

# A CASE STUDY ON GRIDHRASI WITH SHEPHALI (NIRGUNDI) GHANAVATI



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## ABSTRACT

Ayurved is ancient and time tested science. Till the date its principle remains unchange. The Ayurvedic science describes guideline for essential and harmful for long lasting healthy and happy life. [Brahmanand \(2017\)](#); [Ravidatta and Prakashana \(2017\)](#)

Several disorders of biological system are produced by improper and changing lifestyle, busy professional life, long time sitting posture in office, continuous and over exercised in factories, changing food style all are responsible for vatavyadhi and specially Gridhrasi too.

Gridhrasi is the one of the common disease. It has painful or Shoolpradhan condition which hamper the routine of life. It is occurs about three times as frequency in male as in the female as in the female sex.

Gridhrasi is one of the Nanatmaj vyadhi and vata is is the main dosha in the Samprapti. It is the closely resemble with Sciatica which is characterised by low back pain and radiates towards leg mostly unilateral.

The case study being presented of 42 years old female patient suffering from Vataj Gridhrasi with cardinal signs and symptoms of Gridhrasi are Ruk,toda,Stambh, and radiating pain in the leg in order of Sphik, Kati,Uru, Janu, Pad.Here Shaman chikitsa done with Shephali(Nirgundi) Ghanavati · “[pandit Kashiram Vaidya virachit Gudharth Dipikabhyam commentary , Sharangdhar Samhita , madhyam khand](#)” (n.d.); [Sharma and Priyavat \(n.d.\)](#).

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**Keywords:** Gridhrasi, Vata, Pain, Shaman Chikitsa, Sciatica

## 1. INTRODUCTION

Gridhrasi word derived from Gridhras by adding Din Prataya. [Kanta \(1988\)](#) It is describe under 80 types of Vatavyadhi. [Dr, Brahmanand, and Varanasi \(2008\)](#)Gridhrasi is characterised by Sphikpurva ruk in Kati, Uru, Janu, Jangha, Pad and associated with Toda, Stambh, Muhuspandan. Also Tandra, Gaurav, Aruchi present in Kaphavataj Gridhrasi. In this disease patient gait becomes altered as



patients leg become tense and slightly curve due to the pain resembling walk to like vulture [Dr, Brahmananda, and Varanasi \(2008\)](#).

Here patient get treated with Shaman Chikitsa with Shephali (Nirgundi) Ghana-vati. Nirgundi mentioned in Sharangdhar Samhita as a Shephalipatra Kwath in cure for

Gridhrasi where Shephali is synonym for Nirgundi. Also Bhavprakash mentioned Shephali for Nirgundys synonym.

Gridhrasi can be correlated with sciatica. Sciatica characterised by low back pain spreads through the hip to the back of thigh and down towards leg. This basically arises due to compression or inflammation of sciatic nerve. [Das \(n.d.\)](#)

According to Ayurveda Gridhrasi mentioned as Kricchrasadhya which is very difficult to cure [Dr and Brahmanand \(2017\)](#).

## 2. CASE REPORT

A 43 years old male patient comes to OPD of Kayachikitsa department of Santa Ekanath Ayurvedic Hospital, Shevgaon. Patient was farmer by occupation. Patient came with following chief complaints:

On Dakshin pada – **Chief Complaints:**

1. Ruk (*Pain*)
2. Toda (Pricking sensation)
3. Stambha (Stiffness)
4. Sanchar vedana (Radiating Pain)in order Sphik, Uru, Kati, Janu, Pad.
5. Chankraman and Aasan kashtata (pain while walking and sitting) - starts before 4 to 5 weeks.

Starts from 7 to 8 weeks before.

## 3. HISTORY OF CASE STUDY

Patient had taken allopathic treatment before came to our hospital as per need for his pain and he was not satisfied by it by having repeat episodes. Patient did not have history of any other major illness.

