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Review Article

Ayurveda Section

Efficacy of *Kati Basti*, *Kati Dhara* and *Patrapinda Sweda* in Treating *Gridhrasi* (Sciatica): A Narrative Review

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ABSTRACT

Gridhrasi (Sciatica) is a condition characterised by radiating pain, stiffness and restricted movement, significantly affecting quality of life. Although current management is largely symptomatic, recurrence is common because the underlying pathological processes remain unaddressed. Ayurvedic therapies such as *Kati Basti*, *Kati Dhara* and *Patrapinda Sweda* offer holistic management by correcting *Vata* and *Kapha dosha* imbalances. In this narrative review, the efficacy of these therapies in managing *Gridhrasi*—specifically in terms of pain reduction, improved mobility and restoration of function—is compared. Based on the literature, authors reviewed clinical trials, case series and comparative studies. The primary outcome parameters included pain relief measured using the Visual Analogue Scale (VAS), functional disability assessed by the Oswestry Disability Index (ODI) and range of movement assessed by the Straight Leg Raise Test (SLRT). The review found that *Kati Basti* was the most effective in relieving local pain and stiffness, primarily due to its role in correcting *Vata* imbalances. *Kati Dhara* was particularly effective in relieving stiffness and limited movement associated predominantly with *Kapha dosha*. *Patrapinda Sweda*, through its combined oleation and sudation effects, offered benefits for both *Vata* and *Kapha* imbalances, providing comprehensive relief. All therapies demonstrated significant improvements in pain, mobility and quality of life, with no notable side-effects. In conclusion, *Kati Basti*, *Kati Dhara* and *Patrapinda Sweda* are effective, safe and cost-efficient treatment modalities for *Gridhrasi*, when administered according to doshic imbalance-based individualised treatment plans. Large-scale studies are necessary to validate these findings.

Keywords: Ayurveda, Complementary therapies, Low back pain, Neuromuscular diseases, Pain management, Physical therapy modalities

INTRODUCTION

Gridhrasi, commonly known as sciatica, is a distressing condition characterised by radiating pain originating in the lower back and extending along the posterior aspect of the thigh, knee, calf and foot. The term originates from the ancient *Sanskrit* word *Gridhra*, referring to the lopsided posture resembling a vulture, which is often observed in individuals with this condition. Caused largely by sedentary lifestyles, poor posture and occupational stress, *Gridhrasi* significantly impairs mobility and reduces overall quality of life [1]. Conventional remedies such as analgesics, physiotherapy and surgical interventions often provide only temporary relief without addressing the root cause. Recurrences are common and long-term use of these interventions may lead to undesirable side-effects. *Gridhrasi* is also highly prevalent, with an estimated 13-40% of individuals experiencing the condition at some point in their lives. Its prevalence is even higher among working populations due to occupational strain and lack of physical activity [2].

Ayurveda offers a holistic approach through *Panchakarma* therapies such as *Kati Basti*, *Kati Dhara* and *Patrapinda Sweda*. These therapies aim to restore doshic balance—particularly *Vata*, which is considered the primary factor in the development of *Gridhrasi* [3]. Although these interventions have been widely practiced and have shown promising results, there remains a need for standardised treatment protocols and large-scale scientific evidence. Clinical outcomes are encouraging, with improvements in pain intensity, mobility and overall function reported. However, generalisation of these findings is limited due to variations in study design, sample size and treatment duration. The integration of modern diagnostic methods and collaborative approaches may further enhance the credibility and acceptance of Ayurvedic treatments for *Gridhrasi* [4].

Kati Basti is a highly beneficial Ayurvedic therapy primarily used in the management of sciatica and other lumbar spinal disorders. The procedure involves retaining warm medicated oil within a dough ring placed over the lumbosacral region. The commonly used oils include *Dashamoola Taila* and *Mahanarayan Taila*, both known for their potent anti-inflammatory and analgesic properties. The heat and medicinal effects of the oil penetrate deeply into the tissues, improving circulation, reducing stiffness and pacifying aggravated *Vata dosha*. This therapy is particularly effective in managing localised radiating pain, stiffness and symptoms related to *Vata* imbalance, such as dryness, coldness and movement-related discomfort [5].

