



MANAGEMENT OF GRIDRASI W.S.R. TO SCIATICA THROUGH AYURVEDIC INTERVENTIONS: A CASE REPORT

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ABSTRACT

Background: Low back pain is a common health concern affecting 70–80% of the Indian population, largely due to sedentary lifestyles. Sciatica, often caused by intervertebral disc pathology, presents with radiating pain along the sciatic nerve. In Ayurveda, this condition is correlated with Gridhrasi, a type of Vatavyadhi characterized by pain, stiffness, and restricted movement. **Aims & Objectives:** To evaluate the effectiveness of Ayurvedic interventions in the management of Gridhrasi (sciatica). **Materials and Methods:** A single case study of a 72-year-old female patient presenting with low back pain radiating to the left lower limb, associated with stiffness, numbness, and pricking sensation for six months. The patient was diagnosed with Vataja Gridhrasi. Treatment included Panchakarma procedures such as Kati Basti, Sthanika Abhyanga, Patra Pinda Sweda, Nadi Sweda, Kala Basti, and Matra Basti, along with Viddakarma and Shamana Chikitsa. **Results:** Significant improvement was observed in subjective symptoms such as pain (VAS score reduced from 9 to 0), stiffness, pricking sensation, and numbness. Objective parameters including range of motion and Straight Leg Raising (SLR) test also showed marked improvement. The patient's functional ability and quality of life improved considerably. **Conclusion:** The combined Ayurvedic approach, including Panchakarma procedures and internal medications, proved effective in the management of Gridhrasi. This case demonstrates that Ayurvedic interventions can significantly reduce symptoms and improve functional outcomes in patients with sciatica.

KEYWORDS: Gridhrasi, Sciatica, Kati Basti, Basti Karma, Patra Pinda Sweda, Viddakarma, Shamana Chikitsa.

INTRODUCTION

Low back pain is a major concern in today's generation, largely due to the shift from active to sedentary lifestyles affecting 70% to 80% of population in India. Epidemiological features indicates no clear gender predominance and most often occurs in the fourth decade of life. Its lifetime incidence ranges from 10% to 40%, with an annual incidence of 1% to 5%, and it is rare before age 20 unless due to trauma. There is no strong association with height except in those aged 50–60, though some genetic predisposition may exist. Physical activity can increase risk in previously affected individuals but may be protective in others. Higher incidence is also seen in occupations involving prolonged awkward postures, such as truck driving and machine operation.¹

Sciatica represents a debilitating condition characterized by pain or paresthesias within the sciatic nerve distribution or an associated lumbosacral nerve root. Sciatica entails pain directly resulting from sciatic nerve or root pathology. Comprising nerve roots from L4 to S3, the sciatic nerve, with a diameter of up to 2 cm, stands as the body's largest nerve.² Sciatica occurs when the sciatic nerve is compressed or irritated. The most common cause is a herniated or bulging lumbar disc. In older adults, spinal stenosis can also lead to symptoms. Other causes include vertebral misalignment (spondylolisthesis), muscle spasms or inflammation affecting nerve roots, and less commonly, masses such as tumors, hematomas, or abscesses pressing on the nerve.^{3,4} Clinical features may begin suddenly or develop gradually. Recurrent

low back pain can precede sciatica by months or years. Patients often experience a constant aching pain in the lower back that radiates to the buttock, thigh, calf, and foot. The pain worsens with coughing or straining and is relieved by lying flat.⁵

In Ayurvedic texts, *Gridhrasi* is described as a type of *Vatavyadhi* (a disorder caused by aggravated Vata). It is considered one of the *Nanatmaja Vatavyadhis*⁶ and can be correlated with the symptoms of sciatica. *Gridhrasi* means the pain experienced by the patient is identical to the pain felt when the vulture pierces its beak deep into the prey to feed.⁷

