WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 16, 852-857. Case Study ISSN 2277–7105

A CLINICAL APPROACH OF *VAITARANA BASTI* AND *AGNIKARMA* IN MANAGEMENT OF *GRIDHRASI* (SCIATICA)

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Article Received on 13 July 2026,
Article Revised on 03 August 2026,
Article Published on 16 August 2026,
https://doi.org/10.5281/zenodo.21916048

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How to cite this Article: Dr. Lalit Kumar*[1], Dr. Shivani Mahajan[2], Dr. Atul Kumar Agrawal[3] (2026). A Clinical Approach Of Vaitarana Basti And Agnikarma In Management Of Gridhrasi (Sciatica). World Journal of Pharmaceutical Research, 15(16), 852–857

ABSTRACT

Background: In India 70 to 80 % of the population has low back pain as one of the most common problem. Intervertebral disc prolapsed is the most common cause of low back pain. This radiating pain due to the compression of nerve is known as sciatica and in ayurveda it is known as *gridhrasi* **Aims and Objectives:** In this study efficacy of *Vaitarana Basti* and *Agnikarma* in the management of *Gridhrasi* will be accessed. **Materials and Method:** A 49 year married man has been diagnosed with Lumbar spondylosis and lumbar canal stenosis at L 4 -5 level.

KEYWORD: Gridhrasi, vatavyadhi, Panchkarma.

INTRODUCTION

Gridhrasi is one of the most common *Naanatmaja Vata Vyadhi*[1] came in clinical practice. It can be classified in to *Vataja* and *Vatakaphaja Vyadi. vataja gridhrasi* has symptoms *like ruk, toda, stambh* and radiating pain originating from *sphik* and extending through the *Kati, Uru, Janu, Jangha and Pada.* On the other hand *Vatakaphaja Gridhrasi* has *Tandra, Gaurava,* and *aruchi.*[2] Clinical features of *Gridhrasi* resembles sciatica a common neuromuscular disorder caused by irritation of compression of

sciatic nerve. Sciatica represents a significant clinical problem worldwide and affects a substantial number of adults. The reported prevalence ranges from 3. 8% in the working population to 7. 9% in the non-working population. It is commonly encountered in individuals between 40 and 60 years of age, with a higher incidence among males.[3] Low back pain associated with sciatica is a major contributor to disability, accounting for a large number of hospital admissions and serving as a common indication for spinal surgical procedures in advanced cases.[4]

CASE REPORT

A 49 year old male patient came to OPD of Panchkarma Department Of Patanjali Bhartiya Ayurvigyan Evam Anusandhan Sansthan Haridwar Phase 1. Patient was businessman by occupation. Pt. was healthy 2 year back gradually he started following complaints.

CHIEF COMPLAINTS

Pain in lower back.

Radiating pain to left lower limb.

Tingling sensation.

HISTORY OF PRESENT ILLNESS

Pt had sudden onset of pain and its nature was continuous and crushing along with tingling sensation. Pain relieved in lying posture. Pt. did not have any other illness.

GENERAL EXAMINATION

Clear tongue, No edema, No Icterus, Abnormal Gait (lymping).

ASHTAVIDHA PARIKSHA[5]

Nadi	*Vataja*	***Shabda***	*Spasth*
Mutra	*Prakruta*	***Sparsha***	*Ushna Snigdha*
Mala	*Nirama*	***Drik***	*Prakruta*
Jivha	*Nirama*	***Akruti***	*Vata Pittaja*

SYSTEMIC EXAMINATION

CNS Conscious and well oriented.

CVS S1 S2 Normal.

RESPIRATORY SYS. B/L Airway entry clear.

GIS Abdomen Soft and Non-tender.

LOCO MOTOR EXAMINATION

- **INSPECTION** No any deformity.
- **PALPATION** Tenderness present at L4 and L5 region.

