



ROLE OF PANCHAKARMA IN VATAKAPHAJA GRIDHRASI: A CASE -BASED INSIGHT

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ABSTRACT

Introduction: *Gridhrasi*, a condition described under *Vataja Nanatmaja Vikara*, is characterized by a vulture-like gait due to stiffness and severe discomfort in the low back and legs. Symptoms vary based on *Dosha* predominance, with *Vataja Gridhrasi* presenting sharp pain and stiffness radiating from the lower back to the foot, and *Vata-Kaphaja Gridhrasi* exhibiting additional signs like heaviness, drowsiness, and loss of appetite. Commonly linked to sciatica in modern medicine, *Gridhrasi* significantly impacts daily life and mobility, emphasizing the need for effective management. **Methods:** A 40-year-old male patient employed as a driver presented to the *Panchakarma* OPD of Sri Jayendra Saraswati Ayurveda College and Hospital, Nazarethpet, with pain radiating from the lower back to the left lower limb, heaviness, and numbness following a bike accident. This case report discusses the management of *Vata-kaphaja Gridhrasi*. Treatment involved initially *Kapha Avarana Chikitsa* followed by *Kevala Vata Chikitsa*, including *Panchakarma* procedures such as *Kadikizhi*, *Abhyanga*, *Svedana*, *Yoga Basti*, *Kati Basti*, and *Shamana Oushadhis*. **Results:** Over a 13-day treatment period, the patient exhibited significant improvement, including reduced pain, subsided stiffness,

numbness, enhanced walking ability, and overall better quality of life. A remarkable 70% overall improvement was observed, demonstrating the efficacy of the personalized treatment strategy. **Discussion:** This case demonstrates the potential of classical *Ayurvedic treatments*, particularly *Panchakarma* therapies, in managing challenging conditions like *Vata-kaphaja Gridhrasi*. The systematic approach of starting with *Rukshana*, *Rukshasnigdha*, and *Snigdha Brumhana* does *Samprapti Vighattana* by removing *Kapha avarana*, pacifying *Vata prakopa*, and nourishing *Dhatus*. This approach provides significant pain relief from symptoms and improved mobility, highlighting the effectiveness of personalized *Ayurvedic* treatment in managing complex conditions.

Keywords: *Abhyanga, Brumhana, Gridhrasi, Kadikizhi, Katibasti, Panchakarma, Rukshana, Sciatica, Shamana Oushadhis, Svedana, Vata-kaphaja Gridhrasi, Yogabasti.*

INTRODUCTION

Gridhrasi, classified among the 80 types of *Vataja Nanatamaja Vikara*¹, is named after vulture-like gait, marked by stiffness and discomfort while walking. Based on *Dosha* predominance, it is divided into *Vataja Gridhrasi* and *Vata-Kaphaja Gridhrasi*. *Vataja Gridhrasi* exhibits symptoms such as pricking pain, pulsations, and stiffness radiating from the *Sphik* (buttock) and *Kati* (lower back) to the *Uru* (thigh), *Janu* (knee), *Jangha* (calf muscle), and *Pada* (foot). When *Kapha* plays a role in *Samprapti*, additional signs like *Arochaka* (loss of appetite), *Gouravam* (heaviness), *Tandra* (drowsiness), *Aasya Praseka* appear. Other symptoms include body bending, joint numbness, and difficulty elevating the leg (*Sakthi Utkshepa Nigraha*), which correlates with the straight leg raising test used in sciatica diagnosis.

Sciatica, a debilitating condition caused by sciatic nerve root pathology, presents with pain and parasthesia along the nerve distribution, disrupting daily life due to its impact on the locomotor system. Globally, sciatica prevalence ranges from 1.6% to 43%, with lifetime incidence reported between 10% and 40% and annual incidence in India between 1% and 5%. Contributing factors include poor posture, irregular diets, lack of sleep, and bumpy travel.

Low back pain, frequently associated with sciatica, is recognized as the fifth most common cause for hospitalization and the third leading reason for surgical procedures. In Ayurveda, *Gridhrasi* is classified as a *Kruchra Saadhya Vyadhi* (difficult to cure).

