



## Management of Vataja Gridhrasi (Sciatica) Through Panchakarma and Shamanoushadi – A Case Report

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### KEYWORDS

Kati shoola, Gridhrasi, Basti karma, Sciatica, Shamanoushadi.

### ABSTRACT:

Introduction:

Gridhrasi is a Vataja Nanatmaja Vikara characterized by ruk (pain), toda (pricking sensation), stambha (stiffness), muhur spandana (intermittent twitching), with radiating pain from the lumbar region to the lower limbs. These symptoms closely resemble sciatica, a common and debilitating condition affecting up to 40% of individuals at some point in their lives. Conventional treatments typically offer only symptomatic relief, whereas Ayurveda-through Panchakarma therapies and Shamanoushadi provides a more holistic and sustained approach to treatment.

Aims and Objective: To assess the efficacy of Panchakarma procedures and Shamanoushadi in the management of Gridhrasi.

Materials and methods: A 45-year-old female patient approached to JSS Ayurveda Hospital with severe pain in low back (lumbar region) radiating to left leg, clinically diagnosed as Gridhrasi. She was treated with Basti Karma, Bahir Parimarjana chikitsa and Shamnoushadi.

Results: Patient has shown remarkable improvement.

Discussion and Conclusion: In the management of Gridhrasi, Basti is considered the most effective therapy. Kala Basti protocols are especially beneficial in Asthi-Sandhigata Vikaras. Among them, Erandamooladi Basti is more helpful in conditions affecting the kati, uru, janu, jangha, and pada shoola, while Panchatikta Ksheera Basti is most suitable for Asthi-Majja-Gata Vikaras. The combination of Panchakarma procedures with internal medications (Shamanoushadi) offers superior and sustained relief compared to symptomatic treatments alone.

### INTRODUCTION:

**Gridhrasi** is one among the 80 *Nanatmaja Vata Vyadhis* described in classical Ayurvedic texts. It is a *shoola-pradhana vata vyadhi* caused by vitiation of vata affecting kandara, Snayu and sira of lower limbs. that manifests with symptoms such as Ruk (pain), Toda (pricking sensation), Stambha (stiffness), and Spandana (tingling or twitching). The pain typically originates in the *sphik* (hip), *kati* (lower back), and *prishtha* (back) and radiates down through the *uru* (thigh), *janu* (knee), and *jangha* (calf) to the *pada* (foot). A distinctive feature of this condition is the altered gait of the patient, which resembles that of a Ghridra (vulture), hence the name *Gridhrasi*. Ghridrasi is divided into 2 types based on dosha involvement Vataja and Vata-Kaphaja.

In Vataja Gridhrasi the symptoms are Ruk (Pain), Toda (Pricking Sensation), Stambha (Stiffness), Spandana (Tingling/Twitching) and Suptata (Numbness). In Vata-Kaphaja Gridhrasi above symptoms associated with Tandra (Drowsiness), Gaurava (Heaviness) and Arochaka (Loss of Appetite). Gridhrasi can be correlated to Sciatica due to similar clinical features.

Sciatica is a clinical condition characterised by radiating pain along the course of sciatic nerve pathway, extending from the lower back (L4-S3) to the buttock, thigh, leg, and foot. It is often caused by compression or irritation of the sciatic nerve roots. Sciatica can occur suddenly or occur gradually. The life time incidence of sciatica varies from 30-40%. It is most common in adults



aged 30s to 50s and men's are more frequently affected than women's.

Basti, Agnikarma, Siravyadhaya<sup>5</sup> are the choice of treatment for Gridhrasi along with Nidana parimarjana and Pathyapalana, *Mrudusamshodhana* mainly Basti chikitsa<sup>8</sup> as a Shodhana karma and internal medicine as a Shaman chikitsa are line of management for Vata vyadhi. There is a need for effective management in Gridhrasi which is safe and gives long lasting effect.

#### A CASE STUDY:

##### History of present illness

A 45-year-old female patient presented to the OPD with complaints of severe pain in the lower back (lumbar region) radiating to the left lower limb, persisting for the past 4 years. The pain has gradually worsened and is now associated with stiffness, difficulty in walking and sitting, and an inability to perform daily activities for the past 4 months.

The patient had previously undergone several allopathic treatments, including medications and surgical intervention, which provided only temporary relief. Due to persistent symptoms and functional limitations, she approached the Panchakarma OPD of JSS Ayurveda Hospital, Mysuru, on 02/05/2025, and was admitted on the same day for further Ayurvedic management.

