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Case Study

MANAGEMENT OF *GRIDHRASI* (SCIATICA) THROUGH *YOG BASTI, AGNIKARMA* AND *SHAMANA CHIKITSA*

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ABSTRACT

Gridhrasi is a *Vata* dominant disorder described under *Vata Vyadhi* in Ayurveda. It is clinically characterized by radiating pain originating from the *Kati* region and extending through the *Sphik, Uru, Janu* and *Pada*. The clinical presentation closely resembles sciatica in modern medicine, which results from irritation or compression of the sciatic nerve. Sciatica significantly affects quality of life and functional mobility. **Case presentation:** A 34-year-old female presented with complaints of radiating low back pain extending from the lumbosacral region to the right lower limb for six months, accompanied by tingling sensation, stiffness and difficulty in sitting and walking. Clinical examination revealed positive Straight Leg Raise (SLR) test and tenderness at L4–L5 vertebrae. Based on Ayurvedic evaluation, the condition was diagnosed as *Vata-Kaphaja Gridhrasi*. **Intervention:** The patient was treated with Ayurvedic interventions including *Snehana, Shalishashti Pinda Sweda, Yog Basti, Agnikarma* and internal medications such as *Mahayograj Guggulu, Rasnapanchaka Kashaya* and other supportive formulations. **Outcome:** Gradual reduction in pain, stiffness and tingling sensation was observed during follow-up visits. At the end of treatment, the patient reported complete relief from pain and improved functional mobility. SLR angle improved from 30° to 70°. **Conclusion:** The integrated Ayurvedic approach involving *Shodhana* and *Shamana* therapies demonstrated significant improvement in this case of *Gridhrasi*, suggesting its potential effectiveness in the management of sciatica.

INTRODUCTION

Gridhrasi is one of the eighty types of *Vata Vyadhi* described in classical Ayurvedic texts. The disease is characterized by severe radiating pain starting from the *Sphik* (gluteal region) and extending sequentially to *Kati, Uru, Janu* and *Pada*. Associated symptoms include stiffness *(Stambha),* pricking sensation *(Toda)* and restricted movements of the lower limb.[1]

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In modern medicine, the clinical presentation of *Gridhrasi* resembles sciatica. This painful condition occurs from compression or inflammation of the sciatic nerve, which is the largest nerve in the body. It is often caused by lumbar disc herniation, spinal degeneration, or muscle spasms. The pain starts in the lower back and extends to the lower limbs. This condition is common and often disabling, with a lifetime prevalence of about 13 to 40%. It can result in chronic pain, reduced productivity, and limitations in daily activities.[2] Despite its significant effects, treatment options are limited. This highlights the need for a better understanding of its underlying causes to improve management. Conventional medicine typically uses pain relievers, physiotherapy, or surgery in severe cases. However, these methods may not always offer long-term relief. Ayurveda provides a holistic

approach using *Shodhana*, or purificatory therapies, and *Shamana*, or palliative treatments. These practices aim to correct the imbalance *Vata Dosha* and remove blockages in the body's channels.

Case Report

Patient Information

A 34-year-old female patient presented with complaints of progressive radiating pain from low back to right foot, for 2 years associated with pricking, tingling sensation and stiffness along the low back to foot. Patient also complaints restricted movements with severe pain while walking and prolong seating, and even during changing position on lying down. The patient also had severe sleep disturbance as patient awakens in between 2am-4 am due to severe pain and cannot sleep again. Patient has history of jerk to low back while lifting two-wheeler. There was no history of diabetes mellitus, hypertension, and other comorbidities. No family history of spine disorders. From typical clinical findings case was diagnosed as *Gridhrasi* (sciatica). The patient has conventional medicine for last 2 years, which provided temporary relief, along with worsening of condition.

Clinical Findings

The patient had gradually progressive episodes of low back pain radiating towards right foot from posterior side, associated with pricking, tingling sensation and stiffness, which disturbed her daily activities, as she has to travels total 30km on bike daily for her work. The general examination- *Ashtavidha Pariksha* (Ayurveda eightfold examination) revealed normal observations. In the musculoskeletal and neuromuscular system examination observation such as tingling, pricking, stiffness, and restricted movements at low back and right foot were reported. The SLR test was positive.

