Case Study

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AYURVEDIC MANAGEMENT OF GRIDHRASI WITH SPECIAL REFERENCE TO SCIATICA: A CASE STUDY

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ABSTRACT

Low back pain is among the most common health complaints, affecting nearly 70% to 80% of individuals in India. Among its various causes, intervertebral disc prolapse is the leading one, often resulting in pain that radiates to the leg, buttock, or hip—characteristic features of Sciatica syndrome. In Ayurvedic literature, Sciatica is correlated with Gridhrasi, a predominant Vata disorder described in classical texts. Aims and Objectives: The study aimed to assess the effectiveness of Ayurvedic treatment in managing Gridhrasi (Sciatica). Materials and Methods: A single case study was conducted on a 36-year-old married male who presented to an Ayurvedic hospital with Gridhrasi affecting both lower limbs for the past one day. He had a prior diagnosis of degenerative spondylotic changes in the lumbosacral spine. The patient underwent a ten-day Panchakarma regimen comprising Abhyanga, Patra Pinda Swedana, Kati Basti, and Matrabasti, along with Shamana Chikitsa. The study followed the International Council for Harmonisation (ICH) – Good Clinical Practice (GCP) guidelines. Results: Upon follow-up, significant improvement was observed in the patient's symptoms and overall quality of life. Conclusion: Ayurvedic management proved effective in alleviating the symptoms of Gridhrasi (Sciatica).

Keywords: Gridhrasi, Sciatica, Abhyanga, Swedana, Patra Pinda Swedana, Kati Basti, Shamana Chikitsa.

INTRODUCTION

Gridhrasi, described in Ayurvedic texts as a type of Vata Vyadhi, presents with classical symptoms such as radiating pain from the Sphik (hip) down to the Pada (foot), along with stiffness, restricted mobility, and altered gait resembling that of a Vulture (Gridhra) due to intense pain during ambulation.[1]

In modern medical terms, Gridhrasi aligns closely with sciatica, a neuropathic disorder caused by compression or irritation of the sciatic nerve, which originates from the lumbosacral plexus and extends down the posterior aspect of the lower limb.[2] Sciatica typically manifests as unilateral radiating pain, often accompanied by paresthesia, muscle weakness, or sensory deficits.[3] One of the most common structural causes of sciatica is intervertebral disc bulge or herniation, especially at the L4-L5 and L5-S1 levels, which compress the corresponding spinal nerve roots contributing to the sciatic nerve. This leads to neuropathic symptoms such as pain, numbness, and motor weakness along the lower limb.[4] These symptoms correlate closely with the Ayurvedic description of Gridhrasi, where aggravated Vata dosha obstructs Nadi (nerve channels), producing Toda (pricking pain), Stambha (stiffness), and Spandana (twitching) along the affected pathway.

Epidemiologically, sciatica is a widespread condition affecting up to 40% of individuals during their lifetime, with the highest incidence in the 30–50 age group.[5] Conventional management includes analgesics, corticosteroids, physiotherapy, and surgical intervention in refractory cases, though these treatments often provide only temporary relief and may be associated with side effects or recurrence.[6]

Ayurveda offers a holistic and individualized approach to Gridhrasi (Sciatica) by addressing the root cause through dosha pacification using Panchakarma therapies such as Abhyanga (oleation) ,Swedana (sudation) with Patra Pinda Swedana (sudation), Basti (medicated enema) and internal herbal formulations.[7] This case study illustrates the successful Ayurvedic management of a clinically diagnosed case of Gridhrasi (Sciatica) with disc bulge at L4-L5-S1, highlighting significant improvement in pain, mobility, and quality of life without adverse effects.

Case Report

A 36-year married male came to Panchkarma OPD of Chaudhary Brahma Prakash Ayurved Charak Sansthan, New Delhi with complaints of pain in the lower lumbar region radiating to the bilateral lower limbs since one day. He also had feeling of difficulty while walking and prolonged sitting since one day. He had complaints of pain in the lower back region radiating to bilateral lower limbs associated with stiffness from two months which got aggravated since one day. These symptoms were associated with mild reduction in appetite since three days. Also patient had difficulty in sleeping due to aggravated pain.

The patient hailed from a middle-income family from Najafgarh, Delhi. He was working in an office job. He developed sudden aggravation of pain in low back region since a day. He didn't take any allopathic treatment. Pain radiated to the bilateral lower limb. He also experienced stiffness in the lower back region from two months, had no feeling of any tingling sensation in bilateral lower limbs, no associated heaviness and had difficulty while walking. He was admitted to the IPD after careful examination.

He has no prior surgical history; he has no traumatic history. He is a known case of hypertension, undertaking allopathic medication since a year for the same. He has less of an appetite. He had a normal bladder habit. He had no complaints of constipation. He doesn't engage in any other addictions like smoking or drinking. His pain kept away him from sleeping well.

