



Sanjeevani Darshan

ISSN: 2584-0304

<http://sanjeevandidarshan.com>



National Journal of Ayurveda & Yoga

Year- 2025

Volume 3, Issue 3

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

Dr. Dilpreet kaur juneja¹, Dr. Archana Dachewar²

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

ABSTRACT:

Low back pain is one of the most common complaints in India, affecting 70% to 80% of the population. Among the various causes of low back pain, intervertebral disc prolapse is the most common, and the pain may be confined to the lower back only or Referred to as a leg, buttock or hip, which often outlines the features of sciatica. In ayurvedic science, the disease sciatica can be compared with Ghridrasi, which is one of the most common disorders of Vata. Sciatica is a very painful condition in which pain begins in the lumbar region and radiates along the posterolateral aspect of the thigh and leg. Hence, movement of the affected leg is restricted, and the patient is not able to walk properly. Modern medicine has limitations in giving short-term relief from pain or surgical interventions with side effects. Here is a case study of a 50-year-old female patient suffering from sciatica. She was treated with Kala Basti along with internal medication (Shaman Chikitsa) and Agnikarma. The patient shows remarkable improvement.

KEY WORDS:- Sciatica, Ghridrasi, Kala Basti, Shaman chikitsa, Agnikarma.

Corresponding Details:

Dr. Dilpreet kaur juneja

Department of kayachikitsa

SHRI AYURVED MAHAVIDYALAYA, NAGPUR

Mobile No. 7020979192

E-Mail: dilpreetkaurjuneja25@gmail.com



How to cite article:

Dr. Dilpreet Kaur Juneja, Dr. Archana Dachewar

A Clinical Case Study on The Management of Ghridrasi Through Ayurveda w.s.r to Sciatica, Sanjeevani Darshan - National Journal of Ayurveda & Yoga 2025; 3(3): 54-63: <http://doi.org/10.55552/SDNJAY.2025.3306>

INTRODUCTION

Today's lifestyle and nature of work are putting added tension on the usual health. The aggravating factors, such as overexertion, sedentary occupation, jerky movements during travelling, and lifting, create mental stress, which leads to low backache.¹ The prevalence of sciatica varies considerably, ranging from 3.8% in the working population to 7.9% in the nonworking population.² It is most prevalent in people during their 40s and 50s, and men are more commonly affected than women. Low back pain has been enumerated as the fifth most common cause for hospitalisation and the third most frequent reason for a surgical procedure.³

The signs and symptoms of “sciatica” found in modern medicine quietly mimic the condition of Gridhrasi mentioned in Ayurveda. Gridhrasi comes under Nanatamja Vata Vyadhi.⁴ Gridhrasi, the name itself, indicates the way of gait shown by the patient due to extreme pain, that is, Gridha or Vulture. The cardinal signs and symptoms of Gridhrasi are Ruk (pain), Toda (pricking sensation), Muhuspandan (tingling sensation), and Stambha (stiffness) in the Sphik, Kati, Uru, Janu, Jangha, and Pada in order⁵ and Sakthikshepanigraha (i.e., restriction in upward lifting of lower limbs).⁶ In Gridhrasi, Tandra (drowsiness), Gaurav (Heaviness), and Aruchi (anorexia)(heaviness), may be present if Kapha is associated with Vata.⁷

The working population is currently seriously threatened by this illness. Walking becomes difficult. It interferes with day-to-day activities and then lowers the patient's quality of life. A patient case study is presented here based on the discovery that ayurvedic therapy principles are highly effective in the management of Gridhrasi.

Aims and objective

To evaluate the effect of panchakarma and shaman chikitsa in the management of Gridhrasi.

CASE REPORT

There is only one case study. the patient gave her informed consent in her native language.

PATIENT INFORMATION

A 50-year-old female patient approaches Pakwasa Samanvaya Rugnalaya, Nagpur, with complaints of back pain (katishool), right-sided radiating pain from the lumbar thigh and calf muscles (kati to Dakshin pad shoola), difficulty in walking (chankramankashtahta), and difficulty in sitting (asanuthankashtatha) for 5 years.

