



ROLE OF PANCHAKARMA IN MANAGEMENT OF *GRIDHRASI*- A REVIEW STUDY

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Abstract: Panchakarma is a fruitful measure and its extensive efficacies are classified in different dimensions to cure different types of complicated diseases. *Vamana*, *Virechana*, *Niruha*, *Anuvasana* and *Nasya* are the five procedures and subsequently even *Vamana*, *Virechana*, *Basti*, *Nasya* and *Rakta Mokshana* are broadly termed as *Panchakarma* in day-to-day practices. The new diseases are evolving with intense gravity and therefore to combat those, *Panchakarma* is a very effective measure. In present era competition and advancement have led to hectic and stressful life, man has eventually forgotten the absolute enjoyment and solitary affection of nature and as a result is facing many health problems. *Gridhrasi* is no exception, it is correlated to sciatica in modern science where low back ache radiating to toes in the lateral aspect of the thigh associated with stiffness is the main complaint.

KEY WORDS: *Panchakarma*, *Vataja Gridhrasi*, *Vatakaphaja Gridhrasi*, *Sciatica*, *Basti Karma*

INTRODUCTION

Gridhrasi is one of the *Nantamaja Vikaras*,^[1] characterized by piercing type of pain / stiffness / cramps, beginning from *Sphika* (Hip) region and gradually radiates down to *Kati* (Back), *Uru* (Thigh), *Janu* (Knee), *Jangha* (Calf) and *Paada* (foot) region (are due to *Vata*)^[2] and along with these, systemic symptoms which includes *Gaurava* (heaviness), *Tandra* (drowsiness) and *Aruchi* (anorexia) (are due to *Kapha*).^[3] Pain in the leg generally unilaterally caused by irritation of Sciatica Nerve, there may be numbness, difficulty in moving or controlling the leg. Pain, generally travel from back of thigh to back of calf and may also extend upwards to the hips and downwards to the foot.^[4] So comparatively Sciatica resembles with the *Gridhrasi* which is described in Ayurvedic text.^[5] Sciatica is a relative common condition with a lifetime incidence varying from 1.1% to 6%, the prevalence of sciatica symptoms reported in literature varies considerable ranging from 1.6% to 43% in selected working population.^[6] Despite technological and pharmacological advances in modern science the management of sciatica is still a medical problem, where no permanent medical treatment is available, except some palliative measure. Chances of reoccurrence are high even after surgery. To fulfill the expectations in the management of Sciatica from the Ayurvedic point of view the present study is undertaken to show some light for the same.

Hetu:

Sr. No.	Hetu (causes) of <i>Gridhrasi</i> according to Ayurveda	Hetu (causes) of Sciatic according to modern science
1.	<i>Ruksha, Sita, Alpa, Laghu, Tikata, Katu, Kashaya - Anna Sevana (food intake)</i>	Trauma
2.	<i>Atimaitihuna (excess of sexual intercourse)</i>	Compression of Sciatic nerve
3.	<i>Ativyayama</i>	Degenerative disease like tuberculosis, Osteoarthritis, Ankylosing spondylitis.
4.	Excessive sitting on a chair for longer time	Hypertrophy and spasm of Piriformis muscles
5.	Excessive standing for longer time.	Tumor or Malignancy
6.	<i>Amotpatti</i>	Slipped Disc
7.	<i>Dhatukshaya etc.</i>	Spinal stenosis

Samprapti Ghataka (Pathological Factors): ^[7]

- **Dosha - Vata**
- **Type of Vata affected - Vyan Vata, Apan Vata, Samana Vata**
- **Type of Dushya - Rasa, Rakta, Mamsa, Majja, Asthi.**
- **Udabhava Sthana- Pakvashaya**
- **Adhithana - Kati, Adho Shakha, Kandara - By Sushruta
Snayu - By Vagbhata (A.H.N. 15/14)**
- **Srotas - Rasavaha, Raktavaha, Asthivaha (in Avarana Sampriti), Marmasthisandhyanusari.**

