

An Ayurvedic approach to Lumbar Radiculopathy (Gridhrasi) with special reference to Ksheera Vaithara Basti - A Case Report

Vasantha B^{1*}, Moharana PK², Totad M³, Rakshitha J⁴

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^{1*} Vasantha B, PhD Scholar, Dept of Kayachikitsa, Sri Jayendra Saraswathi Ayurveda College and Hospital, Nazarethpet, Chennai and Associate Professor, Dept of Kayachikitsa, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.


² Pradeep Kumar Moharana, Professor, Dept of Kayachikitsa, Sri Jayendra Saraswathi Ayurveda College and Hospital, Nazarethpet, Chennai, Tamil Nadu, India.

³ Muttappa Totad, PhD Scholar, Dept of Kayachikitsa, Sri Jayendra Saraswathi Ayurveda College and Hospital, Nazarethpet, Chennai and Professor Dept of Kayachikitsa, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

⁴ Rakshitha J, Post Graduate Scholar, Dept of Kayachikitsa, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

Lumbar radiculopathy is a neurological condition characterized by pain radiating along the path of sciatica nerve. It has significant impact on quality of life associated with chronic pain and disability. Early recognition and appropriate management are crucial for reducing morbidity and improving functional outcomes. In Ayurvedic literature, Gridhrasi resembles to the clinical features of lumbar radiculopathy. In this study, the patient presented with low back pain radiating to left lower limb, heaviness, and numbness, unable stand/walk due to pain. Magnetic resonance imaging of lumbosacral spine shown loss of lumbar lordosis, grade I anterolisthesis of L5 over S1 vertebra noted, diffuse disc bulge with facet arthropathy is seen at L5-S1 level causing indentation of anterior thecal sac. The disease was diagnosed as Ghrdhrasi (Left) with Kaphavruta stage. Treated with Ksheera Vaithara Basti (Kaala Basti) and Shamana Oushadhis for a period of 51 days (in-patient 21 days and out-patient 30 days). However, there was a significant improvement in pain relief and patient was able to walk without support in a span of twenty-one days. The treatment protocol followed for Gridhrasi with special reference to Ksheera Vaitharana Basti and Shamana medications has given a significant relief and thereby improved the quality of life.

Keywords: Gridhrasi, Lumbar radiculopathy, Basti, Ksheera Vaitharana Basti

Corresponding Author	How to Cite this Article	To Browse
Vasantha B, PhD Scholar, Dept of Kayachikitsa, Sri Jayendra Saraswathi Ayurveda College and Hospital, Nazarethpet, Chennai and Associate Professor, Dept of Kayachikitsa, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India. Email: drvasantha225@gmail.com	Vasantha B, Moharana PK, Totad M, Rakshitha J, An Ayurvedic approach to Lumbar Radiculopathy (Gridhrasi) with special reference to Ksheera Vaithara Basti - A Case Report. J Ayu Int Med Sci. 2025;10(5):309-312. Available From https://jaims.in/jaims/article/view/4325/	

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Introduction

Modern lifestyle & work demands are increasingly impacting overall health, with factors such as overexertion, sedentary jobs & lifting heavy objects often leading to lower back pain. Lumbar radiculopathy is said to be second commonest cause for low back pain leading to functional disability.[1] Lumbar radiculopathy-pain that radiates along sciatic nerve, running from lower back through hips & buttocks & extending down legs. This condition often arises from nerve irritation or compression due to issues such as herniated discs, spinal stenosis, or degenerative disc disease. It can be correlated to *Gridhrasi* in *Ayurveda*. *Gridhrasi* is one among *Vataja Nanatmaja Vyadhis*. Symptoms of *Gridhrasi* include *Sthmbha* (stiffness), *Ruk* (pain), *Toda* (pricking pain), *Spandana* (Tingling sensation) in *Spik Poorva*, *Kati*, *Prusta*, *Janu*, *Jangha* & *Paada* respectively.[2] Treatment of *Gridhrasi* as mentioned by our Acharyas is *Siravyadhana*, *Basti Chikitsa* & *Agnikarma*. 35 years female, brought by attender on wheel chair, with complaints of sudden onset of low back pain radiating to left lower limb (LL), stiffness, heaviness & numbness. Disease was diagnosed as *Gridhrasi* (Left) with *Kaphavruta* stage. Treatment protocol followed for *Gridhrasi* was *Ksheera Vaitharana Basti*[3] & *Shamana* medications for period of 51 days (in-patient 21 days & out-patient 30 days). Assessed for changes in clinical features, nerve compression tests & Oswestry disability index.[4] These assessments were shown significant improvements. Thus, treat. protocol adopted had given relief complaints & thereby improved quality of life of patient.

Case Report

Aatura Parichaya:

- Age: 35 years
- Gender: Female
- Socio economic status: Middle class
- Occupation: Home maker
- Marital status: Married
- IPD number:023649
- Date of admission: 23/03/2024
- Date of discharge: 12/04/2024
- Follow up date: 10/5/2024

Pradahana Vedana:

Patient was brought by attender to SDM Hospital at 10am on wheel chair.

- Low back pain radiating to left LL
- Stiffness of left LL
- Heaviness of left LL
- Numbness of left LL
- Patient was not able to walk/stand with or without support.
- Sudden onset since 7 am on 23/3/2024, after lifting weight of 12 kgs.

Clinical Findings

Musculoskeletal System

Gait: patient was unable to walk due to pain.

