



Case Study

MANAGEMENT OF GRIDHRASI (SCIATICA) WITH KALA BASTI AND AGNIKARMA: A COMBINED EFFECT - AN AYURVEDIC CASE REPORT

Shiwani Raturi^{1*}, Anup Jain², Arun Gupta³, Manju Agarwal⁴, Ashok Kumar Madan Singh⁵

*1PG Scholar, ²Associate Professor, Dept. of Panchkarma, ³Professor and Head of Department, ⁴Professor and Head of Department, Dept. of Shalya Tantra, ⁵Professor, Department of Rog Nidan evum Vikriti Vigyan, Ch. Brahmaprakash Ayurved Charak Sansthan, New Delhi, India.

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ABSTRACT

Gridhrasi, a painful condition classified under *Vatavyadhi*, closely resembles Sciatica in its clinical presentation. Ayurvedic modalities such as *Kala Basti* and *Agnikarma* are individually recognised for their effectiveness in pain management; however, evidence regarding their combined efficacy is limited. This case report describes a 45-year-old male with chronic radiating low back pain and associated neurological symptoms treated with a 16-day *Kala Basti* regimen followed by three sittings of *Agnikarma*. The intervention resulted in significant clinical improvement, as evidenced by the ODI score improved from 58% (severe disability) to 30% (moderate disability), VAS score showed more than 50% reduction, and SLR became negative bilaterally." No adverse events were noted, and the benefits were sustained on follow-up (day 48). The findings suggest that the integrated application of *Kala Basti* and *Agnikarma* demonstrated significant improvement in *Gridhrasi* by pacifying *Vata Dosha* and relieving *Srotorodha*. This case highlights the potential of combining *Panchakarma* and *Shalya Tantra* therapies for effective, safe, and sustainable management of sciatica.

INTRODUCTION

Gridhrasi is one of the various *Vatavyadhi* described in Ayurveda and is one of the most painful conditions that can affect a person's capability to walk, and sometimes even stand properly. This condition is typically characterised by a change in walking posture that resembles a vulture-like walk, due to which this disease was termed *Gridhrasi*. It is caused by vitiation of *Vata dosha* either alone, i.e., *Nanatmaja* or in association with *Kapha*, i.e., *Samanyaja*, respectively.^[1] *Madhava Nidana* has described both of the conditions with specific symptoms. The characteristic feature of *Vataj Gridhrasi* is *Dehasyaapi Pravakrata* along with *Sphuran* (pulsation) and *Stabdhatta* (stiffness) in *Janu*, *Kati*, and *Uru Sandhi*. While *Vatakaphaj Gridhrasi* is a result of vitiation of *Agni*, as indicated by *Nimittam*

Vahnimardavam, accompanied by the *Lakshanas* of *Kapha* like *Tandra* (drowsiness), *Mukhapraseka* (excessive salivation), *Bhaktadvesa*,^[2] etc. In a nutshell, *Gridhrasi* is a condition where there is *Ruk* (pain) arising from *Katiprishtha* (lower back) radiating to *Uru* (thigh), *Janu* (knee), *Jangha* (leg) up to *Pada* (foot) associated with *Stambha* (stiffness), *Toda* (pricking pain) and *Muhuspandan* (twitching).^[3] These symptoms closely correlate with sciatica, which is pain radiating along the sciatic nerve^[4]. Conventional medicine offers analgesics, NSAIDs, epidural injections, and surgery, all of which have limitations such as side effects or poor acceptance^[5]. Ayurveda provides safer and effective alternatives through *Panchakarma* and surgical procedures like *Agnikarma* and *Viddhakarma*. This case report presents the successful management of *Vataj Gridhrasi* through an integrated approach of *Kala Basti* and *Agnikarma*.

