, touch temperature perception and pain relief was observed. Subjective parameters like, SLR test, Oswestry low back pain disability questionnaire, Sciatica bothersome index, Sciatica frequency index, Roland morris low back pain and disability questionnaire was taken for assessment parameters. The patient got relief in all parameters after treatment. It was proved significant improvement of patient’s primary symptoms. These therapies reduce pain, stiffness and improve circulation.

INTRODUCTION
Sciatica refers to pain or paraesthesia[1] that radiates along the path of the sciatic nerve, which branches from the lower back through the hips and buttocks and down to the leg[2]. Sciatica treatment typically includes medications, physical therapy, and surgery in severe cases, while Gridhrasi, a common Vata disorder, closely mirrors the symptoms of sciatica. It’s usually caused by a herniated disc or bone spur on the spine pressing on the nerve. The sciatic nerve, originating from the L4-S3 of the sacral plexus, is defined as a collection of two nerves, the common fibular and tibial nerves. It leaves via the greater sciatic foramen and travels down the posterior gluteal region and posterior thigh. Sciatica, also known as lumbar radicular pain, is described as leg pain or paraesthesia caused by inflammation or compression of the lumbosacral nerve roots, which together form the sciatica nerve. Depending on the duration and symptoms, sciatica can be categorized as acute or chronic, with chronic referring to symptoms persisting for longer than[3].

The aggravating factors, such as over-exertion, sedentary occupation, jerky movements during traveling, and lifting, create mental stress, which leads to low back aches[4]. Intervertebral disc prolapse (IVDP), which occurs when the nucleus pulposus protrudes through a tear in the annulus fibrosus, is a leading cause of low backache. The L4-L5 and L5-S1 discs are affected in 95% of lumbar disc herniations. Height can be a risk factor for sciatica, especially in males aged 50-64. IVDP can cause pain localized to the lower back or radiating to the leg, buttock, or hip, which is typical of sciatica syndrome. This sharp pain hinders walking, disrupts daily activities, and diminishes quality of life. Sciatica prevalence ranges from 3.8% in the working population to 7.9% in the non-working population, with the highest incidence in individuals in their 40s and 50s, more frequently affecting men than women. Low back pain ranks as the fifth most common reason for hospitalization and the
third most frequent cause for surgical procedures. The symptoms of sciatica in modern medicine are very similar to those of Gridhrasi in Ayurveda.

**Gridhrasi is a Shoolapradhana Nanatmaja Vata Vyadhi**, intervening with the functional ability of low back and lower limbs. In this disease onset of Ruk, Toda and Stambha is initially in Kati and radiates distal to Prista, Janu, Jangha till Pada. This is the unique feature of this disease. **Gridrasi** is considered under Vataja Nanatmaja Vyadhis, Still while enumerating the diseases, it has been mentioned of two types viz., Vata dominant and Vatakaphaja dominant. The common symptoms are pain starts from Sphika and then radiates till Pada along with Stambha (stiffness), Toda (pricking pain), Spandana (twitching), and causes the Sakthiutkshepa Nigraha (restricted movements of lifting the leg). Whereas in the Vatakaphaja type of Gridhrasi, Arochaka (anorexia), Tandra and Gourava are found additionally.[6] Various modalities of treatments are explained for Gridhrasi in Ayurveda, which includes Bhashaja, Snehana, Swedana, Shodhana, Basthi, Siravyadha, Rakthamoksha and Agnikarma.

**Case History**

A 41-year-old female patient, previously in good health with no known underlying conditions, experienced the onset of severe shooting pain in her lower back three months ago while engaging in household activities. The pain radiated from her lumbar region to her left buttock and the posterior part of her left thigh. Accompanying sensations included numbness, heaviness, and tingling in her left leg, akin to the limb being submerged in ice water for an extended period. This episode also resulted in stiffness and weakness in her lumbar region and left knee, leading to difficulty in moving her left leg. Following consultation with an allopathic physician and subsequent MRI findings indicating a diffuse disc bulge with posterocentral annular tear at L5 and left paracentral disc extrusion, she was advised for neurosurgery. However, she opted for conservative treatment and underwent a caudal epidural procedure on January 15th, 2024. Despite this intervention, her symptoms persisted, prompting her to seek alternative care at the Kayachikitsa OPD of Vaidyaratnam Ayurvedic Hospital, with a history of severe low back pain radiating to the left lower leg for the past three months. The pain was accompanied by feelings of heaviness and diminished sensation in the back of the thigh and calf region. The patient has no history of addiction but is allergic to dust. Her diet is mixed, with a preference for sour and sweet foods. She reports having a good appetite but experiences constipation, with four episodes of micturition per day. Sleep quality has been disrupted due to tingling and heaviness in the lower limb, contributing to feelings of anxiety. There is no relevant family history noted.