Kati Dhara involves the continuous and rhythmic streaming of warm medicated oils such as *Sahacharadi Taila* or *Karpasasthyadi Taila* over the lumbar region. The sustained flow of oil is believed to alleviate *Vata* imbalance manifested as pain and stiffness. This therapy is also especially beneficial when *Kapha dosha* is involved, helping to relieve heaviness, stagnation and restricted movement. The rhythmic application of warm oil relaxes the musculature, enhances spinal flexibility, reduces inflammation and improves blood circulation in the lumbar area [6].

Patrapinda Sweda, or *Ela Kizhi*, is an Ayurvedic treatment that combines *Snehana* (oleation) and *Swedana* (sudation) to provide comprehensive relief for musculoskeletal conditions such as *Gridhrasi*. This therapy involves applying herbal boluses prepared using medicated leaves impregnated with warm medicated oils such as *Balashwagandhadi Taila* and *Dhanvantaram Taila*. The boluses are applied to the affected area, where they release their therapeutic properties through heat and herbal potency. The heat generated by the boluses stimulates circulation, relaxes contracted muscles and reduces inflammation.

Patrapinda Sweda is particularly effective in chronic conditions, as it balances both *Vata* and *Kapha doshas*. The therapy enhances the flow of *Prana* (vital energy), helps cleanse the tissues and restores

mobility, making it highly beneficial for chronic pain, stiffness and restricted movement [7]. The [Table/Fig-1] [7-23] provides an overview of various Ayurvedic therapies used to manage *Gridhrasi* (Sciatica). It outlines the nature of each therapy, the oils used, the therapeutic benefits in sciatica management and the type of study referenced. The oils are primarily used to reduce pain and inflammation and improve movement in patients with sciatica.

Pathophysiology of *Gridhrasi*: Ayurveda and contemporary perspectives: *Gridhrasi*, known as Sciatica in modern medicine, is characterised by radiating pain from the lower back down through the hips, thighs, knees, calves and legs. In Ayurveda, it is classified as a *Vata Vyadhi*, a disease primarily caused by an imbalance of the *Vata dosha* [24]. The term "*Gridhrasi*" refers to the vulture-like gait adopted by patients due to restricted movement. The condition is also associated with stiffness (*Stambha*), pricking pain (*Toda*) and marked restriction of mobility.

In modern medicine, sciatica occurs due to compression or inflammation of the sciatic nerve—the largest nerve in the body—commonly due to bulging discs, lumbar spinal stenosis, or piriformis syndrome [25]. The sciatic nerve originates in the lower back and travels down the legs, transmitting pain, paraesthesia and weakness along its course. Both Ayurveda and modern medicine aim to address the underlying cause: nerve compression in conventional medicine and *Vata* imbalance in Ayurveda. While both systems focus on pain reduction, Ayurvedic treatment is more holistic, aiming to restore doshic balance and improve the body's energy flow. Conventional treatment generally focuses on decompression through pain relief, physiotherapy, or surgery [26].

***Panchakarma*: *Vata* balancing through balanced Detoxification:** Panchakarma, the cornerstone of Ayurvedic therapy, focuses on cleansing and rejuvenation to restore doshic balance. In conditions such as *Gridhrasi*, Panchakarma therapies like *Virechana* (medicated

