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Case Report

Orthopaedics Section

# Holistic Approach to Managing Sciatica (*Gridhrasi*) with Ayurveda: A Case Report

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## ABSTRACT

One common condition encountered in daily life is *Gridhrasi*, which is identified as sciatica. The main clinical signs of *Gridhrasi* are stiffness and jerking sensations in the back *(Prishta Kati)*, legs *(Pada)*, knees *(Janu)*, and thighs *(Sphik/Jangha)*, as mentioned in the *Charaka Samhita*. According to *Charaka*, it can be described as either *Vataja* or *Vata Kaphaja*. *Vagbhata* highlights the primary symptom of *Gridhrasi* as the inability to raise one's legs *(Sakthyutkshepa Nigrahana)*. Similarly, sciatica often presents as radiating low back pain and may be associated with nervous system issues. This report describes a case of a 62-year-old male patient who exhibited the aforementioned symptoms and was admitted to an Ayurvedic hospital. The patient experienced difficulties in walking, lumbar stiffness, and pain that radiated from the lower back to the left leg. He was specifically treated for low back discomfort with *Erandmooladi Vasti* and *Kativasti*, along with *Patra Pinda Sweda* (fomentation with medicated leaves) for a duration of 15 days. The therapies administered included *Sarvang Snehan, Nadi Swedan, Matra Basti, Niruha Basti*, and *Kati Basti*. These treatments yielded favourable results that lasted for a month. There was significant healing following the completion of the therapy. Therefore, this Ayurvedic approach, utilising the combined techniques of *Shodhana* and *Shamana Chikitsa*, can effectively manage *Gridhrasi*.


**Keywords:** *Matra basti*, *Shaman*, *Shodhan*, *Vagbhata*

## CASE REPORT

A 62-year-old man visited the outpatient department of *Kayachikista* with the complaint of low back discomfort that had persisted for the past two to three years. He also experienced pain and difficulty while walking, along with radiating pain from the lower back to the left leg, knee joint pain, and stiffness in the back for the past two years. The patient had a history of long distance motorcycle riding prior to the onset of these symptoms. He received allopathic treatment, but the relief was only temporary, prompting his admission to the hospital for Ayurvedic treatment. Additionally, the patient had a history of hypertension and was on medication for this condition. He was a vegetarian with a normal appetite, but he reported having irregular bowel habits for nine months and disturbed sleep due to pain for one year.

During the clinical examination, the patient had a normal body temperature and stable vital signs. The pulse was 80 beats per minute, and blood pressure was within the normal range (110/80 mm Hg). Additionally, a respiratory rate of 22 breaths per minute was noted. All systemic examination results were within normal limits, including neurological, gastrointestinal, cardiovascular, respiratory, and locomotor assessments.

The patient exhibited a limping gait. The Visual Analog Score (VAS) was 9. The Straight Leg Raise Test (SLRT) of the right leg was positive at 45 degrees, while the SLRT for the left leg was positive at 30 degrees. The Bragard's Test for the left leg was positive. The VAS score for radiating pain from the lumbar region to both legs was +8. Schober's test showed a measurement of 3 cm. The patient could walk a distance of 100 meters, but this was accompanied by severe pain, and it took him five minutes to cover that distance.

All systemic examination, including neurological, gastrointestinal, cardiovascular, respiratory, and locomotor assessments, were within normal limits [Table/Fig-1]. [Table/Fig-2] displays the *Dashvidha Parikshan*. Haematological examinations, including blood sugar levels and a Complete Blood Count (CBC), were within normal limits.

**Examination based on Ayurveda parameters:** The Magnetic Resonance Imaging (MRI) findings indicated evidence of osteoporotic changes in the spine, including early signs of spondylodegenerative changes at the L4-L5 level, as well as a diffuse circumferential disc bulge [Table/Fig-3]. Based on these findings, a diagnosis of sciatica (*Gridhrasi*) was made. Since the patient was of advanced age (*Vridhha Awastha*), *Panchakarma* and *Shaman* treatments were initiated.

