



Sanjeevani Darshan

ISSN: 2584-0304

<http://sanjeevanidarshan.com>



National Journal of
AYURVEDA & YOGA

Year - 2026

Volume 4, Issue 3

“A CLINICAL CASE STUDY ON THE MANAGEMENT OF GRIDHRASI THROUGH AYURVEDA W.S.R. TO SCIATICA”

Dr. Arshid Shekh¹, Dr. Archana Dachewar²

1. PG Scholar of Kayachikitsa department of Shri Ayurved Mahavidyalaya, Nagpur.
2. HOD and Professor Kayachikitsa department of Shri Ayurved Mahavidyalaya, Nagpur.

ABSTRACT:

Introduction: Gridhrasi is a disorder that predominantly affects locomotor function, and its name is derived from the characteristic gait of affected individuals, which resembles that of a vulture. According to Ayurvedic classics, Acharya Charaka has classified Gridhrasi under both Nanatmaja Vatavyadhi and Samanayaja Vatavyadhi, depending on whether it is caused by aggravated Vata Dosha alone or by the association of Vata and Kappa Dosha. Based on its anatomical distribution, clinical manifestations, and symptomatology, Gridhrasi closely resembles sciatica described in contemporary medicine. Sciatica is a common musculoskeletal disorder with a reported lifetime incidence of 13% to 40%, significantly impairing mobility and quality of life. **Methods:** A 63-year-old male patient presented with pain and tingling sensation in the lower back radiating to the posterior aspect of the lower limb for one month. Detailed history taking and clinical examination led to the diagnosis of Vata-Kaphaja Gridhrasi. The treatment protocol included Chitrakadi Vat, Capsule Palsinuron, Trayodashang Guggulu, Panchsakar Churn, and Dash moola Kashaya, followed by Panchakarma procedures such as Nadi Swede, Baste, and Agni karma. Appropriate dietary modifications and lifestyle advice were also administered. **Results:** Post-treatment assessment revealed significant clinical improvement. Pain, tingling sensation, stiffness, and tenderness of pressure were completely relieved. The patient demonstrated improved functional mobility and a marked enhancement in overall quality of life without any recurrence of symptoms during the observation period. **Discussion:** The favorable outcome observed in this case suggests that the combined approach of Shamans Chikitsa and Panchakarma therapies effectively addresses the underlying Vata-Kapha pathology of Gridhrasi. The integrated management not only relieved symptoms but also improved functional capacity and daily activities. **Conclusion:** This case study indicates that Gridhrasi can be effectively managed through a combination of appropriate Panchakarma therapies, Ayurvedic medicinal interventions, dietary regulation, and lifestyle modifications. Further studies involving larger sample sizes are recommended to establish the efficacy and standardization of this treatment approach.

KEY WORDS:- Gridhrasi, Sciatica, Shamana Chikitsa, Panchakarma, Agnikarma

Corresponding Details:

Dr. Arshid Wasnik

Kayachikitsa Department,

Shri Ayurved Mahavidyalaya, Nagpur.

Mobile No. 7387744339

E-Mail: arshidshekh@gmail.com

How to cite article:



Dr. Arshid Shekh, Dr. Archana Dachewar

A clinical case study on the management of gridhrasi through ayurveda w.s.r. to sciatica, Sanjeevani Darshan - National Journal of Ayurveda & Yoga 2026; 4(3): 21-31 : <http://doi.org/10.55552/SDNJAY.2026.4303>

INTRODUCTION

In the Ayurvedic classics, Ekadasha Indriya has been described as one of the fundamental concepts of the body. Among these, Padendriya Karmahani is observed in Gridhrasi, resulting in a characteristic Gridha (vulture-like) gait.[1] The condition is marked by Vatanubandhi manifestations such as Stambha (stiffness), Ruck (pain), Today (pricking sensation), Graham (restricted movement), and Pandan (twitching), which progressively affect the Sphika, Kati, Prishtha, Ur, Jan, Jangha, and Pads in an ascending sequence.[2] Another notable feature is Sakthikshepa Nigraha, which refers to difficulty or restriction in raising the affected leg.[3] In cases associated with Kappa, symptoms such as Tantra (drowsiness), Gaurav (heaviness), and Arochaka (loss of appetite) are also commonly present.

