



Case Study

MANAGEMENT OF SCIATICA THROUGH AYURVEDA: A CASE STUDY

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ABSTRACT

In India low back ache is one of the most common emerging diseases which are affecting day to day life of people physically as well as psychologically. Low back ache is the second most common disorder causing disability. Among its various causes the most commonly appearing one is Sciatica. Sciatica is a condition in which pain starts from low back and radiates to leg mostly unilateral but in some, it may be bilateral also. In Ayurvedic perspective its features resemble to those of *Gridhrasi*. In Ayurvedic classics two types of *Gridhrasi* have been described namely *Vataja* and *Vata-kaphaja*. The case study being presented is of a 44yr old male patient suffering from *Vataja gridhrasi*. *Basti karma* is the choice of treatment in cases of *Gridhrasi* where as *Snehana/ Snigdha svedana* is choice of treatment for any *Vataja* disorder. So, *Panchakarma* therapy in this case includes *Patrapindasveda*, *Sarvang vashpasveda* and *Basti* therapy along with oral medication assessed on the basis of Oswestry disability index. The results indicate that the patient improved in presenting features up to 68.75% as well as day to day activities were also performed effectively by him.

KEYWORDS: *Gridhrasi, Sciatica, Patrapinda Sveda, Sarvang vashpa Sveda, Yoga basti.*

INTRODUCTION

Low back ache is a common disorder involving muscles, nerves and bones of the back. These days it has become an emerging issue which effects not only physically but psychologically also, as it is very difficult to combat in day to day life with that astonishing intolerable kind of pain. In India current studies shows that 9 to 12% (632) million people have low back pain at any given point of time and nearly 25% report having it at some point over any month period. About 40% of people have low back pain at some point of time in their lives with estimate as high as 80% among people in the developed world. Among them difficulty is seen in between 20-40 yrs of life and both sexes are equally effected.^[1] It can be due to so many reason and one of the major cause is Sciatica. Sciatica is a condition in which there is pain in back which radiates to the side of leg which may be unilateral or bilateral along with paraesthesia. About 90% of case it is due to spinal disc herniation but other causes like spondylolisthesis, spinal stenosis, and piriformis syndrome like condition are also seen.^[2] According to Ayurvedic perspective its features are similar to *Gridhrasi* which comes under *Vata nanatamaj vikara*^[3] as told by *Acharya Charak*. This disease has been discussed by all *Acharya's* under the heading of *Vatavyadhi*.

In *Chikitsa sthan Acharya* explained it elaborately and defines that in this condition pain starts at buttock region i.e., *Spikapurva*^[4] and later on it moves from lumbar region to thighs, knee, and legs respectively sequentially. It is classified into two types, one is due to *Vata* and other one is due to *Vata-kapha*. In *Vataja* type there is *Stambha, Ruka, Toda* (pricking kind of sensation) and while in *Vata-kaphaj* there is *Tandra* (drowsiness), *Gaurav* and *Arochak*.

Case report

A 44year male patient, visited in OPD of Chaudhary Brahm Prakash Ayurved Charak Sansthan on date: 09/11/2017 with the following details:

Patient name: YXQ

OPD/IPD NO.XX37/68XX

AGE/SEX: 44yrs/male Date of admission and discharge: 9/11/2017 - 24/11/2017

Address: Najafgarh-110073

Chief complaints

1. Pain in lumbar region radiating to left leg along with difficulty in sitting (squatting position) and standing since 8 months.
2. Difficulty in walking for more than 100m since 8 months.
3. Difficulty in performing day to day activities since 8 months.

H/O present illness

According to the patient he was asymptomatic 8months ago, and suddenly developed symptoms like pain in lumbar region radiating to left leg. Pain was intolerable in nature, associated with tingling and burning kind of sensation and restricted hip movements, it got aggravated by prolong standing and changing posture but subsides when the patient lies on bed with straight legs.

Pain killers prescribed by general practitioner which gave symptomatic temporary relief, but reappeared after few days for which he again took allopathic interventions.

As pain killers not effective steroid injections were given in calf and lumbar region, but complete relief was not achieved. He was advised to undergo neurosurgery. To avoid surgery the patient came to the OPD seeking some Ayurvedic cure.

