Case Study

EFFECT OF A MULTIMODALITY AYURVEDA TREATMENT IN A CASE OF GRUDRASI W.S.R TO LUMBAR VERTEBRAL DISC PROLAPSE

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ABSTRACT

Grudhrasi as mentioned in Ayurveda explains a disorder where in pain starts from Sphik Pradesha and radiates downwards to Kati, Prusta, Uru, Janu, Jangha and the patient is unable to walk properly. The case reported here showed similar features that of lumbar vertebral disc prolapsed. After following a specific treatment protocol of Ayurvedic treatments, significant regression in the condition was observed and patient could completely stop the use of analgesics and anti-inflammatory drugs which were used by the patient priory. A 32 year old male, presented with complains of severe low back ache radiating to left lower limb and inability to walk since 15 days. On the basis of symptoms, thorough examination and evidence of imaging technique, the case was diagnosed as Grudrasi. A specific treatment protocol of Ayurvedic procedures were followed after thorough examination of the patient. The pain completely resolved and patient was able to walk without support. Photographs of the patient were captured before and after the treatment for records. The outcome was a combined effect of Shamana and Shodhana Chikitsa as well as Yogasanas. The scope of a new treatment protocol is discussed in this paper which can give a considerable relief to those patients suffering from Grudrasi.

KEYWORDS: Grudrasi, Lumbar Vertebral Disc Prolapse, Shamana, Shodhana Chikitsa, Yogasanas.

INTRODUCTION

Grudhrasi is characterized by pain which starts from Sphik Pradesha and radiates downwards to Kati, Prusta, Uru, Janu and Jangha and the patient is unable to walk properly^[1]. The features of lumbar vertebral disc prolapse especially at the level of L4-L5-S1 shows close resemblance to Grudrasi. The case reported here showed significant regression in the condition. The patient was able to walk without support after the treatments. The treatments followed were purely based on the principles of Ayurveda.

Case Presentation

A 32 year old male badminton player, presented with complains of severe pain over lower back radiating to left lower limb and inability to walk since 15 days. Pain started suddenly while the patient was playing badminton. Next day morning after bath he had sneezing and the pain aggravated suddenly and he was not able to walk due to the pain. He consulted at a leading hospital at his native where he was suggested to undergo surgery. But he refused for the surgery and instead started oral analgesics and anti-inflammatory medications. But patient did not get relief with the medications.

Clinical Findings

Left knee was held slightly flexed due to pain. When he was asked to stand, he had a slight list to right side. SLR was positive for left lower limb at around 30 degrees. Contralateral SLR and Lasegue test was also positive.

Diagnostic assessment

Investigations

Patient had already done MRI of Lumbar spine as advised during previous consultation at his native which showed loss of lumbar lordosis and mild L4/5 & L5/S1 disc desiccation with mild diffuse disc bulge effacing bilateral lateral recesses & neural exit foraminas, more on left side. There was no significant spinal canal stenosis.

Diagnosis: Vataja Grudrasi

Based on the manifested symptoms and clinical findings the case was diagnosed as *Vataja Grudrasi* which is characterized by pain in the lower back which is radiating to the ankle of left lower limb and patient unable to walk.

Therapeutic Intervention

The intervention included a specific treatment protocol of 12 days mentioned in Table 1. Patient was advised to avoid curd, fried food, potatoes, non-vegetarian food, etc in the diet.

Ingredients of the medicines used for external as well as *Basti* medications are listed in Table 2.

Follow up and Outcomes

After day 1 of *Mrudu Virechana*, pain increased and also patient felt lightness of the body but patient was assured and he gained confidence. After the 2nd day of treatment there was significant reduction in pain. On day 4 after the treatments, at night patient was able to walk few steps with the support of a walking stick. By day 7, patient was able to walk long distances with support. By day 10,

patient could walk few steps without support. But because of the fear he did not walk long distance. The treatments were over by day 12. From the very next day he was advised to do *Poorna Pavana Muktasana* and *Ardha Pavana Muktsana* for 5 times each after getting up in the morning. By day 15, pain relieved completely and patient was able to walk without support.

Timeline

Timeline of the case report is shown in Table 3.

