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Case Study

MANAGEMENT OF GRIDHRASI THROUGH *VAITARANA BASTI* AND ADJUVANT THERAPIES W.S.R. TO SCIATICA

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ABSTRACT

Sciatica is a neuropathic pain disorder caused by irritation or compression of the lumbosacral nerve roots, resulting in pain that radiates along the sciatic nerve distribution. The condition often leads to significant functional impairment and adversely affects quality of life. This case report presents a 30-year-old male with low back pain radiating to the left lower limb, associated with numbness and difficulty in walking. Based on the clinical presentation, the condition was diagnosed as *Gridhrasi*, one of the *Nanatmaja Vata Vyadhi* described in Ayurveda, which can be correlated with sciatica. The patient was managed with *Vaitarana Basti* along with appropriate internal Ayurvedic medications for 7 days. Post-treatment assessment revealed significant improvement in pain, functional ability, and range of motion, along with a reduction in Oswestry Disability Index (ODI) scores. This case highlights the potential role of Ayurvedic management in alleviating the symptoms of *Gridhrasi* (sciatica) and improving the quality of life of affected individuals.

INTRODUCTION

Sciatica is a common neuropathic pain disorder caused by irritation or compression of the lumbosacral nerve roots, resulting in pain and sensory disturbances radiating along the sciatic nerve distribution.[1] It is a disabling condition with a reported lifetime prevalence ranging from 13% to 40%, imposing a substantial burden on patients and healthcare systems.[2] Approximately 90% of cases are attributed to lumbar disc herniation causing compression of the sciatic nerve roots, although other factors such as spinal stenosis, bony abnormalities, muscular disorders, infections, and tumours may also contribute to its development.[3] Clinically, sciatica presents with radiating pain from the lower back to the lower limb and may be associated with sensory disturbances, muscle weakness, altered reflexes, and, in severe cases, bladder dysfunction.[4]

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Complete recovery is uncommon in sciatica secondary to lumbar disc herniation, with many patients experiencing persistent symptoms that adversely affect their quality of life.[5]

The clinical features of sciatica closely resemble those of *Gridhrasi*, a disorder described under *Nanatmaja Vata Vyadhi* in Ayurveda. The term *Gridhrasi* is derived from the characteristic gait of affected individuals, which resembles that of a vulture due to severe pain. *Vagbhatacharya* describes *Sakthi Utkshepana Nigrahana* as a characteristic feature of *Gridhrasi,* indicating restriction or difficulty in elevating the lower limb.[6] According to *Acharya Charaka*, *Gridhrasi* is of two types: *Vataja* and *Vata-Kaphaja*. The cardinal manifestations include *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness), *Muhuspandana* (tingling sensation), and *Sakthikshepa Nigraha* (restriction in lifting the lower limb). A characteristic feature of the condition is pain radiating sequentially through the *Sphik* (buttock), *Kati* (lower back), *Prishta* (back), *Uru* (thigh), *Janu* (knee), *Jangha* (calf), and *Pada* (foot). In *Vata-Kaphaja Gridhrasi*, additional symptoms such as *Tandra* (drowsiness), *Gaurava* (heaviness), and *Arochaka* (loss of appetite) may also be present.[7]

Case Report

A 30-year-old male presented with low back pain radiating to the left lower limb, associated with numbness, which had progressively worsened over the preceding one month. He was currently employed in an office-based job involving prolonged sitting. Before this, he had worked as a manual labourer and was frequently involved in heavy weight lifting.

Three years earlier, he developed mild low back pain following the lifting of a heavy weight at work. The pain gradually increased in intensity and radiated to the left lower limb. Over time, the symptoms affected his activities of daily living, and he became unable to walk without assistance. He consulted a physician, and MRI of the lumbosacral spine was performed. Based on the findings, surgical intervention was advised; however, the patient declined surgery. Subsequently, he underwent conservative Ayurvedic management, following which his symptoms improved, and he regained independence in his daily activities.