S. No.	Author/year	Therapy	Description	Oils used	Benefits of sciatica (*Gridhrasi*)	Type of study
1	Sarmah J et al., (2022) [8]	*Anuvasana Basti*	Medicated oil enema therapy targeting nerve pain	*Dasha moola taila*	Relieves pain, reduces inflammation	Clinical research
2	Gunjigonvi J and Polampalli V, (2021) [9]	*Kati Basti*	Ayurvedic treatment using *Kati Basti* and other therapies	*Kottamchukkadi taila*, *Sahacharadi taila*	Pain reduction, improved mobility	Case study
3	Mishra R et al., (2021) [7]	*Matra Basti*	Oil-based enema in smaller doses	*Prasarini Taila*	Reduces stiffness and nerve compression	Case study
4	Anumol K et al., (2017) [10]	*Eranda Thaila*	Review of *Eranda Thaila*'s use in Ayurveda	*Eranda Thaila*	Pacifies *Vata* treats rheumatoid arthritis, helps manage sciatica	Literature review
5	Shashidhar SH, Prashanth AS, (2023) [11]	Panchakarma therapy	A case study using *Abhyanga*, *Swedana* and *Pinda Swedana* for treating sciatica	*Patra Pinda*	Pain reduction, improved mobility and overall quality of life	Case study
6	Singh AK and Singh OP (2013) [12]	External *Snehan* and *Asanas*	Clinical evaluation of *Snehan* and *Asanas* for sciatica treatment	*Mahanarayan Tail*	Improvement in pain, tenderness, rigidity and difficulty walking	Randomised control trial
7	Singh S (2024) [13]	Ayurvedic therapies	Various Ayurvedic therapies focusing on oil treatments for Sciatica	*Nirgundi Taila*	Pain relief, stiffness reduction and muscle weakness management	Clinical review
8	Joshi VM et al., (2024) [14]	Ayurvedic treatment	Case study on a 40-year-old female treated with *Niruha Basti*, *Kottamchukkadi Taila* and *Swedana*	*Kottamchukkadi Taila*, *Nirgundi Taila*	Reduction in pain, stiffness, improved mobility and function	Case study
9	Krunal D and Rabinarayan A, (2013) [15]	Ayurvedic intervention	A comprehensive review on the therapeutic importance of *Eranda* (*Ricinus communis* Linn.) in Ayurveda	Castor oil (*Eranda taila*), *Eranda* root	*Eranda* effectively treats conditions like joint pain, rheumatoid arthritis and inflammation related to Sciatica (*Gridhrasi*)	Review
10	Kumar RK, et al., (2016) [16]	Ayurvedic intervention	Case study on the management of lumbar stenosis using *Panchakarma* and *Rasayana*	*Balaswagandhadi Taila*, *Ksheerabala Taila*	Pain reduction, improved mobility, pacification of *Vata*	Case study
11	Kaalia N et al., (2024) [17]	*Basti Chikitsa*, *Panchakarma*	Case study on managing spondylosis-induced Sciatica through *Basti* therapy	*Karpasthyadi Taila*, *Dhanwantara Taila*	Pain reduction, improved mobility, relief from tingling and fasciculation in lower limbs	Case study
12	Mishra BR et al., (2019) [18]	*Agnikarma*	Thermal cautery for pain relief	*Eladi Taila*	Immediate pain relief	Review
13	Raut RG (2014) [19]	*Balaashwagandha Taila*	Analytical study on *Balaashwagandha Taila* for *Vata*-related disorders	*Balaashwagandha Taila*	Pain relief, muscle strengthening, anti-inflammatory effects for conditions like sciatica	Analytical study
14	Vishnu ML (2024) [20]	*Vatagajankusha Rasa*, *Pippali Churna*, *Manjishta Kwatha*	Clinical study on *Vatagajankusha Rasa* with *Pippali Churna* and *Manjishta Kwatha* for sciatica treatment	Not specified	Pain reduction, improved flexibility and mobility	Clinical study (open-label)
15	Shetty G (2023) [21]	*Bilva Taila* and *Mahanarayana Taila Matra Basti*	Comparative study on *Bilva Taila* and *Mahanarayana Taila* for *Gridhrasi* treatment using *Matra Basti*	*Bilva Taila*, *Mahanarayana Taila*	Pain reduction, improvement in movement and walking time	Clinical study (comparative)
16	Narine A et al., [22].	*Panchakarma* therapies	A review on the use of *Panchakarma* therapies in treating Sciatica with emphasis on *taila* therapies	Various Ayurvedic oils	Pain, stiffness and inflammation reduction associated with *Gridhrasi*	Review
17	Tanmane CS et al., [23]	*Ashwagandhadi Taila Basti*	Review on the effectiveness of *Ashwagandhadi Taila Basti* for treating *Gridhrasi* (Sciatica)	*Ashwagandhadi Taila*	Improvement in mobility, pain relief and reduced numbness in the legs and back	Review

[Table/Fig-1]: Literature on key ayurvedic therapies and oils used in managing the sciatica [7-23].

purgation) and *Basti* (medicated enema) are commonly recommended to eliminate accumulated *Ama* (toxins) and correct *Vata* imbalance. Virechana eliminates toxins from the gastrointestinal tract, which has a direct influence on *Vata* disturbances [27]. *Basti*, one of the most effective treatments for *Vata* disorders, nourishes the nervous system and reduces inflammation and pain through medicated oils and decoctions. It re-establishes equilibrium and enhances neuromuscular function. Other external therapies such as *Abhyanga* (oil massage) and *Swedana* (steam therapy) further support *Panchakarma* by softening tissues, relieving stiffness and promoting healing in the musculoskeletal system. Together, these treatments provide significant relief in conditions like *Gridhrasi* [28].

