



# Sanjeevani Darshan

ISSN: 2584-0304

<http://sanjeevanidarshan.com>



National Journal of  
**AYURVEDA & YOGA**



Year - 2025

Volume 3, Issue 4

**“ROLE OF SEQUENTIAL ADMINISTRATION OF AYURVEDA PROTOCOL IN THE MANAGEMENT OF GRIDHRASI W.S.R. TO SCIATICA -A CASE STUDY”**

**Dr. Pragati Doye<sup>1</sup>, Dr. Jayant Gulhane<sup>2</sup>**

1. PG Scholar, Department of Kayachikitsa, Government Ayurved College, Nagpur, Maharashtra,

2. HOD and Assoc. Professor, Department of Kayachikitsa, Government Ayurved College, Nagpur

**ABSTRACT:**

Sciatica is a prevalent neuromuscular disorder characterized by pain radiating along the course of the sciatic nerve, extending from the lower back through the buttock and down the lower limb. It significantly affects mobility, occupational performance, and overall quality of life. In Ayurveda, a clinical condition comparable to sciatica is described as *Gridhrasi*, which is classified as a *Vata*-dominant disorder in classical texts. *Gridhrasi* is characterized by symptoms such as pain (*Ruk*), stiffness (*Stambha*), pricking sensation (*Toda*), heaviness (*Gaurava*), and restricted movements of the affected limb. These symptoms are often exacerbated by improper posture, excessive physical activity, faulty dietary habits, and suppression of natural urges.

From a modern medical perspective, lumbar disc herniation causing nerve root compression is the most common etiology of low back pain associated with radiculopathy, resulting in radiating pain along the leg. Conventional management of sciatica primarily focuses on symptomatic relief using analgesics and nonsteroidal anti-inflammatory drugs (NSAIDs), with limited long-term benefits.

Ayurveda advocates a comprehensive therapeutic approach for the management of *Gridhrasi*, including *Snehana* (oleation), *Swedana* (sudation), *Siravedha* (bloodletting), *Basti* (medicated enema), and *Agnikarma* (therapeutic cauterization), administered in a systematic and sequential manner.

This case study reports the management of sciatica in a 52-year-old female patient treated with *Viddhakarma*, *Basti karma*, *Agnikarma*, and *Shamana Chikitsa* (internal medications). The patient demonstrated marked clinical improvement, with significant reduction in pain and functional disability, highlighting the potential effectiveness of Ayurvedic interventions in the management of sciatica (*Gridhrasi*).

**KEY WORDS:-** Gridhrasi, Basti, Viddhakarma, Agnikarma, Shaman

**Corresponding Details:**

**Dr. Pragati Doye**

Government Ayurved College Nagpur

Mobile No. 9527553065

E-Mail: [pragatidoye9@gmail.com](mailto:pragatidoye9@gmail.com)

How to cite article:



**Dr. Pragati Doye, Dr. Jayant Gulhane**

**Role of Sequential Administration of Ayurveda Protocol in the Management of Gridhrasi w.s.r. to Sciatica -A case Study, Sanjeevani Darshan - National Journal of Ayurveda & Yoga 2025; 3(4): 29-39 :**

**<http://doi.org/10.5552/SDNJAY.2025.3405>**

## INTRODUCTION

Low back pain is a highly prevalent condition, with a lifetime incidence ranging from 50% to 70%, of which sciatica accounts for more than 40% of cases [1]. Sciatica is a common clinical entity, with reported lifetime prevalence varying between 13% and 40%. The annual incidence of sciatica episodes ranges from 1% to 5%. It is predominantly an age-related disorder, rarely observed before 20 years of age, with peak incidence occurring in the fifth decade of life, followed by a gradual decline thereafter [2].

From a modern medical standpoint, lumbar intervertebral disc herniation leading to nerve root compression is the most frequent cause of low back pain associated with radiculopathy. Sciatica commonly results from involvement of the L4, L5, or S1 nerve roots and is characterized by unilateral neuropathic pain originating in the gluteal region and radiating along the posterolateral aspect of the thigh, leg, and foot [3].

