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AYURVEDIC MANAGEMENT OF GRIDHRASI (SCIATICA): A CASE REPORT

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ABSTRACT

Ghridrasi is one among 80 *nanatmaja vyadhi* described under *vata dosa*, which is characterized by radiating pain originating from *kati* (lumbar region) and extending through the *sphik* (buttocks) *uru* (thigh), *janu* (knee), *jangha* (leg), *pada* (foot). *Gridhrasi's* clinical characteristics are like those of sciatica, a disorder that is brought on by irritation or compression of the sciatic nerve and is frequently brought on by lumbar disc prolapse, degenerative spinal alterations, or spinal canal stenosis. Low back pain that radiates to the lower limb is the hallmark of sciatica, which is frequently accompanied by numbness, tingling, muscle weakness, and functional impairment. Rapid urbanization, sedentary lifestyles, extended sitting, bad posture, obesity, and occupational stress have all contributed to the rise in low back diseases and sciatica in recent years, impacting even younger people. Affected people's quality of life is greatly impacted by the disorder because of ongoing discomfort, limited mobility, and decreased productivity at work. Through *Shodhana* and *Shamana* treatments, *Ayurveda* provides a holistic approach with the goal of addressing the underlying *Vata* balance and restoring normal function. The present case report highlights the effectiveness of *Ayurvedic* management in reducing symptoms of *ghridrasi* and improving functional outcomes in a patient presenting with features of sciatica.

KEYWORDS: *Ghridrasi, vata dosa, nanatmaja vyadhi, Ayurveda*. Sciatica.

INTRODUCTION

Sciatica is a debilitating condition characterized by pain or paraesthesia distributed along the sciatic nerve or the affected lumbosacral nerve root. It is one of the most common causes of radiating lower limb pain and significantly impairs mobility and quality of life. Any low back pain or radicular leg pain is sometimes mislabelled as sciatica due to a common misperception. Pain originating directly from sciatic nerve or root disease is known as sciatica. The sciatic nerve, which has a diameter of up to 2 cm and consists of nerve roots from L4 to S3, is the biggest nerve in the body. Coughing, bending, twisting, and flexion of the lumbar spine all aggravate sciatica pain. The sciatic nerve is essential because it supplies indirect motor activity to the calf muscles, anterior lower leg muscles, and certain intrinsic foot muscles, as well as direct motor function to the hamstrings and lower extremity adductors. Additionally, feeling in the plantar region of the foot and the posterior and lateral lower leg is indirectly influenced by its terminal branches. Crucially, sciatica is primarily caused by an inflammatory disease that irritates the sciatic nerve. On the other hand, direct nerve compression causes more severe motor impairment, which calls for an extensive and timely diagnostic assessment if it occurs.[1]

Sciatica represents a significant global health burden, with current epidemiological data indicating that low back pain (LBP) affects 58–84% of the general population during their lifetime.[2] Current epidemiological data indicates that low back pain (LBP) affects 58–84% of the general population during their lifetime, with sciatica accounting for 5–10% of these cases. In the general population, the annual incidence of an episode of sciatica ranges from 1 to 5%, while the annual incidence of disc-related sciatica is estimated at 2.2%.[3]

Sciatica symptoms can be brought on by any structural issue that compresses or affects the sciatic nerve. A herniated or protruding lumbar intervertebral disc is the most frequent cause of sciatica. These symptoms may also be brought on by lumbar spinal stenosis in elderly people. Sciatic symptoms can also be caused by spondylolisthesis, which is a relative misalignment of one vertebra to another. Sciatic pains can also result from lumbar or pelvic muscle spasms or inflammation that impinge on a lumbar or sacral nerve root. Sciatica symptoms and a mass-like effect can also be brought on by a spinal or paraspinal mass, such as cancer, an epidural haematoma, or an epidural abscess.[4]

In *Ayurveda*, the symptoms of sciatica closely resemble those of *Gridhrasi*, which is classified as *Vataja Nanatmaja Vikara*.[5] The term '*Gridhrasi*' refers to the characteristic gait of the

patient, which is compared to that of a vulture (*gridhra*). In *Gridhrasi*, pain typically originates in the *Kati* (lower back) region and radiates down to the foot. A similar pattern of radiating pain is observed in sciatica, making *Gridhrasi* the *Ayurvedic* counterpart of this condition. Apart from the characteristic radiating pain, *Stambha* (stiffness), *Ruk* (pain), *Toda* (pricking sensation), *Sakthikshepa Nigraha* (restriction in lifting or movement of the lower limb), and *Muhuspandana* (recurrent twitching or fasciculations) are commonly observed in *Ghridrasi*.[6] These clinical features can be correlated with the motor and sensory abnormalities associated with sciatica, including pain, paraesthesia, muscle stiffness, restricted mobility, and neuromuscular irritability resulting from lumbosacral nerve root involvement.

