

“ Effect of Agnikarma and Parijatakvati P/O in the Management of Pain and Stiffness in Gridhrasi w.s.r. to Sciatica” - A Case Study

Jadhav Sagar^{*1}, Saraf Naimish², Awasthi Suh³, Andhale Meghraj⁴

PG Scholar, Shalyatantra Department¹

Professor & HOD, Shalyatantra Department²

Assistant Professor, Shalyatantra Department^{3,4}

Siddhakala Ayurved College & Hospital, Sangamner

Abstract: *Low back pain is most common complaint encountered by doctors. It can be present as acute or chronic pain.*

Sciatica is most common condition causes Low back pain radiating towards posterior part of Legs. In Ayurveda Sciatica disease resembles with "Gridhrasi" which included under 80" types of 'nanatmajavatavikara'.

Gridhrasi can be treated with Agnikarma & internal medicine. Here in this case study, patient was suffering from Sciatica pain; due to herniation at L5-S1, He was treated with Agnikarma & P/oParijatakvati for 15 days: patient showed improvement remarkably & would do his routine work properly & efficiently.

Keywords: Sciatica, Gridhrasi, Agnikarma, Parijatakvti, Ayurveda

I. INTRODUCTION

Sciatica refers to pain that radiates along the path of Sciatica Nerve associated with tingling, numbness, pricking sensation & stiffness. Ancient Acharyas given the name Gridhrasi as a disease it may be because of patient Gait become similar to gait of Gridhra (vulture), its associated with change in the gait, patient start limping towards affected site. In Ayurveda, various treatments are explained for the management of Gridhrasi Out of which Agnikarmachikitsa is superior.

A Case study:

The purpose of this case study is to describe usefulness of Agnikarma therapy & long term outcomes for patient with sciatica.

II. PATIENT PROFILE

Age/ sex: 60 year old male.

Chief complaints:

Pain in the Lower back radiating both limb, more in Right Limb ; since 6 Months, aggravated by walking prolonged setting.

No H/O: DM/HTN /TB/BA any major illness.

S/H: Operated for perianal abscess (I&D, 2 month ago)

D/H: Nil

MRI Findings: Disc bulge at L5-S1, Level compressing Sciatica Nerve.



Ayurvedic examination -

Prakriti: Vata pitta

Vikriti: Vata-KaphajGridhrasi

Agni: Mandagni

Nadi -Vata dominant

Bowel habits- Reguar

Micturation : 4-5T/day

Sleep -. Disturbed Sleep Due to Pain

General examination :

Concious oriented

P → 88/min.

BP→ 130/80mm Mg

RR → 20/min

S/E :

CVS : S1S2 N

CNS: Higher function normal with no loss of memory

RS: B/L equal entry, with no added sound.

Blood investigations:

All Routine investigations were normal

(MRI/- Disc Bulge AT L5 -S1)

IMPRESSION:

MR imaging of lumbar spine reveals:

Changes of lumbar spondylosis; at L5 – S1 left far lateral disc protrusion causing left side neural foraminal lower portion narrowing, exiting nerve root compression in neural foramina. No significant canal stenosis, thecal sac or cauda equina compression.

MR screening of cervical spine reveal spondylotic changes, mild disc bulge at C5 – C6. No significant cord compression or abnormal intra medullary signals in cord.

CV junction within normal limit.

MR screening of dorsal spine reveal focal ligamentum flavum hypertrophy, ossification at D10 – D11. No significant cord compression or abnormal intra medullary signals in cord.



Dr Balaji Anvekar
Fellowship in Neuroradiology, FRCR London
Neuro and MSK imaging consultant

Ayurvedic Diagnosis:

Vata KaphasGridhrasi.

Muskuloskeletal:

Gait: → limping gait while walking

→ Straight leg raising test (SLRT) :

→ positive at 45° (Right Leg)

→ positive at 80° (Left leg)

→ Lasegues sign:→ positive at 45° on Right leg

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III. TREATMENT SCHEDULE

After Careful assessment & examination, patient was diagnosed with sciatica i.e. Gridhrasi and then treated with 5 settings of Agnikarma and oralmedication of Parijatakvati 2 BD approx.. 250 mg each For 2 weeks.

In Ahara vataprakopak Ahara-vihar also restricted during treatment course, & Follow up period of 1 month

a) Patient was treated with Agnikarma for 5 settings with follow up on every 3rd day till 15 days.

b) Parijatakvati 250 mg BD For 2 weeks.

Method of Agnikarma:

Purvakarma:

Agnikarma therapy room should well prepared with all materials & instrument required

Hold the probe on the burner's till it becomes red hot like a charcoal

Pradhan Karma:

Examine & mark the maximum tender points, with the use of Red HOT Agnikarma probe, agnikarma to be done.

Pashchat karma:

After a minute, with samyakhagdhakshana.

Apply shatdhautGhrita.f/u on every 3rd day till 5 settings.



Image 01 : Performing Agnikarma

IV. OBSERVATION AND RESULTS

Parameters	Before Tretment	After Treatment
PAIN	7/10	2/10
TINGLING	Present	Absent
NUMBNESS	Present	Absent
RANGE OF MOVEMENTS	Restricted	Normal
STRAIGHT LEG RAISE (SLR)	40	80



V. DISCUSSION

Gridhrasi is associated with shoolpradhanvata-nanatmajavyadhi affecting Locomotor System. In Gridhasi pathogenesis, important aggregatingdusha's are vata&Kapha. The vitiated vata gets lodged in Kati-pradesh. & pain symptom is produced .

MOA (Mode of Action) of Agnikarma.

Generally Pain Receptors are Located in skin a motor end plates.



These pain Receptors ae stimulates with application of Heat.



This Heat induces metabolism at musclefibres& removes waste products releases the stiffness of the muscle.



It improves the local site: circulation and Reduces nerve compressions.



Relieves pain& Stiffness

MOA of Parijatak Vati

Parijatak (Nycantnesarbortristis) is having tiktarasa, Laghu, ushnavirya, Katuvipak, vata-Kaphashamak & vedanasthapana in nature;



It decreases vata due to its ushnaviryaKapha due to tikta rasa, Katuvipak, ushnavirya.



The ParitjatakGhanvati is having properties ofShothahara (anti-inflammatoy) ,vedanasthapan(analgesic) and rasayana (antioxidant)

VI. CONCLUSION

Sciatica is commonly seen problems in middle age of group with the help of this case study,it signifies that after repeated cycle of agnikarma with proper pathya, there is relief in signs and symptoms of sciatica especially on local tenderness and stiffness.

The given treatment requires no hospitalization and could be done at OPD Level, as well as economical .

This case report showed that Agnikarma therapy is safe ,effective, and potent in the treatment of Sciatica (Gridhrasi),there was no adverse effect found during and after the whole procedure.

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