In Ayurvedic literature, sciatica is described under the disease entity *Gridhrasi*, wherein the patient's gait resembles that of a *Gridhra* (vulture). This altered gait occurs due to severe pain affecting the lower back and lower limb, leading to limping toward the affected side [4]. *Gridhrasi* is classified into two types: *Vataja* and *Vata-Kaphaja*. *Vataja Gridhrasi* is characterized by symptoms such as stiffness (*Stambha*), pain (*Ruk*), pricking sensation (*Toda*), and frequent tingling (*Spandana*). In *Vata-Kaphaja Gridhrasi*, additional features such as loss of appetite (*Aruchi*), drowsiness (*Tandra*), and heaviness (*Gaurava*) are observed [5].

# Sanjeevani Darshan

Ayurveda advocates a multimodal therapeutic approach for the management of *Gridhrasi*, including *Snehana* (oleation), *Swedana* (sudation), *Basti* (medicated enema), *Siravedha* (bloodletting), and *Agnikarma* (therapeutic cauterization), administered in a sequential manner. In addition to these procedures, the *Shamana* line of treatment, involving the oral administration of medicinal formulations, plays a significant role due to its ease of administration and therapeutic effectiveness [6].

### Aims and Objectives

To evaluate the efficacy of Ayurvedic therapeutic procedures in conjunction with *Shamana Chikitsa* in the management of sciatica.

### Case Report and Informed Consent

This study reports a single case. Written informed consent was obtained from the patient prior to initiation of treatment.

## Patient Information

A 52-year-old female patient presented to the Outpatient Department of Government Ayurveda Hospital, Nagpur, with complaints of pain in the right buttock radiating to the right thigh, calf, and dorsum of the foot, difficulty in walking (*Chakramana Kashtata*), stiffness (*Stambhata*) and heaviness (*Gauravata*) of the right lower limb, and loss of appetite (*Aruchi*). The symptoms had been present for the past two years.

## History of Present Illness

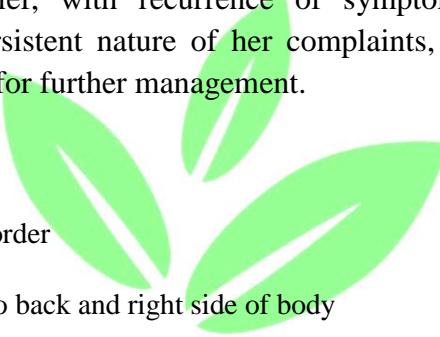
According to the patient, she was apparently healthy three years prior, following which she met with a road traffic accident involving a fall from a two-wheeler, resulting in injury to her lower back and the right side of the body. Subsequently, she developed the above-mentioned symptoms. She sought treatment at multiple private healthcare facilities and experienced only temporary symptomatic relief, with recurrence of symptoms upon discontinuation of treatment. Owing to the persistent nature of her complaints, she approached Government Ayurveda Hospital, Nagpur, for further management.

## History of Past Illness:

N/H/O-HTN/DM2/Thyroid disorder

H/O-RTA- 3 Years ago injury to back and right side of body

S/H/O – Cataract Left eye 1 year ago



# Sanjeevani Darshan

## PERSONAL HISTORY

**National Journal of Ayurveda & Yoga**

Ahara - Mixed Diet, *Katu, Madhur, Lavan rasa, Ruksha Ahara, Viruddha Ahara, Adhyasana,*

*Vishamsana.*

Appetite -*Aruchi*(Decreased appetite )

Vihara – *Diwaswapna*, Daily Travelling, improper sitting posture.

Bowel - Regular bowel 1 time per day (*Asamadhankarak*)

