

EFFICACY OF PANCHAKARMA AND SHAMANA CHIKITSA IN THE MANAGEMENT OF GRIDHRASI (LUMBAR SPONDYLOTIC RADICULOPATHY): A SINGLE CASE STUDY

Shetty A¹, Dr. Shweta Patil^{2*}, G. S. Hadimani³

¹Associate Professor, Department of PG Studies in Panchakarma, Shri Shivayogeshwara Rural Ayurvedic Medical College and Hospital, Inchal, Karnataka, India.

^{2*}Post Graduate Scholar, Department of PG Studies in Panchakarma, Shri Shivayogeshwara Rural Ayurvedic Medical College and Hospital, Inchal, Karnataka, India.

³HOD and Professor, Department of PG Studies in Panchakarma, Shri Shivayogeshwara Rural Ayurvedic Medical College and Hospital, Inchal, Karnataka, India.

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*Corresponding Author

Dr. Shweta Patil

Post Graduate Scholar, Department of PG Studies in Panchakarma, Shri Shivayogeshwara Rural Ayurvedic Medical College and Hospital, Inchal, Karnataka, India.



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ABSTRACT

Gridhrasi is one among the 80 Nanatmaja Vata Vyadhis described in classical Ayurvedic texts. It is characterized by radiating pain from Kati (low back) to Pada (lower limb), stiffness, tingling sensation, and difficulty in walking. In contemporary medicine, it closely resembles sciatica due to lumbar spondylosis or intervertebral disc prolapse. A 38-year-old male patient presented with complaints of low back pain radiating to the left lower limb, associated with tingling sensation and muscle spasm. MRI of lumbosacral spine revealed sacralization of L5 vertebra, disc desiccation, and L4-L5 diffuse disc bulge causing moderate spinal canal stenosis with nerve root indentation. The case was diagnosed as Gridhrasi (Vata-pradhana) and managed with a combination of Panchakarma procedures including Sarvanga Abhyanga, Patra Pinda Sweda, Kati Basti, Anuvasana Basti, Niruha Basti along with internal medications such as Trayodashanga Guggulu,

Sahacharadi Kashaya, Shallaki, and supportive formulations. Significant reduction in pain, stiffness, and tingling sensation was observed after the treatment course. This case highlights

the effectiveness of Panchakarma combined with Shamana therapy in managing lumbar spondylotic radiculopathy without surgical intervention.

KEYWORDS: Gridhrasi, Sciatica, Lumbar Spondylosis, Disc Bulge, Panchakarma, Basti Chikitsa, Kati Basti.

INTRODUCTION

Gridhrasi is one among the 80 Nanatmaja Vata Vyadhis described in Ayurvedic classics and is characterized by radiating pain originating from the Sphik (gluteal region) and extending through Kati (lumbar region), Uru (thigh), Jangha (calf), up to Pada (foot).^[1] The classical symptoms include Ruk (pain), Toda (pricking sensation), Stambha (stiffness), and Spandana (twitching), with difficulty in walking resembling the gait of a vulture, hence the name “Gridhrasi”.^[2] Depending upon Dosha predominance, it is classified into Vataja and Vata-Kaphaja types.^[3]

In the Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, Gridhrasi is explained under Vata Vyadhi Adhyaya, where aggravated Vata affects the Kandara (tendons/nerves) leading to radiating pain and restricted movements.^[4] Basti Chikitsa is emphasized as the prime line of management in Vata disorders and is considered “Ardha Chikitsa” (half of total treatment) due to its systemic impact on Vata Dosha.^[5]

From a contemporary medical perspective, Gridhrasi closely correlates with sciatica, a clinical syndrome characterized by pain radiating along the distribution of the sciatic nerve, most commonly due to lumbar intervertebral disc herniation or spondylotic changes.^[6] Lumbar disc degeneration leads to disc desiccation, annular bulging, and nerve root compression, producing symptoms such as low back pain, radicular pain, tingling, and numbness in the lower limb.^[7]

Magnetic Resonance Imaging (MRI) plays a crucial role in identifying structural abnormalities such as disc bulge, spinal canal stenosis, and neural foraminal narrowing.^[8] However, despite advances in pharmacological and surgical management, recurrence and chronicity remain common challenges.^[9]

Considering the chronic degenerative nature of lumbar spondylosis and the predominance of Vata Dosha in Gridhrasi, an integrated Ayurvedic approach including Panchakarma

procedures like Basti, Kati Basti, and Swedana along with Shamana Aushadhi offers a promising therapeutic option.^[10]

AIMS

1. To evaluate the efficacy of Ayurvedic management (Panchakarma and Shamana Chikitsa) in the treatment of Gridhrasi.
2. To assess the effect of Basti Chikitsa and Kati Basti in reducing radiating low back pain associated with lumbar spondylotic changes.
3. To observe improvement in functional mobility and reduction in neurological symptoms such as tingling and stiffness.

