



Role of Vidda Agnikarma Followed by Vaitarana Basti in the Management of Gridhrasi – Case Series.

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(Received: 25 August 2025 Revised: 27 September 2025 Accepted: 14 October 2025)

KEYWORDS

Gridhrasi, Agnikarma , Vaitarana basti, Instant pain relief

ABSTRACT:

Agnikarma is the contribution of Acharya Sushruta and has mentioned its application in Arsha , Arbuda, Bhagandara ,Apachi ,Antravidhi , and Gridhrasi in Sushruta samhita. Vaitarana basti is indicated in shoola pradhanya vyadhis . In this case series 5 patients complaints of low back pain which was radiating to one or both the lower limbs associated with stiffness, unable to bend forward and difficulty in walking and lifting the legs and underwent investigations like MRI of lumbar spine .As treatment protocol we adopted first agnikarma followed by vaitarana basti for 5 days. Assessment was done daily according to examinations like SLR test ,bragard test.faber and coin pick test. Patients got instant pain relief after agnikarma procdure. Agnikarma is a safe, instant pain relief , cost effective and no drug dependency treatment where as vaitarana basti is prevent the reoccurrence rate and provide the longer effect.

INTRODUCTION :

Gridhrasi is one among vatavyadi explained by Acharya Charaka¹ and Sushruta². Shoola is one of the cardinal symptom of gridhrasi which disturb the both physical and mental health of patients characterized by radiating pain from sphik to pada ³. On the basis of symptoms of Gridhrasi; it can be correlated with sciatica in modern science. It occurs due to spinal nerve irritation and is characterized by pain in distribution of sciatic nerve. Low back pain and radiating pain due to lumbar disc prolapse Lifetime incidence of low back pain is 50-70% and incidence of clinically significant sciatica due to lumbar disc prolapse occurs in 4-6% of the population. ⁴ It disturbs daily routine activity and overall health of patient because of continuous radiating type of pain.

At present, different types of treatment modalities like conservative treatments like analgesics , NSAID'S , Corticosteroids which lead to liver toxicity ,renal impairment , if severity is more surgically laminectomy , discectomy are indicated with high rate of recurrence .

In Ayurveda treatment modalities like basti , agnikarma and siravyadha are indicated.

In today era quick pain relief is prime importance so in this case series we adopted agnikarma⁵ and vaitarana basti⁶ as treatment to evaluate the clinical efficacy.

MATERIALS and METHODS :

5 patients came to Shalya Tantra OPD of JSSAMC Mysuru complaints of low back pain which was radiating to one or both the lower limbs associated with stiffness, unable to bend forward and difficulty in walking and lifting the legs. While Examination of patients straight leg raise test , Bragard test ,Faber test, Coin pick test were positive then underwent MRI OF LUMBAR SPINE in which diffuse disc bulge was seen in lumbar spine along with lumbar spondylosis.

As a treatment protocol one sitting of vidda agnikarma then , for next 5 days they underwent vaitarana basti on empty stomach in the morning. Vaitarana basti consist of Guda : 30gm, Saindhava lavana : 10gms ,Sahacharaditaila :100ml ,Chinchaswarasa : 60 ml,Dhanyamla :250 ml.



PROCEDURE OF AGNIKARMA :

Poorvakarma-

- Informed and written consent was taken.
- Inj T T 0.5 cc Im was given for prophylactic action - stat.

Pradhanakarma-

- Tender points were marked .
- Part is painted and draped .
- Accupuncture needles were inserted at marked tender points, followed by the application of heat via bipolar electric cautery to induce controlled localized thermal stimulation.

Paschatkarma –

- Needles were removed .
- Betadine application done.

ASSESSMENT CRITERIA :

The assessment was carried out on the basis of relief found in the cardinal symptoms of the disease , and to see the improvement in SLR , Bragard test ,Faber test and coin pick test depending upon their severity. Assessment was done daily to findout the efficacy of agnikarma and vaitarana basti.

RESULT :

In this case series , highly significant results were seen in 3 patients where as moderate results are seen in 2 patients. After the agnikarma procedure , instant pain relief found in all patiens and improvements seen radiating pain from spika to pada ,stamba, suptata. Agnikarma had provided best result in increasing muscle power of hip and gait of the pateints , where vaitarana basti prevents the radiating pain and balances the vata dosha.

