

Testing the Validity of *Charakokta Chikitsa Sutra for Gridhrasi: A Case Study*

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ABSTRACT

Background: *Gridhrasi* refers to a *Vataja Nanatmaja Vikara* characterised by pain radiating along *Sphik, Kati, Prishta, Ooru, Janu, Jangha* and *Pada*. The onset is usually gradual. The description of *Gridhrasi* closely resembles sciatica. The prevalence of sciatica ranges between 3.8% and 7.9% in the working and nonworking population. *Ayurvedic* treatment of *Gridhrasi* involves *Sira-Vyadha, Basti-Karma* and *Agni-Karma*. **Aim and Objectives:** The study was aimed at testing the usefulness of *Charakokta Chikitsa Sutra* for *Gridhrasi*. **Materials and Methods:** This is a single case study. A 31-year-old lady, complaining of pain in the lumbar region radiating along the left lower limb for the past one year, was diagnosed with *Gridhrasi*. She was treated with *Sira-vyadha* followed by *Dashamoola Ksheera Basti, Sahacharadi Taila Matra Basti, Sarvanga Abhyanga* with *Sahacharadi Taila* (followed by *Bhashpa Sweda*) and *Sarvanga Patra Pottali Sweda* along with *Shamana Chikitsa*. The treatment continued for eight days. **Results:** On examination, the patient experienced less pain; the pain was restricted to calf muscles. **Conclusion:** The *Charakokta Chikitsa Sutra* for *Gridhrasi* is helpful in the management of *Gridhrasi*.

KEYWORDS: *Gridhrasi, sciatica, Sira-Vyadha, Basti-Karma*

INTRODUCTION

Occupational back pain remains a major health burden to society. One of the main causes of low backache is intervertebral disc prolapse (IVDP). IVDP involves the displacement of the nucleus pulposus from the intervertebral space.¹ Protrusion and herniation of nucleus pulposus usually occur at L4-L5 and L5-S1 intervertebral spaces. The pain associated with IVDP could be localised or referred pain. The referred pain is felt along the lower limb. The latter is the feature of sciatica.

Low back pain has been enumerated as the fifth commonest cause of hospitalisation and the third most frequent reason for a surgical procedure. While it has been observed that between 60%-80% of the population experience backache at some point in their lives², the number of people suffering from sciatica ranges from 3.8% (working population) to 7.9% (nonworking population) of the population.³ The disease is most prevalent in the age group of 40-50

years. Men are affected disproportionately more than women.⁴

Gridhrasi is one of the *Vataja Nanatmaja Vikara*.⁵ The term *Gridhrasi* is derived from adding 'Din' *Pratyaya* to the root term '*Gridhraus*'.⁶ The patient afflicted with *Gridhrasi* has difficulty walking. Her gait resembles the gait of vulture (*Gridhra*).

Gridhrasi is characterised by *Ruk, Toda, Spandana, Sthambha* along *Sphik, Prishta, Kati, Uru, Janu, Jangha* and *Pada*.⁷ Usually, the symptoms develop gradually. When *Kapha* gets associated with *Vata* the patient experiences *Tandra, Gaurava* and *Aruchi* besides the cardinal features of *Gridhrasi*.⁸

As the incidence of low backache grows and modern medicine falters to come up with reasonable treatment for sciatica, it becomes imperative to explore ideas in alternate medicine that could help find a cure for the disease. In this context, exploring the usefulness of

How to cite this paper: Dr. Venkatesh V Goudar | Dr. Supriya Y Bhosale "Testing the Validity of *Charakokta Chikitsa Sutra for Gridhrasi: A Case Study*" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-6 | Issue-7, December 2022, pp.1240-1244, URL: www.ijtsrd.com/papers/ijtsrd52556.pdf



IJTSRD52556

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Charakokta Chikitsa Sutra for *Gridhrasi* could provide us with insights for treating occupational back pain and sciatica.

In this case study, a 39-year-old lady with IVDP in lumbar region was treated with *Sira-vyadha* followed by *Dashamoola Ksheera Basti*, *Sahacharadi Taila Matra Basti*, *Sarvanga Abhyanga* with *Sahacharadi Taila* (followed by *Bhashpa Sweda*) and *Sarvanga Patra Pottali Sweda* along with *Shamana Chikitsa*. The treatment continued for eight days.