Clinical findings: locomotor:

Gait: Antalgic gait, short stepped. spinal and hip movements restricted.

SLR Test: Positive on left-30degree and negative on right

Femoral stretch test: Positive. Lassegue's sign: Positive. Crossed SLR test: Negative.

Radiological investigations: MRI findings: Dated: 18/05/2017

Grade-I retrolisthesis of L3 over L4 vertebra and broad-based bulge with superimposed posterocentral and left paracentral prolapse of the intervening disc indenting the thecal sac, partially

effacing the lateral recesses and bulging into the inferior aspect of bilateral neural foramina. Grade-I anterior spondylolisthesis of L5 over sacrum with broad-based bulge of the intervening disc and concentric annular tear in the left foraminal region, indenting the ventral epidural fat and compressing the nerve root in the left foramen. Broad-based bulge with superimposed left paracentral protrusion of L4-L5 disc indenting the thecal sac and compressing the nerve root in the left lateral recess. Mild extrusion of the disc material in the left lateral recess. Narrowing of bilateral neural foramina, more on the left side, by disc osteophytes complexes. Bilateral facet joint arthropathy at L3-L4,L4-L5 and L5-S1 levels. According to modern its comes under case of sciatica due to anterior spondylolisthesis.

Panchkarma therapy: 09/11/2017 24/11/2017 (total 16 days therapy schedule)

1. PPS and *Yoga basti* (therapeutic enema)- (09/11/2017-16/11/2017)- *Niruha basti* - *Dashmooladi niruha*^[5] and *Anuvasana basti-Mahanarayan oil*.^[6]

2. PPS and *Sarvang bashpa sveda* (steam sudation)- eight days (16/11/2017-24/11/2017)

3. *Shaman chikitsa*: oral medication (09/11/2017-16/11/2017)

a) *Yograj guggulu* ^[15]- 2tab (500mg) thrice a day

b) *Chandraprabha vati*^[16]- 1tab (250mg) thrice a day

c) *Rasna saptak kwath*^[17]- 40ml two times a day

d) *Ashwagandha churna*- 3gm+*Kaparadika bhasma*- 500mg}-twice a day with milk.

Assessment criteria: By Oswestry Disability Index^[8]

S.No.	Questionnaire	Score
Section I Pain Intensity		
1.	I have no pain at the moment	0
2.	The pain is very mild at the moment	1
3.	The pain is moderate at the moment	2
4.	The pain is fairly severe at the moment	3
5.	The pain is severe at the moment	4
6.	The pain is worst imaginable at the moment	5
Section-II Personal Care		
1.	I can look after myself normally without causing extra pain	0
2.	I can look after myself normally but cause extra pain	1
3.	It is painful to look after myself and I am slow and careful	2
4.	I need some help but manage most of my personal care	3
5.	I need help every day in most aspects of self-care	4
6.	I do not get dressed, I wash with difficulty and stay in bed	5
Section-III Lifting		
1.	I can lift heavy weighs without extra pain	0
2.	I can lift heavy weighs but it gives extra pain	1

3.	Pain prevents me from lifting heavy objects but I can manage if they are conveniently placed eg. on a table	2
4.	Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned	3
5.	I can lift very light weights	4
6.	I cannot lift or carry anything at all	5
Section -IV Walking		
1.	Pain does not prevent me walking any distance	0
2.	Pain prevents me from walking more than 1 mile(1.6km)	1
3.	Pain prevents me from walking more than 1/2mile	2
4.	Pain prevents me from walking more than ¼ mile	3
5.	I can only walk using a stick or crutches	4
6.	I am in bed most of time	5
Section-V Sitting		
1.	I can sit in any chair as long as I like	0
2.	I can only sit in my favourite chair as long as I like	1
3.	Pain prevents me sitting more than one hour	2
4.	Pain prevents me from sitting more than 30 minutes	3
5.	Pain prevents me from sitting more than 10 minutes	4
6.	Pain prevents me from sitting at all	5
Section VI Standing		
1.	I can stand as long as I want without extra pain	0
2.	I can stand as long as I want but it gives me extra pain	1
3.	Pain prevents me from standing for more than 1hour	2
4.	Pain prevents me from standing for more than 30 min.	3
5.	Pain prevents me from standing for more than 10 min	4
6.	Pain prevents me from standing at all	5
Section -VII Sleeping		
1.	My sleep never disturbed by pain	0
2.	My sleep occasionally disturbed by pain	1
3.	Because of pain my sleep is less than 6 hours	2
4.	Because of pain my sleep is less than 4hours	3
5.	Because of pain my sleep is less than 2 hours	4
6.	Pain prevents me sleeping at all	5
Section VIII Sex Life (If Applicable)		
1.	My sex life is normal and causes no extra pain	0
2.	My sex life is normal but cause some extra pain	1
3.	My sex life is nearly normal but is very painful	2
4.	My sex life is severely restricted by pain	3
5.	My sex life is nearly absent because of pain	4
6.	Pain prevents in any sex life at all	5
Section IX Social Life		
1.	My social life is normal and gives me no extra pain	0
2.	My social life is normal but increases the degree of pain	1
3.	Pain has no significant effect on my social life apart from limiting my more energetic interests e.g. Sports	2
4.	Pain has restricted my social life and I do not go out as often	3

