



**AN AYURVEDIC MANAGEMENT OF LUMBAGO-SCIATICA
SYNDROME WITH SPECIAL REFERENCE TO *GRIDHRASI* - A
SINGLE CASE STUDY**

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ABSTRACT

Lumbago with Sciatica (lumbago-sciatica syndrome) is characterized by the pain radiates along with the path of sciatic nerve. Sciatica also known as “Lumbar radicular pain”. Lumbago-Sciatica Syndrome is the neuralgic pain that starts in the back and radiates along the posterior aspect of lower limb to heel, occurs due to irritation of a spinal root compressed by the protruded disc close to the intervertebral foramen. Pain is shooting, burning like in character. The life time prevalence of sciatica varies from 13-40%. The prevalence of sciatica varies from 3.8% in the working population to 7.9% in nonworking population. It is most common during people’s fourth and fifth decade. Men are more frequently affected than women. In the present case study patient is successfully treated with the *Sodhan Chikitsa* along with *Shaman Chikitsa*. It was proved by significant improvement of patient’s primary symptoms. The patient is doing well with his daily activities. *Gridhrasi* can be successfully managed by proper Ayurvedic assessment and treatment.

Keywords: Lumbago-Sciatica syndrome, Sciatica, *Gridhrasi*

INTRODUCTION:

Lumbago with Sciatica (lumbago-sciatica syndrome) is characterized by the pain radiates along with the path of sciatic nerve. Lumbago is localized low backache in the midline that increases on movements of spine or straining. Sciatica also known as “Lumbar radicular pain”. Lumbago-Sciatica Syndrome is the neuralgic pain that starts in the back and radiates along the posterior aspect of lower limb to heel, occurs due to irritation of a spinal root compressed by the protruded disc close to the intervertebral foramen. Pain is shooting, burning like in character [1].

In *Ayurveda* Lumbago- Sciatica syndrome is closely resembling with *Gridhrasi* – The disease in which the gait of the patient is typically resembles of *Ghrindra* (vulture). *Gridhrasi* included under 80 types of *Vataja Nanatmaja Vikara* [2]. Symptoms of *Gridhrasi* mentioned by *Acharya Charaka* are *Ruk* (pain), *Toda* (pricking pain), *Stambha* (stiffness), *Spandana* (twitching) in the course of *Sphika* (buttock), *Kati* (lumbo-sacral region), *Prushtha* (back), *Uru* (thigh), *Janu* (knee), *Jangha* (calf) and *Pada* (foot) [3]. The individual feels *Toda* (pricking pain), *Spandana* (twitching or trembling sensation) and *Supti* (paraesthesia) due to stretching of the sciatic nerve. Diagnosis of *Gridhrasi* is based upon

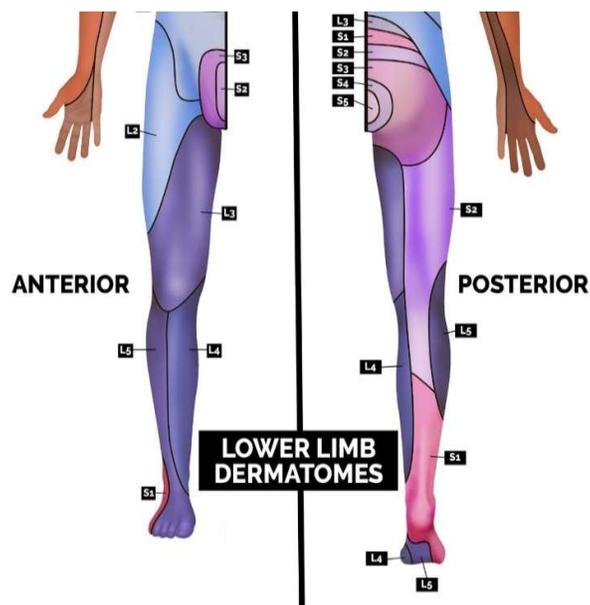
history taking along with a straight leg raising (SLR) test. SLR test can be correlated with the statement mentioned in *Susruta samhita* “*Sakthnakshepa Nigruhiyat*” (restriction in upward lifting of lower limbs) [4].