### 3.1 FAMILY HISTORY

No any major illness

### 3.2 ON EXAMINATION

General condition – Moderate, Afebrile. No pallor/Icterus was present.

**Table 1**

Nadi - 78/min.	Shabda - Avishesha
Mala - Samyak	Sparsha - Ruksha
Mutra - Samyaka	Druka - Avishesha
Jivha - Niram	Akruti - Madhyam
Weight - 65kg	Blood pressure - 124/86 mm of hg

### 3.3 ASTHAVIDH PARIKSHA

## 4. NIDAN PANCHAK

### 4.1 HETU [Joshi and Prakashana \(2014a\)](#)

Yanayan, aticheshta ,Katu- Ruksha anna

### 4.2 SAMPRAPTI [Das \(n.d.\); Joshi and Prakashana \(2014b\)](#)

Samprapti Ghatak -

**Doshas** - Vata dosha prakop

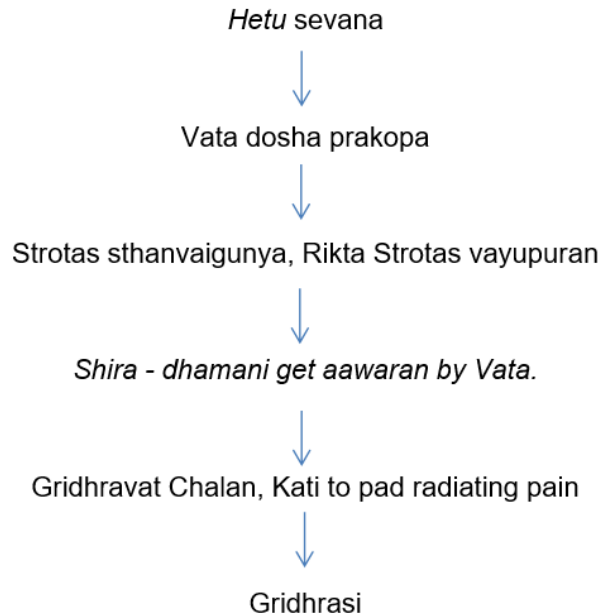
**Dushya** - Majja, Asthi

**Agni** - Mandagni.

**Strotodushti** - Sanga,Siragranthi. .

**Vydhiswabhav** - aashukari/Chirkari.

**Vyaktasthana** - Katipradesh, Uru, Janu, Pad



### 4.3 Poorvarupa

Pain and stiffness at Lumbar region and low back region.

#### **4.4 ROOPA Joshi and Prakashana (2014c)**

Pain in Lumbar region and radiating towards Shik, Kati, Uru, Janu, Pad.

#### **4.5 UPASHAYA**

Aushadh sevana

#### **4.6 ANUPSHAYA**

Nidansevana

### **5. MATERIALS AND METHOD**

**Centre of study-** Santa Ekanath Maharaj

**Hospital, Shevgoan. Material-** Shephali Ghanavati. (250 gm)

**Method** – Case study

### **6. CHIKITSA**

Shaman chikitsa with Shephali (Nirgundi) Ghanavati showed excellent result in this case.

Shephali (Nirgundi) Ghanavati: 500 gm BD(1 gm/Day) with Sukhoshna jala after food.

For 30 days by taking follow up after 7, 15 and 30<sup>th</sup> day.

### **7. ASSESSMENT CRITERIA**

#### **7.1 SUBJECTIVE PARAMETERS**

#### **7.2 OBJECTIVE PARAMETERS**

1. SLRT
2. Walking time

### **8. OBSERVATION**

#### **8.1 SUBJECTIVE CRITERIA** [Table 3](#)

#### **8.2 OBJECTIVE PARAMETERS** [Table 4](#)

### **9. RESULT AND DISCUSSION**

In this case study patient get treated by Shaman Chikitsa that is internal medicine with Shephali (Nirgundi) Ghanavati with Sukhoshna jala for 30 days. After the treatment patient shows great result in his sigh and Symptoms about Gridhrasi. He started walking and sitting comfortably. Nirgundi is Vataghna and Shothaghna dravya. Is great in Vaataj vikar with its Ushna Vipaka and Katu Tikta Rasa.

