

AYURVEDIC MANAGEMENT OF GRIDHRASI (SCIATICA) WITH PANCHAKARMA THERAPY: A CASE REPORT

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ABSTRACT

Gridhrasi is one of the *Vataja Nanatmaja Vyadhis* described in *Ayurvedic* classics,^[1] characterised by pain radiating along the course of the sciatic nerve, which closely resembles Sciatica in modern medical science. It primarily arises due to the vitiation of *Vata Dosha*, affecting regions such as *Sphik, Kati, Prushtha, Uru, Janu, Jangha, and Pada*. This case report presents the *Ayurvedic* management of a 39-year-old female patient who complained of low back pain (LBP) radiating to both lower limbs for the past 5 years. MRI findings revealed a posterior disc bulge at the L4–L5 level. The patient was managed with a comprehensive *Panchakarma* protocol including *Abhyanga, Nadisvedana, Jambheera Pinda Svedam, Matra Vasti, Madhughritadi Yapana Vasti, and Kativasti*. Significant clinical improvement was observed following treatment, including improvement in walking time from 18.33 seconds to 11.21

seconds per 10 meters, improvement in Straight Leg Raise Test (SLRT) angles, and a marked reduction in pain and functional disability. This case highlights the potential efficacy of *Ayurvedic Panchakarma* therapy in managing *Gridhrasi*.

KEYWORDS: *Gridhrasi, Sciatica, Panchakarma, Vataja Nanatmaja Vyadhi, Yapana Vasti, Kativasti, disc bulge, LBP.*

INTRODUCTION

Gridhrasi is one of the eighty *Vataja Nanatmaja Vyadhis* described in *Charaka Samhita*. The term is derived from “*Gridhra*,” meaning vulture, and refers to the characteristic gait of the patient, which resembles that of a vulture due to stiffness and pain in the affected lower limb. It is clinically characterised by pain originating from the *Sphik* (gluteal region) and radiating downward through the *Kati* (lumbar region), *Prushtha* (back), *Uru* (thigh), *Janu* (knee), *Jangha* (leg), and *Pada* (foot).^[1,2] When *Kapha* is also involved, additional features such as *Toda* (pricking pain), *Gaurava* (heaviness), and *Stambha* (stiffness) are observed, and the condition is termed *Vata-Kaphaja Gridhrasi*.^[1–3]

In modern medicine, *Gridhrasi* closely corresponds to Sciatica, a condition characterised by pain radiating along the distribution of the sciatic nerve, most commonly due to lumbar disc herniation, disc bulge, or piriformis syndrome, causing compression of the nerve roots (L4, L5, S1).^[4,5] It is a common musculoskeletal disorder affecting working-age individuals and is associated with significant disability, reduced quality of life, and economic burden. The global lifetime prevalence of sciatica ranges from 10% to 40%, with an annual incidence of approximately 1–5% in adults.^[4] In India, the combined prevalence of low back pain and sciatica has been reported between 20% and 40%, with a higher incidence in individuals engaged in physically demanding work as well as those with sedentary lifestyles. The condition most commonly affects individuals in the 40–60-year age group, with a slightly higher incidence in males due to occupational factors.

Conventional management includes analgesics, physiotherapy, epidural steroid injections,^[4,5] and surgical intervention in refractory cases. However, limitations such as adverse effects of long-term medication use and variable surgical outcomes often lead patients to seek *Ayurvedic* management. *Panchakarma* therapy, with its *Vata-shamana* and *Srotoshodhana* properties, offers a holistic and comprehensive approach in the management of *Gridhrasi*.^[6] This case report presents the clinical outcome of a 39-year-old female patient with *Gridhrasi* (sciatica associated with disc bulge) managed successfully with a structured *Panchakarma* protocol at Sri Venkateswara Ayurvedic College & Hospital, Tirupati.

MATERIALS AND METHODS

Various references were collected from available *Ayurvedic* texts and their commentaries, modern medical texts, and relevant websites.

CASE PRESENTATION

The patient presented with the following complaints:

- Low back pain (LBA) radiating to bilateral lower limbs — 5 years

History of present illness

The patient was apparently well 5 years prior to admission. She gradually developed pain in the lumbar region which later started radiating to the right lower limb and then to the left lower limb. She visited an allopathic hospital where she underwent relevant investigations, took medications, and did not get any relief. She subsequently underwent Naturopathy treatment and got mild relief. She was normal and pain was less up to August 2022. One day she lifted a heavy weight and LBA started again, radiating to bilateral lower limbs. She then visited SVAYH for better management.

Past history

H/o Thyroid (on Thyronorm 1-0-0). No H/o Hypertension, Diabetes Mellitus.

Family History

Not significant.

