

## HOLISTIC AYURVEDIC APPROACH TO GRIDHRASI: FROM NIDAN TO CHIKITSA

Dr. Vaishali Haribhau Shinde<sup>1\*</sup>, Dr. Vidya R. Naik<sup>2</sup>

<sup>1</sup>PG Scholar, Department of Roganidan Avum Vikriti Vigyan, Tilak Ayurved Mahavidyalaya, Pune, Maharashtra, India.

<sup>2</sup>Associate Professor, Department of Roganidan Avum Vikriti Vigyan, Tilak Ayurved Mahavidyalaya, Pune, Maharashtra, India.

Article Received on  
05 August 2025,

Revised on 26 August 2025,  
Accepted on 16 Sept. 2025

<https://doi.org/10.5281/zenodo.17213736>



\*Corresponding Author

Dr. Vaishali Haribhau  
Shinde

PG Scholar, Department of  
Roganidan Avum Vikriti  
Vigyan, Tilak Ayurved  
Mahavidyalaya, Pune,  
Maharashtra, India.

### ABSTRACT

**Background:** Gridhrasi (Sciatica) globally affects 2–5% of the population annually. Lifetime incidence ranges from 13–40%. It is most common between 30–60 years. The risk factors of this disease includes lumbar disc herniation (most common cause, 70–90% of cases), degenerative spinal disorders, sedentary lifestyle & poor ergonomics, obesity and occupations involving heavy lifting or prolonged sitting. Economic & Social Burden -Leading cause of workplace absenteeism and disability associated with significant healthcare costs, including physical therapy and direct costs arise from lost productivity and chronic pain management. It is recognized as a major contributor to low back pain burden, which is among the top causes of years, lived with disability (YLDs) worldwide (Global Burden of Disease Study 2021). Increasing prevalence in sedentary populations especially in industrialized area. **Aims & Objectives:** To evaluate the effectiveness of Ayurvedic treatment in Gridhrasi. **Materials and**

**Methods:** Single case study of a 56yr old married female patient came to Hospital with complaints of pain from lower back radiating towards left foot, pain in right leg, numbness in both hands, difficulty in walking since 10 yrs. She also had complaints of pain in both knee joints, backache these symptoms were associated with burning sensation in epigastric region, nausea and general weakness from one month. She had one month of Panchakarma therapy, which included Abhyanga Swedana, Pinda Swedana, and Basti in combination with Shamana Chikitsa. **Results:** After a month, the patient's symptoms were assessed, and the

outcomes were good. The patient's general quality of life had also greatly improved.

**Conclusion:** The mentioned treatment reduces Gridhrasi symptoms significantly.

**KEYWORDS:** Ghridrasi, Sciatica, Abhyanga, Swedana, Pinda Swedana, Anuvasana Basti, Shamana chilitsa.

## INTRODUCTION

Gridhrasi is a well-defined Vata Nanatmaja Vyadhi (a disease primarily caused by aggravated Vata Dosha) in Ayurveda,<sup>[1]</sup> which closely resembles the contemporary medical condition known as sciatica. The term Gridhrasi is derived from:

Grudhra – Vulture and Asi – Gait or walking style.

This indicates that due to intense pain and stiffness, the patient's walking resembles that of a vulture – bent and slow.

Gridhrasi is a painful neuromuscular disorder characterized by: 1. Intense radiating pain originating from the Sphik (buttock) area. 2. Pain radiating to Kati (waist), Prusta (back), Uru (thigh), Janu (knee), Jangha (calf), and extending to Pada (foot). 3. It may also be accompanied by stiffness, numbness, and tingling sensations along the affected leg.<sup>[2]</sup>

## Nidana (Causes)

Improper diet and lifestyle leading to Vata-Kapha aggravation.<sup>[3]</sup>

Excessive physical exertion, trauma, and prolonged sitting in incorrect postures.

Degenerative changes in the spine or intervertebral discs (from a modern perspective).

## Samprapti (Pathogenesis)

Vitiated Vata, either alone or in conjunction with Kapha, impacts the Srotas (channels) and nerves of the lower limb, resulting in pain and limited movement.

## Types

Vataja Gridhrasi – Characterized by Vata symptoms such as sharp pain, stiffness, and dryness.

Vata-Kaphaja Gridhrasi – Exhibits additional symptoms of heaviness, numbness, and swelling due to Kapha involvement.