One month before the current admission, he experienced a recurrence of low back pain radiating to the left lower limb, accompanied by numbness. The pain was continuous, shooting in nature, and progressively increased in severity over time. Prolonged sitting and standing aggravated the symptoms, and walking became increasingly difficult. Due to worsening pain, functional limitations, and difficulty in walking, he presented to our outpatient department and was admitted for further management.

Personal history

Appetite– Adequate
Bowel – Regular
Sleep – Sound
Bladder - 4-5 times/day, 1-2/night
Addictions- Alcohol, smoking
Habit- Coffee 4- 5 glass/day
Diet-mixed
Exercise- Moderate

Vitals

RR: 18/min
PR: 76/min
HR:76/min
TEMP: 98°F
BP: 130/90 mmHg

General examination

No evidence of pallor, icterus, cyanosis, clubbing, lymphadenopathy, or oedema was noted.

Locomotor System Examination

Gait- Antalgic gait
All joints - No abnormalities detected
Motor & sensory system examination- No abnormalities noted.
Other system examination- No abnormalities noted

Table1: Lumbar spine Examination

Inspection	Palpation	Range of Movement
No swelling Slight reduction in lumbar lordosis	No tenderness No temperature rise	Flexion- partially restricted due to pain (40°) Extension- possible without pain (20°) Lateral bending – Lt- possible with pain-20° Rt- possible without pain- 30°

Investigations done- MRI lumbo-sacral spine

- Multilevel lumbar spondylosis with disc degeneration and broad-based disc herniations from L1–S1.
- Significant central spinal canal stenosis, worst at L4–L5 (6 mm) and L5–S1 (6.5 mm).
- Compression of the cauda equina and multiple nerve roots (L5 and S1 roots particularly affected).
- Associated bilateral foraminal narrowing at multiple levels.

Diagnosis -*Vata Kaphaja Gridhrasi* can be correlated to sciatica

Samprapti Ghataka

Dosha: Vata kapha pradhana
Dushya: Rasa, Rakta, Kandara
Srotas: Rasa, Rakta
Srotodushti: Sanga
Agni: Sadharana

Adhishtana: Kateepradesha
Rogamarga: Madhyama
Vyadhi Avastha: Purana

Therapeutic Intervention

After a detailed Ayurvedic assessment of the patient's condition and analysis of the underlying *Samprapti*, a treatment protocol consisting of *Vaitarana Basti* along with appropriate internal medications was planned and administered.

Table 2: Internal Medicines

S.no	Medicines	Dose & Time of Administration	Duration
1	*Gugguluthikthakam Kashaya + Punarnavadi kashaya*	90 ml bd 6 AM and 6 PM before food	7 days
2	*Chandraprabha Vati*	2 bd after food	7 days

Table 3: Procedures Done

S.no	Procedures	Medicines used	Duration
1	*lepana*	*Grihadhoomadi Churna* with rice water (over low back)	7 days
2	*Vaitarana Basti*	*Gandharvahastadi Kashaya- 250 ml* *Dhanyamla- 250 ml* *Chincha- 60gm* *Guda- 30gm* *Saindhava- 5gm*	7 days

Table 4: Discharge Medicines

S.no	Medicines	Dose and Time of Administration	Duration
1	*Nimbamritha eranda taila* capsule	2 bd before food	14 days
2	*ChandraPrabha Vati*	2 bd after food	14 days

RESULTS

Table 5: Subjective and Objective parameters before & after treatment

S.no	Parameters	Before Treatment	After Treatment
	Subjective Parameters (VAS Score)		
1	Pain over low back radiating to left lower limb	7+	1+
2	Numbness over left lower limb	7+	2+
3	Stiffness in the low back	4+	0
4	Difficulty while walking	5+	1+
	Objective Parameters		
1	ROM of lumbar spine		
	Flexion	40° partially restricted due to pain	80° possible with mild pain
	Extension	20° possible without pain	20° possible without pain
	Left lateral flexion	20° possible with pain	30° possible without pain
	Right lateral flexion	30° possible without pain	30° possible without pain
2	SLR Test (active)		
	left	Positive (30°)	Negative
	Right	Negative	Negative