Case Presentation

Patient Information

A 45-year-old male presented to the *Panchkarma* OPD of CBPACS Hospital with complaints of severe low back pain radiating to both legs (Lt>>Rt)

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for one year, along with tingling sensations in the left leg. Pain worsened on prolonged standing or walking. The patient had undergone allopathic treatment, including epidural injection, with minimal relief. There was no history of trauma, chronic illness, or surgery.

History of Present Illness

According to the patient, he was asymptomatic one year back then after an incident of continuous travelling for more than 16 hours, lower back ache was elicited and started radiating to the bilateral lower limbs (Lt>>Rt), leading to difficulty in walking and prolonged standing. So, he has visited CBPACS hospital for the management of his condition with Ayurvedic treatment.

Past History- H/O similar pain 25 years back, patient took allopathic medicine, epidural injection, but no significant relief was achieved. After taking Ayurvedic medicine and incorporating lifestyle changes and Yoga Asanas, he experienced complete relief.

No H/O: DM/Hypertension/Thyroid Disorders or any other major illness.

Personal History

Sleep: Disturbed due to pain

Addiction: Not significant

Family History- No relevant family history

Clinical Findings

Gait: Antalgic

VAS: 8

SLR: Right 60°, Left 45°

Ayurvedic Examination

ODI: 58% (Severe disability)

Prakriti: Vata-Kaphaja

Diagnosis: *Vataj-Kaphaja Gridhrasi*

General Examination

Built: Moderate

Vitals: Stable

Systemic Examination

Central Nervous System- Conscious and oriented.

Tingling sensation in the left lower limb.

Locomotory examination

Inspection

Antalgic gait, short step.

Discomfort in walking and sitting for long durations.

Palpation

Tenderness at L4 - L5 region

Good Muscle tone

Muscle power grade both at right & left extremities (upper and lower) - 5/5

ROM of the lumbar spine

Forward flexion of the lumbar spine is limited to 40cm above ground.

Extension is limited to 15° with pain.

Right lateral flexion is limited to 10° with pain.

Left lateral flexion is limited to 10° with pain.

SLR test (Active)

Positive at 60° on right leg

Positive at 45° on left leg

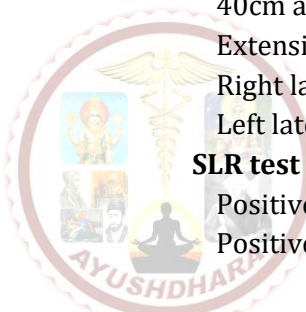


Table 1: Dashavidha Pariksha

Prakriti	<i>Vata-Kaphaja</i>
Vikriti	<i>Prakriti samsamveta</i>
Sara	<i>Madhyama</i>
Samhanana	<i>Madhyama</i>
Pramana	<i>Madhyama</i>
Satmya	<i>Madhyama</i>
Satva	<i>Madhyama</i>
Ahara Shakti	<i>Madhyama</i> (suggested by variable appetite)
Vyayama Shakti	<i>Avara</i> (due to pain and disability)
Vaya	<i>Madhyama</i> (45 years)

Table 2: Ashtavidha Pariksha

Nadi	<i>Vata-Kaphaja</i>
Mala	Occasional constipation (<i>Vata dushti</i>)
Mutra	Normal
Jihva	Slightly coated
Shabda	Normal

Sparsha	<i>Ruksha, Shula yukta</i> (painful on touch)
Drik	Normal
Akriti	<i>Madhyama</i> , antalgic posture

Table 2: Samprapti Ghataka

Dosha	<i>Vata pradhana with Kapha anubandha (Apana & Vyana Vata)</i>
Dushya	<i>Asthi, Majja, Snayu, Kandara</i>
Agni	<i>Mandagni</i>
Srotas	<i>Asthivaha, Majjavaha</i>
Srotodushti	<i>Sanga and Vimargagamana</i>
Adhithana	<i>Kati Pradesh</i>
Roga Marga	<i>Madhyama</i>
Vyadhi Swabhava	<i>Chirakari</i>
Sadhya-Asadhyata	<i>Kruchra Sadhya</i>

Diagnosis**Modern Diagnosis:** Sciatica**Ayurvedic Diagnosis:** *Vata-Kaphaja Gridhrasi***Investigations**

MRI LS Spine (19/03/2025): L3–L4 diffuse disc bulge indenting the thecal sac and compressing bilateral nerve roots. L4–L5 diffuse disc bulge causing spinal canal stenosis and nerve root compression (AP diameter: 7.2mm). Routine blood and urine investigations were normal.