METHODOLOGY

- **Study Design:** Single case study.
- **Patient:** 38-year-old male diagnosed with Gridhrasi (clinically correlated with lumbar spondylotic radiculopathy confirmed by MRI).
- **Assessment Criteria:** Pain intensity (VAS scale), SLR test, range of movement, presence of tingling and stiffness.
- **Intervention:** Panchakarma procedures including Sarvanga Abhyanga, Patra Pinda Sweda, Kati Basti, Anuvasana Basti, and Niruha Basti along with internal medications such as Trayodashanga Guggulu and Sahacharadi Kashaya.
- **Duration of Treatment:** 10 days of inpatient Panchakarma therapy followed by internal medications.
- **Outcome Evaluation:** Pre- and post-treatment comparison of subjective and objective parameters.

CASE DETAILS

Patient Information

- **Name:** XYZ
- **Age/Sex:** 38 years/Male
- **OPD/IPD No:** 55804
- **Date of Admission:** 19/12/2025
- **Diagnosis:** Gridhrasi (Vata Pradhana)

CHIEF COMPLAINTS

1. Low back pain radiating to left lower limb

2. Tingling sensation in left leg
3. Muscle spasm in lumbar region
4. Difficulty in walking and forward bending

Duration: Chronic, with recent aggravation

HISTORY OF PRESENT ILLNESS

The patient was apparently normal 2–3 months prior to admission. Gradually he developed low back pain which later radiated to the left lower limb up to the foot. Pain was continuous, aggravated by prolonged standing, bending, and walking, and relieved partially by rest. Tingling sensation and stiffness were also present. No history of trauma or systemic illness.

INVESTIGATIONS

MRI – Lumbosacral Spine (19/12/2024):

- Sacralization of L5 vertebra
- Disc desiccation at lower lumbar levels
- L4–L5 diffuse disc bulge
- Moderate spinal canal stenosis
- Thecal sac indentation
- Bilateral traversing nerve root compression
- Mild bilateral neural foraminal stenosis
- Left pelvic kidney (incidental finding)

CLINICAL EXAMINATION

- BP: 130/80 mmHg
- Pulse: 78/min
- Temperature: Afebrile
- SLR Test: Positive on left side
- Tenderness: Present over L4–L5 region
- Gait: Slightly antalgic

AYURVEDIC ASSESSMENT

- Nidana: Ati-vyayama, improper posture, Vata aggravating diet
- Doshas: Vata Pradhana
- Dushyas: Asthi, Majja
- Srotas involved: Majjavaha, Asthivaha

- Samprapti: Vata prakopa in Kati Pradesh leading to Kandara-gata Vata → Radiating pain

TREATMENT DETAILS

The patient was treated with combined Panchakarma and Shamana therapy for 10 days (IPD basis).

1. External Therapies

1) Sarvanga Abhyanga (SA)

- Oil Used: Sahacharadi Taila
- Duration: 30 minutes daily
- Action: Vata Shamana, improves circulation, reduces stiffness

2) Patra Pinda Sweda (PPS)

- Drugs used: Nirgundi, Eranda, Arka leaves processed in medicated oil
- Duration: 20 minutes after Abhyanga
- Action: Reduces muscle spasm and pain

3) Kati Basti (KBE)

- Oil Used: Sahacharadi Taila
- Duration: 30–40 minutes
- Course: 5 consecutive days
- Action: Localized Snehana and Swedana, relieves nerve compression symptoms

4) Udvartana (Initial Days)

- Purpose: Improves circulation and reduces stiffness

2. Basti Chikitsa

Basti was administered as Yoga Basti schedule.