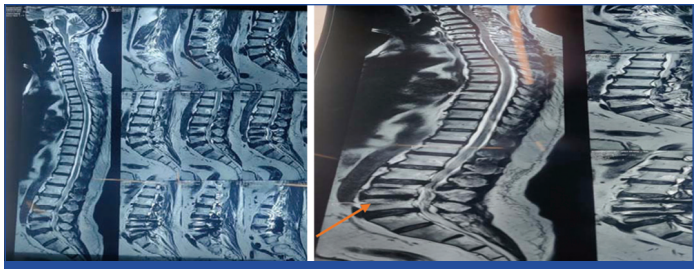
| S. No. | Examinations | Observation |
|---|---|---|
| 1 | *Nadi* (pulse rate) | 80 beats per minute |
| 2 | *Mala* (bowel) | Irregular, *saam* (mucous present) |
| 3 | *Mutra* (frequency of urine) | 5-6 times/Day |
| 4 | *Jivha* (tongue) | *Ishat saam* (coated) |
| 5 | *Shabda* (speech) | *Spashta* (clear) |
| 6 | *Sparsha* (touch) | *Anushnasheeta* (normal) |
| 7 | *Drika* (vision) | *Prakrita* (No pallor/Icterus present) |
| 8 | *Akriti* (body built) | *Madhyam* (medium) |

**[Table/Fig-1]:** Ashtavidha Pariksha (eightfold examination).

| S. No. | Examination | Observation |
|---|---|---|
| 1 | *Prakruti* (constitution of the patient) | Vata-pitta |
| 2 | *Vikruti* (pathological variations) | Vata dosha, Asthi-Majja dhatu, Raktavaha strotodushti |
| 3 | *Sara* (quality of tissues) | Madhyam(average) |
| 4 | *Samhain* (built of the body) | Madhyam(average) |
| 5 | *Praman* (anthropometric measurements) | Weight-83kg, BMI- 29.5 Height-5.6 |
| 6 | *Satmya* (adaptability) | Madhyam (average) |
| 7 | *Satva* (mental strength) | Madhyam (average) |
| 8 | *Aahar Shakti* (food and digestion capacity) | Madhyam (average) |
| 9 | *Vyayam Shakti* (exercise capacity) | Avar (Poor) |
| 10 | *Vaya* (age) | Vridhha Avastha (old age) |

**[Table/Fig-2]:** Dashvidha Pariksha (Tenfold Examination).

**Treatment:** The medications and *Basti* (medicated enema) therapy were administered to detoxify the body channels and improve



**[Table/Fig-3]:** Magnetic Resonance Imaging (MRI) of Lumbosacral spine showing osteoporotic changes.

blood flow in the area to support bone health, as shown in [Table/Fig-4], which resulted in a slight improvement in his symptoms. He was advised to maintain a healthy routine and continue taking oral medication for three months after discharge, as indicated in [Table/Fig-5].

| S. No. | Shodhan chikitsa | Drugs | Duration |
|---|---|---|---|
| 1 | *Sarvang Snehan* | With Dashmool Tail | 15 Days |
| 2 | *Nadiswed* | *Dashmool Kwath* | 15 Days |
| 3 | *Matra Basti* (medicated enema) | Dashmool Tail (60 mL) | 5 Days |
| 4 | *Niruha basti* | Decoction of Erandmool (10 gm )+ Decoctoin Of Dashmool (20 gm) + Saindhav (10 gm) +honey 30 mL + Til Tail 50 mL | 5 Days |
| 5 | *Kati Basti* | Dashmool Tail | 15 Days |

**[Table/Fig-4]:** Panchkarma procedure.

| S. No. | Name of medications | Dose with anupan | Duration |
|---|---|---|---|
| 1 | *Vatvidhwans Ras* 250 mg 2 tab | Two times a day with warm water | 3 month |
| 2 | Cap. *Shabdard* 250 mg after meal twice a | Two times a day with warm water | 2 months |
| 3 | *Kamdudha* ras 500 mg before meal | Two times a day with warm water | 3 month |
| 4 | *Brahmi Vati* 500 mg after meal | Two times a day with warm water | 15 Day |
| 5 | *Dashmool Kwath* 20 mL after a meal | Two times a day with warm water | 3 month |
| 6 | *Haritaki churna* 5gm with at night | Two times a day with warm water | 1 month |

**[Table/Fig-5]:** Shaman treatment plan.

The patient was provided with information about sciatica and a physical therapy plan. He was also taught to maintain good posture, use proper body mechanics, and avoid harmful positions. The short term goals of the treatment were to improve posture, increase the curvature in the lower back, reduce pain, and enhance movement. One of the long-term goals was to strengthen the muscles in the lower legs.