RESULT

The pain completely resolved and patient was able to walk without support. The patient was back to his normal routine with no signs of relapse. SLR test for the patient also improved to 70 degrees.

Table 1: Treatment Protocol Day wise

Days	Treatment		
Day 1	Mrudu Virechana		
Day 2	Siravyadha		
Day 3	Kala Basti (Anuvasana1), Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti		
Day 4	Kala Basti (Anuvasana 1 & Niruha 1), Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti		
Day 5	Kala Basti (Anuvasana 1 & Niruha 1), Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti		
Day 6	Kala Basti (Anuvasana 1 & <mark>Niruha 1),</mark> Sth <mark>anik</mark> a Patrapinda Sweda to Kati and Adhoshaka, Kati Basti		
Day 7	Kala Basti (Anuvasana 1 & Niruha 2), Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti		
Day 8	Kala Basti (Anuvasana 2 & Niruha 2), Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti		
Day 9	Kala Basti (Anuvasana 2 & Niruha 2), Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti		
Day 10	Kala Basti (Anuvasana 2), Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti		
Day 11	Kala Basti (Anuvasana 2), Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti		
Day 12	Kala Basti (Anuvasana 2), Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti, Snigdha Agnikarma to Kati		

Table 2: List of medications/Instrumentations used for treatment

Treatment	Medications/Instrumentations	
Mruduvirechana	Trivrutlehya 75grams (AVP)	
Siravyada	Disposable 18G sterile needle	
Anuvasana 1	Brihatsaindhavataila 80ml (Chaitanya)	
Anuvasana 2	Ksheerabalataila80ml (Srisritattva)	
Niruha 1	Gudapaka – 75ml	
	Kalka – Shatapushpa 15gm	

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Table 3: Timeline

Date	Events	Intervention
06/08/2018	Pain increased	Mrudu Virechana
07/08/2018	Reduction in pain	Siravyadha
08/08/2018	Same status	Anuvasana Basti, Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti
09/08/2018	Walked few steps with the help of a support.	Anuvasana & Niruha Basti, Sthanika Patrapinda Sweda to Kati a <mark>nd</mark> Adhos <mark>h</mark> aka, Kati Basti
10/08/2018	Walked few steps with the help of a support.	Anuva <mark>sana & Niru</mark> ha Basti, Sthanika Patrapinda Sweda to Kati a <mark>nd</mark> Adhos <mark>ha</mark> ka, Kati Basti
11/08/2018	Walked few steps with the help of a support.	Anuvasana & Niruha Basti, Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti
12/08/2018	Walked long distances with support	Anuvasana & Niruha Basti, Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti
13/08/2018	Walked long distances with support	Anuvasana & Niruha Basti, Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti
14/08/2018	Walked few steps with support	Anuvasana & Niruha Basti, Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti
15/08/2018	Walked few steps with support	Anuvasana Basti, Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti
16/08/2018	Walked few steps with support	Anuvasana Basti, Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti
17/08/2018	Walked few steps with support	Anuvasana Basti, Sthanika Patrapinda Sweda to Kati and Adhoshaka, Kati Basti Snigdha Agnikarma to Kati

Written informed consent with signature was taken from the patient for publishing of photographs and MRI report.

DISCUSSION

Grudrasi is a major concern in the present era among the women who are especially homemakers and also among people who lifts heavy weights. All the treatments mentioned in Ayurvedic classics for *Grudrasi* are aimed at pacifying *Vatadosha*. The management of this is a challenging task as the work pattern cannot be changed. In the present study, a

specific treatment protocol was followed which showed complete remission of the symptoms. The drugs used where mainly for pacifying *Vata Dosha*. Restriction of patient from doing strenuous activities during the course of treatment also helped in giving rest to the patient. This treatment protocol was followed in a patient who had no major complications

of lower vertebral disc prolapsed like bowel and bladder incontinence. Where in surgery may be unavoidable in cases of complicated cases.

CONCLUSION

The treatment principles followed in Ayurveda for *Grudrasi* is *Siravyada*, *Basti Karma* and *Agnikarma*. The same is been followed here but in a specific pattern. The medications of *Basti* are changed according to the *Dosha* vitiation. The protocol thus followed showed promising results and thus can be tried on more number of patients to prove its efficacy on a large population.

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