**Vitals**

- Pulse Rate: 72bpm
- Heart Rate: 78 bpm
- Blood pressure: 130/90mmhg
- Respiratory Rate: 16pm
- Temperature: 98.6°F

**Relevant Past Interventions with Outcomes**

She is having h/o of Right lumbar radiculopathy on 2010.

- H/o pneumonia on September 2023.
- H/o of COPD
- H/O LBA due to continuous jerk to low back region while travelling for long distance, that is, around 70km in a day.

**Physical Examination**

On physical examination no abnormalities were detected in head, neck, thorax, abdomen, and extremities.

**Systemic Examination**

- Respiratory system- H/o bronchial asthma since 1 year.
- Gastro intestinal system- No abnormality detected
- Cardiovascular system- Normal heart sound, no cardiac murmur heard
- Central nervous system- Intact
- Locomotor system- Affected

**Locomotor System Examination**

**Examination of Spine**

Inspection– No swelling, kyphosis absent, scoliosis absent, no colour change antalgic gait, discomfort in walking and sitting for long duration, no localized swelling no varicosities, reflexes are intact.

**Palpation**

Tenderness 2+ at L4–L5 region
Muscle tone- Good. Muscle power grade- Right extremities (upper and lower)- 5/5 left extremities (upper) - 5/5 lower extremities - 4/5.

Range of movement of Lumbar spine (ROM)

Forward flexion of the lumbar spine is limited to 20cm above ground.

Right lateral flexion is limited to 35° with pain.

Left lateral flexion is limited to 30° with pain

The extension is limited to 10° with pain

Knee joint

**Inspection:** Swelling present on both knee joints and no deformity

**Palpation:** No tenderness and local raise of temperature

**Crepitus:** Grade 1 crepitis present on both knee joints.

Movements: All movements are restricted due to pain

SI joint

**Inspection:** No swelling and deformity

**Palpation:** No local raise of temperature

Muscle power of the left lower limb is reduced (4/5)

Reflex of the lower limb was diminished.

**Gait:** Antalgic gait, short step. Spinal and hip movements restricted.

Special Test

SLR/League's test, Bragards test, Bowstring test, Femoral nerve stretch test, Visual analogue scale for pain and paraesthesia assessment were positive on left leg.

Sensory Examination

The superficial sensation of pain, touch, temperature, deep sensation of vibration and proprioception, cortical sensation Two-point discrimination Steriognosis and graapesthesia are examined it shows mild hypoesthesia at left S1 S2 L4 to L5 dermatome.

**Radiological investigations: MRI findings:** Dated 15/5/24

**Impression**

L5: Diffuse disc bulge with postero-central annular tear and left para-central disc extrusion, superior disc migration causing compression on the anterior fragment thecal sac, moderate narrowing of left lateral recess, impinging the left traversing L5 and exiting L4 nerve roots.

L5-S1: Diffuse disc bulge causing compression on the anterior thecal sac, on the anterior thecal sac, mural foramina and impinging moderate narrowing of bilateral lateral recess, neural foramina and impinging the bilateral exiting LS nerve roots (L>R) normal in signal intensity and suggested clinical correlation.

**Ayurvedic Diagnostic Assessment**

- **Prakriti- KV Prakriti** (TNMC Prakriti questionnaire)
- **Doshaos vitiated are Vyana Vayu, Apana Vayu, Shleshaka kapha**
- **Dhatu – Asthi, Majja**
- **Upadhatus – Kandara, Snayu**
- **Sara - Madhyamam**
- **Samhanana - Madhyamam**
- **Satvam - Madhyamam**
- **Satmyam – Katu, Lavana**
- **Srothas affected - Rasavaha, Rakthavaha, Asthivaha**
- **Pramanam- Madhyamam**
- **Aharasakthi- Madhyamam**
- **Abyavaharanaskthi- Madhyamam**
- **Jarana sakthi- Madhyamam**
- **Vyayama sakthi- Madhyamam**
- **Vaya- Madhyamam**