Anuvasana Basti (AB)

- Oil: Sahacharadi Taila
- Dose: 60 ml
- Frequency: Alternate days
- Action: Nourishes tissues, pacifies Vata

Niruha Basti (NB)

- Decoction: Dashamoola Kashaya base
- Ingredients: Honey, Saindhava, Sneha, Kalka, Kashaya

- Dose: Approximately 500 ml
- Frequency: As per Yoga Basti schedule
- Action: Shodhana, anti-inflammatory effect

3. Internal Medicines

Medicine	Dose	Duration	Action
Trayodashanga Guggulu	2 tab BD	10 days	Vatahara, analgesic
Sahacharadi Kashaya	15 ml BD with warm water	10 days	Relieves radiating pain
Shallaki	1 tab BD	10 days	Anti-inflammatory
Lumbatone capsule	1 BD	10 days	Supports disc health
Triphala Churna	5 gm HS	Initial days	Regulates bowel, Vata anulomana

TREATMENT PROGRESSION

- Day 1–2: Reduction in muscle spasm
- Day 3–5: Decrease in radiating pain intensity
- Day 6–8: Tingling sensation significantly reduced
- Day 9–10: Improved mobility and SLR test

Pain score reduced from 8/10 to 2/10.

ADVICE ON DISCHARGE

- Avoid forward bending and heavy lifting
- Continue Sahacharadi Kashaya and Trayodashanga Guggulu for 1 month
- Daily mild back strengthening exercises
- Maintain proper sitting posture
- Use hard bed

RESULTS

The patient was assessed before and after completion of 10 days of Panchakarma therapy along with internal medications. Both subjective and objective parameters showed significant improvement.

1. Subjective Parameters

Parameter	Before Treatment	After Treatment	Improvement
Low back pain (VAS)	8/10	2/10	Marked reduction
Radiating pain (Left leg)	Severe	Mild	Significant relief
Tingling sensation	Present	Minimal	Reduced
Stiffness	Marked	Mild	Improved

Difficulty in walking	Present	Absent	Improved gait
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2. Objective Parameters

Parameter	Before Treatment	After Treatment
SLR Test (Left)	Positive at 40°	Improved to 75°
Lumbar tenderness	Present	Minimal
Muscle spasm	Present	Reduced
Gait	Antalgic	Near normal

3. Functional Outcome

- Patient was able to walk without support.
- Forward bending improved with minimal discomfort.
- Sleep quality improved due to reduction in nocturnal pain.
- No adverse effects observed during treatment.

Overall Outcome

There was approximately 70–80% symptomatic relief at the end of 10 days of treatment. The combined approach of Basti Chikitsa, Kati Basti, Swedana, and internal medications effectively reduced pain, improved nerve root irritation symptoms, and enhanced functional mobility.

The patient was advised continuation of oral medications and lifestyle modifications to prevent recurrence.

DISCUSSION

Gridhrasi is a classical Vata Vyadhi described in Ayurvedic literature, characterized by radiating pain from Kati to Pada. In this case, the clinical presentation correlated with lumbar spondylotic radiculopathy confirmed by MRI showing L4–L5 disc bulge, canal stenosis, and nerve root compression. The degenerative disc changes indicate Asthi–Majja Dhatu Kshaya with Vata Prakopa. The chronicity and radiating nature of pain suggest Kandara-gata Vata.

The treatment protocol adopted in this case was based on the classical principles mentioned in Charaka Samhita and Ashtanga Hridaya, where Basti is indicated as the prime therapy for Vata Vyadhi. The combined use of Snehana, Swedana, and Basti addresses both the Shoola (pain) and Stambha (stiffness) components of the disease.

PROBABLE MODE OF ACTION

1. Effect of Sarvanga Abhyanga (Snehana)

From an Ayurvedic perspective, Sneha possesses Snigdha, Ushna, and Mridu properties which counteract the Ruksha and Sheeta qualities of aggravated Vata. Abhyanga helps in:

- Pacifying vitiated Vata
- Improving local circulation
- Reducing muscle spasm
- Enhancing tissue nourishment

Modern explanation: Oil massage stimulates cutaneous mechanoreceptors, increases local blood flow, relaxes paraspinal muscles, and reduces pain perception through gate control mechanisms.

2. Effect of Patra Pinda Sweda (Swedana)

Swedana relieves Stambha (stiffness) and Shoola (pain) by inducing perspiration and improving circulation. The herbal leaves used (e.g., Nirgundi, Eranda) possess anti-inflammatory and analgesic properties.