Gridhrasi is characterized by severe radiating pain in the lower extremity caused by irritation of the sciatic nerve, which is often aggravated by limb movements. Owing to its clinical manifestations and anatomical distribution, Gridhrasi closely resembles sciatica described in modern medicine. Sciatica, also referred to as sciatic neuritis, represents a group of symptoms arising from compression or irritation of the sciatic nerve and is commonly associated with pain radiating along its course. Conventional treatment modalities mainly include analgesics, physiotherapy, bed rest, and surgical interventions, which may provide symptomatic relief but can also be associated with various limitations and adverse effects. Symptomatic relief can also be associated with various limitations and adverse effects. The prevalence of sciatica has been reported to vary widely, ranging from 3.8% among the working population to 7.9% among the non-working population.[4] It is most commonly observed in individuals between 40 and 50 years of age, with a higher incidence among males than females. Low back pain, often associated with sciatica, is considered one of the leading causes of hospitalization and a common indication for surgical intervention.[5] With the growing burden of this condition, there is an increasing need for therapeutic approaches that can effectively alleviate pain, improve functional capacity, restore mobility, and reduce disability without imposing a significant economic burden. The incidence of Gridhrasi continues to rise due to sedentary lifestyles, prolonged computer usage, obesity, psychological stress, demanding work schedules, and modern transportation habits. These factors contribute to poor posture and spinal disorders, which are major contributors to nerve compression syndromes. Despite significant advancements in contemporary medical science, the management of sciatica remains challenging. Ayurvedic principles have demonstrated promising results in the management of Gridhrasi; therefore, the present case study explores the effectiveness of Ayurvedic interventions in its treatment.

AIMS AND OBJECTIVE

To evaluate the effect of Panchakarma and Shaman Chikitsa in the management of Gridhrasi.

CASE REPORT

It is a single case study. Informed consent was taken from the patient in his own language.

Patient Details

A 63-year-old male patient presented with complaints of pain with tingling sensation in lower back region radiating to the posterior aspect of lower limbs since 1 Month.

Pradhana Vedana (Chief Complaints)

- Pain with stiffness and tingling sensation in lower back region radiating to the posterior aspect of lower limbs up to toe from last 1 months.
- The intensity of pain has increased from last 15 days.

Associated Complaints

- Unable to walk properly due to pain from 15 days.
- Pulling and piercing type of pain in lower back and left posterior thigh and calf region.
- Decreased appetite with feeling of heaviness from last 1 month.

Vedana Vrutanta (History of Present Illness)

The patient was apparently normal 1 month back. Gradually, he started feeling piercing pain in the lower back region which started radiating to the posterior aspect of his lower limbs and, due to the severity, he was not able to do his daily work properly. He consulted an allopathic doctor who prescribed him with medication and rest. The treatment gave him temporary relief, but the pain recurred, which was continuous in nature and used to aggravate after strenuous work. Later, He also developed heaviness and anorexia. For the last 15 days before he consulted the Kayachikitsa OPD of our hospital, the pain and stiffness got so severe that he came to a stage where he was unable to do his work too. Then he consulted the Kayachikitsa OPD of Pakwasa Samnvaya Rugnalaya, Nagpur, where he was diagnosed as a patient of Gridhrasi and, for further improvement, he got admitted to the Kayachikitsa IPD.

Purva Vyadhi Vrutanta (Past History)

No H/O T2DM/HTN/Thyroid disorders/Kochs etc.

Kula Vyadhi Vrutanta (Family History) - Nothing significant

Shalyakarma Vruttanta (Surgical History) - Nothing significant

Vyaktika Vruttanta (Personal History)

- **Ahara** - Mixed Diet, Katu rasa, Ruksha Ahara, Viruddha Ahara, Adhyasana
- **Vihara** – Cloth shopkeeper, improper sitting posture
- **Appetite** - Decreased appetite but takes food regularly.
- **Bowel** - Normal
- **Micturition** - Normal
- **Addiction** - Tea
- **Sleep** - Disturbed from 1 months due to pain
- **Mansik** - Stressed.

General examination

- B.P. - 130/80 mm Hg
- PR - 78/Min
- R.R. - 20/Min
- Height - 5 feet 5 inches
- Weight - 60 kg
- Temperature - Afebrile
- Edema / lymphadenopathy / pallor / icterus / clubbing / cyanosis - absent

Systemic examination

- R.S.- Centrally placed trachea, Normal breathing sounds and airway entry
- CVS - S1 S2 normal, no murmur
- P/A - Soft, non-tender, no organomegaly
- CNS - Fully conscious and well oriented to time, place and person, all cranial nerves are intact.