5.	Pain has restricted my social life to my home	4
6.	I have no social life because of pain	5
Section X Travelling		
1.	I can travel without pain	0
2.	I can travel anywhere but it gives me extra pain	1
3.	Pain is bad but I manage journeys over two hours	2
4.	Pain restricts me to journeys of less than one hour	3
5.	Pain restricts me to short journeys of under 30 min.	4
6.	Pain prevents me from travelling except to receive treatment	5

Total Score

S.No.	Sign & Symptoms	Score Before Treatment	Score after Treatment	Result in%
1	Pain intensity	4	2	50
2	Personal care	2	1	50
3	Lifting	3	1	67
4	Walking	3	1	67
5	Sitting	3	1	67
6	Standing	3	1	67
7	Sleeping	4	1	75
8	Sex life	2	0	100
9	Social life	3	1	67
10	Travelling	5	1	80
Total		32	10	68.75

DISCUSSION

In Ayurveda aetiology of *Vata* disorder is of two types; one is *Avarana janya* and the other is *Dhatu-kshaya janya*.^[9] As already discussed earlier, current case is of *Vataj gridhrasi* which is usually associated with *Dhatu-kshaya*. The management is concerned with *Shudha vata vyadhi* includes *Snehana* and *Svedana*. So, for all types of *Vata vikara* associated with *Dhatu-kshaya*, *Snehana* and *Svedana* forms the first line of treatment along with *Basti* which is primary treatment for any *Vata vikara*.^[10] In the management of *Gridhrasi* also, *Basti* is the choice of treatment.^[11] *Patra pinda svedana* was chosen as it is a *Prastara sveda* which is *Snigdha-ruksha* kind of *sveda*^[12] and it's not only pacifies *Vata* but also reaches out to *Kapha* present in *Vyadhi sthana* i.e., *Sandhi*. *Patra pottali Sveda* relieves pain, stiffness and painful conditions, pacifies the morbidity of *Vata*, *Pitta* and *Kapha* in the affected joints, muscles and soft tissues.^[13] For *Basti chikitsa*, *Yogabasti* was selected in which 3 *Dashmoola niruha basti* were given and 5 *Anuvasana basti* were given by *mahanarayna* oil. *Dashmoola* as potency to cures all *vata* disorders. It also possesses analgesic, anti-inflammatory and antiplatelet potential as proven in studies.^[14] *Mahanarayan* oil was used in *Anuvasana basti* as it cures *Pakshaghata*, *Hanusthambha* and all *Vata* disorders including *Gridhrasi*.

After completion of *yoga Basti sarvanga vashpa sveda* was started from 9th day as it helps in deeper penetration of *Sneha dravya* and enhances the local blood circulation; helping in rejuvenation of tissues and also acts by subsiding the pain locally.

In oral medication *Yograj guggulu* was given as it is indicated in *Vata vyadhi*^[15] and along with that *Rasnasaptak* decoction as *Anupana* it is helpful in *Katigraha*.^[17] *Chandraprabha vati* was added as it is *balya* and also indicated in *Katishoola*^[16] *Ashwagandha churna* with *Kaprdika bhasma* was given to nourish the *Dhatu*s and also to impart *Snigdhatata* internally to *Asthi* and other *Avayava* present in the *Sandhi*.