Therapeutic Intervention**Kala Basti (16 Days)**

Purvakarma: *Anuvasana Basti* after a light diet and *Sthanik Abhyanga-Swedana* before each *Niruha Basti*.

Niruha Basti: *Erandmooladi Kwatha*^[6] 270ml, *Madhu* 60ml, *Tila Taila* 50ml, *Gomutra* 100ml, *Kalka* 20gm (Administered on an empty stomach).

Anuvasana Basti: *Saindhvadi Taila*^[7] 120ml after a light meal.

Schedule: 16 days (A N A N A N A N A N A A A A).

Agnikarma (3 Sittings)

Schedule: Days 16, 23, 30 (after *Kala Basti*)

Instrument: *Panchadhatu Shalaka*

Sites: *Padakanisthika*^[8,9] *Antara Kandara Gulfa*^[10], *Atyugraruja Sthana*^[11]

Pashchat Karma: Application of aloe vera pulp and *Yashtimadhu Churna*.

Pathya-Apathya**Pathya (Advised)**

Consumption of warm, light, and easily digestible food. Adequate rest with gentle stretching exercises.

Maintenance of proper posture during sitting and sleeping.

Apathya (Avoided)

Forward bending and weight lifting

Prolonged standing or sitting

Excessive travelling

Exposure to a cold and damp environment

Day sleep and suppression of natural urges

Avoid *Vata Prakopak* and *Abhishyandi Ahara* like curd, kidney beans, chickpeas, cold and stale food.

Table 3: Follow-Up and Outcomes

Parameter	Day 0	Day 16	Day 23	Day 30	Day 48
SLR (Rt.)	60°	70°	70°	70°	80°
SLR (Lt.)	45°	55°	70°	70°	70°
VAS	8	6	4	3	3
ODI (%)	58%	40%	40%	30%	30%

At the 48-day follow-up, the patient reported no recurrence of pain or discomfort. No adverse effects were observed.

Timeline of Clinical Events

Day 0: Patient presentation and baseline assessment.

Day 1–16: Administration of *Kala Basti*

Day 16: First sitting of *Agnikarma*

Day 23: Second sitting of *Agnikarma*

Day 30: Third sitting of *Agnikarma*

Day 48: Follow-up showing sustained improvement

Assessment Criteria

The clinical assessment of the patient was done, using substantiated subjective and objective parameters to evaluate pain intensity, functional disability, and neurological involvement. For the pain severity, the Visual Analogue Scale (VAS)^[12] was used, where scores ranged from 0 (no pain) to 10 (worst imaginable pain). Functional disability was evaluated using the Oswestry Disability Index (ODI)^[13], expressed as a percentage, with higher scores indicating greater disability. Neurological involvement and nerve root tension were assessed using the Straight Leg Raise (SLR) test, measured in degrees for both lower limbs. All assessment parameters were recorded at baseline (Day 0), after completion of *Kala Basti* (day 16), after each sitting of *Agnikarma* (days 23 and 30), and during follow-up (day 48) to assess the sustainability of therapeutic outcomes.

