



Case Study

AN AYURVEDA APPROACH TOWARDS ACUTE SCIATICA WITH PARAESTHESIA

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ABSTRACT

Sciatica is pain or paraesthesia which radiates path of the sciatic nerve and its branches from the lower back through the hips and buttocks and down to the leg. A 41-year-old female patient with an acute low back ache to radiate to left lower limb with paraesthesia for three months came to Kayachikitsa IPD of Vaidyaratnam Ayurveda College on 18/3/24. The pain was graded eight out of ten in the VAS pain scale and her overall Oswestry low back pain score is 32 which means severe functional disability. She underwent for *Vatakapha hara chikitsa* protocol. It includes *Rookshana*, *Snigda sweda*, *Vata hara*, and *Brihmana chikitsa*. Ayurvedic preparations like *Aadarisahacharadi kasayam*, *Suntibaladi choornam Vyoshadi guggulu* were given *Swedam*, *Patrapoliswedam*, and *Pizhichil*, *Shastika pinda swedam*, *Yoga vasti* along with passive exercise were given. After 30 days of treatment outcome of these treatments found to be very positive. There was a substantial recovery in walking duration, heaviness, touch temperature perception and pain relief was observed. Subjective parameters like, SLR test, Oswestry low back pain disability questionnaire, Sciatica bothersome index, Sciatica frequency index, Roland morris low back pain and disability questionnaire was taken for assessment parameters. The patient got relief in all parameters after treatment. It was proved significant improvement of patient's primary symptoms. These therapies reduce pain, stiffness and improve circulation.

INTRODUCTION

Sciatica refers to pain or paraesthesia^[1] that radiates along the path of the sciatic nerve, which branches from the lower back through the hips and buttocks and down to the leg^[2]. Sciatica treatment typically includes medications, physical therapy, and surgery in severe cases, while *Gridhrasi*, a common *Vata* disorder, closely mirrors the symptoms of sciatica. It's usually caused by a herniated disc or bone spur on the spine pressing on the nerve. The sciatic nerve, originating from the L4-S3 of the sacral plexus, is defined as a collection of two nerves, the common fibular and tibial nerves. It leaves via the greater sciatic foramen and travels down the posterior gluteal region and posterior thigh. Sciatica, also known as lumbar radicular pain, is described as leg pain or paraesthesia caused by inflammation or compression of the

lumbar nerve roots, which together form the sciatica nerve. Depending on the duration and symptoms, sciatica can be categorized as acute or chronic, with chronic referring to symptoms persisting for longer than^[3].

The aggravating factors, such as over-exertion, sedentary occupation, jerky movements during traveling, and lifting, create mental stress, which leads to low back aches^[4]. Intervertebral disc prolapse (IVDP), which occurs when the nucleus pulposus protrudes through a tear in the annulus fibrosus, is a leading cause of low backache. The L4-L5 and L5-S1 discs are affected in 95% of lumbar disc herniations. Height can be a risk factor for sciatica, especially in males aged 50-64. IVDP can cause pain localized to the lower back or radiating to the leg, buttock, or hip, which is typical of sciatica syndrome. This sharp pain hinders walking, disrupts daily activities, and diminishes quality of life. Sciatica prevalence ranges from 3.8% in the working population to 7.9% in the non-working population, with the highest incidence in individuals in their 40s and 50s, more frequently affecting men than women. Low back pain ranks as the fifth most common reason for hospitalization and the

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third most frequent cause for surgical procedures. The symptoms of sciatica in modern medicine are very similar to those of *Gridhrasi* in Ayurveda.

Gridhrasi is a *Shoolapradhana Nanatmaja Vata Vyadhi*, intervening with the functional ability of low back and lower limbs. In this disease onset of *Ruk*, *Toda* and *Stambha* is initially in *Kati* and radiates distal to *Prista*, *Janu*, *Jangha* till *Pada*. This is the unique feature of this disease. *Gridhrasi* is considered under *Vataja Nanatmaja Vyadhi*, Still while enumerating the diseases, it has been mentioned of two types viz., *Vata* dominant and *Vatakaphaja* dominant. The common symptoms are pain starts from *Sphika* and then radiates till *Pada* along with *Stambha* (stiffness), *Toda* (pricking pain), *Spandana* (twitching), and causes the *Sakthiutkshepa Nigraha* (restricted movements of lifting the leg). Whereas in the *Vatkaphaja* type of *Gridhrasi*, *Arochaka* (anorexia), *Tandra* and *Gourava* are found additionally.^[6] Various modalities of treatments are explained for *Gridhrasi* in Ayurveda, which includes *Bheshaja*, *Snehana*, *Swedana*, *Shodhana*, *Basthi*, *Siravyadha*, *Rakthamoksha* and *Agnikarma*.

