



Case Study

WAY OF TREATING/COMBATING *GRIDHRASI* (SCIATICA) IN HOLISTIC HEALING THROUGH AYURVEDA

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ABSTRACT

About 70% to 80% of people in India report having low back pain, making it one of the most prevalent complaints. The most frequent cause of low back pain is intervertebral disc prolapse, which radiates pain to the leg, buttock, or hip, characteristic of sciatica syndrome. Sciatica is like *Gridhrasi*, one of the most prevalent *Vata* disorders according to Ayurveda. The purpose of this study was to evaluate the effectiveness of Ayurvedic treatment management in *Gridhrasi*. A single case study of a 42-year-old married female, who visited an Ayurvedic hospital for *Gridhrasi* of the left leg for two months, had previously been diagnosed with a diffuse bulging of the L4-L5 intervertebral disc, confirmed through her MRI reports. She underwent 14 days of *Antarparimarjana* and *Bahirparimarjana Panchakarma* therapy, which included *Abhyanga*, *Swedana*, *Patra Pinda Swedana*, in combination with *Shamana Chikitsa*. After 14 days, the patient's symptoms were assessed. The patient's general DAL and QOL (quality of life) also showed great improvement. The mentioned treatment significantly reduced and managed the symptoms of *Gridhrasi*.


INTRODUCTION

In India, low back pain is among the most prevalent complaints, affecting 70% to 80% of the population. Among the numerous causes of low back pain, intervertebral disc prolapse is the most common. In 95% of lumbar disc herniation cases, the L4-L5 and L5-S1 discs are most frequently affected. The pain may be limited to the lower back or radiate to the leg, buttock, or hip, which are characteristic features of Sciatica syndrome.

Epidemiological research indicates that the lifetime incidence of sciatica ranges from 10% to 40%, while the annual incidence ranges from 1% to 5%. The prevalence varies significantly, from 3.8% in the working population to 7.9% in the non-working population. Women are more frequently affected than men, and it is most common in women between 40 and 50 years of age.

Sciatica is a debilitating condition caused by sciatic nerve root pathology, which makes walking difficult and causes pain and paraesthesia along the sciatic nerve distribution. Due to its severity, it can interfere with daily activities and reduce quality of life. Typically, activities such as coughing, bending, or twisting worsen the pain. Modern treatments include analgesics, muscle relaxants, painkillers, anti-convulsants, and NSAIDs to reduce inflammation, as well as surgical procedures, which may carry adverse outcomes.

In Ayurvedic medicine, Sciatica is correlated with *Gridhrasi*, classified as a *Nanatmaja Vataja Vikara*. The term "*Gridhrasi*" refers to the patient's gait, which resembles that of a vulture due to severe, continuous, and radiating pain. The four primary symptoms of *Vataja Gridhrasi* are *Ruk* (pain), *Toda* (pricking sensation), *Muhuspandana* (tingling), and *Stambha* (stiffness) in the *Sphik* (buttocks), *Kati* (lower back), *Uru* (thighs), *Janu* (knees), *Jangha* (calves), and *Pada* (feet). In *Vata-Kaphaja Gridhrasi*, additional symptoms such as *Tandra* (drowsiness), *Gaurava* (heaviness), and *Aruchi* (anorexia) may also be present.

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Ayurvedic management of *Gridhrasi* (sciatica) includes *Virechana*, *Basti Karma*, *Siravyadha*, and *Agnikarma*. In this case study, *Shamana Chikitsa*, *Sarvanga Abhyanga*, *Swedana*, *Patrapinda Swedana*, and *Kati Basti* have been recommended.

Case Report

A 42-year-old married female came to the OPD with complaints of pain in the lower lumbar region radiating to the left lower limb for the past two months. She also complained of morning stiffness in the lower back lasting about 10 minutes and difficulty while walking for the past one month.

