WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 22, 460-466. Case Study ISSN 2277–7105

SEQUENTIAL PANCHAKARMA MANAGEMENT OF GRIDHRASI ASSOCIATED WITH LUMBAR RADICULOPATHY: A CASE REPORT

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Article Received on 13 Oct. 2026,
Article Revised on 03 Nov. 2026,
Article Published on 16 Nov. 2026,

https://doi.org/10.5281/zenodo.24277196

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How to cite this Article: Yashwant Chaudhary*[1], Rajeev Kumar Pandey[2], Divya Gupta[3] (2026). Sequential Panchakarma Management Of Gridhrasi Associated With Lumbar Radiculopathy: A Case Report. World Journal of Pharmaceutical Research, 15(22), 460–466

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ABSTRACT

Background: Gridhrasi is described in Ayurveda among the Nanatmaja Vata Vyadhi and has clinical features that may resemble sciatica or lumbar radiculopathy. Typical features include pain radiating from the lumbar or gluteal region to the lower limb, stiffness, sensory symptoms, and impaired mobility. **Case Presentation:** A 48-year-old woman presented with chronic low back pain radiating predominantly down the left lower limb, lumbar stiffness, generalized joint pain, and constipation for 10 days. The baseline Visual Analogue Scale (VAS) pain score was 8/10. The left Straight Leg Raise (SLR) was positive at 35°, while the right SLR was 85° and negative. Lumbar MRI showed disc desiccation at L3–L5, diffuse disc bulges, neural foraminal stenosis, and nerve-root impingement. **Intervention:** Management was initiated with metabolic digestive priming (*Deepana-Pachana*) using *Vyoshadi Guggulu*, *Pippalyadasava*, *Abhayarishta*, and *Ajamodadi Churna*. This was followed by 5 days of escalating internal oleation (*Abhyantara Arohana Snehapana*) with *Indukantam Ghrita* and *Karpasasthadi Taila*. Local *Kati Basti* with *Panchaguna Taila* was administered before *Virechana*. Therapeutic purgation (*Virechana*) was executed via *Hriddya Virechana Avlehy* and *Gandharvahastadi Kwatham*. Following

post-purgation dietary restoration (*Samsarjana Krama*) and a 9-day intermission, a 16-day enema regimen (*Kala Basti*) was administered using *Erandamooladi Niruha Basti* (with *Kottamchukkadi Taila* as *sneha* and *Gomutra*) alternating with *Pippalyadi Taila Anuvasana Basti*. **Outcomes:** At the end of treatment, the VAS pain score decreased from 8/10 to 1/10, left SLR improved from 35° to 85°, right SLR improved from 85° to 90°, and bowel motility was reported to have returned to normal. No adverse events were documented during the treatment period. **Conclusion:** This case describes short-term clinical improvement following sequential Panchakarma management in a patient with Gridhrasi and MRI-documented lumbar degenerative changes. A single case cannot establish treatment efficacy or safety; controlled studies with longer follow-up are needed.

KEYWORDS: Gridhrasi, sciatica, lumbar radiculopathy, Virechana, Kala Basti.

INTRODUCTION

Gridhrasi is one of the 80 classical *Nanatmaja Vata Vyadhi* as described in the classical Ayurvedic texts. The patient suffering from this disease walks like a vulture (*Gridhra*) because of excruciating, radiating pain along the course of the *Kandara* (tendons/nerves) extending from *Kati-Sphik* (hip/lumbar region) to *Uru* (thigh), *Janu* (knee), *Jangha* (calf) and *Pada* (foot).

In modern clinical practice, this symptom complex corresponds closely to Lumbar Radiculopathy or Sciatica, most often due to lumbar disc herniation, spinal canal stenosis or intervertebral disc degeneration. Standard conservative management includes NSAIDs, epidural steroid injections, physical therapy or surgical nerve decompression, all of which carry the risk of adverse effects or relapse. Clinical studies have described Ayurvedic interventions for Gridhrasi, including Basti-based approaches and Virechana.[1–5]

Ayurvedic Panchakarma management is directed towards clearing *Srotas* (*Avarana-hara*) and controlling exacerbated *Vata* and *Kapha* through sequential Shodhana (purification) therapies. This CARE-compliant case report documents a 48-year-old female suffering from chronic lumbar radiculopathy (Gridhrasi) who was successfully managed through sequential protocols including *Deepana-Pachana, Snehapana, Virechana,* and *Kala Basti,* alongside local *Kati Basti*. The clinical relevance of this case lies in the sequential application of these targeted therapies in a patient with MRI-documented lumbar degenerative changes and

radiculopathy, with therapeutic outcomes validated through serial assessments of pain intensity, Straight Leg Raise (SLR), and functional mobility.