Case History

A 41-year-old female patient, previously in good health with no known underlying conditions, experienced the onset of severe shooting pain in her lower back three months ago while engaging in household activities. The pain radiated from her lumbar region to her left buttock and the posterior part of her left thigh. Accompanying sensations included numbness, heaviness, and tingling in her left leg, akin to the limb being submerged in ice water for an extended period. This episode also resulted in stiffness and weakness in her lumbar region and left knee, leading to difficulty in moving her left leg. Following consultation with an allopathic physician and subsequent MRI findings indicating a diffuse disc bulge with posterocentral annular tear at L5 and left paracentral disc extrusion, she was advised for neurosurgery. However, she opted for conservative treatment and underwent a caudal epidural procedure on January 15th, 2024. Despite this intervention, her symptoms persisted, prompting her to seek alternative care at the Kayachikitsa OPD of Vaidyaratnam Ayurveda College on March 18th, 2024. Upon examination, she exhibited painful and restricted movements in her lumbar spine and hip, with positive findings for Straight Leg Raise (SLR) and Lassegue's sign on the left lower limb. There were no reported issues with bowel or bladder function, infections, vaccinations, or tuberculosis history. Blood investigations revealed normal results, although the patient was overweight, with a Body Mass Index (BMI) of 31. Additionally, mild hypoesthesia was noted in the S1, S2, L4, and L5 dermatomes during neurological assessment.

Patient History

A 41-year-old patient with no known comorbidities, employed as a lecturer at the College of Applied Technology and belonging to the upper middle class, presented at the OPD of Vaidyaratnam Ayurvedic Hospital, with a history of severe low back pain radiating to the left lower leg for the past three months. The pain was accompanied by feelings of heaviness and diminished sensation in the back of the thigh and calf region. The patient has no history of addiction but is allergic to dust. Her diet is mixed, with a preference for sour and sweet foods. She reports having a good appetite but experiences constipation, with four episodes of micturition per day. Sleep quality has been disrupted due to tingling and heaviness in the lower limb, contributing to feelings of anxiety. There is no relevant family history noted.

Vitals

Pulse Rate: 72bpm
Heart Rate: 78 bpm
Blood pressure: 130/90mmhg
Respiratory Rate: 16pm
Temperature: 98.6°F

Relevant Past Interventions with Outcomes

She is having h/o of Right lumbar radiculopathy on 2010.

H/o pneumonia on September 2023.

H/o of COPD

H/O LBA due to continuous jerk to low back region while travelling for long distance, that is, around 70km in a day.

Physical Examination

On physical examination no abnormalities were detected in head, neck, thorax, abdomen, and extremities.

Systemic Examination

Respiratory system- H/o bronchial asthma since 1 year.

Gastro intestinal system- No abnormality detected

Cardiovascular system- Normal heart sound, no cardiac murmur heard

Central nervous system- Intact

Locomotor system- Affected

Locomotor System Examination

Examination of Spine

Inspection- No swelling, kyphosis absent, scoliosis absent, no colour change antalgic gait, discomfort in walking and sitting for long duration, no localized swelling no varicosities, reflexes are intact.

Palpation

Tenderness 2 + at L4-L5 region

Muscle tone- Good. Muscle power grade- Right extremities (upper and lower)- 5/5 left extremities (upper)- 5/5 lower extremities - 4/5.

Range of movement of Lumbar spine (ROM)

Forward flexion of the lumbar spine is limited to 20cm above ground.

Right lateral flexion is limited to 35° with pain.

Left lateral flexion is limited to 30° with pain

The extension is limited to 10° with pain

Knee joint

Inspection: Swelling present on both knee joints and no deformity

Palpation: No tenderness and local raise of temperature

Crepitus: Grade 1 crepitus present on both knee joints.

