



Case Study

AYURVEDIC MANAGEMENT OF LUMBAR RADICULOPATHY

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ABSTRACT

Low back pain associated with Lumbar Radiculopathy is a common musculoskeletal disorder characterized by pain, sensory disturbances, motor weakness and functional impairment. As per Ayurvedic classics, this presentation could be correlated to symptoms of *Gridhrasi*. Cardinal symptoms include *Stambha*, *Ruk*, *Toda* and *Muhuspandana*. Pathogenesis involves aggravated *Vata Dosha* often associated with *Kapha* causing obstruction and progressive neuromuscular impairment producing these symptoms. Conventional management includes use of analgesics, physiotherapy and in severe cases surgery. Ayurvedic interventions aim to alleviate pain, improve neurological function and restore mobility through *Vata Shamana*, removing *Avarana* through *Shamana* and *Shodhana* therapies. A 47 years old female patient presented with complaints of radiating low back pain associated with weakness, numbness and burning sensation of bilateral lower limbs with walking difficulty. Clinical examination was done and the findings were suggestive of features of *Gridhrasi* with *Kapha Avarana*. Considering *Avarana* as the main pathology behind the symptom manifestation, management was done with *Vaishwanara Vasti* and *Adhakaya Dhanyamla Dhara* along with internal medications for a period of 2 weeks. Following treatment, patient demonstrated marked clinical improvement with significant reduction in low back pain, burning sensation and lower limb weakness. The patient was able to walk normally and overall quality of life also improved without any adverse effects.

INTRODUCTION

Low back pain is one of the leading causes of disability worldwide, contributing substantially to physical impairment, reduced productivity, and diminished quality of life. Lumbar radiculopathy, a common cause of chronic low back pain, results from compression or inflammation of the lumbosacral nerve roots and typically presents with radiating pain, paresthesia, sensory deficits, motor weakness, and functional limitation. Degenerative intervertebral disc disease, disc prolapse, and spinal canal stenosis are among the most frequent etiological factors responsible for this condition. Although conventional management involving analgesics, physiotherapy,

epidural injections, and surgical interventions may provide symptomatic relief, long-term outcomes are often limited by recurrence, adverse effects, or procedural risks.^[1,2]

In Ayurveda, the clinical presentation of lumbar radiculopathy closely resembles *Gridhrasi*, a disorder predominantly caused by aggravated *Vata Dosha*, either alone or associated with *Kapha Dosha* producing *Avarana*. Classical features of *Gridhrasi* include *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness), *Muhuspandana* (recurrent twitching), and radiating pain extending from the lumbar region to the lower extremity.^[3]

The present case report describes the successful management of a 47-year-old female diagnosed with lumbar radiculopathy presenting with clinical features of *Gridhrasi* due to *Kapha Avrita Vata*. The patient was treated with *Vaishwanara Vasti*, *Adhakaya Dhanyamla Dhara*, and appropriate internal Ayurvedic medications for two weeks, resulting in marked improvement in pain, neurological symptoms,

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gait, and overall functional status without any adverse events.

MATERIALS AND METHODS

Patient information: 47 years old female patient was brought to Roganidana OPD of GAVC, Kannur with chief complaints of:

1. Radiating low back pain (right-sided) for the last 3 months, aggravated for the last 1 month.
2. Associated complaints of weakness, heaviness, numbness and burning sensation over bilateral lower limbs for the last 1 month.
3. Difficulty in walking and standing for prolonged time.

History of Present Illness

The patient is an Anganwadi worker by profession from the age of 30 years. Her job demanded long time standing, frequent bending at the low back and continuous walking often. She used to experience occasional episodes of low back pain due to this. For the last 3 months the pain started aggravating progressively more over the right side with radiation and associated symptoms of weakness, heaviness of both lower limbs, numbness and burning sensation. For this she got admitted for IP management

History of past illness: H/o Thyroidectomy 1 year before.

Personal History

Appetite – Reduced for the past 2 weeks

Bowel – Regular, normally formed stools

Sleep – Disturbed, occasional awakening due to pain and burning sensation.

Micturition – WNL

Addictions – NIL

Allergy – Dust

Diet – Mixed, predominantly non-vegetarian diet, untimely foods.

General Examination:

Build - Moderate

Pallor - Present (mild)

Icterus - Absent

Cyanosis - Absent

Clubbing - Absent

Lymphadenopathy - Absent

Edema - Absent

Vitals

Pulse rate - 82 beats per minute

Blood pressure - 130/90 mm Hg

Respiratory rate - 17 breaths per minute

Temperature - 98.0°F

Clinical Examination

System involved – Musculoskeletal system

Examination of Spine

Cervical & thoracic– No abnormality detected

Lumbar Spine–

Inspection– No evident swelling or colour change noted.