Pathophysiology of Lumbago-sciatica syndrome:

One of the main causes of Lumbago-sciatica syndrome is the intervertebral disc protrusion or prolapse in lumbar region. IVDP is an injury to the intervertebral disc between vertebrae which acts as cushioning. Generally, it is caused due to the excessive lumbosacral strain or trauma to intervertebral joints, ligaments, muscles by lifting or twisting. The IVDP means the protrusion from the nucleus pulposus of vertebrae through a rent within the annulus fibrosus. It causes the Sciatic nerve root (L4, L5, S1, S2, and S3) compression. This type of pathology causes inflammation, resulting in severe pain. L4-L5 motion segment causes lumbar radicular pain, generate symptoms such as low back pain, pricking pain radiating to the course of sciatic nerve. Syndrome of pain may or may not be associated with symptoms of neurological deficit, which depends on the root involved [5].

Table 1: Nerve root responsible for manifestation of symptoms

Root Involved	Manifestation of Symptoms
L4 root	Weakness of invertors of foot, sensory impairment at L4 dermatome (inner aspect of leg) and depressed knee jerk
L5 root	Weakness of extensor hallucis longus with sensory impairment at L5 dermatome (outer aspect of leg and dorsum of foot)
S1 root	Weakness of plantar flexors of toes, foot and hamstrings with depressed ankle jerk and sensory impairment at S1 dermatome (outer aspect of foot)



The life time prevalence of sciatica varies from 13-40% [6]. The prevalence of sciatica varies from 3.8% in the working population to 7.9% in nonworking population. It is most common during people’s fourth and fifth decade. Men are more frequently affected than women [7].

CASE REPORT:

On 1st February 2023, a 37 years old female lady came to OPD of Brahma Panchakarma

and Ayurvediya Chikitsalaya, Navsari. Patient was tailor by occupation. Patient was relatively healthy before 8 months. Then, she gradually started complaints of difficulty in walking, pain radiating from lower back to the left leg while walking, difficulty to maintain standing posture for a long time, drowsiness for 8 months.

Table 2: Chief complains with the duration

Sr. No.	Chief Complains	Duration
1	Difficulty in Walking	Since 8 months
2	Radiating pain from lower Back to left leg in order of thigh, calf and down to foot	
3	Difficulty to maintain standing posture for a long time	
4	Drowsiness	

History of case study: Patient had taken allopathy medicine (Tab. Aceclopara (Aceclofenac (100 mg) + Paracetamol (325 mg) SOS), before came to our OPD as per need of her pain but got only temporarily relief.

History of Past Illness:

- No any specific surgical history
- No any history of major illness

Family History:

No any history of major illness

General Examination:

BP: 110/80 mmHg

Pulse Rate: 80 Beats/min

Respiratory Rate: 18/min

Temperature: 98.5⁰ F

Weight: 55 kg

Table 3: Rogi Pariksha

<i>Astavidha Pariksha</i>	<i>Rogi Pariksha</i>
<i>Nadi: 80/Min, Vata-Kaphaja</i>	<i>Prakruti: Pitta Pradhana Kapha</i>
<i>Mala: Vibandhita (constipated)</i>	<i>Sara: Madhyama</i>
<i>Mutra: Samyak</i>	<i>Samhanan: Madhyama</i>
<i>Jihwa: Sama (coated)</i>	<i>Satmya: Madhyama</i>
<i>Sabda: Prakrut</i>	<i>Satva: Madhyama</i>
<i>Sparsha: Anusnasita</i>	<i>Koshta: Madhyama</i>
<i>Druka: Prakrut</i>	<i>Pramana: Madhyama</i>
<i>Akruti: Madhyama</i>	<i>Abhyavaran Shakti: Madhyama</i>
	<i>Jaran Shakti: Madhyama</i>
	<i>Vaya: Madhyama</i>

Sampraptighataka:

- *Dosha: Vata Kapha*
- *Dushya: Rakta, Mamsa, Majja, kandara and sira*
- *Adhistana: Kati Pradesh and Adhah Sakha*
- *Srotas: Rakta, Mamsa, Asthi, Majja vaha*