Micturition - Normal

Sleep - Disturbed from 5 days due to pain

Menopause -8 yrs ago

**Astha Vidha Parikshana**

*Nadi: Vata Kaphaj*

*Mala:Sama (Sticky stool)*

*Mutra:samyak*

*Jihva: Sama*

*Shabda: Spastha*

*Sparsha: Anushnasheeta*

*Druka: Spects present*

*Akruti: Sthool*

**General Examination**

BP:120/80mmHG

PR:84/min

RR:21times/min

Temp: 97.2F

**Sanjeevani Darshan**

Pallor- No **National Journal of Ayurveda & Yoga**

Icterus- No

Clubbing-No

**Systemic Examination**

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

Cardiovascular sound: S1S2 normal

Gastrointestinal system: Non tender, no organomegaly detected

Central nervous system: conscious and fully oriented

**MATERIALS AND METHODS:**

**SHODHAN CHIKITSA :**

Sr.NO.	PROCEDURE	DAYS
1	<i>Snehan</i> with <i>Khanduchakka Tail(Kati Te Pad)</i>	20
2	<i>Bashpa Sweda</i> with <i>Dashmool Kwath</i>	20
3	<i>Kalbasti</i> <i>Anuvasan basti</i> With <i>Khanduchakka Tail</i> 80ml <i>Niruh Basti</i> with <i>Dashmool Kwath</i> 760 ml	16
4	<i>Vidhhakarma</i> ( 4 angul above and below knee joint on lateral side of right knee joint)	Alternate day for 8 days
5	<i>Agnikarma</i> With <i>Tamra Shalaka</i> indirect Type just after <i>viddhakarma</i>	Alternate day for 8 days

**SHAMANA CHIKITSA**

SR.NO	Name of medicine	Dose	Kal	Anupan
1	<i>Lasunadi Vati</i> (250mg)	2BD	<i>Apame</i>	<i>Koshnajal</i>
2	<i>Vatari Goggulu</i> (250mg)	2 TDS	<i>Vyanodane</i>	<i>Koshnajal</i>
3	<i>Shefalika Patra Kashay</i>	20ml BD	<i>Apame</i>	-

**Results:**National Journal of Ayurveda & Yoga

Patient's condition was improved significantly and the results are mentioned in the below Tables.

**1]Gradations of Parameters score<sup>[7]</sup>.**

Sr. No	Parameters	Gradation	Before Treatment	After Treatment
1	Ruka (pain)	Grade		
	No pain	0		
	Mild pain	1		1
	Moderate pain	2		
	Severe pain	3	3	
	Worst	4		
	We have used VAS scale for pain gradations (0 = 0) ; (1-3 = 1); (4-6 = 2);(7-9 = 3) ; (10 = 4)			
2	Toda (Pricking sensation)	Grade		
	No pricking sensation	0		
	Occasional pricking sensation	1		1
	Mild pricking sensation	2		
	Moderate pricking sensation	3	3	
	Severe pricking sensation	4		
3	Stambha (stiffness)	Grade		
	No stiffness	0		0
	Sometimes for 5 – 10 minutes	1		
	Sometimes for 10 –30 minutes	2		
	Sometimes for 30 - 60 minutes	3		
	Sometimes for 1 hour	4	4	
4	Tandra	Grade		
	No tandra	0		0
	Mild tandra	1		
	Moderate tandra	2		
	Severe tandra	3		
5	Gaurava (Heaviness)	Grade		
	No heaviness	0		0
	Mild heaviness	1		
	Moderate heaviness	2		
	Severe heaviness	3	3	
6	SLRT (Straight leg raise test)	Grade		
	More than 90 degree	0		
	71 – 90 degree	1		1
	51 – 70 degree	2		
	31 – 50 degree	3	3	
	Upto 30 degree	4		
	Total Score	22	18	3

## 2] WOMAC SCORE:

Before Treatment	After Treatment
78	20

## 3] VAS score:

Before Treatment	After Treatment
8	2

## Clinical Test

1] SLR TEST<sup>[8]</sup>

SLRT	Active		Passive	
	BT	AT	BT	AT
Right	40 Degree	80 Degree	45 Degree	80 Degree
Left	90 Degree	90 Degree	90 Degree	90 Degree

2] Laseague's Test<sup>[9]</sup>

Lower limb	Before Treatment	After Treatment
Right	Positive	Negative
Left	Negative	Negative

3] Knee Jerk<sup>[10]</sup>

Knee	Before Treatment	After Treatment
Right	+	++
Left	++	++

4] Ankle Jerk<sup>[11]</sup>

Ankle	Before Treatment	After Treatment
Right	+	++
Left	++	++

## DISCUSSION

In Ayurveda, the management of *Gridhrasi* involves both *Shodhana* (bio-purificatory) and *Shamana Chikitsa* (palliative therapy), along with specialized procedures such as *Siravedha*, *Basti*, *Viddhakarma*, and *Agnikarma*. These interventions are considered relatively safe, require minimal infrastructure, are cost-effective, and are associated with fewer complications when performed appropriately. Among these, *Shamana Chikitsa*, which includes the oral administration of medicinal formulations, plays a crucial role by addressing the underlying pathophysiology of the disease through regulation of vitiated *Doshas*, rather than merely providing symptomatic relief. This approach also offers the advantage of better patient compliance and minimal adverse effects.

