



Case Study

AYURVEDIC TREATMENT PROTOCOL IN THE MANAGEMENT OF *KAPHA VATAJA GRIDHRASI* - A CASE REPORT

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ABSTRACT

The disease wherein the *Kandara* which passes through the *Parshni* (the region below *Gulphabhaga*) towards the *Pratyanguli* gets affected by *Vata dosha* resulting in difficulty in *Prasarana* of *Sakthi* (region starting from *Gulpha* and ending in *Vitapa*) is called *Grdhrasi*. *Grdhrasi* is of two types *Vataja* and *Vatakaphaja*, hence the factors that cause the vitiation of *Kapha* should also be considered in case of *Vata kaphaja Grdhrasi*. Patient was a 38 years old female Software engineer, complaints of severe low backache radiating to right lower limb which is continuous for last 3 weeks. Since 4 years she is under allopathic medication and she is getting only temporary relief. Since the patient was having *Kapha vataja gridhrasi*, along with *Sama lakshana*, *Rukshana* was the initial line of management, followed by *Snigda sweda* and *Erandamooladi niruha basti*. The case study suggested that an *Avastha anusara ayurveda* treatment will be effective in managing *Kapha vataja gridhrasi*. Ayurveda treatments can arrest the progress of the disease. *Kaphavatahara* treatments were adopted mainly focusing on *Kapha*. With a thorough understanding of *Dosha* involved we can manage the complex conditions like *Gridhrasi*.

INTRODUCTION

The disease wherein the *Kandara* which passes through the *Parshni* (the region below *Gulphabhaga*) towards the *Pratyanguli* gets affected by *Vata dosha* resulting in difficulty in *Prasarana* of *Sakthi* (region starting from *Gulpha* and ending in *Vitapa*) is called *Grdhrasi*.^[1] Separate *Nidanas* for *Grdhrasi* is not mentioned in classics. Since the *Nidana* for all the *Vatavyadhis* are similar, the *Samprapti* and the clinical presentation is almost unique for each, *Vatavyadhinidana* can be considered. *Grdhrasi* is of two types –*Vataja* and *Vatakaphaja*, hence the factors that cause the vitiation of *Kapha* should also be considered in case of *Vata kaphaja Grdhrasi*. The main symptom of the disease is radiating pain starting from *Sphik* to *Kati prishtha*, *Uru*, *Janu*, *Jangha* and *Pada*, associated with *Stambha*, *Toda*, *Grahana* and *Spandana*.^[2]

In *Kevala Vataja Grdhrasi*, the pain will be severe while in *Vata kaphaja Grdhrasi*, *Stambha* and *Grahana* will be characteristic. Along with *Samanya lakshana*, systemic manifestations like *Tandra*, *Gourava*, *Arocaka* will be also present in *Vata kaphaja gridhrasi*.^[3] Since 4 years she is under allopathic medication and she is getting only temporary relief. Since the patient was having *Kapha vataja gridhrasi*, along with *Sama lakshana*, *Rukshana* was the initial line of management, followed by *Snigda sweda* and *Erandamooladi niruha basti*.

Case Report

Patient was a 38 years old female Software engineer, a pre-diagnosed case of sciatica and was on allopathic medication for a period of 4 years, complaints of severe low backache radiating to right lower limb which is continuous for last 3 week. It was associated with numbness and tingling sensation over the affected limb. He had marked difficulty in doing his ADL. He had no history of bowel or bladder impairment, weakness, and wasting of muscles. History revealed patient had a habit of long sitting as a part of her job. Patient is non-diabetic, non-hypertensive and has no other co-morbid conditions. Family history revealed her mother also has the same problem. Since 4 years she is under allopathic medication and she is getting only temporary relief.

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For better management and to prevent the recurrence of disease she came to Immanuel Arasar Ayurveda Medical College and Hospital.

The treatment was planned based on the *Dosha* involved and *Avastha* of patient.

Clinical Findings

This case was reported on 20-7-2022 in IPD of Immanuel Arasar Ayurveda Medical College and

Therapeutic Intervention

Hospital. On examination straight leg raising test was positive and Shobers test were found positive. Physical examination revealed patient is anxious with normal appetite, bowel movements and urination. Neurological examination was carried out and found that higher mental functions and all cranial nerves are normal. Motor examination showed, tone, power, coordination and bulk were normal on both legs.

