



AYURVEDIC MANAGEMENT OF GRIDHRASI PRESENTING AS CHRONIC LOW BACK PAIN WITH RADIATING SYMPTOMS: A CASE REPORT

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ABSTRACT:

Gridhrasi, described under Vātavyādhi in Ayurveda, closely resembles sciatica in modern medicine. It is characterized by radiating pain, stiffness, and difficulty in movement, primarily due to aggravated Vāta dosha. Conventional therapies often offer only temporary relief with potential side effects, whereas Ayurveda emphasizes root-cause correction using Vātahara approaches. A 26-year-old male presented with low back pain radiating to the left lower limb, with associated pricking pain (Toda), stiffness (Stambha), and difficulty in walking. He had a history of prolonged bike riding. The case was diagnosed as Vātaja Gridhrasi based on classical Ayurvedic symptoms. The patient was administered Punarnava Guggulu (500 mg BD orally) for 30 days and Gunja Beeja Lepa externally over the lumbosacral region for 7 days. Subjective symptoms and objective parameters, like the SLR test were assessed over 40 days. The patient showed significant improvement in Ruja (pain), Toda (pricking sensation), and Stambha (stiffness), with SLR improving from grade 3 (31°–50°) to grade 1 (>70°). The symptoms showed progressive relief by the 8th, 15th, and 31st days, with sustained benefits at follow-up on the 40th day. No adverse reactions were reported. The selected Vātahara regimen effectively alleviated symptoms of Gridhrasi. Punarnava Guggulu has anti-inflammatory and analgesic properties, along with the external Vedanāsthāpana effect of Gunja Beeja, synergistically reducing Vāta aggravation. The response supports Ayurvedic pathophysiology and therapy principles, particularly in neuromuscular disorders like sciatica. This case highlights the efficacy of a classical Ayurvedic protocol in managing Vātaja Gridhrasi, offering a safe, holistic, and sustainable alternative to conventional therapies. It underlines the potential of Ayurvedic interventions for broader application in musculoskeletal disorders when guided by proper diagnosis and clinical monitoring.

Keywords: Gridhrasi, Vātavyādhi, Punarnava Guggulu, Gunja Beeja Lepa.

INTRODUCTION:

Low back ache is one of the most common musculoskeletal disorders globally, affecting more than 80% of individuals at some point in life and ranking among the top contributors to years lived with disability ¹.

Sciatica is the pain along the sciatic nerves, which are the longest nerves in the body. The pain begins in the lower spine, passes through the buttock, down the back and side of the leg, into the foot and toes. Sciatica pain gets worsened with bending, twisting or coughing ². The lifting or bending result in one-third of all work-related causes of low back pain, affecting daily routine activities ³.

In Ayurveda, when such pain originates in the Kati Pradesha and radiates along the lower limb, it is classified under Vātavyādhi, particularly as Gridhrasi. According to classical texts, Gridhrasi is a condition characterized by Toda (pricking pain), Ruka (aching), Stambha (stiffness), and Spandana (twitching) that radiates from the Sphik (hip) through the Kati (lumbar region) and Uru (thigh), extending to the Janu (knee), Jangha (calf), and Pada (foot) ⁴.

The pathology involves vitiation of Vāta dosha, either independently or in association with Kapha, affecting the Snayu (ligaments), Kandara (tendons), and Asthi (bones) along the sciatic pathway. The ruksha (dry), chala (mobile), and laghu (light) qualities of Vāta predispose the individual to Gridhrasi, especially in the presence of aggravating factors like prolonged sitting or riding (e.g., excessive motorbike use), irregular diet, fasting, emotional stress, or exposure to cold and dryness ⁵.

