



Case Study

## EFFECT OF SHAMPAKADI NIRUHA BASTI ALONG WITH AABHADI CHURAN IN THE MANAGEMENT OF GRIDHRASI (SCIATICA)

Abhishek Singh<sup>1\*</sup>, Sanjeev Sood<sup>2</sup>

<sup>1</sup>Post Graduate Scholar, <sup>2</sup>Vice Chancellor, Guru Ravidas Ayurved University, Former Professor and HOD, Dept. of Panchakarma, Dayanand Ayurvedic College, Jalandhar, Punjab, India.

### Article info

#### Article History:

Received: 11-01-2026

Accepted: 15-02-2026

Published: 15-03-2026

#### KEYWORDS:

Gridhrasi, Aabhadi Churan, Shampakadi Niruha Basti, Sciatica.

### ABSTRACT


Gridhrasi is a prevalent musculoskeletal condition manifested by radiating pain, stiffness, numbness, and tingling sensations involving one or both lower extremities. Due to the close resemblance in symptomatology, Gridhrasi can be correlated with sciatica, which arises from compression or irritation of the sciatic nerve or its associated nerve roots, commonly at the L4-L5 and L5-S1 levels. Sciatica primarily affects individuals in their active working years, causing considerable functional limitations. Conventional conservative treatment approaches often yield only short-term relief and are associated with a high likelihood of symptom recurrence. This case report describes a 30-year-old male patient who presented with intense low back pain radiating bilaterally to the lower limbs up to the feet, along with numbness and tingling sensation predominantly affecting the left leg. The patient underwent treatment with Shampakadi Niruha Basti in combination with oral Aabhadi Churan for a period of 16 days. Post-treatment evaluation demonstrated significant improvement in clinical parameters, including Straight Leg Raise (SLR) test, Flip test, Lasegue's sign, pain severity (Vas Score), numbness, heaviness, and tingling sensations. The integrative therapeutic regimen led to substantial symptomatic relief and showed sustained effectiveness by minimizing pain recurrence. The findings indicate that Shampakadi Niruha Basti along with Aabhadi Churan may contribute to relaxation and strengthening of the back musculature, suggesting its potential role as an effective Ayurvedic intervention for the management of Gridhrasi/Sciatica.

### INTRODUCTION

Gridhrasi is one of the commonly encountered Nanatmaja Vatavyadhi<sup>[1]</sup> described in classical Ayurvedic texts, characterized by pain radiating from the Sphik (gluteal region) through the Kati, Uru, Janu, Jangha, and extending up to the Pada. The term "Gridhrasi" is derived from the word Gridhra (vulture), indicating the peculiar gait adopted by the patient due to severe pain, stiffness, and restricted movements. Classical symptoms of Gridhrasi include Ruk (pain), Toda (pricking sensation), Stambha (stiffness), Muhuspandanam (tingling sensation), Gaurava

(heaviness), and Supti (numbness), and pulsations (Spandan) in areas such as the hips (Sphik), lower back (Kati), buttocks (Prishtha), thighs (Uru), knees (Janu), calves (Jangha), and feet (Pada)<sup>[2]</sup> which significantly hamper the daily activities of the affected individual.

On the basis of clinical manifestations, Gridhrasi can be correlated with sciatica in contemporary medical science. Sciatica is a neuromuscular disorder resulting from compression, irritation, or inflammation of the sciatic nerve or its contributing nerve roots, most commonly at the L4-L5 and L5-S1 levels. It is characterized by low back pain radiating along the distribution of the sciatic nerve to one or both lower limbs, often accompanied by numbness, tingling, and muscular weakness. The condition commonly affects individuals in their productive years and poses a significant socioeconomic burden due to decreased mobility,

Access this article online	
Quick Response Code	<a href="https://doi.org/10.47070/ayushdharma.v13i1.2464">https://doi.org/10.47070/ayushdharma.v13i1.2464</a>
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

impaired functional capacity, and reduced quality of life.

The etiopathogenesis of *Gridhrasi* is predominantly attributed to the vitiation of *Vata Dosh*, either independently (*Vataja Gridhrasi*) or in association with *Kapha Dosh* (*Vata-Kaphaja Gridhrasi*)<sup>[2]</sup>. In the *Vata-Kaphaj* type, along with the aforementioned symptoms, the patient may experience drowsiness (*Tandra*), loss of appetite (*Aruchi*), and heaviness in the body (*Gaurav*)<sup>[2]</sup>. Factors such as excessive physical exertion, improper posture, trauma, aging, suppression of natural urges, and intake of *Vata-provoking Ahara* and *Vihara* play a crucial role in the manifestation of the disease. In elderly individuals, *Dhatukshaya* and *Vata Vriddhi* further contribute to the chronicity and severity of the condition.

