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# An Ayurvedic management of *Gridhrasi* w.s.r. to Sciatica: A Case Study

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## ABSTRACT

*Gridhrasi* is a disease that mostly impairs a patient's ability to move around, something that is emphasized in the name. The afflicted leg of *Gridhrasi* illness is believed to have an unusual throwing motion as that of gait of Vulture. *Acharya Charaka* has described *Nanatmaja* and *Samanayaja Vatavyadhi*. *Gridhrasi* comes under both as it is caused by *Vata (Nanatmaja)* as well as *Kaphanubandhi Vata (Samanayaja)*. Based on its sites of manifestations and the symptoms, *Gridhrasi* is comparable to Sciatica in contemporary medicine. The lifetime incidence of this condition is estimated to be between 13% and 40%. **Case:** Present case study deals with a female patient 45 years old suffering from pain with tingling sensation in lower back region radiating to the posterior aspect of left lower limb for 6 months. On taking a detailed history and doing proper examinations patient was found to have *Vata-Kaphaja Gridhrasi*. **Treatment protocol:** Patient was given *Hingwashtak Churna, Karaskar Vati, Sahacharadi Kashaya* followed by *Panchakarma* therapies like *Shankar Sweda, Virechana, Basti, Agnikarma* and *Siravedha*. **Results:** After treatment, on symptomatic assessment and examinations, stiffness, tingling sensation and pain on pressure completely resolved with overall quality of life of patient was significantly enhanced. **Conclusion:** With proper *Panchakarma* therapies, drug interventions and diet control *Gridhrasi* can be managed successfully.

**Key words:** *Gridhrasi, Sciatica, Shamana Chikitsa, Panchakarma, Agnikarma*

## INTRODUCTION

In Ayurvedic classics '*Ekadasha Indriya*' has been mentioned among these '*Ekadasha Indriya*' *Padendriya Karmahani* occurs in *Gridhrasi*, leading to *Gridha*<sup>[1]</sup> (Vulture) like gait with *Vatanubandhi* symptoms like '*Stambha, Ruk, Toda, Graha* and *Spandana* in *Sphika, Kati, Prishtha, Uru, Janu, Jangha* and *Pada* in ascending

manner<sup>[2]</sup> and '*Sakthikshepa Nigraha*<sup>[3]</sup> i.e., restricted lifting of leg and in *Kaphanubandhi* symptoms like '*Tandra, Gaurava* and *Arochaka*' are also associated. *Gridhrasi* is a sharp shooting pain in the lower extremity resulting from irritation of the sciatic nerve and aggravated by movement of limbs.

Based on its sites of manifestations and the symptoms, *Gridhrasi* is comparable to sciatica in contemporary medicine. A group of symptoms known as sciatica, sometimes known as sciatic neuritis include pain that may be brought on by general compression or irritation of the sciatic nerve. And the only treatments for this illness are painkillers, surgery, physiotherapy, or bed rest, all of which can occasionally have several systemic side effects.

The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7.9% in non-working population.<sup>[4]</sup> It is most prevalent in people during their 40s and 50s and men are more commonly

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affected than women. Low back pain has been reckoned as fifth most common cause for hospitalization and the third most repeated reason for a surgical procedure.<sup>[5]</sup>

The need of the century is a medication that reduces pain, enhances functional capacity, recovers from functional handicap, and regulates the condition effectively without much economic burden since medical science has realized how serious the situation is. The likelihood of *Gridhrasi* is rising year by year as a result of sedentary lifestyles, increased computer use, increasing body weight, mental stress, demanding work schedules, and transportation practices. In the current context, all of these exacerbate bad posture, which is one of the primary causes of illnesses involving the spine and nerve compression. It is a fact that current technology, despite its recent advancements, is unable to provide efficient treatment for sciatica. *Ayurvedic* treatment principles has been found to be very much effective in the management of *Gridhrasi*, based on which a patient case study has been discussed here.

### AIM AND OBJECTIVE

To evaluate the effect of *Panchakarma* and *Shaman Chikitsa* in the management of *Gridhrasi*.

