



International Journal of Indian Medicine

www.ijim.co.in

ISSN: 2582-7634

Volume - 4, Issue - 2

February 2023



I J I M

INDEXED



International Journal of Indian Medicine

Access the article online



International Category Code (ICC): ICC-1702

International Journal Address (IJA): IJA.ZONE/258276217634

Systemic Review and Analysis of Research of Ghridhrasi

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Abstract: Ayurveda is considered as one of the oldest and traditional system of medicine. At present the lifestyle is slowly shifting towards irrational habits leading to many diseases. Physical inactivity and some other reasons put maximum pressure on the lumbar region with lower limb. Gridhrasi is a vatavyadhi, Specific samprapti of Ghridrasi is not explain in Ayurveda but it is one of the 80 types of Nanatmaja vatavyadhi where lakshana initially affect Sphika(buttock), also extend to the posterior aspect of Uru(thigh), Janu (knee), Jangha(calf) , Pada(foot). In modern science it can be equated with sciatica pain. The typical sciatica pain starts along with sciatica nerve, as it may be unilateral or bilateral. It causes difficulty in walking, where the gait is described as one slightly tilted to the affected side with the affected lower limb in flex position .Ayurvedic chikitsa will help to cure Gridhrisi without any adverse effect. In this article Systemic review of 4 research works has been done. All these works conducted Ayurvedic management through both Shodhana and Shaman chikitsa. Review shows improvement of result in chief complaints and neurological finding in study work but effect of Shodhana chikitsa was slightly better tha internal medications and formulations.

KEY-WORDS: Gridhrasi, Sciatica Research, Shodhana, Shamana

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How to cite this article : Jagtap S., Nalkande M., Gogate V. , Dongare P. Systemic Review And Analysis Of Research of GhridhrasiInt. J Ind Med 2023;4(2):11-15

INTRODUCTION:

Ayurveda is considered as one of the oldest and traditional system of medicine. The current lifestyle is slowly moving away from healthy living, which cause numerous disease to affect people. Sedentary way of life, inappropriate posture, due to constant jerky movement, stress, long time travelling, heavy weight lifting, prolonged walking and standing and sometimes trauma puts maximum pressure on the lumbar region with lower limb. *Gridhrasi* is a *Vatavyadhi*, Specific *samprapti* of *Ghridras* is not explained in *Ayurveda* but it is one of the 80 type of *Nanatmaja vatavyadhi*^[1]. i.e. only brought on by vitiated *Vata*, hence the majority of *lakshanas* are *Vataprakopaka lakshanas*, characterised by *stambha* (stiffness), *toda* (pricking pain), *ruka* (pain), and *spandana* (tingling sensation) mostly^[2]. *Kapha* may be associated with vitiated *vata* and due to these *Tandra*, *Gaurava*, *Arochaka*, may be occur^[3]. Above mentioned *lakshana* initially affect *Sphika* (buttock), also extend to posterior aspect of *Uru* (thigh), *Janu* (knee), *Jangha* (calf), *Pada* (foot). In modern science it corresponds with sciatica pain. The typical sciatica pain is start along with sciatica nerve, it can be unilateral or bilateral. Based on the severity of the condition it causes difficulty in walking, where the gait is described as one slightly tilted to the affected side with the affected lower limb in flexed position. And the other lower limb extended which resembles to that of vulture (*Ghridh*). About 80–90% of people gets affected by lowback pain and prevalence is 5% of those who experience sciatica^[4]. According to modern medicine, treatment of sciatica includes analgesics, steroids and surgical intervention, which is not sufficient for overall relief. *Ayurvedic chikitsa* will help to cure *Gridhrasi*

Treatment given : External *snehana*, *swedana* were done for 15 days

mostly without any adverse effect, *Acharya Charaka* describes *Bastikarma*, *Siravedh* and *Agnikarma*^[5]. *Acharya Sushruta* advised *siravedha* above and below four *angula* of *janusandhi*^[6]. Whereas *Acharya Vagbhata* advised *siravedha* four *angula* above and below the *janusandhi*, also they mentioned *Agnikarma* and *anuvasana basti*^[7]. where as *Acharya charaka* stated in *sutrasthana*, whenever there is *prakopitdosha* which should eliminated with *shodhana chikitsa* from which the recurrence of same *doshaprakopa* will not happen again and again, as in *shaman chikitsa* may show recurrence^[8]. At GACH Nanded, various research were conducted to find the importance of *Ghridhrasi* management. These articles present the results of a systematic review that was conducted on 4 research projects (at GACH and completed between 2000 and 2020). All these works were conducted on *Ayurvedic* management or *shodhana* and *shaman chikitsa*.

Material and methods : Thesis work completed by post graduate students at Government Ayurved College, Nanded, Maharashtra, India

Study NO. 1 : Vd. Tukaram Sambhaji Dudhmal (2000)

There were 60 patients in total who were randomly divided into two groups for this study.

Group A : Trial group

No. of patient : 30

Treatment given : *Siravedha* was done after *snehana* and *swedana* till 100 ml blood was let out above and below four *anguli* of *janusandhi* (knee joint) of affected side.