According to *Acharya Sushruta*, *Gridhrasi* develops when *Vata dosha* afflicts the nerve channels (*Kandara*) associated with the thigh (*Parshini*) and the toes (*Prataya-anguli*), leading to difficulty in lifting the affected leg upward<sup>[3]</sup>.

*Madhavkara* mentioned the presence of *Deha Vakra*, *Janu*, *Kati*, *Uru Sandhi*, *Sphuran* and *Stabhdhata* in *Vata Gridhrasi* and *Agnimandhyata*, *Mukhaprseka*, *Bhakta Dwesha* in *Vata- Kaphaj* type of *Gridhrasi*<sup>[4]</sup> in addition to the symptoms given in *Charak Samhita*.

Management of *Gridhrasi* in modern medicine primarily involves conservative measures such as analgesics, non-steroidal anti-inflammatory drugs, muscle relaxants, physiotherapy, and, in severe cases, surgical interventions. However, these approaches often provide only temporary symptomatic relief and are associated with adverse effects and a high rate of recurrence. This necessitates the exploration of effective, safe, and sustainable therapeutic modalities.

Ayurveda offers a holistic approach to the management of *Gridhrasi* through *Shodhana* and *Shamana* therapies aimed at pacifying vitiated *Vata Dosh* and restoring functional integrity. Among the *Panchakarma* procedures, *Basti Karma*<sup>[5]</sup> is considered the prime treatment for *Gridhrasi*, as *Basti* directly influences the *Pakvashaya*, the main seat of *Vata Dosh*. *Niruha Basti*, in particular, plays a vital role in eliminating morbid *Doshas*, reducing inflammation, relieving pain, and improving neuromuscular function.

*Basti* is said to be *Ardhachikitsa* for *Vata Vyadhis*. By taking this reference *Shampakadi Niruha* is selected for *Basti Karma* in the same. It is mentioned in *Sushruta Samhita*. This *Basti* is indicated for *Prishtha*, *Uru*, *Trika Shoola*, as *Marutaghan*, and *Rakta- Mansa-Bala Pradam*<sup>[6]</sup>.

Whereas for *Anuvasana Murchhita Tila Taila* is selected because of its "*Marutaghna* and *Na Cha*

*Sheleshma Vardanam*" properties<sup>[7]</sup>. In addition to this one *Shamana Yog* i.e. *Aabhadi Churan*, mentioned by *Yogaratanakara*<sup>[8]</sup> for the management of *Gridhrasi* is chosen here, it consists of *Dravya's* which have *Vata Shamaka* properties and are having *Ushna Veerya*, hence useful for vitiated *Vataja Vyadhi*.

The present case study aims to evaluate the effect of *Shampakadi Niruha Basti* in conjunction with *Aabhadi Churan* in the management of *Gridhrasi* correlated with sciatica. The clinical outcome of this integrative Ayurvedic intervention is assessed based on symptomatic relief and improvement in functional parameters, highlighting its potential role as an effective treatment modality in the management of *Gridhrasi*.

## AIM AND OBJECTIVE

To evaluate the effect of *Shampakadi Niruha Basti* and *Aabhadi Churan* in the management of *Gridhrasi*.

## Case Report

### Chief Complaints

A 30-year-old male patient presented to MC DAV Hospital Jalandhar (OPD Number-2505610), with complaints of low back pain radiating to both lower limbs, associated with difficulty in walking, forward bending, and prolonged sitting. On further enquiry, the patient reported stiffness in both lower limbs along with numbness and tingling sensations in the bilateral thigh and calf regions. Also, the body posture is tilted towards left side.

### History of Present Illness

According to the patient, he was apparently healthy until two years prior to presentation. He reported that while lifting a dumbbell during a gym workout, he experienced a sudden onset of low back pain. The pain subsided spontaneously after a few days, following which he resumed gym activities.

Approximately one month later, the patient sustained a fall from stairs, resulting in trauma to the back. Subsequently, he developed recurrent low back pain, described as a sharp aching type, radiating bilaterally to the lower limbs up to the calf region. The pain was moderate to severe in intensity.

He sought treatment at various allopathic hospitals and was managed with oral medications, which provided only temporary relief. After 2–3 months, he experienced a recurrence of symptoms, along with the development of numbness and a sensation of heaviness in both feet and also the posture of body is tilted towards left side. He again consulted medical facilities and obtained short-term symptomatic relief lasting a few weeks.

Due to the persistence and recurrence of symptoms, the patient presented to our hospital for

further evaluation and management. The pain was aggravated by prolonged standing, forward bending, and sustained performance of daily activities.

