IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429
Volume 6, Issue 4, July 2026
Impact Factor: 8.2

Ayurvedic Management of Gridhrasi (Sciatica): A Case Report

Dr. Mukund Karhade[1*] and Dr. Neha Khedikar[2]
[1]Professor, Department of Panchakarma, DMHRC, Nagpur, Maharashtra, India
[2]MD (RSBK), Director & Chief Consultant, 'Dirghayu Ayurved' Ayurvedic Panchkarma Clinic #52, Nagpur, India.
Corresponding Author: Dr. Mukund Karhade
Karhade.mukund@gmail.com

Abstract: *Gridhrasi is one of the eighty Vata Nanatmaja Vyadhi described in Ayurveda and is characterized by radiating pain extending from the lumbar region to the buttock, thigh, calf, and foot. Clinically, it closely resembles sciatica, a condition associated with pain, restricted mobility, and impaired quality of life. This case report describes the successful management of Gridhrasi through an integrated Ayurvedic approach. A 45-year-old male presented with severe low back pain radiating to the posterior aspect of the right lower limb for two months, accompanied by stiffness, tingling sensation, and difficulty in walking. Clinical examination revealed a positive Straight Leg Raise (SLR) test at 35°, and the condition was diagnosed as Vata-Kaphaja Gridhrasi. The patient underwent a 21-day treatment protocol comprising Abhyanga with Mahanarayana Taila, Nadisweda, Kati Basti, Yoga Basti, and oral Ayurvedic medications including Yogaraja Guggulu, Rasnasaptaka Kwatha, and Eranda Taila. Following treatment, the Visual Analogue Scale (VAS) score improved from 8 to 2, while the SLR improved from 35° to 80°. Significant reductions in pain, stiffness, and tingling sensation were observed, along with improved walking ability and performance of daily activities. This case suggests that an integrated Ayurvedic treatment protocol combining Panchakarma procedures and internal medications may be an effective conservative approach for the management of Gridhrasi (Sciatica). However, larger controlled clinical studies are required to establish its efficacy and safety.*

Keywords: Gridhrasi, Sciatica, Ayurveda, Panchakarma, Yoga Basti, Case Report

I. INTRODUCTION

Gridhrasi is described in the classical Ayurvedic texts as one of the Vata Nanatmaja Vyadhi and is characterized by pain radiating from the Sphik (gluteal region) to the Kati (lumbar region), Uru (thigh), Janu (knee), Jangha (calf), and Pada (foot). The disease derives its name from the characteristic gait of affected individuals, which resembles that of a vulture (Gridhra) due to severe pain and difficulty in walking. Classical Ayurvedic literature describes the cardinal features of Gridhrasi as Ruk (pain), Toda (pricking sensation), Stambha (stiffness), Muhuspandana (twitching), and Sakthikshepa Nigraha (restricted movement of the lower limb). In cases associated with Kapha Dosha, symptoms such as Gaurava (heaviness), Aruchi (loss of appetite), and Tandra (drowsiness) may also be present, indicating Vata-Kaphaja Gridhrasi.

Clinically, Gridhrasi closely resembles sciatica, a neuropathic pain syndrome resulting from irritation or compression of the lumbosacral nerve roots, most commonly due to lumbar intervertebral disc prolapse, spinal stenosis, or degenerative spinal disorders. Sciatica affects approximately 10–40% of individuals during their lifetime and is associated with significant pain, reduced mobility, impaired work productivity, and diminished quality of life.

IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429
Volume 6, Issue 4, July 2026
Impact Factor: 8.2

Conventional treatment includes nonsteroidal anti-inflammatory drugs, muscle relaxants, physiotherapy, epidural steroid injections, and surgical intervention in selected cases. However, recurrence of symptoms and persistent functional limitations remain common.

Ayurveda advocates a comprehensive treatment approach aimed at pacifying aggravated Vata Dosha, removing Srotorodha (channel obstruction), reducing inflammation, and restoring neuromuscular function. Therapeutic procedures such as Abhyanga, Swedana, Kati Basti, and Basti Karma, together with appropriate internal medications, have been traditionally recommended for the management of Gridhrasi. The present case report describes the successful management of Vata-Kaphaja Gridhrasi using an integrated Ayurvedic treatment protocol.

Case Presentation

A 45-year-old male presented to the outpatient department of Ayurveda with complaints of low back pain radiating to the posterior aspect of the right lower limb for the past two months. The pain was associated with stiffness in the lumbar region, tingling sensation over the right leg, difficulty in walking, and disturbed sleep due to pain. The symptoms had progressively worsened despite conservative treatment.

The patient reported that the pain developed after lifting a heavy object. Initially localized to the lower back, it gradually radiated to the gluteal region, posterior thigh, calf, and foot. Prolonged sitting, forward bending, and walking aggravated the pain, whereas rest provided temporary relief.