OBJECTIVES

- To test the usefulness of *Charakokta Chikitsa Sutra* for *Gridhrasi*.
- To evaluate the effectiveness of *Sira-Vyadha* and *Basti-Karma* in *Gridhrasi*.

MATERIAL AND METHODS

This is a case study. Informed consent was taken from the patient in her mother tongue.

History of present illness

The patient started with low back pain about one year ago. Initially the pain was localised. Gradually she started to experience pain along her left lower limb. The pain would increase on standing and walking; the patient would feel relieved after resting for a few minutes. The symptoms started to worsen with time. The patient developed tingling sensation and heaviness along the left lower limb, and the pain would continue to persist after a brief walk. She opted for modern medicine but for no avail. She then approached the Department of Samhita and Siddhanta at R.P. Karadi Hospital, Ilkal. (The patient description is available in Table 1. Chief complaints are mentioned in Table 2. The details of examination of the patient are described in Tables 3, 4 and 5 respectively.)

Table 1: Patient Description

Name	XYZ
Age	31 Years
Gender	Female
Address	Guledagudda
OPD	2205782
Marital Status	Married
Occupation	Works at a private firm
Socio-economic status	Upper Middle Income

Table 2: Chief Complaints

Sl. No	Complaint	Duration
1	Low backache	1 year
2	Pain along the left lower limb	6 months
3	Heaviness in left lower limb	6 months
4	Tingling sensation in the left foot	1 month

Table 3: Vitals Examination

Blood Pressure	120/70 mmHg ⁻¹
Pulse Rate	78 m ⁻¹
Respiratory Rate	16 m ⁻¹

Table 4: Ashta-Sthana Pareeksha

Nadi	74 min ⁻¹
Mutra	3-4 times/day (Samyak)
Mala	Once or twice a day (Samyak)
Jihwa	Nirama
Shabda	Spashta
Sparsha	Anushnasheeta
Drik	Prakruta
Akruti	Madhyama

Table 5: Examinations Specific to the disease

Inspection	Limping gait
Palpation	Tenderness at L4-L5 region
SLR Test	Left leg: Positive at 40°
	Right leg: Negative

Past History

No history of major medical illnesses (Hypertension and Diabetes Mellitus).

No history of trauma or fall.

Surgical intervention: Caesarean delivery (2 years ago)

Medication History

The patient was consuming the following medicines for low backache: NSAIDs.

Personal History

Food habits: Vegetarian.

Appetite: Normal

Sleep: Normal

Family History

Not significant.

Nidana Panchaka

Hetu (Aetiology or Causative factors):

- Ahara*: *Katu*, *Rooksha* and *Ushna Ahara*.
- Vihara*: Standing for long duration, sedentary work. *Poorva Roopa*: Stiffness and pain in L4-L5 region.

Roopa: Pain in the lower back region radiating along the left lower limb, heaviness along the left lower limb, tingling sensation in the left foot.

Aggravating factors (*Anupashaya*): Standing, walking.

Relieving factors (*Upashaya*): Resting for a while.

Samprapti: Initially, *Nidana Sevana* leads to *Vata Dosha Prakopa*. Over some time, *Sroto-Dushti* within the *Rasa-Vaha Srotas*, *Asthi-Vaha Srotas* and *Majja-Vaha Srotas* ensue. Flowing along the *Khara Srotas*,

Vata Dosha starts to settle in the lumbar region (*Sthana-Samshraya*). This leads to low back pain and pain along the left lower limb.

Samprapti Ghataka

Dosha: Vata, Kapha

Dushya: Rasa, Rakta, Asthi, Majja, Kandara, Sira, Snayu

Srotas: Rasa-Vaha, Rakta-Vaha, Asthi-Vaha and Majja-Vaha

Sroto-dushti: Sanga

Agni: Vishama-agni

Roga-marga: Madhyama

Adhishtana: Kati, Prishtha, Ooru, Jangha, Pada

Udbhava Sthana: Pakvashaya

Vyakta Sthana: Sphik, Kati, Prishtha, Ooru, Janu, Jangha and Pada

Investigations

MRI Lumbo-Sacral Spine – Plain produced the following impressions:

1. L5-S1 level: Disc desiccation, central disc protrusion, bilateral facet arthropathy causing thecal sac indentation. No significant foraminal narrowing seen.
2. Bilateral facet arthropathy seen at L4-L5 level.
3. Mild sclerosis noted adjacent to the bilateral sacroiliac joints – suggestive of chronic sacroiliitis.