Modern management of sciatica-like disorders typically involves NSAIDs, corticosteroids, or surgical interventions, which offer symptomatic relief but may be associated with side effects or recurrence. Ayurveda, on the other hand, provides a holistic and sustainable approach through Vatahara Chikitsa, emphasizing internal remedies, dietary regulations, and external therapies. In this context, Punarnava Guggulu, known for its Shothahara (anti-inflammatory) and Vatakaphahara properties, along with Gunja Beeja Lepa, an external application with analgesic action, offer effective management of Gridhrasi ^{6,7}.

This case study highlights the clinical management of such an approach in a young male patient presenting with classic features of Vātakaphaja Gridhrasi, thereby reaffirming the therapeutic relevance of classical Ayurvedic formulations in neuromuscular disorders.

CASE STUDY:

A 26-year-old male patient visited the Kayachikitsa OPD of BVVS Ayurved Medical College and Hospital, Bagalkote, with a primary complaint of persistent low back pain for the past year. Over the preceding two months, the pain had gradually started radiating to his left lower limb, associated with a pricking sensation, stiffness, occasional difficulty in walking, heaviness of leg and aversion to food. The pain worsened with prolonged sitting, backward bending, and at night, while it was relieved by lying down or applying cold compresses. The patient attributed the onset of symptoms to prolonged and excessive bike riding while patient was on the NSAIDs for long time.

Past history -

Patient is not K/C/O hypertension, diabetes, thyroid disorder.

Family history – nothing significant

H/O Consumption of alcohol on and off since 10 years, smoking regularly since 10 years

General examination-

Built – Hypersthenic

PICCLE- NAD

BP-130/70 mm Hg

PR- 78/min

Temperature- 98° F

ASTASTHANA PAREEKSHA:

1. Nadi	: Kaphapittaja	5. Shabdha	: Prakruta
2. Mala	: Prakruta	6. Sparsha	: Ushna
3. Mutra	: Prakruta	7. Drik	: Prakruta
4. Jivha	: Alpalipta	8. Aakriti	: Pravara

DASHAVIDHA PARIKSHA:

Prakriti	Kaphapittaja
Vikruti	Vatakapha
Sara	Madhyama
Samhanana	Madhyama
Pramana	Pravara
Satmya	Vyamishra
Satva	Madhyama
Ahara Shakti	Avara
Abhyavaharana Shakti	
Jarana Shakti	
Vyayama Shakti	Avara
Vaya	Madhyama

Systemic examination

CNS – Conscious, well oriented to time, place, person

CVS- S1, S2 heard, no added sounds

RS- Air entry bilaterally equal

PA- Soft, non tender, no organomegaly

Musculoskeletal examination of lumbar spine:

Inspection: Deformity – Absent

Swelling – Absent

Discolouration – Absent

Scar marks – Absent

Palpation: local Temperature – Raised temperature

Tenderness- Present over L4-L5 and L5-S1

Swelling – Absent

Lumbosacral Spine Movements:

Movement	
Flexion	Possible with pain
Extension	Possible with pain
Rotation	Possible with pain
Lateral Flexion	Possible with pain

Reflexes:

Knee Jerk	Right	Normal
	Left	Normal
Ankle Jerk	Right	Normal
	Left	Normal

SPECIAL TESTS:

1. SLR test

Left leg positive at 50°

Investigation: CT Spine (1/7/2025) L5-S1 there is loss of disc height with disc degeneration with posterior disc bulge impinging into spinal canal.

Samprapti Ghataka:

Dosha: Vatakapha

Dooshya: Rasa rakta, mamsa, asthi, sira, anayu, kandara

Agni: Jatharagni, dhatvagnimandya

Ama: Agnimandyajanya

Srotas: Rasavaha, asthivaha,

Srotodushti: Sanga,vimargagamana

Udbhava sthana: Pakvashaya

Sadhyaasadhyata: Krichrasadhyata

Sanchara sthana: Rasayani

Vyakta sthana: Kati,sphik,prishta

Roga marga: Madhyama

Vyadhi Swabhava: Chirakari

Assessment of parameters

Subjective Parameters ⁸

1) Ruk (Pain)