The patient had no history of diabetes mellitus, hypertension, spinal trauma, previous lumbar surgery, or any other significant medical illness.

Clinical Examination

Table 1: General Examination

Parameter	Findings
Age	45 years
Gender	Male
Pulse	78/min
Blood Pressure	126/80 mmHg
Temperature	Afebrile

Local Examination

- Tenderness over the lumbosacral region
- Paraspinal muscle spasm
- Restricted lumbar forward flexion
- Antalgic gait

Table 2: Neurological Examination

Parameter	Findings
Straight Leg Raise (Right)	35°
Straight Leg Raise (Left)	80°
Sensory Examination	Mild hypoesthesia over the lateral aspect of the right calf
Motor Power	Grade 5/5 in both lower limbs
Deep Tendon Reflexes	Normal

Pain intensity on the Visual Analogue Scale was 8/10.

Table 3: Ayurvedic Assessment

Parameter	Findings
Diagnosis	Vata-Kaphaja Gridhrasi

IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429
Volume 6, Issue 4, July 2026
Impact Factor: 8.2

Dosha	Vata-Kapha
Dushya	Asthi, Majja
Srotas	Asthivaha, Majjavaha
Srotodushti	Sanga
Rogamarga	Madhyama

Samprapti:

According to Ayurveda, Gridhrasi develops due to the indulgence in Nidana Sevana such as excessive physical exertion, prolonged sitting, improper posture, lifting heavy weights, exposure to cold, and consumption of Vata- and Kapha-aggravating diet and lifestyle. These etiological factors lead to the aggravation of Vata Dosha, often associated with Kapha Dosha, resulting in Avarana (obstruction) of the normal movement of Vata. The aggravated Kapha causes Srotorodha (obstruction of channels), particularly affecting the Asthivaha and Majjavaha Srotas, thereby impairing the nourishment and normal functioning of the lumbosacral region and lower limb.

The obstructed and aggravated Vata then produces characteristic symptoms of Gridhrasi, including Ruk (radiating pain), Stambha (stiffness), Toda (pricking sensation), Tingling (Muhuspandana), difficulty in walking, and restricted Straight Leg Raise (SLR) due to involvement of the lumbosacral nerve pathway. Thus, the combined pathology of Vata Prakopa and Kapha-induced Srotorodha results in the clinical manifestation of Vata-Kaphaja Gridhrasi, which closely resembles sciatica in contemporary medicine.

Therapeutic Intervention

The patient underwent an integrated Ayurvedic treatment protocol for 21 consecutive days.

Table 4: Panchakarma Procedures

Procedure	Medicine	Duration	Frequency
Abhyanga	Mahanarayana Taila	20 minutes	Daily
Nadisweda	Medicated steam	15 minutes	Daily
Kati Basti	Mahanarayana Taila	30 minutes	Daily
Yoga Basti	Classical schedule	8 days	As per protocol

Table 5: Internal Medications

Medicine	Dose	Frequency	Duration
Yogaraja Guggulu	2 tablets	Twice daily	21 days
Rasnasaptaka Kwatha	40 mL	Twice daily before meals	21 days
Dashamoola Kwatha	40 mL	Twice daily	21 days
Eranda Taila	10 mL with warm milk	At bedtime	21 days

Diet and Lifestyle Advice

The patient was advised to consume warm, freshly prepared, easily digestible food and avoid cold, dry, and heavy meals. Prolonged sitting, heavy lifting, and excessive forward bending were restricted. Gentle stretching exercises and walking were initiated after reduction in pain, along with advice to maintain proper posture during daily activities.

Results

Clinical assessment performed after completion of therapy demonstrated marked improvement in pain, mobility, and functional capacity.

Table 6: Clinical assessment

Parameter	Before Treatment	After 21 Days
Visual Analogue Scale	8	2

IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429
Volume 6, Issue 4, July 2026
Impact Factor: 8.2

Straight Leg Raise (Right)	35°	80°
Walking Distance	50 m	800 m
Lumbar Forward Flexion	Restricted	Near normal
Tingling Sensation	Present	Absent
Sleep Disturbance	Present	Resolved

The patient showed substantial reduction in pain and stiffness, complete resolution of tingling sensation, significant improvement in lumbar flexibility and walking distance, and was able to perform routine daily activities comfortably. No adverse events or complications were observed during the treatment period. This favorable clinical outcome indicates the potential effectiveness of integrated Ayurvedic management in patients with Gridhrasi (sciatica).

Patient Consent

Written informed consent was obtained from the patient for publication of this case report while maintaining confidentiality.

