



## Case Study

### FROM PAIN TO POWER: EFFICACY OF *PANCHAKARMA* IN *VATAJA GRIDHRASI* WITH *PADABHRAMSHA*

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#### ABSTRACT

*Gridhrasi* is a painful neurological disorder characterized by radiating pain, stiffness, and impaired mobility, often correlated with lumbar radiculopathy in contemporary terms. *Padabhramsha* (foot drop) represents a serious complication arising from aggravated *Vata dosha*, often triggered by trauma or excessive exertion. This case report presents a 53-year-old female patient with low back pain radiating to the right lower limb, associated with foot drop, following trauma and physical strain. She was also a known case of Type 2 Diabetes Mellitus and hypothyroidism. A comprehensive *Panchakarma* protocol was designed, including *Sarvanga Abhyanga*, *Parisheka*, *Shashtikashali Pinda Sweda*, dry cupping, and *Mustadi Yapana Basti* administered in *Kala Basti* pattern. Treatment outcomes were assessed using clinical parameters such as muscle strength, gait improvement, and SLR test. Significant improvements were noted in pain relief, muscle power (Tibialis anterior and EHL from 1/5 to 2/5), and mobility (step count improved from 8 to 12 steps in 10 seconds). This case highlights the potential of *Brimhana Chikitsa* and classical *Panchakarma* therapies in managing *Vataja Gridhrasi* with *Padabhramsha*, even in the presence of metabolic comorbidities. Early Ayurvedic intervention, when tailored to the individual *Samprapti*, can play a pivotal role in functional recovery and quality of life enhancement.

#### INTRODUCTION

When the *Kandara* that traverses the *Parshni* towards the *Pratyanguli* becomes vitiated by *Prakupita Vata*, it results in difficulty in the *Prasarana* of the *Sakthi*, and this condition is termed as *Gridhrasi*<sup>[1]</sup>. Separate *Nidana* for *Gridhrasi* is not specifically described in the classical texts. As the *Nidana* for all *Vatavyadhis* are generally alike, the *Samprapti* and clinical features of each condition remain distinct. *Gridhrasi* is classified into two types- *Vataja* and *Vatakaphaja*. The term *Gridhrasi* refers to a condition in which the patient's gait resembles that of a vulture, primarily due to severe pain. According to *Acharya Charaka*, the main signs and symptoms of *Vataja*

*Gridhrasi* include *Ruka*, *Toda*, *Muhuspandana*, and *Stambha*<sup>[2]</sup>. Foot drop most commonly results from conditions impacting the peripheral nerves of the leg or the motor neurons in the spinal cord, especially those that disrupt the action of the dorsiflexor muscles. These include chronic acquired axonal neuropathies, hereditary neuropathies such as Charcot-Marie-Tooth disease (peroneal muscular atrophy), progressive spinal muscular atrophy, and poliomyelitis. Lumbar radiculopathy is the most frequently observed disease. This occurs when a herniated disc compresses the lumbar nerve roots, leading to pain that often radiates from the lower back down the leg. In 95% of lumbar disc herniation cases, the L4-L5 and L5-S1 discs are most commonly affected<sup>[3]</sup>. The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7.9% in nonworking population<sup>[4]</sup>. The management of this condition in contemporary medicine is generally either conservative or surgical. Surgical intervention is often expensive, highlighting the need for effective and accessible management options for *Gridhrasi* in Ayurveda. In this study, our

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aim is to reduce the patient's suffering by improving the strength of the affected leg and alleviating pain. A female patient presented with complaints of low back pain radiating to the right lower limb, accompanied by difficulty in walking and right foot drop. The *Nidana* observed were strenuous activities such as lifting heavy weights and performing excessive household work, and self-fall which are known to aggravate *Vata dosha*. Since her symptoms closely matched those of *Vataja Gridhrasi*, we prioritized *Brimhana Chikitsa* to address the underlying *Vata* aggravation and support recovery.