Personal history

Diet – mixed

Appetite – Normal

Thirst – normal

Urine – 6 to 7 times during day and 3 to 4 times during night

Bowel – Regular

Addiction – no addiction to smoking and alcohol

Physical examination

B.P – 122/78 mm hg

P.R – 72/min

Respiration rate – 17/min

Weight – 63kg

Ashtavidha Pariksha

Nadi – Vata-Kapha Pradhana

Mala – Abadha

Mutra – Mutra anigraha

Jihwa – Aipta

Shabda – Spashta

Sparsha – Samashitoushna

Netra – Samanya

Akriti – Madhyama

Dashavidha Pariksha

Prakriti – Vatakaphaja

Vikriti – Vata Pradhana

Sara – Madhyama

Samhana – Madhyama

Pramana – Madhyama (5 feet 4inch)

Satmya – Madhyama

Satwa – Madhyama

Agni - Aharashakti – Madhyama Jarana Shakti – Madhyama

Vyayama Shakti – Avara

Vaya – Madhyama

Systemic examination

CVS: Bradycardia present; S1 & S2 heard; no murmurs

CNS: Patient conscious and oriented to time, place and person; motor and sensory systems normal; reflexes normal

Digestive System: Abdomen soft and non-tender; no organomegaly; Normal bowel sounds present.

Respiratory System: Bilateral air entry present; no added sounds

Uro-genital System: NAD

Investigations

1. Laboratory Investigations

Investigation	Value	Normal Range
Haemoglobin (Hb%)	12.2 gm%	12–16 gm%
WBC (TLC)	7700 cells/cumm	4000–11000

DLC – Polymorphs	68%	40–70%
DLC – Lymphocytes	27%	20–40%
DLC – Eosinophils	4%	1–4%
DLC – Monocytes	1%	2–8%
ESR	12 mm/1st hour	0–20 mm/hr
RBC	4.35 millions/cumm	3.8–5.2
PCV	38.1%	36–46%
MCV	82.5 fl	80–100 fl
MCH	29.2 pg	27–32 pg
MCHC	33.2 g/dl	32–36 g/dl
FBS	86 mg/dl	70–110 mg/dl
PPBS	94 mg/dl	<140 mg/dl
Urine – Sugar	Nil	Nil
Urine – Albumin	Nil	Nil
Urine – Pus cells	4–6/HPF	<5/HPF
Urine – Epi cells	6–8/HPF	Occasional

MRI Findings (7/10/2024)

Lumbar Spine

- L4-L5: Posterolateral disc bulge —at L4-L5 levels causing minimal effacement of vertebral thecal sac; no significant central canal stenosis (canal diameter: 14–15 mm / 18.5 mm)
- LS Spine: Posterolateral disc bulge at L4-L5 levels

MODERN DIAGNOSIS

The patient was diagnosed with a case of Sciatica.

AYURVEDIC DIAGNOSIS

The patient was diagnosed with a case of *Gridhrasi*.

TREATMENT PROTOCOL

A comprehensive *Panchakarma* treatment protocol was administered over the course of admission. The treatment was planned based on the *Dosha* predominance (*Vata-Kapha*), *Bala* of the patient, and MRI findings indicating disc bulge at L4-L5 and cervical levels.

Date	Treatment	Duration/Details
18/03/2026	<i>Abhyanga + Nadisvedana with Bala Taila</i>	× 3 days
18/03/2026	<i>Matravasthi With Bala Taila</i>	× 5 days
21/03/2026	<i>Jambeerainda Svedam</i>	× 14 days
23/03/2026	<i>Madhughritadi Yapana Vasti</i>	× 16 days
03/04/2026	<i>Kathivasti</i>	× 5 days

Rationale of Treatment

Abhyanga + Nadisvedana: *Vata-Kapha Shamana*, relieves stiffness and pain; improves local circulation and nourishment of *Srotases*.^[7]

Matravasthi: *Matra Vasti*, a form of *Sneha Vasti*, is the supreme treatment for *Vata* predominant conditions as *Vasti* acts directly at *Pakwashaya* — the prime seat of *Vata* ^[8]. *Bala Taila*, being *Vatahara*, *Balya*, and *Brimhana* in nature, acts specifically on *Snayu*, *Asthi*, and *Majja* — the primary sites of pathology in *Gridhrasi* — thereby facilitating *Vatanulomana*, *Shoolaprashamana*, and *Stambhahara*.^[8,14]

Jambeerainda Svedam: *Patra Pinda Sveda* variant using citrus fruits (*Jambira*); *Rooksha-Ushna* properties; effective in *Vata-Kapha* predominant conditions; reduces pain, swelling, and stiffness.