Systemic Examination:

Inspection:

Gait: Antalgic Gait, Difficult to maintain standing posture for a long time

Palpation:

Tenderness: present at L4 and L5 level,
Muscle tone – Good

Diagnostic Test:

Table 4: Neurological test

Test	Right Leg	Left Leg
SLR Test	Negative	Positive at 35 ⁰

Assessment Criteria:

Table 5: Assessment of sign and symptoms of patient

	G ₀	No Pain	
	1) Difficulty in walking	G ₁	
	G ₂	Severe pain while walking	
	G ₃	Unable to walk properly	√
2) Radiating pain from lower Back to left leg in order of thigh, calf and down to foot	G ₀	Pain in lumbar region not radiates towards anywhere	
	G ₁	Pain in lumbar region radiates towards thigh	
	G ₂	Pain in lumbar region radiates towards knee and calf	
	G ₃	Pain in lumbar region radiates towards foot	√
3) Difficulty to maintain standing posture for a long time	G ₀	No Difficulty	
	G ₁	Difficulty to maintain standing posture for few minutes	
	G ₂	Difficulty to maintain standing posture for a long time	√
	G ₃	Not able to maintain standing posture at all	
4) Drowsiness	G ₀	No drowsiness	
	G ₁	Mild drowsiness, few minute after awakened	
	G ₂	Moderate drowsiness, few hrs. After awakened	√
	G ₃	Severe drowsiness persists whole day	

Diagnosis: *Vata-Kaphaja Gridhrasi*

Treatment Intervention:

Shaman Chikitsa (Internal Medication):

Table 6: Details of *Shaman Chikitsa* administered to patient:

Sr. No.	Name of Medicine	Dose	Time	Anupana	No. of Days
1	<i>Parijat Vati</i>	2-2-2	After Food	Water	30 Days
2	<i>Tryodashang Guggulu</i>	2-0-2	After Food	Water	30 Days
3	<i>Dashmoolarista</i>	2tsp-2tsp-2tsp	After Food	With 4tsp of Water	30 Days
4	<i>Amvata Vati</i>	2-2-2	Before Food	water	30 Days

Sodhana Chikitsa:

Table 7: Details of *Panchkarma* procedure administered to patient:

Sr. No.	Panchkarma Procedure	Dose	Duration	Date
1	<i>Sasneha Niruha Basti with Dashmoola kwatha and Parijat kwatha</i>	1 litre	1 st 5 Days	01/02/2023 To 05/02/2023
2	<i>Matra Basti with Sahcharadi Taila + Vishgarbha Taila, After meal</i>	Sahcharadi Taila (20 ml) + Vishgarbha Taila (20 ml)	Next 21 Days	06/02/2023 To 26/02/2023

Diet and Regimen:

Pathya (Intake):

Increase intake of *Ghrita, Taila*, Milk Intake *Snigdha-Usna aahar* having *Madhura, Amla, Lavana rasa pradhana*, intake of *shigru (sahijan)*, brinjal, *lasoon* Intake fruits like Pomegranate, Mango, Grapes

Apathya (Avoid):

Aahar: Avoid to intake *Chanak, Kalay* (peas), *Bitterguard, Jambu, Viruddhaanna, Shitambu, Anshan*, Intake of *Katu, Tikta, Kashaya Rasa*

Vihar: Avoid *Chinta, Prajagaran, Vegavidharana, Shrama, Chankraman*

OBSERVATION AND RESULTS:

Table 8: Assessment between before and after treatment

Sr. No.	Chief Complains	Before Treatment	After Treatment
1	Difficulty in Walking	Grade 3	Grade 0
2	Radiating pain from lower Back to left leg in order of thigh, calf and down to foot	Grade 3	Grade 0
3	Difficulty to maintain standing posture for a long time	Grade 2	Grade 1
4	Drowsiness	Grade 2	Grade 0
5	SLR test	Positive at 35°	Negative

DISCUSSION:

The signs and symptoms of “Sciatica” found in modern medicine are quietly mimic with the condition of *Gridhrasi* mentioned in Ayurveda. The symptoms of “Lumbago-sciatica syndrome” in modern are closely correlated with condition of *Gridhrasi* mentioned in *Ayurveda*. In classical treatise

of *Ayurveda* mentioned two types of *Gridhrasi*: 1) *Vataj Gridhrasi*, 2) *Vata-Kaphaja Gridhrasi* [8]. *Ruk* (pain), *Toda* (pricking pain), *Stambha* (stiffness), *Spandana* (twitching) in the course of *Sphika* (buttock), *Kaṭi* (lumbo-sacral region), *Prusṭha* (back), *Uru* (thigh), *Janu* (knee), *Jangha* (calf) and *Pada* (foot) are

Symptoms of *Vataj Gridhrasi* [9]. In *Vatakaphaja Gridhrasi*, due to *Kaphaanubandh*, *Arochaka* (Anorexia), *Tandra* (drowsiness) and *Gaurav* (Heaviness) are found as associated symptoms [10].

Pathophysiology of present case study:

In present case study, due to exposure of *Vataprakopa hetu sevan* i.e. intake of *Vata prakopaka ahara*, prolonged continuous sitting, jerky movements of lower limbs and heavy weight lifting during house hold chores lead to vitiation and aggravation of *Vata* and *Kaphaja dosas*. Leads to *Rukshta* in lumbar vertebrae and decrease functioning of *Shleshaka kapha*, which decrease elasticity and flexibility of the disc leads to disc herniation and nerve compression causes manifestation of symptoms of *Vata-Kaphaja Grudhrasi*.

Chikitsasutra of *Grudhrasi* involves *Basti* and *Agnikarma* [11]. The treatment protocol planned for this patient includes *Shodhan chikitsa* with *Basti karma* along with *Shaman chikitsa*. *Acharya Charaka* cited *Basti* is the best treatment for *Vata dosha* [12]. *Basti* has systemic action as the active principles (*Virya*) of *Basti* preparation are absorbed through *Pakwashaya* (intestine) and spread to various channels of the body. It reaches at the site of lesion and induces systemic effects and relieves the disease. *Basti* helps to remove *Kapha Avarana* over *Vata* due to protrusion as well as it acts on

Vata dosha, that is, *Pakwashaya*, which is the prime site of *Vata dosha*.

Sasneha Niruha Basti with *Dashmoola kwatha* and *Parijat kwatha*: *Dashmoola kwatha* helps to relieve edema, inflammation, necrosis due to its *Srotoshodhana* effect by *Vata-Kaphahara* properties of *Kwatha* drugs. *Dashmool Kwath* which is having *Ushna Virya*, *Guru* and *Snigdha* in properties helped in relieving symptoms of *Vata* like pain and stiffness in the patient. *Dashmool Kwatha* indicated in *Kaphaanil* conditions, *Atitandra*, *Avipaka-Arochaka*, *Parshva shola* [13]. *Sneha* strengthens *Strotas* and pacify aggravated *Vata Dosha* at the site of affliction.

Matra Basti with *Sahcharadi Taila* and *Vishgarbha Taila*: *Matra Basti* with *Sahacharadi taila* get absorbed and spread throughout the body up to subtle channels [14]. *Snigdha Guna*, *Ushna Virya*, and *Vata Kaphahara* properties are present in *Sahacharadi Taila*, but generally it is *Tridoshaghna* and particularly efficient in *Adha Kaya Vatarogas*. Due to its *Madhura* and *Tikta Rasa*, it has the unique quality of *Gati Viseshatvam* (aids in movement). It has *Vatahara*, *Brumhana* and *Pachana* qualities, as well as its analgesic and anti-inflammatory effects [15] can help alleviate inflammatory changes in the nerve and possibly to reduce symptoms of nerve root compression. *Sahacharadi Taila* at L4-L5 region is more effective in controlling

Kapha dominance *Gridhrasi* (tingling sensation) and also on walking distance and the magnitude of Pain. *Vishgarbha Taila* is indicated in “*Tivra anil dhwansanam*”, *Katigraha*, *Trikgraha* [16].