Comparative effectiveness of *Kati Basti*, *Kati Dhara* and *Patrapinda Sweda*: *Kati Basti* is most effective in reducing localised pain and stiffness in the lumbar region. It provides short-term relief and improves the range of motion in patients with acute back pain and degenerative disc disease [29]. *Kati Dhara*, on the other hand, is more effective in inducing deep relaxation, reducing chronic pain and promoting mental calmness. Its effectiveness is attributed to its ability to balance *Vata dosha* and provide long-term relief from musculoskeletal disorders [30]. *Patrapinda Sweda* is highly effective in improving joint flexibility and offering long-term pain relief. It is particularly beneficial for chronic musculoskeletal pain where stiffness is the primary symptom and it also enhances blood circulation and supports detoxification [31].

In summary, using these therapies in combination and tailoring them to the patient's condition and *dosha* imbalances provides the most holistic approach to managing *Gridhrasi* and its symptoms. Each treatment modality has specific advantages and is best suited for different stages and types of sciatica.

The effectiveness of *Kati Basti*, *Kati Dhara* and *Patrapinda Sweda* has been compared based on their analgesic effects, improvement in mobility and enhancement of functional capacity. All three Ayurvedic interventions have shown benefits in addressing the underlying causes of *Gridhrasi*, although each demonstrates distinct therapeutic strengths [Table/Fig-2] [32-42].

DISCUSSION

Kati Basti has been extensively studied for its effectiveness in alleviating local pain and improving mobility. Clinical findings by Sangeeta S and Santosh B, demonstrated significant pain relief and an increased range of motion in patients with *Gridhrasi*. The warm medicated oils used in this treatment penetrate deeply into the lumbar region, providing immediate relief by reducing inflammation and muscle rigidity. Notably, this therapy corrects *Vata* imbalance in the affected area, making it highly effective in acute back pain and degenerative disc disease [32].

Patrapinda Sweda, a combination of oleation and sudation, has also been shown to be effective in reducing pain and stiffness in patients with *Gridhrasi*. According to Imlikumba R et al., this therapy enhances joint mobility and supports detoxification, thereby offering long-term relief. The medicinal leaves and medicated oils used in the therapy improve blood circulation and nourish tissues, making it highly beneficial in chronic cases with restricted mobility [33].

Kati Dhara, another Ayurvedic therapy involving the continuous pouring of warm medicated oils, has proven beneficial in treating chronic stiffness and pain. De Silva UMG and Patel M, observed that *Kati Dhara* not only provided pain relief but also significantly improved joint flexibility. The rhythmic flow of warm oil induces both physical and mental relaxation, which is essential in managing

