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Clinical Evaluation of *Gridhrasi* (sciatica) Through an Integrative Approach: A Case Study

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ABSTRACT

Gridhrasi, described under *Nanatmaja Vata Vyadhi* in Ayurved, is characterized by radiating low back pain, stiffness, tingling, and restricted mobility, clinically correlating with sciatica due to lumbar nerve root compression. This case study evaluates the efficacy of an integrative Ayurvedic approach in a 45-year-old woman presenting with 3 months of low back pain radiating to the Right lower limb, associated with stiffness, tingling, and difficulty walking. Ayurvedic assessment indicated *Vata* predominance with classical *Gridhrasi lakshanas*, while modern neurological evaluation revealed positive Straight Leg Raising at 35°, mild motor weakness (4/5), decreased ankle reflex, and paraesthesia in the L5 dermatome. The baseline visual analog scale scores were 8/10. The patient received oral Shamana therapy, including Cap. Palsineuron 2 BD, *Dashamoolarishta* 10 ml BD, *Ashwagandharishta* 10 ml BD, and Tab *Gandharva Haritaki* HS, along with Panchakarma procedures *Snehana*, *Swedana*, *Matra Basti* with 40 ml *Guggul Tiktak Ghrita*, and *Agnikarma* over the lower back for 7 days, complemented by dietary and lifestyle modifications. Post-treatment assessment showed marked improvement: SLR increased to 75°, motor power normalized, reflexes and sensory deficits resolved, VAS decreased to 2/10, Ayurvedic symptoms, including *Ruk*, *Toda*, *Stambha*, and

Spandana, were significantly relieved. This case highlights that integrative Ayurvedic management combining *Shamana* and *Panchakarma* can effectively reduce pain, neurological deficits, and functional disability in *Gridhrasi*(sciatica), supporting its potential role in the complementary management of radicular low back pain and encouraging further clinical studies.

Keywords: *Gridhrasi*, Sciatica, *Vata Vyadhi*, *Shamana*, *Panchakarma*, *Matra Basti*, *Agnikarma*

Introduction

Gridhrasi is a well-described clinical entity in Ayurved, classified under *Nanatmaja Vata Vyadhi*, characterized predominantly by radiating pain originating from the lumbar region and extending to the lower limb[1]. The term "*Gridhrasi*" is derived from the word *Gridhra* (vulture), indicating the gait of the patient resembling that of a vulture due to severe pain and stiffness in the affected leg[2]. In contemporary medicine, *Gridhrasi* closely resembles sciatica, a neuropathic pain syndrome caused by irritation or compression of the sciatic nerve[3]. Sciatica commonly presents as unilateral radiating pain from the lower back to the buttock, thigh, calf, and foot along the distribution of the sciatic nerve[4] .According to Ayurved, the etiopathogenesis (*Nidana*) of *Gridhrasi* primarily involves vitiation of *Vata Dosha*, either alone (*Vataja Gridhrasi*) or associated with *Kapha* (*Vata-Kaphaja Gridhrasi*) [5] . Classical texts describe causative factors such as excessive physical exertion, prolonged sitting, improper posture, trauma, suppression of natural urges, intake of dry and cold food, and other Vata-aggravating regimens[6] . These factors lead to derangement of *Vata* in the *Kati* (lumbar region), which subsequently radiates pain through the *Sphik*, *Uru*, *Janu*, *Jangha*, and *Pada* regions[7] . In *Vataja* type, symptoms include *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness), and *Spandana* (twitching)[8] . In *Vata-Kaphaja* type, additional features such as *Gaurava* (heaviness), *Tandra* (drowsiness), and *Aruchi* (loss of appetite) are observed[9] .From a modern perspective, sciatica is most frequently caused by lumbar intervertebral disc herniation, degenerative disc disease, spinal canal stenosis, spondylolisthesis, or piriformis syndrome[10] . The underlying pathology involves mechanical compression and inflammation of the lumbosacral nerve roots, particularly L4, L5, or S1[11]. Clinical manifestations include sharp, shooting pain radiating below the knee, paresthesia, numbness, muscle weakness, and positive straight leg raising test findings[12]. Chronic cases may result in functional disability and reduced quality of life[13].The prognosis (*Upadrava* and course) of *Gridhrasi* depends on the chronicity and severity of *Vata* aggravation. If untreated, it may lead to restricted mobility, muscle wasting, and persistent neuropathic pain[14] . Ayurved emphasizes early intervention to prevent complications and recurrence. In modern medicine, persistent nerve compression may result in chronic radiculopathy or neurological deficits.[15] Management of *Gridhrasi* in Ayurved focuses on pacification of *Vata* through *Shamana* and *Shodhana* therapies. Classical treatment modalities include *Snehana* (oleation), *Swedana* (sudation), *Basti* (medicated enema), *Siravyadha*, *Agnikarma*, and administration of *Vatahara* formulations[16] . Among Panchakarma procedures, *Basti* is considered the prime therapy for *Vata* disorders[17] . In *Vata-Kaphaja* type, therapies aimed at reducing *Kapha* are also indicated. Modern management of sciatica includes conservative approaches such as rest, physiotherapy, non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and epidural steroid injections[18] . Surgical intervention is reserved for severe or refractory cases with neurological deficits[19] .An integrative diagnostic approach combining Ayurvedic clinical examination (*Dashavidha Pariksha*, assessment of *Dosha*