Parijata Vati and *Parijat Kwatha*: *Parijata* is having *Tikta Rasa*, *Kapha-Pitta* hara properties. It has anti-inflammatory activity, antioxidant activity [17]. According to *Chakradatta* the bark of *Parijata* tree heated on slow fire and made decoction, destroys the *Gridhrasi* [18].

Tryodashang Guggulu is having *Vatanulomana* and *Aampachana* properties helps to subsides *Vatadosha*, the prominent dosha in *Grudhrasi*. Along with this, it has anti-inflammatory, anti-gout, analgesic, muscle relaxant and anti-oxidant properties, it energizes the growth of bone forming cells - osteoclasts and oestoblast that prevents the pro-inflammatory cytokines. *Tryodashang Guggulu* is indicated in *Katigraha*, *Grudhrsi*, *Prusthashoola* [19, 20].

Dashmoolarista is having *Shoolahara* and *Shothahara* properties that relieves pain and inflammation. It is indicated in *Vātavyādhi* and *Dhatuksayaja* diseases [21].

Amvata Vati: *Deepan* and *Pachana* properties of the drug helps to remove *Aam* from *Kostha* and *Dhatus*, this property particularly acts on *Kaphanubandha* in *Grudhrasi*. It is indicated in *Vataroga* and *Gridhrasi* [22].

CONCLUSION:

Lumbago-Sciatica Syndrome is a major cause of morbidity makes a person unable to perform day to day activity. In the present case study patient is successfully treated with the *Sasneha Niruha Basti* with *Dashmoola kwatha* and *Parijat kwatha* and *Matra Basti* with *Sahcharadi Taila* and *Vishgarbha Taila* as a *Shodhan Chikitsa* and *Parijat Vati*, *Dashmoolarista*, *Tryodashang Guggulu*, *Amvata Vati* as a *Shaman Chikitsa* without causing any adverse event and it may be an alternative therapy for the present disease. It was proved by significant improvement of patient's primary symptoms. The patient is doing well with his daily activities. In last we can conclude that *Gridhrasi* can be successfully managed by proper Ayurvedic assessment and treatment without any side effect.

PATIENT PERSPECTIVE:

After the treatment intervention patient give positive feedback that before coming to the OPD, I have complaint of Difficulty in walking, Pain Radiating from back to the left leg while walking, Difficulty to maintain standing posture for a long time, drowsiness for 8 months. The *Ayurvedic* treatment effectively relieves my complains. Now, I am able to perform my daily activity and work without any difficulty and pain.

INFORMED CONSENT: Permission for the publication of this case study has been obtained from the patient in written.

SCHOLAR'S INSIGHT:

Today's lifestyle and nature of work are putting added tension on the usual health. Contemporary medicine has limitation with short term pain relief or surgical interventions which are sometime more costly to afford and long-term pain medication will have side effects. Ayurvedic treatment has good scope in managing *Gridhrasi* with *Panchakarma* procedures

with oral medication. In the present case study Patient is successfully treated with the *Basti*-best treatment for aggravated *Vata dosha* with *Dashmoola kwatha*, *Parijat kwatha*, *Sahcharadi taila*. *Parijat Vati*, *Dashmoolarista*, *Tryodashang Guggulu*, *Amvata Vati* used as the effective *Shamana Chikitsa*.

SIGNIFICANT CHANGES OBSERVE IN ACTIVE SLR TEST

BEFORE AND AFTER TREATMENT (Video available):

**REFERENCES:**

- [1] Medicine: Prep Manual for Undergraduates by K George Mathew and Praveen Aggarwal, Chapter 5 Diseases of the Nervous System, Pg. No. 397
- [2] Charaka Samhita by Acharya Vidhyadhar Shukl & Prof. Ravidutt Tripathi, Sutra Sthana 20th Adhyaya- Maharogadhyaya, Verse no.11, Pg. No.293
- [3] Charaka Samhita by Acharya Vidhyadhar Shukl & Prof. Ravidutt Tripathi, Chikitsa Sthana 28th Adhyaya-Vatavyadhi Chikitsa Adhyaya, Verse no. 56, Pg. No.698
- [4] Sushruta Samhita, Nibandh Samgraha Tika by Dalhanacharya, Nidan sthana 1st Adhyaya – Vatavyadhi Nidana, Verse no. 74, Pg. No. 268
- [5] Medicine: Prep Manual for Undergraduates by K George Mathew and Praveen Aggarwal, Chapter 5 Diseases of the Nervous System, Pg. No. 397-398