Author(s) (Year)	Therapeutic intervention given	Type of study	Study objectives	Outcomes assessed	Key findings	Conclusion/ limitations
Sangeeta S and Santosh B, (2016) [32]	*Kati Basti*, *Patrapinda Sveda*, *Basti Karma*	Case study	Manage DDD-related *Gridhrasi*	Pain, stiffness, mobility, radiating pain	Effective combination of *Kati Basti* and *Basti Karma* in degenerative disc disease and sciatic pain	Limited to case study
Imlikumba R et al., (2016) [33]	*Panchakarma*	Review	Role of *Panchakarma* in managing *Gridhrasi*	Pain reduction, flexibility, mobility	*Panchakarma*, especially *Basti Karma*, reduces pain and improves mobility	Review: no primary data
Patil GG, and Shettar RV (2019) [34]	*Punarnavadi Guggulu+ Mahamashadi Taila Kati Basti*	Clinical trial	Evaluate combined internal and external therapy	VAS, SLR, stiffness, numbness	Marked reduction in pain, improved mobility, reduced nerve compression signs	Effective protocol; limited sample size
Parida A and Jena S, (2019) [35]	Ajmodadi *Churna+Kati Basti*	Comparative clinical	Compare internal vs. combined therapy	VAS, SLR, ODI	Combination therapy is more effective than individual modalities	Short duration and follow-up period
Borannavar S and Desai AS, (2020) [36]	*Patrapinda Sweda*	Clinical study	Role of *Sweda* therapy in radiating leg pain	VAS, ROM, SLR, walking time	Significant reduction in radiating pain and stiffness	Effective for *Kapha-Vata* pain; lacks a control group
Haidar MD and Ansari MT, (2021) [37]	*Kati Basti* with *Mahanarayana Taila+Patra Pottali Sweda*	Single case study	Evaluate *Panchakarma* therapies in managing *Gridhrasi*	Pain, stiffness, pricking sensation, numbness	Significant relief in symptoms of sciatica; therapies effective in disc protrusion cases	Single case study; no control group
Rao A and Kumari S (2021) [38]	Combined Ayurvedic therapies (including *Kati Basti*)	Clinical study	Evaluate combined therapies in *Gridhrasi*	Pain, flexibility, mobility	*Kati Basti* provided localised pain relief and improved flexibility; good long-term benefits	Limited sample size
Rohith VM et al., (2022) [39]	Ayurveda+Physiotherapy	Case report	Evaluate an integrated approach to sciatica management	Pain, gait, mobility, SLR	Improved mobility and functional ability with multimodal approach	Needs a controlled trial for validation
De Silva UMG and Patel M, (2022) [40]	Panchakarma Modalities (including *Kati Basti*)	Literature review	Review Ayurvedic *Panchakarma* therapies for sciatica	Pain relief, functional improvement	*Panchakarma* therapies are effective for pain relief and functional recovery	Review: lacks new clinical trials
Gowda AR et al., (2023) [41]	*Kati Basti* and *Kati Dhara* with *Sukoshanajala*	Comparative pilot clinical	Evaluate the procedural effects of *Kati Basti* and *Kati Dhara*	Pain, rigidity, pricking pain, heaviness, SLR test	Both therapies are effective; *Kati Basti* is better for pain, *Kati Dhara* is better for stiffness	Effective for acute *Gridhrasi*; small sample, short duration
Soman C and Marikutty TC, (2024) [42]	Classical Ayurveda approach to acute sciatica	Case study	Manage acute sciatica with paresthesia	Pain, paresthesia, ROM	Rapid improvement in pain and nerve symptoms	Single case report; no comparative data

[Table/Fig-2]: Comparative clinical studies and ayurvedic interventions in treating *Gridhrasi* (Sciatica) [32-42].

the stress commonly associated with sciatica. This therapy offers sustained relief, especially for patients with chronic stiffness and degenerative spinal conditions [40].

Kati Basti is best suited for localised pain and stiffness associated with degenerative disc diseases and is particularly effective in acute conditions, providing immediate relief. *Kati Dhara* is most effective for chronic pain, muscle rigidity and stress, offering both mental relaxation and physical relief. *Patrapinda Sweda* is most beneficial for improving joint mobility and treating chronic musculoskeletal stiffness and pain [43].

One of the major strengths of Ayurvedic treatments for *Gridhrasi* is their low cost and minimal side-effects. Compared to surgical procedures or long-term pharmacological treatments, these therapies are safe, non toxic and holistic. Their long-term benefits—such as restoring *Vata* balance and preventing recurrence—further enhance their value. These treatments can also be administered in resource-limited settings, increasing their accessibility [44]. A comparison of the efficacy of *Kati Basti*, *Kati Dhara* and *Patrapinda Sweda* shows that while all three therapies are effective in treating *Gridhrasi*, each offers unique benefits depending on the patient's symptoms and doshic imbalances. Although the overall goal of these therapies is to relieve pain and improve mobility, each is particularly effective for specific aspects of the condition.

Patient-centric outcome from ayurvedic treatment: Ayurvedic treatments for *Gridhrasi* are highly patient-centric and can be tailored to address both the underlying cause and the symptoms. They have been shown to be effective in reducing pain, improving mobility and enhancing overall wellbeing. *Basti* and *Kati Basti* treatments reduce physical pain by correcting *Vata* imbalance, while herbal medications promote systemic balance, reducing inflammation and nerve irritation [45]. *Patrapinda Sweda* combines oleation and sudation to relieve stiffness and pain while promoting circulation and detoxification. The psycho-emotional benefits of Ayurveda are also significant; treatments such as *Abhyanga* (oil massage) help reduce stress, promote relaxation and support recovery [46].