**Asthavida pareeksha**

- Kshanadhi- Sisiram
  - Vyadhavastha- Puranam
  - Desham Bhoomi- Sadharananam Deham – Sandhi
  - Rogamargam- (Marmasthi sandhi) Madhyamam

**Asta vida pareeksha**

- Nuadi (pulse): Vata-Kaphaja
- Mala (bowels): Asamyak (constipated)
- Mutra (urine): Samyak
- Jihwa (tongue): Sama (coated)
- Shabdha (speech): Prakruta
- Sparsha (skin): Anushnasita
- Druk (eyes): Prakruta

**Roopam (manifestation)**

Pain in the lower back radiates to the left leg, accompanied by stiffness in both the lower back and left leg, a tingling sensation in the left leg, heaviness in both legs, and difficulty with walking and bending forward. Ruk in Sphik, Kadee, Prushta, Uru, Pradesha, Sakthi utkshepam nigruhnathi, Gourava Arocaka, Tantra

**Hetu (etiology or causative factors)**

Ahara: Ruksha and Katu Rasatmak ahara

Vihara: Systemic Vata prakopa can result from jerky movements during traveling, leading to Srotovaigunya. Constipation acts as an aggravating factor.

**Purvarupa (prodromal symptoms)**

Stiffness in the lower back and left leg, accompanied by vague lower back pain and mild discomfort in the left leg.

**Upashaya (relieving factors)**

The patient experiences relief by resting in a supine position and taking analgesic medication.
Samprapti (patho-physiology of the disease)

Vataprapkopa from dietary and lifestyle factors, combined with age-related degeneration and jerky movements during travel, as well as excess Apanavayu from constipation, result in the vitiation of Vata and Kaphaja doshas, along with Rakta, Sira, and Dhama. This leads to obstruction of neural conduction (Vatavahini Nadi), manifesting as radiating pain from the lumbar region, back, thigh, knee, calf, and foot, ultimately causing sciatica. In this condition, the primary Dusya involved is Snyu and Kandara.[8]

Samprapti Ghatak

Dosha- Vata, Apana and Vyana vata, Kapha
Dusya- Rasa, Rakta, Mamsa, Asthi, Majja, Kandara, Sira, Snyu
Srotodushti prakara- Sanga, Margavardha
Agni- Jadaragni, Dhatwagni
Uthhavasthana- Pakwasaya
Sancharasthana- Rasayini
Adhishtana- Kandara of Parshini, Pratyanguli and Prstha kati sphik, Janu, Pada
Roga margam - Madyama
Vyakti- Ruk, Toda, Stambha in Uru janu janga, Pada, Arochaka, Tantra, Gourava

On examination, it was found that patient had an antalgic gait but deformity, discoloration, and swelling were absent over the affected area. She has grade 2 tenderness over L4- L5 region, left sacroiliac joint. Over back of left thigh and calf muscles, she has tingling sensation and all mode of sensation is reduced. His straight leg raise test over the left side was limited to 30 degrees and lasegue’s sign was found positive. The range of movement of the spine also reduced on lumbosacral region. Deep tendon reflexes were diminished over left lower limbs and normal over the right leg. Laboratory investigations for blood and urine routine checkup were done before and after the treatment and they were within normal limits. MRI was taken before the treatment and found L5: Diffuse disc bulge with posterocentral annular tear and left paracentral disc extrusion, L5-S1: Diffuse disc bulge causing compression on the anterior thecal sac.

Diagnosis was done clinically with classical symptoms of sciatica like low back ache with radiating pain associated numbness and tingling sensation over affected limb. Also, Straight leg raise test and lasegue’s sign were positive in this patient. In Ayurveda, it is diagnosed on the basis of textual references of Gridhrasi- like Sakthi Utkshepa Nigraha, Ruk (pain) and Graha (stiffness) over Sphik, Kati, Janu, Jangha and Pada. Associated complaints of Arochaka, Gaurava, Pada Harsha, and Supti were confirmatory signs of Vata Kaphaja Gridhrasi.

Diagnostic Assessments

Physical assessments and patient satisfaction were taken into consideration:

Self-assessment of symptoms with a scoring system.
The posture of the patient was observed.

Special Lumbar Tests

Lumbar Dermatomes to analyze the Sensations were taken.

Oswestry disability questionnaire, sciatica frequency index, and sciatica bothersome index were assessed before and after the treatment.

