



Case Study

AYURVEDIC APPROACH TOWARDS *GRDHRASI* AND *STHOULYA* –A CASE STUDY

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ABSTRACT

Low back pain is major cause of morbidity throughout the world. There is only conservative treatment giving short term relief in pain or surgical intervention with side effect. But these are not successful and therefore those who are suffering from this are always in search of result oriented remedy. Management of such diseases in an obese patient is still challenging. Here in this case study a 49 year old female patient presented with the complaints of Low back pain radiating to both the lower limbs posteriorly till the toes and with weight of 88 kg and height is 148 cms. This was diagnosed as *Grdhrasi* and *Sthoulya*. Hence the line of treatment adopted was *Kapha-medohara* and *Vata shamana* which included both *Rukshana* and *Brhmana chikitsa* along with *Shamanoushadhis*. The patient recovered remarkably and was able to do her routine activities without any pain.

KEYWORDS: Low back Pain, *Sthoulya*, *Grdhrasi*.

INTRODUCTION

As the advancement of busy, professional and social life, improper sitting posture in offices, factories, continuous and overexertion, jerking movements during travelling and sports - all these factors creates pressure to the spinal cord and play an important role in producing low backache and sciatica. *Gridhrasi* comes under 80 types of *Nanatmaja Vatavyadhi*¹ though, occasionally there is *Kaphanubandha*. Though, the disease is present in leg, it disturbs the daily routine and overall life of the patient. The cardinal signs and symptoms of *Gridhrasi* (Sciatica) are *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness) and *Muhuspananda* (twitching) in the *Sphik*, *Kati*, *Uru*, *Janu*, *Jangha* and *Pada* in order and *Sakthikshepa Nigraha* i.e., restricted lifting of the leg². In *Kaphanubandha*, *Tandra*, *Gaurava*, *Arochaka* are present³. While considering the risk factor of such a disease, obesity is considered as the prime important reason. By increasing the stress on spine excess body weight contribute to the spinal changes that trigger sciatica. The present case study that concentrating on *Sthoulya* as well as *Grdhrasi* has yielded encouraging result and it is hope that outcome of this study will form the guideline for the enthusiastic research worker for further advancement in this avenue and the knowledge obtained will be useful in day to day practice.

Case Study

A 49 year old female patient presented with the complaints of Low back pain radiating to both the lower limbs posteriorly till the toes [more towards left lower limb] since 3 years and also pain in left knee region since 10 months. Other important complaint the patient presented with was Increase in her weight since 1 year. Her associated complaints were Numbness on small toe and second toe of her left lower limb since 6 months and Pain in right shoulder region occasionally since 1 year.

History of patient revealed that Gradual onset of low back pain which was radiating to left lower limbs and that was not associated with fever, weight loss, or trauma. As she was unable to carry out her daily routine physical activities she approached an orthopedician and was advised for surgery. When she sought for a second opinion she was explained about the adverse effects of surgery and an alternative was suggested through which she had no complaints further. Due to her improper posture [profession requires prolonged standing] she again developed same radiating pain from low back posteriorly through thigh, knee, till toes since a year. Intensity of pain aggravated during her daily activities but relieved during rest, one year back patient had taken Ayurvedic treatment for one month, as she felt better symptomatically, she never consulted again for further follow-ups. Associating features were numbness on little and fourth toe of left leg and also swelling on bilateral lower limbs which is of non-pitting in nature that aggravated on standing. Also due to her pain, she started avoiding her daily walking and exercises, through which she further developed increase in her body weight since one year. Now her weight is 88 kg with height 148cms. Patient had right shoulder pain which was non-radiating in nature for which she underwent treatment and felt relief symptomatically. Last week due to her severe intensity of pain she was unable to do even her daily physical activities, so she came to our hospital for further management.

Summary of her complaints are; Pain nature - Constant, unremitting lower back pain, with shooting type into the left leg from buttock to heel. Aggravated on work, prolonged standing. No alterations to bladder and bowel function, no sudden unexplained weight loss, no night-time fever/ malaise, no pins and needles sensations, no significant loss of leg strength.

Vyavachedaka Nidana

- *Gudagata Vata*⁴
- *Pangu & Khanja*⁵
- *Khalli*⁶
- *Gridhrasi*
- *Apabahuka*⁷
- *Janu sandhi gata vata*⁸

- *Sthoulya*⁹

Differential Diagnosis

- Lumbar Spondylosis¹⁰
- Spinal Stenosis¹¹
- Ankylosing spondylitis¹²
- Spondylolisthesis¹³

Provisional Diagnosis	Inclusion	Exclusion
<i>Gudagata Vata</i>	<i>Janga uru trika pada prsta roga</i>	<i>Mutra Purisha Vata Nigraha, Asmari Sarkara, Sosha</i>
<i>Pangu & khanja</i>	<i>Thodha, Shoola in pada</i>	<i>Shosha, paralysis is absent</i>
<i>Grdhrasi</i>	<i>Ruk, Thodha, in Sphik, Kati, Uru, Janu, Janga, Pada</i>	
<i>Khalli</i>	<i>Involvement of Pada janga uru khara</i>	<i>Pain in upper limb is non radiating</i>
<i>Apabahuka</i>	<i>Adhistana- Amsa sandhi Non radiating pain</i>	
<i>Janu sandhi gata vata</i>	<i>Prasarana akunjana vedana of Janu sandhi</i>	
<i>Sthoulya</i>	<i>Spik sthana udara alambana</i>	

Provisional diagnosis	Inclusion criteria	Exclusion criteria
Spinal Stenosis	Radiating pain from low back to leg.	Bending forward reduces the pain. Age factor above 60 yrs.
Spondylolisthesis	Back and posterior thigh Pain.	Increased with lumbar extension. No tight hamstrings or gait alteration noted.
Ankylosing spondylitis	Sacro iliac joints tenderness noted.	Morning stiffness & Restricted movements
Lumbar Spondylosis	Sharp shooting pain is felt in the back, the buttock, the thigh, the leg and the foot posteriorly. Mainly due to degenerative changes.	