### CASE REPORT

It is a single case study. Informed consent was taken from the patient in her own language.

#### Patient Details

A 35 years old female patient reported at *Panchakarma* OPD of Government Ayurvedic Hospital, Patna in May 2024 the case details of which has been discussed here:

Marital Status - Married, Religion - Hindu, Occupation - Nursing Staff, Address: Patna Bihar, Registration No.- A21711/4712, D.O.A.- 01/05/2024, D.O.D.- 03/06/2024

#### Pradhana Vedana (Chief Complaints)

- Pain with stiffness and tingling sensation in lower back region radiating to the posterior aspect of left lower limb up to toe from last 6 months.

- The intensity of pain has increased from last 15 days.

#### Associated Complaints

- Unable to walk properly due to pain from 15 days.
- Pulling and piercing type of pain in lower back and left posterior thigh and calf region.
- Decreased appetite with feeling of heaviness from last 1 month.

#### Vedana Vruttanta (History of Present Illness)

Patient was apparently normal 6 months back. Gradually she started feeling piercing pain in lower back region which started radiating to posterior aspect of left lower limb within 7 days and due to the severity, she was not able to do her daily works properly. She consulted an allopathic doctor who prescribed her with medication and rest. The treatment gave her temporary relief, but pain recurred which was continuous in nature and used to aggravate after strenuous work later she also developed heaviness and anorexia. From last 15 days before she consulted the *Panchakarma* OPD of our hospital the pain and stiffness got much severe that she came to a stage where she was unable to do her household work also. Then she consulted the *Panchakarma* OPD of GACH, Patna where she was diagnosed as a patient of *Gridhrasi* and after one week of oral medication she got overall relief and for further improvement she got admitted in the *Panchakarma* IPD.

#### Purva Vyadhi Vruttanta (Past History)

No H/O T2DM/HTN/Thyroid disorders/Kochs etc.

**Kula Vyadhi Vruttanta (Family History)** - Nothing significant

**Shalyakarma Vruttanta (Surgical History)** - Tubectomy - 5 years earlier

**Prasava Vruttanta (Obstetrical History)** - G<sub>3</sub> P<sub>3</sub> A<sub>0</sub> L<sub>3</sub> D<sub>0</sub>.

**Menarche** - 15 years

#### Vyaktika Vruttanta (Personal History)

- **Ahara** - Mixed Diet, *Katu-Lavan rasa*, *Ruksha Ahara*, *Viruddha Ahara*, *Adhyasana*, *Vishamsana*

- **Vihara** - Nursing job leads to work stress, irregular working hours and sleep and being a housewife prolong standing, improper sitting posture
- **Appetite** - Decreased appetite but takes food regularly.
- **Bowel** - From 1 months hard with straining
- **Micturition** - Normal
- **Addiction** - Tea
- **Sleep** - Disturbed from 6 months due to pain
- **Mansik** - Stressed.

#### General examination

- B.P. - 136/80 mm Hg
- PR - 78/Min
- R.R. - 20/Min
- Height - 5 feet 2 inches
- Weight - 64 kg
- Temperature - Afebrile
- Edema / lymphadenopathy / pallor / icterus / clubbing / cyanosis - absent

#### Systemic examination

- R.S.- Centrally placed trachea, Normal breathing sounds and airway entry
- CVS - S1 S2 normal, no murmur
- P/A - Soft, non-tender, no organomegaly
- CNS - Fully conscious and well oriented to time, place and person, all cranial nerves are intact.

#### Musculo-skeletal system

- Gait - Limping
- Upper limbs - Normal
- Lower limbs - Stiffness in the left calf and thigh region with restricted range of motion with positive SLR test 45 and Bragard's Sign.
- Redness and warmth / Weakness / Swelling / Deformity - Absent

#### Examination of spine

- Inspection - No visible deformity or sign of trauma
- Palpation - Tenderness over L5, S1, S2 level

- Movements - Cervical/Thoracic- NAD
- Lumbosacral - Flexion Restricted, Extension - Restricted, Left lateral flexion - Not possible, right lateral flexion - Restricted.
- **SLR test (active)** ▪ Positive at 45° on the left leg ▪ Negative on the right leg.
- **Bragard's test** ▪ Positive at the left leg. ▪ Negative on the right leg.

