

AYURVEDIC MANAGEMENT OF *GRIDHRASI* W.S.R. TO SCIATICA THROUGH *SHAMPAKADI NIRUHA BASTI* WITH ORAL ADMINISTRATION OF *AABHADI CHURAN*-A CASE STUDY

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ABSTRACT

Gridhrasi is a commonly encountered musculoskeletal disorder characterized by radiating pain, stiffness, numbness, and paresthesia affecting one or both lower limbs. Owing to its similarity in clinical presentation, *Gridhrasi* can be closely associated with sciatica, a condition resulting from compression or irritation of the sciatic nerve or its nerve roots, most frequently at the L4–L5 and L5–S1 levels. Sciatica predominantly impacts individuals during their productive years, often leading to significant impairment in daily activities and occupational performance. Conventional conservative management typically provides temporary relief and is frequently accompanied by recurrence of symptoms. This case report presents a 40-year-old male patient who reported severe low back pain of a sharp, radiating nature extending to the bilateral lower limbs up to the calf region of right leg and upto thigh region of left leg, accompanied by numbness, tingling sensations, pricking sensation and difficulty in maintaining prolonged sitting, particularly during office work. The patient was managed with *Shampakadi Niruha Basti* therapy in combination with oral *Aabhadi Churan* for a period of 16 days. Clinical assessment following the intervention revealed marked improvement in both subjective and objective parameters, including Straight Leg Raise (SLR) test, Flip test, Lasague's sign, Visual Analog Scale (VAS) score for pain, as well as reductions in numbness, pricking sensation, and tingling sensations. The therapeutic intervention resulted in significant symptomatic relief and demonstrated sustained benefits by reducing the likelihood of recurrence. These findings suggest that *Shampakadi Niruha Basti* may aid in alleviating neuromuscular discomfort and enhancing functional stability of the lower back, thereby highlighting its potential as an effective Ayurvedic modality in the management of *Gridhrasi* (Sciatica).

KEYWORDS: *Gridhrasi*, *Shampakadi Niruha Basti*, Sciatica, *Aabhadi Churan*.

INTRODUCTION

Gridhrasi is a well-recognized *Nanatmaja Vatavyadhi*^[1] described in Ayurvedic literature, primarily presenting with radiating pain that originates from the gluteal region and extends sequentially through the lower back, thigh, knee, calf, and foot.

Epidemiological data indicate that approximately 10–40% of the Indian population is affected by this condition.^[2] This substantial prevalence underscores the

urgent need for focused research in this area, particularly to explore and establish safe, effective, and sustainable treatment strategies for its management.

The term “*Gridhrasi*” is derived from *Gridhra* (vulture), reflecting the distinctive gait adopted by affected individuals due to intense pain, stiffness, and restricted mobility. Classical features include pain (*Ruk*), pricking sensation (*Toda*), stiffness (*Stambha*), intermittent tingling (*Muhuspananam*), heaviness (*Gaurava*),

numbness (*Supti*), and pulsatory sensations along the involved regions: (*Sphik*), lower back (*Kati*), buttocks (*Prishtha*), thighs (*Uru*), knees (*Janu*), calves (*Jangha*), and feet (*Pada*)^[3] significantly impairing routine activities.

Clinically, *Gridhrasi* closely resembles sciatica in modern medicine. Sciatica, in contemporary medicine, is recognized as a clinical condition mainly marked by pain that begins in the lower back and extends down one leg, and in some cases both legs, reaching as far as the foot. It is commonly caused by compression or irritation of the sciatic nerve or the associated nerve roots, especially at the L5–S1 level.^[4]

The pathogenesis of *Gridhrasi* is primarily attributed to aggravated *Vata Dosha*, either alone (*Vataja*) or in combination with *Kapha Dosha* (*Vata-Kaphaja*).^[3]

Ayurveda advocates a comprehensive treatment strategy involving *Shodhana* and *Shamana* therapies aimed at balancing *Vata Dosha*. Among these, *Basti Karma*^[5] is considered the most effective intervention for *Vata* disorders, as it directly influences the primary site of *Vata*. *Shampakadi Niruha Basti*: mentioned by *Acharya Sushruta*,^[6] is specifically indicated for conditions involving pain in the back, thighs, and sacral region, and is known for its *Vata*-pacifying and strengthening effects, is chosen. Additionally, *Anuvasana Basti* with *Murchita Tila Taila Murchita Tila Taila* due to its “*Marutaghna* and *Na Cha Sheleshma Vardanam*” properties.^[7] Along with this, a *Shamana Yoga* known as *Aabhadi Churan* described in *Yogaratanakara*^[8] for the treatment of *Gridhrasi* has been selected. It contains ingredients that possess *Vata*-pacifying properties and exhibit *Ushna Veerya* (hot potency), making it effective in managing disorders caused by aggravated *Vata* (*Vataja Vyadhi*).