Fifteen days of therapy were provided [Table/Fig-6], and he was advised to continue some exercises after discharge [Table/Fig-7]. A *strict diet was also recommended, which included* digestible foods such as *moong daal, khichdi*, seasonal fruits, *snigdha ahar, madhur, amla, lavan rasayukta foods, milk*, and *fish*. The patient was advised to avoid foods that are hot and spicy, such as garlic and chilies, fried foods, foods high in salt, sour fruits, and fermented foods like yogurt, pickles, and curd. Additionally, Ratri Jagran (night awakening) and *Diwaswap* (daytime sleeping) were discussed.

**Follow-up and outcome:** Following the *Yoga Basti regimen*, the patient's symptoms showed some degree of improvement. The Visual Analog Scale (VAS) score reduced to zero. Their SLRT increased from 60 to 70 degrees [Table/Fig-8,9] and they were able to sit in a squat.

After a three-month follow-up, the patient experienced complete relief. They could flex and extend their legs, abduct and adduct

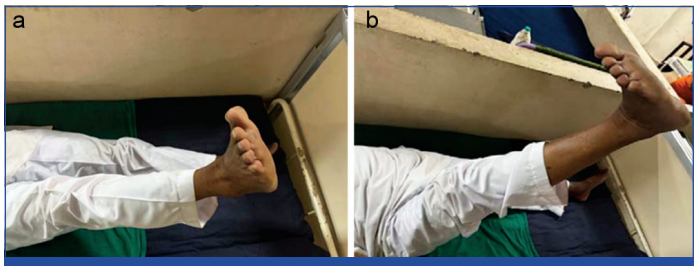
| S. No. | Exercise | Time | Duration |
|---|---|---|---|
| 1 | Passive and active stretching | 10 times | 15 Days |
| 2 | Single knee to chest stretch | 20 seconds hold- 10 times | 15 Days |
| 3 | Hamstring stretch with towel | 30 seconds hold- 10 times | 15 Days |
| 4 | Piriformis Stretch | 15 seconds hold- 10 times | 15 Days |
| 5 | Lower trunk rotations | 2 sec hold- 15 times | 15 Days |
| 6 | Sciatic nerve glide | 3 seconds hold- 10 times | 15 Days |
| 7 | Double knee to chest stretch | 10 seconds hold- 10 times | 15 Days |

**[Table/Fig-6]:** Exercise therapy.

| S. No. | Exercise | Time | Duration |
|---|---|---|---|
| 1 | Active stretching | 10 times | 1 month |
| 2 | Single knee to chest stretch | 20 seconds hold- 10 times | 1 month |
| 3 | Double knee-to-chest stretch | 10 seconds hold- 10 times | 1 month |

**[Table/Fig-7]:** Exercises to do at home every day after discharge.


**[Table/Fig-8]:** a) SLRT of left lower limb before treatment; b) SLRT of left lower limb before treatment.




**[Table/Fig-9]:** a) SLRT of right lower limb before treatment; b) SLRT of right lower limb after treatment.

them without experiencing any pain, and both internal and external rotation became painless. Their pain score dropped from 8 to 0 [Table/Fig-10]. Their gait also improved. The patient is doing very well now and they are no longer receiving treatment.

| Type of assessment | Before treatment | After treatment | |
|---|---|---|---|
| | | After 15 days | After 1 month |
| SLRT right leg | positive at 45 degree | Negative at 70 degree | Negative |
| SLRT left leg | positive at 30 degree | Negative at 60 degree | Negative |
| Bragards test right leg [6] | Negative | Negative | Negative |
| Bragards test left leg | Positive | Negative | Negative |
| Radiating pain from lumbar region to both legs | (VAS score) +8 | VAS score 4 + | VAS score 0 |
| Gait [7] | Limping gait | No limping gait | No limping gait |
| Schober's test [8] | 3cm (+ve) | 4.5cm (+ve) | 6cm (-ve) |
| Walking distance | 100 m, with severe pain | 200 m, without pain | 400 m, without pain. |
| Walking duration | 5 min taken to walk 100 m | 3 min taken to walk 100 m | 3 min taken to walk 100 m |

**[Table/Fig-10]:** Observations of assessment parameters.

## DISCUSSION

One of the most prevalent *Vatavyadhi* in everyday practice is *Gridhrasi* (sciatica). The Charaka Samhita lists discomfort, stiffness,

and twitching across the lower back (*Kati/Prishta*), thighs (*Sphik/Jangha*), knees (*Janu*), and legs (*Pada*) as the main clinical signs of *Gridhrasi*. According to *Charaka*, it can be classified as either *Vataja* or *Vata Kaphaja*. As a primary symptom of *Gridhrasi, Vagbhata* is identified as difficulty in lifting the legs (*Sakthyutkshepa Nigrahana*). Similarly, sciatica typically manifests as radiating low back pain and may be linked to neurological abnormalities [1].