Gridhrasi is classified into two types: *Vataja* and *Vatakaphaja*. It is characterized by symptoms such as *Stambha* (stiffness), *Ruk* (pain), *Toda* (pricking sensation), *Grahana* (restriction of movement), and *Spandana* (twitching), which are considered its distinctive features. The condition typically originates in the *Sphik pradesha* (gluteal region) and radiates downward along the posterior aspect of the body, affecting the *Kati* (lower back), *Uru* (thigh), *Janu* (knee), *Jangha* (leg), and *Pada* (foot). When these symptoms are predominantly due to vitiation of *Vata dosha*, it is termed *Vataja Gridhrasi*. However, when additional features such as *Tandra* (drowsiness), *Gaurava* (heaviness), and *Arochaka* (loss of appetite) are present, it is classified as *Vatakaphaja Gridhrasi*.⁸ 'Sakthikshepanigraha' is also one of the predominant sign seen in *Gridhrasi* told by our Acharya.⁹

Ayurvedic management of *Gridhrasi* involves therapies such as Basti karma, Agni karma, Raktamokshana, Shamana chikitsa, and Rasayana. In this case, treatment included local



Basti (Kati Basti), Sthanika Abhyanga, and Patra Pinda Sweda. Additionally, Basti was administered following a Kala Basti schedule along with Matra Basti, supported by Shamana chikitsa.

CASE REPORT

Patient information

A 72-year-old female patient, belonging to the middle economic class with known Case of Type 2 Diabetes Mellitus and Hypertension presented to the Kayachikitsa outpatient department (OPD) of GAMC & H, Mysuru, with the following complaints. She was admitted on 20/3/2026 for further evaluation and management.

Chief Complaints

The patient reports low back pain radiating to the left lower limb—affecting the gluteal region, posterior thigh, calf, and foot—along with stiffness in the lower back for the past six months.

Associated Complaints

The patient complains of numbness and a pricking sensation in the left foot since 3 months

Personal History

History of Present Illness

The patient was apparently asymptomatic one year ago. Gradually, she developed recurrent episodes of mild low back pain radiating to the left lower limb, which she initially ignored and managed with topical analgesic ointments during exacerbations without seeking proper medical care. Approximately six months ago, after traveling on a two-wheeler for about two hours, the pain in the lower back became severely aggravated, radiating to the left lower limb involving the gluteal region, posterior thigh, calf, and foot. This was associated with stiffness and difficulty in walking. She received allopathic treatment with hospital admission, which provided symptomatic relief for a few days; however, the pain recurred and worsened. Over the past three months, she has additionally developed complaints of numbness and a pricking sensation in the left foot, for which surgical intervention was advised. However, the patient was not willing to undergo surgery and subsequently approached our hospital, Government Ayurveda Medical College and Hospital, Mysuru, for further management.

History of past illness

Known case of Type 2 diabetes Mellitus and Hypertension since 7 years is under medication

Table 1: Personal History

Bala	Avara
Appetite	Unaltered
Diet	Mixed diet(Frequency of nonveg diet- once /week)
Bowel habit	Frequency-Regular (once /day) Consistency-Usually formed stool occasionally hard stool
Micturition	Frequency-3-4 times /day , 1-2 times/night
Sleep	Disturbed-Difficulty to initiate and maintain sleep due to pain
Addiction	Nil

Clinical Findings

Ashta Vidha Pareeksha

Table 2: Ashta Vidha Pareeksha

Nadi	Pittaja nadi / 72 bpm
Mutra	Prakruta
Mala	Prakruta
Jihwa	Lipatata
Shabda	Prakruta
Sparsha	Prakruta
Druk	Prakruta
Akruti	Prakruta-Madhyama

Dasha Vidha Pareeksha

Table 3: Dasha Vidha Pareeksha

Prakriti	Pitta Kapha	
Vikriti	Vata-Vyana,Apana,	
Sara	Madhyama	
Samhanana	Madhyama	
Pramana	Madhyama	
Satmya	Madhyama	
Satva	Madhyama	
Ahara shakti	Abyavara Shakti	- Vyadhi purva-Madhyama - Vyadhikalina-Avara
	Jarana Shakti	Vyadhi purva-Madhyama