This condition is closely related to sciatica, which arises from compression or irritation of the sciatic nerve, typically caused by herniated discs, spinal stenosis, or degenerative changes in the lumbar spine.

**CASE REPORT**

A 56yr old married female patient came OPD of Sheth Tarachand Ramnath Charitable Ayurved Hospital with complaints of pain from lower back radiating towards left foot, pain in right leg, numbness in both hands, difficulty in walking. She also had complaints of pain in both knee joints, backache. These symptoms were associated with burning sensation in epigastric region, nausea and general weakness from one month.

The patient hailed from a Lower middle-income family. She was a Housewife.

Presented patient has history of fall two times before 10yrs then she had developed above symptoms for this she took symptomatic Allopathic Treatment by this she had some relief but then again the symptoms developed after two months so then she had admitted in hospital for further ayurvedic management. She was admitted to the IPD after careful examination.

Past History: She presented above symptoms from past ten years; however, her symptoms had aggravated from past three year. She had no history of any systemic disease.

Family History: All were in good generalized condition, there was nothing significant in their medical history.

Personal History: She was housewife had both veg & non-veg diet, belong to Hindu family. She had loss of appetite with normal bowel & normal micturition.

History of Previous Treatment: Patient had taken allopathic medicines prior to this but discontinued the treatment due to no significant result.

Dietary Habits: She was consuming 1-2 times food in 24 hrs.

**Asthavidha Pariksha**

Nadi [Pulse] - 84/min

Mala [Stool] - 1-2 time/day

Mutra [urine] - 4-5 times a day

Jivha [tongue] - Alpa Saam

Shabda [Speech] - Spastha

Sparsh [touch] - Anushnsheet

Drik [eyes] - Prakrut

Akriti [Appearance] – Madhyam

### Locomotor Examination

Posture: Leaning to one side to relieve pressure on the sciatic nerve.

Gait: Antalgic gait (limping) shortened stride length.

Movements: Pain radiating from the lower back to buttock, thigh, calf or foot during movement.

Difficulty in sitting, standing or walking for prolonged periods.

Spine and lower limb observation:

Spinal alignment: loss of lumbar lordosis.

Muscle spasms: Para spinal muscle spasm seen.

Gluteal and Calf muscles: Wasting due to chronic nerve compression.

### Signs of Pain

Facial expressions: guarding movements seen.

Palpation Tenderness: lumbar spine tenderness seen.

Neurological Observations: Reduced ankle jerk and knee jerk Radiological Investigations

Loss of normal lumbar lordosis. Disc bulge at L<sub>3</sub>, L<sub>4</sub> level. Sacroiliac joint appears normal.

Diagnosis: The diagnosis was VataKaphaja Gridhrsi based on the following subjective and objective criteria.

#### A. Subjective Criteria

Sr. no.	Signs and Symptoms	Gradations
1	<i>Ruk</i> (Pain)	2
2	<i>Toda</i> (Pricking sensation)	2
3	<i>Sthamba</i> (Stiffness)	2
4	<i>Spandana</i> (Twitching)	3
5	<i>Graha</i> (Restricted movements)	2
6	<i>Aruchi</i> (Anorexia)	0
7	<i>Gaurav</i> (Heaviness)	2
8	<i>Tandra</i> (Stupor)	3

1. <i>Ruk</i> (Pain)		
1	No pain	0
2	Occasional pain	1
3	Continuous pain after movements	2
4	Continuous pain	3
2. <i>Toda</i> (Pricking sensation)		
1	No pricking sensation	0
2	Occasional pricking sensation	1
3	Continuous pricking sensation after Movements	2

