

**ROLE OF KATIBASTI & AGNIKARMA IN GHRIDRASI (SCIATICA):
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***Corresponding Author****Dr. Rajneesh Baria**Medical Officer, AAM
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of Ayush, UT of J&K.**ABSTRACT**

Ghridrasi or Sciatica is a common condition occurs due of the aggravation of Vata Dosha, causing musculoskeletal & neurological disorders. In Ayurveda, it is experienced as an expression of vitiated Vata dosha in the lower back. In Western medicine, this state is linked with lumbar spondylosis, a degenerative spine disease usually connected with pain, stiffness, and neurological findings. Both systems are concerned with the management of pain and upgrading in mobility. However, Ayurveda offers a holistic and individualized regimen that controls the symptoms and tries to balance the underlying doshas. This study presents the management of a 59-year-old male patient with acute pain in the lumbar region radiating to both buttocks, difficulty in bending forward & unable to walk properly. After diagnosis, the

management was based on the principle of Vata Prakopa (degenerative process due to increased Vata dosha). The therapies applied were Kati Basti (localised application of oil for the lumbar region) & Agnikarma. Surprisingly, after a week of regular management, the patient showed marked relief from pain and increased mobility. The neurological symptoms also showed marked improvement, making this case a strong indication of the efficacy of Ayurveda in managing ghridrasi & other related spinal diseases.

KEYWORDS: Sciatica, Panchkarma, Agnikarma.**INTRODUCTION**

Gridhrasī is a well-documented disease in Ayurveda, classified under the group of Vāta Nanātmaja Vyādhis (disorders caused primarily by aggravated Vāta doṣa). The name *Gridhrasī* originates from the Sanskrit word *Gridhra* (vulture), as the patient's gait resembles

that of a vulture due to pain and restricted movement.^[1] According to the Caraka Saṃhitā, Gridhrasī is characterized by rūkṣatā (dryness), śūla (pain), stambha (stiffness), toda (pricking pain), and spandana (twitching) that begin in the sphik (hip region) and radiate down the kaṭi (waist), ūrū (thigh), jānu (knee), jaṅghā (calf), and pāda (foot).^[2] Suśruta Saṃhitā describes two types of Gridhrasī: Vātaja, which presents with pain, stiffness, and restricted movement, and Vāta-Kaphaja, in which additional symptoms like heaviness, numbness, anorexia, and drowsiness occur.^[3]

In modern medical terminology, Gridhrasī is often correlated with Sciatica, a condition caused by compression or irritation of the sciatic nerve. However, Ayurveda explains the pathology as a systemic imbalance of Vāta or Vāta–Kapha, rather than a mere localized nerve disorder.^[4]

Lifetime incidence of Low back pain is 50-70% & incidence of clinically significant Sciatica due to Lumbar disc prolapse occurs in 4-6% of population. Low back pain & sciatica is major cause of morbidity & there is only conservative treatment giving short term relief or surgical intervention which is very costly & associated with high risk. It is a disorder with many possible etiologies occurring in many groups of population. PIVD with Lumbar disc herniation is the most common Low back disorder. A herniated disc is a displacement of Disc material beyond the intervertebral disc space. Most common cause of disc herniation is degenerative process as age advances. Other causes include trauma & connective tissue disease. It is most common in lumbar spine at L₄-L₅ due to increased mechanical forces across this area.

Katibasti a Panchkarma procedure is a type of BahyaSnehana Karma specially designed for the management of Katishula. Mahanarayan taila used here is best Vatashamaka oil.

Agnikarma is a nonpharmacological parasurgical procedure mentioned in Ayurveda. Acharya Susruta has mentioned its role in painful conditions of Twak (superficial pain), Mamsa (muscular pain), Sira (neurological pain), Snayu (tendinitis), Sandhi (joint pain) & Asthi (bony pains) (Su.Su.12/10).