	• Vyadhikalina-Avara
Vyayama Shakti	• Vyadhi purva-Madhyama • Vyadhikalina-Avara
Vaya	Vrudha

General Examination

- Pulse Rate: 72 bpm
- Respiratory Rate: 16 cycles/min
- Blood Pressure: 130/90mmHg
- Temperature: 97.6°F
- Built: Normosthenic
- Nourishment: Moderately Nourished
- Pallor: Absent
- Icterus: Absent
- Clubbing: Absent
- Cyanosis -Absent
- Edema: Absent
- Lymphadenopathy: Absent

Systemic Examination

Cardiovascular System: S1 and S2 heard. No added sounds/Murmurs heard.

Respiratory System: Bilateral Normal vesicular breath sounds heard, Added sounds absent.

Per abdominal examination: Soft, no tenderness, no organomegaly

Central Nervous System: Conscious and oriented to time, place and person.

Higher mental function-Intact

Cranial Nerve Examination – Intact

Motor System Examination-Muscle tone, Muscle power and Muscle bulk are normal

Superficial and deep tendon reflexes are normal

Sensory system examination- Superficial sensation, deep sensation and Cortical sensation –Intact

Co-ordination Tests-Able to perform

Cerebellar signs- Unable to perform Rombergs test and tandem walking due to pain.

Locomotor Examination

Gait-Antalgic gait

Discomfort in walking and sitting for short duration

Lumbar Spine examination

Inspection

No scar marks

Curvature of the spine –Normal

No visible mass

No signs of inflammation

No muscle wasting

Palpation

Tenderness present at L3-L4 and L4-L5 vertebrae and left paraspinal muscles.

Table 4-Range of movement of Lumbar spine (ROM)

Forward flexion	45 cm above ground
Extension	10° with pain
Right lateral flexion	20° with pain
Left lateral flexion	10° with pain

Table 5-Special Tests

Test	Right	Left
SLR(Active)	Negative	Positive at 45°
Cross SLR	Negative	Negative
Bragard's test	Negative	Positive
Bowstring test	Negative	Negative
Femoral Nerve stretch test	Negative	Negative

Pain Assessment-

- Site-Lowback region
- Onset-Gradual and Progressive
- Character- Sharp aching
- Radiation-To left lower limb
- Associated with stiffness in lowback region, numbness and pricking sensation in left foot.
- Time- since 1 year aggravated since 6 months
- Exacerbate on walking and sitting even for short duration
- Relieves by lying in supine position
- Severity -VAS Score-9

Diagnosis: Vataja Gridhrasi



MATERIALS AND METHODS

Table 6-Therapeutic Intervention-

Date	Treatment
21/3/26 to 5/4/26	Katibasthi with Kottamchukadi taila + 10 drops sandhilin oil f/b Stanika Abhyanga to kati and Bilateral Adhoshaka f/b Patra pinda Sweda.
22/3/26 to 5/4/26	Kalabasti Anuvasana Basti- Sahacharadi taila Niruha basti- Rasna Erandadi kashaya
7/4/26 to 20/4/26	- Katibasthi with Kottamchukadi taila + 10 drops sandhilin oil f/b Stanika Abhyanga to kati and Bilateral Adhoshaka f/b Nadi sweda. - Matra Basti with Sahacharadi taila
Viddakarma on alternate days for 1 st 7 days Shamanoushadi- Rasna saptaka Kwatha 24ml-0-24ml B/F	

Advice on discharge

- Tab Trayodashanga Guggulu 1-0-1 A/F
- Tab. Spynovin 1-0-1 A/F

OBSERVATION AND RESULTS

Subjective Parameter

Table 7 – Showing Assessment based on Symptom scoring

Symptom	Grade	Before Rx	After kalabasti	After Matrabasti	Follow up After 15 days
Ruja (Pain)	VAS Scale-0 to 10	9	4	0	0
Toda (Pricking sensation)	No – 0 Mild-1 Moderate-2 Severe -3	2	1	1	1
Sthambha (Stiffness)	No – 0 Mild-1 Moderate-2 Severe -3	2	1	0	0
Muhuspanadana (Numbness)	No numbness-0 Occasional intermittent numbness noticed during particular activity-1 Persistent numbness in specific area-2 Profound numbness with complete sensory loss in the affected area-3	2	1	1	1