This study aims to evaluate the therapeutic efficacy of *Shampakadi Niruha Basti* along with *Aabhadi Churan* in the management of *Gridhrasi*, with outcomes assessed based on symptomatic relief and functional improvement.

MATERIALS AND METHODS

AIM AND OBJECTIVE: To evaluate the effect of *Shampakadi Niruha Basti* and *Aabhadi Churan* in the management of *Gridhrasi*.

CASE REPORT

Chief Complaints: A 40-year-old male patient presented to MC DAV Hospital Jalandhar (OPD Number-2515097) with severe low back pain of a sharp and radiating nature, extending to the calf region of the right leg and to the thigh region of the left leg (R>L), associated with difficulty in prolonged sitting particularly during office work. Further evaluation revealed the presence of stiffness in b/l legs. Along with numbness, tingling sensation over thigh region of left leg, and pricking sensations on calf region of left leg.

History of Present Illness

According to the patient, he was apparently healthy until 1 year before the present episode, when he developed acute low back pain following a sudden jerking movement while shifting a bed at home. The pain was severe and sharp, gradually radiating to both lower limbs (right more than left), extending to the right calf and left thigh.

Prolonged sitting due to his sedentary office work significantly worsened the discomfort. Over time, the pain persisted and was associated with stiffness, numbness, tingling in the left thigh, and pricking sensations in the left calf. Symptoms were aggravated by prolonged sitting, exertion, and sustained posture, with partial relief on rest, after temporary relief from treatment at various medical facilities and recurrence of symptoms, he presented to MC DAV Hospital, Jalandhar for further evaluation and management.

History of Past Illness: No H/O T2DM/HTN/Thyroid disorders/Kochs etc.

Family History: Nothing significant

Personal History: Sleep: Disturbed due to pain, Bowel: Regular, Appetite: Reduced, Urine: Normal

Treatment History: Lyser-d, Zerodol-MR, Etoricoxib.

General examination

- B.P. – 110/70 mm Hg
- PR - 80/Min
- R.R. - 16/Min
- Height - 5 feet 10 inches
- Weight - 72 kg
- Temperature - Afebrile
- Edema / lymphadenopathy / pallor / icterus / clubbing / cyanosis - absent.

Systemic examination

- **R.S.-** The trachea is centrally positioned, with normal breath sounds and adequate bilateral air entry on auscultation.
- **CVS** - S1 S2 normal, no murmur
- **P/A** - Soft, non-tender, no organomegaly
- **CNS** -The patient is fully conscious, well oriented to time, place, and person, with all cranial nerves intact.

Musculo-skeletal system

Inspection

- Antalgic Gait.
- Difficulty in walking and sitting,
- Posture is tilted towards left side.

Palpation

- Tenderness over L4, L5, and S1, level,
- Stiffness in bilateral thigh and calf region and paraspinal muscles of low back region.
- Swelling / Deformity – Absent.

Range of Movement of Lumbar Spine

- Forward flexion – Limited to 30 cm above ground
- Extension limited to 10° with pain
- Right lateral flexion is limited to 15° with pain
- Left lateral flexion is limited to 15° with pain

SLR test (active) Positive at 30° on the right leg. And 60° of left leg.

Lasegue's Sign-Positive of b/l Legs,

Flip Test-Positive of b/l legs.

Assessments**Investigations**

- Hb -12.8 gm%
- E.S.R. - 13 mm/hr
- Platelets- 2.40 lakhs/cmm

- FBS - 92 mg/dl

MRI LS Findings

1. L4-5 and L5-S1 discs shows disc desiccation.
2. L4-L5 Level shows diffuse disc bulge with bilateral foraminal disc protrusion indenting the thecal sac and bilateral exiting L4 Nerve roots causing bilateral neural foraminal narrowing. Residual canal diameter measures 10.5mm.
3. L5-S1 level shows central and right paracentral disc extrusion indenting the thecal sac and bilateral traversing S1(R>L) nerve roots causing severe secondary canal narrowing. Residual Canal diameter measures 3mm.
4. There are anterior osteophytes seen at lower lumbar level



Table No. 1: Ashthavidha Pariksha.