**MRI of LS spine** - Left paracentral disc bulge at L5-S1 level causing mild foraminal stenosis and left exiting nerve root compression.

#### Assessments

##### Ashta Asthana Pariksha

- **Nadi** - 78 / min
- **Mutra** - 4-5 Times / day
- **Mala** - Saam, once daily, Krura Kostha
- **Jihva** - Nirlipta
- **Shabda** - Prakrita
- **Sparsha** - Sama Sheetoshna
- **Drik** - Prakrit
- **Akriti** - Madhyam

##### Dasha Vidha Pariksha

- **Prakriti** - Vata-Kaphaj
- **Vikriti** - Hetu- long hours of sitting and working, irregular duty hours and sleep, Ruksha and Viruddha Ahara, weight gain, Vegadharana
  - **Dosha** - Vata-Kaphaj
  - **Dooshya** - Rasa, Rakta (Kandara), Asthi, Majja
  - **Desha** - Bhumi-Sadharana
    - Atur - Kati, Vama Pada
  - **Kala** - Ritu - Grishma, Kriyakala - Vyakta Avastha
  - **Bala** - Rogi - Madhyam, Roga - Madhyam
- **Sara** - Madhyam
- **Samhanana** - Madhyam

- **Pramana** - Madhyam
- **Satmya** - Madhyam
- **Satva** - Madhyam
- **Aharashakti** - Jarana Shakti - Avara, Abhyavaharana Shakti - Madhyama
- **Vyayama Shakti** - Avara
- **Vaya** - Madhyama

### Investigations

Hb - 12.5 gm%

E.S.R. - 30 mm/hr

Platelets - 2.20 lakhs/cmm

FBS - 92 mg/dl

X-ray LS Spine - WNL

### Vyadhi Vyavachedan (Provisional Diagnosis)

- **Vataja Gridhrasi - Stambha (+), Ruk (+), Toda (+), Spandate Muhuhu (+), Deha Vakra (+)** in Sphika, Kati, Prishtha, Uru, Janu, Jangha and Pada.
- **Vata-Kaphaj Gridhrasi** - Vataja symptoms associated with Gaurava (+), Arochaka (+), Tandra (-).

**Vyadhi Vinischaya (Final Diagnosis)** - Vata-Kaphaj Gridhrasi

### Chikitsa (Treatment plan)

**OPD Basis Treatment** - for first seven days to treat the Aamavastha first along with Vedanahara and Vatanulomana.

1. **Hingwastak Churna** - 3 gm BD with first bolus of meal
2. **Arthrum Capsule** - 500 mg BD (Ingredients: Parijata, Nirgundi, Rasna, Shallaki Niryasa, Ashwagandha, Surinjana, Trikatu)
3. **Karaskar Vati** - 125 mg BD
4. **Ruksha Pind Sweda** with Kottamchukadi Churna folowed by Nagaradi Lepa over LS Spine.
5. **Dhanyak - Shunthi** medicated water.

**IPD Basis Treatment** - After 7 days of OPD Treatment there was relief in pain, appetite and bowel improved, feeling of heaviness reduced and then patient was admitted for IPD treatment.

Along with above 1,2,3 and 5 no. oral medication Sahacharadi Kashaya was added - 20 ml BD before meal with Dhanyak-Shunthi medicated water.