Movements: All movements are restricted due to pain

SI joint

Inspection: No swelling and deformity

Palpation: No local raise of temperature

Grade 2- Tenderness present

Muscle power of the left lower limb is reduced (4/5)

Reflex of the lower limb was diminished.

Gait: Antalgic gait, short step. Spinal and hip movements restricted.

Special Test

SLR/League's test, Bragards test, Bowstring test, Femoral nerve stretch test, Visual analogue scale for pain and paraesthesia assessment were positive on left leg.

Sensory Examination

The superficial sensation of pain, touch, temperature, deep sensation of vibration and proprioception, cortical sensation Two-point discrimination Steriognosis and grapaesthesia are examined it shows mild hypoesthesia at left S1 S2 L4 to L5 dermatome.

Radiological investigations: MRI findings: Dated 15/5/24

Impression

L5: Diffuse disc bulge with postero-central annular tear and left para-central disc extrusion, superior disc migration causing compression on the anterior fragment thecal sac, moderate narrowing of left lateral recess, impinging the left traversing L5 and exiting L4 nerve roots.

L5-S1: Diffuse disc bulge causing compression on the anterior thecal sac, on the anterior thecal sac, mural foramina and impinging moderate narrowing of bilateral lateral recess, neural foramina and impinging the bilateral exiting LS nerve roots (L>R) normal in signal intensity and suggested clinical correlation.

Ayurvedic Diagnostic Assessment

- *Prakriti- KV Prakriti (TNMC Prakriti questionnaire)*
- *Doshaos vitiated are Vyana vayu, Apana vayu, Shleshaka kapha*
- *Dhatu - Asthi, Majja*
- *Upadhatu - Kandara, Snayu*
- *Sara - Madhyamam*
- *Samhanana - Madhyamam*
- *Satvam - Madhyamam*
- *Satmyam - Katu, Lavana*
- *Srothas affected- Rasavaha, Rakthavaha, Asthivaha*
- *Pramanam- Madhyamam*
- *Aharasakthi- Madhyamam*
- *Abyavaharana sakthi- Madhyamam*
- *Jarana sakthi- Madhyamam*
- *Vyayama sakthi- Madhyamam*
- *Vaya- Madhyamam*

▪ Kalam

- *Kshanadhi- Sisiram*
- *Vyadhavastha- Puranam*
- *Desham Bhoomi- Sadharanam Deham - Sandhi*
- *Rogamargam- (Marmasthi sandhi) Madhyamam*

Asta vida pareeksha

- Naadi (pulse): Vata-Kaphaja*
- Mala (bowels): Asamyak (constipated)*
- Mutra (urine): Samyak*
- Jihwa (tongue): Sama (coated)*
- Shabdha (speech): Prakruta*
- Sparsha (skin): Anushnasita*
- Druk (eyes): Prakruta*

Roopam (manifestation)

Pain in the lower back radiates to the left leg, accompanied by stiffness in both the lower back and left leg, a tingling sensation in the left leg, heaviness in both legs, and difficulty with walking and bending forward. *Ruk in Sphik, Kadee, Prushta, Uru, Pradesha, Sakthi utkshepam nigruhnathi, Gourava Arocaka, Tantra*

Hetu (etiology or causative factors)

Ahara: Ruksha and Katu Rasatmak ahara

Vihara: Systemic Vata prakopa can result from jerky movements during traveling, leading to Srotovaigunya. Constipation acts as an aggravating factor.

Purvarupa (prodromal symptoms)

Stiffness in the lower back and left leg, accompanied by vague lower back pain and mild discomfort in the left leg.

Upashaya (relieving factors)

The patient experiences relief by resting in a supine position and taking analgesic medication.

Samprapti (patho-physiology of the disease)

Vataprakopa from dietary and lifestyle factors, combined with age-related degeneration and jerky movements during travel, as well as excess Apanavayu from constipation, result in the vitiation of Vata and Kaphaja doshas, along with Rakta, Sira, and Dhamani. This leads to obstruction of neural conduction (Vatavahini Nadi), manifesting as radiating pain from the lumbar region, back, thigh, knee, calf, and foot, ultimately causing sciatica. In this condition, the primary Dushya involved is Snayu and Kandara.^[8]

