



Case Study

ROLE OF PANCHAKARMA IN THE MANAGEMENT OF GRIDHRASI WITH SPECIAL REFERENCE TO SCIATICA

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ABSTRACT

Sciatica is a musculoskeletal disorder affecting more than 10 million individuals annually in India. It is a form of lumbar radiculopathy characterised by mild to severe pain radiating from the lower back to one or both lower limbs. A 57-year-old male patient presenting with symptoms of radiating pain, stiffness, tingling sensation, and restricted movements in the lower limb was diagnosed with *Gridhrasi*. He was treated with appropriate ayurvedic medicines along with the *Panchakarma* procedure, including *Kati Basti* for 21 days. Clinical assessment was performed before and after treatment, including pain intensity, range of motion, and functional ability. Significant improvement was observed in pain, stiffness, and mobility after completion of therapy. The combined approach of Ayurvedic internal medicine and *Panchakarma* therapy proved effective in the management of *Gridhrasi*.

INTRODUCTION

Sciatica is a musculoskeletal disorder characterised by pain that radiates from the lower back to the lower limb. The pain may travel along the posterior, lateral, or anterior aspect of the leg and usually affects only one side of the body. In some cases, weakness or numbness may be present in different regions of the affected leg and foot. This condition results from irritation, inflammation, or compression of the sciatic nerve, which originates in the lower spine, passes through the buttocks, and extends down each leg. The most common cause of sciatica is herniation of the intervertebral disc, leading to compression of the lumbar or sacral nerve roots. Other contributing factors include spondylolisthesis, spinal stenosis, piriformis syndrome, pelvic tumours, and pregnancy.

Sciatica is most frequently observed in individuals between 30 and 50 years of age, with a higher prevalence among males. Although sciatica is often considered a non-life-threatening condition, it can significantly impair physical functioning and daily activities.^[1]

In Ayurveda, this disorder has been described under *Nanatmaja Vata Vyadhi*, a group of diseases caused by the vitiation of *Vata Dosha*, and is termed *Gridhrasi*.

“स्फिक्पूर्वा कटिपृष्ठोरुजानुजङ्घापदं क्रमात्।

गृध्रसी स्तम्भरुक्तोदैर्गृह्णाति स्पन्दते मुहुः॥

वाताद्वातकफात्तन्द्रागौरवारोचकान्विता।^[2]

According to Acharya Charaka, in this disease, the pain and stiffness begin in the lower back and gradually spread to the buttocks, thighs, groin region, and finally to the legs. Tingling sensations occur at regular intervals. These symptoms arise due to the aggravation of *Vata dosha*. When *Kapha dosha* is also involved, additional symptoms such as heaviness in the body and loss of appetite develop.

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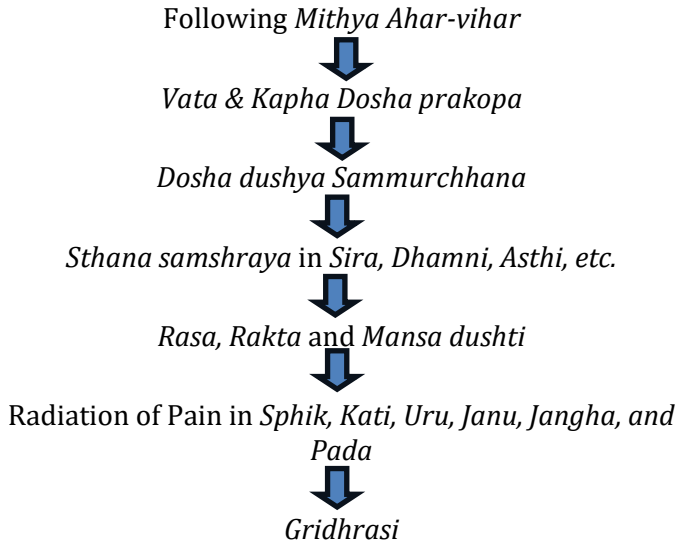
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Samprapti of Gridhrasi



पार्श्वप्रत्यङ्गुलीनां तु कण्डरा याऽनिलार्दिता ।
 सक्थः क्षेपं निगृह्णीयाद्गृध्रसीति हि सा स्मृता ॥ [3]

According to Acharya *Susruta*, when the *Kandara* of the ankle and feet get vitiated by *Vata dosha*, and difficulty in bending of legs occurs, then it is known as *Gridhrasi Roga*.