### *Probable Mode of Action of Snehana*

External application of medicated oils through *Snehana* (oleation therapy) enhances local microcirculation and lymphatic drainage. This facilitates the removal of inflammatory mediators and metabolic by-products that sensitize peripheral nociceptors in neuropathic conditions, thereby contributing to pain reduction and improved tissue flexibility [12].

### *Probable Mode of Action of Swedana*

*Swedana* (sudation therapy), whether localized or generalized, induces vasodilation and increases tissue metabolism. The resultant improvement in microcirculation aids in the clearance of inflammatory mediators and metabolic waste products, which are known to perpetuate peripheral nociceptor sensitization. This reduction in peripheral nociceptive input may help alleviate neuropathic pain [13].

### *National Journal of Ayurveda & Yoga*

*Basti* therapy is regarded as the most effective treatment for *Vatavyadhi*, as described by *Charaka Acharya*. In Ayurvedic philosophy, *Basti* directly pacifies vitiated *Vata Dosha*, which is primarily responsible for neurological and musculoskeletal disorders. From a modern perspective, *Basti* is believed to provide deep nourishment and lubrication to neuromuscular tissues, potentially supporting nerve function and reducing mechanical irritation at nerve roots [14].

*Ehretia laevis* (Khandu-chakka) contains flavonoids, phenolic compounds, and other bioactive constituents with proven analgesic, anti-inflammatory, and antioxidant properties in pharmacological studies. When administered as oil-based *Basti* (*Anuvasana*, *Matra*, or *Snehika Basti*), lipid-soluble components may be absorbed through the rectal mucosa into local tissues and systemic circulation, thereby exerting biochemical anti-inflammatory and analgesic effects [15].

Clinical Ayurvedic studies have demonstrated that *Dashamoola Niruha Basti*, administered as part of *Kala Basti* regimens, significantly reduces pain intensity, improves mobility, and alleviates neural irritation in patients with *Gridhrasi*. Notable improvements have been observed in symptoms such as *Ruk* (pain), *Stambha* (stiffness), and Straight Leg Raise (SLR) test outcomes, supporting its therapeutic efficacy in radicular pain conditions [16].

#### *Probable Mode of Action of Viddhakarma*

*Viddhakarma*, also known as *Suchivedhana* or dry needling, involves controlled puncturing at specific anatomical sites to relieve *Avarana* (obstruction), pacify vitiated *Vata Dosha*, and release locally accumulated *Doshas* along with minimal bloodletting. This intervention helps reduce pain and stiffness. From a neurophysiological standpoint, needle stimulation may induce the release of  $\beta$ -endorphins and other endogenous opioid peptides, which act on central and peripheral opioid receptors to inhibit pain transmission [17,18].

#### *Probable Mode of Action of Agnikarma*

According to Ayurvedic principles, *Agnikarma* utilizes the *Ushna* (hot), *Tikshna* (sharp), *Sukshma* (penetrating), and *Ashukari* (rapid-acting) properties of therapeutic heat, which counteract the cold, heavy, and obstructive qualities of aggravated *Vata* and *Kapha Doshas*. This procedure helps in relieving *Srotovarodha* (channel obstruction), restoring *Dosha* equilibrium, and reducing pain (*Shoola*), which is predominantly associated with *Vata* vitiation [19].

## *Probable Mode of Action of Shamana Aushadhi* **Sanjeevani Darshan**

#### **Lasunadi Vati:**

#### **National Journal of Ayurveda & Yoga**

*Lasunadi Vati* was prescribed for its *Deepana* (digestive stimulant) and *Amapachana* (metabolic detoxification) actions, as the patient presented with *Sama Mala Pravritti* and *Aruchi* (loss of appetite). The formulation predominantly contains ingredients with *Kapha-Vatahara*, *Shoolaghna*, *Ushna*, and *Tikshna* properties, making it effective in enhancing digestion, correcting metabolic imbalance, and reducing pain.