CASE REPORT

A 40-year-old married male, employed as a driver, presented to the Panchakarma OPD of Sri Jayendra Saraswati Ayurveda College and Hospital, Nazarathpet. The patient reported being in good health until two months prior when he slipped while riding a bike. Following the incident, he began experiencing persistent pain in the lower

back region, radiating to the left lower limb associated with heaviness and numbness in the calf muscle and foot, and also had abdominal distension with constipation since 2 days. He described the pain was worsening with prolonged sitting, walking, early morning, night, at rest and during episodes of coughing. Temporary relief was achieved through the administration of analgesic injections and heat application. Before seeking treatment at our facility, the patient had explored alternative therapies, but these interventions failed to provide lasting relief. By the recurring episodes of severe pain and its interference with his daily activities, the patient opted for hospital admission.

PAST HISTORY

N/K/C/O Diabetes Mellitus and Hypertension.

No any specific surgical history.

CLINICAL FINDINGS

TABLE 1: Details of General Examination

GENERAL EXAMINATION	
BP – 130/80 mmHg	Pallor - Absent
PR – 78/min	Edema - Absent
RR – 18/min	Clubbing - Absent
Temperature – 35.8°C	Lymphadenopathy - Absent
Height – 151 cm	Icterus - Absent
Weight – 62 Kg	Cyanosis - Absent
BMI – 27.2 kg/m ²	

TABLE 2: Details of *Ashtasthana Pariksha*

ASHTASTHANA PARIKSHA
<i>Nadi - Vatapitta</i>
<i>Mootra - Prakruta</i>
<i>Mala – Vitgraha (constipated)</i>
<i>Jihva – Lipta (coated)</i>
<i>Shabda - Prakruta</i>
<i>Sparsha - Anushnasheeta</i>
<i>Druk - Prakruta</i>
<i>Akruthi - Madhyama</i>

TABLE 3: Specific Examination and Investigations to Locomotor System

Inspection	Antalgic Gait Discomfort in walking and prolonged sitting No varicosities, No visible deformity
Palpation	Tenderness (Grade 2) at L3-L5 region and left sciatic notch.
	Muscle tone of Lower limb – Grade 2
	Muscle power of Lower limb – Grade 5
Range of movement of lumbar spine (ROM)	Forward flexion is limited to 60° with pain Extension is limited to 15° with pain Right lateral flexion is limited to 20° with pain Left lateral flexion is limited to 18° with pain
SLR Test (Passive)	Right – Negative Left – positive (50°)
SLR Test (Active)	Right – Negative Left – positive (45°)
Bragard's test	Right – Negative Left – positive (45°)
FABER'S Test	Positive on right & left leg
Radiological Investigations (MRI Lumbosacral Spine on 22 nd Oct 2024)	Mild Lumbar Spondylosis noted. Partial Sacralization of L5- Lumbosacral transitional vertebra. Minimal reduction in L4-L5 disc height noted with mild posterior diffuse asymmetrical disc osteophyte complex bulge. Medium sized posterior left paracentral/ foraminal broad based protrusion. Narrowing the left lateral recess & neural foramina and significantly impinging the left L5 nerve root and abutting of right transverse L5 nerve root noted.

DIAGNOSIS – *Vatakaphaja Gridhrasi*

THERAPEUTIC INTERVENTIONS

TABLE 4: *Shamana chikitsa*

S no	Drugs	Dose	Time of administration	Anupana	Duration

1	<i>Rasnasapthaka Kashaya</i>	15 ml	Before food tid	30 ml warm water	13 days
2	Tab <i>Yogaraja Guggulu</i>	1 tab	Before food tid	<i>Kashaya</i>	13 days
3	<i>Vishatinduka Vati</i>	1 tab	After food tid	Warm water	13 days
4	Cap Palsineuron	1 tab	After food tid	Warm water	13 days
5	<i>Dashamoola Haritaki lehya</i>	1 tsp	Before food bd		13 days
6	<i>Panchakola Paneeya</i>	1 tsp in 1litre of water	<i>Muhurmuhur</i>		5 days