The symptoms and indicators of "sciatica" in contemporary medicine bear a striking resemblance to the Ayurvedic condition *Gridhrasi*. It falls under the category of *Nanatamja Vata vyadhi* [1]. The condition referred to as *Gridhrasi* [2,3] is characterised by excruciating pain and a vulture-like (*Gridha*) walk.

To address the high prevalence rate of *Gridhrasi* and reduce treatment costs, it is important to find an effective management approach. Excellent symptomatic relief was achieved for a 62-year-old man who received multiple forms of palliative care in addition to systemic and local therapeutic treatments. Ayurvedic treatments for *Gridhrasi* (sciatica) include *Basti karma* and *Agni karma*. In this case, the protocols recommended were *Shamana Chikitsa, Kati Basti, Patrapinda Swedana, Sarvanga Snehan*, and *Swedana*, along with *Yog Basti* (*Anuvasan* and *Niruha Basti*) [4].

**Sarvanga Snehan:** *Acharya Shushrut* has praised *Sarvanga Snehan* with *Dashmool Taila*. *Dashmool Tail Abhyanga* is considered Vata Shamaka. Additionally, *Charaka* states that Snehan is very beneficial for *Vata Vyadhi* and *Vayu* dominates *Sparshaendriya* [4].

**Sarvanga Nadi Swedana:** *Vata Hara Swedana* is the best treatment for pain relief; it alleviates heaviness and stiffness. Together with *Dashmool Kwath* [4], which is *Ushna, Virya, Guru*, and *Snigdha*, *Svedana* assisted the patient in reducing pain and stiffness- both of which are *Vata*-related symptoms. *Dalhana* claims that *Sneha* reaches the *Majja Dhatu Matra* after *Abhyanga*. Sneha lowers the increased Vata Dosha at the site of the disease and strengthens the *Asthi Majja Vaha Strotas* in *Gridhrasi* when they become disturbed.

**Nirgundi Patra Pottali Swedana:** The therapy known as *Nirgundi Pottali Swedana* offers several benefits. It can reduce pain, inflammation, and toxins in the affected area. Additionally, it can strengthen the muscles, joints, and nerves by alleviating nerve root tightness. This, in turn, may improve muscle tone, tissue function, and alleviate symptoms [5].

***Kati Basti*:** Treatment with *Snigdha Swedanas*, such as *Kati Basti*, is common for low back pain and lumbosacral diseases. Procedures like *Kati Basti* enhance local circulation, strengthen and nourish muscles and nerves, reduce stress and spasms, and increase flexibility. *Shleshaka Kapha* plays a less effective lubricating role when the intervertebral disc degrades [6]. This may result in excruciating pain by compressing, irritating, or inflaming the *Gridhrasi Nadi* or sciatic nerve.

**Basti Karma (Administration of Drugs via the Rectal Route):** *Niruha Basti* (an enema made from a mixture) consists of ingredients such as *Kalka* (herbal powder), *Kwath* (herbal decoction), *Madhu* (honey), *Saindhava Lavana* (rock salt), and *Sneha* (medicated oil). In this case study, the *Erandmooladi Yog Basti* schedule included *Niruha Basti* with the following ingredients: *Erandmool Bharad* 10 gm, *Dashmool Bharad* 10 gm, *Saindhava* 10 gm, *Madhu* 30 mL, and *Til Tail* 50 mL. A total of 500 mL of *Kwath* was administered for efficient disease management, bone regrowth and strengthening, and relapse prevention [7].

***Matra Basti* (Unctuous Enema):** *Anuvasana Basti* refers to the administration of therapeutic oil through the rectum in a predetermined dosage. In this case study, *Dashmoola Taila* was used for *Anuvasana Basti*. *Dashmoola* has *Vatahara* (neutralises Vata dosha), *Shothahara* (anti-inflammatory), *Ushna* (hot), and both analgesic and antipyretic properties [8].