Patient information

A male patient named Sham Lal, aged 40 years, resident of Village Karanvada, Govt employee, coming from hindu community approached at GAD parnalla on 27-08-2019 with

complaints of severe pain over Left buttocks radiating to back of left leg associated with lower back pain & making the patient unable to walk properly & difficulty in bending forward. Pt. consulted various orthopaedicians in Amritsar and Pathankot who advised him MRI lumbar spine and diagnosed him suffering from PIVD. They kept him upon allopathic medicines and advised to undergo surgery as only solution to his problem. He refused surgery due to fear of paralysis.

Chief Complaints	Associated complaints
Severe pain over Left buttocks radiating to back of left leg.	Pain in low back region, difficulty in bending forward & unable to walk properly.

Findings

After taking history and examining him properly it was found that there was aggravation of vatadosha over Katipradsha and left buttocks region. Tenderness observed over all these regions. SLR test was positive at 30° in left leg. MRI findings showed spondylo-disko degenerative changes, central disc bulge at L₄-L₅. L₅-S₁ shows high intensity zone.

Various factors such as

(A) Exertion (on duty, while travelling & night wake ups during night duties). (B)- Ruksha Ahara, skipping meals, Virudhahara etc. lead to Dhatu Kshaya & Avarana of VataDosa causing further aggravation of VataDosa.

Nidana

Aharaja	Viharaja
Rukshahara & Virudhahara (junkfoods, bakery foods, cold & refrigerated food items, cold water etc.),	Exertion, Ratrijagrana (night wake up), Langhana (Skipping meals).

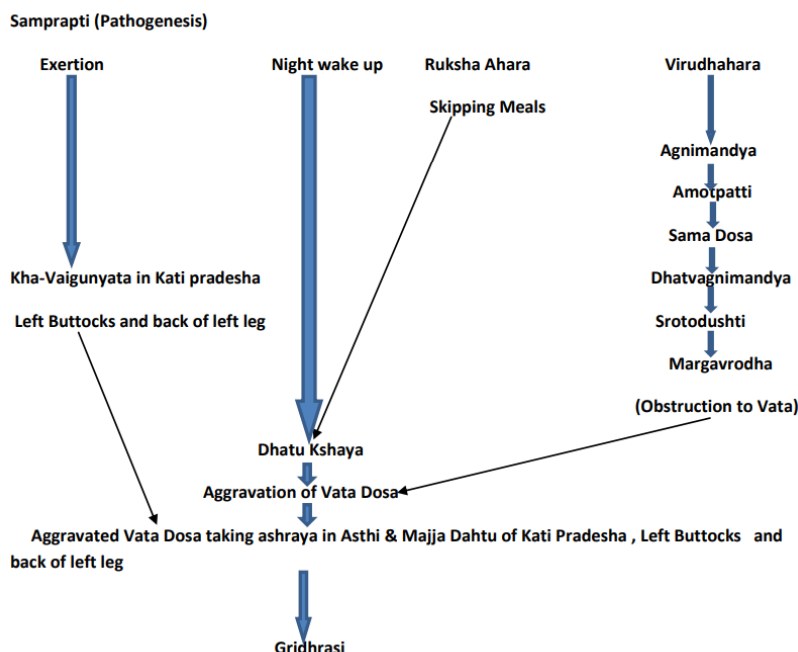
Personal History

Occupation- Govt. employee	Addiction –Tea	Pulse- 78/ Min.
Appetite-Reduced	Sleep- Disturbed due to pain	BP- 124/80 mm of Hg
Bowel habit- Regular		

Pariksha

Nadi- Vata-Pittaja	Mutra- Prakruta	Mala- Prakruta	Jihva- Nirama
Shabda- Prakruta	Sparsha- Ruksha	Druka- Prakruta	Akriti- Madhyama

Samprapti(Pathogenesis)



Gridhrasi

Treatment plan

KatiBasti

To specify the aggravated Vata Dosa where Rukshaguna of Vata was more involved a local Snehana Karma i.e. Kati Basti procedure with Mahanarayan Taila was planned. Kati Basti a Panchkarma procedure is a type of Bahya Snehana Karma. Kati refers to low back region & Basti refers to bladder (means to retain). Kati Basti is a Procedure where in awarmsnehadravya such as Mahanarayan Taila is kept over low back region for a particular time by making a circular ring like structure hollow inside called basti with black gram flour. Kati Basti was Performed w.e.f. 27-08-19 to 04-09-19. Black gram flour was used to make Basti over low back region while patient lying prone. Warm Mahanarayan Taila was used to fill the Basti & it was replaced repeatedly when it got cooled. Daily procedure was carried out for 50 minutes.