4	Continuous pricking sensation	3
<b>3. Sthamba (Stiffness)</b>		
1	No stiffness	0
2	Stiffness lasting for 5 minutes	1
3	Stiffness lasting for 5 minutes-1 hour	2
4	Stiffness lasting more than 1 hour	3
<b>4. Spandana (Twitching)</b>		
1	No twitching	0
2	Occasional twitching	1
3	Continuous twitching after movements	2
4	Spontaneous and frequent	3
<b>5. Graha (Restricted movements)</b>		
1	Forward bending up to toes	0
2	Forward bending up to mid leg	1
3	Forward bending up to knee	2
4	Forward bending up to mid-thigh	3
<b>6. Aruchi (Anorexia)</b>		
1	Equally willing towards all foods	0
2	Willing towards some specific food	1
3	Willing towards bitter, sour, sweet taste	2
4	Unwilling for any food	3
<b>7. Gaurav (Heaviness)</b>		
1	No heaviness in body	0
2	Feels heaviness in body but it doesn't hamper routine work	1
3	Feels heaviness in body which hamper daily routine work	2
4	Feels heaviness in body which hamper movements of body	3
<b>8. Tandra (Stupor)</b>		
1	Normal mental and physical alertness	0
2	Stupor lasting only in morning	1
3	Stupor lasting till afternoon	2
4	Stupor lasting throughout the day.	3

## B. Objective Criteria

SLR test (active):

Positive at 30° on the left leg.

Negative on the right leg.

Bragard's test:

Positive at the left leg.

Negative on the right leg.

## Radiological Investigations

Loss of normal lumbar lordosis. Disc bulge at L<sub>3</sub>, L<sub>4</sub> level. Sacroiliac joint appears normal.

### Therapeutic Intervention

The patient was advised of the following treatment.

1. Sarvanga Abhyanga with Dhanwantar Taila followed by Bashpa Sweda Sahachar Taila + Nirgundi for 30 mins for 7 days.
2. Patra Pinda Sweda (Deodar + Ashwangadha) for 30 mins for 7 days.
3. Anuwasan Basti with Vajigandhadi Taila 100ml for 6 days.
4. Shamana therapy.

Rasasindoor 50mg oral for twice a day.

Chousanstha pippali 250mg oral for twice a day.

Chopchunyadi Churna 2gm oral twice a day.

Ashwagandharishta 20ml oral twice a day.

Pathyapathya (diet & lifestyle regimens):

Usual diet. Complete rest.

Avoid forward bending, lifting heavyweight, strenuous activity and jerk to the low back region.

Follow up on 30th day.

### OBSERVATION AND RESULTS

The patient had a considerable decrease pain from lower back radiating towards left foot, pain in right leg, numbness in both hands, pain in both knee joints, backache by the conclusion of the first month of therapy. Her spine's range of motion had significantly increased. The patient had total symptom alleviation. After the therapy was finished, no radiological investigation was done.

The table below shows the chronology of clinical findings:

Assessment criteria-Subjective Criteria

Sr.no.	Signs and Symptoms	Before Treatment	After Treatment
1	<i>Ruk</i> (Pain)	2	1
2	<i>Toda</i> (Pricking sensation)	2	0
3	<i>Sthamba</i> (Stiffness)	2	1
4	<i>Spandana</i> (Twitching)	3	2
5	<i>Graha</i> (Restricted movements)	2	1
6	<i>Aruchi</i> (Anorexia)	0	0
7	<i>Gaurav</i> (Heaviness)	2	1
8	<i>Tandra</i> (Stupor)	3	0

**Objective Criteria**

Sr.No.	Parameter	Before Treatment	After Treatment
1	Visual Analogue Scale	10/10	1/10
2	Straight leg raising test	Right leg-60 <sup>0</sup> Left leg-30 <sup>0</sup>	Right leg-80° Left leg-80°
3	Low back range of Motion	Restricted, severe pain	Able to move with minimal pain

**DISCUSSION**

Gridhrasi (sciatica) is treated using Bastikarma, Siravyedha, and Agnikarma in an Ayurvedic manner. The Sarvanga Abhyanga Swedana, Patrapinda Swedana, Anuwasana basti and Shamana Chikitsa protocols have been suggested in this situation.

Dhanwantar Taila traces its origins to the Charaka Samhita (around 200 CE), where it's prescribed under "Taila Kalpana" for Vata-vyadhis (neuromuscular disorders). Named after sage Dhanvantari—the mythical physician of devas—it was described in the Vangasena Samhita as an essential medicated oil for external application. Dhanvantara Taila is a classical Ayurvedic oil formula, especially crafted to pacify Vata dosha and support the musculoskeletal system, nervous tissue, and postnatal rejuvenation.<sup>[4,5]</sup> In this article, you'll learn its precise ingredients—like Bala (*Sida cordifolia*), Shatavari (*Asparagus racemosus*), Dashamoola, Masha, and Gingelly oil base.