Chikitsa

Various Acharyas have mentioned many types of *Chikitsa kram* for the treatment of *Gridhrasi*, some of which are as follows:

| Acharya | Chikitsa |
|-----------|---|
| Charaka | <i>Snehan, Swedan, Basti, Siravedh, Agnikarma</i> [4] |
| Susruta | <i>Siravedh</i> |
| Vagbhatta | <i>Snehan, Swedan, Basti, Siravedh, Agnikarma</i> |

MATERIAL AND METHODS

Case Report

A 57-year-old male patient came to *Kaya Chikitsa OPD* at *MJF Ayurveda College & Hospital, Chomu, Jaipur*.

Name -xxx

OPD Number- 9868

D.O.A- 15-02-2026

Address – Udaipuriya, Chomu, Jaipur

Occupation - Shopkeeper

Chief Complaints

1. Pain in the lower back radiating through the left thigh region to the left foot for 3 months.
2. Difficulty in walking and prolonged standing since 2 months.

H/O of Present illness

The patient was apparently healthy three months prior, when he suddenly developed severe low back pain one morning while performing routine activities. Following the onset of pain, he experienced difficulty in walking without support. He consulted local physicians and received allopathic treatment; however, complete relief was not achieved. Over time, the pain gradually progressed and began to radiate from the left thigh region down to the left foot. Due to persistent symptoms, he subsequently visited *MJF Ayurveda Hospital, Chomu, Jaipur*, for further evaluation and management.

H/O of Past Illness

No specific surgical history.

No history of major illness.

Family History- Nil

Personal History

Bowel Habit - Normal once/day

Urine- Normal

Sleep - Disturbed due to pain

Appetite- Reduced

Addiction- No

Diet- A vegetarian diet consists mainly of dry (non-oily) food.

General Examination

General examination, which includes *Ashtavidha pariksha*, is as follows

| | |
|-----------------|---------------------|
| <i>Nadi</i> | 70/min |
| <i>Mala</i> | <i>Vibandha</i> |
| <i>Mutra</i> | <i>Samyaka</i> |
| <i>Jivha</i> | <i>Sama</i> |
| <i>Druka</i> | <i>Spashta</i> |
| <i>Aakrti</i> | <i>Madhyam</i> |
| <i>Shabda</i> | <i>Spashta</i> |
| <i>Sparsha</i> | <i>Samshitoshna</i> |
| <i>Prakurti</i> | <i>Vata-Kaphja</i> |
| Weight | 60 kg |
| Blood pressure | 130/90 mm of Hg |
| Temperature | 97.60F |

Neurological examination

| Test | Right Leg | Left Leg |
|---------------------------|-----------|----------------|
| Straight leg raise (SLRT) | Negative | Positive (35°) |

Assessment Criteria**Subjective criteria**

| S.No | Symptoms | Grade | Description |
|------|---|-------|--|
| 1 | <i>Ruk</i> (Pain) | 0 | No pain |
| | | 1 | Slight pain only on hard work |
| | | 2 | Pain on movement without disturbing routine work |
| | | 3 | Pain on movement, disturbing routine work |
| | | 4 | Severe pain compelling the patient to lie in bed |
| 2 | <i>Toda</i> (Pricking Sensation) | 0 | No pricking sensation |
| | | 1 | Occasional pricking sensation |
| | | 2 | Mild pricking sensation once a day |
| | | 3 | Moderate pricking sensation frequently in a day |
| | | 4 | Severe and persistent pricking sensation |
| 3 | <i>Stambha</i> (Stiffness) | 0 | No stiffness |
| | | 1 | Sometimes for 5–10 minutes |
| | | 2 | Daily for 10–30 minutes |
| | | 3 | Daily for 30–60 minutes |
| | | 4 | Daily for more than 1 hour |
| 4. | <i>Chankraman</i> and <i>Aasan Kashtata</i> (difficulty in walking and sitting) | 0 | No pain |
| | | 1 | Mild pain, no difficulty in sitting and walking |
| | | 2 | Slight pain in walking and sitting |
| | | 3 | Much difficulty in walking and sitting |

Objective Criteria

| S.L.R Test (Straight Leg Raising) | |
|-----------------------------------|---|
| >90 | 0 |
| >71-90 | 1 |
| >51-70 | 2 |
| >31-50 | 3 |
| Up to 30 | 4 |

Investigation

1. CBC with ESR- NAD

2. Urine routine Microscopic- NAD

Patient had already MRI lumbar-spine of recent date 5/12/2025.