**History of Past Illness:** No H/O T2DM/HTN/thyroid disorders/Kochs etc.

**Family History:** Nothing significant

**Personal History:** Sleep: Disturbed due to pain, Bowel: Regular, Appetite: Reduced, Urine: Normal

**Treatment History:** Tab Zerodol, Tab Etoshine MR, Tab Lyser D

**General examination**

- B.P. - 130/80 mm Hg
- PR - 78/Min
- R.R. - 17/Min
- Height - 5 feet 8 inches
- Weight - 69 kg
- Temperature - Afebrile
- Edema/lymphadenopathy/pallor/icterus/clubbing/cyanosis - absent.

**Systemic examination**

- R.S.- Centrally placed trachea, normal breathing sounds and airway entry
- CVS - S1 S2 normal, no murmur
- P/A - Soft, non-tender, no organomegaly
- CNS - Fully conscious and well oriented to time, place and person, all cranial nerves are intact.

**Musculo-skeletal system**

**Inspection**

- Antalgic gait.
- Difficulty in walking and sitting,
- Posture is tilted towards left side.

**Palpation**

- Tenderness over L4, L5, S1, S2 level,

- Stiffness in bilateral thigh and calf region and paraspinal muscles of low back region.
- Swelling / Deformity - Absent

**Range of Movement of Lumbar Spine**

- Forward flexion - Limited to 40 cm above ground
- Extension limited to 10° with pain
- Right lateral flexion is limited to 20° with pain
- Left lateral flexion is limited to 20° with pain

**SLR test (active)** Positive at 30° on the left leg and 40° on right leg.

**Lasegue's Sign-** Positive of b/l Legs,

**Flip Test-** Positive of b/l legs.

**Assessments**

**Investigations**

- Hb -13.0 gm%
- E.S.R. - 20 mm/hr
- Platelets- 2.22 lakhs/cmm
- FBS - 92 mg/dl

**X-ray LS Spine**

1. Disc Space is reduced at L5-S1 Level
2. Degenerative changes are seen in form of marginal osteophytes.

**MRI LS Findings**

1. Mild wedging D12 Vertebra, Diffuse Bulge L3-L4, L4-L5 and L5-S1 Discs with L3-L4 Disc bulge showing propensity to right side.
2. Broad based sub ligamental postero-central/postero-lateral left sided protrusion/ extrusion L4-L5 disc with caudal migration.
3. Broad Based sub ligamental postero-central/postero-lateral right sided protrusion L5-S1 disc.
4. Secondary canal narrowing at L4-L5 & L5-S1 disc levels



Fig. 1 MRI LS (1- Full view, 2-Close view)

**Table 1: Ashthavidha Pariksha**

Nadi	Vata Pradhana Kapha Anubandhi
Mala	Saam
Mutra	Samanya
Jihva	Nirlipta
Sparsha	Sama Sheetoshana
Shabda	Prakrita
Drika	Pittabh Shweta
Akariti	Madhyam

**Table 2: Dasahavidha Pariksha**

Prakriti	Pitta-Kaphaja
Vikriti	Vata-Kaphaja
Sara	Rakta Sara
Samhanana	Madhyam
Pramana	Madhyam
Satva	Avara
Satmya	Vyomishra
Ahara Shakti	Abhyavaharanashakti: Madhyam Jaranashakti: Avara
Vyayama Shakti	Avara
Vaya	Madhyam

**Diagnosis-** Vata-Kaphaj Gridhrasi

**Therapeutic Intervention**

Basti	Dose	Duration	Time
Niruha Basti <sup>6</sup>	480ml once a day	6 days	Abhakta (Pratah Kala)
Anuvasan Basti	80ml once a day	10 days	Adhobhakta

Shaman Yog	Dose	Duration	Time
Aabhadi Churan <sup>8</sup>	5gm twice a day with Luke warm water	16 Days	Adhobhakta

Kala Basti schedule consisting of 16 number of Basti in which first Basti was Anuvasan Basti (oil enema) followed by 6 Niruha Basti (decoction enema) and 6 Anuvasan Basti alternatively and lastly 4 Anuvasan Basti were administered<sup>[9]</sup>.

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Basti	A	N	A	N	A	N	A	N	A	N	A	N	A	A	A	A

A-Anuvasan (oil enema) N-Niruha (decoction enema)

**Table 3: Contents of Shampakadi Niruha Basti<sup>[6]</sup>**

S.No.	Contents of Niruha Basti	Dose
1.	Honey	80ml
2.	Saindhav Lavan	5gm
3.	Sneha (Murchhita tila taila)	120ml
4.	<b>Kalka</b> 1. Pippali (Piper longum) 2. Musta (Cyperus rotundus) 3. Hapusha (Juniperus comminus) 4. Shatpusha (Anthem sowa) 5. Idrajava (Holarrhena antidysentrica)	40 gms