INVESTIGATION

1. **CBC** Hb 14. 1 g/dl.
2. **RBS** 134. 3 mg/dl.
3. **X-RAY/MRI FINDINGS** L4 L5 moderate compression.

Postereocentral and left Postereo lateral desiccated disc extrusion seen at L4 L5.

Lumbar Spondylosis is seen.

ASSESSMENT CRITERIA

1. *RUKA* (PAIN/DISCOMFORT)

	Grade
No pain	0
Mild pain but no difficulty in walking	1
Moderate pain and slight difficulty in walking	2
Severe pain with severe difficulty in walking	3
Unable to walk	4

***2. STAMBHA* (STIFFNESS)**

	Grade
No *Stambhata*	0
Stambhata for few minutes after sitting for long duration but relieved by mild movements and routine works are not disturbed.	1
Stambhata lasting for more than 1 hour or more than once a day but routine work not disturbed.	2
Stambhata lasting for more than 1 hour or many times a day mildly affecting the daily routine.	3
Episodes of *Stambhata* lasting for 2-6 hours daily and daily routines are hampered severely.	4

3. *ARUCHI* (ANOREXIA)

	Grade
Normal taste in food, feeling to eat food in time	0
Feeling to take food but not having taste	1
Anannabhilasha – not feeling to take food even if hungry	2
Bhaktadvesha – irritability to touch, smell, seeing and listening about food	3
Abhaktachchaanda	4

4. *SPANDANA* (PULSATING/THROBBING SENSATION)

	Grade
No *spandana* at all	0
For few minutes occasionally which is relieved spontaneously	1
Daily at least once for few minutes without affecting daily routine	2
Many time in a day affecting daily routine	3
Spandana daily for many times severly hampering daily routine	4

5. *GAURAVA* (HEAVINESS)

	Grade
No feeling of *Gaurava*	0
Occasional feeling of *Gaurava* not affecting the normal movements	1
Frequent feeling of *Gaurava* affecting the normal movements	2
Feeling of *Gaurava* throughout the day severely affecting the normal movements	3
Feeling of *Gaurava* throughout the day totally Hampering normal movements	4

***6. TODA* (PRICKING SENSATION)**

	Grade
No *Toda*	0
Mild *Toda* Occasionally but does not affect daily routine	1
Moderate *Toda* Frequently many times in a day that hamper daily routine	2
Moderate *Toda* whole day and Need to take rest can't work	3
Severe *Toda* whole day also at mental level reduced alertness etc.	4

7. *TANDRA* (DROWSINESS)

	Grade
No *Tandra*	0
Mild *Tandra* Occasionally but does not affect daily routine	1
Moderate *Tandra* Frequently many times in a day that hamper daily routine	2
Moderate *Tandra* whole day and Need to take rest can't work	3
Severe *Tandra* whole day also at mental level reduced alertness etc.	4

8. *SUPTATA*

	Grade
No Suptata	0
Occasionally once in a day for few minutes	1
Daily once in a day for few minutes	2
Daily for 2 or more times/ 30-60 minutes	3
Daily more than 1 hour / Many times a day	4

OBJECTIVE CRITERIA

SLR Improvement[7]	Grade	BT	AT
Equal to 90^0 or $>90^0$	0		

$71^0 < 90^0$	1		
$51^0 – 70^0$	2		
$31^0 – 50^0$	3		
Equal to 30^0 or $<30^0$	4		

Over All Assement Criteria

NO IMPROVEMENT	<25%
MILD IMPROVEMENT	>25% to 50%
MODERATE IMPROVEMENT	>50% to 75%
MARKED IMPROVEMENT	>75%
COMPLETE IMPROVEMENT	100%