She also reported reduced appetite, abdominal bloating, constipation, disturbed sleep, excessive sweating of both upper and lower limbs, and general weakness for the past month.

The pain in the lower back developed gradually and was initially managed with symptomatic allopathic treatment. Later, the pain gradually increased in the lower lumbar region and started radiating to the posterior aspect of the thigh, knee, calf, and foot of the left leg over the last two months. She gradually experienced stiffness in the lower back, tingling sensations in the left leg, heaviness, and difficulty while walking.

She has no prior surgical history and no history of fall or injury. There is no family history of diabetes, hypertension, or IHD. The patient is a non-vegetarian and has normal bladder habits but suffers from constipation. She does not have any addictions like smoking or drinking. Her pain has also disturbed her sleep.

General Examination

Pulse: 72/min
Lymphadenopathy: Absent
Respiratory rate: 16/min
Cyanosis: Absent
Blood pressure: 120/70 mm of Hg
Clubbing: absent
Temperature: 98.6°F
Edema: absent.
General condition: fair
Height – 167 in cms
Pallor: Absent
Weight – 85kgs
Icterus: Absent
BMI – 30.5 kg/m²

Systemic Examination

Central Nervous System

- Higher mental functions normal, patient is well conscious and oriented to time place person is intact.
- Cranial nerve examination intact, both sensory and motor function examination intact.

- Superficial and deep tendon reflexes normal.

Respiratory System

- Bilateral symmetrically chest movements seen on inspection.
- No local tenderness and palpable mass felt on palpation.
- Resonant note heard on percussion, no abnormal bronchovesicular sounds heard on auscultation.

Gastrointestinal Tract

- No any surgical scar marks and scaphoid shape seen.
- On inspection - No palpable mass and tenderness felt on palpation, Fluid thrill and shifting dullness test negative.
- On percussion - Normal bowel sounds heard 8/min on auscultation.

Cardiovascular System

- Chest shape – normal,
- Position of trachea – central
- Apex beat – not visible dilated and engorged veins, no surgical or any scars seen on inspection.
- Cardiac dullness is not heard

Musculoskeletal System

Inspection

- Antalgic gait, short step.
- Discomfort in walking and sitting for a long duration.
- Restriction of spinal and hip movements.

Palpation

- Tenderness at L4 - L5 region
- Good Muscle tone
- Muscle power grade both at right and left extremities (upper and lower) - 5/5

Range of movement of Lumbar spine (ROM)

- Forward flexion of the lumbar spine is limited to 30 cm above ground.
- Extension is limited to 10° with pain
- Left lateral flexion is limited to 10° with pain
- Right lateral flexion is limited to 10° with pain

SLR test (active)

- Positive at 30° on the left leg
- Negative on the right leg

Bragard's test

- Positive at the left leg
- Negative on the right leg

Dashavidha Pariksha (Ten important aspects for examination)

Prakruthi - Vata (*Apana* and *Vyana*), *Kapha* (*Shleshaka*)
Satmya - *Sarva rasa*

Vikruti - Vata

Satva - Avara

Sara - Pravara Ahara Shakthi - Pravara

Samhanana - Pravara Vyayama Shakthi- Avara

Pramana - Pravara Vaya -Madhyama

Ashtavidha Pareeksha (Eight important aspects for examination)

- Nadi (pulse): Vata-Kaphaja
- Shabdha (speech): Prakruta
- Mala (bowels): Vibandha (constipated)
- Mutra (urine): Samyak
- Jihwa (tongue): Sama (coated)
- Druk (eyes): Prakruta
- Sparsha (skin): Anushnasita
- Akruti (posture): Sthoola

Probable diagnosis

Vata-Kaphaja Gridhrasi (chronic sciatica)

Intervention

Treatment

- Antharparimarjana Chikitsa
- Bahirparimarjana Chikitsa
- Kati Basti with Mahanarayana Taila & Murchita Tila Taila at 38-43 degree Celsius for 30mins for 7 days.
- Sarvanga Abhyanga with Mahanarayana Taila and Murivenna Taila followed by Bhashpa Sweda for 30 mins for 7 days.