### Therapy advised

- A) **Ruksha Pind Sweda** with Kottamchukadi Churna followed by Nagaradi Lepa over LS Spine for first 7 days.
- B) **Patrapinda Pottali Sweda** followed by **Bashpa Sweda** with Dashmool Kwath and Kati Basti with Mahanarayana + Vishtinduk Tail for next 7 days.
- C) **Virechana** - 5 Days Shodhana Snehapana with Guggulu Tiktakam Ghrita - 30ml-60ml-90ml-120ml-150ml, on 6 and 7<sup>th</sup> day Saranga Bahya Snehana, Swedana was done and on 8<sup>th</sup> day Virechana with Trivrit Avaleha - 40g with Triphla Kwath 50ml mixed with Gandharvahastadi Erand Taila - 20 ml was given at 10 AM. After attaining Madhyam Shuddhi 5 Days of Sansarjana Krama was followed and Yoga Basti was done
- D) **Yoga Basti** - Anuvasana Basti with Sahacharadi Taila - 60 ml

Niruha Basti - Erandamooladi Niruha Basti - 550 ml

### Schedule of Yoga Basti

Day	1	2	3	4	5	6	7	8
Basti	A	A	N	A	N	A	N	A

### Content of Eranda Mooladi Niruha Basti:<sup>[6]</sup>

**Kwatha Dravya** - 1. Eranda Moola (*Ricinus communis* root) 2. Laghu Panchamool (Root of 5 drug) i.e., Salaparni (*Desmodium gangeticum*), Prisanaparni (*Uraria picta*), Kantakari Badi (*Solanum indicum*), Kantakari Chhoti (*Solanum xanthocarpum*), Gokshur (*Tribulus terrestris*) 3. Rashna (*Pluchea lanceolata*) 4. Ashvagandha (*Withania somnifera*) 5. Atibala (*Abutilon indicum*) 6. Guduchi (*Tinospora cordifolia*) 7. Punarnava (*Boerhavia diffusa*) 8. Aragvadha (*Cassia*

fistula) 9. Devadaru (*Cedrus deodara*) 10. Madana Phala (*Randia dumetorum*).

**Kalka Dravya** - 1. Shatahva (*Anethum sowa*) 2. Hapusha (*Juniperus communis*) 3. Priyangu (*Callicarpa macrophylla*) 4. Pippali (*Piper longum*) 5. Madhuka (*Glycyrrhiza glabra*) 6. Bala (*Sida cordifolia*) 7. Vatsaka (*Holarrhena antidysentrica*) 8. Musta (*Cyperus rotandus*).

**Preparation of Eranda Mooladi Niruha Basti:** The following ingredients were triturated thoroughly as per classics to get a homogeneous preparation.

1. Kwatha (Decoction of above mention Kwatha Dravya) 350 ml
2. Kalka (Paste of above mention Kalka Dravya) 15 gm
3. Sneha (*Guggulu Tiktaka Ghrita*) 80 ml
4. Madhu (Honey) 60 ml
5. Saindhava (Rock salt) 5 gm
6. Gomutra Ark 60 ml

After these IPD treatments patient had mild tingling sensation and pain only on brisk walking after 5 mins and then *Siravedha* was done from prominent vein of *Gulpha Sandhi* and conductive *Agnikarma* with *Suvarna Shalaka* at the never roots of Sciatic Nerve.

Post these therapies stiffness, tingling sensation and pain on pressure completely resolved and the intensity of pain on brisk walking has reduced.

#### Discharge advises for 15 days

*Trayodasang Guggulu* - 500mg BD

*Karaskar Vati* - 125mg BD

*Maharajprasarani Tail Capsule* - 2 Cap BD

*Sahacharadi Kashaya* - 20ml BD

*Nasya with Ksheerbala Tail*

*Vishtinduk Tail* - E/A

#### Pathya

*Sarpi, Swadu, Amla, Lavana Rasa Ahara, Godhuma, Masha, Shali, Kulattha, Mamsa Rasa, Dadim, Jambir,*

*Draksha, etc., daily Asthanik and Pada Abhyanga, Nirvata Asthana Vaas.*

#### Apathya

*Tikta, Katu, Kashaya Rasa Ahara Atisevana, Late night food, Chinta, Vegadharan, Shrama especially Bharavahana, strenuous activity, jerk to low back region, Anashana etc.*

**Follow Up** - 2 follow-up was done at gap of 15 days and 1 month.

#### OBSERVATION AND RESULTS

The patient was able to do her daily activities comfortably and no relapse of any symptoms was there. Her gait has become normal and range of motion has become painless and comfortable. The Oswestry Disability Index,<sup>[7]</sup> subjective and objective criteria were evaluated before and after treatment. The Disability Index of Patient has improved from crippled state to the state of minimal disability.

