

AN AYURVEDIC PERSPECTIVE ON THE MANAGEMENT OF GRIDHRASI: A CASE REPORT**¹*Dr. Deepthi R., ²Dr. Venu S., ¹Dr. Divya V. S., ¹Dr. B. M. Vivekananda Swamy**¹Internee, Rajeev Institute of Ayurvedic Medical Science and Research Centre. Hassan, Karnataka, India.²Associate professor, Department of Swasthavritta, Rajeev Institute of Ayurvedic Medical Science and Research Centre. Hassan, Karnataka, India.***Corresponding Author: Dr. Deepthi R.**

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ABSTRACT

Gridhrasi is one among the *Vataja Nanatmaja Vyadhis* described in Ayurveda and is characterized predominantly by pain radiating from the *Sphik* region towards the *Kati*, *Prishta*, *Uru*, *Janu*, *Jangha* and *Pada*. The clinical presentation of *Gridhrasi* closely resembles *sciatica* in contemporary medicine, where pain commonly follows the distribution of the sciatic nerve. A 45 year old male patient presented with complaints of low back pain radiating to the Right lower limb since 2 months associated with stiffness and difficult to walk. clinical examination revealed 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*, internal medication, physiotherapy and yogatherapy. Appropriate dietary and lifestyle advice was also provided. Following the first course of treatment, the patient demonstrated considerable relief from radiating pain and stiffness, along with improved functional mobility and the ability to perform daily activities more comfortably.

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

Gridhrasi is described in Ayurveda as a *Vataja Nanatmaja Vyadhi*, characterized by pain radiating from the *Sphik* (buttock) region towards the *Kati/Prishta* (lower back), *Uru* (thigh), *Janu* (knee), *Jangha* (calf) and *Pada* (foot). The term *Gridhrasi* is derived from *Gridhra* (vulture), as the patient's gait may resemble that of a vulture due to pain and restricted movements.^[1]

The disease is predominantly caused by aggravated *Vata Dosh* or the combined vitiation of *Vata* and *Kapha Doshas*. Its cardinal features include *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness) and difficulty in walking. In *Vata-Kaphaja Gridhrasi*, additional symptoms such as *Tandra* (drowsiness), *Gaurava* (heaviness) and *Arochaka* (loss of appetite) may occur.^[1]

Acharya Sushruta describes the involvement of the *Kandara* extending towards the heel and toes, resulting in pain and restricted lower-limb movements.^[3]

Gridhrasi clinically resembles *sciatica*, which is commonly associated with irritation or compression of lumbosacral nerve roots. Ayurvedic treatment approaches include *Basti Karma*, *Siravyadha* and *Agnikarma*, selected according to the patient's condition and classical indications.^[4,5]

CASE REPORT***Pradhana vedhana***

A 45 year old married male patient visited to our opd complaining of lower back ache which is radiating to left lower limb since 2 months, which got aggravated since 1 week.

Pradhana vedhana vrittanta

The patient was apparently healthy two months ago, following which he gradually developed low back pain radiating to the left lower limb. The patient also experienced stiffness in the lower back and restricted movements of the left lower limb for one month. The

symptoms progressively worsened over the preceding week. The patient initially sought treatment at a nearby clinic and took medication but obtained inadequate relief. Hence, the patient 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- Mixed diet

Samsthana 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.

Treatment

Duration 22/7/2026 to 29/7/2026
Sarvanga utsadana with moorchita taila for 2 days
Dashamoola kwatha parisheka for 3 days
Sarvanga abhyanga with Ksheerabala taila F/B
patrapinda sweda for 5 days
Kati basti with Ksheerabala taila for 8 days
Janu basti with Ksheerabala taila for 8 days
Erandamooladi niruha basti
Niruha basti – for 3 days
Honey- 50ml
Saindava lavana- 10gms
Sahacharadi taila- 100ml
Rasna churna- 50gms
Erandamooladi kashaya- 200ml
Anuvasana basti with ksheerabala taila (80ml)- 5 days
Kati lepa with rasnadi churna and Sahacharadi taila for 8 days
Pichu with KB taila to left lower limb for over night
Yoga therapy for 8days
Physiotherapy for 8days
Tab palsineuron (2-0-2)
Tab spondylon (2-0-2)

Details of Assessment parameters before and after treatment Subjective Parameters