	6. <i>Priyangu (Callicarpa macrophylla)</i> 7. <i>Yashtimadhu (Glycyrrhiza glabra)</i> 8. <i>Rasanjna (Extractum Berberis)</i>	
5.	<b>Kwatha</b> 1. <i>Shampak (Cassia fistula)</i> 2. <i>Eranda (Ricinus communis)</i> 3. <i>Punarnava (Boerhavia diffusa)</i> 4. <i>Ashwgandha (Withania somnifera)</i> 5. <i>Shati (Curcuma zedoria)</i> 6. <i>Shalparni (Desmodium gangeticum)</i> 7. <i>Prishnparni (Uraria picta)</i> 8. <i>Brihati (Solanum indicum)</i> 9. <i>Kantkari (Solanum xanthocarpum)</i> 10. <i>Gokshur (Tribulus Terrestris)</i> 11. <i>Bala (Sida cordifolia)</i> 12. <i>Rasna (Pluchea lanceolata)</i> 13. <i>Guduchi (Tinospora cordifolia)</i> 14. <i>Devdaru (Cedrus deodara)</i> 15. <i>Madhanphala (Randia spinosa)</i> 16. <i>Pipali (Piper Longum)</i> 17. <i>Musta (Cyprus rotandus)</i> 18. <i>Hapusha (Juniperus comminus)</i> 19. <i>Yashtimadhu (Glycyrrhiza glabra)</i> 20. <i>Priyangu (Callicarpa macrophylla)</i> 21. <i>Rasanjan (Extractum Berberis)</i> 22. <i>Shatpusha (Anthem sowa)</i>	240 ml

**Contents of Anuvasan Basti<sup>[7]</sup>**

1.	<i>Murchhita tila taila (Sesame oil)</i>	80 ml
----	--	-------

**Contents of Aabahadi Churan<sup>[8]</sup>**

S.No.	Contents of Abhadi Churan	Botanical Name	Dose
1.	<i>Aabha</i>	<i>Acasica arabica</i>	1 Part
2.	<i>Rasna</i>	<i>Plucha lansiolata</i>	1 Part
3.	<i>Guduchi</i>	<i>Tinospora cardifolia</i>	1 Part
4.	<i>Shatavari</i>	<i>Asparagus recemosa</i>	1 Part
5.	<i>Shunthi</i>	<i>Gingiber Officinalis</i>	1 Part
6.	<i>Shatpupsha</i>	<i>Anethum sowa</i>	1 Part
7.	<i>Ashwagandha</i>	<i>Withenia sominifera</i>	1 Part
8.	<i>Hrivera</i>	<i>Juniperous communities</i>	1 Part
9.	<i>Vidhara</i>	<i>Argyrea speciosa sweet</i>	1 Part
10.	<i>Yavani</i>	<i>Trachyspermum ammi</i>	1 Part
11.	<i>Ajmoda</i>	<i>Apium graveolens</i>	1 Part

**Assessment Criteria: Assessment of cardinal signs and symptoms of Gridhrasi<sup>[2]</sup>**

S.No	Parameters	Grading	Score
1.	<i>Toda (Pricking sensation)</i>	No pricking sensation Mild pricking sensation Moderate pricking sensation Severe pricking sensation	0 1 2 3

2.	<i>Deha Vakra</i> <sup>[4]</sup> (Abnormal body posture)	No abnormality in posture Mild abnormality in posture Moderate abnormality in posture Severe abnormality in posture	0 1 2 3
3.	<i>Suptata</i> (Numbness)	No numbness Mild numbness lasts for 2-3hrs Moderate numbness for 3-6hrs Severe numbness > 6hours	0 1 2 3
4.	<i>Stambha</i> (Stiffness)	No stiffness Mild stiffness for 10-30 mins Moderate stiffness for 30-60min Severe stiffness for >1 hr	0 1 2 3
5.	<i>Aruchi</i> (Anorexia)	Normal taste in food, feeling to eat food in time <i>Anannabhilasha</i> - not feeling to take food even if hungry <i>Bhaktadvesha</i> - irritability to touch, smell, seeing and listening about food <i>Abhaktachchanda</i> -Aversion to food because of anger, stress etc.	0 1 2 3
6.	<i>Gaurava</i> (Heaviness)	No feeling of heaviness Occasional feeling of heaviness not affecting the normal movements Feeling of heaviness affecting the normal movements Feeling of heaviness throughout the day totally hampering normal movements.	0 1 2 3