Investigation

- **MRI Report suggests** Mild spondylosis and Diffuse bulge with small posterior left paracentral protrusion of L4 – L5 disc indenting thecal sac, impinging on left S1 root and compromising both neural foramina.

Diagnosis

The disease has been diagnosed as *Gridhrasi* and *Atisthoulya* as it fulfills the cardinal features of these diseases like

- *Ruk, Thodha, Sthamba, Muhur spandana in Sphik*, and radiating towards *Kati, Prsta, Uru, Janu, Janga, Pada* and also *Sakthanahkshepa Nigrahayat* [SLR positive at left leg at 55 degrees].
- *Spik sthana udara alambana*.

Intervention

The conservative treatment given in present study

Date	Advised	Observation
16/12/16 to 20/12/16	<i>Sarvanga Churna Pinda Sweda</i> with <i>Kottamchukkadi Churna</i> and <i>Jadamayadi Churna</i>	<ul style="list-style-type: none"> ▪ Feels lightness of body. ▪ Numbness on left toe reduced.
15/12/16 to 25/12/16	<i>Kati Basti</i> with <i>Maha Visha Garbha Taila</i>	<ul style="list-style-type: none"> • Pain reduced more than 50%
16/12/16 to 22/12/16	<i>Sthanika Taila Pariseka</i> for B/L knee joints with <i>Murivenna</i> and <i>Balaswagandha Taila</i> followed by <i>Manjistadi Lepa</i>	<ul style="list-style-type: none"> ▪ Pain in knee joint has reduced
20/12/16 to 27/12/16	<i>Sarvanga Abhyanga</i> with <i>Dhanwantaram Taila</i> followed by <i>PatraPinda Sweda</i>	SLR improved to 75 degrees.
24/12/16 to 31/12/16	<i>Eranda Mooladi Yoga Basti</i>	Pain relieved by 70 percent.
30/12/16	<i>Siravyadha</i> done on left leg	Improved by 85 percent

Internally patient was given following medications

- Cap. Protect- D – 1 Capsule thrice daily after food
- Cap. Palsineuron – 1 Tablet thrice daily after food
- *Hareetaki Choornam* – 1 tsp +1 glass buttermilk early morning.
- *Medohara Vidangadi Loha* – 2 tab thrice daily before food.

DISCUSSION

Two types of *Samprapti* should be concentrated in this patient. One leading to *Sthoulya* and the other leading

to *Grdhrasi. Nidana* leading to *Agnimandya* thereby causing *Ama utpatti* inturn leading to *Kapha medho avaraka dosha* formation causing *Sthoulya*. Due to *Avarana, Vata prakopa* occurs later *Sthanasamsraya* occurs in *Spik, Kati pradesha*.

On the other hand *Dhatu kshaya* leading to *Vata prakopa* mainly *Vyana vata* followed by *Sthanasamsraya* in *Sphik, Kati pradesha* followed by *Dosha dushya Sammurchana* leading to the manifestation of *Grdhrasi*.

Here the first line of treatment selected is *Choorna pinda sweda* which is aimed at removing the *Avarana*

caused by *Kapha* and *Medas*. *Kottamchukkadi choorna* and *Jadamayadi Choorna* which possess the *Kapha vata hara* property is selected.

At the same time in order to prevent further *Vata prakopa* at *Kati pradasha* and also to get rid of pain *Kati basti* with *Maha visha garbha taila* has been done. Later *Taila pariseka* has been done to both the knee joints aiming to achieve both *Snehana* and *Swedana* benefits followed by *Manjistadi lepa* for the purpose to reduce swelling.

Once the *Avarana* has been cleared the measures are taken to pacify *Vata dosha*. For this *Sarvanga abhyanga* has been done with *Dhanwantaram Tailam* which has the property *Vata kapha shamana* followed by *Patra pinda sweda* which in turn acts as *Shoola hara*, *Shotha hara*, *Vata shamana*.

Later *Basti karma* has been adopted as it is considered as *Artha chikitsa* for *Vata* predominant diseases. The effect of *Basti (Niruha)* spreads all over the body even in the cellular level and helps to eliminate the vitiated *Doshas* adhered in *Srotasas*. Through *Erandamoola yoga basti* various benefits like *Amahara*, *Shoola hara*, *Shotha hara*, *Brmhana* and *Vata shamana* properties are attained. Through this she felt much relief in her symptoms and SLR improved to 75 degrees. Aiming at better relief of her symptoms further *Siravyadha* has been followed on her left lower limb, as *Siravyadha* can help to remove the *Avarana* of *Pitta* or *Kapha* as a *Anubandha* to *Vata dosha* and giving way for *Anuloma gati* of vitiated *Vata*.

CONCLUSION

The present case study signifies the role of *Dosha pradhanya chikitsa*. The *Chikitsa* should be based on *Avarana* concept and the *Adhishtana* and *Doshapradhanyata* of *Vyadhi*. In the initial stages, more importance is given to *Kapha* and in later stages to the vitiated *Vata*. After *Kapha* is brought under control, further management aims at normalizing the *Vatadosha*. Thus the result obtained from the treatment was remarkable.

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