DISCUSSION

Gridhrasi is a *Vatavyadhi* characterised by radiating pain, stiffness, and functional impairment extending from the *Kati* region to the lower limb. The Ayurvedic *Samprapti* involves *Vata prakopa* due to *Dhatu kshaya* and *Margavarodha*, particularly affecting *Asthi* and *Majja Dhatu*, leading to pain, restricted movement, and neurological symptoms.^[14] In chronic cases, localised degeneration and obstruction perpetuate *Vata* aggravation, necessitating a treatment approach that addresses both systemic *Dosha* imbalance and local pathology^[15] In the present case, the combined use of *Kala Basti* and *Agnikarma* resulted in significant clinical improvement, indicating effective *Samprapti vighatana* through integrative *Panchakarma* and *Shalya Tantra* interventions.^[16]

Effect of *Kala Basti*

Kala Basti was administered as the principal therapy owing to its classical indication in *Vata Vyadhi* and its ability to act at the level of *Pakvashaya*, the primary seat of *Vata Dosha*^[17]. *Erandamooladi Niruha Basti* plays a crucial role in *Samprapti vighatana* by addressing both *Avarana* and *Dhatu kshaya* components of *Gridhrasi*^[18] The formulation acts synergistically:

Madhu- Facilitates *Yogavahi* action and enhances microcellular penetration;

Saindhava, with its *Sukshma*, *Tikshna*, and *Ushna* properties, aids in *Srotoshodhana* and alleviates *Sanga*.

Tila Taila- Provides *Snigdha* and *Mrudukara* effects, counteracting the *Ruksha* and *Sheeta* qualities of aggravated *Vata* and protecting the mucosa.

Kalka dravyas- assist in drug stabilisation and absorption while exerting *Vata-Kapha Shamaka* and *Shothahara* effects.

Kwatha drugs: Such as *Eranda* and *Brihati* possess *Ushna*, *Vatahara*, and *Shoolahara* properties that reduce inflammation and nerve irritation.^[19] Collectively, these actions help in restoring normal *Vata gati*, clearing obstructed channels, and reducing pain and stiffness, which is reflected clinically by improvement in VAS and ODI scores.

The alternate administration of *Anuvasana Basti* with *Brihat Saindhavadi Taila* further supports *Samprapti vighatana* by providing sustained *Snigdha*, *Balya*, and *Brimhana* effects. The *Taila* nourishes *Asthi* and *Majja Dhatu*, improves joint lubrication, and prevents recurrence by stabilising *Vata Dosha*. Thus, *Kala Basti* using *Erandamooladi Niruha Basti* and *Brihat Saindhavadi Taila Anuvasana* effectively dismantles the pathological sequence of *Gridhrasi* at multiple levels- *Dosha*, *Dushya*, and *Srotas*.

Mode of Action of *Agnikarma*

Agnikarma was employed as a supportive intervention to address residual localised pain and stiffness following systemic *Vata* correction through *Basti*. Its *Ushna*, *Tikshna*, and *Sukshma* qualities counteract the *Sheeta* and *Ruksha* attributes of *Vata*, promote local circulation, and relieve *Srotorodha*. By providing prompt analgesia and reducing neuromuscular spasm, *Agnikarma* complements the systemic action of *Kala Basti*. The sustained improvement in straight leg raises angle and pain parameters, along with the absence of adverse events, suggests that *Agnikarma* enhances functional recovery and consolidates therapeutic benefits in chronic *Gridhrasi*.

CONCLUSION

The combined use of *Kala Basti* and *Agnikarma* offers significant relief in *Gridhrasi* by correcting *Vata* vitiation and relieving *Srotorodha*. The sequential approach first addresses systemic pathology (*Kala Basti*), followed by local correction (*Agnikarma*), resulting in improved pain, mobility, and quality of life. This integrated approach may serve as a safe, effective, and sustainable therapeutic protocol for sciatica.

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***Address for correspondence**

Dr. Shiwani Raturi

PG Scholar,

Dept. of Panchkarma,

Ch.Brahmaprakash Ayurved

Charak Sansthan, New Delhi, India.

Email: raturishiwani95@gmail.com

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