involvement) with modern neurological assessment and imaging may provide a comprehensive understanding of *Gridhrasi* (Sciatica). Such correlation helps in structured clinical documentation and outcome assessment in case studies.

MATERIALS AND METHODS

This study is a single case study conducted in the Outpatient Department of *Kayachikitsa*. One patient presenting with classical signs and symptoms of *Gridhrasi* was selected for evaluation and management after obtaining written informed consent.

Case Presentation

A 45-year-old Female patient presented with complaints of lower back pain radiating from the lumbar region to the right buttock, posterior thigh, calf, and foot since 3 months. The pain was gradual in onset, moderate to severe in intensity, aggravated by prolonged sitting and walking, and relieved partially by rest. The patient also reported stiffness, tingling sensation, and difficulty in walking.

K/c/o- HTN Since 1 year on regular Rx

Clinical Examination

1. Ayurvedic Examination

Dashavidha Pariksha

- ***Prakriti:*** *Vata-Kapha*
- ***Vikriti*****:** Vata predominance
- ***Sara:*** *Madhyama*
- ***Samhanana:*** *Madhyama*
- ***Pramana:*** *Madhyama*
- ***Satmya:*** *Madhyama*
- ***Satva:*** *Madhyama*
- ***Ahara Shakti:*** *Madhyama*
- ***Vyayama Shakti:*** *Avara*
- ***Vaya:*** *Madhyama*

Ashtavidha Pariksha

- ***Nadi:*** *Vata-Pittaja*
- ***Mala*****:** Slightly constipated
- ***Mutra*****:** Normal
- ***Jihva*****:** Slightly coated

- ***Shabda*:** Normal
- ***Sparsha*:** Mild tenderness over lumbar region
- ***Drik*:** Normal
- ***Akruti*:** Antalgic gait

Classical Lakshanas of Gridhrasi Observed

- *Ruk* (radiating pain)
- *Toda* (pricking sensation)
- *Stambha* (stiffness)
- *Spandana* (tingling)
- *Sakthi utkshepa nigraha* (restricted leg raising)

Diagnosis: *Vataja Gridhrasi*

2. Modern Clinical Examination

General Examination

- Pulse: 78/min
- BP: 130/80 mmHg
- Afebrile

Local Examination (Lumbosacral Spine)

- Inspection: Normal alignment
- Palpation: Tenderness at L4–L5 region
- Muscle spasm: Present

Neurological Examination

Parameter	**Findings Before Treatment**
Straight Leg Raising (SLR)	Positive at 35° (Right side)
Motor Power	4/5 (Right lower limb)

Deep Tendon Reflex	Slightly diminished ankle reflex
Sensory Examination	Mild paresthesia over L5 dermatome
Gait	Antalgic gait present

Pain Scores

Assessment Tool	**Before Treatment**
Visual Analogue Scale (VAS)	8/10

MRI S/O - Multilevel degenerative lumbar spondylosis with diffuse disc bulges at L3–L4 and L4–L5, associated with foraminal narrowing (more significant at L3–L4 on Right side), without significant central canal stenosis.