#### **Vatari Guggulu:**

The constituents of *Vatari Guggulu* collectively exhibit *Vata-Shamaka*, *Kapha-Shamaka*, *Amapachana*, *Deepana*, *Vedana Sthapana*, and *Rasayana* properties. Owing to its *Ushna Virya* and *Vatanulomana* actions, it helps normalize the functions of *Apana* and *Vyana Vayu*, thereby alleviating pain and improving mobility. Pharmacological studies indicate that *Vatari Guggulu* possesses anti-inflammatory and peripheral analgesic properties, which may reduce pressure on the sciatic nerve and enhance functional outcomes [20].

### **Shefalika Patra Kashaya (*Nyctanthes arbor-tristis*):**

*Shefalika Patra Kashaya* has been specifically indicated for the treatment of *Gridhrasi* by *Chakrapanidatta* due to its pronounced *Vata-Kapha Hara* action [21]. The formulation possesses *Tikta Rasa*, *Katu Vipaka*, and *Ushna Virya*, which help counteract the vitiated *Vata* and *Kapha Doshas* responsible for the pathogenesis of *Gridhrasi*, thereby contributing to symptomatic relief and functional improvement [22].

### **CONCLUSION**

The present case study highlights the effective role of Ayurvedic management in *Gridhrasi* (sciatica) through a comprehensive and individualized treatment approach. A multidimensional treatment protocol consisting of *Shodhana* therapies (such as *Basti*), *Shamana chikitsa* (internal medicines like *Vata-shamaka* and *Vedana-sthapaka* formulations), and appropriate external therapies (*Snehan*, *Swedana*, *Agnikarma* and *Viddhakarma*) resulted in significant reduction in pain intensity, stiffness, and improvement in mobility and daily activities. The therapeutic interventions worked synergistically to pacify aggravated *Vata*, improve circulation, reduce inflammation, and restore normal neuromuscular function. The outcomes observed in this case demonstrate that Ayurveda offers a safe, holistic, and cost-effective alternative in the management of *Gridhrasi*. Hence, the case study supports the efficacy of Ayurvedic modalities in the successful management of *Gridhrasi* and encourages further clinical studies with larger sample sizes to validate these findings scientifically.

### **REFERENCES**

- 1] Vaneet Kumar J, Dudhamal TS, Gupta SK, Mahanta V. (2014) A comparative clinical study of Siravedha and Agnikarma in management of Gridhrasi (sciatica). Ayu. 2014 Jul-Sep;35(3):270-6. doi: 10.4103/0974-8520.153743. PMID: 26664236; PMCID: PMC4649569.
- 2] M. A. Stafford, P. Peng, D. A. Hill, (2007) Sciatica: a review of history, epidemiology, pathogenesis, and the role of epidural steroid injection in management, BJA: British Journal of Anaesthesia, Volume 99, Issue 4, October 2007, Pages 461 473, <https://doi.org/10.1093/bja/aem238>
- 3] Loscalzo et al (2022). Back and Neck Pain, Harrison's Principles of Internal Medicine, 21edition. McGraw Hill. page no. 623-635.
- 4] Shekokar, A. K. V., & B, K. M. (2012). A Comparative Study of Agnikarma & Ajmodadi Vati in the Management of Ghridhrasi w.s.r.to Sciatica. International Journal of Ayurvedic Medicine, 3(3). <https://doi.org/10.47552/ijam.v3i3.219>.
- 5]Kale V. S. Charak Samhita, Chaukhamba Sanskrit pratishtan, 2016, Chikitsasthana, Adhyay no. 28/56, page.no.685.
- 6]Patil G.G.,Shettar V.R(2019). Evaluation of the efficacy of Punarnavadi Guggulu & Mahamashadi Taila Kati Basti in the management of Gridhrasi (Sciatica). Journal of Ayurveda and Integrated Medical Sciences, 4(02), 15-23. <https://doi.org/10.21760/jaims.v4i02.588>
- 7] Dwivedi Amarprakash et al (2016) PANCHMOOLI KWATH & AGNIKARM IN