Samprapti Ghatak

- Dosha- Vata, Apana and Vyana vata, Kapha
- Dushya- Rasa, Rakta, Mamsa, Asthi, Majja, Kandara, Sira, Snayu
- Srotodushti prakara- Sanga, Margavarodha
- Agni- Jadaragni, Dhatwagni
- Utbhavasthana- Pakwasaya
- Sancharasthana- Rasayini
- Adhishtana- Kandara of Parshini, Pratyanguli and Prstha kati sphik, Janu, Pada
- Roga margam - Madyama
- Vyakti- Ruk, Toda, Stambha in Uru janu janga, Pada, Arochaka, Tantra, Gourava

On examination, it was found that patient had a antalgic gait but deformity, discolouration, and swelling were absent over the affected area. She has grade 2 tenderness over L4- L5 region, left sacroiliac joint. Over back of left thigh and calf muscles. She has tingling sensation and all mode of sensation is reduced. His straight leg raise test over the left side was limited to 30 degrees and lasegue’s sign was found positive.

The range of movement of the spine also reduced on lumbosacral region. Deep tendon reflexes were diminished over left lower limbs and normal over the right leg. Laboratory investigations for blood and urine routine checkup were done before and after the treatment and they were within normal limits. MRI was taken before the treatment and found L5: Diffuse disc bulge with posterocentral annular tear and left paracentral disc extrusion, L5-S1: Diffuse disc bulge causing compression on the anterior thecal sac.

Diagnosis was done clinically with classical symptoms of sciatica like low back ache with radiating pain associated numbness and tingling sensation over affected limb. Also, Straight leg raise test and lasegue’s sign were positive in this patient. In Ayurveda, it is diagnosed on the basis of textual references of Gridhrasi- like Sakthi Utkshepa Nigraha, Ruk (pain) and Graha (stiffness) over Sphik, Kati, Janu, Jangha and Pada. Associated complaints of Arochaka, Gourava, Pada Harsha, and Supti were confirmatory signs of Vata Kaphaja Gridhrasi.

Diagnostic Assessments

Physical assessments and patient satisfaction were taken into consideration:

Self-assessment of symptoms with a scoring system.

The posture of the patient was observed.

Special Lumbar Tests

Lumbar Dermatomes to analyze the Sensations were taken.

Oswestry disability questionnaire. sciatica frequency index, and sciatica bothersome index were assessed before and after the treatment.

Table 1: Self-Assessment Scoring System

	Symptoms	Score and criteria
1.	Ruk (Pain)	<ol style="list-style-type: none"> 1. No pain 2. Painful, walks without limping 3. Painful, walks with limping but without support 4. Painful, can walk only with support 5. Painful, unable to walk severe pain needs medications
2	Stamba (Stiffness)	<ol style="list-style-type: none"> 1. No stiffness 2. Mild stiffness 3. Moderate stiffness 4. Severe stiffness
3	Toda (Pricking Sensation)	<ol style="list-style-type: none"> 1. No pricking sensation 2. Mild pricking sensation 3. Moderate pricking sensation 4. Severe pricking sensation
4	Spandana (Fasciculation)	<ol style="list-style-type: none"> 1. No fasciculation 2. Mild fasciculation 3. Moderate fasciculation 4. Severe fasciculation

5	<i>Aruci</i> (Anorexia)	1. No anorexia 2. Mild anorexia 3. Moderate anorexia 4. Severe anorexia
6.	<i>Tandra</i> (Torpor)	1. No torpor 2. Mild torpor 3. Moderate torpor 4. Severe torpor
7.	<i>Gaurava</i> (Heaviness)	1. No heaviness 2. Mild heaviness 3. Moderate heaviness 4. Severe heaviness