CASE PRESENTATION

A 46-year-old male came to the OPD complaining of

1. Low back ache radiating to left lower limb for 5 years, aggravated since 10 days
2. Numbness over left lower limb for 4months

COURSE OF ILLNESS

The patient was apparently normal five years ago. He gradually developed pain in the lower back region. During this period, he sustained a minor fall impacting the lower back, following which the pain worsened. He received conservative treatment, including analgesics, and experienced temporary relief.

Subsequently, while lifting heavy weights in a gym, the pain recurred with increased intensity. The pain became severe and radiated from the lumbar region to the left lower limb. The symptoms were aggravated by prolonged standing and walking and relieved partially by rest. Four months prior to presentation, the patient developed another episode of low back pain associated with numbness over the left lower limb. He underwent acupuncture therapy and obtained mild symptomatic relief.

Ten days before presentation, the symptoms exacerbated significantly with increased radiating pain and numbness affecting daily activities, prompting him to seek Ayurvedic management

History of past illness

Hypertension – 4years

H/O multiple falls

Personal history

Appetite: reduced

Bowel: constipated

Micturition: WNL

Sleep: disturbed due to pain

GENERAL EXAMINATION

Patient is conscious oriented cooperative

Build: Moderate

Nourishment: Obese

Hygiene: Satisfactory

Gait: Antalgic

Posture: Erect

Height: 156cm

Weight: 87kg

BMI: 35.8 kg/m^2

Vitals: BP – 150/90 mm Hg, left arm, supine, sitting

HR – 84 bpm

PR – 84 bpm

RR – 16/min

Musculoskeletal system examination

L-S Spine

Table 1.

Inspection	No abnormalities detected
Palpation	Grade 2 tenderness present
Range of movement	Flexion and extension – painful and restricted Right lateral flexion – mild restriction Left lateral flexion is restricted with pain

Knee joint

Table 2.

Inspection	No abnormalities detected
Palpation	Grade 1 tenderness present No crepitus/swelling
Range of movement	Possible

SLR

Table 3.

RIGHT	Active 60° Passive 70°
LEFT	Active 20° Passive 45°

Bregard's – positive on left side

FNST-positive on left side

AYURVEDA DASAVIDHA PAREEKSHA

Dooshyam

Dosham- vata kapha

Dhatu- rasa rakta meda asthi

Upadathu- snayu kandara

Desham

Bhoomi- sadharanam

Deham- kati

Balam

Rogi- madhyamam

Roga- madhyamam

Kalam- sadharanam

Analam- vishamagni

Prakrithi- vata kapha

Vaya- madhyama

Satwa- madhyama

Satmya- madhyama

Aharashakthi

Jaranasakthi- madhyama

Abhyavaharasakthi- madhyama

Ayurvedic intervention

Table 4.

Internal medicine	Procedure	Remarks
Gandharvahastadi kashayam 90ml bd before food 7am,7pm *Nirgundi erandam* 1tsp with luke warm water at bedtime	*Dasamoola kashaya dhara* for 3 days Lepa with *nagaradhi* + *dhanyamla* – 3 days	Pain increased for 2days Bowel passed
Same medicine	Abhyanga with *murivenna* + *kottamchukkadi* + *murivenna* *Patra pinda swedam*- 7 days	Pain decreased
Rasnerandadi kashayam 90ml bd before food 7am 7pm *Yogaraja guggulu* 2-0-2 with *kasayam* – 7 days	*Katipichu with dhanwanthara tailam* Yoga vasti- *dasamoola eranda kashaya vasti* *Pippalyadi anuvasana vasti*	Condition improved Pain significantly reduced At the end of yogavasti he was able to bend forward

Discharge medicine

1. *Maharasanadi kashayam* 90ml bd before food 7am, 7 pm
2. *Yogaraja guggulu* 2-0-2 with *kashayam*
3. *Gandha tailam* 5 drops with lukewarm warm milk

Review after 3 months

OBSERVATION

The clinical outcome was assessed using the visual analogue scale (VAS)[7] for pain intensity, the Oswestry disability index (ODI) for functional disability[8] and the straight leg raising (SLR) test for nerve root irritation and mobility.[9]

Table 5.

Parameter	Bt	At
VAS	9/10	4/10
ODI	72%	30%
SLR	Lt – active 20° Passive 45°	Lt – active 60° Passive 70°

Following the treatment, a marked improvement was observed in all assessment parameters. The VAS score reduced from 9/10 before treatment to 4/10 after treatment, indicating significant relief in pain. The ODI score decreased from 72% to 30%, demonstrating substantial improvement in functional ability and reduction in disability. The SLR test also showed considerable improvement, with active SLR on the left side increasing from 20° to

60° and passive SLR improving from 45° to 70°.