Musculo-skeletal system

- Gait - Limping
- Upper limbs - Normal
- Lower limbs - Stiffness in the calf and thigh region with restricted range of motion with positive SLR test 10 and Bragard's Sign.
- Redness and warmth / Weakness / Swelling / Deformity - Absent

Examination of spine

- Inspection - No visible deformity or sign of trauma
- Palpation - Tenderness over L5, S1, S2 level

- Movements - Cervical/Thoracic- NAD

Lumbosacral- Flexion Restricted, Extension - Restricted, Left lateral flexion - Not possible, right lateral flexion - Restricted.

VAS : 7/10

- **SLR test (active)** ▪ Positive at 10° on the both leg
- **Bragard's test** ▪ Positive at the both leg.
- **Gait** : Limping gait

X-RAY of LS spine - changes of lumbar spondylosis, mild straightening of lumbar spine, marginal osteophytes seen along the lumbar vertebrae, reduction in the L5-S1 disc space

Assessments

Ashta Asthana Pariksha

- **Nadi** - 76/ min
- **Mutra** - 4-5 Times / day, 1 Times / night (burning micturition)
- **Mala** - once daily, samadhankarak
- **Jihva** - saam
- **Shabda** - Prakrita
- **Sparsha** - Sama Sheetoshna
- **Drik** - Prakrit
- **Akriti** – krusha

Dasha Vidha Pariksha

- **Prakriti** - Vata-pitta
- **Vikriti** - Hetu- long hours of sitting and working, irregular sleep, Ruksha and Viruddha Ahara, weight gain, Vegadharana
 - **Dosha** - Vata-Kaphaj
 - **Dooshya** - Rasa, Rakta (Kandara), Asthi, Majja
 - **Desha** - Bhumi-Sadharana
 - Atur - Kati, Pada
 - **Kala** - Ritu - Grishma, Kriyakala - Vyakta Avastha
 - **Bala** - Rogi - Madhyam, Roga - Madhyam
- **Sara** – madhyam

- **Samhanana** – heena
- **Pramana** - Madhyam
- **Satmya** - Madhyam
- **Satva** - Madhyam
- **Aharashakti** - Jarana Shakti - Avara, Abhyavaharana Shakti - Madhyama
- **Vyayama Shakti** - Avara
- **Vaya** - Madhyama

Investigations

Hb - 12.5 gm%

E.S.R. - 30 mm/hr Platelets - 2.20 lakhs/cmm FBS - 92

mg/dl

X-RAY LS Spine - changes of lumbar spondylosis, mild straightening of lumbar spine, marginal osteophytes seen along the lumbar vertebrae, reduction in the L5-S1 disc space

Vyadhi Vyavachedan (Provisional Diagnosis)

- **Vataja Gridhrasi - Stambha (+), Ruk (+), Toda (+), Spandate Muhuhu (+), Deha Vakra (+)** in Sphika, Kati, Prishtha, Uru, Janu, Jangha and Pada.
- **Vata-Kaphaj Gridhrasi** - Vataja symptoms associated with Gaurava (+), Arochaka (+), Tandra (-).

Vyadhi Vinischaya (Final Diagnosis) - Vata-Kaphaj Gridhrasi

Chikitsa (Treatment plan)

IPD Basis Treatment - for first seven days to treat the Aamavastha first along with Vedanahara and Vatanulomana.

1. Chitrakadi vati – 500 mg BD with kosha jala
2. Palsinuron Capsule – 1 cap TDS (Ingredients: Ekangveer rasa, sameerpannag rasa, mahavataavidwasa rasa, sootsekhar rasa, khurasani owa, lajari whole plant powder)
3. Trayodashang guggulu – 500mg BD with kosha jala
4. Panchsakar churna – 5 gm HS with kosha jala

Following Treatment there was relief in pain, appetite and bowel improved, feeling of heaviness reduced.

Along with above oral medication Dashmoola Kashaya was added - 20 ml BD before meal with Dhanyak-Shunthi medicated water.

▪ Panchkarma advised

A) Nadi Sweda with Dashmoola kwatha followed by Dashang Lepa over LS

Spine.

B) Kati Basti with Sahacharadi Tail.