PATIENT INFORMATION

Demographics: Female, 48-year-old, Homemaker.

Chief complaints: Severe lower back pain radiating to left lower limb up to foot for 5 months, severe morning stiffness (Stambha), difficulty in prolonged standing or walking and heaviness in the leg (Mandagni). Severe constipation from last 10 days.

History of Present Illness: She was asymptomatic until 5 months ago when she began to have insidious low back ache after lifting a large weight. The discomfort gradually spread down the back of the left leg. Oral analgesics have not controlled symptoms over the last 3 weeks.

Family history: No relevant family history.

Past History: No past history of Diabetes Mellitus, Hypertension, Trauma or Tuberculosis. No previous surgical history, no bowel/bladder dysfunction, no saddle anesthesia, no progressive motor weakness, no fever, no unexplained weight loss, no malignancy history.

Current medication history: The patient had taken paracetamol 500 mg twice daily for 10 days; it was discontinued before Panchakarma treatment.

Personal and Lifestyle History

- Appetite: Reduced (*Mandagni*)
- Bowels: Severe constipation from last 10 days
- Sleep: Disturbed due to Pain

DIAGNOSTIC ASSESSMENT AND CLINICAL FINDINGS

Before treatment, a systemic, neurological, and Ayurvedic physical examination was performed.

1) *Ashtavidha Pariksha* (Ayurvedic Diagnosis)

***Nadi* (Pulse):** *Vata-Kapha Pradhan* (74 bpm)

***Mala* (Stool):** *Baddha* / *Vibandha* (Constipated)

***Jihva* (Tongue):** *Sama* (lightly coated)

***Agni* (Digestive Fire):** *Manda* (Low)

***Koshtha* (Bowel Habit):** *Krura Koshtha*

2) Objective and Physical Parameters

Table 1: Clinical assessment parameters at baseline and after treatment.

Clinical assessment parameters	Base line (pre-treatment)	Post *virechana* stage	Post *basti* (outcome)
Pain (Visual Analogue Scale, VAS)	8/10 (Severe)	4/10 (Moderate)	1/10 (Mild/Remission)
Straight Leg Raise (SLR) Left	35° (Positive, significant pain)	60° (Slight discomfort)	85° (Negative/Normal)
Straight Leg Raise (SLR) Right	85° (Neg)	85° (Neg)	90° (Neg)
Stiffness (*Stambha*)	Severe (++++)	Moderate (++)	Absent (-)
Walking Distance (Pain Free)	< 50 meters	~ 400 meters	2 kilometres

TIMELINE

Table 2: Clinical timeline and treatment events.

Time point	Clinical event	Findings/intervention	Outcome
5 months before presentation	Onset	Low back pain after lifting weight	Progressive radiation
3 weeks before admission	Previous treatment	Oral analgesics	Inadequate relief
Day 1	Baseline assessment	VAS 8/10, SLR 35°	Severe symptoms
Days 4–8	Snehapana	Indukantam Ghrita + Karpasasthyadi Taila	—
Days 9–10	Kati Basti	Panchaguna Taila	—
Day 11	Virechana	Hridya Virechana Lehya + Gandharvahastadi Kwatha	16 vegas
Days 12–16	Samsarjana Krama	Dietary restoration	—
Days 17–32	Kala Basti	6 Niruha + 10 Anuvasana	Progressive improvement
Day 32	Final assessment	VAS 1/10, SLR 85°	Marked improvement
Follow-up	Not reported	No later clinical assessment available	Long-term outcome unknown

SCHEDULE OF THERAPEUTIC INTERVENTIONS

Structured Sequential Treatment Protocol (Duration: 32 Days)

Table 3: Sequential therapeutic protocol and dosage.

PHASE & DAYS	THERAPEUTIC PROCEDURE	MEDICINES & DOSAGE	CLINICAL OBJECTIVE
Phase 1 (Days 1–3)	*Deepana & Pachana*	*Vyoshadi Guggulu* 2 tablets (500mg each) TID with warm water	*Ama Pachana*, clearing *Srotorodha*, kindling *Agni*.
Phase 2 (Days 4–8)	*Arohana Snehapana* (5 Days Increasing Dose)	*Indukantam Ghritam* + *Karpasastyadi Tailam* (1:1 ratio) Day 1: 30ml, Day 2: 60ml, Day 3: 90ml, Day 4: 120ml, Day 5: 150ml	Internal oleation, dislodging toxins (*Dosha Utkleshana*) from tissues.
Phase 3 (Days 9–10)	*Bahya Snehana & Swedana*	*Panchaguna Taila Kati Basti* (30 mins) followed by *Nadi Sweda*	Local pain relief, softening lumbar tissues, preparing for *Virechana*.
Phase 4 (Day 11)	*Pradhana Karma: Virechana*	*Hridya Virechana Lehya* (25g) + *Gandharvahastadi Kwatham* (50ml) at 6:00 AM.	Induction of therapeutic purgation (*Pravara Shuddhi* achieved with 16 vegas).
Phase 5 (Days 12–16)	*Paschat Karma*	Standard 5-day *Samsarjana Krama* (Dietary progression: Peya, Vilepi, Yusha, Mamsa Rasa)	Restoration of digestive power (*Agni Sandeepana*).
Phase 6 (Days 17–32)	*Kala Basti Regimen* (16 Days Schedule)	**Niruha Basti:** *Erandamooladi Kwatha* (400ml) + *Kottamchukkadi Tailam* (60ml) + *Gomutra* (50ml) + *Honey* (30ml) + *Saindhava* (5g) + *Pippalyadi Kalka* (15g) **Anuvasana Basti:** *Pippalyadi Tailam* (60ml)	Systemic Vata pacification, nerve root nourishment, relieving radicular pain.