#### Clinical Assessment Criteria and Scoring Pattern Adopted for Sciatica

S.No.	Parameters	Grading	Score
1.	SLR <sup>[10]</sup>	Range of movement > 90 degrees 90 - 71 degree 70 - 51 degree 50 - 31 degree Upto 30 degree	0 1 2 3 4
2.	Flip Test <sup>[11]</sup>	Negative Positive	0 1
3.	Lasegue's Sign <sup>[12]</sup>	Negative Positive	0 1
4.	VAS <sup>[13]</sup>	No pain (0) Mild pain (1-3) Moderate pain (4-6) Severe pain (7-9) Unbearable (10)	0 1 2 3 4
5.	Oswestry Disability Index <sup>[14]</sup>	Minimal disability (0-20%) Moderate disability (21-40%) Severe disability (41-60%) Crippled (61-80%) Bed bound or exaggerated (81-100%)	0 1 2 3 4

#### Assessment Frequency

The patient was assessed on day 0 (at the time of enrolment of the patient), day 8 (midway through the course of treatment), day 16 (at the end of treatment), day 30 (1<sup>st</sup> follow up after 2 weeks), day 60 (2<sup>nd</sup> follow up after 6 weeks).

**Assessment Criteria****Clinical Assessment of *Gridhrasi* Based on Classical Signs and Symptoms**

Assessment Criteria	Day 0	Day 8	Day 16	Day 30	Day 60
<i>Toda</i> (Pricking sensation)	3	2	1	1	1
<i>Deha Vakrata</i> (Abnormal body posture)	2	2	1	1	1
<i>Suptata</i> (Numbness)	3	2	1	1	1
<i>Stambha</i> (Stiffness)	3	2	1	0	0
<i>Aruchi</i> (Anorexia)	2	2	1	0	0
<i>Gaurava</i> (Heaviness)	3	2	1	1	1
Total Score	16	12	6	4	4

**Clinical Assessment Parameters and Scoring System in Sciatica**

Assessment Criteria	Day 0		Day 8		Day 16		Day 30		Day 60	
	R	L	R	L	R	L	R	L	R	L
Straight Leg Raise Test	3	4	2	3	1	1	1	1	1	1
Flip Test	1	1	1	1	0	0	0	0	0	0
Lasegue's Sign	1	1	1	1	0	0	0	0	0	0
VAS	3		2		1		1		0	
Oswestry Disability Index	3		2		1		1		1	
Total Score	15		10		4		4		3	

**Outcome**

At baseline (day 0), patients with *Gridhrasi* showed marked clinical severity. The Straight Leg Raise (SLR) test revealed significant restriction with scores of 3 on the right side and 4 on the left side, indicating severe nerve root irritation. Flip test and Lasegue's sign were both positive bilaterally with scores of 1, while pain intensity assessed by VAS was high (score 3). Functional disability measured by the Oswestry Disability Index (ODI) was also elevated (score 3). The total score at baseline was 15, reflecting severe disease involvement.

Following treatment, progressive improvement was observed. By day 16, SLR scores reduced to 1 on both sides, and Flip test and Lasegue's sign became negative (score 0). Pain reduced to minimal levels on VAS (score 1), and disability improved significantly (ODI score 1). At day 60, the total score reduced to 3, demonstrating marked relief in pain, neurological signs, and functional disability, indicating the effectiveness of the intervention in managing *Gridhrasi*.

**RESULT**

The patient showed substantial improvement in all presenting symptoms, as evidenced by the recorded clinical outcomes. There was a significant reduction in pain intensity, stiffness, and numbness following the intervention. He has remained asymptomatic for the past two months, with no recurrence of symptoms noted during this follow-up period.

**DISCUSSION**

*Gridhrasi* is described in classical Ayurvedic literature as a *Nanatmaja Vata Vyadhi* and closely corresponds to sciatica in contemporary medicine. Clinically, it is characterized by radiating pain originating in the lumbosacral or gluteal region and extending along the posterior aspect of the lower limb, often associated with stiffness, restricted mobility, and functional impairment. Sciatica is known for its chronic course and high recurrence rate, and conventional management frequently provides only short-term symptomatic relief. In this context, the present case study evaluates the effect of *Shampakadi Niruha Basti* administered along with *Aabhadi Churan* in the management of *Gridhrasi* with special reference to sciatica.

The Ayurvedic pathogenesis of *Gridhrasi* primarily involves vitiation of *Vata Dosha*, with *Kapha* association in certain cases contributing to increased stiffness and heaviness. As *Pakvashaya* is considered the principal site of *Vata Dosha*, *Basti* therapy is regarded as the most effective modality for *Vata*-dominant disorders. *Niruha Basti* is specifically indicated in conditions associated with *Vata-Kapha Dushti*, *Shoola*, *Stambha*, and *Srotorodha*. Based on these classical principles, *Shampakadi Niruha Basti* was selected as the primary intervention in this study.