Discussion

Gridhrasi is a Vata Nanatmaja Vyadhi in which aggravated Vata Dosha, either alone or associated with Kapha Dosha, affects the lumbosacral region and lower limb, producing characteristic symptoms such as radiating pain, stiffness, tingling sensation, restricted movement, and difficulty in walking. In Vata-Kaphaja Gridhrasi, Kapha contributes to Srotorodha (obstruction of channels), which further aggravates Vata and intensifies pain and functional impairment. Clinically, these manifestations closely resemble sciatica caused by irritation or compression of the lumbosacral nerve roots.

The present case demonstrated significant clinical improvement following a comprehensive Ayurvedic treatment protocol comprising Panchakarma procedures, internal medications, dietary modifications, and lifestyle advice. After 21 days of treatment, the patient showed a marked reduction in pain intensity, improvement in Straight Leg Raise (SLR), restoration of lumbar mobility, complete resolution of tingling sensation, and a substantial increase in walking distance, indicating improved functional status and quality of life.

From an Ayurvedic perspective, the therapeutic effect can be attributed to the combined actions of Snehana, Swedana, and Basti Karma. Abhyanga with Mahanarayana Taila provides external oleation that pacifies aggravated Vata Dosha, improves local blood circulation, relieves muscle spasm, and nourishes the muscles and connective tissues. Nadisweda induces therapeutic sudation, reducing stiffness, improving tissue flexibility, and facilitating pain relief by relieving muscular tension and improving circulation. Kati Basti allows prolonged retention of warm medicated oil over the lumbosacral region, promoting deeper tissue nourishment, reducing local inflammation, and improving spinal mobility.

Among all Panchakarma procedures, Basti is regarded as the most effective treatment for Vata disorders because of its systemic action on Vata Dosha. Yoga Basti not only alleviates pain and stiffness but also helps restore normal neuromuscular function by correcting the underlying Dosha imbalance. The combined use of local and systemic therapies may have contributed to the rapid clinical improvement observed in this patient.

The internal medications further complemented the Panchakarma procedures. Yogaraja Guggulu is traditionally indicated for chronic Vata disorders and has demonstrated analgesic and anti-inflammatory properties. Rasnasaptaka Kwatha is widely used in musculoskeletal disorders for reducing pain, inflammation, and stiffness, while Dashamoola Kwatha exhibits anti-inflammatory, antioxidant, and Vata-pacifying activities. Eranda Taila facilitates Vatanulomana, relieves constipation if present, and is traditionally recommended in Gridhrasi for reducing pain and improving lower limb function.

From a biomedical perspective, heat therapy, massage, and localized oil retention may improve tissue perfusion, reduce muscle spasm, enhance soft tissue extensibility, and decrease mechanical irritation around the affected nerve root. The observed improvement in SLR angle from 35° to 80° suggests a reduction in nerve root irritation and improved

IJARSCT
International Journal of Advanced Research in Science, Communication and Technology
International Open-Access, Double-Blind, Peer-Reviewed, Refereed, Multidisciplinary Online Journal
ISSN: 2581-9429
Volume 6, Issue 4, July 2026
Impact Factor: 8.2

flexibility of the posterior chain. The substantial reduction in pain and restoration of walking ability indicate that the integrated Ayurvedic approach may provide effective conservative management in selected patients with sciatica.

Although this report demonstrates encouraging clinical outcomes, it represents a single case and therefore has limited generalizability. Further randomized controlled trials with larger sample sizes, standardized treatment protocols, objective imaging findings, and long-term follow-up are necessary to establish the efficacy and safety of Ayurvedic interventions in the management of Gridhrasi.

II. CONCLUSION

The present case demonstrates that an integrated Ayurvedic treatment protocol comprising Panchakarma procedures, internal medications, and appropriate lifestyle modifications can effectively manage Gridhrasi (Sciatica). The patient experienced substantial reduction in pain, improvement in Straight Leg Raise, restoration of lumbar mobility, complete resolution of tingling sensation, and significant enhancement in walking ability and daily functional activities without any adverse effects. These findings suggest that Ayurvedic management may serve as a safe and effective conservative treatment option for Gridhrasi. However, larger well-designed randomized controlled clinical studies with long-term follow-up are required to validate these observations and establish evidence-based therapeutic recommendations.

Conflict of Interest

The authors declare no conflict of interest.

REFERENCES

1. Agnivesha. Charaka Samhita, Chikitsa Sthana, Chapter 28.
2. Sushruta. Sushruta Samhita, Nidana Sthana.
3. Vagbhata. Ashtanga Hridaya, Nidana Sthana.
4. Singh S, Chaudhari VR, Ganbote P. A Pain Management through Ayurveda (Viddha Karma) in Gridhrasi (Sciatica): A Case Report. Asian Pac J Health Sci. 2022.
5. Vishwakarma N, et al. Ayurvedic management of Gridhrasi (Sciatica): A Case Report. J Ayurveda Integr Med Sci. 2024.