

Effect of Agnikarma in the management of Gridhrasi - A Case study

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ABSTRACT

Gridhrasi is one of the *vata vyadhi* explained by *Acharyacharaka* in *vata vyadhi chikitsa adhyaya*. It is one of *vyadhi* among 80 *Nanatmaja Vata* disorders mentioned by *Acharya Charaka*. There are two types of *Gridhrasi*, namely *Vataja* and *Vata-kaphaja*. *Ruka* (pain), *Toda* (pricking sensation), *Stambha* (stiffness) and *Muhurspandana* (twitching) hip, back of the thigh, knee, calf and foot respectively are the main symptoms.

Accordingly, the disease most closely resembles sciatica which is characterised as pain or discomfort associated with Sciatic Nerve. The patient presented here with pain in lower back radiating to both legs along with numbness and paraesthesia. The treatment as specified by *Acharya* in various texts is focused on *Agnikarma*. By the application of *agnikarma* helps in relieving the symptoms like pain, inflammation and stiffness. *Gridhrasi* can be treated remarkably with procedures of *panchakarma* and internal medications. Here in the case study a female patient of age 46 years presenting with clinical features of *gridhrasi* and was given *Panchakarma* treatment (*Agnikarma*).

Key Words: *Gridhrasi*, *Agnikarma*, Ayurvedic management, Effective therapy

INTRODUCTION

The symptoms of this disease initially affect *Sphik* (buttock) as well as posterior aspect of *Kati* (Lumber) and then gradually radiates to posterior aspects of *Uru* (thigh), *Janu* (knee), *Jangha* (calf) and *Pada* (foot). [1] *Acharya Sushruta* opines when two *Kandara* in the leg gets afflicted

with *Vata Dosha*, it limits the extension of leg, resulting in *Gridhrasi*. [2] The symptoms are- [3] *Stambha* (stiffness), *Toda* (Pricking Sensation), *Ruk* (pain), *Muhurspandan* (Tingling). In *Vata-Kaphaja* type of *Gridhrasi-Tandra*, *Gaurava* (heaviness) and *Arochaka*. Sciatica, also known as sciatic neuritis, sciatic neuralgia, or lumbar radiculopathy, is when pain is felt going down the leg from the back. [4] Sciatica is basically a symptom that arises due to compression or inflammation of sciatic Nerve. In general an estimated 5%-10% of patients with low back pain have sciatica. The annual prevalence of disc related sciatica in the general population is estimated at 2.2%. [5]

CASE REPORT

★ History of personal illness:

A female patient aged 46 years presented with the complaint of *vam kati te pad tal shool Kati* (Lumber) and then gradually radiates to posterior aspects of *Uru* (thigh), *Janu* (knee), *Jangha* (calf) and *Pada* (foot), *ubhay pad chimchimayan* (tingling sensation), *Chakraman-kashtata* (difficulty in walking), *Aasane udishte kashtata* (difficulty in sitting-standing), *Padsuptata* (tingling numbness) But from 15 days patient increase the severity of symptoms.

The present case study is successful Ayurvedic management of a case of *Gridhrasi* (Sciatica). A 46 year old female patient came to us with chief complaint of –

Table 1 : Showing symptoms & duration of patient :

SR.NO	CHIEF COMPLAINTS	DURATION
1	Vaam kati te padatal shoal (radiating pain from lumber, thigh, knee, calf, foot region)	15 days
2	Ubhay pad chimchimaya (tingling sensation)	1 year
3	Chakraman-kashatata (difficulty in walking)	6 month
4	Asane udishte kashatata (difficulty in sitting & standing)	6 month
5	Padasuptata (tingling numbness)	2/3 months

ASTAVIDHA PARIKSHA:

Nadi (pulse) = 78/min.

Mala (stool) = awastambha

Mutra (urine) = 3-4 times in a day

Jeeva (tounge) = Eshat saam.

Agni = prakrut

Shabda (speech) = Normal.

Akruti = Madhyama.

Bala = Madhyama.

Raktadaaba (B.P) = 120/70 mm/Hg.

The gait of patient was waddling and walk by dragging the toe of left foot. Her

SLR test was positive in both legs (L>R) at 60° in right and 30° in left. Lasegue's test was positive on bilateral side. Power in left lower limb was slightly lesser than right side;

The MRI findings revealed straightening of normal lordosis, desiccative disc changes at L5-S1 level, mild diffuse disc bulge at L4-5 level causing thecal sac indentation, nerve compression



MATERIALS AND METHODS

Center of study: S.S.N.J. Ayurvedic Hospital, Solapur, India.

Method of sampling & study design: Simple randomized single case study.