SNAssessment Parameters	Before treatment	After treatment
1. Pain in the lower lumbar region radiating to the right lower limb	5+ (VAS)score	1+(VAS) score
2.Stiffness in lower back region	3+	1+
3.Pain and difficulty in walking	3+	1+

Objective Parameters

1. ROM of the lumbar spine

Objective parameters	Before treatment	After treatment
1.Forword flexion	45cm 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

Test	Before treatment	After treatment
1. SLR	Positive	Negative
2. Bregards test	Positive	Negative
3. Coin pick test	Positive	Negative
4. Flip test	Positive	Negative

Follow up

Date	Follow up finding	Treatment	Dosage
14/08/26	Patient came for follow up with moderate Pain in the lower back. Special tests: SLR positive at approximately 45°; Bragard's test positive; crossed SLR positive; coin-pick test positive.	Tab. Spondylon; Tab. Palsinuron; Tab. Bonton; Narbal	Spondylon: 2–0–2 after food; Palsinuron: 2–0–2 after food; Bonton: 0–1–0; Narbal powder: 1 tsp with milk, twice daily (BD).
7/09/26	Patient came for follow-up with mild (++) Pain compared with the previous visit.	Rheumat Liniment; Tab. Bonton; Narbal powder; Tab. Palsinuron	Bonton: 0–1–0 after food; Narbal powder: 1–0–1 as recorded; Palsinuron: 1–0–1 after food. Rheumat Liniment: external application.
23/09/26	Patient came for follow up with mild pain	Rheumat liniment Narasimha rasayana with milk	External application 1tsp-0-1tsp with milk

DISCUSSION

In the present case, the patient experienced low-back pain radiating to the left lower limb, lumbar stiffness and difficulty in performing movements. Clinical examination revealed positive nerve-tension and other relevant special tests. MRI findings demonstrated an L4–L5 disc bulge with posterocentral protrusion, associated ligamentum flavum thickening and facet joint arthrosis, resulting in moderate central canal and bilateral neural foraminal stenosis. These findings provided structural evidence of lumbar degenerative changes associated with the patient's clinical presentation. The condition was assessed as *Gridhrasi* from the Ayurvedic perspective, with the treatment plan incorporating external therapies, *Basti Karma*, internal medications and rehabilitative interventions.

Role of Snehana and Swedana

The treatment commenced with *Sarvanga Utsadana*, followed by *Dashamoola Kwatha Parisheka* and *Sarvanga Abhyanga* with *Ksheerabala Taila*, followed by *Patrapinda Sweda*. In Ayurvedic therapeutics, *Snehana* and *Swedana* are commonly employed in the management of disorders associated with aggravated *Vata*, particularly when pain, stiffness and restricted movements are prominent. The *Snigdha* quality of medicated oil is traditionally considered useful for

counteracting *Rukshata*, while *Swedana* is indicated for symptoms such as *Stambha* and pain.

In this case, the combination of *Abhyanga* and *Patrapinda Sweda* formed part of the initial treatment regimen. The intended therapeutic rationale was to promote local comfort, reduce stiffness and facilitate movement. The subsequent improvement in pain and lumbar mobility was consistent with a favourable clinical response during the treatment period. Nevertheless, the effects of these individual procedures cannot be distinguished from those of the other simultaneous interventions.^[3]

Role of Kati Basti and Janu Basti

Kati Basti and *Janu Basti* were administered using *Ksheerabala Taila* for eight days. *Kati Basti* involves retaining warm medicated oil over the lumbosacral region, whereas *Janu Basti* involves localized application over the knee region. These procedures are traditionally used to address localized pain and stiffness in their respective anatomical areas.

In the present case, *Kati Basti* was incorporated because the predominant complaint involved the lower-back region, while *Janu Basti* formed part of the overall treatment protocol. The localized application of warm oil

may provide symptomatic comfort and facilitate relaxation during therapy. However, the response observed in this case should be interpreted as the outcome of the complete treatment programme rather than as proof of the independent efficacy of either procedure.^[6]

Role of Basti Karma

Basti Karma occupies an important place in Ayurvedic management of *Vata Vyadhis*. Classical Ayurvedic principles describe the use of different *Basti* formulations according to the patient's condition and therapeutic requirements. In the present case, *Yoga Basti* was incorporated using *Anuvasana Basti* with *Ksheerabala Taila* and *Niruha Basti* prepared with *Erandamooladi Kashaya* and other recorded ingredients.^[5]

