

**A COMPREHENSIVE AYURVEDIC APPROACH IN MANAGEMENT OF GRIDHRASI –
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ABSTRACT

Gridhrasi is classified as one of the vataja Nanatmatja vyadhi in Ayurveda^[1] and is characterized by pain radiating from lowback/ hip region towards lower limb with associated symptoms such as stiffness, pricking pain and difficulty in walking. (स्फिक्पूर्वा कटिपृष्ठोरुजानुजङ्घापदं क्रमात् । गृध्रसी स्तम्भरुक्तोदैर्गृह्णाति स्पन्दते मुहुः ॥ वाताद् वातकफात्तत्र तन्द्रागौरवारोचकान्विता ।)। A 52 year old male patient presented with complaints of low back pain radiating to the left lowerlimb since 1 month associated with stiffness and difficult to walk. clinical examination revealed SLR and FABER and other relevant tests positive. Based on ayurvedic clinical assessment, the case was diagnosed as Vataja Gridhrasi. This patient was managed with yoga basthi along with other bahya karmas, few internal medication, physiotherapy and yogatherapy. Appropriate dietary and lifestyle advice was also provided. Following treatment, the patient showed significant improvement in reducing stiffness and radiating pain and also functional mobility was improved in first course of treatment.

KEYWORDS: Gridhrasi, Kati Basti, Yoga Basti, Patra Pinbda Sweda, Shamana Chikitsa.**INTRODUCTION**

Gridhrasi is derived from the word or name of a bird *Gridhra*. *Gridhra* is a bird which is fond of meat and eat flesh of an animal in such a fashion that he deeply pierces his beak in the flesh then draws it forcefully, such type of pain in *Gridhrasi* and hence the name. Further as in this disease the patient walks like bird *Gridhra* and his legs become tense and slightly curved so due to the resemblance with gait of Vulture.^[2] Gridhrasi is a shoalapradhana vatajananatmaja vyadhi, mainly caused due to either aggravated vata dosha or vatakaptha doshas. This disease is characterized by cardinal symptoms radiating pain from sphikpoorva (low back), prushta (waist), uru (thigh), janu (knee), janga (calf), padam (foot). Also causes sthambha (stiffness), ruk(pain), difficulty in walking.^[2]

If there is involvement of vatakaptha then along with radiating pain features include tandra, gaurava, and arochaka.

According to sushruta- Kandara of parshani(heel) and all pratyanguli(toes) are affected by prakupita vata and there is difficulty in movement of lower limb is known as gridhrasi.^[3]

Ayurvedic management of gridhrasi include siravyadha in between kandara gulpha (achilis tendon and ankle joint), basti, agnikarma.^[4,5]

CASE REPORT**Pradhana vedhana**

A52 year old married male patient visited to our opd complaining of lowback ache which is radiating to left

lower limb since 1 month, which got aggravated since 1 week.

Pradhana vedhana vrittanta

Patient was apparently normal 1 month back, later he gradually developed low back ache radiating to left lower limb, also complaining of stiffness of lowback region and also reports restricted movements of left lower limb since 1 month, these symptoms have aggravated over the past 1 week, following the onset of symptoms, the patient visited near by clinic and took medication; however, as he experienced inadequate relief, he subsequently presented to our hospital for further evaluation and management.

Poorva vedana vrittanta

N/K/C/O HTN, DM

Parivarika vrittanta

No one in the family had similar illness.

Vayaktika vrittanta

Bowel- once/day
Appetite- regular
Micturition- 5-6 times/day
Sleep- good
Diet- vegetarian diet

Samsthanika pariksha

Cardiovascular system- S₁, S₂ heard, no murmurs.
Respiratory system – NVBS, no added sounds.
Gastro-intestinal system- P/A- soft and nontender
Bowel sounds - 3/min.
Nervous system- conscious, oriented to time, place and person.

Musculo- skeletal examination

Inspection-
Gait- not altered
Deformity- absent
Palpation- Tenderness over L₄- L₅
ROM (Lumbar spine)
Flexion- with pain able to do
Extension- with pain able to do
Lateral flexion- with pain able to do
Special tests-
SLR test (left lower limb) - Positive
Bregards test (left lower limb) - Positive
Coin pick test- Positive
Flip test- Positive

Ashta sthana pariksha

Nadi : vatapitta
Jihwa: alipta
Mala: prakruta
Mutra: 5- 6times/day
Shabdha: sphuta vakta
Sparsha: nati ushna sheetha
Drik: prakruta
Akriti: madhyama

Dashavidha pariksha

Prakruthi: vatapitta
Sara: Madhyama
Samhanana: Madhyama
Satmya: Madhyama
Satva: Madhyama
Ahara Shakti: Madhyama
Vyayama Shakti: Madhyama
Vaya: Madhyama
Vikruthi: Dosha- vatapitta
Dushya- asthi, majja, snayu, kandara

Radiological Investigations- MRI Scan of lumbar spine

Impression: L₄- L₅: 6mm diffuse disc bulge and posterocentral protrusion, ligamentum flavum thickening and facet joint arthrosis causing moderate central canal and bilateral neural foraminal stenosis. There is indentation on traversing nerve roots.

Management

1. Sarvanga utsadana with ashwagandha bala taila F/B dashamoola kwatha parisheka for 3 days
2. Sarvanga abhyanga with ashwagandha bala taila F/B patrapinda sweda for 5 days
3. Kati basti with vishagarbha taila for 8 days
4. Yoga basti

Anuvasana basti with ksheerabala taila (80ml)- 5 days.