*Shampakadi Niruha Basti* contains drugs possessing *Ushna Virya* and *Tikshna, Laghu*, and *Snigdha Guna*, *Vatahara*, *Shoola Hara*, *Shotha Hara* properties which facilitate pacification of aggravated

*Vata* and *Kapha Dosha*, making this formulation an ideal choice for managing pain, inflammation, and overall *Dosha* balance in the body. The *Kashaya* component contributes to *Srotoshodhana*, while *Sneha Dravya* supports *Vata Anulomana* and nourishment of the affected tissues. *Madhu* acts as a *Yogavahi*, enhancing drug absorption and systemic distribution. Through these combined actions, the *Basti* therapy is postulated to act at the level of *Dosha*, *Dushya*, and *Srotas*, thereby interrupting the *Samprapti* of *Gridhrasi*.

In the present case, a notable clinical observation was the early relief of radiating pain along the sciatic nerve pathway, which occurred within the initial days of *Basti* administration. This suggests that this *Basti* exerts a prompt therapeutic effect on acute radicular symptoms, possibly by regulating *Apana Vata* and relieving *Kapha Avarana*. From a biomedical perspective, this early improvement may be correlated with the anti-inflammatory and neuromodulatory actions of the *Basti* constituents, leading to reduced nerve root irritation and improved local circulation. The rectal route of administration may allow relatively rapid absorption and can partially reduce first-pass hepatic metabolism, depending on the site of absorption, which may contribute to an earlier onset of analgesic effects.

While radiating pain showed early improvement, other associated symptoms such as stiffness, restricted movement, numbness, tingling sensation and functional limitation improved more gradually over the course of treatment. This sequential pattern of recovery suggests that while acute neural irritation responds quickly to *Basti* therapy, musculoskeletal stiffness and chronic tissue involvement require sustained intervention and supportive therapy for optimal resolution.

*Aabhadi Churan* was administered as a concomitant *Shamana* therapy to support and maintain the effects of *Basti*. The formulation is traditionally indicated in *Vata* disorders and possesses *Deepana-Pachana*, *Shoolahara*, and *Vatahara* properties. In the present study, *Aabhadi Churan* demonstrated particularly favourable results in reducing stiffness and residual pain. By improving *Agni* and reducing *Ama*, the formulation may have contributed to the gradual resolution of chronic symptoms and prevention of further *Dosha* vitiation. Its *Ushna Virya* and *Laghu-Ruksha Guna* help counteract the *Sheeta* and *Guru* properties associated with *Kapha* involvement, thereby enhancing mobility and functional recovery.

The integrative application of *Shodhana* therapy in the form of *Shampakadi Niruha Basti* along with *Shamana* therapy using *Aabhadi Churan* resulted

in improvement in both subjective symptoms and functional parameters. Before treatment, the patient's body posture was tilted toward the left, which was completely restored to normal after the treatment. The patient exhibited enhanced gait, improved sitting tolerance, improved sleep and appetite and better performance of daily activities, indicating a meaningful improvement in quality of life. Such functional outcomes are clinically significant in the management of sciatica and support the holistic approach adopted in this study.

Importantly, the treatment protocol was well tolerated, with no adverse effects or procedure-related complications observed. This underscores the safety of classical *Basti* therapy when administered in accordance with established guidelines and appropriate patient selection. Compared to prolonged pharmacological management or invasive procedures, Ayurvedic interventions offer a potentially safer and cost-effective alternative for chronic low back pain with radicular symptoms.

In conclusion, this case study suggests that *Shampakadi Niruha Basti* provides early relief from radiating pain in *Gridhrasi*, while *Aabhadi Churan* contributes significantly to the gradual improvement of stiffness and residual pain. The combined approach addresses both acute and chronic aspects of the condition and highlights the potential role of Ayurvedic interventions in integrative management strategies for sciatica. Further scientific exploration is warranted to establish its evidence-based application.

#### **Discussion on Probable Mode of Action of Basti**

*Gridhrasi* is classified in Ayurveda as a *Vatavyadhi*, in which vitiated *Vata Dosha* is the primary pathological factor responsible for pain, stiffness, and restricted movement along the sciatic nerve pathway. Since *Vata* predominantly resides in the *Pakvashaya*, *Basti Chikitsa* is considered the most effective therapeutic measure for *Vatavyadhis*. Classical Ayurvedic texts describe *Basti* as *Ardha Chikitsa* and, in certain contexts, as *Poorna Chikitsa*, highlighting its comprehensive role in *Vata*-related disorders.

*Niruha Basti* is primarily indicated for elimination of aggravated *Doshas* and correction of disturbed *Vata* functions. The therapeutic objectives of *Shampakadi Niruha Basti* include *Apana Vayu Anulomana*, stimulation of digestive and metabolic activity (*Agni Deepana*), removal of *Ama*, and alleviation of pain (*Shoola Prashamana*). The formulation is prepared by sequentially combining honey, rock salt, medicated oil, herbal paste, and herbal decoction to achieve a stable and therapeutically effective mixture.