### Case Report

The patient, a 53-year-old female, a known case of diabetes mellitus and hypothyroidism, was apparently healthy until 3 years ago when she experienced a fall from vehicle, following which she developed low back pain. She sought medical consultation and was advised physiotherapy, which provided temporary relief, though the pain persisted at a manageable level. 3 months ago, the patient experienced a sudden exacerbation of low back pain after lifting a heavy weight of about 20kgs. The pain radiated to the right lower limb with associated

numbness over the lateral aspect of the leg and dorsum of the foot. She describes the pain as sharp and shooting. The pain is aggravated by sitting, standing for more than 2 minutes, and walking, and is relieved in the supine position. Over the past 1½ months, she has noticed progressive weakness in her right lower limb, specifically an inability to lift her foot upwards, which has significantly affected her mobility. She reports difficulty climbing stairs, walking long distances, and performing routine activities. She denies bowel or bladder incontinence, unexplained weight loss, or fever. She has tried over-the-counter analgesics without significant relief. So, she visited our hospital for further management.

### Past History

K/C/O Type 2 DM, since 6 months, under Glycomet 500mg.

K/C/O hypothyroidism since 10 years and is on thyronorm 100mcg 1-0-0.

### Family History

Nothing specific

### Menstrual History

Menopause- 6 months ago

**Table 1: Personal History**

<i>Ahara</i>	Mixed diet
<i>Rasa pradhanya</i>	<i>Sarva rasa</i>
<i>Vihara</i>	Nothing specific
<i>Vyasana</i>	None
<i>Agni</i>	<i>Samagni</i>
<i>Kostha</i>	<i>Madhyama</i>
<i>Nidra</i>	Sound
Emotional status	Normal

### Rogi Pareeksha

**Table 2: General Examination**

General appearance: Healthy	Pallor- Absent
Built: Obese	Icterus – Absent
Height: 165 cm	Cyanosis – Absent
Weight: 90 kg	Clubbing – Absent
Pulse rate: 74bpm	Lymphadenopathy – Absent
Blood pressure: 130/90 mm of Hg	Edema – Absent
BMI- 33.08 kg/m <sup>2</sup>	

**Table 3: Asta Sthana Pareeksha**

<i>Nadi</i> -74 Bpm	<i>Shabda- Prakrita</i>
<i>Mutra</i> – <i>Prakrita</i> , 4-5 times /day	<i>Sparsha</i> - Hypoesthesia in dorsum of foot, lateral lower leg.
<i>Mala- Prakrita</i>	<i>Drik- Prakrita</i>
<i>Jihwa</i> – <i>Alipta</i>	<i>Akriti-Sthoola</i>

**Table 4: Dasha Vidha Pareeksha**

<i>Prakruti- Kapha vata</i>	<i>Ahara shakti - Abhyavarana-madhyama Jarana- Madhyama</i>
<i>Vikruti - Dosha - Vata Dhatu - Mamsa, Meda</i>	<i>Vyayama shakti - Madhyama</i>
<i>Sara - Madhyama</i>	<i>Pramana - Sthoola</i>
<i>Samhanana - Susamhata</i>	<i>Vaya - Madhyama</i>
<i>Satva - Pravara</i>	
<i>Satmya - Sarva rasa satmya</i>	

### **Nidana Panchaka**

*Nidana: Abhighata, Bhara harana*

*Poorvarooopa: Nothing specific*

*Roopa: Ruja in Sphik, Kati, Prusta, Uru, Janu, Jangha and Pada Kramat*

*Upadrava: Pada bhramsha*

*Upashaya-anupashaya: Pain resolves in supine position.*

*Aggravates on sitting, standing and walking.*

**Table 5: Samprapti Ghataka**

<i>Dosha: Vata</i>	<i>Sanchara sthana: Sarva shareera</i>
<i>Dushya: Mamsa, Meda</i>	<i>Vyakta sthana: Sphik, Kati Prishta, Uru, Janu, Jangha, Pada</i>
<i>Agni: Jataragni and Dhatvagni</i>	<i>Roga marga: Bahya-madhyama</i>
<i>Ama: Jataragni, Dhatvagni mandyajanya</i>	<i>Swabhava: Chirakari</i>
<i>Udbhava sthana: Pakwashaya</i>	<i>Sadhyasadyata: Kricchrasadhyata</i>

### **Systemic Examination**

- Respiratory system: NVBS heard, no abnormalities seen.
- CVS: S1S2 heard, no added sounds.
- GI: P/A - Soft, non-tender.