TABLE 5: *Bahya and Shodhana Chikitsa*

Sno	Type of <i>chikitsa</i>	Drugs	Duration																
1	<i>Kadikizhi</i>	<i>Kolakulathadi choorna</i> dipped in <i>Dhanyamla</i>	3 days																
2	<i>Sarvanga Abhyanga</i>	<i>Kottamchukkadi taila</i>	5 days																
3	<i>Patra Pottali Pinda Sveda</i>	<i>Kottamchukkadi taila</i>	5 days																
4	<i>Yoga Vasti</i>	<table><tr><td>Day 1</td><td>Day 2</td><td>Day 3</td><td>Day 4</td><td>Day 5</td><td>Day 6</td><td>Day 7</td><td>Day 8</td></tr><tr><td>A</td><td>N</td><td>A</td><td>N</td><td>A</td><td>N</td><td>A</td><td>A</td></tr></table>		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	A	N	A	N	A	N	A	A
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8											
	A	N	A	N	A	N	A	A											
<i>Vaitarana vasti</i>	<i>Guda</i> – 30 gm <i>Saindhava</i> – 10 gm <i>Sahacharadi Mezhukupaka</i> – 100 ml <i>Chincha Swarasa</i> – 50 ml <i>Erandamooladi Kashaya</i> – 100 ml <i>Dhanyamla</i> – 50 ml																		
<i>Anuvasana vasti</i>	<i>Sahacharadi mezhukupaka</i> -75 ml																		

5	<i>Shashtika Shali Pinda Sveda</i>	<i>Shashtika Shali, Ksheera, Balamoola Kashaya</i>	5 days
6	<i>Kati vasti</i>	<i>Kottamchukkadi taila+ shallaki liniment</i>	5 days
7	<i>Matra vasti</i>	<i>Guggulutiktaka Ghrita – 70 ml</i>	5 days