Drugs

S.No	Medicine	Reference
1	Murchita Tila Taila	Bhaishajya Ratnavali Jwaraadhikara 5/1286- 1287
2	Sukumara Ghrita	Sahastra Yogam Ghrita Prakarana Ashtanga Hridaya Sutrasthana 15/9-10
3	Trivilleham	Ashtanga Hridaya Kalpasthana 2/9
4	Triphala Kashaya	Bhaishajya Ratnavali Shothorogadhikara 10

Shamana Chikitsa

- Mahavatavidhvamsa Rasa 2-0-2
- Cap Stressmed 0-0-2
- Cap Neuro XT 1-0-1
- Cap Spiner 1-0-1 A/F
- Rasnaerandadi Kashaya 6tsp-0-6tsp
- Dashamoola arishta

After food and Anupana with water

Pathyapathya (diet & lifestyle regimens)

Usual diet. Complete rest.

Avoid forward bending, lifting heavyweight, strenuous activity and jerk to the low back region.

OBSERVATION AND RESULTS

The patient experienced a considerable reduction in lumbar discomfort, lower back stiffness,

- Patra Pinda Sweda for 30 mins for 7 days.
- Snehapana with Panchatiktha Gugullu Ghrita + Sukumara Ghrita + Kalyanaka Ghrita + 1pinch of Saindava lavana on 8th 9th and 10th day
- On 11th, 12th, 13th day Vishrama Kala
- On 14th day Virechana was given according to Koshta and Agni avastha
- Trivritlehya 70gm+100ml of Triphala Kashaya after Abhyanga and Sweda.

Virechana

Poorva Karma

Deepana Pachana as per the condition of Agni, Deepana and Pachana was done for 2-3 days by Tab. Chitrakadivati in a dose of 2 tablets 3 times in a day before food for 3 days.

Snehana according to Koshta and Agni, Panchatikthaguggulu ghrita, Sukumaraghrita and Kalyanakaghrita was given for Snehapana in an increasing dose of 30-60ml/day for a period of 3 days.

Sarvanga Mridu Abhyanga F/B Sarvanga Mridu Bashpa Sweda was given for 3 days

Pradhana Karma

Virechana Karma with Trivritlehya 70 gm+100ml Triphala Kashaya given.

Pashchat Karma

Advised Samsarjana Krama

tingling, and heaviness by the end of the first month of therapy. The range of motion of her spine had significantly improved, making it easier for her to perform daily activities. Her gait also improved, and her vital signs were within normal limits. The patient achieved complete relief from symptoms. No

radiological investigation was performed after the completion of therapy. The subjective and objective criteria, including the Oswestry Disability Index, were

evaluated before and after treatment. The table below presents the chronology of clinical findings (assessment criteria).

Details of Assessment parameters before and after treatment

S.No	Assessment Parameters	Before Treatment	After Treatment
1	Pain in the lower lumbar region radiating to the left lower limb	5	0
2	Stiffness in the lower back region	3	0
3	Tingling sensation in the left leg	2	0
4	Heaviness in the left leg	3	0
5	Pain and difficulty while walking	3	1
6	Appetite	2	0
7	Gaseous distension of abdomen	2	0
8	Constipation	3	0
9	General weakness	3	0
10	Sleep	2	0

Objective Parameters

1	ROM of the lumbar spine		
	Forward flexion	30 cm above ground	15 cm above ground
	Right lateral flexion	10° with pain	35° without pain
	Left lateral flexion	10° with pain	30° without pain
	Extension	10° with pain	20° without pain
2	SLR test (active)		
	Right leg	Negative	Negative
	Left leg	Positive	Negative
3	Bragard's test		
	Right leg	Negative	Negative
	Left leg	Positive at 40°	Negative
4	Gait	Antalgic gait	No Antalgic gait