3	Bragard's test		
	left	Positive	Negative
	Right	Negative	Negative
4	Gait	Antalgic	Normal
	Oswestry Disability Index (ODI)	72%	20%

DISCUSSION

Basti is regarded as *Ardha Chikitsa* (half of all therapeutic measures) in Ayurveda owing to its significant role in the management of *Vata* disorders. It is broadly classified into *Niruha Basti* and *Sneha Basti*. *Vaitarana Basti*, a modified form of *Niruha Basti* described by *Vangasena, Vrindamadhava*, and *Chakradatta*, is indicated in *Ama*-dominant, *Vata-Kaphaja* disorders, including *Shoola, Shotha, Anaha, Amavata*, and *Gridhrasi.* The composition of *Vaitarana Basti* may be modified according to the disease condition and *Dosha* predominance. Its therapeutic action is attributed to its ability to eliminate *Ama*, alleviate aggravated *Vata* and *Kapha Doshas*, and facilitate *Srotoshodhana*, thereby restoring the normal physiological functions of the body.

As part of the preparatory procedures, the patient was advised to take *Laghu Ahara,* followed by *Sthanika Abhyanga* and *Nadi Sweda* over the abdominal region. Thereafter, the patient was placed in the left lateral position (*Vama Parshva Shayana*) with the right lower limb flexed. *Sukoshna Vaitarana Basti* was then administered gradually using the standard *Basti* apparatus while ensuring patient comfort and adherence to procedural guidelines. Following the administration, the patient was instructed to rest in the supine position and evacuate the bowel upon the natural urge. The retention period and *Pratyagamana Kala* were documented. The procedure was completed uneventfully, and no complications were observed during or after the treatment.

Most of the ingredients of *Vaitarana Basti* possess *Vata-Kapha Shamaka* properties, making it beneficial in *Gridhrasi*, where *Vata* and *Kapha* play a key role in the pathogenesis. By facilitating the elimination of *Ama* and pacifying aggravated *Kapha Dosha*, the formulation helps alleviate the disease process and its associated symptoms. The *Tikshna, Laghu*, and *Ruksha Gunas* of *Vaitarana Basti* help relieve *Srotorodha* caused by *Sanga,* thereby restoring the normal movement of *Vata*. As *Gridhrasi* involves the *Trika Sandhi*, a site associated with *Avalambaka Kapha*, the *Laghu* and *Ruksha* properties of the *Basti* counteract the *Guru* and *Snigdha* qualities of *Kapha*, promoting S*rotoshodhana* and contributing to symptomatic relief.

Gugguluthikthakam Kashaya was prescribed considering its therapeutic action on *Vata, Rakta, Asthi,* and *Majja Dhatus*. Owing to its *Kapha Vatahara* and *Shothahara* properties, it helps alleviate pain and inflammation, nourishes the affected tissues, and may be beneficial in conditions associated with degenerative changes of the spine. *Punarnavadi Kashaya,* having *Tikta-Pachana* properties, was administered to reduce *Ama* and inflammation, thereby facilitating *Srotovishodhana* and promoting the normal movement of *Vata Dosha.* Its anti-inflammatory and anti-oedematous actions help relieve pain, stiffness, and symptoms associated with nerve root irritation. *Chandraprabha Vati*, described as *Sarvaroga Pranashini*, possesses *Tridosha-shamana* properties with a predominant action on *Vata* and *Kapha*. Its *Agnideepana, Vatanulomana*, and *Srotovishodhana* actions help restore physiological balance and support systemic functioning. The combined administration of these formulations may have contributed to the reduction of pain, inflammation, and stiffness, while relieving *Srotorodha* and restoring the normal functioning of *Vata,* thereby improving the clinical manifestations of *Gridhrasi*.

CONCLUSION

This case report highlights the potential of Ayurvedic management in *Gridhrasi* (sciatica). The patient showed significant improvement in pain, gait, functional ability, and range of movement following treatment. These findings suggest that Ayurvedic interventions may offer a safe and effective approach for alleviating the symptoms of *Gridhrasi* and improving quality of life.

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