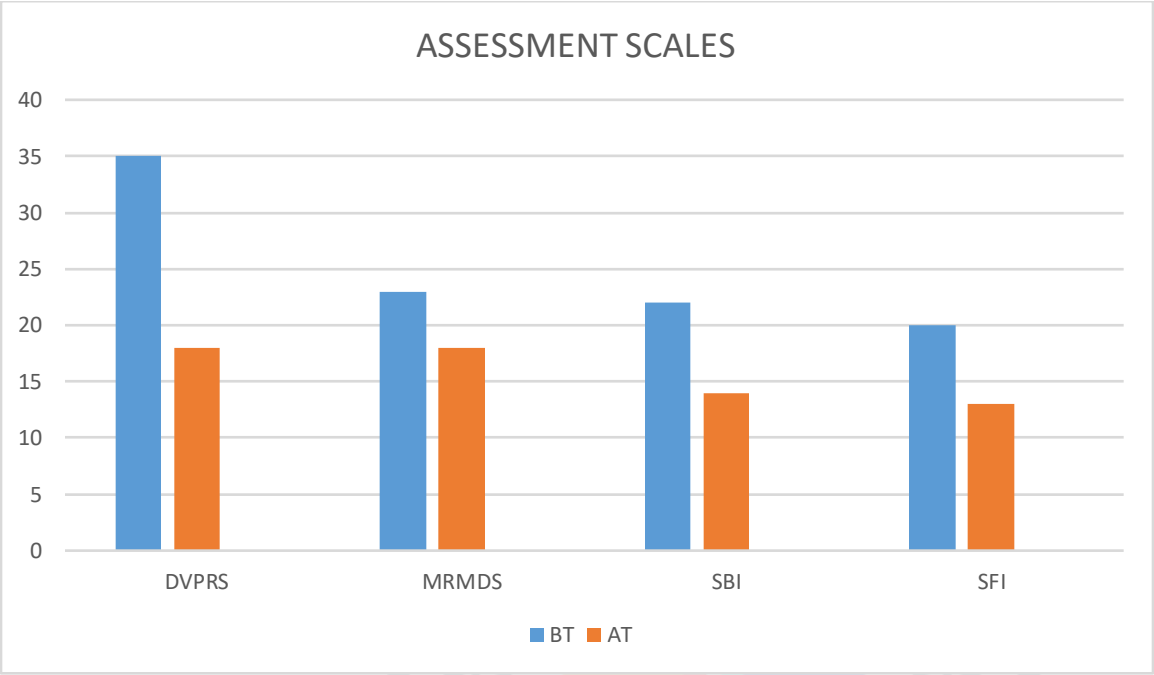
OBSERVATION AND RESULTS

By the end of 13 days of treatment, the patient had found a significant reduction in the lumbar pain, stiffness of the lower back region, numbness and heaviness. The range of movement of the spine was improved well allowing him to perform his daily activities with ease. The patient got 70% symptomatic relief. No radiological investigation was carried out after the completion of therapy. The subjective and objective criteria were assessed before and after treatment. The timeline of clinical findings (assessment parameters) is portrayed in table 5.

TABLE 6: Details of Assessment parameters before and after treatment

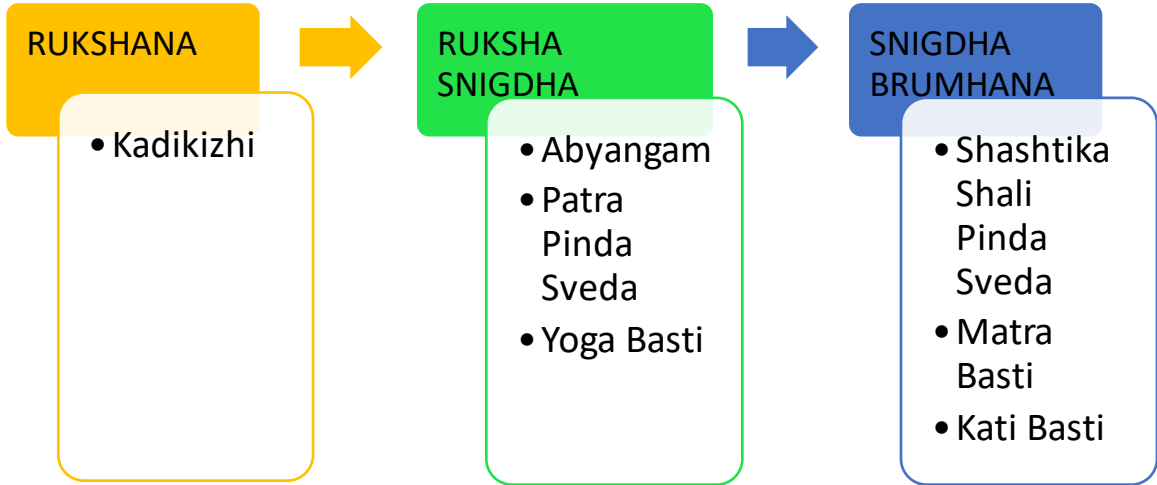
S. No.	Assessment Parameters	Before Treatment	After Treatment
1.	Defense Veterans Pain Rating Scale	35/40	18/40
2.	Modified Roland Morris Disability Scale	23/24	18/24
3.	Sciatica Bothersomeness Index	22/24	14/24
4.	Sciatica Frequency Index	20/24	13/24
5.	ROM of Lumbar Spine		
	Flexion	Possible with pain at 60°	Possible with pain at 80°
	Extension	Possible with pain at 15°	Possible with pain at 18°
	Right Lateral Flexion	Possible with pain at 20°	Possible with pain at 25°
	Left Lateral Flexion	Possible with pain at 18°	Possible with pain at 25°
6.	SLR test (Passive)		
	Right leg	Negative at 80°	Negative at 80°
	Left leg	Positive at 45°	Positive at 70°
7.	SLR test (Active)		
	Right leg	Negative at 80°	Negative at 80°
	Left leg	Positive at 50°	Positive at 72°
8.	Bragards test		
	Right leg	Negative at 80°	Negative at 80°
	Left leg	Positive at 45°	Positive at 60°

9.	FABER test		
	Right leg	+ve	+ve
	Left leg	+ve	+ve



DISCUSSION

Gridhrasi, a type of *Nanatmaja Vyadhi*, managed using *Vatavyadhi Chikitsa*, which typically begins with *Kapha Avarana Chikitsa*, followed by *Kevala Vata Chikitsa*. This treatment encompasses *Rukshana*, *Pachana*, *Deepana*, *Snehana*, and *Svedana* therapies. In a specific case, treatment commenced with *Rukshana*, followed by a combination of *Ruksha Snigdha* and *Snigdha Brumhana*, aiming to alleviate symptoms, restore balance, and ensure prolonged relief.