#### Assessment Criteria

The improvement will be assessed on the basis of relief in sign and symptoms of *Gridhrasi*. All the sign and symptoms will be assigned score depending upon their severity to assess the effect of treatment objectively and subjectively, the details of which are given below

#### Subjective Parameters

SN	Sign & Symptoms	Criteria	Score	BT	AT
1.	<b>Ruka (Pain)</b>	No pain	0	3	0
		Painful movement without limping	1		
		Painful movement with limping gait but without support	2		
		Painful, can walk only with support	3		
		Painful, unable to walk	4		
		Severe pain needs medications	5		

2.	<b>Stambha (Stiffness)</b>	No stiffness	0	4	0
		Mild stiffness for 5-10 minutes	1		
		Moderate stiffness for 10- 60 minutes	2		
		Severe stiffness more than 1 hour many times a day mildly affecting the daily routine	3		
		Stiffness lasting for 2-6 hours, daily routines are hampered severely	4		
3.	<b>Toda (Pricking sensation)</b>	No pricking sensation	0	3	1
		Mild pricking sensation occasionally in a day	1		
		Moderate pricking sensation, frequent not persistent	2		
		Moderate pricking sensation, persistent	3		
		Severe pricking sensation	4		
4.	<b>Aruchi (Anorexia)</b>	Normal taste, feeling to eat food on time	0	1	0
		Feeling to take food but no proper digestion	1		
		Anannabilasha - not feeling to take food even if hungry	2		
		Bhaktadvesha - irritability to touch, smell, seeing and listening about food	3		
		Abhaktachchanda - aversion to food because of anger, stress etc.	4		

5.	<b>Tandra</b>	No Drowsiness	0	0	0
		Mild with no interference in daily activities	1		
		Moderate with manageable interference in daily activities	2		
		Severe with unmanageable interference in daily activities	3		
		6.	<b>Gaurava (Heaviness)</b>		
Mild with no interference in daily activities	1				
Moderate with manageable interference in daily activities	2				
Severe with unmanageable interference in daily activities	3				

Objective Parameters

SN	Sign & Symptoms	Criteria	Score	BT	AT
1.	<b>SLR</b>	Equal to or greater than 90°	0	3	1
		71° - <90°	1		
		51° - <70°	2		
		31° - <50°	3		
		<30°	4		
2.	<b>Walking Time (To</b>	Up to 20 Sec.	0	2	0
		21-40 Sec.	1		

	cover 20 meter)	41-60 Sec.	2		
		More than 60 Sec.	3		
3	Bragard's Sign	Negative	0	1	0
		Positive	1		
4	Gait	Normal	0	1	0
		Antalgic	1		

**Percentage Relief Formula = Finding Score ÷ Total Score × 100**

$$18 \div 20 \times 100 = 90\% \text{ relief}$$

## DISCUSSION

This case of *Gridhrasi* (Sciatica) was treated first by *Amapachana*, *Langhan* and *Vatanulomaka Samana Aushadi* along with *Ruksha Pinda Sweda* and *Kati Lepana* to combat the condition of *Saamavastha* first. After attaining the *Niramavastha*, *Snehana* and *Panchakarma Procedures* like *Patrapinda Sweda*, *Kati Basti*, *Virechana*, *Basti Karma*, *Siravedha* and *Agnikarma* was used along with *Shaman Chikitsa* protocols as per the treatment guidelines of *Gridhrasi*.<sup>[8]</sup>

**Sarvanga Abhyanga (Oleation therapy) with Mahanarayana Tail and Vishtinduk Tail** acts as *Vata Shamaka* and *Shoolahara*. It corrects *Rukshata*, *Kharata*, *Parushata* and it brings about *Snigdhatwa*, *Slaksnatwa* and *Mriduta* in body which decreases accumulated *Vata*. *Vata* gets *Anuloma* (Usual) *Gati* again and thereby alleviates the symptoms.