Table 1: Clinical examination of the case

S.No.	Examination	Parameters	Observations
1.	General examination	Temperature Blood pressure Heart rate Respiratory rate Pulse Pallor Icterus Lymphadenopathy Cyanosis *Koshtha* *Agni*	Afebrile 130/80mmHg 74beats/min 17 cycles/min 74 beats/min Absent Absent Absent Absent *Madhyam Koshtha* *Vishamagni*
2.	Anthropometric measurement	Weight Height	63 kg 5’6’’
3.	*Ashtaviddha Pariksha* (Ayurveda eightfold examination)	*Nadi* (pulse) *Mala* (faecal matter) *Mutra* (urine) *Jivha* (tongue) *Shabda* (sound) *Sparsh* (touch/skin) *Drika* (eyes and vision) *Akruti* (general body appearance)	*Vata-Kaphaj* *Samyak* Clear output, four to six times /day *Saama* Normal Normal Normal *Madhyam* (normosthenic)
4.	Musculoskeletal system examination	Gait Posture Tenderness Stiffness Range of movement	Antalgesic gait/Limping Normal At L4, L5 region Low back to posterior side of right leg to foot. Forward flexion: Limited to 30cm above ground Right lateral flexion: Limited to 400 with pain. Left lateral flexion: Limited to 400 with pain. Extension: Limited to 100 with pain.

		SLR test	Positive at 30 degree-Rt leg. Negative- Left leg
5.	Nervous system examination	Pricking sensation Tingling sensation Radiating pain Stiffness	Grade 3 Grade 3 Grade 3 Grade 2

Diagnostic Assessment

Clinical examination

SLR test[3] (at 30 degrees) was positive. Pain intensity was evaluated using the Visual Analogue Scale (VAS), a well-established and reliable Index for measuring subjective pain in clinical research.[4]

The current case showed a grade 3 pain of VAS Scale.

Laboratory investigation

Hb- 11.5

BSL-(F)-78 mg/dl5

BSL-(PP)-95 mg/dl

Table 2: Timeline of the case

Month & Year/ Duration	Clinical events and intervention
2 Years Before	Initial symptoms started
1st Visit	Approached to the OPD
1st Visit Details	The first course of treatment started (oral medications along with *Yoga* and *Pathyapathya*) for 15 days.
2nd Visit	The second course of treatment (oral medications along with *Panchakarma* therapies and yoga) for 15 days.
3rd Visit	The third course of treatment (oral medications along with *Yoga* and *Pathyapathya* continued) for 15 days.
4th Visit	The fourth course of treatment (oral medications along with Yoga postures and *Pathyapathya* continued) for 15 days.
5th visit	The fifth course of treatment (oral medications along with Yoga postures and *Pathyapathya* continued) for 15 days.
6th Visit	Advised to continue *Yoga* postures and *Pathyapathya*.
7th Visit	The patient was stable on follow up.
8th Visit	The patient's condition was stable. Diet and *Yoga* were advised to continue.

Therapeutic Intervention

Gridhrasi is categorized under *Nanatmaj Vatavyadhi.* For *Vatavyadhi's- Snehan* (oleation), *Swedana* (sudation), *Virechan, Basti* (enema) and *Agnikarma* are the different treatments.[5] In this case, the treatment began with *Shaman chikitsa*. Patient received a combination of oral ayurvedic medications including *Mahayograj Guggulu* (500mg twice daily), *Gokshuradi guggulu* (500mg also twice daily) and fresh decoction of *Rasnapanchak Kwath* (twice daily after meals). *Eranda taila* (medicated oil 5ml with pinch of *Shunthi* powder at bed time along with lukewarm water) for 15 days. During this 15 days, *Panchakarma* therapy started after 7 days of oral medications as patient get only 10% relief from symptom. *Sarvang Snehan, Swedan* and *Shalishashtik pinda sweda* for local region (low back to right foot) followed by *Yoga basti* protocol was given. And also started with *Kati basti, Dashamoola Kwath parishek* and *Agnikarma* for 15 days. Second course of treatment included oral medications in which *Mahayograj guggulu* is replaced by *Yograj guggulu* and *Rasnapanchak kwath* is replaced by *Rasanasaptak kwath.* Rest of the medicines were same, and it was given for 15 days. In third course of treatment *Ashwagandharishta, Amritarishta* was given (each 10ml bd with same quantity of water after meals) and *Asthipachak Vati* was added along with it 500mg twice daily) for 15 days. In fourth and fifth course of treatment only *Ashiposhak* and *Asthipachak vati* was continued. During the treatment proper *Pathyapathya* and yoga protocol were continued.