RUKSHANA KARMA

To eliminate *Kapha Avarana*, *Kadikizhi* was initially administered for *Rukshana karma*, utilizing *Kolakulathadi Choorna* and *Dhanyamla*. *Kolakulathadi Choorna*, possessing *Ushna*, *Ruksha*, *Laghu*, and *Tikshna* properties, performs *Amahara* and *Srotoshodhana*, effectively alleviating muscle stiffness, joint rigidity, and pain, particularly in musculoskeletal and inflammatory conditions. *Dhanyamla*, with its *Agnideepaka* and *Vata-Kaphahara* properties, enhances metabolism, circulation, and nutrient absorption, while its bio-enhancing capabilities facilitate deeper penetration of medicinal herbs. The synergistic combination of *Kolakulathadi Choorna* and *Dhanyamla* promotes mobility, cleanses channels, and amplifies the efficacy of herbal treatments.

RUKSHA SNIGDHA KARMA

Following *Avarana nirharatvam*, *Kevala Vata Chikitsa* was adopted to address the underlying *Vata* imbalance. To alleviate symptoms, *Snehana* and *Svedana* therapies were planned, comprising *Sarvanga Abhyanga* and *Patra Pinda Sveda*.

Sarvanga Abhyanga was performed with *Kottamchukkadi taila*, which possesses *Tikta* and *Katu rasa*, *Ushna veerya*, and *Vata-Kaphahara* qualities. It reduces stiffness, inflammation, and nerve compression by enhancing circulation and promoting muscle relaxation. Additionally, it nourishes tissues, strengthens muscles, and promotes *Srotoshodhana*². Subsequent to *Abhyanga*, *Patra Pottali Sveda*, a type of *Sankara Sveda*, was administered to pacify *Vata* without exacerbating *Kapha*. The *Snigdha* and *Ruksha gunas* of *Patra Pottali Sveda*, combined with its deep-penetrating *Ushna guna*, effectively alleviated pain, swelling, inflammation, and stiffness. This treatment successfully reduced nerve root compression and improved mobility, showcasing its *Vedanasthapana*, *Shothahara*, *Dhatuposhaka*, and *Vatahara* properties. *Abhyanga* and *Patra Pottali Sveda* facilitated the transformation of the *Doshas* into a *Klinnatva* (softened) and *Dravatva* (liquefied) state, thereby rendering them more susceptible to elimination³.

In the treatment of *Gridhrasi*, *Basti karma*, *Siravyadhana*, and *Agni karma* play a vital role. Given that *Gridhrasi* is a *Vata Vyadhi*, with *Pakvashaya* being the primary site for *Vata Dosha* accumulation, *Basti Karma* is considered the main line of treatment. *Basti Karma* possesses *Anekakarmakarakatvat* action, encompassing *Samshodhana*, *Samshamana*, and acting on the *Tridoshas*, *Samsarga*, and *Sannipataja Doshas*, making it an essential component of both *Ardha* and *Sarva Chikitsa*⁴. Considering these factors, *Yogabasti* was scheduled, incorporating *Vaitarana Basti* as *Niruha Vasti* and *Sahachardi Mezhugupaka* as *Anuvasana Basti* for 8 days. As per *Acharya Vangasena*, *Vaitarana Basti* is directly indicated in *Gridhrasi*, while *Acharya Chakradutta* highlights its efficacy in alleviating *Shula*, possessing *Amahara* and *Vata Hara* properties. As this *vasti* is more *ruksha* a slight modification has been adopted by increasing the dosage of *Sneha* and adding *erandamoola kashaya*. Other ingredients primarily exhibit *Ushna Virya* and *Kaphavatashamaka* properties, facilitating the clearance of *Marga Avarodha* caused by *Kapha* and restoring proper *Vata Gati*⁵. *Anuvasana Vasti*, administered

with *Sahacharadi mezhugupaka*, possesses *Ushna veerya* and *Kaphavatashamaka* properties, specifically addressing difficulty in walking.