TREATMENT PROTOCOL

Shamana Chikitsa

- Tab. Amlokind Beta 25 mg OD
- Cap. Palsineuron – 2 capsules twice daily
- *Dashamoolarishta* – 10 ml twice daily with equal water after food
- *Ashwagandharishta* – 10 ml twice daily with equal water after food
- Tab.*Gandharva Haritaki* – 500 mg 1 Tab at bedtime with warm water

Duration: 21 days

Panchakarma Procedures

1. ***Snehana* (External Oleation)** – Local *Abhyanga* with medicated oil for 7 days
2. ***Swedana* (Sudation)** – *Nadi Sweda* for 7 days
3. ***Matra Basti*** – 40 ml of *Guggul Tiktak Ghrita* daily for 7 days
4. ***Agnikarma*** – On Lower Back (3 setting)

Assessment After Treatment (7 Days)

Symptom	**Before**	**After**
Ruk (Pain)	Severe	Mild
Toda	Present	Absent

Stambha	Moderate	Minimal
Spandana (Tingling)	Present	Mild
Gait	Antalgic	Improved

Modern Clinical Findings After Treatment

Parameter	**Before**	**After**
SLR	35°	75°
Motor Power	4/5	5/5
Ankle Reflex	Diminished	Normal
Sensory Deficit	Present	Absent
Muscle Spasm	Present	Absent

Pain Scores

Assessment Tool	**Before**	**After**
VAS	8/10	2/10

DISCUSSION

Gridhrasi is described under *Nanatmaja Vata Vyadhi* and is characterized by radiating pain beginning from *Kati* (lumbar region) and extending to *Sphik*, *Uru*, *Janu*, *Jangha*, and *Pada*. The classical features *Ruk (pain), Toda (pricking sensation), Stambha (stiffness), Spandana (tingling),* and restriction of leg elevation closely resemble the clinical presentation of sciatica described in contemporary neurology. In the present case, both Ayurvedic and modern parameters confirmed the diagnosis of Vataja *Gridhrasi* correlated with L4–L5 radiculopathy. From an Ayurvedic standpoint, the pathogenesis involves *Nidana sevana* (excessive sitting, improper posture, *Vata*-aggravating diet), leading to *Vata prakopa* localized in the *Kati pradesha*, further spreading along the course of *Snayu* and *Kandara* producing radiating pain. Chronicity leads to *Margavarana* (obstruction) and *Dhatu kshaya*, intensifying symptoms. In modern terms, lumbar disc protrusion produces mechanical compression and inflammatory irritation of the nerve root, causing neuropathic pain and sensory-motor deficits. The significant improvement observed in VAS, SLR angle, and neurological parameters suggests effective correction of both Vata imbalance and inflammatory radiculopathy.

Mode of Action of Individual Interventions

1. Cap. Palsineuron

Palsineuron is a polyherbal neurotonic formulation commonly containing herbs like *Ashwagandha (Withania somnifera), Brahmi (Bacopa monnieri), Shankhapushpi*, and supportive mineral components.

Ayurvedic Perspective:

Ashwagandha is classified as *Balya, Rasayana,* and *Vatahara*. It nourishes *Majja Dhatu* and strengthens *Snayu* (nervous tissue), thereby reducing Vata-induced degeneration. Brahmi supports *Medhya* (neurocognitive function) and stabilizes Vata.

Modern Pharmacological Perspective:

- *Ashwagandha* exhibits anti-inflammatory and neuroprotective activity via modulation of cytokines and reduction of oxidative stress.
- *Bacopa monnieri* enhances neuronal repair and synaptic transmission.
- Adaptogenic effects reduce neuroinflammation and nerve hypersensitivity, key mechanisms in radiculopathy.

Thus, Palsineuron may reduce nerve root inflammation and promote functional recovery.

2. *Dashamoolarishta*

Dashamoolarishta contains the classical *Dashamoola* group (*Bilva*, *Agnimantha*, *Shyonaka*, etc.).

Ayurvedic View: Dashamoola is a potent *Vata-Kapha shamaka* and *Shothahara* (anti-inflammatory) formulation. It alleviates pain by correcting Vata in deeper tissues (*Asthi* and *Majja Dhatu*)[27].

Modern View: Studies demonstrate anti-inflammatory, analgesic, and antioxidant properties of Dashamoola constituents. Reduction in inflammatory mediators may decrease nerve root edema and radicular pain.

3. *Ashwagandharishta*

Ayurvedic View: Acts as *Balya, Rasayana,* and *Vatahara*, strengthens musculoskeletal and nervous systems[28].

Modern View: Withanolides exhibit anti-inflammatory and anti-stress properties; reduce cortisol-mediated inflammation; enhance nerve regeneration. Beneficial in chronic neuropathic pain.