<i>Nadi</i>	<i>Vata Pradhana Kapha Anubandhi</i>
<i>Mala</i>	<i>Saam</i>
<i>Mutra</i>	<i>Samanya</i>
<i>Jihva</i>	<i>Nirlipta</i>
<i>Sparsha</i>	<i>Sama Sheetoshana</i>
<i>Shabda</i>	<i>Prakrita</i>
<i>Drika</i>	<i>Pittabh Shweta</i>
<i>Akariti</i>	<i>Madhyam</i>

Table No. 2: Dasahavidha Pariksha.

<i>Prakriti</i>	<i>Vata-Kaphaja</i>
<i>Vikriti</i>	<i>Vata-Kaphaja</i>
<i>Sara</i>	<i>Rakta Sara</i>
<i>Samhanana</i>	<i>Madhyam</i>
<i>Pramana</i>	<i>Madhyam</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Satmya</i>	<i>Vyomishra</i>
<i>Ahara Shakti</i>	<i>Abhyavaharanashakti: Madhyam Jaranashakti: Avara</i>
<i>Vyayama Shakti</i>	<i>Madhyam</i>
<i>Vaya</i>	<i>Madhyam</i>

Diagnosis- *Vata-Kaphaj Gridhrasi*

Therapeutic Intervention

<i>Basti</i>	Dose	Duration	Time
<i>Shampakadi Niruha Basti</i> ^[6]	480ml once a day	6 days	<i>Abhakta (Pratah Kala)</i>
<i>Anuvasan Basti with Murchita Til Taila</i> ^[7]	80ml once a day	10 days	<i>Adhobhakta</i>

<i>Shaman Yog</i>	Dose	Duration	Time
<i>Aabhadi Churan</i> ^[8]	5gm twice a day with Luke warm water	16 Days	<i>Adhobhakta</i>

Kala Basti schedule consisting of 16 number of *Basti* in which first *Basti* was *Anuvasan Basti* (oil enema) followed by 6 *Niruha Basti* (decoction enema) and 6

Anuvasan Basti alternatively and lastly 4 *Anuvasan Basti* were administered.^[9]

Day	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8
<i>Basti</i>	A	N	A	N	A	N	A	N

Day	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16
<i>Basti</i>	A	N	A	N	A	A	A	A

A-*Anuvasan* (oil enema) N-*Niruha* (decoction enema)

Assessment Criteria: Assessment of cardinal signs and symptoms of *Gridhrasi*^[3]

S.No	Parameters	Grading	Score
1.	<i>Toda</i> (Pricking sensation)	No pricking sensation Mild pricking sensation Moderate pricking sensation Severe pricking sensation	0 1 2 3
2.	<i>Deha Vakra</i> ^[10] (Abnormal body posture)	No abnormality in posture Mild abnormality in posture Moderate abnormality in posture Severe abnormality in posture	0 1 2 3
3.	<i>Suptata</i> (Numbness)	No numbness Mild numbness lasts for 2-3hrs Moderate numbness for 3-6hrs Severe numbness > 6hours	0 1 2 3
4.	<i>Stambha</i> (Stiffness)	No stiffness Mild stiffness for 10-30 mins Moderate stiffness for 30-60min Severe stiffness for >1 hr	0 1 2 3
5.	<i>Aruchi</i> (Anorexia)	Normal taste in food, feeling to eat food in time <i>Anannabhilasha</i> - not feeling to take food even if hungry <i>Bhaktadvesha</i> - irritability to touch, smell, seeing and listening about food <i>Abhaktachanda</i> -Aversion to food because of anger, stress etc.	0 1 2 3
6.	<i>Gaurava</i> (Heaviness)	No feeling of heaviness Occasional feeling of heaviness not affecting the normal movements Feeling of heaviness affecting the normal movements Feeling of heaviness throughout the day totally hampering normal movements.	0 1 2 3