Intervention**Table 2: Shodana chikitsa**

Date	Type of Chikitsa	Drug	Duration	Outcome
19/3/24	<i>Nadi swedam</i>	<i>Dhanyamlam</i>	1 day	Slight relief in stiffness, heaviness and pain
20/3/24 to 22/3/24	<i>Dhanyamla dhara</i>	<i>Dhanyamlam</i>	3 days	Mild improvement in pain, and heaviness
19/3/24 to 23/3/24	<i>Lepanam</i>	<i>Nagaradi lepa choornam</i> in <i>Dhanyamlam</i>	5 days	Feeling of lightness in pelvic region. Range of motion of lumbar flexion improved without pain. dull perception of hot, cold on left leg persists.
25/3/24 to 31/4/24	<i>Upanaham</i>	<i>Ellumnishadi choornam</i> in <i>Ksheera</i>	7days	Reduced heaviness of left knee joint.
25/3/24	<i>Jambeera pinda swedam</i>	<i>Sahacharadi + Kottam chukkadi thailam</i>	5 days	Improvement in walking, heaviness of left lower limb but hypoesthesia at l4, l5, s1 s2 dermatomes persists
3/4/24 to 9/4/24	<i>Patra pinda swedam</i>	<i>Murivenna + Kottam chukkadi thailam</i>	7days	Improvement in walking, stiffness and heaviness of left lower limb and knee is improved. She can perceive hot cold sensation over l4, l5, s1, s2 dermatomes.
10/4/24	<i>Yoga vasti</i>		8 days	
10/4/24	<i>Pizhichil</i>	<i>Murivenna + Kottam chukkadi thailam</i>	7 days	Improvement in pain, heaviness, and hyposthesia l4, l5, s1 and s2 dermatoms of left lower limb. Walking time and standing time is increased. Improvement of SLR become 65 from 45
16/4/24	<i>Sathaila shastika pinda swedam</i>	<i>Murivenna + Kottam chukkadi thailam</i>	3 days	Improvement in all the symptoms such as walking speed, standing time, heaviness, paraesthesia of left lower limb, stiffness of left knee.

Table 3: Samana chikitsa

Date	Internal medicine	Dosage	Time
18/3/24 to 24/3/24	1. <i>Aadari sahacharadi kasayam</i> [9] 2. <i>Sunti baladi choornam</i> 3. <i>Vyoshadi guggulu</i>	15 ml <i>Kashayam</i> + 60 ml lukewarm water twice daily $\frac{1}{2}$ tsp with <i>Kasayam</i> (1-0-1)	6 AM-6PM
25/3/24 to 3/4/24	Above 1, 2, 3 medicine + <i>Sinduardi eranda thailam</i>	(7ml) with lukewarm water	6 AM
4/4/24 to 18/4/24	1. <i>Maha rasnadi kasayam</i> 2. <i>Laksha guggulu</i> 3. <i>Ganda thailam cap</i>	15 ml <i>Kashayam</i> + 60 ml lukewarm water twice daily (1-0-1) (0-0-2)	6 am-6 pm With <i>Kasayam</i> At bed time

Table 4: Assessment criteria

S.No		Before treatment	after treatment
A	Subjective criteria		
1	Radiating pain from lumbar region to left leg	8 + (VAS score)	4 + (VAS score)
2	<i>Ruk</i> (pain)	4+	2+
3	<i>Stamba</i> (stiffness)	3+	2+
4	<i>Toda</i>	3+	1+
5	<i>Spandana</i>	0	0
6	<i>Aruchi</i>	4+	2+
7	<i>Tantra</i>	3+	1+
8	<i>Gourava</i>	4+	1+

S.No	Objective Criteria	Before treatment	After treatment
1	SLR test	Right leg	-VE
		Left leg	+VE
2	Femoral nerve stretch test	Right leg	-VE
		Left leg	+VE
3	Roland morris low back pain disability questionnaire (RMQ)	10	4
4	Visual analogue scale for pain and paraesthesia assessment	8	
5	Oswestry low back pain disability questionnaire (ODI) ^[10]	Score 32 (52%) - Severe disability	Score 10 (20%) - Minimal disability
6	Sciatica frequency Index ^[11]	23/24	8/24
7	Sciatica Bothersomeness Index	22/24	11/24

DISCUSSION

Gridrasi is comes under *Nanatmaja vata vyadi* and it is also a *Snayugata vata lakshana*.^[11] *Snehana*, *Swedana* and *Mrudu Sodhana* are the principles of treatment in all *Vaatavyadhi*. According to *Gada nigraha*, *Pachana Sodana* and *Vasti* are the treatment for *Gridrasi*^[12]. From the clinical manifestation, this condition can be diagnosed as a *Vata Kaphaja Gridhrasi*. Associated complaints of *Arochaka* and

Gaurava of the patient in this condition are the markers of *Kapha Dosha*. In first stage *Ama pachana*, *Rookshana* are advised prior to *Brimhana*.