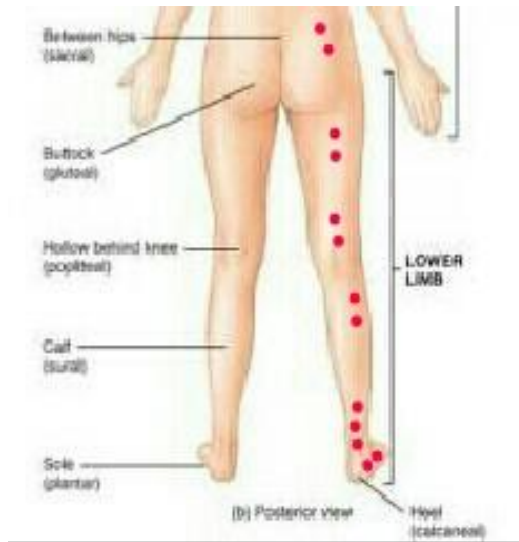
MATERIALS:

Table 2: Showing material used in study

SR.NO	DRAVYA	DOSE	DURATION	ANUPAN
1	Yograj guggulu	200 mg	1 pack Twice in day	Luke warm water
2	samirpannaga	125 mg		
3	Dashmula	500 mg		
4	Guduchi	1 gm	At night	Luke warm water
5	Gandhrava haritaki	1 gm		

Table 2: Panchakarma

1	Agnikarma	on the points vam kati, uru, janu, pad, parshni pradeshi (posterior site of luber, femoral, knee, calf muscle, calcanium region)
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agnikarma point on pad pradeshi

Photo which show agnikarma points

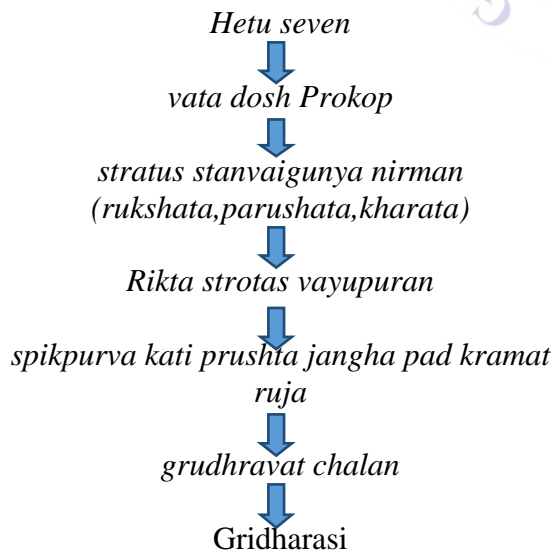
DISCUSSION

Hetu seven

Ahar- ruksha,shit(cold), bread, bekari products oily,katu tikta kashaya rasatamak diet.

Vihar- night duty, heavy exercise, mental tension, vegadharana, panchakarma atiyaga, aamotpatti (indigestion).

Samprati:



Samprati-Ghatak:

- Dosh – vata dosha prakop
- Dushya – majja,asthi
- Srotas – asthivaha,majjavaha
- Srotodusti – sanchaya vrutti

- Udhbhavasthana – asthi,sandhi
- Vyaktasthana – katipradesh, uru,janu,jangha, pad pradeshi

samprapti bhanga:

In line of treatment we think about Aampachn, dipan, vatashamana, balya and Rasayan chikitsa. Action of all individual drug mentioned in following table-

Sr. No	Dravya	Action
1	Yograj gugulu ^[6,7]	vatshamak,vatashoolnashak, strotobandanashak
2	Samirpannag ^[8]	vata kaphaghana
3	Guduchi ^[9]	Rasayani, vayasta, jwaragni, vatkaphagn
4	Dashashmool	vatanashak,
5	Gandrav haritaki	anulomak, vatashulanashak

OBSERVATION & RESULT

The results observed after the treatment: Improvement in signs and symptoms of the patient. Relief was found in dragging pain, numbness and tingling sensation. Gait has improved.

• Walking distance:-

Before treatment: - Patient had severe pain after walking 100 mts.

After treatment: - Patient could easily walk without pain about 200 mts.

• Walking time:-

Before treatment: - Patient took around ten minutes to walk 100 steps.

After treatment: patient took around five minutes to walk 100 steps.

No significant change was observed in MRI REPORT

Above results after *Agnikarma* treatment only.

Table 3 : showing SLR Test before and after treatment Agnikarma.

SLR TEST OF LEFT LEG	
BEFORE AGNIKARMA	AFTER AGNIKARMA
30+	75+

CONCLUSION

Agnikarma therapy shows highly significant results in all signs and symptoms, especially in case of pain as it is one of the most uncomfortable factors for patient. The entire treatment was tolerated comfortably by the patients. There were no side effects noticed in any of the patients. The procedure was simple economical and can be done in OPD level gives instant relief to most of the patients, but still to avoid the reoccurrence of the disease and to break the *Samprapti* the patient may need to continue on oral shaman medication. The Pain relief provided by *Agnikarma* presents a window of opportunity in the clinical management of Sciatica.

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