**Table 2**

Sr. No.	Symptoms	Grade	Description
1.	Ruk ( Pain )	0.	No pain
		1.	Slight pain only on hard work
		2.	Pain on movement but without disturbing routine work
		3.	Pain on movement disturbing routine work
		4.	Severe pain compelling patients to lie on bed
2.	Toda ( Pricking sensation)	0.	No pricking sensation
		1.	Occasionally pricking sensation
		2.	Mild pricking sensation , once in a day
		3.	Moderate pricking sensation , frequently in a day
		4.	Severe and persistence pricking sensation
3.	Stambha (Stiffness)	0.	No stiffness
		1.	Sometimes for 5-10 min.
		2.	Daily for 10- 30 min.
		3.	Daily for 30- 60 min.
		4.	Daily more than 1 hour.
4.	Chankraman and Aasan kashata (Difficulty in walking and sitting)	0.	No pain
		1.	Mild pain + No difficulty in sitting and walking.
		2.	Slight pain in walking and sitting
		3.	Much difficulty in walking and sitting.

**Table 3**

Sign and symptom	Before treatment	After treatment
Ruk	3	0
Tod	3	1
Stambha	2	0
Chankraman and aasan kashtata	3	0

**Table 4**

	Before treatment	After treatment
SLRT	Positive at 35° (right leg)	Negative at 75° (right leg)
Walking time	100 meters in 10 seconds.	100 meters in 5 seconds.

## 10. CONCLUSION

Above treatment helps to relieve symptoms of disease and also an attempt to provide safe and effective treatment to the patient. Treatment was easily administrated to patient. And no side effects were noticed.

## REFERENCES

- Brahmanand, R. T. (2017). Ashtang hriday Samhita , purvardha , sutrasthana , chapter 1 st. Das, S. (n.d.). A manual of clinical surgery - 7th edition, Examination of peripheral nerve lision, Page no. 97, Examination of spinal abnormalities., 225–225.
- Dr, T., & Brahmanand. (2017). Ashtang hriday Samhita , purvardha , Nidansthana , Atosargrahanidoshanidanam., 30, 497–497.
- Dr, T., Brahmanand, & Varanasi. (2008). Editor Charak Samhita of Agnivesha , Sutrasthan , Maharaga adhyay.
- Dr, T., Brahmananda, & Varanasi. (2008). Editor Charak Samhita of Agnivesha , Chikitsasthana , vatavyadhi chikitsa adhyaya 28., 53, 590–590.
- Joshi, V., & Prakashana, Y. V. (2014a). Edited by Ayurveda dipika Vyakhya , and yashavant commentary , Chikitsasthana , Charak Samhita., 28, 620–620.
- Joshi, V., & Prakashana, Y. V. (2014b). Edited by Ayurveda dipika Vyakhya , and yashavant commentary , Chikitsasthana , Charak Samhita., 620–620.
- Joshi, V., & Prakashana, Y. V. (2014c). Edited by Ayurveda dipika Vyakhya , and yashavant commentary , Chikitsasthana , Charak Samhita., 28.
- Kanta, R. R. (1988). Edited Shabda Kalpadruma 2 nd volume. In *Nag publication* (pp. 345–345).
- pandit Kashiram Vaidya virachit Gudharth Dipikabhyam commentary , Sharangdhar Samhita , madhyam khand. (n.d.), 155–155.
- Ravidatta, T., & Prakashana, C. S. (2017). Edited with Vaidyamanorama Hindi Commentary along with special Delibration etc. *Sutrasthana , 1 st chapter, 1, 41–41.*
- Sharma, A., & Priyavat. (n.d.). *Reprinted 2011, dravyaguna vidyana, 2.*