4. *Gandharva Haritaki* (HS)

Ayurvedic View: Indicated in *Vata Vyadhi* associated with constipation. It promotes *Vatanulomana*, correcting the downward movement of Vata.Constipation aggravates Apana Vata, which may influence lumbosacral pathology. Correcting bowel function reduces Vata aggravation.

Modern View: Mild laxative effect reduces intra-abdominal pressure and improves pelvic circulation, indirectly reducing lumbosacral strain.

Panchakarma Procedures

5. Snehana

Ayurvedic: Oleation pacifies Vata by providing unctuousness and softness to tissues. It reduces stiffness and nourishes *Snayu*.

Modern: Oil massage improves local blood flow, reduces muscle spasm, and enhances parasympathetic activity.

6. Swedana

Ayurvedic: Relieves *Stambha* and *Gaurava* by liquefying aggravated Doshas.

Modern: Heat therapy increases circulation, reduces muscle guarding, and decreases pain perception.

7. *Matra Basti* with *Guggul Tiktak Ghrita* (40 ml)

Ayurvedic: *Basti* is considered the prime therapy for *Vata* disorders.
Guggul Tiktak Ghrita:

- *Guggulu* – anti-inflammatory, channel-clearing
- *Tikta Dravya* – acts on *Asthi-Majja Dhatu*
- *Ghrita* – nourishes nervous tissue, Corrects *Vata in Pakvashaya*, the main seat of *Vata*.

Modern: Rectal drug absorption provides systemic anti-inflammatory effects. *Guggul* sterones show anti-inflammatory and lipid-lowering activity. *Ghrita* enhances bioavailability of lipophilic phytochemicals.

8. Agnikarma

Ayurvedic: Indicated in severe Vataja pain. Acts by removing obstruction and providing instant pain relief.

Modern: Produces counter-irritation, stimulates local endorphin release, increases blood flow, and may modulate nociceptive pathways.

Overall Integrative Interpretation

The combined therapy addressed:

- **Vata pacification**
- **Inflammation reduction**
- **Neuroprotection**
- **Muscle relaxation**
- **Improved circulation**
- **Functional restoration**

Objective improvements (SLR from 35° to 75°, VAS 8→2) support both symptomatic and neurological recovery. The multimodal approach likely worked synergistically by reducing nerve root inflammation, enhancing neural repair, correcting biomechanical stress, and pacifying aggravated *Vata Dosha*.

CONCLUSION

The present single case study demonstrates that an integrative Ayurvedic management approach can produce significant clinical improvement in *Gridhrasi* (sciatica). The patient exhibited marked reduction in radiating pain, stiffness, paresthesia, and functional disability as evidenced by objective parameters including improvement in Straight Leg Raising (SLR) angle, normalization of neurological findings, reduction in Visual Analogue Scale (VAS) score from 8 to 2, and decrease 07 days of treatment.From an Ayurvedic perspective, the therapeutic protocol effectively addressed the underlying *Vata prakopa* and corrected the pathological process at its root through *Vata-shamana* and *Vata-anulomana* measures. Shamana medicines such as Palsineuron, *Dashamoolarishta, Ashwagandharishta*, and *Gandharva Haritaki* helped in pacifying aggravated Vata, reducing inflammation, nourishing Majja Dhatu, and restoring neuromuscular strength. Panchakarma procedures *Snehana, Swedana*, *Matra Basti* with *Guggulu Tikta Ghrita*, and *Agnikarma* acted synergistically to relieve obstruction, improve local circulation, reduce nerve root irritation, and promote tissue repair.From a modern biomedical standpoint, the observed improvement may be attributed to anti-inflammatory, neuroprotective, antioxidant, muscle-relaxant, and circulation-enhancing effects of the combined interventions.The multimodal approach appears to have reduced nerve root inflammation, improved neural conductivity, and enhanced functional mobility without adverse effects.Although limited by its single-case design and short follow-up duration, this study highlights the potential of an integrative diagnostic and therapeutic model in the management of sciatica. It underscores the need for larger controlled clinical trials with standardized outcome measures and long-term follow-up to validate these findings and establish evidence-based integrative protocols for *Gridhrasi*.In conclusion, the combined Shamana and Panchakarma approach demonstrated promising results in the management of *Gridhrasi* (Sciatica), suggesting that Ayurved may offer a safe and effective complementary strategy for radicular low back pain.

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