Clinical findings

General Examination

- BP: 130/80 mmHg
- PR: 76/min
- RR: 18/min
- Temperature: 98.6°F
- Wt: 80 kg
- BMI: 27.5kg/m^2

Asthavidha Pariksha

Nadi (Pulse): Vata-Kaphaja
Mala (Bowels): Asamyak (Constipated)
Mutra (Urine): Samyak (Normal)
Jihwa (Tongue): Sama (Coated)
Shabdha (Speech): Prakruta (Normal)
Sparsha (Skin): Anushnasita (Afebrile)
Druk (Eyes): Prakruta (Normal)
Akruti (Posture): Madhyama

Details of Locomotor Examination

Inspection

- Unable to walk.
- Discomfort in standing and sitting for a long duration.
- Restriction of Spinal and hip movements.

Palpation

- Tenderness at L4 - L5 region
- Good Muscle tone
- 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 30 cm above ground
- 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

SLR test (active)

- Positive at 10° on the right leg
- Positive at 45° on the left leg.

Bragard's test

- Positive at the right leg.
- Negative on the left leg.

Diagnostic criteria: MRI Lumbar spine

Department of Imaging & Interventional Radiology

Patient Name:	[redacted]		
Age / Gender:	36 Y/M	**UHID:**	[redacted]
Referred By:	Dr Orthopedics in [redacted]		
Bed No/Ward:	OPD	**Request Date:**	05/12/2024 11:20:16 AM
Ack. Date:	05/12/2024 02:28:30 PM	**Report Date:**	06/12/2024 02:17:41 PM

MRI LUMBAR SPINE

Procedure : MRI Lumbosacral spine

Findings:

Vertebrae counted from above.

Marginal osteophytes are noted at multiple levels.

Loss of normal T2 signal intensity of L5-S1 disc is noted, consistent with disc desiccation.

Asymmetrical diffuse disc bulge with propensity to left is noted at L4-L5 level, causing impingement of the left traversing nerve root.

Right central and paracentral disc prolapse is noted at L5-S1 level causing narrowing of the right lateral recess. The traversing right nerve root is closely abutting the prolapsed disc.

AP canal diameter at disc level on T2W axial images is as below:

L1-L2 10 mm, L2-L3 10 mm, L3-L4 9 mm, L4-L5 11.0 mm, L5-S1 13.0 mm.

The rest of the vertebral bodies are normal in height and alignment and show normal MR morphology.

The rest of the intervertebral discs are normal in appearance.

Conus ends at L1 level.

Lower dorsal cord and conus do not show any abnormality.

The cauda equina roots are normal.

Normal appearances of thecal sac and exiting nerve roots.

No paraspinal soft tissue abnormality.

IMPRESSION: MRI findings are consistent with degenerative spondylotic changes of the lumbosacral spine, disc lesions at L4-L5 and L5-S1 levels, with other findings, as described.

End Of Report

Diagnosis: Vata-Kaphaj Gridhrasi

Therapeutic Intervention

The patient was advised of the following treatment.
1. Sarvanga Abhyanga (Oleation) with Mahanarayan Taila for 30 mins for 10 days.
2. Patra Pinda Swedan (Sudation) for 30 mins for 10 days.

3. Kati Basti with Bala Ashwaghanda Taila and Sahacharadi Taila for 30 mins for 10 days.

4. Matra basti with Mahanarayan oil 60ml for 10 days
5. Shamana (Palliative) therapy
Trayodashanga Guggulu – 2 tab bd
Ekangaveer Rasa- 2 tab bd
Dashamoola Kwatha – 40ml bd
Pathyapathya (diet & lifestyle regimens)
Usual diet. Complete rest.
Avoid forward bending, lifting heavyweight, strenuous activity and jerk to the low back region. Abstain from alcohol, tobacco chewing.
Follow up on the 17th day.

OBSERVATION AND RESULTS

Table 1: Details of Assessment parameters before and after treatment

SN	Assessment parameters	Before treatment	After treatment
Subjective parameters			
1.	Pain in the lower lumbar region radiating to the right lower limb	8+ (VAS score)	0 (VAS score)
2.	Stiffness in the lower back region	3+	0
3.	Tingling sensation in the right leg	3+	0
4.	Heaviness in the right leg	3+	0
5.	Pain and difficulty while walking	8+ (VAS score)	0
6.	Appetite	2+	0
7.	Gaseous distension of abdomen	2+	0
8.	Constipation	2+	0
9.	General weakness	2+	0
10.	Sleep	2+	0
Objective parameters			
1.	ROM of the lumbar spine		
	1. Forward flexion	Unable to perform	15 cm above
	2. Right lateral flexion	10 degrees with pain	30 degrees with pain
	3. Left lateral flexion	10 degrees with pain	30 degrees with pain
	4. Extension	10 degrees with pain	20 degrees with pain
2.	SLR test (active)		
	1. Right leg	Positive (10 degrees)	Negative
	2. Left leg	Positive (45 degrees)	Negative
3.	Bragard's test		
	1. Right leg	Positive	Negative
	2. Left leg		
4.	Gait	Unable to walk	Normal