BRUMHANA KARMA

To provide *Brumhana karma* (nourishment), *Shasthika Shali Pinda Sveda* and *Matra Basti* were adopted. *Shasthika Shali Pinda Sveda*, a type of *Snigdha Sveda*, possesses *Snigdha* (unctuous), *Guru* (heavy), *Sthira* (stable), *Sheeta* (cooling), *Tridoshaghna*, and *Brumhana* (nourishing) properties⁶.

Matra Basti was administered with *Guggulutiktaka Ghritha*, which contains *Guggulu* as the principal drug, combined with other *Tikta rasa pradhana dravyas*. This formulation acts as a *Srotoshodhaka*, relieving *Sroto Sanga*. The *Ghritha* in the formulation is *Sneha* (unctuous), *Madhura* (sweet), *Sheeta* (cooling), *Vata Hara*, *Deepana*, and provides *Tarpana* to the *Asthi Dhatu*. The other ingredients are *Balya* and possess *Sandhaaneeya* properties. Most of these ingredients are *Tikta rasa* and *Ushna guna*, which helps to reduce *Vata* and *Kapha*. As noted by *Acharya Vagbhata*, *Guggulutiktaka Ghritha* is specifically indicated for conditions involving "*Asthi-sandhi-majja gata prabala sameera*"⁷.

Kati Basti, a synergistic combination of *Snehana* and *Svedana*, effectively reduces *Stambha* (stiffness), *Gourava* (heaviness), and *Sheeta* (coldness). It relieves *Sthanika Vata* and offers *Brumhana karma* directly at the site of the cause. The thermal impact of *Kottamchukkadi taila* and *Shallaki* liniment induces vasodilation, enhancing blood flow to the affected area. This, in turn, stimulates the cell's local metabolism, promoting the healing process and facilitating the elimination of toxins⁸.

SHAMANA CHIKITSA

Internally, a combination of herbal remedies was administered to address the underlying imbalance of *Vata* and *Kapha* throughout the procedure. *Rasnasaptakam Kashaya*⁹ played a crucial role in pacifying aggravated *Vata* and removing *Kapha* blockages, thereby alleviating nerve pain and inflammation. This *Kashaya* harnesses properties such as *Vedanasthapaka*, *Shothahara*, *Srotoshodhaka*, *Deepana-Pachana*, and *Mutrala*.

*Yogaraja Guggulu*¹⁰ was administered to restore nerve function, and promote tissue regeneration. Its blend of *Deepana*, *Pachana*, and *Rasayana* herbs balances aggravated *Vata* and *Kapha*, while its *Rasayana* property supports long-term healing and mobility improvement.

*Vishatinduka Vati*¹¹ served as a potent neuro-muscular stimulant, balancing *Vata-Kapha*, relieving pain, stiffness, and inflammation, and modulating nerve function. It enhanced nerve conduction and prevented *Ama* formation, a key factor in nerve blockages and inflammation.

Cap Palsineuron provided additional support by pacifying aggravated *Vata*, reducing nerve pain, swelling, and spasms, and improving neuromuscular coordination and nerve healing.

*Dashamoola Haritaki Lehya*¹² complemented these remedies with its *Vata-Kapha Shamaka*, *Vedanasthapaka*, *Srotoshodhaka*, and *Deepana-Pachana* properties, aiding in improving nerve conductivity and overall function.

*Panchakola Choorna*¹³ relieved pain and stiffness through its *Vata-Kapha Shamaka*, *Vedanasthapaka*, and *Srotoshodhaka* properties, ensuring efficient metabolic cleansing and removal of microcirculatory obstructions. Its *Vatanulomana* property regulated *Apana Vayu*, relieving pressure on the sciatic nerve and restoring mobility.