Diagnosis

Vata-Kaphaja Ghridrasi

Treatment Advised

The treatment was advised based on the *Charakokta Chikitsa Sutra* for *Ghridrasi*. The details of both *Shodhana Chikitsa* and *Shamana Chikitsa* are available in Table 6 and Table 7 respectively.

Table 6: Shodhana Chikitsa

Sl. No	Type of Chikitsa	Duration
1	Sira-Vyadha 4 Angula above the Janu Sandhi	Once
2	Sarvanga Abhyanga with Sahacharadi Taila followed by Bhashpa Sweda	8 days
3	Dashamoola Ksheera Basti followed by	8 days
4	Matra Basti with Sahacharadi Taila	
5	Sarvanga Patra Pottali Sweda	8 days

Table 7: Shamana Chikitsa

Sl. No	Type of Chikitsa	Dose	Anupana	Duration
1	Dhanadanayanadi Kashayam	4 tsf TID BF	Ushna Jala	8 days
2	Cap. Palsinuron	1-1-1 AF	Ushna Jala	8 days
3	Cap. Lumbaton Plus	1-0-1 AF	Ushna Jala	8 days

OBSERVATIONS AND RESULTS

The patient started to feel lightness in the left lower limb after the *Sira-Vyadha* (Day-1). At the end of the treatment period, the patient felt a reduction in the low backache. The patient complained of localised pain in the calf region of the left lower limb. The range of movements of the spine increased. The tingling sensation in the left foot was reduced. The SLR test was positive at 70° for the left lower limb. Bragard's test was negative. The patient no longer had a limping gait. She could walk for 200m without pain.

DISCUSSION

The *Chikitsa Sutra* for *Gridhrasi* involves *Sira-Vyadha*, *Basti Karma* and *Agni Karma*.⁹ The treatment protocol planned for this patient involved *Shodhana Chikitsa* (*Sira-Vyadha*, *Basti Karma*) and *Shamana Chikitsa*.

The treatment principle aims to reduce the *Vedana* (by the expulsion of *Vata Dosha* through *Basti Karma*) and *Shotha* (through *Sira-Vyadha*). Besides that, the aim is also to strengthen the structures around the lumbar region and the lower extremities. The present treatment protocol involves drugs that do *Vedana-Sthapana* by pacifying the *Vata Dosha*.¹⁰ The probable mode of action of the aforementioned *Shodhana Chikitsa* and *Shamana Chikitsa* could be as follows:

Sira-Vyadha

Sira-Vyadha was done on the first day of the treatment. The *Poorva Karma* involved localised *Snehana*, *Swedana*, and *Yavagu Pana*. *Sira-Vyadha* was done proximal to the left *Gulpha Sandhi*. After achieving the *Samyak Viddha Lakshana*, *Bandhana* was done to the *Vrana*.

Gridhrasi involves the vitiation of *Rakta* and *Kandara-adi*. *Sira-Vyadha* helps achieve the elimination of *Dushita Rakta*.¹¹ *Sira-Vyadha* is said to act on *Avagadha-tama Dosha*. It thereby reduces the *Shotha* and helps improve the range of movements. *Samyak Sira-Vyadha Lakshana* therefore include *Laghavata* and *Vedana-shanti* as the main features.

Sarvanga Abhyanga with Sahacharadi Taila

Abhyanga is said to have the *Vata-hara* effect.¹² When practised for long enough, the effects of *Abhyanga* percolate down to the *Dhatu*s. In the 21st chapter of the *Chikitsa Sthana* of *Ashtanga Hridaya*, *Acharya Vagbhata* mentions that *Sahacharadi Taila* is immensely effective in *Vataja vikaras*. He adds that *Sahacharadi Taila* reduces *Sthambha*. Besides pain, patients of occupational backache also complain of the stiffness in the lumbar region. Therefore, *Abhyanga* with *Sahacharadi Taila* helps reduce the pain and stiffness in the occupational backache and sciatica.

Bhashpa Sweda

Swedana is said to be *Sthammbhaghna*. It also improves mobility (*Sandhi-cheshtakarah*). *Swedana* is also said to be *Sroto-shuddhikarah*. It removes the barriers to the flow of the *Doshas*. It reduces both *Vata* and *Kapha*.¹³ It also catalyses the process of transfer of *Dosha* from *Shakha* to *Koshta*. This movement of the *Doshas* away from the *Shakha* is quintessential for *Shodhana*.