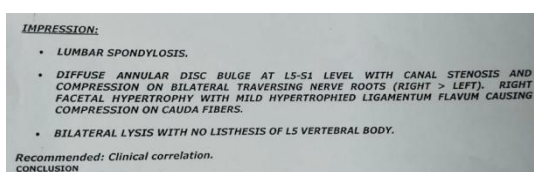
DISCUSSION :

Agnikarma is considered as best therapy for vata and kapha dosha because Agni possesses ushna, sukshma, tikshna ,aashukari guna which are opposite to vata and kapha. Thus removes srotovarodha and increase the rasa-rakta samvahana to the affected site. Agnikarma works through multiple physiological mechanisms. The heat application causes protein denaturation, destroying damaged tissues. It activates A-delta nerve fibers, which inhibit pain transmission via the pain gate mechanism, thereby reducing pain perception. Local cauterization interrupts nociceptive pathways, offering sustained relief. Additionally, it enhances fibroblast activity, and improves microcirculation through vasodilation, facilitating detoxification and tissue regeneration. By these mode of action only agnikarma relives pain instantly.

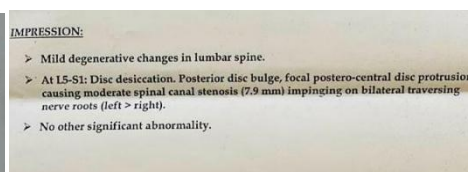
As the seat of Vata is Pakwashaya, it resumes normalcy with the condutive effects of Basti and thereby relieving pain in low back area caused due to aggravation of Vata. Vaitaran Basti has such composition that it strongly reduces the pain and prevents the degenerative processes.

CONCLUSION :

Agnikarma and Vaitaran Basti provided good relief in the symptoms of pain, radiation, stiffness, and fasciculation. The vital objective parameters like SLR test , Bragard test and lumbosacral mobility also improved. The functional ability has shown markable improvement after completion of the treatment.. Hence Agnikarma and VaitaranBasti is acceptable for the management of Gridhrasi (Sciatica) which is proved by the response of this clinical trial. However, in this case seris , 100% recovery leading to cure could not be achieved. Out of 5 patients 3 got the highly significant improvement where as 2 patients got moderate improvement after the treatment.This may be due to the fact that Basti chikitsa is said to be Ardhachikista.



MRI report of 1st patient



MRI report of 2nd patient



- L4-L5: Annular disc bulge asymmetric to left causing moderate-to-severe left lateral recess narrowing with compression of left traversing L5 nerve root. Moderate-to-severe bilateral neural foraminal narrowing with impingement of exiting nerve roots.
- Posterior disc bulge along with ligamentum flavum hypertrophy at T10-T11 level compressing adjacent spinal cord; mild cord hyperintensities, suggestive of compressive myelopathy.
- Other findings and details as described.

Recommended clinical management:

IMPRESSION:
 Loss of lumbar lordosis.
 Grade 1 retro-listhesis of L3 over S1 with lysis at left pars interarticularis of L3 vertebra.
 Adhuc CT Correlation.
 Diffuse L2-L3 disc bulge causing anterior thecal sac indentation and mild narrowing of both lateral recesses compressing bilateral traversing nerve roots. Small posterior annular tear is seen.
 Diffuse L3-S1 disc bulge - posterior right paracentral disc extrusion causing anterior thecal sac indentation and narrowing of right neural foramina compressing right traversing & right exiting nerve roots.

MRI report of 3rd patient

MRI report of 4th patient

IMPRESSION:

- > Loss of lumbar lordosis.
- > Sacralization of L5 vertebrae.
- > Diffuse L2-L3 disc bulge causing mild indentation of anterior thecal sac, lateral recesses and bilateral traversing nerve roots.
- > Diffuse L3-L4 disc bulge causing mild anterior thecal sac indentation and mild narrowing of both lateral recesses compressing bilateral traversing & exiting nerve roots.
- > Grade 1 anterolisthesis of L4 over L5 with lysis at pars inter-articularis of L4 vertebra.
- > L4-L5 LEVEL: Grade 1 anterolisthesis resultant mild bilateral neural foramina narrowing with compression of bilateral exiting nerve roots.

MRI of 5th patient.

Agnikarma procedure



Part painting and drapping Along with identify the tender Points
 Accupuncture needles were inserted in tender points.
 Vidda agnikarma perfomed By using bipolar electric cautry.

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