HISTORY OF CURRENT ILLNESS

According to the patient, she was well five years before then because of a fall developing

back discomfort, which led to the development of other symptoms, such as pain radiating from the calf, thigh, and back muscles, as well as trouble walking, standing, and sitting. When a patient's pain persisted after being treated in private hospitals with symptomatic allopathic medication, they sought additional management and therapy at Shri Ayurveda Pakwasa Rugnalaya Nagpur.

Past History

K/C/O HTN – TAB TELMA AM OD SINCE 10 YEARS

H/O RTA – 5 YEARS AGO INJURY TO RIGHT HAND AND LEG

S/H/O – TUBAL LIGATION 26 YEARS AGO

PERSONAL HISTORY

Ahara - Mixed Diet, Katu-Lavan rasa, Ruksha Ahara, Viruddha Ahara, Adhyasana, Vishamsana.

Appetite -Decreased appetite but takes food regularly

Vihara – Diwaswapna, prolong standing, improper sitting posture.

Bowel - regular bowel 1 time per day

Micturition - Normal

Sleep - Disturbed from 5 days due to pain

Menopause -5 yrs ago

Astha Vidha Parikshana

Nadi: Vata Pittaja

Mala:samyak

Mutra:samyak

Jihva: Niram

Shabda: Spastha

Sparsha: Anushnasheeta

Druka: Spects present

Akruti: Madhyam

General Examination

BP:130/80mmHG

PR:74/min

RR:20times/min

Temp: 98.2F

Edema- No

Pallor- No

Icterus- No

Clubbing-No

Systemic Examination

Respiratory sound: on Auscultation, AEBE equal, no abnormal sound detected

Cardiovascular sound: S1S2 nor

Gastrointestinal system: tender, no organomegaly detected

Central nervous system:

Consciousness-conscious and fully oriented

Musculo-skeletal system

- Gait – Antalgic
 - Upper limbs - Normal
 - Lower limbs - Stiffness in the right calf and thigh region with restricted range of motion.
 - Redness and warmth / Weakness / Swelling / Deformity – Absent
- Examination of spine**
- Inspection - No visible deformity or sign of trauma
 - Palpation - Tenderness over L3,L4,L5 level
 - Movements - Cervical/Thoracic- NAD

Lumbosacral - Flexion Restricted

Extension - Restricted

SLRT TEST

SLRT (BT)	RIGHT	LEFT
ACTIVE	60 Degree (painful)	90 Degree
PASSIVE	70 Degree (painful)	90 Degree

SLUMP TEST

SLUMP TEST (BT)	RIGHT	LEFT
	POSITIVE	NEGATIVE

GAIT (BT) – Antalgic

Specific Investigation -X ray LS spine

mild straighting of lumbar spine

End plate osteophytes seen along With lumbar vertebrae

Mild reduction in L5 S1 disc space

Changes of lumbar spondylosis

MATERIALS AND METHODS

Centre of Study: Pakwasa Samanvaya Rugnalaya IPD, Nagpur. Simple random, single case study.

Treatment Advised - SHAMANA CHIKITSA

SR.NO	Name of medicine	Dose	Kal	Anupan
1.	Trayodashang guggul	2 TDS	Vyana kaala	Koshna jala
2.	Asthiposhak yog	40ml	Vyana kaala	Milk
3.	Agnitundi vati	2 BD	Vyana kaala	Koshna jala
4.	CAP Palsineuron	2 BD	Vyana kaala	Koshna jala

SHODHAN CHIKITSA

SR.NO	PROCEDURE	DAYS
1	Snehan with bala taila (kati the Dakshin paad)	16
2	Swedan with dashmoola kwath	16
3	Kala basti Anuvasan – Sahacharadi taila 60 ml NIRUHA – Dashmooladi kwath 350 ml	
4	Agnikarma at pain site (Alternate day) 5 setting	5 days

DISSCUSSION

The Chikitsa Sutra (treatment principle) of Gridhrasi involves Basti Karma, Siravyedha, and Agnikarma Chikitsa.⁸ The treatment protocol, which was planned for this patient, can be

divided into Shodhana Chikitsa with Basti Karma along with Shamana Chikitsa. The treatment principles applied for the management of this disease condition are Vedanasthapana Chikitsa (analgesic), Shothahara (anti-inflammatory), and Vata dosha pacifying treatment along with strengthening and nutritive therapy for the various musculatures and structures in the lumbar region and lower extremities. The probable mode of action of these aforementioned Shodhana and Shamana Chikitsa can be explored as follows:

Mode of action of Panchakarma Chikitsa

1) Snehana:

Abhyanga : In this process, taila was applied on the body, and massage was done due to this mechanical pressure exerted on muscles, which helps to increase arterial pressure as well as muscle temperature from rubbing. The Ayurvedic properties of taila are Snigdha, Guru, and Ushna, which are totally opposite to Vata Dosha. So, taila helps to reduce the vitiated Vata Dosha.⁹

2) Nadisweda:

Swedana (sudation) is Sthambhaghna (removes stiffness), Sandhicheshtakar (increases joint mobility), Srotoshuddhikar (clears the microchannels), and Kapha-vata nirodhana (removes excess vata and kapha dosha).¹⁰ Thus, it liquefies the doshas and expands the srotas, helping the doshas to travel toward their own sthana, leading to the Srotosanga vighatana (breakdown of the pathogenesis by removing obstruction in the microchannels) and relieving stiffness of the joint relieved.¹¹

Dashmooladi Niruha Basti followed by Sahachara taila Anuvasana Basti:

Basti is the best treatment for Vata dosha as per Acharya Charaka.¹² Basti has systemic action, as the active principles (Virya) of Vasti preparation are absorbed through Pakwashaya (intestine) and spread to various channels of the body. It reaches the site of the lesion and induces systemic effects and relieves the disease.¹³ Basti helps to remove Kapha Avarana over Vata due to protrusion as well as acts on Vata dosha, that is, Pakwashaya, which is the prime site of Vata dosha. It relieves constipation as well as helps to relieve oedema, inflammation, and necrosis due to its Srotoshodhana effect by the Vata Kaphahara properties of Kwatha drugs. Dashmoola is Tridosahara. Guduchi has Vedanasthapana and Vataghna action due to Snigdha and Ushna gunas, causes stimulation of dhatvagni by its tikta rasa and provides nutrition to the dhatus by Madhura vipaka.¹⁴ Punarnava is having Kapha vataghna action due to Ushna virya and also having Shothahara and Rasayana properties.¹⁵ Ashwagandha has the property to pacify Vata by Madhura and Ushna gunas. They are Balya, Vedanasthapana, and Shothahara.¹⁶ Anuvasana basti with Sahachara taila gets absorbed and spreads throughout the body up to subtle channels.¹⁷ Sahachara taila has the specific property of Gati viseshatvam (helps to move) due to its Madhura and tikta rasa and having Vatahara,

Bruhana (nourishing), and Pachana properties.¹⁸

Probable mode of action of Agnikarma

Agni possesses Ushna, Tikshna, Sukshma and Aashukari Gunas, which are opposite to Vata and anti-Kapha properties. Physical heat from red-hot Shalaka is transferred as therapeutic heat to Twakdhātu by producing Samyak Dagdha Vrana. From Twakdhātu, this therapeutic heat acts in three ways. First, due to Ushna, Tikshna, Sukshma and Ashukari Guna, it removes the Srotavarodha, pacifies the vitiated Vata and Kapha Dosha and maintains their equilibrium. Secondly, it increases the Rasa Rakta Samvahana (blood circulation) to the affected site. The excess blood circulation to the affected part flushes away the pain-producing substances, and the patient gets relief from symptoms. Third, therapeutic heat increases the Dhatwagni, so metabolism of Dhātu becomes proper and digests the Amadosha from the affected site and promotes proper nutrition from Purva Dhātu. In this way, Asthi and Majja Dhātu become more stable. Thus, the result is precipitated in the form of relief from all symptoms of Gridhrasi. Further, it can be endorsed that the therapeutic heat goes to the deeper tissue, like Mamsa Dhātu, and neutralises the Sheeta Guna of Vata and Kapha Dosha, and in this way, vitiated Doshas come to the phase of equilibrium, and patients get relief from the symptoms.