It was observed that the patient improved significantly showing an overall improvement of about 68.75% in the subjective parameter used i.e. Oswestry's disability index from 32 to 10. It was also observed that there was an improvement of about 50% in lifting, walking, sitting, standing and other activities; that of about 67% in his personal care and social life. It was also observed that SLR test improved from 30° before treatment to 50° after 8 days of treatment i.e. completion of *Yoga basti*. And overall it improved to 70° at the end of 16 days of treatment with *Panchkarma* therapies.

CONCLUSION

We can conclude that *Panchkarma* along with oral medication is effective in management of *Vataja gridhrasi* (Sciatica), which was not relived by allopathic medical intervention and was advised surgical treatment however further clinical trials should be done on large scale to draw final conclusion.

REFERENCES

1. Low back pain [Internet]. Wikipedia. Wikimedia Foundation; 2018 [cited 2018Dec15]. Available from: https://en.wikipedia.org/wiki/Low_back_pain
2. Sciatica [Internet]. Wikipedia. Wikimedia Foundation; 2018 [cited 2018Dec15]. Available from: <https://en.wikipedia.org/wiki/Sciatica>
3. Yadavji, T. Sutrasthana Maharoga adhyaya In: charak samhita with Ayurved dipika. Varanasi: Chaukhambha surbharti prakashan; 2012, p.113.
4. Yadavji, T. Chikitsasthana Vata vyadhi chikitsa adhyaya In: Charak samhita with Ayurved dipika. Varanasi: Chaukhambha surbharti prakashan; 2012, p.619.
5. Yadavji, T. Siddhisthana, Basti sutriya siddhi adhyaya In: Charak samhita with Ayurved dipika. Varanasi: Chaukhambha surbharti prakashan; 2012, p.695.
6. Tripathi, B. Madhayam khand, ghrita taila kalpana In: Sharangdhar samhita with Hindi commentary. Varanasi: Chaukhambha surbharti prakashan; 2012, p.233.
7. Yadavji, T. Siddhisthana, Basti sutriya siddhi adhyaya In: Charak samhita with Ayurved dipika. Varanasi: Chaukhambha surbharti prakashan; 2012, p.693.
8. Oswestry Low Back Disability Questionnaire - Rehabilitation [Internet]. [cited 2018Dec15]. Available from: http://www.rehab.msu.edu/_files/_docs/Oswestry_Low_Back_Disability.pdf
9. Yadavji, T. Chikitsasthana Vata vyadhi chikitsa adhyaya In: Charak samhita with Ayurved dipika. Varanasi: Chaukhambha surbharti prakashan; 2012, p.620.
10. Tripathi, B. Sutrasthana Ayushkamiya adhyaya In: Ashtang hridayam of with Hindi commentary. Delhi: Chaukhambha Sanskrit pratishthan; 2013, p.20.
11. Yadavji, T. Chikitsasthana Vata vyadhi chikitsa adhyaya In: Charak samhita with Ayurved dipika. Varanasi: Chaukhambha surbharti prakashan; 2012, p.621.
12. Yadavji, T. Sutrasthana Sveda adhyaya In: Charak samhita with Ayurved dipika. Varanasi: Chaukhambha surbharti prakashan; 2012, p.90.
13. Bhushal N, Praksash S, Mangal G, Reveiw on patra panda sveda: A peculiar Ayurveda bolus formation. International Ayurvedic medical journal 2017, may, 5(5).
14. Bolegave S, Marathe P, Rege N, Parekar R. Experimental evaluation of analgesic, anti-inflammatory and anti-platelet potential of Dashamoola. Journal of Ayurveda and Integrative Medicine. 2015; 6(1):11.
15. Tripathi, B. Madhayam khand, Vati kalpana In: Sharangdhar samhita with Hindi commentary. Varanasi: Chaukhambha surbharti prakashan; 2012, p.203.
16. Tripathi, B. Madhayam khand, Vati kalpana In: Sharangdhar samhita with Hindi commentary. Varanasi: Chaukhambha surbharti prakashan; 2012, p.201.
17. Tripathi, B. Madhayam khand, Kwathadi kalpana In: Sharangdhar samhita with Hindi commentary. Varanasi: Chaukhambha surbharti prakashan; 2012, p.146.

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