MRI reporting suggests the herniation at L4-L5, L5-S1 and compression at the sciatic nerve.

Diagnosis

Based on classical *Lakshanas* and examination, the condition was diagnosed as: *Gridhrasi (Vataja Nanatmaja Vyadhi)*.

Treatment Plan

Shaman Chikitsa- Included *Aushadhis* of *Ushna virya* acting as *Vata Kapha Shamak, Shothahar, Shulahar, and Aampachak*.

Panchkarma therapy- *Kati Basti* for 7 days

Shaman Chikitsa

| S.No | Medicine | Dosage | Time of Administration | Anupana | Duration |
|------|---------------------------------------|-------------|------------------------|----------------|----------|
| 1 | <i>Ashwgandha Churna</i> | 2 gm BD | Before meal | Lukewarm water | 15 days |
| | <i>Godanti Bhasma</i> | 250 mg BD | Before meal | | 15 days |
| | <i>Mahavataavidvansh Rasa</i> | 250 mg BD | Before meal | | 15 days |
| 2 | <i>Rana -Saptak Kwatha</i> | 10ml BD | After meal | | 15 days |
| 3 | <i>Tyodhasang Guggulu</i> | 2 Tablet BD | After meal | Lukewarm water | 15 days |
| 4 | <i>Ajmodadi Churna</i> | 3gm BD | After meal | Lukewarm Water | 15 days |
| 5 | <i>Spondylon cap</i> | 1 cap BD | After meal | Lukewarm Water | 15 days |
| 6. | <i>Erand Bhrasht Haritaki Choorna</i> | 2gm H.S | On bed time | Lukewarm Water | 15 days |

Follow-up – 15 days

Panchkarma Therapy - *Kati Basti*

Taila used: *Sahcharadi Taila*

- Duration: 30 minutes daily
- Total duration: 7 days
- The procedure was performed over the *Kati* region using a dough ring, and warm *Sahcharadi Taila* was retained and maintained at a comfortable temperature throughout the procedure.

Mode of Action of Kati Basti

Kati Basti works by improving blood circulation in the lower back through the application of warm medicated oil, which enhances the supply of oxygen and nutrients and helps relieve pain. The heat stimulates sensory receptors, reduces the transmission of pain signals, and decreases discomfort. It also helps reduce inflammation associated with conditions like

spondylitis and lower back pain, thereby relieving stiffness and muscle spasms. Additionally, *Kati Basti* aids in the removal of accumulated toxins from the lumbar region. When continued for 14–21 days, this therapy effectively reduces pain without causing side effects.

OBSERVATION AND RESULT

The patient showed marked improvement in clinical signs and symptoms following *Shamana chikitsa* and *Panchkarma* Therapy. Assessment based on both subjective and objective parameters was carried out before and after treatment. After completion of therapy, the patient was able to walk independently and perform daily activities without support. Significant relief was observed in pain, stiffness, and functional limitations. These findings indicate that Ayurvedic management was effective and beneficial in the treatment of *Gridhrasi*.

Assessment Between Before and After treatment

| | Before treatment | After Treatment |
|---|------------------|-----------------|
| Low back pain radiating towards the thigh, calf and down to the foot. | 3 | 0 |
| Stiffness in the lumbar region | 3 | 0 |
| Pricking sensation | 3 | 0 |
| Difficulty while walking and sitting | 3 | 0 |
| Straight Leg Raise (SLR) | 3 | 0 |

DISCUSSION

Gridhrasi is a *Vata*-predominant disorder marked by pain and restricted mobility. In this case, classical *Nidanas* such as poor posture and prolonged physical strain resulted in *Vata* aggravation and its localisation in the *Kati* region. The clinical features observed closely resemble those of *Vataja Gridhrasi* described in Ayurvedic literature. *Kati Basti* provides localised *Snehana* and *Swedana*, which help counteract the *Ruksha* and *Sheeta* qualities of aggravated *Vata*. *Sahcharadi Taila*, with its *Ushna*, *Snigdha*, and

Vatahara properties, is particularly effective in managing pain and stiffness. The sustained warmth and unctuousness help relieve muscle spasms, enhance local circulation, and reduce pain.

CONCLUSION

Based on this single case study, it can be concluded that *Panchakarma* treatments like *Kati Basti* have been effective in the management of *Gridhrasi* (sciatica).

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