Mode of action of Shaman Chikitsa

1) Trayodashang Guggul: atanulomana and Aampachana properties of the ingredients of Trayodashanga Guggulu.⁹ help in relieving Malabaddhata (Constipation). Due to Deepana and Pachana properties, Tandra, Gauravta, and Aruchi are also reduced. Along with this, it has anti-inflammatory, anti-arthritis, anti-gout, analgesic, muscle relaxant, and antioxidant properties by energising the growth of bone-forming cells by producing more osteoclasts and osteoblasts. It prevents the pro-inflammatory cytokines, activity of xanthine oxidase, hydrogen peroxide, and renal microsomal lipid peroxidation process and also blocks the action of histamine and enhances the level of dopamine.²⁰

2) Asthiposhak Yog: It is a traditional Ayurvedic formulation used to promote bone health, density, and strength. Asthiposhak Yog typically consists of a combination of herbs and minerals, including Hadjod, Arjuna, Praval Pishti, Mukta Pishti and Guggulu. The anti-inflammatory properties of the formulation help to reduce inflammation and promote bone healing. Asthiposhak Yoga is typically used to treat conditions like osteoporosis, osteopenia, fractures, and bone weakness. It is taken along with milk to increase its potentiality.

3) Agnitundi Vati: As the name suggests, 'Agni' means 'digestive fire', hence the one which improves digestive fire. Agnitundi Vati induces Pachana at the gastrointestinal as well as the Dhatauata level (cellular and tissue level) and corrects Jatharagni as well as Dhatvagni. It is indicated in Adhmana, Shula, and pain related to Vata imbalance.²¹

4) CAP Palsineuron: it is an Ayurvedic proprietary medicine. It consists of

Mahavatavidhwamsa Rasa (60 mg), SameerPannaga Rasa (60 mg), Ekangaveera Rasa (60 mg), Sootashekhara Rasa (60 mg), Lajjalu (60 mg) and Khurasani Ova (60 mg). The drug is manufactured by SG Phyto Pharma Pvt. Ltd. The drug is said to be helpful in neuralgia, cervical spondylosis, lumbar spondylosis, bursitis, and hemiplegia.

RESULTS

Condition of patient improved gradually along with the course of treatment.

Assesment of Results:

SLRT TEST (AT)

SLRT (AT)	RIGHT	LEFT
ACTIVE	80degree	90 Degree
PASSIVE	90degree	90 Degree

SLUMP TEST (AT)

SLUMP TEST (AT)	RIGHT	LEFT
	NEGATIVE	NEGATIVE

GAIT (AT) - Normal gait

CONCLUSION

Sciatica is a major cause of morbidity that makes a person disabled from daily activities. This case study showed that Shodhana and Shamana Chikitsa were very effective in the management of Gridhrasi. It has provided significant improvements in subjective and objective parameters, indicating that the patient has improved in presenting the features, and significant improvement has been found in the patient's quality of life. The patient is doing well with her daily activities to date. The findings in this single case study have provided a strong hope and a choice for better management of Gridhrasi.

REFERENCES

1. WALKER B, COLLEDGE N, RALSTON S, PENMAN I DAVIDSON'S PRINCIPLES AND PRACTICE OF MEDICINE. 201422ND NEW YORK CHURCHILL:1072–3 CHAPTER 25.
2. KAILA-KANGAS L, LEINO-ARJAS P, KARPPINEN J, VIKARI-JUNTURA E, NYKYRI E, HELIÖVAARA M. HISTORY OF PHYSICAL WORK EXPOSURES AND CLINICALLY DIAGNOSED SCIATICA AMONG WORKING AND NONWORKING FINNS AGED 30 TO 64 SPINE (PHILA PA 1976). 2009;34:964–9.
3. ARMSTRONG P, WASTIE M, ROCKALL A DIAGNOSTIC IMAGING. 20045TH

BLACKWELL PUBLISHING UK:362 CHAPTER 11.