##### History of Past Illness

**S/P L5-S1 MICRODISCECTOMY on 08/06/2014**

**S/P LEFT S1 SELECTIVE NERVE ROOT BLOCK ON 13/12/2017**

**S/P L5-S1 MICRODISCECTOMY LEFT SIDED (EXTRUDED FRAGMENT REMOVQL) ON 02/11/2018.**

##### General Examination

Personal History

Appetite: Good

Sleep: Sound

Bowel habit: Hard stool, passes once in 2- 3days

##### Ashta Stana Pareeksha

Nadi	Vata-Pitta pradhana.
Mutra	Prakritha, 5-6 times/day
Mala	Baddha, once in 2-3 days
Jihwa	Alipta
Shabda	Prakruta
Sparsha	Anushna sheeta
Drik	Prakruta
Akriti	Madhyama

##### Dashavidha Pareeksha

Prakrithi	Vata-Pittaja
Vikruthi	Vata pradhana tridosha,mamsa,sira, snayu, kandara.
Sara	Madhyama
Samhanana	Madhyama
Pramana	Madhyama
Satva	Pravara
Satmya	Madhyama
Ahara shakti	Madhyama
Vyayama shakti	Avara
Vaya	Madhyama

##### Locomotor Examination:

##### GAIT- ANTALGIC GAIT

##### Lumbar spine

##### Inspection

- Scar – present over lumbosacral region (post operative).
- Deformity - Absent.



**Palpation**

- Temperature – Not raised.
- Tenderness grade 4 at L4-L5, grade 3 at L5-S1 region
- Muscle power grade both at right & left extremities (upper and lower) - 5/5

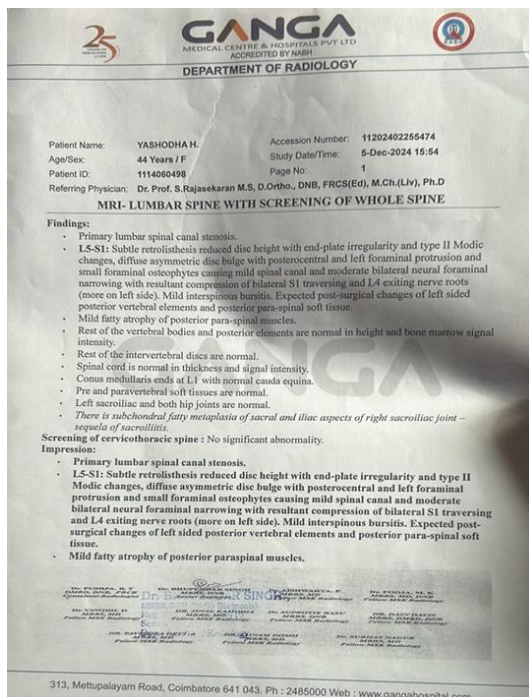
**Range of movement of Lumbar spine (ROM)**

- Forward flexion of the lumbar spine is limited to 300.
- Extension is limited to 10° with pain
- Right lateral flexion is limited to 10° with pain
- Left lateral flexion is limited to 10° with pain

Table 1: Neurological assessment.

Tests	Right leg	Left leg
1. Straight leg raise (SLR) test	Positive(450)	Positive(150)
2. Bragard’s test	Positive	Positive
3. Coin test	70 cm for both lower limb	

**Radiological Investigations:**



**Diagnosis: Vataja Gridhrasi**

**Therapeutic Intervention: 02/05/25 to 12/05/25**

The primary aim is treating avarana, vatahara and bruhmana chikitsa.

Procedure	Drug	Duration
<i>Kati Basti</i>	<i>Kottamchukadhi Taila and Karpooradhi Taila</i>	From 2nd to 10th days 3-5-25 to 12-5-25
<i>Sarvanga Kashaya Seka</i>	<i>Dashamoola kashya +ksheera (with application of Mahavishagarba Taila)</i>	3-5-25 to 6-5-25
<i>Sarvanga Shastika Shali Pinda Sweda</i>	<i>(Shastika shali and Masha)</i>	7-5-25 to 10-5-25
<i>Ekanga mridu Abhyanga (Kati to Ubhaya Adhoshaka) and Nadi Sweda(Dashamula kwatha)</i>	<i>Karpooradhi Taila</i>	11-5-25
<i>Kalabasti: Anuvasana Basti</i>	<i>Sahacharadhi taila(70ml) first 5 days A1-A5  Guggulu Tiktaka Gritha(70ml) next 5 days A6-A10</i>	3-5-25 to 12-5-25
<i>Niruha basti-</i>	<i>oney- 80ml  aindhava lavana- 0gm  ahacharadhi taila- 00ml  hatapushpa kalka- 0gm</i>	