C) Yoga Basti - Anuvasana Basti with Sahacharadi Taila - 60 ml

Niruha Basti - Erandamooladi Niruha Basti - 350 ml

Schedule of Yoga Basti

Day	1	2	3	4	5	6	7	8
Basti	A	A	N	A	N	A	N	A

Content of Eranda Mooladi Niruha Basti:^[6]

Kwatha Dravya –

1. Eranda Moola (Ricinus communis root) 2. Laghu Panchamool (Root of 5 drug) i.e., 3. Salaparni (Desmodium gangeticum), Prishnaparni (Uraria picta), Kantakari Badi (Solanum indicum), Kantakari Chhoti (Solanum xanthocarpum), Gokshur (Tribulus terrestris) 4. Rashna (Pluchea lanceolata) 5. Ashvagandha (Withania somnifera), Atibala (Abutilon indicum) 6. Guduchi (Tinospora cordifolia) 7. Punarnava (Boerhavia diffusa) 8. Aragvadha (Cassia fistula) 9. Devadaru (Cedrus deodara) 10. Madana Phala (Randia dumetorum).

Kalka Dravya - Shatahva (Anethum sowa)

Preparation of Eranda Mooladi Niruha Basti: The following ingredients were triturated thoroughly as per classics to get a homogeneous preparation.

1. Kwatha (Decoction of above mention Kwatha Dravya) 200 ml
2. Kalka (Paste of above mention Kalka Dravya) 30 gm
3. Sneha (Guggulu Tiktaka Ghrita) 60 ml
4. Madhu (Honey) 60 ml
5. Saindhava (Rock salt) 5 gm

Along with these IPD treatments conductive Agnikarma with Suvarna Shalaka at the nerve roots of Sciatic Nerve was done.

Post these therapies stiffness, tingling sensation and pain on pressure completely resolved and the intensity of pain on brisk walking has reduced.

Discharge advises for 15 days Trayodasang Guggulu - 500mg BD

Sahacharadi Kashaya - 20ml BD

Palsinuron Capsule – 1 cap BD

Nasya with Shadbindu tail **Pathya**

Sarpi, Swadu, Amla, Lavana Rasa Ahara, Godhuma, Masha, Shali, Kulattha, Mamsa Rasa, Dadim, Jambir, Draksha, etc., daily Asthanik and Pada Abhyanga, Nirvata Asthana Vaas.

Apathya

Tikta, Katu, Kashaya Rasa Ahara Atisevana, Late night food, Chinta, Vegadharan, Shrama especially Bharavahana, strenuous activity, jerk to low back region, Anashana etc.

OBSERVATION AND RESULTS

The patient was able to do his daily activities comfortably and no relapse of any symptoms was there. His gait has become normal and range of motion has become painless and comfortable.

Assessment (After treatment)

VAS : 2/10

SLR	RIGHT	LEFT
Active	70	80
Passive	90	90

Bragard's Sign	Negative
Gait	Normal

DISCUSSION

This case of Gridhrasi (Sciatica) was treated first by Amapachana, and Vatanulomaka Samara Shadi along with Nadi Swede and Kati Lepana to combat the condition of Saamavastha first. After attaining the Niramavastha, Snehana and Panchakarma, procedures like Kati Basti, Baste Karma and Agni karma were used along with Shaman Chikitsa protocols as per the treatment guidelines of Gridhrasi.[7]

Mode of action:**Sweda :**

Swedana is particularly indicated in conditions associated with Sankocha (contracture), Ayala (restricted extension), Shpola (pain), Stambha (stiffness), Gaurav (heaviness), and Supt. (numbness).⁸ It alleviates stiffness and heaviness, reduces coldness (Sheet Guns), and induces sweating, thereby enhancing joint flexibility. Additionally, Swedana facilitates clearance of channel obstruction (Srotorodha), contributing to symptomatic relief.⁹

Kati Basti with Sahachar Tail

Is a form of external Snigdha Swede applied over the local lesion site of the lumbosacral region in Niramavastha, which gives immediate results because it acts at the site of the lesion and pacifies the Vata Dosha. It is done in Vata (+++) condition. The warm herbal oil allows absorption into muscles, ligaments, and tendons, thereby relaxing the back and healing any underlying conditions, calming pain and stiffness. It improves local circulation, nourishes and bolsters muscles and nerves, and helps heal the degeneration, releases spasms and brings back adaptability.