Table 1: Self-Assessment Scoring System

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Score and criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ruk (Pain)</td>
<td>1. No pain</td>
</tr>
<tr>
<td></td>
<td>2. Painful, walks without limping</td>
</tr>
<tr>
<td></td>
<td>3. Painful, walks with limping but without support</td>
</tr>
<tr>
<td></td>
<td>4. Painful, can walk only with support</td>
</tr>
<tr>
<td></td>
<td>5. Painful, unable to walk severe pain needs medications</td>
</tr>
<tr>
<td>2. Stamba (Stiffness)</td>
<td>1. No stiffness</td>
</tr>
<tr>
<td></td>
<td>2. Mild stiffness</td>
</tr>
<tr>
<td></td>
<td>3. Moderate stiffness</td>
</tr>
<tr>
<td></td>
<td>4. Severe stiffness</td>
</tr>
<tr>
<td>3. Toda (Pricking Sensation)</td>
<td>1. No pricking sensation</td>
</tr>
<tr>
<td></td>
<td>2. Mild pricking sensation</td>
</tr>
<tr>
<td></td>
<td>3. Moderate pricking sensation</td>
</tr>
<tr>
<td></td>
<td>4. Severe pricking sensation</td>
</tr>
<tr>
<td>4. Spandana (Fasciculation)</td>
<td>1. No fasciculation</td>
</tr>
<tr>
<td></td>
<td>2. Mild fasciculation</td>
</tr>
<tr>
<td></td>
<td>3. Moderate fasciculation</td>
</tr>
<tr>
<td></td>
<td>4. Severe fasciculation</td>
</tr>
</tbody>
</table>

Available online at: http://ijapr.in
Intervention

Table 2: *Shodana chikitsa*

<table>
<thead>
<tr>
<th>Date</th>
<th>Type of Chikitsa</th>
<th>Drug</th>
<th>Duration</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>19/3/24</td>
<td>Nadi swedam</td>
<td>Dhanyamlam</td>
<td>1 day</td>
<td>Slight relief in stiffness, heaviness and pain</td>
</tr>
<tr>
<td>20/3/24 to 22/3/24</td>
<td>Dhanyamla dhara</td>
<td>Dhanyamlam</td>
<td>3 days</td>
<td>Mild improvement in pain, and heaviness</td>
</tr>
<tr>
<td>19/3/24 to 23/3/24</td>
<td>Lepanam</td>
<td>Nagaradi lepa choornam in Dhanyamlam</td>
<td>5 days</td>
<td>Feeling of lightness in pelvic region. Range of motion of lumbar flexion improved without pain. Dull perception of hot, cold on left leg persists.</td>
</tr>
<tr>
<td>25/3/24 to 31/4/24</td>
<td>Upanaham</td>
<td>Ellumnishadi choornam in Ksheera</td>
<td>7 days</td>
<td>Reduced heaviness of left knee joint.</td>
</tr>
<tr>
<td>25/3/24</td>
<td>Jambeera pinda swedam</td>
<td>Sahacharadi + Kottam chukkadi thailam</td>
<td>5 days</td>
<td>Improvement in walking, heaviness of left lower limb but hypoesthesia at l4, l5, s1 s2 dermatomes persists</td>
</tr>
<tr>
<td>3/4/24 to 9/4/24</td>
<td>Patra pinda swedam</td>
<td>Murivenna + Kottam chukkadi thailam</td>
<td>7 days</td>
<td>Improvement in walking, stiffness and heaviness of left lower limb and knee is improved. She can perceive hot cold sensation over l4, l5, s1, s2 dermatomes.</td>
</tr>
<tr>
<td>10/4/24</td>
<td>Yoga vasti</td>
<td></td>
<td>8 days</td>
<td>Improvement in pain, heaviness, and hypoesthesia l4, l5, s1 and s2 dermatomes of left lower limb. Walking time and standing time is increased. Improvement of SLR become 65 from 45</td>
</tr>
<tr>
<td>10/4/24</td>
<td>Pizhichil</td>
<td>Murivenna + Kottam chukkadi thailam</td>
<td>7 days</td>
<td>Improvement in all the symptoms such as walking speed, standing time, heaviness, paraesthesia of left lower limb, stiffness of left knee.</td>
</tr>
<tr>
<td>16/4/24</td>
<td>Sathaila shastika pinda swedam</td>
<td>Murivenna + Kottam chukkadi thailam</td>
<td>3 days</td>
<td>Improvement in all the symptoms such as walking speed, standing time, heaviness, paraesthesia of left lower limb, stiffness of left knee.</td>
</tr>
</tbody>
</table>
Table 3: Samana chikitsa