- [6] Punam Sawarkar, Gaurav Sawarkar, Ayurvedic Management of ghriddhrasi (sciatica), Joinsysmed,2017; 5(2):119-125
- [7] Manju Mohan, Punam Sawarkar, Ayurvedic Management of ghriddhrasi with special respect to Sciatica: A case report, 2019 Journal of Indian System of Medicine, Vol 7(2)
- [8] Charaka Samhita by Acharya Vidhyadhar Shukl & Prof. Ravidutt Tripathi, Chikitsa Sthana 28th Adhyaya-Vatavyadhi Chikitsa Adhyaya, Verse no. 56, Pg. No.698-699
- [9] Charaka Samhita, Jalpa-kalpa taru Tika by Gangadhara, vol. 5, Chikitsa Sthana 28th Adhyaya-Vatavyadhi Chikitsa Adhyaya, Verse no. 18, Pg. No.3365
- [10] Charaka Samhita, Jalpa-kalpa taru Tika by Gangadhara, vol. 5, Chikitsa Sthana 28th Adhyaya-Vatavyadhi Chikitsa Adhyaya, Verse no. 18, Pg. No.3366
- [11] Sharma PV, editor. Chikitsasthana; Vatavyadhichikitsa Adhyaya. Charaka Samhita of Agnivesha. 8th ed. Chapter 28, Verse 101. Varanasi, India: Chaukhamba Orientalia; 2007. Pg. 471.
- [12] Charaka Samhita with Charak Chandrika-hindi commentary, Sutra sthana, by Dr. Brahmanand Tripathi, 2008, vol-1, Chaukhamba Surbharati Prakashan, Varanasi-221001, Yajjahpurushiya, 25/40, pp-131.
- [13] Bhaisjya Ratvanavali by Siddhinandan Mishra, Kasa Rogadhikar, Verse 117, Pg. No. 102
- [14] Charaka Samhita by Acharya Vidhyadhar Shukl & Prof. Ravidutt Tripathi, Chikitsa Sthana 28th Adhyaya-Vatavyadhi Chikitsa Adhyaya, Verse no. 56, Pg. No.698-699
- [15] Sharma PV, editor. Chikitsa sthana; Netrabastipramanapra vibhaga chikitsam Adhyaya. Sushruta, Sushruta Samhita, Chapter 35, Verse 27. Varanasi, India: ChaukhambhaVisvabharati; 2005. p.527.
- [16] Bhaisjya Ratvanavali by Siddhinandan Mishra, 26th Adhyaya-Vatavyadhi Rogadhikar, Verse 560, Pg. No. 569
- [17] Journal of Ayurveda and Integrated Medical Sciences, Systemic Review on Gridhrasi management by Parijata (Nyctanthus arbotristis) 2022 Vol.7, no. 7
- [18] Shri Chakrapanidatta virchit Chakradutta Padarthbodhini Hindi Vyakhepet Vyakhyakar vd.

Ravidatta Shastri Chaukhambha
Surbharti Publication Varanasi
Vatavyadhikar Adhyaya 22, Sutra
40

[19] Bhaisjya Ratvanavali by
Siddhinandan Mishra, 26th
Adhyaya-Vatavyadhi Rogadhikar,
Verse 100, Pg. No. 526

[20] Bhaisjya Ratvanavali by
Siddhinandan Mishra, 26th
Adhyaya-Vatavyadhi Rogadhikar,
Verse 100, Pg. No. 527

[21] Bhaisjya Ratvanavali by
Siddhinandan Mishra, 74th
Adhyaya-Vajikarana Adhyaya,
Verse 341-355, Pg. No. 1154-1155

[22] Bhaisjya Ratvanavali by
Siddhinandan Mishra, 29th
Adhyaya-Aamvata Rogadhikar,
Verse 65, Pg. No. 601