Clinical Assessment Criteria and Scoring Pattern Adopted for Sciatica

S.NO.	PARAMETERS	GRADING	SCORE
1.	SLR ^[11]	Range of movement > 90 degrees 90 - 71 degree 70 - 51 degree 50 - 31 degree Up to 30 degrees	0 1 2 3 4
2.	FLIP TEST ^[12]	Negative Positive	0 1

3.	LASEGUE'S SIGN ^[13]	Negative Positive	0 1
4.	VAS ^[14]	No Pain (0) Mild Pain (1-3) Moderate Pain (4-6) Severe Pain (7-9) Unbearable (10)	0 1 2 3 4
5.	OSWESTRY DISABILITY INDEX ^[15]	Minimal Disability (0-20%) Moderate Disability (21-40%) Severe Disability (41-60%) Crippled (61-80%) Bed bound or exaggerated (81-100%)	0 1 2 3 4

ASSESSMENT FREQUENCY

The patient was assessed on Day 0 (At the time of enrolment of the patient), Day 8 (Midway through the

course of treatment), Day 16 (At the end of treatment), Day 30 (1st follow up after 2 weeks), Day 60 (2nd follow up after 6 weeks).

ASSESSMENT CRITERIA

Clinical Assessment of *Gridhrasi* Based on Classical Signs and Symptoms

ASSESSMENT CRITERIA	DAY 0	DAY 8	DAY 16	DAY 30	DAY 60
TODA (Pricking sensation)	3	2	1	0	0
DEHA VAKRATA (Abnormal body posture)	2	2	1	1	0
SUPTATA (Numbness)	3	2	1	1	0
STAMBHA (Stiffness)	3	3	2	1	0
ARUCHI (Anorexia)	2	2	1	0	0
GAURAVA (Heaviness)	3	2	1	1	1
TOTAL SCORE	16	13	7	4	1

Clinical Assessment Parameters and Scoring System in Sciatica

ASSESSMENT CRITERIA	DAY 0		DAY 8		DAY 16		DAY 30		DAY 60	
	R	L	R	L	R	L	R	L	R	L
STRAIGHT LEG RAISE TEST	4	2	3	2	1	1	1	1	1	1
FLIP TEST	1	1	1	1	0	0	0	0	0	0
LASEGUE'S SIGN	1	1	1	1	0	0	0	0	0	0
VAS	3		2		1		1		0	
OSWESTRY DISABILITY INDEX	3		2		1		1		1	
TOTAL SCORE	16		13		4		4		3	

RESULTS

The patient was able to perform daily activities comfortably, with no relapse of symptoms observed. His gait returned to normal, and the range of motion became painless and comfortable. Subjective and objective outcomes, including the Oswestry Disability Index, were assessed before and after treatment. Post-treatment findings showed significant improvement in pain, functional mobility, and overall physical performance.

DISCUSSION

The patient showed marked recovery from all presenting complaints, as confirmed by clinical findings and follow-up assessment. Following the intervention, there was a progressive and consistent reduction in pain, stiffness,

and numbness, with pain scores showing a marked decline from baseline values. Improvement became noticeable during the early phase of treatment and continued steadily, leading to near-complete resolution of symptoms by the end of the intervention period.

The patient was able to resume routine daily activities without discomfort or limitation, indicating substantial functional improvement and restoration of mobility. During the two-month follow-up period, he remained completely symptom-free, with no evidence of recurrence. No adverse effects or treatment-related complications were reported, and adherence to the prescribed therapy was satisfactory throughout the course of management.

This sustained clinical stability highlights the effectiveness and safety of the treatment, suggests a favorable prognosis, and reflects a considerable improvement in the patient's overall quality of life and functional well-being.

CONCLUSION

The present study demonstrates that the combined use of *Shampakadi Niruha Basti* and *Aabhadi Churan* is an effective and holistic treatment for Sciatica. The therapy provided early relief from radiating pain, numbness, and heaviness, followed by gradual improvement in stiffness, tingling, and mobility. *Shampakadi Niruha Basti* helped reduce the underlying pathology and provided rapid symptomatic relief, while *Aabhadi Churan* improved metabolism and helped prevent recurrence. Compared with long-term NSAIDs and corticosteroids, this *Ayurvedic* protocol appears to be a safe, non-invasive, and promising alternative for managing *Gridhrasi*.

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