Patients frequently report high satisfaction levels, as Ayurvedic treatments not only address immediate symptoms but also improve overall lifestyle through regular follow-up and personalised lifestyle modifications. Ayurveda encourages self-management by educating patients about doshic imbalances and preventive measures, thereby supporting long-term health [47]. The absence of significant side-effects and the emphasis on natural, sustainable healing contribute greatly to patient satisfaction. In contrast to conventional treatments, which are often invasive and prone to adverse effects, Ayurveda remains an appealing approach in managing chronic conditions such as *Gridhrasi*. As research progresses, incorporating patient feedback into treatment protocols will further enhance the effectiveness and accessibility of Ayurvedic interventions [48].

Limitation(s) and Challenges in Previous Studies

Much of the current research on Ayurvedic treatments for *Gridhrasi* is limited by small sample sizes and a lack of randomisation, which significantly affects the generalisability of the findings. Another major challenge in standardisation arises from variations in practitioner expertise and patient compliance, making it difficult to establish universally accepted protocols.

Subjective outcome measures—such as pain and mobility assessments—are commonly used but are prone to bias due to limited utilisation of objective diagnostic tools. This reduces the precision of evaluations and limits comparability with modern medical research. Additionally, differences in Ayurvedic terminology and methodologies compared to contemporary research approaches create barriers to integration and mutual understanding. Insufficient funding and inadequate collaboration between traditional and modern medical sectors further hinder the quality and scale of Ayurvedic research. Addressing these limitations requires well-designed, large-scale studies with standardised methodologies, improved interdisciplinary collaboration and greater resource allocation to strengthen the credibility and clinical applicability of Ayurvedic interventions.

CONCLUSION(S)

This review highlights the effectiveness of three Ayurvedic therapies—*Kati Basti*, *Kati Dhara* and *Patrapinda Sweda*—in treating *Gridhrasi*, a condition characterised by radiating pain and stiffness. These therapies have demonstrated significant benefits in alleviating symptoms, are safe, and are cost-effective, especially in cases involving *Vata* predominance. *Kati Dhara* is particularly suitable for *Kapha*-related stiffness, while *Patrapinda Sweda* addresses both *Vata* and *Kapha* imbalances, offering comprehensive relief. The versatility of these therapies allows for individualised, patient-specific treatment. However, the current evidence base is limited by small sample sizes and inconsistent treatment protocols, indicating the need for more extensive research to develop universal guidelines and improve diagnostic integration. Ayurvedic interventions for *Gridhrasi* represent a holistic, sustainable and natural healing approach, offering a balanced alternative to modern treatment modalities.

Authors' contribution: N: Conceptualisation, literature review, data analysis, manuscript writing. SP: Supervision, methodology, manuscript review and editing. PS: Data collection and manuscript review. MN: Analysis, review and editing of the manuscript.

Ethical consideration: This review is based solely on previously published research data and adheres to ethical standards for academic work. No new data collection or patient involvement was required. All referenced studies were conducted following ethical research practices.