SCIATICA, International journal of ayurvedic & herbal medicine 6(4)July-Aug2016(2305 2312ISSN: 2249-5746

8] Michael Glynn and William Drake Hutchison's Clinical Methods, Elsevier Publication, 24th ed. 2018 page. No.290

9] Michael Glynn and William Drake Hutchison's Clinical Methods, Elsevier Publication, 24th ed. 2018 page. No.290

10] Ralston, S. H., Penman, I. D., Strachan, M. W. J., & Hobson, R. (Eds.). (2018). Davidson's principles and practice of medicine (24th ed.). Elsevier Health Sciences. Page no.(1135)

11] Ralston, S. H., Penman, I. D., Strachan, M. W. J., & Hobson, R. (Eds.). (2018). Davidson's Principles and Practice of medicine (24th ed.). Elsevier Health Sciences. Page no.(1135)

12] Ren L, Guo R, Fu G, Zhang J, Wang Q. The efficacy and safety of massage adjuvant therapy in the treatment of diabetic peripheral neuropathy: A protocol for systematic review and meta-analysis of randomized controlled trials. *Medicine (Baltimore)*. 2022 Mar 11;101(10):e29032. doi: 10.1097/MD.0000000000029032. PMID: 35451409; PMCID: PMC8913081.

13] Malanga GA, Yan N, Stark J. Mechanisms and efficacy of heat and cold therapies for musculoskeletal injury. *Postgrad Med*. 2015 Jan;127(1):57-65. doi: 10.1080/00325481.2015.992719. Epub 2014 Dec 15. PMID: 25526231.]

14] Vishwanath A, Nandagaon, Anil Managuli, Deepanjali Jadhav. Role of Basti in Lumbar Disc Disorders with special reference to Gridhrasi. *J Ayurveda Integr Med Sci [Internet]*. 2025 Nov. 22 [cited 2025 Dec. 17];10(S1):8-12. Available from: <https://jaims.in/jaims/article/view/5485>

15] Sharma P, Shri R, Ntie-Kang F, Kumar S. Phytochemical and Ethnopharmacological Perspectives of *Ehretia laevis*. *Molecules*. 2021 Jun 8;26(12):3489. doi: 10.3390/molecules26123489. PMID: 34201193; PMCID: PMC8228998.]

16] Ashwini Appasaheb Bargi, Gajanana Hegde, Ramaling S. Hugar. A comparative clinical study to evaluate the efficacy of Dashamoola Niruha Basti with Rasna-Erandadi Niruha Basti in the management of Gridhrasi vis-a-vis sciatica. *J Ayurveda Integr Med Sci [Internet]*. 2022 Jan. 19 [cited 2025 Dec. 17];6(6):40-7. Available from: <https://jaims.in/jaims/article/view/1597>

17] Supriya A. Bhandare, Nilakshi S Pradhan, Role of Viddhakarma in Management of Ashopha Akshipaka - A Case Study. *AYUSHDHARA*, 2022;9(3):

47-49. <https://doi.org/10.47070/ayushdhara.v9i3.965>

18] Han JS. Acupuncture and endorphins. *Neurosci Lett*. 2004 May 6;361(1-3):258-61. doi: 10.1016/j.neulet.2003.12.019. PMID: 15135942.

19] Mohasin Kadegaon: Mechanism of Action of Agnikarma ayurpub 2016;I(1): 20-23]

20] Sathavane, Geeta V.; Pandya, Darshana H.1.; Baghel, Madhav Singh2. Effect of Vatari Guggulu in the management of Gridhrasi (sciatica). *AYU (An International Quarterly Journal of Research in Ayurveda)* 36(1):p 41-45, Jan-Mar 2015. | DOI: 10.4103/0974-8520.169019]

21] Tripathi I. Chakradatta, Chaukhambha Sansrit Sansthan, 1992, Adhyay no.22/41-42, page no. 136]

22] Sharma P.V. Dravyaguna Vijnana, Chaukhambha Wisvabharti, Varanasi, 2019, Vol 2, page.no. 550 (Shefalika).]

**Source of Support : None Declared**

**Conflict of Interest : Nil**