DISCUSSION

Ghridrasi is one of the *Nanatmaja Vata Vyadhis*, characterized by radiating pain from the *Kati* (low back) to *Sphik*, *Uru*, *Janu*, *Jangha*, and *Pada*, closely resembling sciatica. In the present case, the patient presented with severe radiating pain, restricted lumbar movements, a positive SLR test, and marked functional disability (ODI 72%), indicating a predominance of *Vata* associated with *Avarana* by *Kapha* and *Ama*. Therefore, treatment was planned in a sequential manner, aiming at *Amapachana, Srotoshodhana, Vedanasthapana, Vatanulomana, and Brimhana.*

Rationale Behind Selection of Treatment

Initially, *Gandharvahastadi Kashayam* and *Nirgundi Erandam* were administered to facilitate *Vatanulomana* and *Mridu Virechana*. *Pakwashaya* is regarded as the principal seat of *Vata;*[9] therefore, correcting bowel function and eliminating accumulated *Doshas* from the gastrointestinal tract were considered essential for restoring the normal course of *Vata*. *Nirgundi*, owing to its *Shothahara* and *Vedanasthapana* properties,[10] was selected to alleviate pain and inflammation associated with nerve root irritation.

Simultaneously, *Dashamoola Kashaya Dhara* was employed externally for its established *Vata-Kapha Shamaka, Shoolahara, and Shothahara* actions, helping to reduce pain, stiffness, and local inflammation.[11] *Nagaradi Choorna Lepa* was applied over the affected area to provide symptomatic relief during the acute, painful phase.

After reduction of *Ama* and acute symptoms, *Abhyanga* followed by *Patra Pinda Sweda (PPS)* was initiated. *Sneha* and *Sweda* are classical modalities indicated in *Vata* disorders.[12] *Abhyanga* helps alleviate *Ruk, Stambha, and Gaurava,* while *PPS* provides deeper sudation, relieving muscle spasm, improving flexibility, and reducing mechanical compression around the sciatic nerve pathway.

In the subsequent stage, *Rasnerandadi Kashayam* and *Yogaraja Guggulu* were prescribed to further pacify aggravated *Vata*, reduce residual inflammation, and improve functional mobility. *Yoga Vasti* was then planned as the principal therapy for *Vata* disorders.[13] *Dashamoola-Eranda Niruha Vasti* was selected for its *Vata-Kaphahara, Shothahara, and Srotoshodhaka* effects, whereas *Pippalyadi Anuvasana Vasti* provided sustained oleation and

nourishment to the affected tissues. This combination was intended to remove obstruction to *Vata*, normalize its movement, and promote long-term symptomatic relief.

This stepwise therapeutic approach addressed the disease process from *Ama-Kapha* mediated obstruction to *Vata* aggravation, thereby targeting both the root pathology and the clinical manifestations of *Gridhrasi.*

Probable Mode of Action

The treatment protocol initially addressed *Ama* and *Kapha* obstruction, followed by *Vata hara* and elimination through *Vasti*. External therapies reduced inflammation, muscle spasm, and nerve root irritation, while internal medications improved digestion, corrected bowel habits, and alleviated *Vata* aggravation. The combined effect resulted in significant reduction in pain (VAS 9 to 4) and disability (ODI 72% to 30%) and improvement in SLR range (20° to 60° active; 45° to 70° passive).

Thus, the sequential administration of *Deepana-Pachana, Snehana, Swedana*, and *Vasti Karma* proved effective in the management of *Ghridrasi* (sciatica), resulting in substantial clinical improvement and enhanced functional capacity

CONCLUSION

This case highlights the successful management of *Ghridrasi* (Sciatica) through an *Ayurvedic* treatment approach. The combination of internal medications, *Panchakarma* procedures, and appropriate lifestyle modifications resulted in significant reduction in pain, radiating symptoms, stiffness, and functional disability, with marked improvement in mobility and quality of life. The outcome supports the *Ayurvedic* concept of treating *Ghridrasi* by addressing the underlying *Vata-Kapha* vitiation, relieving *srotorodha*, and restoring normal function. This case suggests that a comprehensive *Ayurvedic* treatment protocol can be an effective and safe therapeutic option for patients with sciatica.

INFORMED CONSENT

Permission for publication of this case study has been obtained from the patient.

FINANCIAL SUPPORT AND SPONSORSHIP

The reported case doesn't obtain any financial support or sponsorship

CONFLICT OF INTEREST

There is no conflict of interest related to reported case

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