Grade 0	No pain
Grade 1	Occasional pain
Grade 2	Mild pain but no difficulty in walking
Grade 3	Moderate pain and slight difficulty in walking
Grade 4	Severe pain with severe difficulty in walking

2) Toda (Pricking Sensation)

Grade 0	No pricking sensation
Grade 1	Occasional pricking sensation
Grade 2	Mild pricking sensation
Grade 3	Moderate pricking sensation
Grade 4	Severe pricking sensation

3) Stambha (Stiffness)

Grade 0	No stiffness
Grade 1	Some times for 5-10 minutes
Grade 2	Daily for 10-30 minutes
Grade 3	Daily for 30-60 minutes
Grade 4	Daily more than 1 hour

4) Spandana (Twitching)

Grade 0	No twitching
Grade 1	Sometimes for 5-10 minutes
Grade 2	Daily for 10-30 minutes
Grade 3	Daily for 30-60 minutes
Grade 4	Daily more than 1 hour

5) Tandra (Drowsiness)

Grade 0	Absence
Grade 1	Mild
Grade 2	Moderate
Grade 3	Severe

6) Gourava (Feeling of Heaviness)

Grade 0	Absence
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Grade 1	Mild
Grade 2	Moderate
Grade 3	Severe

7) Aruchi (Aversion to Food)

Grade 0	Absence
Grade 1	Mild
Grade 2	Moderate
Grade 3	Severe

Objective Parameter ⁹

1) SLR test

Grade 0	Equal to or more than 90°
Grade 1	71° – <90°
Grade 2	51° – 70°
Grade 3	31° – 50°
Grade 4	Up to 30°

TREATMENT GIVEN: MATERIALS AND METHODS:

Aushadha	Matra	Route of Administration	Anupana	Kala
Punarnava Guggulu	500mg BD	Oral	Sukhoshna jala	After food For 30 days
Gunja Beeja Lepa	Qs	External Application	–	Morning For 7 days

RESULT:

Initially, the patient presented with Grade 3 pain, which reduced to Grade 1 by day 31 and remained the same during follow-up on day 40. Toda, which started at Grade 3, also showed similar improvement. Stambha reduced from Grade 2 to Grade 1 and remained stable. Gourava and Aruchi which started at Grade 1 also showed improvement to Grade 0 on Day 31. No signs of twitching, and drowsiness were observed throughout the course. The SLR angle improved from 31°–50° (Grade 3) to 71°–90° (Grade 1) over the 31-day period.

Significant symptomatic relief was observed from the 8th day onward, including reduction in Ruk from Grade 3 to Grade 1, Toda from Grade 3 to 1, Stambha from Grade 2 to Grade 1, Gourava from Grade 1 to Grade 0, Aruchi from Grade 1 to Grade 0 and improvement in SLR from Grade 3 (up to 50°) to Grade 1 (>70°).

Subjective Parameters:

Sl No	Complaints	Before treatment 1 st day	During treatment 8 th day	During treatment 15 th day	After treatment 31 st day	On F/U 40 th day
1	Ruja	Grade 3	Grade 2	Grade 2	Grade 1	Grade 1
2	Toda	Grade 3	Grade 2	Grade 2	Grade 1	Grade 1
3	Stambha	Grade 2	Grade 1	Grade 1	Grade 1	Grade 1
4	Spandana	Grade 0	Grade 0	Grade 0	Grade 0	Grade 0
5	Tandra	Grade 0	Grade 0	Grade 0	Grade 0	Grade 0
6	Gourava	Grade 1	Grade 1	Grade 1	Grade 0	Grade 0
7	Aruchi	Grade 1	Grade 1	Grade 1	Grade 0	Grade 0

Objective Parameters:

Parameters	B/T 1 st Day	During treatment 8 th day	During treatment 15 th day	A/T 31 th Day	F/U 40 th Day
SLR Test	Grade 3	Grade 2	Grade 2	Grade 1	Grade 1