Objective parameter

Table 8- Showing Assesment based on objective parameters

1. ROM of lumbar spine	Before Rx	After kalabasti	After Matrabasti	Follow up After 15 days
Forward flexion	45 cm above ground	30 cm above ground	18cm cm above ground	20 cm cm above ground
Extension	10° with pain	20° with pain	20° without pain	20° without pain
Right lateral flexion	20° with pain	30° with pain	30° without pain	30° without pain
Left lateral flexion	10° with pain	20° with pain	30° without pain	30° without pain
2. SLR(Active)	Right-negative Left-45 ⁰	Right-Negative Left-60 ⁰	Right-Negative Left-Negative	Right-Negative Left-Negative
3. Bragard's Test	Right-Negative Left-positive	Right-Negative Left-positive	Right-Negative Left-Negative	Right-Negative Left-Negative



Observation during Viddakarma

Sittings	VAS score		SLR(Active)-Positive at Affected limb-Left	
	BT	AT	BT	AT
1 st sitting	9	6	45 ⁰	50 ⁰
2 nd sitting	8	7	45 ⁰	45 ⁰
3 rd sitting	8	5	45 ⁰	60 ⁰
4 th Sitting	6	4	50 ⁰	60 ⁰

DISCUSSION

Discussion on Samprapti

The sciatic nerve is comprised of the L4 through S3 nerve roots. These nerve roots fuse to create the large sciatic nerve in the pelvic cavity. The sciatic nerve then exits the pelvis through the sciatic foramen posteriorly. After leaving the pelvis, the nerve courses inferior and anterior to the piriformis and posterior to the gemellus superior, gemellus inferior, obturator internus, and quadratus femoris. Then the sciatic nerve enters the posterior thigh and courses through the biceps femoris and terminates at the knee posteriorly in the popliteal fossa, giving rise to the tibial and common fibular nerves. Sciatica symptoms occur when there is pathology anywhere along this course of the nerve.¹⁰

From an Ayurvedic perspective, Vata dosha is regarded as the main factor responsible for the development of Gridhrasi. The aggravation of Vata can occur due to two primary causes: Dhatukshaya (tissue depletion) and Margavarodha (obstruction of channels).¹¹

Aggravated Vata dosha can result in various Vatavyadhis through dosha-dushya sammurchana (interaction between vitiated doshas and susceptible tissues) along with khavaigunya (structural or functional weakness in bodily channels). Conditions such as vertebral disc bulge or herniation, spinal injury, or age-related degenerative changes—often caused by activities like heavy weight lifting, traveling on rough or jerky roads, or sustaining improper postures—may create such khavaigunya. In the presence of these predisposing factors, exposure to vyanjaka nidana can initiate the disease process. In this context, prolonged two-wheeler travel for about two hours may act as a triggering factor by aggravating Vata dosha and initiating samprapti.

Discussion on Mode of Action of Therapeutic Intervention

KATIBASTI-Kati basti is bahiparimarjana chikitsa is form of Snehayukta Sweda, both snehana and swedana work together in synchronous and help to relieve Stambha, Gaurava, and Seeta, as well as to lessen the severity of pain. Katibasti pacifies the enhanced Rooksha, Laghu, and Sheeta guna of vitiated Vata as Taila(oil) gives sustenance and corrects the Shelshmaka kapha kshayavia its Snigdha, Guruand Ushna guna.¹² The absorption, penetration, neural stimulation, vasodilation, and anti-inflammatory activity of Katibastiresult in a reduction of signs and symptoms of sciatica or Gridhrasi.¹³ **KOTTAMCHUKADI TAILA:** Kottamchukkadi taila used for both Katibastia and Sthanika Abhyanga has ingredients like Kottim (Kushta), Chukku (Sunthi), Vayampu (Vacha), Sigru, Lashuna, Karkoti, Devadaru, Sarshapa, and Rasana acts as Vatahara.¹⁴

SANDHILIN OIL: This oil is a combination of many vatahara tailas like dhanwantra taila, mahanarayana taila, karpooradi taila, kottamchukadi taila, Neelgiri taila does vatashamana and relieves pain.