**Table 6: Musculoskeletal Examination**

Spine examination	Inspection <ul style="list-style-type: none"> <li>• Curvature: Scoliosis +</li> <li>• Scar mark: absent</li> </ul>
	Palpation <ul style="list-style-type: none"> <li>• Tenderness: + L4- L5, L5-S1 and paraspinal muscles</li> <li>• Temperature: Not raised</li> <li>• Doorbell Sign: Positive</li> </ul>
	Range of movements- Restricted
	<ul style="list-style-type: none"> <li>• Heel walk- Not possible</li> <li>• Toe walk- Possible</li> </ul>
	<ul style="list-style-type: none"> <li>• Gait- High stepping gait</li> </ul>

**Table 7: Spine and Nerve Function Assessment Tests**

Tests	Right	Left
SLR	30° positive	Negative
Braggards test	Positive	Negative
Femoral nerve stretch test	Negative	Negative

- Pelvic Compression test: Negative
- Faber's test: Negative
- Schober's test: Positive (13cm)
- Coin Pick test: Positive

**CNS examination**

- HMF - Conscious, Oriented to time, place, person
- U/L- NAD

**Table 7: Motor System Examination**

		RLL	LLL
Muscle power	Tibialis anterior	1/5	5/5
	EHL and EDL	1/5	5/5
	G Medius and G minimus	5/5	5/5
	Peroneal muscles	1/5	5/5
Muscle tone	Ankle Dorsiflexors	Hypotonia	Normotonia
Muscle bulk	10 cm below tibial tuberosity	33 cm	36cm
	10 cm above lateral malleolus	21 cm	24 cm

**Sensory System**

- Hypoesthesia in dorsum of foot, Lateral lower leg (L5)
- Co- ordination – Intact
- Romberg's sign- Negative

Reflexes - Superficial reflexes – Intact

**Table 8: Deep Reflexes**

Deep reflexes	Right side	Left side
Biceps	++	++
Triceps	++	++
Supinator	++	++
Knee	+	++
Ankle	+	++
Plantar	Flexor	Flexor

**Investigations**

- HbA1C – 6.7 %
- Hb- 11.8 g/dl

**Thyroid profile**

- TT3- 121.53 ng/dl
- TT4- 9.61 microgram/dl
- TSH- 5.82 micro IU/ml

**MRI of the lumbar spine**

**Impression:** Lumbar spondylosis as described below:

L4-L5-Diffuse asymmetrical disc bulge with right paracentral disc component and right facet arthropathy causing indentation of anterior thecal sac with right neural foramen narrowing causing impingement of right exiting and traversing nerve roots. No spinal canal stenosis.

L2-L3, L3-L4-Diffuse symmetric disc bulge causing indentation of anterior thecal sac. No neural foramen narrowing /spinal canal stenosis/ nerve impingement.

**Table 9: Treatment Protocol Adopted**

S.No	Days	Treatment
1.	5 days 15/11/24 - 19/11/24	<i>Sarvanga abhyanga</i> with <i>Dhanvantara taila</i> followed by <i>Sarvanga Dashamoola parisheka</i>
2.	3 days 20/11/24- 22/11/24	<i>Sthanika abhyanga</i> with <i>Ksheerabala taila</i> followed by <i>Patra pinda sweda</i>
3	7 days 16/11/24 - 22/11/24	Dry cupping
4.	14 days 23/11/24 - 6/12/24	<i>Sthanika abhyanga</i> with <i>Ksheerabala taila</i> followed by <i>Shastika shali pinda sweda</i> to <i>Kati</i> and <i>Adhoshakha</i>

5	10 days 7/12/24- 16/12/24	<i>Mustadi yapana basti- Kala pattern</i> <i>Anuvasana basti with Sahacharadi taila -60 ml</i>
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**Table 10: Ingredients of Mustadi Yapana Basti**

Ingredients	Quantity
<i>Madhu</i>	60ml
<i>Saindava lavana</i>	10gm
<i>Guggulu tiktaka grita</i>	80ml
<i>Shathapushpa kalka</i>	20gm
<i>Mustadi ksheerapaka</i>	300ml
Total	490 ml

**Table 11: Basti Plan**

7/12	8/12	9/12	10/12	11/12	12/12	13/12	14/12	15/12	16/12
		N	N	N	N	N	N		
A	A	A	A	A	A	A	A	A	A

## Assessment

**Table 12: Assessment Parameters**

Parameters	Before treatment	After treatment
10 seconds step test	8 steps	12 steps
Muscle power	TA- 1/5	TA - 2/5
	EHL and EHB- 1/5	EHL and EHB- 2/5
	Peroneal- 1/5	Peroneal- 1/5
SLR	30°	Negative