Palpation– Grade 2 tenderness over L4-L5, L5-S1 and corresponding paraspinal muscles.

ROM– Flexion and extension were restricted due to pain.

Lateral bending and lateral rotation were possible with pain.

Sacro-iliac Joint- Grade 1 tenderness over Right SI joint

Assessment Criteria

The patient's clinical response was assessed before initiation of treatment and after completion of the 2-week intervention using the following clinical parameters:

Pain

Assessed based on the severity of low back pain and radicular pain during rest and movement using the Visual Analogue Scale (VAS) (0–10), where 0 indicated no pain and 10 indicated the worst imaginable pain.

Burning Sensation

Assessed clinically and graded as:

- 0 – Absent
- 1 – Mild
- 2 – Moderate
- 3 – Severe

Numbness

Evaluated clinically and graded as:

- 0 – Absent
- 1 – Mild (occasional)
- 2 – Moderate (persistent but tolerable)
- 3 – Severe (marked sensory impairment)

Muscle Power

Assessed in both lower limbs using the Medical Research Council (MRC) grading system:

- Grade 0– No contraction
- Grade 1– Flicker of contraction
- Grade 2– Active movement with gravity eliminated
- Grade 3– Active movement against gravity
- Grade 4– Active movement against resistance
- Grade 5– Normal muscle strength

Lumbar Range of Motion

Active lumbar movements (flexion, extension, lateral flexion and rotation) were assessed clinically.

Findings were documented qualitatively as:

- Restricted due to pain
- Partially improved
- Full and pain-free

Straight Leg Raising (SLR) Test

Performed bilaterally in the supine position.

Recorded as positive or negative based on reproduction of radicular symptoms.

Tenderness

Assessed over the lumbar spine and sacroiliac joint by palpation and graded as:

- Grade 0 – No tenderness
- Grade 1 – Mild tenderness
- Grade 2 – Moderate tenderness
- Grade 3 – Severe tenderness

Deep Tendon Reflexes

Knee jerk and ankle jerk were examined and documented as:

- Normal
- Diminished
- Absent

Gait Assessment

Walking ability was assessed clinically and documented as:

- Antalgic gait
- Walking with difficulty
- Normal gait

Functional Status

Functional improvement was assessed based on the patient's ability to perform activities of daily living and walk without assistance.

Samprapthi

Frequent bending at low back, prolonged standing and walking as a part of her job resulted in *Vata Prakopa*. Along with this the irregular or untimely food habits would have caused *Agnimandya* and subsequent *Ama* formation and *Kapha* vitiation. The *Kha-Vaigunya* at the low back could have resulted in accumulation of *Prakupitha Dosha* at the low back, resulting in LBA. In due course, there might have occurred *Avarana* to *Vata* and further vitiation of *Upadhatu*, especially the *Kandara* resulting in manifestation of symptoms.

List of Treatment and Internal medications prescribed

S.No	External Therapy	Duration
1	<i>Vaishwanara Vasti</i> (<i>Vaishwanara churna</i> 20g + 25ml Water → 100ml <i>Kashayam</i>)	3 days
2	<i>Dhanyamla Dhara</i>	30 min/day for 10 days

S.No	Internal medicines prescribed	Dosage	Duration
1	<i>Amrithotharam Kashayam</i>	As <i>Panam</i> – 8 glasses/ day	14 days
2	<i>Shaddharana Gulika</i>	2 tablets 2 times a day after food	10 days
3	<i>Yogaraja Guggulu</i>	2 tablets 3 times a day after food	14 days

RESULT AND DISCUSSION

Following 2 weeks of treatment, the patient showed considerable improvement in the symptoms. Changes were noted according to the assessment criteria as follows.

Assessment Criteria	Before Treatment (B/L)	After Treatment (B/L)
Pain	8/10	1/10
Burning sensation	2	0
Numbness	2	0
Muscle power	4/5	5/5
Lumbar range of motion	Restricted due to pain	Full and pain-free
SLR (passive)	Positive right side	Negative right side
SLR (active)	Unable to perform	Negative B/L
Tenderness (lumbar spine)	Grade 2	Grade 0
Deep tendon reflexes	Diminished ankle and knee reflexes	Normal knee and ankle reflexes
Gait assessment	Walking with difficulty	Normal gait
Functional Status	Deranged	Improved

The present case of lumbar radiculopathy was clinically correlated with *Gridhrasi*, a *Vata Nanatmaja Vyadhi*. The symptoms exhibited were radiating low back pain, and weakness of both lower limbs while walking. The chronicity of symptoms, associated burning sensation, heaviness, and history suggestive of impaired metabolism indicated the involvement of *Kapha* and *Ama* along with aggravated *Vata*. With reference to the possible *Samprapthi* of the manifestation, the treatment was planned with the principles of *Ama Pachana*, *Kapha-Vata Shamana*, *Srotoshodhana*.