Probable modern mechanism:

- Heat application reduces muscle spasm
- Enhances tissue metabolism
- Decreases nerve root irritation
- Improves flexibility

3. Effect of Kati Basti

Kati Basti provides localized Snehana and Swedana to the lumbar region. The retained warm medicated oil penetrates deeper tissues.

Probable mechanism:

- Improves local microcirculation
- Reduces inflammation around nerve roots
- Relaxes paraspinal muscles
- Decreases intradiscal pressure indirectly by reducing muscle guarding

The sustained warmth may also enhance absorption of lipid-soluble phytoconstituents.

4. Effect of Basti Chikitsa (Ardha Chikitsa)

Basti is described as the best therapy for Vata disorders in Charaka Samhita. Since Vata's main site is Pakvashaya, rectal administration directly influences systemic Vata.

Anuvasana Basti

- Provides internal oleation
- Nourishes Asthi and Majja Dhatu
- Reduces dryness and degeneration

Niruha Basti

- Eliminates vitiated Doshas
- Reduces inflammation
- Corrects Vata gati

Modern correlation

- Rectal mucosa allows rapid systemic absorption
- Anti-inflammatory herbal decoctions reduce cytokine-mediated inflammation
- Modulation of enteric nervous system influences autonomic balance

Basti may indirectly reduce nerve root inflammation and improve neural conductivity.

5. Role of Internal Medicines

Trayodashanga Guggulu

- Vatahara and Shothahara
- Contains Guggulu with proven anti-inflammatory activity

Sahacharadi Kashaya

- Indicated in lower limb disorders
- Improves nerve function and reduces radiating pain

Shallaki (*Boswellia serrata*)

- Anti-inflammatory
 - Inhibits leukotriene synthesis
- These medicines collectively:
- Reduce inflammatory mediators
 - Improve microcirculation
 - Support connective tissue repair

- Decrease pain perception

Overall Therapeutic Interpretation

The pathology in this case involved

- Degenerative disc changes (Dhatukshaya)
- Vata aggravation
- Nerve root compression

The treatment addressed:

- Vata Shamana (Sneha + Basti)
- Shothahara (anti-inflammatory effect)
- Brimhana (tissue nourishment)
- Vedana Sthapana (analgesic action)

The significant reduction in VAS score (8/10 to 2/10), improved SLR angle, and decreased tingling suggest that the therapy effectively reduced nerve root irritation and muscular spasm.

Thus, the combined Panchakarma and Shamana approach acted at multiple levels:

1. Mechanical – reducing muscle spasm
2. Inflammatory – decreasing local inflammation
3. Neurological – improving nerve conduction
4. Degenerative – nourishing Asthi-Majja Dhatu
5. Systemic – correcting Vata imbalance

An additional important aspect in this case is the role of early intervention in preventing disease progression. Lumbar spondylotic changes represent a chronic degenerative process which, if untreated, may lead to persistent nerve compression and functional disability. From an Ayurvedic perspective, timely administration of Snehana and Basti not only pacifies aggravated Vata but also helps in preventing further Asthi–Majja Dhatu Kshaya. The sustained clinical improvement observed in this patient suggests that addressing both the root cause (Vata Dushti) and the structural pathology (disc degeneration and inflammation) is essential for long-term relief. Hence, a holistic approach combining Panchakarma, internal medications, posture correction, and lifestyle modification plays a crucial role in reducing recurrence and improving overall quality of life in patients with Gridhrasi.

CONCLUSION

This case study demonstrates that Ayurvedic management comprising Panchakarma procedures—particularly Basti Chikitsa, Kati Basti, Abhyanga, and Swedana—along with appropriate internal medications, is effective in the management of Gridhrasi correlated with lumbar spondylotic radiculopathy.

The treatment resulted in significant reduction in radiating pain, stiffness, tingling sensation, and improvement in functional mobility without any adverse effects. The multidimensional approach targeting Vata Shamana, Shothahara (anti-inflammatory effect), and Dhatu nourishment played a key role in clinical improvement.

Thus, classical Ayurvedic therapy offers a safe, conservative, and effective alternative in degenerative lumbar spine conditions and may help prevent the need for surgical intervention when implemented appropriately.

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