**Patrapinda Pottali Sweda (PPS)** which is a form of *Shankara Sweda* and is *Snigdha Sweda*. It treats the painful conditions mainly caused by *Vata* and *Vatakaphaja Dosh* owing to the properties of ingredients used. It promotes the release of toxins, reduces the inflammation, and strengthens the joints, muscles, and nerves (by releasing the stiffness and hence compression over the nerve roots) of the affected area, the *Vedanasthapana*, *Vata Shamaka* (analgesic), *Shothahara* (anti-inflammatory), and *Dhatuposhaka* properties (strengthening and nutritive

therapy) of *Patra Pinda Swedana* can help improve muscle tone and tissues function and may alleviate the symptoms of *Sciatica*.

**Kati Basti with Mahanarayana Tail and Vishtinduk Tail** is a form of external *Snigdha Sweda* applied over the local lesion site of lumbosacral region in *Niramavastha* which gives immediate results because it acts at the site of lesion and pacify the *Vata Dosh*. It is done in *Vata* (+++) condition. The warm herbal oil allows absorption into muscles, ligaments, and tendons, thereby relaxing the back and healing any underlying conditions, calming pain and stiffness. It improves local circulation, nourishes and bolsters muscles and nerves, and helps heal the degeneration, releases spasms and brings back adaptability.

**Urdhva Shodhana prior to Basti** has been mentioned in *Gridhrasi* for the proper action and gaining the benefits of *Basti*. Without *Urdhva Shodhana*, *Basti* is of no use. Hence, *Virechana* was adopted for *Kostha Shodhana* and then *Yoga Basti* was used. For *Shodhana Snehapan Guggulu Tiktakam Ghrita* was used which acts over the *Rakta*, *Asthi* and *Majja Dhatu* which is the afflicted *Dushya* in *Gridhrasi*. The *Sneha Virechana* clears obstruction in the *Srotas* and relieves *Vata* vitiation very quickly. Thus, *Sneha Virechana* of *Mridu* nature helps in controlling *Shula* in *Gridhrasi*.

**Erandmooladi Niruha Basti** is explained as *Srotoshodhak* and used in *Saam Avastha* thus helpful in relieving the *Sanga* (compression or narrowing of foramen) doing complete *Samprapti Vighatana* and thus serving the purpose of *Basti* as *Shodhanaupakrama* by avoiding the recurrence. *Basti* corrects local as well as systemic pathology and the best treatment for the correction of *Vata* and the diseases of *Asthi*, *Sandhi* and *Marma*. *Erandamooladi Niruha Basti* is specially indicated in pain in *Janga* (lower leg), *Uru* (thigh region), *Pada* (foot) and *Prusta* (low back region and in *Kapha-Avrutha* conditions. Which makes it very suitable for *Vata-Kaphaj Gridhrasi*. The *Guggulu Tiktaka Ghrita* used as *Sneha* in *Basti* preparation is specifically indicated for *Asthi Majja Gata Vyadhi*.

**Raktamokshana** gives immediate relief in pain of *Gridhrasi*. It is helpful to eliminate *Doshas* from



*Shakha*. *Kandra* is *Updhatu* of *Rakta* and *Kandra* is *Dushya* in *Gridhrasi*. *Gridhrasi Vata* is *Rakta Vata* and is due to *Vyana Vayu Prakopa* as stated by *Acharya Harita*. *Vyana Vayu* is related to blood circulation. Through *Siravedha* there is elimination of *Ama* which obstructs the *Srotas* or channels and normalizes the *Gati* of *Vayu*. In superficial nerve involvement, *Siravedha* was found effective to relieve *Suptata*.