4. SHARMA PV SUTRASTHANA; MAHAROG ADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBHA ORIENTALIA:139 CHAPTER 20, VERSE 11.
5. SHARMA PV CHIKITSASTHANA; VATAVYADHICHIKITSA ADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBHA ORIENTALIA:466 CHAPTER 28, VERSE 56.
6. SHARMA PV NIDANASTHANA; VATAVYADHI NIDANA ADHYAYA. SUSHRUTA, SUSHRUTA SAMHITA. CHAPTER 1, VERSE 74. 2005 VARANASI, INDIA CHAUKHAMBHA VISVABHARATI:15
7. SHARMA PV CHIKITSASTHANA; VATAVYADHICHIKITSA ADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBHA ORIENTALIA:466 CHAPTER 28, VERSE 57
8. SHARMA PV CHIKITSASTHANA; VATAVYADHICHIKITSA ADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBHA ORIENTALIA:471 CHAPTER 28, VERSE 101
9. Dr.Shivani K. Raut, Dr Archana S. Dachewar Ayurvedic Approach in the Management of Lumbar Intervertebral Disc Annular tear – A Case Study
10. TIWARI S, SINGH S, SHARMA P, SHARMA V. MANAGEMENT OF LOW BACKACHE DUE TO PIVD THROUGH PANCHAKARMA: A CASE STUDY INT. J. RES. AYURVEDA PHARM. 2018;9:84–7
11. KURUBAR D, MUNNOLI BT, KUMAR V, ARBAR A, PATIL A. ROLE OF MATRA VASTI (ENEMA) OVER ABHYANGA (MASSAGE) AND SWEDA (SUDATION) IN REDUCING SPASTICITY IN CEREBRAL PALSY WITH SUDDHA BALA TAILA—A RANDOMIZED COMPARATIVE CLINICAL STUDY INT J AYUR PHARM RES. 2014;2:47–52
12. SHARMA PV SUTRASTHANA; YAGYAPURUSHIYADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBHA ORIENTALIA:168 CHAPTER 25, VERSE 40
13. SHARMA PV SIDDHISTHANA; BASTIVYAPADASIDDHI ADHYAYA. CHARAKA SAMHITA OF AGNIVESHA. 2007TH VARANASI, INDIA CHAUKHAMBHA ORIENTALIA:638 CHAPTER 7, VERSE 64
14. DESHPANDE AP, SUBHASH R TEXTBOOK OF DRAVAYGUNA VIGYAN (ENGLISH), PART-2, A.R. NANDURKAR. 2007 SHANIWAR PETH, INDIA

PROFICIENT PUBLISHING HOUSE:271

15. DESHPANDE AP, SUBHASH R TEXTBOOK OF DRAVAYGUNA VIGYAN (ENGLISH), PART-2, A.R. NANDURKAR. 2007 SHANIWAR PETH, INDIA PROFICIENT PUBLISHING HOUSE:551
16. DESHPANDE AP, SUBHASH R TEXTBOOK OF DRAVAYGUNA VIGYAN (ENGLISH), PART-2, A.R. NANDURKAR. 2007 SHANIWAR PETH, INDIA PROFICIENT PUBLISHING HOUSE:509
17. SHARMA PV CHIKITSA STHANA; NETRABASTIPRAMANAPRA VIBHAGA CHIKITSAM ADHYAYA. SUSHRUTA, SUSHRUTA SAMHITA. CHAPTER 35, VERSE 27. 2005 VARANASI, INDIA CHAUKHAMBHAVISVABHARATI:527
18. TRIPATHI B CHIKITSA STHANA; VATAVYADHI CHIKITSA ADHYAYA. VAGBHATA, ASHATANG HRIDAYA. CHAPTER 21, VERSE 67-69. 2015 DELHI, INDIA CHAUKHAMABA SANSKRIT PRATISHTHAN:510
19. MISHRA S GOVINDDAS, BHAIJYARATNAVALI; VATAVYADHI CHIKITSA PRAKARANA: CHAPTER 26, VERSE 98-101. 2007 VARANASI, INDIA CHAUKHAMBA SURBHARATI PRAKASHAN:148-9
20. MOHARANA PK, PATEL A. SYNERGISTIC EFFECT OF TRAYODASHANG GUGGULU AND YOGA BASTI IN THE MANAGEMENT OF LOW BACK PAIN WITH SPECIAL REFERENCE TO GRIDHRASI INT J HEALTH SCI RES. 2018;8:167-73
21. MISHRA S GOVINDDAS, BHAIJYARATNAVALI; MANDAGANI CHIKITSA PRAKARANA: CHAPTER 10, VERSE 93-94. 2007 VARANASI, INDIA CHAUKHAMBA SURBHARATI PRAKASHAN:648-9.

Source of Support : None Declared

Conflict of Interest : Nil