Upon rectal administration, the *Basti* formulation comes in direct contact with the colonic mucosa, allowing both local and systemic actions. From a modern pharmacological perspective, drug absorption through the rectal mucosa occurs via transcellular and paracellular pathways. Lipophilic constituents of the medicated oils primarily cross epithelial cell membranes through the transcellular route, whereas hydrophilic components diffuse through intercellular spaces.

The medicated oils used in *Shampakadi Niruha Basti* contain short-chain and long-chain fatty acids, which enhance mucosal permeability and facilitate absorption of herbal phytoconstituents. Short-chain fatty acids, in particular, are known to act as absorption enhancers in rectal drug delivery. Additionally, honey and salt contribute to improved dispersion and penetration of drugs due to their *Sukshma* and *Yogavahi* properties.

Rectal administration also offers the advantage of partial avoidance of hepatic first-pass metabolism, as the lower rectal venous drainage enters the systemic circulation directly. This may increase bioavailability and prolong systemic action of the absorbed drugs. The bioactive constituents may exert anti-inflammatory, analgesic, and neuromodulatory effects, reducing nerve irritation and pain in the lumbosacral region.

Thus, the probable mode of action of *Shampakadi Niruha Basti* in *Gridhrasi* can be attributed to *Vata Shamana*, enhanced rectal absorption, improved systemic bioavailability, and correction of underlying pathophysiological mechanisms. Further scientific studies are required to substantiate these effects.

### Discussion on Probable Mode of Action of *Aabhadi Churan*

*Aabhadi Churan*, described by *Acharya Yogaratnakara*, is a classical polyherbal formulation indicated in the management of *Gridhrasi*. It is a *Vatapradhana Vyadhi* often associated with *Kapha Anubandha*, presenting with pain, stiffness, and radiating discomfort along the lower limb. The formulation consists of eleven drugs selected to act synergistically in pacifying vitiated *Vata* and *Kapha Dosh* and alleviating the cardinal features of the disease.

Most ingredients of *Aabhadi Churan* possess *Katu* and *Tikta Rasa*, *Laghu* and *Ruksha Guna*, and *Ushna Virya*. These properties effectively counteract the *Sheeta*, *Guru*, and *Snigdha* attributes of aggravated *Kapha* and help regulate the abnormal movement of *Vata Dosh*. As a result, the formulation reduces pain

(*Shoola*), stiffness (*Stambha*), and heaviness (*Gaurava*), which are prominent symptoms of *Gridhrasi*.

Several components of *Aabhadi Churan* exhibit *Deepana* and *Pachana* actions, leading to enhancement of *Agni* and digestion of *Ama*. Since *Ama* contributes to *Margavarodha* and restricts the normal flow of *Vata*, its elimination facilitates *Vata Anulomana* and restoration of *Apana Vayu*. This aids in breaking the disease pathogenesis (*Samprapti Vighatana*).

From a contemporary perspective, the drugs of *Aabhadi Churan* contain bioactive constituents with anti-inflammatory, analgesic, antioxidant, and neuromodulatory properties. These effects may reduce nerve root inflammation, muscular spasm, and oxidative stress, thereby contributing to symptomatic relief.

Additionally, the formulation supports tissue metabolism and strengthens *Asthi* and *Majja Dhatu*, which are commonly affected in chronic *Vata* disorders. Regular administration of *Aabhadi Churan* thus helps in alleviating symptoms, preventing recurrence, and improving overall quality of life.

Thus, the therapeutic efficacy of *Aabhadi Churan* in *Gridhrasi* can be attributed to its combined *Vata-Kapha Shamana*, *Agni Deepana*, *Ama Pachana*, and pain-relieving actions.

### CONCLUSION

The present study concludes that *Shampakadi Niruha Basti* along with *Aabhadi Churan* is effective in the management of *Gridhrasi* by addressing both the root cause and clinical manifestations of the disease. *Shampakadi Niruha Basti* helps in *Vata Shamana*, *Apana Vayu Anulomana*, and pain relief through systemic and local actions, while *Aabhadi Churan* supports *Agni Deepana*, *Ama Pachana*, and sustained symptomatic improvement. The combined therapeutic approach provides a safe and effective alternative to conventional treatment modalities, offering significant relief without the use of steroids or NSAIDs, thereby minimizing associated adverse effects.

### REFERENCES

1. Charaka Samhita Maharoga Adhyaya, Sutra Sthana. In: Pt. Kashinath pandey, Dr. Gorakha Natha Chaturvedi, Editor. Charaka Samhita of Agnivesh with Sri Satya Narayana Sastri Vidyotini Hindi Commentary, Chaukhambha Bharati Academy Varanasi. 2017, Vol I, Page No.- 399. (Ch. Su.20/11)
2. Charaka Samhita Vata Vyadhi Chikitsa Adhyaya, Chikitsa Sthana. In: Pt. Kashinath pandey, Dr. Gorakha Natha Chaturvedi, Editor. Charaka Samhita of Agnivesh with Sri Satya Narayana Sastri Vidyotini Hindi Commentary, Chaukhambha Bharati Academy Varanasi. 2017, Vol 2, Page No.- 787. (Ch. Chi.28/56).