In *Agnikarma*, *Agni* possesses *Ushna*, *Tikshna*, *Sukshma* and *Aashukari* properties, which are opposite to *Vata* and anti *Kapha* properties. Physical heat through *Shalaka* is transferred as therapeutic heat to *Twak Dhatu*. From *Twakdhatu* this therapeutic heat acts in three ways. First, due to *Ushna*, *Tikshna*, *Sukshma*, *Ashukari Guna* it removes the *Srotavarodha*, pacifies the vitiated *Vata* and *Kapha Dosha* and maintains their equilibrium. Secondly, it increases the *Rasa Rakta Samvahana* (blood circulation) to affected site. The excess blood circulation to the affected part flushes away the pain producing substances and patient gets relief from symptoms. Third, therapeutic heat increases the *Dhatwagni*, so metabolism of *Dhatu* becomes proper and digests the *Amadosha* from the affected site and promotes proper nutrition from *Purva Dhatu*. In this way *Asthi* and *Majja Dhatu* become more stable.

*Hingwashtak Churn*<sup>[9]</sup> contains *Sunthi*, *Pippali*, *Marica*, *Ajmoda* or *Yavani*, *Svetajiraka*, *Krishna Jiraka*, *Suddha Hingu* and *Saindhava Lavana*. It is indicated in *Agnimandya* (Digestive impairment), *Shula* (Colicky Pain), *Gulma* (Abdominal lump) and *Vataroga* (Disease due to *Vata Dosha*) and hence was used in *Aamavastha* of the disease.

*Karaskar Vati* an ayurvedic medicine that acts on Nerves and Muscles. It acts as a Nervine tonic and Cardiac stimulant. *Shudda Kupilu* acts as a stimulant to nerves and is useful in conditions of dysfunction of motor nerves. *Maricha* protects against oxidative damage by free radicals, and reactive oxygen species thus protecting nerve functions.

*Sahacharadi Kashayam* are having ingredients which are *Vata-Kapha Shamaka*, *Vedanasthapana Shulahara*, *Shothahara* and *Nadiuttejaka* (Nerve stimulant)

properties along with strengthening and nutritive therapy for various musculature and structure in lumbosacral region and lower extremities which is very much effective in the treatment of *Sciatica*.<sup>[10]</sup>

*Trayodashanga Guggulu* is a combination of 13 herbs including *Guggulu* processed in ghee. It acts with its properties of *Vedanastapana*, *Shoolhara* and *Rasayana*, *Madhur Vipaka*, *Ushna Virya*. Being *Ushna Virya* and through *Snigdha Guna* of *Madhur Vipaka* it suppresses the symptoms of *Stambha*, *Toda* and reduces pain. It has its action on *Asthi*, *Majja* and *Snayu Gata Vata*. Intervertebral disc regeneration requires *Glycosaminoglycan* (GAGs), collagen and protein which is possible by *Madhur Vipaka* and *Rasayana* property of *Trayodashanga Guggulu*.<sup>[11]</sup>

*Maharaja Prasarini Tailam Capsule* is specific formulation form *Bhaisajya Ratnavali Vatarogadhikara* indicated for *Stambha*, *Vishwachi*, *Sarva Vata Rogas*, Neurological and rheumatic complaints, Cervical and Lumbar spondylosis. It is vastly used in *Vata Anubandha* with *Kapha* conditions.

## CONCLUSION

*Gridhrasi* described in *Ayurvedic* texts is very much similar to *Lumbo-Sciatic Syndrome* described in modern science. It is also believed that any type of pain can't be without presence of *Vata*. *Gridhrasi* is a severely painful condition so, *Vata* predominance in its pathogenesis is clear but due to sedentary life style and *Agnimandhya* the *Anubandha* of *Kapha* or *Ama* is so often. *Gridhrasi* by nature is *Kashtasadhya*. Still however if the patient comes earlier for the treatment and if given prompt proper treatment in sufficient dose and duration, then the patient is likely to be cured or less likely to suffer from a subsequent attack of pain. From this study we can demonstrate the superior management of *Gridhrasi* through *Panchakarma* therapies and *Shamana Chikitsa*. As of right now, the patient is doing well with her regular routines. The considerable results of this one case study have given rise to a lot of optimism and options regarding *Gridhrasi* management. However, for further studies a randomized clinical studies of big sample size will help to verify standard outcomes.

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