<table>
<thead>
<tr>
<th>Date</th>
<th>Internal medicine</th>
<th>Dosage</th>
<th>Time</th>
</tr>
</thead>
</table>
| 18/3/24 to 24/3/24 | 1. Aadari sahacharadi kasayam [9]  
2. Sunti baladi choornam  
3. Vyoshadi guggulu | 15 ml Kashayam + 60 ml lukewarm water twice daily  
½ tsp with Kasayam (1-0-1) | 6 AM-6PM |
| 25/3/24 to 3/4/24 | Above 1, 2, 3 medicine + Sinduvardi eranda thailam | (7ml) with lukewarm water | 6 AM |
| 4/4/24 to 18/4/24 | 1. Maha rasnadi kasayam  
2. Laksha guggulu  
3. Ganda thailam cap | 15 ml Kashayam + 60 ml lukewarm water twice daily  
(1-0-1)  
(0-0-2) | 6am-6 pm  
With Kasayam  
At bed time |

Table 4: Assessment criteria

<table>
<thead>
<tr>
<th>S.No</th>
<th>Subjective criteria</th>
<th>Before treatment</th>
<th>after treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Radiating pain from lumbar region to left leg</td>
<td>8 + (VAS score)</td>
<td>4 + (VAS score)</td>
</tr>
<tr>
<td>2</td>
<td>Ruk (pain)</td>
<td>4+</td>
<td>2+</td>
</tr>
<tr>
<td>3</td>
<td>Stamba (stiffness)</td>
<td>3+</td>
<td>2+</td>
</tr>
<tr>
<td>4</td>
<td>Toda</td>
<td>3+</td>
<td>1+</td>
</tr>
<tr>
<td>5</td>
<td>Spandana</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Aruchi</td>
<td>4+</td>
<td>2+</td>
</tr>
<tr>
<td>7</td>
<td>Tantra</td>
<td>3+</td>
<td>1+</td>
</tr>
<tr>
<td>8</td>
<td>Gourava</td>
<td>4+</td>
<td>1+</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>S.No</th>
<th>Objective Criteria</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Right leg</td>
<td>-VE</td>
</tr>
<tr>
<td>1</td>
<td>SLR test</td>
<td>Left leg</td>
<td>+VE</td>
</tr>
<tr>
<td>2</td>
<td>Femoral nerve stretch test</td>
<td>Right leg</td>
<td>-VE</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Left leg</td>
<td>+VE</td>
</tr>
<tr>
<td>3</td>
<td>Roland morris low back pain disability questionnaire (RMQ)</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>Visual analogue scale for pain and paraesthesia assessment</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Oswestry low back pain disability questionnaire (ODI)[10]</td>
<td>Score 32 (52%) - Severe disability</td>
<td>Score 10 (20%) - Minimal disability</td>
</tr>
<tr>
<td>7</td>
<td>Sciatica Bothersomeness Index</td>
<td>22/24</td>
<td>11/24</td>
</tr>
</tbody>
</table>

DISCUSSION

Gridrasi is comes under Nanatmaja vata vyadi and it is also a Snayugata vata lakshana. [11] Snehana, Swedana and Mrudu Sodhana are the principles of treatment in all Vaatavyadhi. According to Gada nigraha, Pachana Sodana and Vasti are the treatment for Gridras[12]. From the clinical manifestation, this condition can be diagnosed as a Vata Kaphaja Gridhrasi. Associated complaints of Arochaka and Gaurava of the patient in this condition are the markers of Kapha Dosha. In first stage Ama pachana, Rookshana are advised prior to Brimhana.