Erandmooladi Niruha Basti

It is explained as Srotoshodhak and used in Spam Avastha, thus helpful in relieving the Sanga (compression or narrowing of the foramen) doing complete Samprapti Vighatana and thus serving the purpose of Baste as Shodhanaupakrama by avoiding the recurrence. Bastin corrects local as well as systemic pathology and the best treatment for the correction of Vata and the diseases of Asti, Sandhi and Karma. Erandamooladi Niruha Baste is specially indicated in pain in the Janga (lower leg), You're (thigh region), Pad (foot) and Crusta (lower back region) and in Kapha-Avrutha conditions. Which makes it very suitable for Vata-Kaphaj Gridhrasi. The Guggulu Katikati Ghrita used as Sneha in Baste preparation is specifically indicated for Asti Marja Gate Vyadhi. In **Agni karma**, Agni possesses Usha, Tikshna, Sukshma and Aashukari properties, which are opposite to Vata and anti Kappa properties. Physical heat through Shaka is transferred as therapeutic heat to Tweak Dhatu. From Twakdhatu, this therapeutic heat acts in three ways. First, due to Usha, Tikshna, Sukshma, Ashukari Gun, it removes the Srotavarodha, pacifies the vitiated Vata and Kappa Dosha and maintains their equilibrium. Secondly, it increases the Rasa Rata Samvahana (blood circulation) in the affected site. The excess blood circulation in the affected part flushes away the pain-producing substances and the patient gets relief from symptoms. Third, therapeutic heat increases the Dhatwagni, so the metabolism of Dhatu becomes proper and digests the Amadosha from the affected site and promotes proper nutrition from Parva Dhatu. In this way, Asti and Marja Dhatu Become more stable.

Trayodashanga Guggulu

It is a combination of 13 herbs, including Guggulu, processed in ghee. It acts with its

properties of Vedanastapana, Shoolhara and Rasayana, Madhur Vipaka, Ushna Virya. Being Usha Vira and through Snigdha Guns of Madhur Vipaka, it suppresses the symptoms of Stambha, Today and reduces pain. It has its action on Asti, Marja and Snafu Gate Vata. Intervertebral disc regeneration requires glycosaminoglycan (GAPs), collagen and protein, which is possible by Madhur Vipaka and Ramayana properties of Trayodashanga Guggulu.¹⁰

Dashmool Kashaya- The tridoshar merit of dashmool swath relieves pain and swelling.

Palsinuron capsule

is formulated with Ekangveer Rasa, sameerpannag Rasa, mahavatavidwasa Rasa, sootsekhar Rasa, khurasani own, lari whole plant powder to nourish nerves, ease stiffness, and restore neuromuscular coordination. It works by stabilizing Vata dosha, reducing pain, and promoting healing of nerves and muscles.

Panchsakar Churn

is made of five key ingredients—Haritaki, Senna, Dry Ginger, Fennel, and Rock Salt—and it primarily works as a mild laxative and digestive aid, supporting bowel regularity, reducing bloating, and balancing Vata in the gastrointestinal tract.

CONCLUSION

Gridhrasi, as described in Ayurvedic literature, closely resembles Lumbo-Sciatic Syndrome recognized in contemporary medicine. According to Ayurveda, the occurrence of pain is invariably associated with the involvement of Vata Dosha. Since Gridhrasi is characterized by intense and debilitating pain, the predominance of Vata in its pathogenesis is evident. However, due to modern sedentary lifestyles and Agnimandhya (impaired digestive fire), the condition is frequently accompanied by Kappa involvement or the accumulation of Asa. By its very nature, Gridhrasi is considered Kashtasadhya (difficult to treat). Nevertheless, early diagnosis followed by timely and appropriate treatment administered at an adequate dosage and duration can significantly improve prognosis, reducing the likelihood of recurrence. The present case study highlights the effective management of Gridhrasi through Panchakarma therapies in combination with Shamana Chikitsa. At present, the patient continues to perform her daily activities comfortably and maintains a satisfactory quality of life.

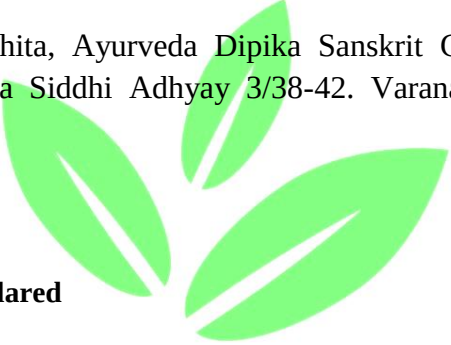
The encouraging outcome observed in this case has generated considerable optimism regarding the Ayurvedic management of Gridhrasi. However, further validation through randomized clinical trials involving larger sample sizes is necessary to establish standardized treatment outcomes and strengthen the evidence base for these therapeutic approaches.

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Source of Support : None Declared

Conflict of Interest : Nil



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National Journal of Ayurveda & Yoga