3. Sushruta, Vata Vyadhi Nidana Adhyaya, Nidana Sthana. In: Kaviraj Ambika Dutt Shastri, Editor. Sushruta Samhita of Maharishi Sushruta Edited with Ayurveda Tattvasandipika Hindi Commenter. Chaukhambha Sanskrit Sansthan, Varanasi; 2020 Vol -1, Page No. 303 (Su. Ni. 1/74).
4. Madhavkara. Vata Vyadhi Nidana Adhyaya. In: Upadhyaya YN, editor. Madhava Nidanam with Madhukosha and Vidyotini commentaries. Vol. 1. Varanasi: Chaukhambha Sanskrit Bhawan; 2005. p. 483.
5. Charaka Samhita Vata Vyadhi Chikitsa Adhyaya, Chikitsa Sthana. In: Pt. Kashinath pandey, Dr. Gorakha Natha Chaturvedi, Editor. Charaka Samhita of Agnivesh with Sri Satya Narayana Sastri Vidyotini Hindi Commentary, Chaukhambha Bharati Academy Varanasi. 2017, Vol 2, Page No.-795. (Ch. Chi.28/101).
6. Sushruta, Niruhakrama Chikitsa Adhyaya, Chikitsa Sthana. In: Kaviraj Ambika Dutt Shastri, Editor. Sushruta Samhita of Maharishi Sushruta Edited with Ayurveda Tattvasandipika Hindi Commenter. Chaukhambha Sanskrit Sansthan, Varanasi; 2019. Vol -1, Page No. 566 (Su. Chi. 38/43-46).
7. Charaka Samhita Sneha Adhyaya, Sutra Sthana. In: Pt. Kashinath pandey, Dr. Gorakha Natha Chaturvedi, Editor. Charaka Samhita of Agnivesh with Sri Satya Narayana Sastri Vidyotini Hindi Commentary, Chaukhambha Bharati Academy Varanasi. 2017, Vol 1, Page No.-258. (Ch. Su.13/15).
8. Yogaratnakar Vata Vyadhi Chikitsa. In: Brahm Shankar Shastri, Editor. Yogaratnakar Vidyotani Hindi commentary by Shri Laxmipati Shastri edited by Bhisagratna Brahmasankara Sastri Chaukhambha Sanskrit Sansthan Edition -2004. Page No.- 527
9. Charaka Samhita, Kalpana Sidhi Adhyaya, Sidhi Sthana. In: Pt. Kashinath Pandey, Dr. Gorakha Natha Chaturvedi, Editor. Charaka Samhita of Agnivesh with Sri Satya Narayana Sastri Vidyotini Hindi Commentary, Chaukhambha Bharati Academy, Varanasi. 2017, Vol 2, Page No.-973. (Ch. Si.1/47-48).
10. A Concise textbook of surgery, Somen Das, Published by Dr.S.Das. 13 old Mayor's Court, Calcutta. 3<sup>rd</sup> edition 2001. The spine & pelvis (pp.512)
11. Clinical Methods in medicine, SN Chugh, Jaypee Brothers Medical Publishers, New Delhi 1st Edition 2008, The Locomotor System Page No.435.
12. Kamath SU, Kamath SS. Lasegue's Sign. J Clin Diagn Res. 2017 May; 11(5): RG01 RG02. doi: 10.7860/JCDR/2017/24899.9794. Epub 2017 May 1. PMID: 28658865; PMCID: PMC5483767.
13. Langley GB, Sheppard H. The visual analogue scale: its use in pain measurement. Rheumatol Int. 1985; 5(4): 145-8. doi: 10.1007/BF00541514. PMID: 4048757.
14. Fairbank JCT, Couper J, Davies JB. "The Oswestry Low Back Pain Questionnaire." Physiotherapy 1980; 66: 271-273.

**Cite this article as:**

Abhishek Singh, Sanjeev Sood. Effect of Shampakadi Niruha Basti along with Aabhadi Churan in the Management of Gridhrasi (Sciatica). AYUSHDHARA, 2026;13(1):104-113.

<https://doi.org/10.47070/ayushdhara.v13i1.2464>

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. Abhishek Singh**

Post Graduate Scholar,

Dept. of Panchakarma,

Dayanand Ayurvedic College,

Jalandhar, Punjab, India.

Email: [drabhisheks18@gmail.com](mailto:drabhisheks18@gmail.com)

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.