## OBSERVATION AND RESULTS

**Table 13: Observation and Results**

Days	Treatment	Observation
15/11/24 - 19/11/24	<i>Sarvanga abhyanga</i> with <i>Dhanvantara taila</i> followed by <i>Sarvanga Dashamoola parisheka</i>	Lightness of body, 10% reduction in pain.
20/11/24- 22/11/24	<i>Sthanika abhyanga</i> with <i>Ksheerabala taila</i> followed by <i>Patra pinda sweda</i>	Patient c/o aggravation of pain after treatment for which it was discontinued.
16/11/24 - 22/11/24	Dry cupping	Significant reduction in low back ache.
23/11/24 - 6/12/24	<i>Sthanika abhyanga</i> with <i>Ksheerabala taila</i> followed by <i>Shastika shali pinda sweda</i> to <i>kati</i> and <i>Adhoshakha</i>	Improvement in walking speed- 10 steps in 10 seconds, SLR- Negative
7/12/24- 16/12/24	<i>Mustadi yapana basti- Kala pattern</i> <i>Anuvasana basti with Sahacharadi taila -60 ml</i>	Improvement in muscle power, walking speed - 12 steps in 10 seconds and SLR- Negative.

## DISCUSSION

In this case, the patient presented with *Vataja gridhrasi lakshanas*, including pain and stiffness originating from the *Kati pradesha* and radiating sequentially to the *Janu*, *Janga*, *Uru*, and *Pada*, along with difficulty in walking. The main causes in this case are *Abhigataja* (trauma) and *Ati vyayamaja* (excessive exertion), which lead to a *Dhatukshaya janya samprapti*.

### *Sarvanga abhyanga* with *Dashamoola parisheka*

*Parisheka* is indicated in *Vata-pradhana vyadhi* or in conditions where *Kapha* or *Pitta* are associated, but *Vata dosha* is predominant. In this case, as *Rakta* is

also involved in the *Samprapti* due to the *Ashraya-Ashrayi bhava*, *Pitta* involvement is observed, so *Drava sweda* was chosen. Both *Snehana* and *Swedana* are beneficial in *Vatavyadhi*<sup>[5]</sup>, providing immediate relief from *Ruk* (pain), *Toda* (pricking sensation), and *Stambha* (stiffness), while *Snehana* also nourishes the depleted *Dhatu*s. Here *Dhanwantara taila*<sup>[6]</sup> is used as *Sneha Dravya* because it alleviates *Sama vata*.

### *Patrapinda sweda*

*Patrapinda Sweda* is a form of *Sankara* or *Pinda Sweda* in which *Vatahara* leaves are used. In the middle of the treatment, the patient felt an aggravation



of pain; hence, the treatment was immediately discontinued.

### ***Shashtikashali pinda sweda***

*Shashtikashali Pinda Sweda* is *Snigdha* and *Brimhana* in nature. The induced sweating helps decrease joint stiffness, increases tissue extensibility, facilitates ease of movement, and improves the range of motion. It is *Balya* and contains higher protein, which aids in the repair and rebuilding of muscles.

### ***Mustadi yapana basti***

The formulation includes herbs such as *Musta*, *Usheera*, *Aragvadha*, *Manjishta*, *Katurohini*, along with *Ksheera* and *Mamsarasa*. It acts as a *Sadhyo balajanaka* and also serves as a *Rasayana*. It is indicated in conditions such as pain in the *Janu*, *Uru*, *Janga*, and in *Bastigraha*. *Sahacharadi Taila*, followed by *Guggulutiktaka Ghrita*, were used because these formulations are *Vatahara* and specifically address *Asthi-majjagata vata*, respectively<sup>[7]</sup>.

### **CONCLUSION:**

*Gridhrasi* and *Padabhamsha* are *Vataja Nanatmaja Vikaras*, akin to lumbar radiculopathy with foot drop. In this case, Condition was managed with *Snehana*, *Swedana*, and *Brimhana Basti*. Coexisting diabetes and hypothyroidism likely delayed nerve recovery. Post-treatment, pain reduced, muscle strength improved, and mobility increased. Continuous Ayurvedic therapies, physiotherapy, and systemic disease control are crucial for sustained recovery.

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