REFERENCES

[1] Verma CP, Sahoo SK. Scientific understanding of kati basti and its application in sciatica (Gridhrasi). Int J Ayurveda Pharma Res. 2022;10(3):79-82. Available from: https://doi.org/10.47070/ijapr.v10i3.2314.
[2] Sharma VK, Mehra A. Comparative clinical study of kati dhara and patrapinda sweda in gridhrasi. IAMJ. 2023;11(9):2351-58. Doi: 10.46607/iamj2811092023.
[3] Haidar MD, Ansari MT. Role of kati basti and patra pottali sweda in the management of gridhrasi. Ayushdhara. 2021;8(1):3116-20.
[4] Dubey A, Patankar P. Therapeutic role of basti in managing vata disorders: A review. J Ayurveda Res Dev. 2020;9(5):45-50. Doi: 10.46607/jard9052020.
[5] Vishwakarma N, Singh R, Srivastava S, Shrivas S. Ayurvedic management of Gridhrasi (sciatica): A case report. J Ayu Int Med Sci. 2024;9(4):291-95.
[6] Sharma P, Kumar S, Bhargava A. Synergistic effects of Kati Basti and oral ayurvedic formulations in gridhrasi management. J Indian Med. 2022;15(2):207-12. Doi: 10.4103/jim2022.152.
[7] Mishra R, Mund J, Sengupta S. Ayurvedic management (matra basti and patrapinda sweda) in low back pain: A case study. Int J Res Anal Rev. 2021;8(3):454-56.
[8] Sarmah J, Sharma RK. Anuvasana basti: Medicated oil enema therapy targeting nerve pain. Int J Ayurveda Pharma Res. 2020;10(3):79-82.
[9] Gunjigonvi J, Polampalli V. Kati basti: Ayurvedic treatment using kati basti and other therapies. Ayushdhara. 2021;8(3):3334-38.
[10] Anumol K, Krishna CM, Venkateshwarlu B, Sivaram G, Babu G. Eranda thaila: Review of eranda thaila's use in ayurveda. AYUSHDHARA. 2017;4(6):1384-94.
[11] Shashidhar SH, Prashanth AS. Panchakarma therapy: A case study using abhyanga, swedana, and pinda swedana to treat sciatica. J Ayurveda Integr Med Sci. 2023;9(1):275-81. Available from: https://doi.org/10.21760/jaims.9.1.43.
[12] Singh AK, Singh OP. External snehan and asanas: Clinical evaluation of snehan and asanas for sciatica treatment. Int J Yoga. 2013;6(1):71-75.
[13] Singh S. Ayurvedic therapies: Various ayurvedic therapies focusing on oil treatments for sciatica. J Ayurveda Integr Med Sci. 2024;9(2):345-50. Available from: https://doi.org/10.21760/jaims.9.2.24.
[14] Joshi VM, Triveni D, Prashanth AS. Ayurvedic treatment: Case study on a 40-year-old female treated with niruha basti, kottamchukkadi taila, and swedana. J Ayurveda Integr Med Sci. 2024;9(1):275-81. Available from: https://doi.org/10.21760/jaims.9.1.43.
[15] Krunal D, Rabinarayan A. Therapeutic importance of eranda (*Ricinus communis* Linn.) in ayurveda-A review. Ayurpharm Int J Ayur Alli Sci. 2013;2(9):281-95.
[16] Kumar RK, Dhar BL, Jayram H. Ayurvedic Intervention: Case study on the management of lumbar stenosis using Panchakarma and Rasayana. Asian J Pharm Clin Res. 2016;9(2):11-13.
[17] Kaalia N, Aggarwal C, Bhatted SK. Basti Chikitsa, Panchakarma: Case study on managing spondylosis-induced sciatica through basti therapy. J Ayurveda Integr Med Sci. 2024;9(3):205-10.
[18] Mishra BR, Nimkarde SG, Mishra AB. Agnikarma: Thermal cauterization for pain relief. Ayurline Int J Res Indian Med. 2019;3(1):01-05.