Niruha basti – for 3 days

- ✓ Honey- 50ml
- ✓ Saindava lavana- 10gms
- ✓ Ksheerabala taila- 100ml
- ✓ Rasna churna- 50gms
- ✓ Erandamoola kashaya- 200ml
- 5. Kati lepa with rasnadi churna and ashwagandha bala taila for 8 days
- 6. Pichu with ABL taila+ vishagarbha taila to left lower limb for 8 days
- 7. Yoga therapy for 4 days
- 8. Physiotherapy for 7 days
- 9. Tab chitrakadi vati (2-0-2) for 3 days
- 10. Tab BVC gold (1-0-1) for 7 days
- 11. Tab spondylon (1-0-1)

Advice on discharge- given for 15 days

1. Tab spondylon (1-0-1)
2. Tab BVC (1-0-1)
3. Tab palsineuron (1-0-1)
4. ABL taila + vishagarbha taila E/A

OBSERVATIONS AND RESULTS

The patient showed a marked reduction in lumbar discomfort, lower back stiffness, by the end of the first course of treatment. There was a significant improvement in the range of motion of the spine, which enabled the patient to perform routine daily activities with greater ease. The patient's vital parameters remained within normal limits throughout the treatment period.

By the completion of therapy, the patient experienced complete relief from the presenting symptoms. No radiological investigations were performed after

completion of the treatment. Both subjective and objective assessment parameters were assessed before and after treatment to evaluate the therapeutic outcome.

Subjective Assessment

Sl no	Assessment parameter	Before treatment	After treatment
1	Pain in the lower lumbar region radiating to the left lower limb	6 + (VAS score)	1+ (VAS score)
2	Pain and difficulty while walking	5 + (VAS score)	1 + (VAS score)

Objective Assessment- ROM of lumbar spine

Sl no	Objective parameter	Before treatment	After treatment
1	Forward flexion	45 cm above ground	15 cm above ground
2	Right lateral flexion	10° with pain	30° without pain
3	Left lateral flexion	10° with pain	35° without pain
4	Extension	10° with pain	20° without pain

Tests

Sl no	Tests	Before treatment	After treatment
1	SLR	Positive	Negative
2	Bregards test	Positive	Negative
3	Coin pick test	Positive	Negative
4	Flip test	Positive	Negative

DISCUSSION

Gridhrasi is described under Vatavyadhi and is characterized by pain originating from the Sphik/Kati region and progressing along the lower limb, associated with symptoms such as Ruk (pain), Stambha (stiffness) etc. The clinical presentation in the present case was consistent with these classical features. Charaka has described Gridhrasi in Chikitsa Sthana, Vatavyadhi Chikitsa and has mentioned specific therapeutic measures including Basti, Siravedha and Agnikarma in its management.

In the present case, Sarvanga Utsadana followed by Sarvanga Abhyanga with Ashwagandha Bala Taila was administered. Snehana is an important therapeutic measure in Vata disorders because the Snigdha and Guru properties of Taila counteract the Ruksha and Laghu qualities associated with aggravated Vata. Abhyanga may therefore help reduce stiffness, discomfort and restricted movements associated with Vata predominance.

This was followed by Patrapinda Sweda, providing both oleation and sudation. Swedana is particularly useful for Stambha, Gaurava and pain, and its application following Snehana facilitates relaxation and mobility of the affected musculoskeletal structures. Clinical studies evaluating Patrapinda Sweda in Gridhrasi have reported improvement in pain, stiffness and sensory symptoms.

Role of Kati Basti

Kati Basti with Vishagarbha Taila was administered for 8 days in the present case. Kati Basti provides localized retention of medicated oil over the lumbosacral region and combines the effects of Snehana and local thermal

therapy. This may be particularly useful when pain and stiffness are predominant in the Kati region.

Recent literature reviewing Kati Basti in Gridhrasi has reported improvement in pain, stiffness, mobility and functional disability, although the available evidence consists largely of clinical studies and reviews rather than high-quality large-scale trials.^[6,8]

Role of Basti Karma

Yoga Basti, consisting of Anuvasana and Niruha Basti, was incorporated into the treatment protocol. Basti is considered an important therapeutic modality for Vata Vyadhi, and classical Ayurvedic literature gives considerable importance to Basti in the management of disorders involving Vata. Charaka specifically mentions Niruha and Anuvasana Basti in the management of Gridhrasi.

In the present case, Ksheerabala Taila Anuvasana Basti was used along with a Niruha Basti containing Erandamoola Kashaya and other Vatahara ingredients. The choice of these interventions can be rationalized on the basis of their intended Vata-shamana, Snehana and Brimhana actions. Previous clinical research has also evaluated Anuvasana/Matra Basti and Kati Basti in Gridhrasi and reported improvement in clinical symptoms.^[7,8]

Yoga therapy and physiotherapy were incorporated as supportive measures. Restriction of spinal and lower-limb movements is an important functional component of Gridhrasi. Gradual therapeutic exercises can help maintain mobility, improve flexibility and support functional recovery.^[9]

The treatment protocol in the present case followed a multimodal Ayurvedic approach, combining local Snehana-Swedana procedures, Basti, localized therapies, internal medication and therapeutic exercise.

CONCLUSIONS

The present case highlights the potential usefulness of a comprehensive Ayurvedic treatment protocol comprising Snehana, Swedana, Basti, local therapies, internal medication, Yoga and physiotherapy in the management of Gridhrasi. Significant clinical improvement was observed in pain, stiffness, spinal mobility and functional disability. The findings suggest that a multimodal and individualized approach addressing Vata predominance and functional impairment may provide meaningful clinical benefit in Gridhrasi. Nevertheless, further controlled clinical studies with larger sample sizes and longer follow-up are necessary to substantiate these observations.

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