KALA BASTI REGIMEN (16 DAYS SCHEDULE)

Kala Basti was administered as per classical scriptures (10 *Anuvasana* + 6 *Niruha Basti*s):

Day 1: *Anuvasana Basti* (*Pippalyadi Taila*m) First

Days 2, 4, 6, 8, 10, 12: *Niruha Basti* (*Erandamooladi Kwath* + *Kottamchukkadi Taila* + *Gomutra*) with daily morning light oiling.

Days 3, 5, 7, 9, 11, 13: *Anuvasana Basti* (*Pippalyadi Taila*m)

Days 14, 15, 16: 3 *Anuvasana Basti*s completed for stability and sustained nourishment.

FOLLOW-UP AND OUTCOMES

At the end of treatment (day 32), improvement was recorded in the reported clinical parameters. No later follow-up assessment was provided in the source record.

Pain Relief: VAS score dropped from 8/10 to 1/10. The pain that had radiated down to the calf and ankle was gone.

Nerve Stretch Test: Left SLR improved from 35° to 85° without nerve tension pain.

Mobility: Normal walking without any limp and able to do household activities easily.

Safety: No adverse events were documented during the treatment period. The available record does not provide long-term safety follow-up.

DISCUSSION & MODE OF ACTION

From the Ayurvedic perspective used by the treating team, the presentation was interpreted as Vata prakopa with Kapha Avarana. The sequential intervention was selected to address this proposed samprapti. The mechanisms described below represent traditional Ayurvedic rationale and should not be interpreted as experimentally established biomedical mechanisms: Published clinical reports and trials have evaluated related interventions, although their designs and treatment protocols differ.[1–5]

1. **Deepana-Pachana (Vyoshadi Guggulu):** Trikatu & Guggulu clears cellular Ama and opens micro-circulatory channels (Sroto Shodhana).
2. **Arohana Snehapana (Indukantam Ghrita + Karpasastyadi Taila):** Indukantam Ghrita balances Agni and pacifies Vata, Karpasastyadi Tailam has special neuro-protective and Vata-hara qualities targeting nerve compression (Snayu- Kandara Gata Vata).
3. **Kati Basti (Panchaguna Taila):** Local hyperthermic oleation liquefies and reduces the muscle spasms in the lumbar region, improves micro-circulation and liquefies localized morbid Doshas.
4. **Virechana (Hridya Virechana Lehya + Gandharvahastadi Kwath):** Virechana removes Pitta-Kapha Avarana from Pakvashaya and facilitates Vata Anulomana (downward migration of Vata).
5. **Erandamooladi Niruha Basti with Gomutra & Kottamchukkadi Taila:**

- *Erandamoolam* is declared as best *Vata-hara* drug by *Acharya* Charaka (*Erandamoolam Vrishya-Vataharanam*).
- *Gomutra* has *Tikshna*, *Katu* and *Kapha-hara* properties and scrapes the tough channel blockages (*Lekhana*).
- *Kottamchukkadi Tailam* is useful in controlling oedema, nerve irritation and acute pain (*shoola*).

6. **Pippalyadi Taila Anuvasana Basti:** In the Ayurvedic framework, this procedure is intended to support Vata regulation through the Pakvashaya. This case did not assess brain-tissue repair or establish prevention of relapse.

PATIENT PERSPECTIVE

"Before treatment, I couldn't walk 50 steps without severe pain down my left leg. The pain and stiffness totally disappeared after oil treatments and *Basti* therapy. I can do my daily tasks without pain."

DECLARATIONS AND ETHICS

Informed consent: Written informed consent was obtained from the patient for publication of this case report and associated clinical data.

Conflict of Interest: The authors declare that they have no competing interests.

Funding: Self-funded. No financial grant was obtained.

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