Agnikarma Procedure was performed in three stages (in 2 sittings with a gap of 15 days).

A. PURVA KARMA the patient was advised to come in the OPD after having Snigdha-Pichhila Ahara (like Khichadi & ghee, milk rice or curd rice etc). The site of Agnikarma is

cleaned with gauze & Tender points were marked with a pen. Panchdhatushalaka, Ghritkumari pulp, Cow's ghee were kept ready.

B. PRADHAN KARMA Dhanvantari Puja was performed & Patient was advised to pray the God he worships. The whole procedure was explained to the patient. His Satva (Mental status) was increased by all these & he was made calm & cool while undergoing procedure in order to achieve maximum benefits & to avoid any untoward effect from the procedure.

Panchdhatushalaka was heated Red hot & Agnikarma was done over already marked points. Minimum space was kept between two Agnikarma points in order to avoid overlapping. Ghritkumari pulp was applied immediately to relieve the burning pain.

C. PASHCHAT KARMA After wiping of Ghritkumari pulp cow's ghee was applied & Bandaging done. Patient was observed for 30 minutes after Agnikarma procedure & Pathya-apathya was advised. He was strictly advised not to allow water contact at site of Agnikarma upto 24 hrs. He was advised to apply Madhu-Sarpi (honey & ghee at site of agnikarma daily once for one week).

Follow up One month follow up was carried out.

Pathyapthya (Do's & Don'ts)

Pt. was advised to take Snigdha (unctuous), Ushna (warm), laghu (easily digestible) food such as hot soup (vegetable & dal soups), warm milk, warm water, rice, chapatti, dal, green vegetables etc. He was advised to take rest & proper sleep during night. He was advised to avoid junk foods, fried foods, cold & refrigerated food items, cold water, any type of exertion, sleeping during day time & waking up in the night.

Pathyahara	Apathyahara	Pathyavihara	Apathyavihara
Snigdha (unctuous), Ushna (warm), laghu (easily digestible) food such as hot soup (vegetable & dal soups), warm milk, warm water, rice, chapatti, dal, green vegetables etc.	Rukshahara Virudhahara (junk foods, bakery foods, fried foods, cold & refrigerated food items), cold water etc.	Take Complete rest & proper sleep at night.	Ratrijagrana (Night wake up), Any kind of exertion