PATRA POTTALI SWEDA-Has Vatahara drugs like Nirgundi, Eranda, Arkapatra relieves the symptoms

BASTI – Basti is regarded as *Ardha Chikitsa* (half of the entire treatment) due to its significant therapeutic efficacy. In Gridhrasi, where *Asthi* and *Majja dhatu* are predominantly involved, initiating treatment with *Kala Basti* followed by *Matra Basti* yields optimal results. Basti effectively expels vitiated *Kevala Vata*. Although the Basti dravyas are expelled relatively quickly, their therapeutic action persists through the *Veerya* (potency) of the drugs. The active principles are absorbed into systemic circulation through passive and active diffusion, enabling targeted action throughout the body.¹⁵ To achieve this, the administration of *Anuvasana Basti* with *Sahacharadi Taila* and *Niruha Basti* with *Rasna Erandadi Kashaya* was planned. *Sahacharadi Taila*, used for *Anuvasana* during *Kala Basti* and later for *Matra Basti*, contains ingredients such as *Sahachara Panchanga*, *Dashamoola*, *Abhiru*, and *Usiradi Kalka dravyas*. Owing to these constituents, it predominantly exhibits *Vatahara* action, making it highly effective in the management of Gridhrasi.¹⁶ *Rasnaerandadi Kashaya* used for *Niruha basti* is Tridosahara and is indicated in Jangha, Uru, Trika, Prushta, Parshva gata Vata¹⁷

VIDDAKARMA-Provides rapid analgesia, improves mobility, and acts via neuromuscular modulation and Srotoshodhana. Sushruta Samhita recommends Viddha Karma in Gridhrasi, performed on the lateral aspect of the leg—approximately four angula above the knee targeting the lateral cutaneous nerve of the thigh and the vascular branches of the superior lateral genicular artery and vein, and four angula below the knee targeting the peroneal communicating nerve, lateral cutaneous nerve of the calf, and vascular branches of the lateral genicular artery and vein. This site corresponds to the popliteal region, providing effective relief from radiating sciatic pain by pacifying aggravated Vata.¹⁸

TRAYODASHANAG GUGGULU-Trayodashanga Guggulu is a polyherbal formulation disintegrates the samprapti of Gridhrasi on account of their Shothahara, Dhatwagnideepana and Vatanulomana effect.¹⁹ The ingredients of Trayodashanaga Guggulu like Ashwagandha, Hapusha, Guduchi, Rasna, Sunthi, and Ajamoda alleviate Vata Dosha²⁰



RASNA SAPTAKA KWATHA-Rasnasaptaka Kwatha is a classical formulation composed of seven ingredients—Rasna, Gokshura, Eranda, Devadaru, Punarnava, Guduchi, and Aragvadhya. All these drugs predominantly possess Vata–Kapha shamaka properties. Due to this combined action, the formulation helps in *Samprapti Vighatana* (breaking the pathogenesis) of Gridhrasi and contributes to effective management of the condition.²¹

TAB SPYNOVIN-Formulated to support spinal health and prevent the degeneration of the spine. This comprehensive supplement addresses various spinal and nerve-related issues, including stiffness, weakness, and numbness. It acts as both an NSAID and a calcium supplement, aiming to improve spinal function, reduce pain, and prevent complications associated with spinal disorders.

CONCLUSION

The combined Ayurvedic management, including Panchakarma procedures and Shamana Chikitsa, resulted in significant relief from the symptoms of Gridhrasi. There was marked improvement in pain intensity, range of motion, and overall functional ability of the patient. This case highlights the potential of Ayurveda as an effective, safe, and holistic approach in the management of sciatica, improving the patient's quality of life.

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