Table 3: Ayurvedic management of case of *Gridhrasi*

1.	***Panchakarma* procedure**	**Details of intervention**	**Dose & *Anupana***	**Duration**
	Sarvaang snehan & *Swedan*	*Sahachar* oil & *Naadi sweda*	-	8 days
	Sthanik shalishashtik pinda sweda	*Abolus* of rice boiled in milk and *Bala kwath*	-	8 days
	Yog Basti	*Anuvasan Basti- Sahachar* oil (50ml) + *Eranda* oil (10ml) *Niruha Basti* Honey-30 ml Rock salt- 5 g Til oil-10 ml *Dashmoola + Bala Kwath*- 450 ml	-	Total 8 days
	Kati Basti	*Mahanarayan Taila + Sahachar* oil	-	15 days
	Dashmoola Parisheka	Stream pouring of medicated liquid	-	15 days
2.	Oral medicines	*Mahayograj guggulu*	2 tab, each 250mg, BD, hot water.	10 days
		Gokshuradi guggulu	2 tab, each 250mg, BD, hot water	15 days
		Rasnapanchak kwath (Fresh decoction)	40ml BD, with same quantity of water after meal.	15 days
		Yograj guggulu	2 tab, each 250mg, BD, hot water	15 days
		Rasnasaptak kwath	40ml. BD, with equal quantity of water after meal.	15 days
		Ashwagandharishta & Amritarishta	Each 10ml, BD, equal quantity of after meal	15 days
		Asthiposhak vati	2 tab, each 250mg, OD hot water	30 days
		Asthipachak vati	2 tab, each 250 mg, BD hot water	30 days
3.	*Agnikarma*	With *Suvarna shalaka*, at point of pain sites.	-	15 days
4.	Yoga	1. Prayer 2. Om chanting 3. *Shithilikarana vyayama* (loosening practices) 4. Light exercises & *Asanas* -Hold & rotate knees in circles. -Raising of one leg at a time -*Shalabhasan* -*Ek pad pavanmuktasan* -*Supta matsyendrasan* -*Pranyam* -*Shavasan* -Prayer	-	15 days and advised to be continue at home even after completion of treatment.
5.	*Pathyapathya*	Advised to avoid food causing *Vatavriddhi*.	-	-

Follow-up and Outcomes

The satisfactory response was noted in various parameters. VAS scale, grading of disease, even symptoms show good percentage of relief. After treatment, Stiffness, pain, sleep disturbance was reduced and improvement in spinal mobility was increased. SLR test was negative. Improvement in quality of life and daily activities is the major outcome in this case. Daily practice of yoga and *Pathyapathya* were continued without oral medications for 1 year. There was no recurrence of the symptoms.

S.No	Symptoms	Before Treatment	After Treatment
1.	Low back pain radiating towards thigh, calf and down to foot	3	0
2.	Stiffness in lumber region	2	0
3.	Pricking sensation	3	0
4.	Difficulty and pain while walking and sitting	3	0
5.	Straight leg raise test (SLR)	+ve at 30 degree	Negative

DISCUSSION

In this case, first we started with combination of oral Ayurvedic *Shaman chikitsa* in which we gave *Eranda taila* (medicated oil) with *Shunthi* powder (dry ginger), for *Koshtha shuddhi* for proper bowel evacuation.[6] Also *Erandamoola* is a strong analgesic that helps with *Vata* disorders. We also gave *Mahayograj guggulu* which is a traditional polyherbal formulation which pacifies *Vata* is frequently used to treat neuromuscular and musculoskeletal conditions. *Guggulu* and a number of herbs with analgesic and anti-inflammatory qualities are included in the formulation. According to research, Commiphora mukul's guggulsterones inhibit inflammatory mediators and lower oxidative stress, which may lessen inflammation near compressed nerve roots.[7] The main component of *Gokshuradi Guggulu* is *Gokshura* (Tribulus terrestris). *Gokshura* is well-known in Ayurvedic pharmacology for its *Rasayana* and *Vata-Kapha* calming qualities. *Gokshuradi Guggulu* may help relieve nerve compression in the context of *Gridhrasi* by reducing oedema and inflammation surrounding the lumbosacral region. According to pharmacological research, Tribulus terrestris has anti-inflammatory, antioxidant, and neuroprotective properties that may help lessen nerve irritation and enhance neuromuscular function.[8]