Madhughritadi Yapana Vasti: *Yapana Vasti* has both *Shodhana* and *Brimhana* properties; *Madhu* (honey) and *Ghrita*-based formulation; particularly effective in *Vata* disorders of the lumbar region; nourishes nerve tissue and reduces compression.^[9]

Kativasti: Localised warm medicated oil pooling over the lumbar region; provides direct *Snehana* to the affected *Srotases*; reduces *Vata* and relieves disc-related pain.^[11-13]

OBSERVATION AND RESULTS

1. Functional Assessment — Walking Time

Date	Walking Time (10 metres)	Support
12/02/2026	18:33 seconds	without support
07/04/2026	11:21 seconds	without support

Note: Improvement in walking time indicates better confidence, reduced pain, and improved neuromuscular coordination.

2. SLRT (Straight Leg Raise Test) — Before and After

Date	Left SLRT	Right SLRT
12/02/2026 (Before)	45°	50°
07/04/2026 (After)	60°	80°

SLRT measures nerve root tension. Positive SLRT (pain at <60°) indicates sciatic nerve irritation. Improvement in SLRT angles reflects reduced nerve root compression and inflammation.^[4,5]

DISCUSSION

Gridhrasi, described in *Charaka Samhita* (Chikitsa Sthana 28/56), is considered a *Vataja Nanatmaja Vyadhi* caused by vitiation of *Vata Dosha*, predominantly affecting the *Sphik, Kati, Prushtha, Uru, Janu, Jangha, and Pada* regions.^[1,2] The clinical presentation in the present case — bilateral low back pain radiating to both lower limbs, gradual progression of symptoms, aggravation following heavy lifting, and MRI evidence of posterior disc bulge at the L4–L5 level — closely resembles the classical features of *Gridhrasi* and correlates well with *Sciatica* described in modern medicine.^[3–5]

MRI findings revealed a posterior disc bulge at the L4–L5 level with effacement of the thecal sac without significant central canal stenosis, indicating a *Kruchasadhya* condition and supporting a conservative *Ayurvedic Panchakarma* approach.^[6,12] The treatment protocol was planned to correct the underlying *Vata* vitiation through *Snehana, Svedana, and Vasti Chikitsa*, which are considered the principal therapeutic modalities in the management of *Vatavyadhi*.^[1,2]

Abhyanga followed by *Nadisvedana* and *Jambheera Pinda Svedam* provided both local *Snehana* and *Svedana*, thereby preparing the *Srotases* for further therapeutic procedures.^[7,10] *Jambheera Pinda Svedam*, a variant of *Patra Pinda Sveda* utilising citrus fruits, is known for its anti-inflammatory and *Vata-Kapha Shamaka* properties, making it particularly beneficial in disc-related sciatica.^[10]

Madhughritadi Yapana Vasti, administered for 16 days, served both *Shodhana* and *Brimhana* purposes. *Vasti* is regarded as the most effective treatment modality for *Vata* disorders, as stated in *Ashtanga Hridayam* (“*Vastir Vatahare Shreshtha*”).^[15] *Yapana Vasti* provides sustained nourishment to depleted *Dhatu*s and neural tissues, thereby addressing the neurogenic component of *Gridhrasi*.

Kativasti, involving retention of warm medicated oil over the lumbosacral region, provided localised *Snehana*, which helped reduce *Vata*-induced pain, stiffness, and discomfort in the lumbar area.

The clinical outcomes observed in this case — improvement in walking time, better SLRT findings, and reduction in pain and disability — demonstrate the cumulative therapeutic effect of the *Panchakarma* interventions. The patient had undergone her fourth sitting of therapy and continued to show progressive improvement, suggesting the deep-acting and sustained benefits of *Ayurvedic* treatment in chronic disc-related conditions. Functional mobility improved significantly, as evidenced by a reduction in the time taken to complete a 10-metre walk from 18.33 seconds before treatment to 11.21 seconds after treatment, with the patient being able to walk independently without external support.

This case highlights the importance of a structured *Panchakarma* approach in the management of chronic *Gridhrasi*, particularly in cases where conventional therapies have provided only partial relief. *Ayurvedic Panchakarma*, by addressing the underlying *Vata-Kapha* imbalance and supporting nourishment of affected neural and musculoskeletal tissues, may offer a safe, effective, and holistic approach for the management of chronic sciatica associated with disc pathology.

CONCLUSION

This case report demonstrates the efficacy of a comprehensive *Ayurvedic Panchakarma* protocol — *Abhyanga*, *Nadisvedana*, *MatraVasthi*, *Jambeerainda Svedam*, *Madhughritadi Yapana Vasti* (×16 days), *Kativasti*,^[7-13] — in the management of *Gridhrasi* (sciatica with lumbar). Significant improvement was observed in walking time, SLRT, and overall pain and disability. *Ayurvedic Panchakarma*, through its *Vata-shamana* and *Srotoshodhana* mechanisms, offers a promising and holistic approach to *Gridhrasi* management. Further controlled clinical trials are recommended to validate these findings and establish evidence-based *Ayurvedic* protocols for sciatica.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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