DISCUSSION

Probable mode of action of *Virechana*

Gridhrasi (sciatica) is treated using *Bastikarma*, *Siravyadha*, and *Agnikarma* in Ayurveda. In this condition, *Sarvanga Abhyanga Swedana*, *Patrapinda Swedana*, *Kati Basti*, and *Shamana Chikitsa* protocols are recommended. *Sarvanga Abhyanga* with *Mahanarayana Taila* and *Murivenna Taila* is praised as a *Vata Shamaka* therapy. According to Charaka, *Vayu* dominates *Sparshanendriya*, and *Abhyanga* is extremely beneficial for *Vata Vyadhi*. As per *Dalhana*, *Sneha* reaches the *Majja Dhatu* when *Abhyanga* is performed for 900 Matra. In *Gridhrasi*, the *Asthi Majja Vaha Srotas* are disturbed. *Sneha* strengthens the *Srotas* and pacifies aggravated *Vata Dosha* at the affected site. The active principles in *Murivenna Taila* have a synergistic action in relieving symptoms, as its

anti-inflammatory effect reduces pain, tenderness, and swelling.

Sarvanga Bashpa Swedana is *Vata Hara*, cures stiffness and heaviness, and is considered one of the best treatments for pain relief. *Patrapinda Swedana*, a type of *Sankara Sweda*, is an unparalleled treatment for painful conditions caused mainly by *Vata Dosha* and *Vata-Kapha Dosha*, due to the properties of the ingredients used. It is primarily used to relieve pain, swelling, inflammation, and stiffness associated with bone, joint, and musculoskeletal pain. By promoting toxin elimination, reducing inflammation, and strengthening the joints, muscles, and nerves (by reducing nerve root compression), the *Vedanasthapana* (analgesic), *Vata Shamaka*, *Shothahara* (anti-inflammatory), and *Dhatuposhaka*

(nourishing) properties of *Patrapinda Swedana* help improve muscle tone and tissue function, alleviating symptoms.

Snigdha Swedana, such as *Kati Basti*, is typically used to treat low back pain and lumbosacral disorders. It improves local circulation, nourishes muscles, and nerves, and helps relieve tension and spasms, restoring flexibility. In this condition, degeneration of the intervertebral disc compromises the lubricating function of *Shleshaka Kapha*, leading to compression, irritation, or inflammation of the sciatic nerve (*Gridhrasi*), which causes severe pain.

Virechana Karma clears *Margavarodha* (obstruction), eliminates morbid *Doshas* from *Rakta*, and regulates *Vata* activity and movement, thereby controlling pain. From a modern perspective, during *Virechana*, inflammation of the intestinal mucosa leads to hyperemia and exudation, resulting in increased passage of protein-rich fluids through vessel walls into the intestinal lumen. The increased fluid volume dilutes toxic materials, and evacuation of fluid from *Rasa-Rakta* helps reduce fluid volume.

Some studies have correlated acetylcholine with *Vata*, catecholamines with *Pitta*, and histamine with *Kapha*. It has been observed that after *Virechana*, plasma catecholamine levels are significantly reduced. *Virechana* evacuates all morbid *Doshas* from micro to macro- *Dhatu* channels and regulates *Vata*, thereby decreasing all symptoms of *Vata*, *Pitta*, and *Kapha* at the *Srotas* level.

CONCLUSION

Sciatica is a primary cause of morbidity that makes a person unable to perform daily tasks. This case study demonstrated the effective management of *Gridhrasi* through *Panchakarma* and *Shamana Chikitsa*. The patient's ability to describe the symptoms has improved, and there have been significant changes in the patient's quality of life according to both subjective and objective parameters. At present, the patient is doing well with her regular routines. The results of this

single case study have generated optimism and provided management options for *Gridhrasi*. However, randomized clinical studies with larger sample sizes are needed to confirm these outcomes.

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