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EFFECT OF TRAYODASHANGA GUGGULU WITH YOGIC INTERVENTION IN GRIDHRASI: A CASE STUDY

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Abstract

Gridhrasi, a classical *Vātavyādhi*, presents as radiating pain (*ruja*) from *kaṭi* to *pāda*, stiffness (*stambha*), and numbness (*spandana*). Modern correlation is **sciatica**, resulting from sciatic nerve compression or irritation. This case study evaluates the therapeutic effect of *Trayodashanga Guggulu* combined with *Shishu Asana* and *Setu Bandhasana* in a 45-year-old male patient presenting with unilateral lower limb pain of 3 weeks' duration. Treatment was administered over 60 days in two phases: AT1 – *Trayodashanga Guggulu* with *Shishu Asana* for 30 days, and AT2 – *Trayodashanga Guggulu* with both *Shishu Asana* and *Setu Bandhasana* for 30 days. Assessment was done using pain scale (*Visual Analog Scale*) and *Straight Leg Raise (SLR) test*. Results showed progressive reduction in pain, improvement in mobility, and normalization of SLR angle. The integrated Ayurvedic and yogic intervention effectively reduced *Vāta-Kapha* imbalance, strengthened *snāyu and majja dhātu*, and enhanced spinal flexibility (*kaṭi snāyu sthiratā*). Pathya–Apathya and proper asana technique were strictly followed to optimize outcomes. This case demonstrates that combination therapy of *Trayodashanga Guggulu* with selected yogic practices is a safe, non-invasive, and effective management strategy for acute *Gridhrasi*, emphasizing holistic patient-centric care.

Keywords: *Gridhrasi*, *Vātavyādhi*, *Trayodashanga Guggulu*, *Shishu Asana*, *Setu Bandhasana*, Sciatica, *Vāta-Kapha śamana*, Ayurvedic intervention, Pathya-Apathya, Non-invasive therapy

Introduction

Gridhrasi is described in classical texts as a *Vātavyādhi* characterized by radiating pain (*ruja*) from *kaṭi* to *pāda*, stiffness (*stambha*), and tingling (*spandana*):

"ग्रिध्रा इव चलति इति ग्रिध्रासी" (*Charaka Saṃhitā, Chikitsā Sthāna 28/56*)

Modern medicine correlates it with **sciatica**, often caused by lumbar nerve compression. Etiologically, aggravated *Apāna Vāyu* and *Kapha-āvaraṇa* lead to pain and restricted mobility. Conventional therapy provides only temporary relief. Classical Ayurvedic management—*Trayodashanga Guggulu*, oleation (*snehana*), sudation (*svedana*), and yoga—targets the underlying *Vāta-Kapha imbalance* while strengthening *snāyu* and *majja dhātu*. This case study illustrates an integrative approach combining *Trayodashanga Guggulu* with *Shishu Asana* and *Setu Bandhasana* for effective symptomatic relief and functional restoration.

	Details (*Charaka Saṃhitā, Chikitsā Sthāna 28/56***)**
Nidāna (Causes)	*Ati-vyāyāma, Ati-sthāna, Abhighāta, Ati-rukṣa-āhāra, Vegadhāraṇa, Ati-Rathayāna*
Pūrvarūpa	Stiffness (*stambha*), tingling (*spandana*), heaviness (*gourava*), fatigue (*tandra*)
Rūpa	Radiating pain *kaṭi→ūru→jāṅghu→pāda*, difficulty walking, limb weakness
Upashaya/ Anupashaya	Relief: *Snehana, Svedana, Ushṇa-snān, Yoga*; Aggravation: *Śīta-sparśa, Rukṣa-āhāra, Ati-vyayāma*
Samprāpti	*Vāta* vitiation → obstruction (*āvaraṇa*) in *sira & snāyu srotas*; *Kapha* → heaviness & local congestion; chronic → affects *Majja dhātu*

Case Presentation

- **Patient:** 45-year-old male
- **Occupation:** Office worker, sedentary lifestyle
- **Chief Complaint:** Radiating pain from lower back to right leg (*ruja*), mild numbness (*spandana*), stiffness (*stambha*), duration 3 weeks
- **History:** No trauma, no systemic illness, no spinal deformity
- **Prakriti:** *Vata-Pitta predominant*, *Madhyama Koshtha*

- **Clinical Findings:** Restricted lumbar motion, tenderness over *kaṭi snāyu*, positive SLR test (45°), mild muscular spasm

Inclusion Criteria: Patient meets all criteria (age 20–60, unilateral pain <1month, willing consent)

Exclusion Criteria: No systemic illness, not pregnant/lactating, no intervertebral disc prolapse.

Methods

Assessment

- Pain: *Visual Analog Scale (VAS 0–10)*
- Functional: *SLR test (degree of elevation without pain)*
- Follow-up: Day 30 (AT1) & Day 60 (AT2)

Treatment Protocol

Phase	Medicine	Yogāsana	Duration	Assessment
BT	–	–	Before treatment	Baseline pain & SLR
AT1	*Trayodashanga Guggulu* (500 mg, 2 tabs BD after meals with water)	*Shishu Asana*	30 days	VAS, SLR
AT2	*Trayodashanga Guggulu* (same dose)	*Shishu Asana + Setu Bandhasana*	30 days	VAS, SLR

Yogāsana Procedures

- **Shishu Asana:** Patient sits on heels, bends forward, forehead to floor, arms extended forward, hold 1–2 min, repeat 3 rounds. Relieves *Apāna Vāyu* & relaxes *snāyu*.
- **Setu Bandhasana:** Supine, knees bent, feet hip-width, lift pelvis, interlock hands under back, hold 30–60 sec, 3–5 rounds. Strengthens lumbar muscles, opens *sira srotas*.

Pathya–Apathya

Pathya (Wholesome)	**Apathya (Unwholesome)**
Snigdha, Ushṇa, Rasa-pradhāna āhāra	*Rukṣa, Śīta, Ati-vyayāma, Ati-śīta-snān*
Warm water, proper sleep	Cold exposure, excessive exertion
Moderate daily activity	Overstretching, heavy lifting

Results

Assessment	**BT**	**AT1 (30d)**	**AT2 (60d)**
VAS Pain	6/10	3/10	1/10
SLR Angle	45°	60°	80°
Lumbar mobility	Restricted	Improved	Normalized
Muscle spasm	Mild	Reduced	Absent

Patient reported significant pain reduction, improved mobility, and better quality of life (*snāyu-sthiratā*). No adverse effects observed.

Discussion

- *Trayodashanga Guggulu* acts as *Vāta-Kapha śamana*, *śūla-hara*, and *balya*, reducing nerve irritation and inflammation.
- *Shishu Asana* improves *Apāna Vāyu* flow, relieves *stambha*, and reduces muscular spasm.
- *Setu Bandhasana* strengthens *kaṭi-snāyu dhātu*, decompresses lumbar spine, and improves *sira srotas*.
- Progressive therapy (AT1 → AT2) demonstrates synergistic effect, aligning classical *Chikitsā Sūtra* with modern outcomes.
- Strict adherence to Pathya–Apathya ensured *Vāta-Kapha balance* and better therapeutic response.

Limitations: Single case; results may vary in chronic or severe presentations.

Conclusion

The integrative therapy of *Trayodashanga Guggulu* with *Shishu Asana* and *Setu Bandhasana* is safe, effective, and non-invasive for acute *Gridhrasi*. Combined pharmacological and yogic intervention restores *Vāta-Kapha equilibrium*, strengthens *snāyu and majja dhātu*, and improves lumbar mobility and functional status. Controlled clinical studies are warranted for broader validation.

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