Difference between *Vataja* and *Vata Kaphaja Gridhrasi* ^[8]

- ***Vataja Gridhrasi*: Spik Purva, Kati, Pristha, Janu, Janga, Pada, chronological pain**
- ***Vata-Kaphaja Gridhrasi*: Stambha, Gaurava, Aruchi, plus the symptoms of *Vataja Gridhrasi*.**

Chikitsa of *Gridhrasi* ^[9]:

For *Gridhrasi*, *Siravyadhana* should be performed over the vein located between *Kandara* and *Gulpha* along with *Basti* and *Agnikarma*

Difference between *Chikitsa* of *Vataja* and *Vatakaphaja Gridhrasi*

Sr. No.	<i>Vataja Gridhrasi</i>	<i>Vatakaphaja Gridhrasi</i>
1.	<i>Vatanulomana Chikitsa</i>	<i>Kaphavruta Vata Chikitsa</i>
2.	<i>Virechana Karma</i>	<i>Ushna Virya Aushadha Prayoga</i>
3.	<i>Bahya Snehnam</i>	<i>Ruksha Kriya</i>

Role of Panchakarma in *Gridhrasi*:

Acharya Charaka ^[10]	Acharya Sushruta ^[11]	Acharya Bhela ^[12]
<i>Siravedha</i>	<i>Siravedha</i>	<i>Snehana- Internal External</i>
<i>Bastikarma</i>		<i>Swedana</i>
<i>Agnikarma</i>		<i>Bastikarma</i>
		<i>Raktamokshana</i>

Panchakarma procedure adopted:**Snehana-**

Snehana corrects *Rukshata*, *Kharata*, *Parushtwa*. *Snigdhata* *Slaksnatwa* and *Mriduta* decreases accumulated *Vata*.^[13] It gets *Anuloma Gati* (direction) again and thereby disease/symptoms decrease. *Snehana* can be given in all forms - *Snehapana*, *Abhyanga*, *Anuvasana*.

Snehana;

1. ***Pada Abhyanga***^[14]/***Sarvanaga Abhyanga***^[15]

By the application oil to the feet, roughness, immobility, dryness, fatigue, and numbness are instantaneously cured and even strength and steadiness of feet will increase. Most importantly it does the prevention of, the Sciatica, cracking of feet, constriction of vessels and ligaments of lower limbs.

1. ***Kati Basti***^[16]

It is the most effective procedure in reducing pain, as it increases blood circulation at the site of lesion, pain will get reduced by the entry of new oxygenated blood at the site of lesion. *Taila's* are selected according to the condition *Roga* and *Rogi* and even also *Kashayas* can also be used where ever there is an involvement of *Kapha Dosha* is there.

2. ***Kati Pichu:***

It is preferred when patient is unable to lie in prone position for long time. As per the condition of the *Dosha's*, *Taila's* are to be selected. It can be done at OPD level also.

Swedana (sudation treatment) - *Bahya Swedana* at the site of *Vata Prakopa* with *Nadi*, *Prasthara*, *Ruksha Sweda* according to condition.^[17]

Swedana

Type of *Sweda* adopted in different types of *Gridhrasi* are as follows,^[18]

<i>Vatakaphaja Gridhrasi</i>	<i>Vataja Gridhrasi</i>
<i>Valuka Sweda</i>	<i>Patrapinda Sweda</i>
<i>Churna Pinda Sweda</i>	<i>Kukkutanda Sweda</i>
<i>Chincha Lavana Sweda</i>	<i>Shashtika Shali Pinda Sweda</i>
<i>Jambeera Pinda Sweda</i>	
<i>Arka Patra Sweda</i>	

Different specialized Panchakarma procedure which provides simultaneous *Snehana* and *Swedana*

Patra Pinda Swedana^[20] –

Good for external *Snehana* in *Gridhrasi* - It also provides muscles strength and relief in muscles spasm.

Shashtika Shaali Pinda Sweda^[21] –

One of the varieties of *Bahya Snehana*, gives immediate results because it acts at the site of lesion and pacify the *Vata Dosha*
Anuvasan Basti/ Matra Basti^[22] –

By *Bala Taila*, *Mahanarayana Taila*, *Dashmoola Taila*.