Since Rukshana is advised prior to Brumhana, it pacified the vitiated Vata Kapha and relieved pain. The above treatments continued up to Samyak Agni Deepti and Rukshana Lakshana observed in the patient. After Deepana Pachana the patient was undergone Vata hara
chikitsa with Snigda sweda as Jambeera pinda swedam, Patra potala swedam, Pizhichil, Brihmana with Shastika Sali pinda swedam and Yoga vasti are administered. Initially as a part of Ruksha nadi swedam with Dhanyamlam is advised. Nadi swedam with Dhanyamlam is Ruksha tara swedam. It helps to relieve inflammation. Then Dhanyamladhara is advised. The processed Dhanyamlam includes essential properties like Laghu, Teekshana, Sheetasparsha, and Ushna properties. These properties have many medicinal benefits and they are known to be anti-inflammatory, analgesics, anti-histamines.[13] The medicinal elements work on a cellular level. Along with Dhanyamlam dhara lepam with Nagaradi choornam in Dhanyamlam also advised to apply on lumbosacral region. The above treatments continued up to Samyak Agni Deepthi and Rukshak Lakshana observed in the patient. After Deepana Pachana the patient was undergone Vata hara chikitsa with Snigda sweda as Jambeera pinda swedam, Patra potala swedam, Pizhichil is administered. Jambeera pinda sweda and Patra potali sweda are the type of Sankara sweda. Sankara sweda[14] is one among 13 types of Sweda mentioned in Charaka Samhita. A bolus of fresh drugs is prepared by wrapping in clothes and heated to lukewarm and applied over the painful parts. It is an ideal treatment for application of heat to specific part of the body. Due to direct contact of heat, the penetration is deeper and hence effectively reduces pain, swelling and stiffness. This is unique and effective method of managing severe pain in Gridrasi. Patra pinda swedana was chosen as it is a Sankara sweda which is a Snigdhaka-ruksha kind of Sveda and it not only pacifies Vata but also reaches out to Kapha present in Vyadhi sthana i.e., Sandhi. Patra potali Sveda relieves pain, stiffness and painful conditions, pacifies the morbidity of Vata, Pitta and Kapha in the affected joints, muscles and soft tissues. Pizhichil involves the rhythmic pouring of medicated warm oil over the patient’s entire body for at least an hour, providing deep relaxation to the muscles and enhancing circulation and flexibility.[15]. It is also very rejuvenating. After Pizhichil patient got considerable result in superficial, deep and cortex sensation in left lower limb. Shasthtik Shali Pinda Sweda (SSPS) is a type of sudation procedure, performed by boluses of Shasthtika Sali (Oryza sativa Linn.) cooked with Balamool Kwatha (decoction of Sida cordifolia Linn.) and milk. SSPS may improve blood circulation (due to heat), relieve muscle spasms, and increase tendon extensibility. Thus, it may help in reduction of stiffness and facilitate free movement of joints and may especially be beneficial in cases of stiffness of pelvis. Shasthtik Shali possesses Snigda, Guru and Shthra properties, these Guna are opposite to that of Vata, and thus may be helpful in pacifying Vata.

For Vasti chikitsa, Yogavasti was selected in which three Madhu tailika vasti were given and five Anuvasana vasti were given by Sahacharadi mezhukupakam. Madhutailika Vasti not only regulates and co-ordinates Vata Doshha in its site but also balances other Doshas. Charaka and Vagbhata have described Vasti as Ardha Chikitsa. Yopana Vasti prolongs the life and restores health. It removes Doshha, increases strength and complexion. This Vasti is a safe as it has no or less complications and multiple benefits. Madhutailika Vasti by its effects of Brihmana, Deepana, Bala-Varna Kara and Rasayana properties increases Bala and Utsaha, replenishes Dhatus by acting on Dhatuha, and pacifies Vata Doshha and Rasayana Karma acts on overall degenerative changes[12]. There is no treatment equivalent to Vasti in the protection of Marma and in the management of their affliction which are considered as vital parts in body.

Samana chikitsa

Aadari sahacharadi kasayam is a modified formulation of Sahacharadi kasayam. In addition to Sahacharadi kasayam Aadari (Acacia pennisata) is an ingredient in this Kasayam. It is a known potent analgesic and anti-inflammatory drug, and all other ingredient like Sahachara, Devadara, Sunti is having Vata kapha hara property and it is used in neurogenic disorder. Sunti baladi kasaya choornam[16] is explained in Sahasrayogam kasaya prakaranam, Sunti bala atibala is ingredient of this formulation. It is very effective in numbness and loss of sensation. As it has both varieties of Bala, it cures Vata by strengthening nervous and locomotory systems, also sunti helps in removing any channel obstruction, and thus enhancing circulation. The contents of Vyoshadiguggulu are Kapha Vata shamaka, Agnideepak and Ushna Viryamaka is Kaphghna and Vatahnya. Maharasnas Kashayam, an Ayurvedic remedy, targets musculoskeletal disorders by alleviating pain and inflammation while enhancing the affected area's functional efficiency. Lakshadi Guggulu addresses bone-related issues, supplying ample calcium to aid conditions like osteoporosis and expedite healing in fractures and joint pain. Ganda thailam gel Capsules, targeting Vata dosha and bone tissues, contain strengthening herbs like Bala, Devadar, and Rasna, with black sesame seeds processed in cow's milk to fortify bones and prevent deterioration.