CONCLUSION

Although *Gridhrasi* is considered a *Kricchra Sadhya Vyadhi* (difficult to cure), this case study demonstrates that it can be effectively managed with a tailored *Panchakarma* approach. Treatment began with *Rukshana* to address *Aavarana*, followed by *Ruksha Snigdha* and *Snigdha Brumhana* therapies. Subsequently, *Kevala Vata Chikitsa* was employed to target Vata imbalance. Over the 13-day treatment period, significant improvements were observed. The DVPRS score decreased substantially from 87% to 45%, indicating a marked reduction in symptom severity. Additionally, the patient's quality of life improved dramatically, rising from 9% to 42% by assessment of MRMD Scale. Clinically, the patient exhibited diminished stiffness and numbness, accompanied by improved walking ability. These enhancements collectively contributed to an overall 70% improvement, underscoring the effectiveness of the personalized treatment strategy has proven to be highly effective in managing *Vatakaphaja Gridhrasi*, offering a valuable therapeutic approach in such challenging cases.

REFERENCES

¹ Agnivesha, Charaka, Drudabala, Chakrapani. Sutra Sthana Chap 20 Verse 11. In: Acharya Y T (Edi.). Charaka Samhita Ayurveda Deepika Commentary. Reprint Edition 2013. Varanasi: Chaukhamba Krishnada Academy. p 113.

² Kumar, Tarun & Thakar, Anup. (2018). KOTTAMCHUKKADI TAILA: A THEORITICAL ANALYSIS. World Journal of Pharmaceutical Research. 7. 1967-1974. 10.20959/wjpr20189-12375

³ Sushruta, Dalhana, Gayadasa. Chikitsa Sthana Chapter 31 Verse 23. In: Acharya YT, Narayana Ram (Edi.). Sushruta Samhitha with Nibandhasangraha, Nyayachandrika Commentary. Reprint Edition 2017. Varanasi: Chaukhamba Sanskrit Sansthan

⁴ Sushruta, Dalhana, Gayadasa. Chikitsa Sthana Chapter 35 Verse 4. In: Acharya YT, Narayana Ram (Edi.). Sushruta Samhitha with Nibandhasangraha, Nyayachandrika Commentary. Reprint Edition 2017. Varanasi: Chaukhamba Sanskrit Sansthan p 525.

⁵ Nagalakshmi B, Vinaykumar K N. An Observational study to evaluate the effect of Vaitarana Basti in the management of Vatakaphaja Gridhrasi vis-à-vis Sciatica. J Ayurveda Integr Med Sci 2021; 1:73-79. <http://dx.doi.org/10.21760/jaims.6.1.10>

⁶ Krupa Parmar, Sangeeta H, Toshikhane, Rahul Rathore. Role of Shastika Shali Pinda Sweda in the Management of Pakshaghata AYUSHDHARA, 2024;11(6):170 - 174. <https://doi.org/10.47070/ayushdhara.v11i6.1745>

⁷ Dr Vani Panchamukhi: A Comparative Clinical Study to evaluate the Effect of Guggulutiktaka Ghrita Matra Basti and Brihatsaindhavadi Taila Matra Basti in Gridhrasi With Special Reference to Sciatica; VII(3): 2101-2112

⁸ C P Verma, Sushanta Kumar Sahoo. Scientific Understanding of Kati Basti and its Application in Sciatica (Gridhrasi). International Journal of Ayurveda and Pharma Research. 2022;10(3):79-82.<https://doi.org/10.47070/ijapr.v10i3.2314>

⁹ Vagbhata A, Murthy KRS, translator. Ashtanga Hridaya(Chikitsa Sthana 21/32-33). 1st ed. Varanasi: Chaukhambha Krishnadas Academy; 2012.

¹⁰ Sharma PV, editor. Bhaishajya Ratnavali (Amavata Chikitsa 26/41-50). 1st ed. Varanasi: Chaukhambha Orientalia; 2011.

¹¹ Sharma PV, editor. Bhaishajya Ratnavali (Vata Vyadhi Chikitsa 28/69-72). 1st ed. Varanasi: Chaukhambha Orientalia; 2011.

¹² Mishra S, editor. Bhaishajya Ratnavali (Vata Vyadhi Chikitsa 28/62-65). 1st ed. Varanasi: Chaukhambha Surbharati Prakashan; 2005.

¹³ Sharma PV, editor. Charaka Samhita (Sutra Sthana 3/26-29). 1st ed. Varanasi: Chaukhambha Orientalia; 2011.