Dashamoola Ksheera Basti – 3 Basti in 6 days, and Sahacharadi Taila Matra Basti (50ml) – 5 Basti in 8 days (Yoga Basti)

Basti is said to be the best among the *Vata-hara* methods.¹⁴ The drug administered through this route doesn't just end up in the *Pakwashaya* but is said to directly affect the *Kati*, *Parshwa*, *Kukshi* parts of the body. *Dashamoola Ksheera Basti* replenishes the *Dhatu*s besides reducing the vitiated *Vata Dosha*. *Dashamoola* have *tridosha-hara* effect. Besides that, recent studies have provided evidence for the anti-inflammatory and analgesic effects of *Dashamoola*. These properties of *Dashamoola* help reduce both the localised and radiating pain in the occupational backache and sciatica.

Sahacharadi Taila helps reduce *Sthambha*, *Shosha* etc.¹⁵ *Matra Basti* with *Sahacharadi Taila* also has the property of *Gati Visheshatvam* i.e., it helps improve mobility.¹⁶ It does so through its *Madhura rasa* and *Tikta Rasa*. The simultaneous use of *Dashamoola Ksheera Basti* and *Matra Basti* with *Sahacharadi Taila*, therefore, helps reduce both pain and stiffness associated with the occupational backache and sciatica (*Gridhrasi*).

Table 8: Pattern of Yoga Basti

Day	1	2	3	4	5	6	7	8
Basti	M	N	M	N	M	N	M	N

M: Matra Basti (Sahacharadi Tailam)

N: Niruha Basti (Dashamoola Ksheera Basti)

Sarvanga Patra Pottali Sweda

Patrapinda pottali sweda works by pacifying *Vata* without increasing the *Kapha*.¹⁷ This type of *sweda* is

usually used in the case of pain and swelling associated with bones and joints.

Shamana Chikitsa**Dhanadanayanadi Kashayam**

Dhanadanayanadi Kashayam contains – *Dhanadanayana*, *Shunthi*, *Sheeghru*, *Rasna*, *Uragandha*, *Varuna*, *Lashuna*, *Krishna (Pippali)*, *Chitraka*, *Eranda*, *Surataru*, *Ghana*, *Pathya* and *Barbara*. The *Kashayam* is said to be useful in *Ardita*, *Akshepaka* and other *Vataja Roga*.

Capsule Palsinuron

Capsule *Palsinuron* is an *Ayurvedic* proprietary medicine. It consists of *Mahavatavidhwamsa Rasa* (60mg), *Sameera Pannaga Rasa* (60mg), *Ekanga-veera Rasa* (60mg), *Sootashekhara Rasa* (60mg), *Lajjalu* (60mg) and *Khurasani Ova* (60mg). The drug is manufactured by SG Phyto Pharma Pvt. Ltd. The drug is said to be helpful in neuralgia, cervical spondylosis, lumbar spondylosis, bursitis, hemiplegia etc.

Capsule Lumbaton Plus

Lumbaton plus soft gel capsule is a proprietary *Ayurvedic* medicine manufactured by AVN Ayurveda Formulations Pvt. Ltd., Madhurai, Tamil Nadu. Each capsule contains 800mg of medicaments. The main ingredients are *Tila Taila* and *Eranda Taila*. The drug is said to be effective in treating *Gridhrasi*.

From the aforementioned points in the discussion section, it can be concluded that the overall effect of all the treatment regime planned in this study worked by inducing *Vatashamana* besides the *Srotoshodhana* and *Shothahara* actions. The result was that the patient felt relieved of the pain while standing; she could walk distances without pain; pain in the low back region almost vanished; the patient felt lightness in her left lower limb; the tingling sensation was reduced. This shows us that, if implemented properly, *Charakokta Chikitsa Sutra* for *Gridhrasi* could help us design treatment to manage the *Gridhrasi*.

CONCLUSION

Charaka Samhita has stood the test of time. This study affirms that claim. In this study, *Charakokta Chikitsa Sutra* for *Gridhrasi* was found effective at treating the patient with sciatica. Doing an RCT to improve the evidence supporting the *Charakokta Chikitsa Sutra* should be the next logical step. If proven to be effective, the *Ayurvedic* treatment for sciatica and occupational backache could help reduce the disease burden besides reducing the chances of people opting for surgical intervention to get rid of sciatica.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the

patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial Support and Sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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