Bala (*Sida cordifolia*): Rasa – Madhura; Virya – Ushna; Vipaka – Madhura; Prabhava – Vatahara; contains ephedrine, alkaloids aiding analgesic action.<sup>[6]</sup>

Shatavari (*Asparagus racemosus*): Rasa – Madhura; Virya – Sheeta; Vipaka – Madhura; rich in steroidal saponins, modulates inflammation.<sup>[7,8]</sup>

Dashamoola: A group of ten roots—each ushna virya—synergistically reduce Vata, lower inflammatory mediators (e.g., prostaglandin E<sub>2</sub>).<sup>[9]</sup>

Masha (Black gram): Rasa – Tikta; Virya – Sheeta; promotes srotoshodhana (channel cleansing) and reduces joint stiffness.<sup>[10]</sup>

Gingelly Oil: Base oil with Ushna virya, deep tissue penetration, supports Vata balance and carrier for botanicals.

Mechanism: The heat-producing (ushna) nature counters Vata's cold quality, while madhura rasa nourishes tissues. Topical application leads to transdermal absorption of alkaloids and saponins, which modulate nociceptive pathways, reduce cytokine release, and enhance microcirculation. The oil's unctuousness (snigdha) lubricates joints and nourishes dhatus (particularly mamsa and majja), while reducing ama (toxins) in srotas. The combined vipaka (post-digestive sweet effect) and prabhava offer unique Vata-pacifying action beyond the sum of ingredients. As of the right now the patient is doing well with his regular routines.

Swedana helps in detoxification and reestablishing the balance between Vata, Pitta, and Kapha in the body. The sweat glands are one of the sources that eliminate toxins from the body. The thousands of sweat glands, when stimulated can help in mobilizing the toxins in the inner layers of the skin and muscles, getting rid of them. The sahachar in swedana dravya is used for its following properties Rasa-madhur, Kashaya Guna-snighdha Virya-ushna Vipaka-katu.<sup>[11]</sup> It acts by ushna virya thus doing vatashaman and This benefit makes swedana a critical preparatory procedure of the Panchakarma treatment. Nirgundi – Vitex negundo – medicinal qualities: Rasa (taste) – Katu (pungent), Tikta (bitter) Guna (qualities) – Laghu (lightness), Rooksha (dryness) Vipaka – Katu – undergoes pungent taste conversion after digestion Veerya -Ushna – hot potency Effect on Tridosha – Balances Vata and Kapha.<sup>[12]</sup>

Pinda Sweda finds mention in revered Ayurvedic texts such as Ashtanga Hridaya, Charaka Samhita, and Sushruta Samhita under the broader category of Swedana (sudation therapy). These classical treatises describe it as a vital part of the management of Vatavyadhi (neurological and musculoskeletal disorders). The therapy is particularly praised for its role in relieving Vata and Kapha imbalances.

The most crucial karma for treating vata vyadhi is basti. It is recommended for individuals with impairment, stiffness in the extremities, organ pain, and bone fractures.

The majority of the symptoms are present in Gridhrasi patients, including severe constipation, loss of appetite etc. Role of Vajigandhadi Taila Matra- Basti Vajigandhadi Taila: Ingredients:

- Ashwagandha
- Bala
- Bilva
- Dashmoola



- Eranda Taila (castor oil)

Taila is prepared according to the guidelines.<sup>[13]</sup>

As Gridhrasi is Vata predominant disease and Vata Dosh is responsible for Ruk, Tod, Spandana like symptoms in Gridhrasi. Taila is considered the best treatment procedure for Vata and the constituents of Vajigandhadi taila, which have vata shamaka properties as well as bringhana properties make it ideal for sciatica. As stated by Acharya Charaka Basti is regarded as either Sampurna chikitsa or Ardha chikitsa. In diseases of the vata, pitta, kapha, rakta, samsarga, and sannipataja conditions of doshas basti is always beneficial. The dosage of matra basti, a form of Anuvasana basti, is equivalent to that of hrishava matra of snehapana. Children, the elderly, those walking, exercising, coitus, and pondering, as well as Vata Rogi, bhagna, weak patients, weak digestive fires, and tender people, can all do it at any time. It boosts power, calms the dosha, eliminates difficulties, and allows the Mala to be evacuated comfortably.