## Objective Parameters:

1	Tenderness	5	3	2	1
2	SLR	150 left, 450 right	450 left, 600 right	600 left, 900 right	900 left, Right normal
3	Cointest	+ve 70cm	+ve 30cm	20	10
4	Gait	Antalgic gait	Normal	Normal	Normal

## Roland-Morris disability questionnaire score

## I course

## II course

Before Treatment	After treatment	Before Treatment	After treatment
19	10	6	2

**DISCUSSION:**

In this case we have planned for the treatment kati basti, *Dashamoola Kashaya Seka*, *Shastika Shali Pinda Sweda*, *Ekanga Abhyanga (Kati to Ubhaya Adhoshaka)* and *Nadi Sweda* and *Kalabasti*.

According to classics, *Snehana*, *Swedana*, *Mridu Samshodana* and *Basti* are the first measure that should be used while managing *Vata Vyadhi* (diseases caused by *Vata*).

*Kati Basti* is having both *Snehana*, *Swedana* helps in reduction of localised pain and stiffness by improving localised circulation, nourishing muscle and nerves

*Dashamoola kashaya* is a *drava sweda* having properties like *Shotahara*, *Shoolahara* and *Vatakaphahara* thus helps in relieving pain and stiffness also relaxing procedure.

*Shastika Pinda Sweda* is an *Snighda Shankara Sweda* by virtue of *Brihmana* and *Vatahara* property helps in relieving pain and numbness which is performed after *Rookshana*.

*Basti* is a choice of treat in *Gridhrasi*, A modified kala basti in modified pattern is planned with 2 different basti *Erandamooladhi Nirooha Basti* followed by panchatiktaka ksheera basti. *Erandamooladhi Nirooha Basti* is *Deepaniya*, *Lekhaniya* and *Vatakaphahara* properties which is mainly indicated in *janga*, *uru*, *pada trik*, *prishta shoola*. *Panchatiktaka ksheera basti* is very helpful in *Astimajjagata Vikara* having properties of *Vatahara*, *Mridhu Shodana* and *Brimhana*.

Matra basti is a vatahara brihmana, yamaka sneha with guggulu tiktaka gritha and Ksheerabala taila is better than single sneha.

*Maharasnadi Kashaya* which is anti-inflammatory, Analgesic, and *Vatahara* properties

*Trayodashanga guggulu* is indicated for *Katigraha*, *Gridhrasi*, *Bahugraha*, *Prishtagraha* which has Antiinflammatory effect.

Cap Nuron is an excellent cellular regenerator and nerve tonic beneficial in *Gridhrasi*, *vishwachi* etc.

*Brihatvata Chintamani Rasa* is used in the treatment of *Vata vyadhis* as it balances *Vatahara* brihmana.

*Anulomana ds* acts as *Vatanulomana*.

*Shallaki* liniment for external application used for localised temporary relief

There was marked improvement observed on subjective parameters like pain, stiffness, numbness and difficulty in walking and found marked improvement in objective parameter like tenderness, Straight Leg Raise (SLR) test and Cointest after completion of treatment.

To summarize a comprehensive management of *Gridhrasi* through *Basti*, *Bahir parimarjana chikitsa* and *Shamanoushadi* were found very useful. The overall improvement in the quality of life was observed. The patient felt betterment in the pain and walk.

**CONCLUSION:**

*Gridhrasi* is commonly observed condition in day-to-day practice, *Snehana*, *Swedana*, *MriduSamshodana* and *basti* are the line of treatment, with proper assessment early diagnosis and timely management, *Gridhrasi* can be successfully managed, in this case the overall effect of panchakarma procedures such as kati basti, *Sarvanga Kashaya Seka*, *Shastika Shali Pinda Sweda*, *Kala Basti*



along with *Shamanoushadhi* has found marked improvement. After completion of two course of Treatment the patient's condition showed significant improvement, as reflected in the Roland-Morris Disability Questionnaire score, which reduced from 19 to 2 Without any adverse effects. To validate these finding further it is better to perform on large sample size.

### Declaration of patient consent:

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

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