TREATMENT

8 day treatment protocol

DAY	*Sarvanga Abhyanga*	*Sarvangavashp swedan*	*Anuvasan basti*	*Niruha basti*
1st	*Murchit Til Taila*	*Dashmool kwath*	*Murchit Til Taila*	
2nd	*Murchit Til Taila*	*Dashmool kwath*	*Murchit Til Taila*	
3rd	*Murchit Til Taila*	*Dashmool kwath*		*Vaitrana basti*
4th	*Murchit Til Taila*	*Dashmool kwath*	*Murchit Til Taila*	
5th	*Murchit Til Taila*	*Dashmool kwath*		*Vaitrana basti*
6th	*Murchit Til Taila*	*Dashmool kwath*	*Murchit Til Taila*	
7th	*Murchit Til Taila*	*Dashmool kwath*		*Vaitrana basti*
8th	*Murchit Til Taila*	*Dashmool kwath*	*Murchit Til Taila*	

9th day treatment protocol

Agnikarma done at most tender point at l4 l5 region (lumbosacral region) by *Panchdhatu Shalaka* and *Samyak dagdh lakshana* were achieved.

FOLLOW UP: Assessment before and after treatment.

SLR Improvement	Grade	BT	AT
Equal to 90^0 or $>90^0$	0		
$71^0 < 90^0$	1		+VE
$51^0 \_ 70^0$	2		
$31^0 \_ 50^0$	3		
Equal to 30^0 or $<30^0$	4	+VE	

Sr no		Bt	At
1.	Ruka	3	1
2.	Stambha	3	1
3.	Aruchi	2	0
4.	Spandan	3	1
5.	Gaurava	2	0
6.	Toda	3	1
7.	Tandra	2	0
8.	Suptata	3	1

	Straight Leg raise test (SLRT)	+ve at 30^0	+ve at 75^0

RESULT AND DISCUSSION

As per the abovementioned data the overall symptom score decreased from 21 to 5, corresponding to an overall relief of 76. 19%. Objective assessment using the Straight Leg Raise Test (SLRT) also showed significant improvement, with the angle increasing from 30^0 before treatment to 75^0 after treatment, indicating a substantial reduction in nerve root irritation and improvement in functional mobility.

CONCLUSION

In this case we treated the patient by *shodhan chiktsa* and we found effectiveness of this treatment. This treatment shows significant relief in the symptoms of *Gridhrasi*. After one Month follow up relief is sustained. In last the conclusion of this case study is that *gridhrasi* can be managed with proper ayurvedic treatment.

REFERENCE

1. Shashtri, K. (n. d.). *Charaka Samhita of Agnivesa* (Vol. 2). Varanasi: Chaukhamba Sanskrit Sansthan. Sutra Sthan (20/11), p. 348.
2. Shashtri, K. (n. d.). *Charaka Samhita of Agnivesa* (Vol. 2). Varanasi: Chaukhamba Sanskrit Sansthan. Chikitsa Sthan, 28/56; p. 716.
3. Kaila-Kangas, L., Leino-Arjas, P., Karppinen, J., Viikari-Juntura, E., Nykyri, E., & Heliovaara, M. (2009). History of physical work exposures and clinically diagnosed sciatica among working and nonworking Finns aged 30–64. *Spine (Phila Pa 1976), 34*(9): 964–969.
4. Armstrong, P., Wastie, M., & Rockall, A. (2004). *Diagnostic imaging* (5th ed., Chapter 11, p. 362). Blackwell Publishing.
5. Shastri, L. (2002). *Yogaratnakara* (Purvardha, Pratham Adhyay, pp. 5–14). Varanasi: Chaukhambha Sanskrit Sansthan.
6. Windle, W. F. (1980). *The spinal cord and its reaction to traumatic injury: Anatomy, physiology, pharmacology, therapeutics* (pp. xi, 384). New York, NY: M. Dekker.
7. Vroomen, P. C. A. J., de Krom, M. C. T. F. M., & Knottnerus, J. A. (1999). Diagnostic value of history and physical examination in patients suspected of sciatica due to disc herniation: A systematic review. *Journal of Neurology, 246*(10): 899–906.