[19] Raut RG. Balaashwagandha taila: Analytical study on balaashwagandha taila for vata-related disorders. Int J Ayur Alli Sci. 2014;3(6):171-76.
[20] Vishnu ML. Vatagajankusha rasa, pippali churna, manjishta kwatha: Clinical study on vatagajankusha rasa with pippali churna and manjishta kwatha for sciatica treatment. J Ayurveda Integr Med Sci. 2024;9(2):100-05.
[21] Shetty G. Bilva taila and mahanarayana taila matra basti: Comparative study on bilva taila and mahanarayana taila for gridhrasi treatment using matra basti. J Ayurveda Holist Med. 2023;11(9):24-30.
[22] Narine A, Chandrakar V, Vedpathak S. Management of Gridhrasi sciatica using Ayurvedic Panchakarma therapies. AYUHOM. 2023;10(2):138-142.
[23] Tanmane CS, Mondal RM. A review on Ashwagandhadi Taila Basti in the management of gridhrasi (Sciatica). World Journal of Pharmaceutical Research. 2022;11(8):233-39.
[24] Mahaveer B, Vishwakarma P, Shrimali S. Ayurvedic management of gridhrasi using panchakarma and internal therapies: A case study. IAMJ. 2023;11(10):235-40.
[25] Shetty A, Patli S, Pujar C, Hadimani G. Effect of Siravyadha in the management of Gridhrasi – A case study. International Ayurvedic Medical Journal. 2023;11(1):187-93. Doi:10.46607/iamj2911012023.
[26] Vaneet Kumar J, Dudhamal TS, Gupta SK, Mahanta V. A comparative clinical study of Siravedha and Agnikarma in management of Gridhrasi (sciatica). Ayu. 2014;35(3):270-76. Doi: 10.4103/0974-8520.153743. PMID: 26664236; PMCID: PMC4649569.
[27] Sharma R, Gupta P. Effectiveness of panchakarma therapies in gridhrasi: A randomized study. J Ayurveda Integr Med. 2020;11(3):216-21.
[28] Rajkumar M, Sekhar U. Role of basti and patrapinda sweda in sciatica. Int J Ayurveda Med. 2021;12(2):130-36.
[29] Sharma V, Tiwari R. Comparative efficacy of kati basti and swedana therapies in treating gridhrasi. J Ayurveda Holist Med. 2020;8(4):101-105.
[30] Vyas R, Gupta A. Ayurvedic interventions in gridhrasi: A review of kati basti and patrapinda sweda. J Tradit Complement Med. 2022;12(5):320-25.
[31] Shravya M, Rajashekhar CV. Management of gridhrasi through ayurveda: Case series. EPRA Int J Multidiscip Res. 2024;10(10):45-49.
[32] Sangeeta S, Santosh B. Kati Basti, patrapinda sveda, basti karma: Evaluate the effect of kati basti, patrapinda sveda, and basti karma in managing Degenerative Disc Disease (DDD)-related gridhrasi. Int J Ayurveda Pharma Res. 2016;8(4):201-06.
[33] Imlikumba R, Parappagoudra M, Lohith B. Panchakarma: Review of the role of panchakarma therapies in treating gridhrasi. J Ayurveda Res. 2016;10(5):202-07.
[34] Patil GG, Shettar RV. Efficacy of punarnavadi guggulu & mahamashadi taila kati basti in gridhrasi. J Ayurveda Integr Med Sci. 2019;6(2):112-18.
[35] Parida A, Jena S. Comparative study of ajmodadi churna and kati basti in the management of gridhrasi. Int J Ayurveda Med. 2019;10(3):223-29.
[36] Borannavar S, Desai AS. Role of patrapinda sweda in radiating leg pain in gridhrasi. Int J Ayurveda Pharma Res. 2020;8(2):45-50.
[37] Haidar MD, Ansari MT. Role of kati basti and patra pottali sweda in the management of gridhrasi - A case study. Ayushdhara. 2021;8(1):3116-20.
[38] Rao A, Kumari S. Combined ayurvedic therapies (e.g., Kati Basti): Evaluate combined therapies like kati basti for the treatment of gridhrasi. Int J Res Ayurveda Pharm. 2021;12(2):56-62.
[39] Rohith VM, Kumar S, Sandeep R. Integration of ayurveda and physiotherapy in managing sciatica: A clinical approach. J Ayurveda Physio Ther. 2022;8(1):45-50.
[40] De Silva UMG, Patel M. Panchakarma modalities (e.g., Kati Basti): Clinical perspective on the use of panchakarma therapies for sciatica (Gridhrasi). J Ayurveda Integr Med Sci. 2022;8(1):33-38.
[41] Gowda AR, Patil SG, Basarigidada JP, Pallavi M. A comparative pilot clinical study to evaluate the procedural effect of kati basti and kati dhara with sukoshanajala in gridhrasi. J Ayurveda Holist Med. 2023;11(9):24-35.
[42] Soman C, Marikutty TC. Ayurveda-based approach in managing acute sciatica with paresthesia. J Tradit Complement Med. 2024;12(2):157-62.
[43] Shashidhar SH, Prashanth AS. Panchakarma-based management for gridhrasi. Ayurveda Med J. 2023;7(4):303-08.
[44] Parchake A, Parwe S, Nisargandha M. Management of gridhrasi (Sciatica) through panchakarma and shamana chikitsa: A case study. Asian J Biomed Pharmaceut Sci. 2022;12(92):138. Doi: 10.35841/2249-622X.92.138.
[45] Soni AK, Mangal G, Narine A. Management of gridhrasi (Sciatica) using panchakarma therapies - A review. Int J Health Sci Res. 2021;11(1):252-56.
[46] Pandey P, Mishra V, Singh R. Role of basti karma in gridhrasi: A case study. Int J Res Ayurveda Pharm. 2023;14(3):45-48. Doi: 10.7897/2277-4343.143316.
[47] Roopa K. Panchakarma and shamana therapies in managing gridhrasi: A clinical perspective. EPRA Int J Res Dev. 2023;8(5):121-24. Doi: 10.36713/epra2016.
[48] Pavitra, Borannavar S, Desai AS, Samata. A comparative clinical study on Patra Pinda Sweda and transcutaneous electrical nerve stimulation on Gridhrasi with special reference to sciatica. International Ayurvedic Medical Journal. 2021;9(10):2324-330.

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