In addition to the serene practices of Samana and Sodana physiotherapy, traction therapy has been gracefully administered to the lumbar region, gently alleviating tension with 8 kilograms of therapeutic force. This harmonious blend of therapies, spans from the 10th of April 2024, for 7 days.
Overall Effect of the Therapy

The therapy administered to the patient resulted in a notable improvement in their condition, as evidenced by various assessment parameters. According to the Oswestry Low Back Pain Disability Questionnaire, there was an overall improvement of approximately 56.8% in the patient’s subjective assessment, with their Oswestry Disability Index decreasing from 32 to 10. Specific functional areas also saw significant improvements, with a 67% enhancement observed in activities such as lifting, walking, and standing, and a 50% improvement in personal care, sitting, sleeping, traveling, and travelling.

Furthermore, the Straight Leg Raise (SLR) test demonstrated considerable progress, from 30° before treatment to 70° afterward. The patient experienced substantial recovery in various aspects, including walking duration, heaviness, touch temperature perception, and pain relief. Subjective assessments, such as the Sciatica Bothersome Index, Sciatica Frequency Index, and Roland Morris Low Back Pain and Disability Questionnaire, were utilized to gauge the effectiveness of the therapy.

Overall, the therapy yielded significant improvements in the patient’s primary symptoms, reducing pain and stiffness while enhancing circulation. These results underscore the effectiveness of the treatment approach in addressing the patient’s low back pain and associated symptoms.

Table 5: Shows overall effect of therapy with subjective parameter of Oswestry low back pain disability questionnaire

<table>
<thead>
<tr>
<th>S.no</th>
<th>Signs and symptoms</th>
<th>Before treatment</th>
<th>After treatment</th>
<th>Result in percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pain intensity</td>
<td>3</td>
<td>1</td>
<td>67%</td>
</tr>
<tr>
<td>2</td>
<td>Personal care</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>3</td>
<td>Lifting</td>
<td>3</td>
<td>1</td>
<td>67%</td>
</tr>
<tr>
<td>4</td>
<td>Walking</td>
<td>3</td>
<td>1</td>
<td>67%</td>
</tr>
<tr>
<td>5</td>
<td>Sitting</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>6</td>
<td>Standing</td>
<td>2</td>
<td>1</td>
<td>67%</td>
</tr>
<tr>
<td>7</td>
<td>Sleeping</td>
<td>2</td>
<td>1</td>
<td>50%</td>
</tr>
<tr>
<td>8</td>
<td>Sex life</td>
<td>2</td>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>9</td>
<td>Social life</td>
<td>3</td>
<td>1</td>
<td>67%</td>
</tr>
<tr>
<td>10</td>
<td>Travelling</td>
<td>4</td>
<td>2</td>
<td>50%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>32 (52%)</td>
<td>10 (20%)</td>
<td>56.8%</td>
</tr>
</tbody>
</table>

CONCLUSION

The treatment approach for Vata situated in Adhobhaga as per Ayurvedic principles involves Shodhana with Snigdha mrudu virechana followed by Vasti. Collaborative Panchakarma procedures, such as Dhanyamla dhara, Lepanam, Veshtanam, Upanaham, Jambeera pinda swedam, Patrapinda pottali sweda, Pizhichil, Shashtika pinda swedam and Yogavasti, along with Shamana chikitsa, effectively cured sciatica in a single case study without surgical intervention and recurrence of symptoms. This study underscores the need for further exploration of these therapies in a larger population to establish a standard treatment protocol, emphasizing a multi-treatment approach to combat the disease in the shortest duration possible and achieve synergistic effects.

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*Address for correspondence
Dr. Chippy Soman
PG Scholar,
Department of Kayachikitsa,
Vaidyaratnam Ayurveda College,
Ollur, Thrissur.
Email: dr.chippysoman@gmail.com

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