***Vatavidhwans Ras*:** *Vatavidhwans Ras* is a well-known herbomineral medication mentioned in *Yog Ratnakar*, written in the 18th century AD, and is also referenced in the Ayurvedic Formulation of India (AFI). It contains metals and minerals such as mercury, Chasmanthum, Aconium, sulfur, lead, copper, iron, mica, and tin. This formulation balances the *Vata dosha* and is useful for promoting the strength of bones and joints. It exhibits excellent anti-inflammatory and analgesic properties and is beneficial in treating ankle pain, slipped discs, muscle spasms, backache, and stiffness of muscles, including coccyx pain [9].

**Capsule *Shabdard*:** The ingredients include *Sallaki, Nirgundi, Ashwagandha, Shunthi*, and *Poonarnava*. *Sallaki* possesses anti-arthritic activity and exhibits anti-inflammatory properties. *Nirgundi* has *Vata-Kaphaghna* properties due to its *Ushna*, *Laghu*, and *Rooksha Guna*, making it effective in relieving muscle and arthritis-related pain. *Ashwagandha*, because of its *Ushna Virya* and *Laghu Snigdha Guna*, acts as a *Bruhaniya* and possesses anti-inflammatory and analgesic properties. *Shunthi* has *Ushna* and *Ruksha Guna*, making it effective as an *Ampachan*, and it has a *Madhur Vipak*, making it *Pitta Shamak*. *Poonarnava* has *Shothaghna* properties due to its *Ushna Virya* and *Katu-Tikta Ras*, along with *Swedopak* properties, which are helpful in increasing blood circulation.

***Brahmi Vati*:** *Brahmi Vati* is mentioned in *Ayurved Sara Sangraha* and is used to treat various mental and physical ailments, such as insomnia, stress, and anxiety. It is also effective in treating skin diseases, joint pain, and digestive disorders [10].

***Kamdudha Ras*:** The traditional literature *Rasaamritam* describes the Ayurvedic herbomineral preparation *Kamdudha Rasa*. *Kamdudha Rasa* (KM) falls under the category of *Kharliya Rasayana*. It contains equal amounts of *Mukta Bhasma* (calcined pearl), *Pravala Bhasma* (calcined coral: Corallium rubrum), *Shankha Bhasma* (calcined conch shell), *Shukti Bhasma* (calcined oyster shell), *Varatika* (cowrie shell: Cyprea moneta Linn.), *Shuddha Gairika* (purified red ochre), and *Guduchi Satva* (cold water extract of Tinospora cordifolia). This unique *Kharaliya Rasayana* helps alleviate symptoms of burning sensations in the palms and soles [11].

***Dashmool Kwath*:** *Dashmool Kwath* contains ingredients such as *Shaliparni, Prushniprani, Bruhati, Kantkari, Gokshur, Bilva, Agnimanth, Shyonak, Gambhari*, and *Patla*. It is used to treat and prevent a variety of illnesses, including lung issues, fever, lower back discomfort, and nerve pain. Its properties include analgesic, sedative, anti-inflammatory, antipyretic, antioxidant, and anti-rheumatic effects. The composition of *Dashmool Kwath* provides the necessary nourishment for the body, helping to calm nerves and reduce inflammation. It also serves as a catalyst for other medications, yielding a range of naturally occurring health benefits [12].

***Haritaki Churna*:** As mentioned in *Bhavprakash, Haritaki* is rich in dietary fiber and aids in relieving constipation. It also detoxifies the digestive system and cleanses it. *Haritaki* is useful in treating *Santarpan Janya* disorders as well as chronic or complex illnesses [13].

## CONCLUSION(S)

Sciatica is one of the main causes of morbidity that prevents a person from carrying out daily activities. This case illustrates the excellent management of *Gridhrasi* through *Panchakarma* and *Shamana Chikitsa*. Significant improvements in the patient's quality of life and ability to express their traits are evident from both subjective and objective measures. The patient is currently performing daily tasks without any problems. The outcome has offered options for *Gridhrasi* management and instilled a great deal of hope.

**Informed Consent:** The authors attest that all necessary patient consent forms are currently on file. The patient has indicated on the form that he is comfortable with his clinical data being journaled. The patient understands that anonymity cannot be guaranteed, even with the greatest of intentions to conceal their identity and keep their name and initials out of the public domain.

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