The treatment rationale was based on the traditional use of *Basti* in *Vata*-dominant disorders and its intended *Vata-shamana* and *Snehana* effects. The combined approach was selected as part of the multimodal management of pain, stiffness and functional restriction. Although *Basti* is an established intervention within Ayurvedic practice, the clinical response in an individual case does not establish its specific mechanism or independent therapeutic effect in lumbar disc disease. Further controlled research is necessary to assess its effectiveness and safety in patients with radiologically confirmed nerve-root involvement.^[2]

#Role of Kati Lepa and Pichu

Kati Lepa using *Rasnadi Churna* and *Sahacharadi Taila* was administered for eight days. *Pichu* with *Ksheerabala Taila* was also applied over the left lower limb and retained overnight, as documented in the treatment protocol. These local interventions were included as supportive external therapies intended to provide symptomatic relief.

Their use was consistent with the broader treatment objective of addressing localized discomfort and stiffness. Since several interventions were administered concurrently, it is not possible to determine the individual contribution of *Kati Lepa* or *Pichu* to the observed improvement.

Role of Internal Medication

Oral medications, including *Palsineuron* and *Spondylon*, were prescribed as part of the initial treatment regimen. Additional medicines were documented during subsequent follow-up visits, including *Bonton*, *Narbal* powder, *Rheumat Liniment* and *Narasimha Rasayana*. These medicines formed part of the patient's continuing management.

#Role of Yoga Therapy and Physiotherapy

Yoga therapy and physiotherapy were provided for eight days as supportive components of treatment. Pain and stiffness associated with lumbar disorders can interfere with spinal mobility, lower-limb movements and routine

activities. Individualized rehabilitation may help maintain mobility, improve flexibility and facilitate gradual restoration of function.

In this case, improvement was recorded in lumbar range of motion and functional ability following the combined treatment programme. The SLR, Bragard's, coin-pick and flip tests, which were positive before treatment, were documented as negative after the initial treatment course. These findings were accompanied by a reduction in the VAS score from 5 to 1. However, the absence of a comparator and the simultaneous use of multiple interventions prevent attribution of these changes to any single treatment modality.

CONCLUSION

The patient demonstrated a favourable short-term response following the initial treatment course, with reduced radiating pain, less stiffness, improved lumbar movements and improved ability to perform routine activities. During the first follow-up on 14 August 2026, moderate low-back pain persisted, with positive clinical tests documented. At the subsequent visit on 7 September 2026, the patient reported mild pain compared with the previous assessment. On 23 September 2026, mild pain was still reported.

This follow-up pattern indicates improvement over time rather than complete and sustained resolution of symptoms. It also highlights the importance of documenting both subjective complaints and objective examination findings at each visit.

REFERENCES

1. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapanidatta. Edited by Yadavji Trikamji Acharya. Varanasi: Chaukhambha Orientalia; 2015. Chikitsa Sthana, Chapter 28 (Vatavyadhi Chikitsa).
2. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with Ayurveda Dipika commentary of Chakrapanidatta. Edited by Yadavji Trikamji Acharya. Varanasi: Chaukhambha Sanskrit Sansthan; 2019. Siddhi Sthana, Chapter 3 (Bastisutriya Siddhi) and Chapter 10 (Basti Siddhi).
3. Sushruta. Sushruta Samhita, with Nibandhasangraha commentary of Dalhana. Edited by Yadavji Trikamji Acharya and Narayan Ram Acharya. Varanasi: Chaukhambha Orientalia. Chikitsa Sthana, relevant chapters on Sneh, Sweda and Basti Karma. Verify the chapter and verse numbers against the edition consulted.
4. Abhiranjan, Mishra D, Singh AP, Tiwari SK. An Ayurvedic management of Gridhrasi w.s.r. to Sciatica: A Case Study. Journal of Ayurveda and Integrated Medical Sciences, 2024; 9(12): 321–329. Doi:10.21760/jaims.9.12.43.
5. Bohra M. Management of Gridhrasi w.s.r. Sciatica by Erand-Muladi Basti and leech application: A case study. Journal of Ayurveda and Holistic Medicine.

Available at:
<https://www.jahm.co.in/index.php/jahm/article/view/312>.

6. Rao VN, Shankar T, Dixit SK, Ray AB. Standardisation of Ksheerabala Taila. *Ancient Science of Life.*, 1996; 16(1): 21–25.