Orally Ashwangandharishta acts by its vatahara properties.<sup>[14]</sup> Chaushath Prahari Pippali Churna's Tridosahara (balancing effect on all three doshas) property. By mitigating the aggravated Vata and Kapha, and stabilizing Pitta, it ensures a comprehensive therapeutic approach:

1. Kapha Dosha: The pungent and hot properties of Pippali help in liquefying the accumulated Kapha in the respiratory tract, making it easier to expel through coughing. This reduces the ghurghurkama shabda (wheezing) and clears the airways.

2. Vata Dosha: The light and unctuous qualities balance the erratic movement of Vata.

“Rasasindur param rasayanam dipan pachanm krit srotoshodhanam ch” it is supreme rejuvenuter stimulates digestion digests ama and purifies body channels.<sup>[15]</sup>

## CONCLUSION

Sciatica is a major source of morbidity that makes it difficult for a person to do daily duties. This case study illustrated Panchakarma and Shamana Chikitsa's excellent handling of Gridhrasi. According to both subjective and objective measures, the patient's quality of life has significantly changed, and their capacity to communicate the traits has improved. The patient is currently doing well with his daily activities. The findings of this single case study have generated a great deal of hope and provided management choices for Gridhrasi. Nonetheless, several large sample size randomized clinical trials will support the validation of typical results.

**REFERENCES**

1. Agnivesha, Charaka Samhita, Chikitsa Sthana, revised by edited by Yadavji Trikamji Acharya, 5th edition, Varanasi: chaukamba Sanskrit sansthan, 2001; Chapter 28.
2. Vd Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Chikitsa sthana, 28thchapter, verse-56. Chaukhamba Publication, New Delhi. Reprint, 2018; 619.
3. Vd Yadavji Trikamaji Acharya, Agnivesha, Charaka Samhita, with Ayurveda Dipika Commentary by Chakrapani, Chikitsa sthana, 28thchapter, verse-15-18. Chaukhamba Publication, New Delhi. Reprint, 2018; 617.
4. 2018, J Ethnopharmacol: Dhanvantara Taila massage group (n=40) showed significant reduction in WOMAC pain and stiffness indices vs. placebo oil group.
5. 2019, Indian J Trad Med: Topical use improved electromyography readings in mild sciatica after 6 weeks.
6. Levekar Prof. G. S., Chandra Kailash, Yelne M. B.etc. Database on Medicinal Plants used in Ayurveda, Vol. - 8, Central Council for Research in Ayurveda and Siddha, 2007; 42.
7. Simon, David and Deepak Chopra. The Chopra Center Herbal Handbook. Three Rivers Press, New York, 2000; 73-75.
8. 'Frawley, David, and Vasant Lad. The Yoga of Herbs. Lotus Press, Twin Lakes, Wisconsin, 2001; 183-184
9. Gopal C Nanda, R K Tiwari, Shothara Activities Of Dashmoola Dravyas As an Antiinflammatory Formulation With Special Reference To Charaka- A Review, Ayushadhara, Jan-Feb. 2016; 3(1).
10. Anonymous. The Wealth of India: A Dictionary of Indian Raw Materials & Industrial Products, Raw Materials Vol. X: Sp-W. New Delhi: National Institute Of Science Communication And Information Resources, Council of Scientific & Industrial Research, 2009.
11. Acharya V. S. edited Charak Samhita (part 2) with Vaidyamanorama Hindi Commentary, Published by Chaukhamba Sanskrit Pratishthan, Delhi, reprinted in, 2013; 710: 28, 144-145.
12. Acharya Charaka, Charaka samhita, Ayurveda deepika of Charapanidatta – commentary, Vaidya Jaadavaji trikamji Acharya –editor, Chaukhambha orientalia, Varanasi, 2009; 622.
13. Laxmipati Shastri VS, Shastri Bhisagratna BS Yogratanakar, Vidyotini Hindi commentary. Uttrardha Chaukhambha Prakashan Varanasi, India, 2017; 522.
14. Shastry J L N, Dravyaguna vijñana , Choukhamba press, New delhi, 2005; 2: 650.
15. Bhise, kranti D. A A Review “ Rasasindur Various Types of Anupanas w.r.t. Rastangini: Array. Ayurline: International Journal of Research in Indian Medicine, 2019; 3(02). <https://doi.org/10.52482/ayurline.v3i02.200>.