Initially, *Vaishwanara Vasti* was administered for three consecutive days. *Vaishwanara Churna* possesses *Deepana*, *Pachana*, *Vatanulomana*, and *Shoolahara* properties. By improving *Agni* and digesting *Ama*, it helps remove obstruction caused by *Kapha* and *Ama*. The *Churna* also possess *Vatanulomana* and *Malanulomana* properties, thus facilitating the normal movement of *Vata*.^[4] The mild cleansing action of *Vasti* also contributes to the elimination of accumulated *Dosha* from the *Pakwashaya*, the principal seat of *Vata*. This intervention was intended to prepare the body for subsequent therapies by reducing metabolic toxins and improving gastrointestinal function.

Following *Vasti*, *Dhanyamla Dhara* was administered for 30 minutes daily for ten days. *Dhara* was focused only on *Adhakaya Pradesha* (below the hip to feet). *Dhanyamla*, being predominantly *Amla Rasa* with *Ushna Veerya*, *Laghu guna* and is *Kapha-Vata Shamaka*. Therefore, it could be effectively used in *Vataja*, *Vata-Kaphaja*, or *Ama Pradhana Vyadhi*. It also exhibits anti-inflammatory, *Srotoshodhaka*, and *Vedanasthapana* properties. The continuous pouring of warm medicated liquid over the affected region provides sustained thermal stimulation, resulting in muscle relaxation, reduction of stiffness, improvement in local circulation, and enhanced tissue metabolism. Improved blood flow around the lumbar region may help reduce muscle spasm and relieve nerve root irritation, thereby decreasing pain and improving functional mobility. The procedure also promotes sweating, aiding in the reduction of *Kapha*-induced stiffness and *Ama*.^[5]

Internal medications were selected according to the patient's *Dosha* predominance and clinical presentation. *Amrithotharam Kashayam* was prescribed as *Panam* to enhance *Agni*, digest *Ama*, reduce systemic inflammation, and pacify *Vata-Kapha*. The formulation is traditionally indicated in conditions associated with *Ama* and inflammatory manifestations, thereby addressing the underlying pathology rather than providing symptomatic relief alone.

Shaddharana Gulika was administered to further augment *Deepana* and *Pachana* while facilitating *Vatanulomana*. Its ingredients help remove *Ama*, relieve abdominal distension, improve digestion, and prevent further formation of metabolic toxins, thereby minimizing continued aggravation of *Vata*.

Yogaraja Guggulu, a classical formulation widely indicated in *Vata* disorders affecting the musculoskeletal and neuromuscular systems, was prescribed for its *Vatahara*, *Shothahara*, and *Vedanasthapana* actions. *Guggulu*-based formulations possess anti-inflammatory and analgesic properties and are believed to improve nourishment of *Asthi* and *Majja Dhatu* while facilitating unobstructed movement of *Vata*. The combined use of *Yogaraja Guggulu* with *Ama-pachana* medications offers a comprehensive approach by simultaneously reducing inflammation, alleviating pain, and improving neuromuscular function.

Collectively, the improvements observed in pain intensity, sensory disturbances, motor power, lumbar mobility, neural tension tests, deep tendon reflexes, gait, and functional status indicate a comprehensive clinical recovery. These findings suggest that the treatment protocol effectively addressed both the symptomatic manifestations and the underlying pathophysiological mechanisms of lumbar radiculopathy corresponding to *Gridhrasi*, resulting in significant neurological and functional restoration within a short duration of treatment.

CONCLUSION

This case demonstrates that an Ayurvedic treatment protocol comprising *Vaishwanara Vasti*, *Dhanyamla Dhara*, *Amrithotharam Kashayam*, *Shaddharana Gulika*, and *Yogaraja Guggulu* was associated with marked improvement in a patient with low back pain associated with lumbar radiculopathy. The intervention resulted in significant reduction in pain, burning sensation, and numbness, along with improvement in muscle strength, lumbar range of motion, neural tension signs, deep tendon reflexes, gait, and overall functional status within two weeks of treatment.

The observed clinical outcome suggests that a treatment approach based on the principles of *Ama Pachana*, *Vata-Kapha Shamana*, *Srotoshodhana*, and *Vatanulomana* may provide symptomatic relief and functional recovery in patients presenting with features of *Vata-Kaphaja Gridhrasi*. However, as this report represents a single case without radiological follow-up, the findings should be interpreted with caution. Further well-designed clinical studies with larger sample sizes, standardized outcome measures,

and long-term follow-up are warranted to evaluate the efficacy and reproducibility of this treatment protocol.

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