Vamana:

Yet *Vagbhata* and *Sushruta* contraindicated *Vamana* in *Vata Vyadhi*. Although *Chakrapani* indicated *Urdhwa Shodhana* (*Vamana*) in *Gridhrasi*^[23]

In a person who is suffering from *Gridhrasi* initially after administration of *Pachana Aushadies*, *Vamana* should be carried out, after *Vamana* when the *Agni* of person attains normalcy, one should do *Basti Karma* i.e. in *Utklishta Avastha* of *Vata Kaphaja Gridhrasi*, *Sadyo Vamana* with *Yashtimadhu Phanta* (to remove *Kaphaavarana*) is to be given, then to remove *Kaphaavarana* *Vatanulomana Dravyas* are given it is not indicated in acute stages.

Mridu Virechana:

Mainly for the correction Agni and to treat the Ama condition Mridu Virechana is adopted prior to Basti Karma. For example, constipation in Vata Prakruti person or Vata predominant disease by Erand Taila, Hingu-Triguna Taila is given. For removing Ama and constipation in Kaphaja Prakruti or Kapha predominant disease by Nishotha Churna + Sunthi Churna + Madhu can be given.^[24]

Basti:

- In Kevala Vataja and Dhatu Kshayaja condition Shamana or Brumhana Basti containing a greater number of Sneha Basti's can be adopted. Among Shamana Bastis, Erandamoola Niruha Basti,^[25] Dashamoola Niruha Basti, Ksheera Vaitarana Basti^[26] can be administered and in Brumhana Bastis, Erandamooladi Yapana Basti, Madhu Grita Yapana Basti,^[27] Mustadi Yapana Basti, Bala Yapana Basti can be administered.
- In Kaphaanubandha Avastha, Shodhana Basti, Vaitarana Basti, Kshara Basti, Erandamooladi Kshara Basti, Vrushadi Basti,^[28] Dvipanchamooladi Basti^[29] can be administered.

Raktamokshana:

Raktamokshana can cure the diseases when other treatments do not have effect on nature of diseases or when other treatments fail to manage the diseases.^[30] It gives immediate relief in pain of Gridhrasi. It is helpful to eliminate Doshas from Shakha and in this therapy, there is no need to bring the Doshas in Koshta.^[31]

Various sites of Raktamokshana:

- 4 Angula up or low from Janu Sandhi^[32] (back side)
- 4 Angula up from Gulpha^[33] (back side)
- In between the Kandara and Gulpha^[34] (Inner side)

Probable mode of action of Raktamokshana

- Kandra is Updhatu of Rakta and Kandra is Dushya in Gridhrasi.
- Gridhrasi Vata is Rakta Vata^[35]
- Gridhrasi is due to Vyana Vayu Prakopa^[36] and Vyana Vayu is related to blood circulation.
- Elimination of Ama by Siravedha which obstructs the Srotas or channels and Vayu gets Anuloma

Preventive Measures:

- Hard bed.
- Matra Basti
- Proper Posture.
- Pada Abhayanga.
- Proper Dinacharya and Ritucharya.
- Ritu Anusara Shodhana.

CONCLUSION:

Vata is chief among the three Doshas^[37] and the functional requirement for both Kapha and Pitta, if co-ordination of Vata gets disturbed then the disease is going to manifest. Though Basti Karma is important but by considering the associated Dosha's Vamana or Virechana Karma can be performed prior to Basti Karma. Selection of type of Basti i.e., Shodhana, Shamana, Brimhana^[38] is the key role in the management of the Gridhrasi. Basti can be easily performed in all the age group persons,^[39] whereas the other Shodhana procedures are restricted to particular age groups.^[40] Basti Karma is the best choice of treatment for Vata or Vata associated with Kapha and Pittadosha.

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CONFLICTS OF INTEREST:

The authors declare no conflict of interest regarding the publication of this article.

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