Rasna-Based Formulations' Function-The well-known herb *Rasna* (Pluchea lanceolata) is used to treat *Vata* disorders that cause pain and stiffness. Traditionally, musculoskeletal disorders have been treated with *Rasna* based formulations like *Rasnapanchaka Kashaya* and *Rasnasaptaka Kashaya*. Pluchea lanceolata has been shown in experiments to have strong analgesic and anti-inflammatory properties, which may help lessen pain, inflammation, and muscle stiffness in diseases like *Gridhrasi*.[9]

Asthipachak Vati's role- A traditional remedy for conditions affecting the musculoskeletal system and *Asthi Dhatu* is *Asthipachak Vati*. The formulation is thought to strengthen the vertebral column and supporting structures by promoting *Asthi Dhatu*'s healthy metabolism and nourishment. Nerve compression may result from degeneration or weakness of the spinal structures in diseases like *Gridhrasi*. *Asthipachak Vati* may help enhance spinal stability and lessen symptom recurrence by promoting bone metabolism and tissue nourishment. *Ashwagandharishta* (main content as *Ashwagandha*) and *Amritarishta* (formulation with main content as *Guduchi*) act as *Rasayana* (having rejuvenating properties). *Ashwagandha* act as *Balya, Shothahara* and *Rasayana*. *Guduchi* act as *Tridoshahara* (balances all three *Doshas*), *Balya* and *Rasayana.*[10,11] Initially in during first course patient was feeling only 10% relief at the end of seven days, we started with *Panchakarma* therapy. Initially, *Snehana* and *Swedana* were used to ease stiffness, enhance local circulation, and aid in the mobilisation of vitiated *Doshas*. These treatments relieve pressure on the sciatic nerve by softening tissues and reducing muscular spasm as well it strengthens muscles in the lumbosacral area. *Yog Basti* is known as the most effective treatment for *Vata* disorders. It was given in an alternating pattern of *Anuvasana* and *Niruha Basti. Basti* therapy works through the colon, which is seen as the main seat of *Vata Dosha* in the body. This therapy helps restore normal *Vata* function and nourish deeper tissues like *Asthi* and *Majja Dhatu*. *Agnikarma* was used as a local treatment for pain relief. According to Ayurvedic principles, *Agnikarma* helps lessen *Vata-Kapha* disorders by creating therapeutic heat that boosts local blood flow and lowers chronic pain. From a modern view, thermal stimulation may enhance microcirculation and influence pain pathways, which can decrease nerve irritation. *Shalishashatik pinda sweda* act as *Balya* (gives strength), nourishes muscles and bones. *Kati basti* relieves low back pain, stiffness, and improves flexibility. *Dashmoola Parisheka* pacifies *Vata* and relieve pain, also act as anti-inflammatory. Diet *(Pathyapathya)* helps in improving immunity and

thus fight against inflammation.[12] Yoga helps in reducing stiffness, improves flexibility, range of motion, gives strength and improves posture.[13]

CONCLUSION

Gridhrasi, which closely resembles sciatica in modern medicine, is a painful condition that greatly impacts mobility and quality of life. It is mainly caused by aggravated *Vata Dosha,* often linked with *Kapha* obstruction. This leads to pain, stiffness, and discomfort along the lower limb, as noted in classical Ayurvedic texts. In this case, the patient showed typical signs of *Vata-Kaphaja Gridhrasi*. These included radiating low back pain, tingling, stiffness, and limited movement in the lower limb. The treatment plan used an Ayurvedic approach that combined *Shodhana* and *Shamana Chikitsa*. We performed *Panchakarma* procedures like *Snehana, Shalishashti Pinda Sweda, Yog Basti*, and *Agnikarma.* These aimed to calm aggravated *Vata,* ease *Kapha* blockage, and improve neuromuscular function. The internal medications included *Mahayograj Guggulu, Gokshuradi Guggulu, Rasna*-based formulations, and *Asthipachak Vati.* These helped reduce inflammation, support neuromuscular tissues, and strengthen *Asthi* and *Majja Dhatu*. Research shows that many herbal ingredients in these formulations have anti-inflammatory, pain-relieving, and antioxidant properties. These effects might help decrease nerve irritation and enhance nerve conduction. After the treatment, the patient made notable progress. There was a reduction in radiating pain, stiffness, and tingling. Functional mobility improved significantly, and the Straight Leg Raise test showed an increase from 30° to 70°. The patient could return to normal activities without experiencing any symptoms during follow-up.

This case study indicates that a combined Ayurvedic management approach might help treat *Gridhrasi* by providing both symptom relief and addressing the root causes. However, more well-designed clinical studies with larger groups are needed to confirm these results and establish the effectiveness of Ayurvedic treatments for sciatica.

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