Since *Rukshana* is advised prior to *Brumhana*, it pacified the vitiated *Vata Kapha* and relieved pain. The above treatments continued up to *Samyak Agni Deepti* and *Rukshana Lakshana* observed in the patient. After *Deepana Pachana* the patient was undergone *Vata hara*

chikitsa with *Snigda sweda* as *Jambeera pinda swedam*, *Patra potala swedam*, *Pizhichil*, *Brihmana* with *Shastika Sali pinda swedam* and *Yoga vasti* are administered. Initially as a part of *Rukshana nadi swedam* with *Dhanyamlam* is advised. *Nadi swedam* with *Dhanyamlam* is *Ruksha tara swedam*. It helps to relieve inflammation. Then *Dhanyamladhara* is advised. The processed *Dhanyamla* includes essential properties like *Laghu*, *Teekshana*, *Sheetasparsha*, and *Ushna* properties. These properties have many medicinal benefits and they are known to be anti-inflammatory, analgesics, anti-histamines^[13]. The medicinal elements work on a cellular level. Along with *Dhanyamla dhara lepanam* with *Nagaradi choornam* in *Dhanyamlam* also advised to apply on lumbosacral region. The above treatments continued up to *Samyak Agni Deepti* and *Rukshana Lakshana* observed in the patient. After *Deepana Pachana* the patient was undergone *Vata hara chikitsa* with *Snigda sweda* as *Jambeera pinda swedam*, *Patra potala swedam*, *Pizhichil*, is administered. *Jambeera pinda sweda* and *Patra potali sweda* are the type of *Sankara sweda*. *Sankara sweda*^[14] is one among 13 types of *Sweda* mentioned in *Charaka Samhita*. A bolus of fresh drugs is prepared by wrapping in clothes and heated to lukewarm and applied over the painful parts. It is an ideal treatment for application of heat to specific part of the body. Due to direct contact of heat the penetration is deeper and hence effectively reduces pain, swelling and stiffness. This is unique and effective method of managing severe pain in *Gridrasi*. *Patra pinda svedana* was chosen as it is a *Sankara sveda* which is a *Snighdha-ruksha* kind of *Sveda* and it 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. *Pizhichil* involves the rhythmic pouring of medicated warm oil over the patient's entire body for at least an hour, providing deep relaxation to the muscles and enhancing circulation and flexibility^[15]. It is also very rejuvenating. After *Pizhichil* patient got considerable result in superficial, deep and cortex sensation in left lower limb. *Shashtik Shali Pinda Sweda* (SSPS) is a type of sudation procedure, performed by boluses of *Shastika Sali* (*Oryza sativa* Linn.) cooked with *Balamoola Kwatha* (decoction of *Sida cordifolia* Linn.) and milk. SSPS may improve blood circulation (due to heat), relieve muscle spasms, and increase tendon extensibility. Thus, it may help in reduction of stiffness and facilitate free movement of joints and may especially be beneficial in cases of stiffness of pelvis. *Shashtik Shali* possesses *Snigdha*, *Guru* and *Sthira* properties, these *Guna* are opposite to that of *Vata*, and thus may be helpful in pacifying *Vata*.

For *Vasti chikitsa*, *Yogavasti* was selected in which three *Madhu tailika vasti* were given and five *Anuvasana vasti* were given by *Sahacharadi mezhukupakam*. *Madhutailika Vasti* not only regulates and co-ordinates *Vata Dosha* in its site but also balances other *Doshas*. Charaka and Vagbhata have described *Vasti* as *Ardha Chikitsa*. *Yapana Vasti* prolongs the life and restores health. It removes *Dosha*, increases strength and complexion. This *Vasti* is a safe as it has no or less complications and multiple benefits. *Madhutailika Vasti* by its effects of *Brimhana*, *Deepana*, *Bala-Varna Kara* and *Rasayana* properties increases *Bala* and *Utsaha*, replenishes *Dhatu*s by acting on *Dhatuhani*, and pacifies *Vata Dosha* and *Rasayana Karma* acts on overall degenerative changes^[12]. There is no treatment equivalent to *Vasti* in the protection of *Marma* and in the management of their afflation which are considered as vital parts in body.