By the end of treatment, the patient experienced marked relief from lumbar pain, lower back stiffness, tingling sensations, and a feeling of heaviness. There was a notable improvement in spinal range of motion, which significantly enhanced his ability to perform daily activities. Additionally, the patient's gait showed considerable improvement, and his vital parameters remained within normal limits. Complete resolution of symptoms was observed. No radiological imaging was conducted following the completion of therapy. Both subjective and objective outcomes, including the Oswestry Disability Index (ODI), were assessed before and after the treatment period. The chronological progression of clinical findings based on the assessment parameters is presented in the Table 1.

DISCUSSION

Gridhrasi (Sciatica), categorized under Vata Vyadhi in Ayurveda, results from the vitiation of Vata dosha, leading to radiating pain from the lower back to the lower limb, often accompanied by stiffness, tingling, and restricted movement.[8] In modern terms, these symptoms closely parallel sciatica caused by nerve root irritation, commonly due to intervertebral disc bulge at the L4-L5-S1 levels. The current case was managed using a protocol comprising Abhyanga, Patrapinda Swedana, Kati Basti, and Matra Basti, aimed at pacifying Vata and improving neuromuscular function.

Abhyanga, a therapeutic oil massage, was employed to achieve Snehana (oleation), which helps soften body tissues, improve local circulation, and reduce stiffness. This therapy acts on Snayu (ligaments) and Asthi (bones), promoting flexibility and relieving compression on the spinal nerves by reducing dryness and tension in the paraspinal structure.[9] Additionally, Abhyanga enhances tissue nourishment, which may support recovery from disc degeneration.

Patra Pinda Swedana is a form of fomentation using medicated leaves and warm oils. This type of Swedana (sudation) reduces muscle tightness and removes blockages in Strotas (channels). It is particularly effective in localized Vata disorders where rigidity and pain predominate, and it helps by relaxing muscles around the spine, reducing pressure on the disc and nerve roots.[10]
Kati Basti, the localized retention of warm medicated oil over the lumbar region, combines the effects of both oleation and fomentation. It delivers continuous warmth and medicinal action to the lower spine, which may contribute to the softening of intervertebral tissues, improvement in local vascularity, and potential decompression of bulging discs. Ayurvedic texts describe its efficacy in Asthi-Majjagata Vata conditions (disorders of bones and marrow), which are relevant in disc degeneration and nerve root irritation.[11]

Matra Basti, the administration of small quantities of medicated oil rectally, is recognized as one of the most effective treatments

for Vata disorders. As the colon is the principal site of Vata, this therapy exerts both local and systemic effects. It nourishes Majja Dhatu (nerve tissue), supports lubrication of joints and discs, and alleviates pain and stiffness without causing depletion or irritation. Its regular administration can help stabilize vertebral structures and restore normal function in degenerative spinal conditions.[12,13]

In addition to external Panchakarma procedures, internal medications played a key role in restoring functional balance. Trayodashanga Guggulu, a classical formulation indicated in Vata Vyadhi, acts as an anti-inflammatory and nervine tonic. It is especially beneficial in relieving neuralgic pain and improving joint function through its Vatashamaka and Rasayana (Rejuvenating) properties.[14] Ekangaveer Rasa, a herbo-mineral formulation, is known to alleviate neurological conditions such as Pakshaghata (Paralysis) and Gridhrasi (Sciatica)by enhancing nerve conductivity and reducing Vata vitiation.[15]

Dashamoola Kwatha, a decoction of ten roots, provides systemic Shothahara (Anti-inflammatory) and Vedanasthapana (Analgesic) action. It corrects Apana Vata dysfunction, helps in reducing nerve root inflammation, and supports regeneration of affected tissues.[16] The synergistic action of these internal and external therapies contributed significantly to the patient's clinical recovery.

Together, these therapies addressed both the functional and possibly structural aspects of disc pathology. While no post-treatment imaging was conducted, the complete symptomatic relief, improved mobility, and enhanced Oswestry Disability Index score strongly suggest positive outcomes from this integrated Ayurvedic approach.

CONCLUSION

Sciatica is a leading cause of morbidity that significantly hampers an individual's ability to perform daily activities. This case study highlights the effective management of Gridhrasi (Sciatica) through a combination of Panchakarma and Shamana (Palliative) Chikitsa. Both subjective and objective assessments revealed notable improvements in the patient's quality of life and ability to describe symptoms. Currently, the patient is able to carry out daily routines comfortably. While this single case provides promising insights into the Ayurvedic management of Gridhrasi (Sciatica), larger-scale randomized clinical trials are needed to establish standardized and conclusive outcomes.

Ethical Considerations: The study is carried out as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants. Informed consent was taken from participants prior to the participation in the study.

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