DISCUSSION:

Gridhrasi is described under the umbrella of Vātavyādhi in Ayurveda and is characterized by hallmark symptoms such as Ruk (pain), Toda (pricking sensation), Stambha (stiffness), radiating pain from the Sphik (hip) to the Pada (foot) as signs of Vataja, Gourava (heaviness) and Aruchi (anorexia) as the signs of Kaphaja with a classic one-sided presentation⁹. The presented case aligns well with the Vātakaphaja type was noted. This vitiation of Vata and Kapha dosha can be linked to Nidana, such as excessive strain, notably the patient's long hours of bike riding, which is consistent with the Vata-prakopaka hetu, like Ati sheegrayana, Ati-vyayama (excessive fast riding or exertion).

According to Ayurvedic pathology (Samprapti), the vitiated Vata and anubandhi Kapha dosha localizes in the Kati-Pradesha and affects Snayu, Kandara, and Asthi dhatu, leading to Ruk, Toda, Stambha, Gourava and Aruchi symptoms, akin to the nerve compression features described in modern diagnoses of lumbar radiculopathy or sciatica¹⁰. A positive Straight Leg Raising Test (SLRT) confirmed the presence of nerve root irritation, commonly correlating to L4–L5 or L5–S1 intervertebral disc involvement in allopathic terms, thus aligning with the Ayurvedic explanation of Kandara, Sira involvement due to Vata vitiation.

The line of management in Vātakaphaja Gridhrasi follows the Vāta-kaphashāmaka principle Snehana, Swedana, Brīmhana, and the use of Vātakaphahara Aushadhis. In this case, Punarnava Guggulu mentioned in Bhavaprakash, is used for treating Gridhrasi,¹¹ was selected for its well-documented properties of Shothahara, Vedanasthāpana, Anulomaka and Vātakaphahara karma¹². Punarnava (Boerhaavia diffusa) not only has deepana and pachana properties but also exhibits diuretic and anti-inflammatory actions as established in pharmacological studies¹³. Guggulu (Commiphora mukul), on the other hand, is renowned for its Lekhana, Vishodhana, and Yogavahi actions, making it effective in pacifying aggravated Vata while also detoxifying the Srotas.

The external use of Gunja Beeja Lepa (Abrus precatorius) mentioned in Rasa Tarangini, is indicated in Gridhrasi,¹⁴ aligns with local Vātahara chikitsa, as it possesses Ushna and Tikshna gunas, ideal for pacifying localized Vata and stimulating Rakta and Mamsa dhatu to enhance circulation and reduce stagnation. The anti-inflammatory, analgesic and neuro protective actions of Gunja have been substantiated by experimental studies^{15,16}. Applying Gunja Beeja Lepa locally to pain-prone areas like the lumbar region can provide relief.

CONCLUSION:

The present case of Vātakaphaja Gridhrasi, correlating with sciatica in modern terms, demonstrates that classical Ayurvedic interventions rooted in Vāta and kaphahara Chikitsa can effectively manage radiating low back pain. The combination of Punarnava Guggulu a proven Vāta-Kapha hara formulation with anti-inflammatory and analgesic properties and Gunja Beeja Lepa, possessing Vedanāsthāpana (pain-relieving) and Vāta-pacifying action, provided significant improvement in both subjective and objective parameters.

The patient showed progressive recovery in pain, pricking sensation, stiffness, heaviness and aversion to food within 30 days, with improvement in the Straight Leg Raise (SLR) test as well. This highlights the importance of targeting Vātakapha vitiation at its root cause and treating it holistically through Aushadha (internal medicine) and Bahya Chikitsa (external therapy). The absence of adverse effects and sustained relief also reflects the safety and long-term utility of Ayurvedic formulations in managing chronic neuromuscular disorders.

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