Group B : Control group

No. of patient : 30

Symptoms	Trial group	Control group
<i>Ruka</i>	50%	10%
<i>Chimachimayana</i>	80%	33%
<i>Saudnyanasha</i>	90%	80%
<i>Prushtavankshanashoola</i>	100%	76.6%
SLRT	71.30%	51.86%

Conclusion : Study result shows trial group have statistically remarkable relief in symptoms

Study NO. 2 : Dr. Priyanka Ramakanta Hambarde (2015)

There were total 60 no. of patient who were divided into 2 groups.

Treatment given :Group A : *Siravedha* was done form four *angula* above knee joint

Group A (<i>Siravedha</i>)	Before treatment (mean score)	After treatment (mean score)
<i>Ruka</i>	2.200	1.367
<i>Toda</i>	2.333	1.300
SLRT	2.333	1.300

where four *angula* distance taken from upper border of knee joint . Great saphenous vein was selected for both *Siravedha* .

Group B : *Siravedha* was done four *angula* below knee joint where four *angula* distance taken from lower border of knee joint .

Conclusion : combined study of overall effect of therapy in both group shows that there was very minute difference in both group.

Group B (<i>Siravedha</i>)	Before treatment (mean score)	After treatment (mean score)
<i>Ruka</i>	2.300	1.367
<i>Toda</i>	2.200	0.9667
SLRT	2.367	1.167

Study NO. 3 : Dr. Gayatri shashikant kalamkara (2015)

In this study ,total 60 patient were selected and randomly divided into 2 groups, here 30 patient in each group

Treatment given :

	Group A	Group B
Ruka	60%	27.4%
Toda	56.16%	19.41%
SLRT	59.36%	29.42%

Group A : *Sunthisiddha Erandataila* (5 ml) with *ksheera* (20 ml) HS along with *Rasna guggul* 500 mg BD for 7 day

Group B : *Rasna guggul* 500 mg BD before meal with lukewarm water for 7 day

Conclusion : looking at the parameter ,Reduction in pain (*ruka*),*toda*, and SLRT is greater in Group A Than Group B

Study NO. 4 :Dr. Dipali uttamrao suke (2016)

Single group of 30 patient

Treatment given : *Panchamuli kashaya* (40 ml) with *Erandataila*(20ml) orally BD before meal for 7 days

	Before treatment	After treatment
<i>Ruka</i>	46.7%	56.7%
<i>Toda</i>	53.3%	80%
SLRT	16.7%	63.3%

Conclusion :It was observed that *Panchamuli kashaya* with *eranda taila* was more effective in treating *Vatakaphaja Gridhrasi*.

DISCUSSION:

As the sciatica is painful condition according to modern treatment , analgesics were used to treat it. Which was often associated with adverse effect hence as a substitute of these *Ayurveda* has cheaper readily available , effective formulation or management for *Gridhrasi*. In the first study , *Siravedha* followed by *snehana* and *swedana* , due to *anubandha* of *raktadosha* ,*siravedha* act as removing congested blood in area of *shonita avrutavata*. It reduces the symptoms like *Ruka*, *Chimachimayan*, *Sadnyanasha*, *Prushtavankshana shoola*. This study shows significant relief in *Siravedha* followed by *Snehana*, *swedana* in *Gridhrasi* patient^[9]. The 2nd study, statistically proves that study result obtained in both the group are approximately same i.e. *Siravedha* shows approximately same effect in patient of *Gridhrasi* done above knee joint and below knee joint. Principle of *siravedha* is to let out *raktadhatu* along with vitiated *vatadosha* where *raktadhatu* is prominent^[10]. In 3rd study ,*Sunthisiddha erandataila* with *ksheera* and *rasnaguggula* combination is effective in treating the chief complaints. *Vatakaphaja gridhrasi* can be considered as *upstambhit vatavyadhi* . *Erandtaila* is *virechaka* and *sunthi* is *amapachaka* leads to *strotoshodhana*. *avarana* of *ama* and *khapha* gets removed and leads to *vatamulomana*, so with these *vatamulomana* , pain in patient get relieved.^[11] In 4th study, *Agnimandya* is important event in *samprapti* of *vatakaphaja gridhrasi*, which leads to accumulation of

ama which further lead to *strotorodha* , hence it is treated with *amapachaka*, *strotoshodhaka* , *vatanulomaka* , *vatakaphaja shamakaushadhi* like *panchamulikashaya* .*Erandataila* is *virechaka*, *ushnatikshna* , *strotoshodhaka* .It was observed that formulation of *panchamulikashaya* with *ErandaTaila* was more effective in treating *Vatakaphaja Gridhrasi* because of *virechaka* and *deepanapachana* properties of this drug.^[12]

CONCLUSION:

There are four research studies on *Gridhrasi* management in this article. Combination of *Shaman chikitsa* with *panchakarma* had been used in all of the work. Review shows improvement in result of chief complaints and neurological finding in both the groups but effect of *siravedha chikitsa* was slightly better than internal medications of *erandataila* with *kwatha* formulations.

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Source of Support : None declared

Conflict of interest : Nil

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