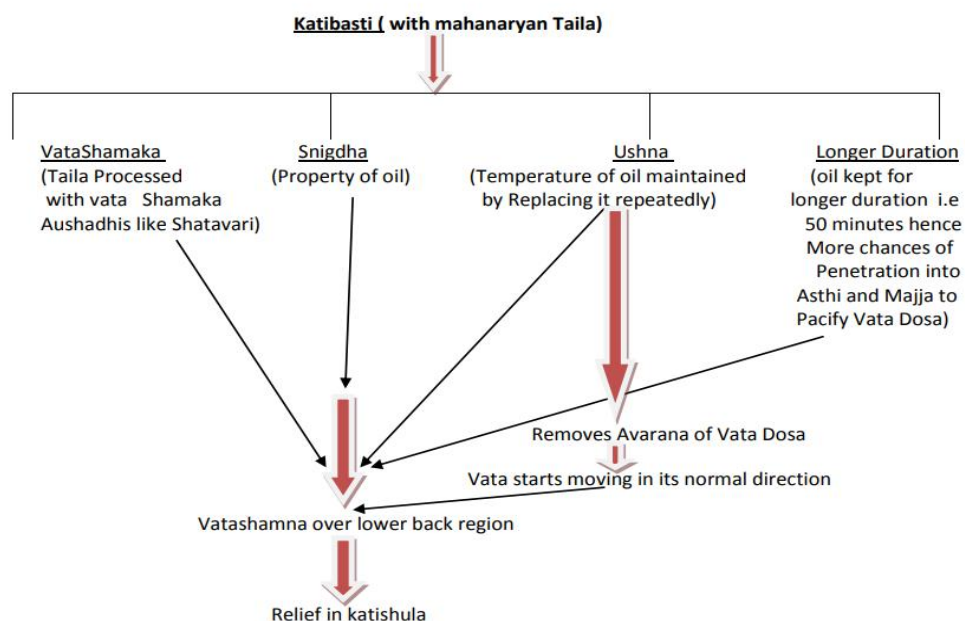
RESULT

After Katibasti Procedure Pt. felt relief in pain in lower back region but the pain in left buttocks and back of left leg did not relieve. Hence two sittings of Agnikarama with a gap of 15 days were done. After Agnikarama Procedure Patient felt complete relief in all his complaints. After one month follow up Patient was completely well without recurrence of any symptoms. Patient is still in contact & is doing well without recurrence of any symptoms.

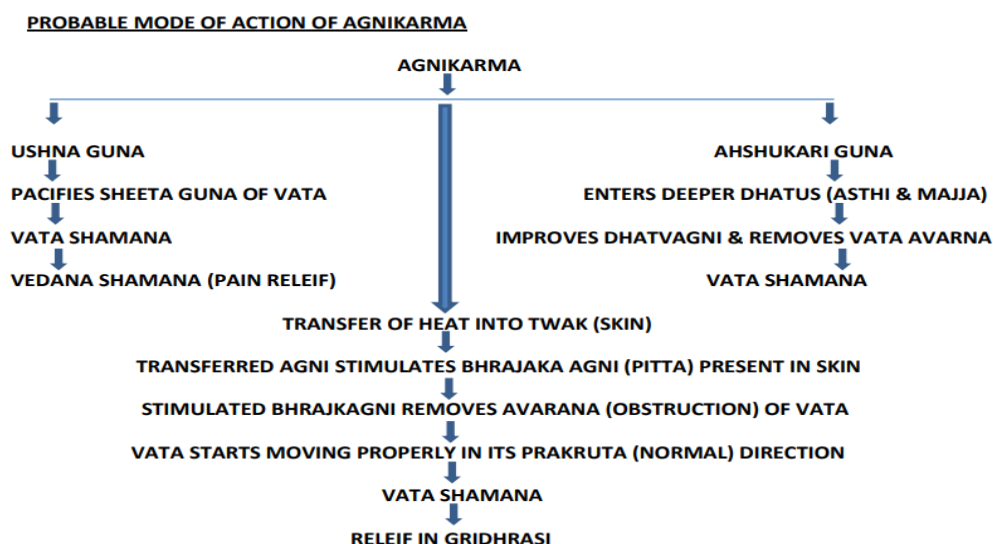
Symptoms	Before Treatment	After first sitting of Basti	After first sitting of Agnikarma	After second sitting of Agnikarma	Follow up
Pain in Left Buttock	4	4	1	0	0
Pain along backside of left leg	4	4	1	0	0
Pain in Low back region	3	1	0	0	0
Anterior flexion	10°	20°	60°	90°	90°
SLR test	Positive at 30°	Positive at 30°	Negative	Negative	Negative

Grade 0- no pain, Grade 1- occasional pain, Grade 2- Intermittent pain, Grade3- frequent pain, Grade 4- continuous pain.

PROBABLE MODE OF ACTION OF KATIBASTI



PROBABLE MODE OF ACTION OF AGNIKARMA



CONCLUSION

Agnikarma is an OPD procedure where as Katibasti even though a Panchkarma procedure can be performed at OPD level by giving the patient proper instructions of Pathyapathya as indicated. Kati basti even though a best treatment methodology to treat Katishula but may not give good results in Gridhrasi when used alone. From this case study we can conclude that when Katibasti procedure is combined with Agnikarma it gives much better results in Gridhrasi. The efficacy of this treatment is proved as the patient got complete relief at the end of treatment. The study was limited due to lack of resources & manpower at dispensary level.

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