Date	Treatments Given	OBSERVATION
20-7-2022	<ul style="list-style-type: none"> Rooksha Choorna pinda sweda- Kottamchukkadi choornam 	Samyak rookshana lakshana observed
25-7-2023	<ul style="list-style-type: none"> Abyangam- Kottamchukkadi tailam Choorna pinda sweda- Kottamchukkadi choornam Erandamooladi niruha basti Sahacharadi anuvasana 	After the treatment considerable improvement noted, around 50% of pain got relieved
1-8-2022	<ul style="list-style-type: none"> Abyangam- Nimba tailam Patra pinda sweda 	No recurrence of pain. Slight pain noticed after sitting for more time
8-8-2022	<ul style="list-style-type: none"> Abyangam- Sahacharadi tailam Jambeera pinda sweda 	Symptomatic relief from all complaints.
15-8-2022	<ul style="list-style-type: none"> Abyangam- Murivenna Bashpa sweda- 	Patient felt rejuvenated
Outcomes were assessed based on the relief of pain and other symptoms presented by the patient at the baseline and found clinically significant.		

DISCUSSION

Since the patient was having *Kapha vataja gridhrasi*, along with *Sama lakshana*, *Rukshana*, which is a part of *Langhana cikitsa* was the prime line of management. This aims at *Amapacana*, *Srotoshodhana* and *Kapha haratwa*. It was done by using *Ruksha curna pinda sweda* using *Kottamcukkadi curnam*. Since it is *Ruksha*, *Tikshna*, it is good in attaining *Nirama avastha* and is having *Shopha haratva* and *Kapha vata shamana* action also. After attainment of *Nirama lakshanas*, *Snigdha sweda* was adopted, as *Snehana* and *Swedana* are the main treatment for the *Nirupasthambita vata*. It is having both *Snehana* and *Swedana* effects. *Curna pinda sweda* was done using *Kottamcukkadi curnam* and *Tailam*. *Erandamuladi niruha vasti* along with *Sahacharadi anuvasana basti* was administered during the course of *Snigdha churna pinda sweda* since it is indicated in *Shula* in *Jangha*, *Uru*, *Pada*, *Trika*, *Prishta* and it is *Kaphavruta vata nigraha*. This helps in attainment of *Agni deepiti* and *Koshta shudhi*. *Patra pinda sweda* along with *Vataharapatras*, *Nimba tailam*

was used as *Drava dravya* for the patient to relieve stiffness and pain. *Jambira pinda sweda* was preferred since it is *Amla*, *Lavana rasa* predominant. *Nimba tailam* is used, since it is *Ushna* and *Snigdha* and good for *Vata haratva*. *Sarvanga abhyanga* with *Bashpa sweda* was done for getting *Snehana* effect than *Swedana* and are used to prevent *Vata kopa*. *Sahacaradi tailam* is having *Vata kapha haratva* and *Adhokaya visheshatva* and commonly used in *Vata kaphaja Grdhrasi*.

CONCLUSION

The case study presented, suggest that an *Avastha anusara ayurveda* treatment will be effective in managing *Kapha vataja gridhrasi*. Ayurveda treatments can arrest the progress of the disease. *Kaphavatahara* treatments were adopted mainly focusing on *Kapha*. With a thorough understanding of *Dosha* involved we can manage the complex conditions like *Gridhrasi*

REFERENCES

1. Sushruta, Sushruta Samhita, Edited by Vaidya Jadavji Trikamji Acarya with Nibandhasangraha Commentary of Sri Dalhanacarya, Published by Chaukhamba Surbharti Prakashan, Varanasi, Reprint edition 2008, Nidana sthana Chapter1, Shloka 74, p 268
2. Agnivesha, Caraka Samhita, Edited by Vaidya Jadavji Trikamji Acarya with Ayurveda Dīpika Commentary of Sri Cakrapanidatta, Published by Chaukhamba Surbharti Prakashan, Varanasi, Reprint edition 2004, Cikitsa sthana, chapter 28, Sloka 56, p 619
3. Agnivesha, Caraka Samhita, Edited by Vaidya Jadavji Trikamji Acarya with Ayurveda Dīpika Commentary of Sri Chakrapanidatta, Published by Chaukhamba Surbharti Prakashan, Varanasi, Reprint edition 2004, Cikitsa sthana, chapter 28, Sloka 57, p 619

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