Samana chikitsa

Aadari sahacharadi kasayam is a modified formulation of *Sahacharadi kasayam*. In addition to *Sahacharadi kasayam Aadari* (*Acacia pennata*) is an ingredient in this *Kasayam*. It is a known potent analgesic and anti-inflammatory drug, and all other ingredient like *Sahachara*, *Devadaru*, *Sunti* is having *Vata kapha hara* property and it is used in neurogenic disorder. *Sunti baladi kasaya choornam*^[16] is explained in *Sahasrayogam kasaya prakaranam*, *Sunti bala atibala* is ingredient of this formulation. It is very effective in numbness and loss of sensation. As it has both varieties of *Bala*, it cures *Vata* by strengthening nervous and locomotory systems, also *sunti* helps in removing any channel obstruction, and thus enhancing circulation. The contents of *Vyoshadiguggulu* are *Kapha Vata shamaka*, *Agnideepak* and *Ushna Viryatamaka* is *Kaphghna* and *Vatahgna*. *Maharasnadi Kashayam*, an Ayurvedic remedy, targets musculoskeletal disorders by alleviating pain and inflammation while enhancing the affected area's functional efficiency. *Lakshadi Guggulu* addresses bone-related issues, supplying ample calcium to aid conditions like osteoporosis and expedite healing in fractures and joint pain. *Ganda thailam* gel Capsules, targeting *Vata dosha* and bone tissues, contain strengthening herbs like *Bala*, *Devadaru*, and *Rasna*, with black sesame seeds processed in cow's milk to fortify bones and prevent deterioration.

In addition to the serene practices of *Samana* and *Sodana* physiotherapy, traction therapy has been gracefully administered to the lumbar region, gently alleviating tension with 8 kilograms of therapeutic force. This harmonious blend of therapies, spans from the 10th of April 2024, for 7 days.

Overall Effect of the Therapy

The therapy administered to the patient resulted in a notable improvement in their condition, as evidenced by various assessment parameters. According to the Oswestry Low Back Pain Disability Questionnaire, there was an overall improvement of approximately 56.8% in the patient's subjective assessment, with their Oswestry Disability Index decreasing from 32 to 10. Specific functional areas also saw significant improvements, with a 67% enhancement observed in activities such as lifting, walking, and standing, and a 50% improvement in personal care, sitting, sleeping, traveling, and Travelling.

Furthermore, the Straight Leg Raise (SLR) test demonstrated considerable progress, from 30° before treatment to 70° afterward. The patient experienced substantial recovery in various aspects, including walking duration, heaviness, touch temperature perception, and pain relief. Subjective assessments, such as the Sciatica Bothersome Index, Sciatica Frequency Index, and Roland Morris Low Back Pain and Disability Questionnaire, were utilized to gauge the effectiveness of the therapy.

Overall, the therapy yielded significant improvements in the patient's primary symptoms, reducing pain and stiffness while enhancing circulation. These results underscore the effectiveness of the treatment approach in addressing the patient's low back pain and associated symptoms.

Table 5: Shows overall effect of therapy with subjective parameter of Oswestry low back pain disability questionnaire

S.no	Signs and symptoms	Before treatment	After treatment	Result in percentage
1	Pain intensity	3	1	67%
2	Personal care	2	1	50%
3	Lifting	3	1	67%
4	Walking	3	1	67%
5	Sitting	2	1	50%
6	Standing	2	1	67%
7	Sleeping	2	1	50%
8	Sex life	2	0	100%
9	Social life	3	1	67%
10	Travelling	4	2	50%
Total		32 (52%)	10 (20%)	56.8%

CONCLUSION

The treatment approach for *Vata* situated in *Adhobhaga* as per Ayurvedic principles involves *Shodhana* with *Snigdha mridu virechana* followed by *Vasti*. Collaborative *Panchakarma* procedures, such as *Dhanyamla dhara*, *Lepanam*, *Veshtanam*, *Upanaham*, *Jambeera pinda swedam*, *Patrapinda pottali sweda*, *Pizhichil*, *Shashtika pinda swedam* and *Yogavasti*, along with *Shamana chikitsa*, effectively cured sciatica in a single case study without surgical intervention and recurrence of symptoms. This study underscores the need for further exploration of these therapies in a larger population to establish a standard treatment protocol, emphasizing a multi-treatment approach to combat the disease in the shortest duration possible and achieve synergistic effects.

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