Straight leg raise test:

Right LL – Negative, Left LL- 10 degree (Passive) and 0 degree (active)

Fabers Test: Positive (Left)

Lasegue's Test: Positive (Left)

Browstring Test: Positive (Left)

Bragard's Test: Positive (Left)

Investigations

MRI of L-S spine: 23/3/2024:

Picture 1: Report


JANAPRIYA CT & MRI SCAN CENTRE
 Shankar Mutt Road, 2nd Cross, Near Ayyappa Swamy Temple,
 K. R. Puram, HASSAN-573 201. ☎ : 08172-232797

MRI SPINE LUMBO SACRAL PLAIN

Observations

Lumbosacral spine:
 loss of lumbar lordosis noted.
 Grade I anterolisthesis of L5 over S1 vertebra noted.
 Diffuse disc bulge with facet arthropathy is seen at L5-S1 level causing indentation of anterior thecal sac and narrowing of bilateral lateral recess. Vertebral bodies are normal in height and signal intensity pattern.
 Alignment of spine is normal.
 Pedicles, laminae and spinous processes are normal.
 Facet joints are normal.
 Intervertebral discs are normal.
 Visualized spinal cord and conus medullaris are normal.
 Both psoas muscles are normal.
 Both sacroiliac joints are normal.
 Lumbar canal AP diameter at L1 to L5 levels:

Level	L1-L2	L2-L3	L3-L4	L4-L5	L5-S1
AP cms	1.2	1.1	1	1	0.9

Impression:

- Loss of lumbar lordosis.
- Grade I anterolisthesis of L5 over S1 vertebra.
- Diffuse disc bulge with facet arthropathy is seen at L5-S1 level causing indentation of anterior thecal sac and narrowing of bilateral lateral recess.

Diagnosis: *Gridhrasi* (Left) with *Kaphavruta Vata* stage (Lumbar radiculopathy)

Treatments:

IP treatments: 23/3/24 to 12/4/25:

Table 1: Showing Shamana Oushadhi

Duration	Shamana Oushadhi	Dose	Time
23/3/24-27/3/24	1. Dhanwantaram Vati	1-1-1	Before food (B/F)
	2. Rasnaerandadi Kashaya	30ml-30ml-	After food (A/F)
	3. Bruhatvatichintamani Rasa	30ml	A/F
	4. Tab. Triphala	1-1-1	AIF
		0-0-1	
28/3/24-12/4/24	1. Dhanwantaram Vati	1-1-1	B/F
	2. Bruhatvatichintamani Rasa	1-1-1	A/F

Table 2: Showing Procedures

Date	Procedure	Days
23/3/24 - 25/4/24	Kati Upanaha with Rasna Choorna + Devadaru Choorna + Kusta Choorna + Godhuma Choorna + Pariseka Taila	3 days
25/3/24 - 27/4/24	Anuvasana Basti with Nirgundi Taila - 30ml	3 Days
26/3/24-12/4/24	Sarvanga Abhyanga with Pariseka Taila followed by Nadi Sweda	18 days
28/3/24-11/4/24	Kaala Basti: Ksheera Vaitharana Basti (N): <ul style="list-style-type: none"> Guda: 50grms Chincha Swarasa: 25ml Sneha: Nirgundi Taila- 70ml Saindhava:10grms Ksheera: 100ml Anuvasana Basti (A): Nirgundi Taila: 60ml Table 2a: Schedule of Kaala Basti	15 days
1/4/24 - 11/4/24	Vestana to Kati and left LL with Pariseka Taila	12 days

28/3	29/3	30/3	31/3	1/4	2/4	3/4	4/4
A	N	A	N	A	N	A	N
5/4	6/4	7/4	8/4	9/4	10/4	11/4	
A	N	A	N	A	A	A	

OP (Discharge) medications:

- Dhanwantaram Vati* 1-1-1 (B/F) with warm water
- Trayodashang Guggulu* 1-0-1 (A/F) with warm water
- Bruhatvata Chintamani Rasa* 0-1-0 (A/F) with honey

Follow-up: After 30 days (10/5/2024)

Assessment Criteria:

- Clinical features
- Nerve compression tests
- Visual analogue scale (VAS) for pain
- Oswestry disability index

Result

Table 3: Showing assessment criteria

SN	Parameter	Before treatment	After treatment	After follow-up
1.	Low back ache	Present	Absent	Absent
2.	Pain radiating to left LL	Present	Reduced 70%	Absent
3.	Stiffness of left LL	Present	Reduced 70%	Absent
4.	Heaviness of left LL	Present	Reduced 70%	Absent
5.	Numbness of left LL	Present	Reduced 70%	Absent
6.	Walk/stand	Not able	Able	Able
7.	VAS	9	2	0
8.	SLR - passive	10 degree	60 degree	70 degree
9.	SLR - active	0 degree	40 degree	70 degree
10.	Fabers Test:Left	Positive	Negative	Negative
11.	Lasegue's Test:Left	Positive	Negative	Negative
12.	Browstring Test:Left	Positive	Negative	Negative
13.	Bragard's Test:Left	Positive	Negative	Negative
14.	Oswestry disability index	80% - crippled	20% - minimal disability	12% minimal disability

Discussion

The probable mechanisms are outlined as follows:

Tab Dhanwatram Vati[5]: It is best in *Vatanulomana*.

Trayodashanga Guggulu[6]: It is indicated in *Vatavyadhi*. *Trayodashang Guggulu*[7] have proven anti-inflammatory action. **Bruhatvatachintamani Rasa**[8]: *Swarna* nourish and rejuvenate nerve cells. The site of action of *Abhraka* is on Nervous system which helps reducing *Kshobha* and reinforce nerve cells. **Rasanaerandadhi Kashaya**: Reduces inflammation around the lumbar spine and nerve roots, thereby decreasing pain. Antioxidant property[9] is effective in an oxidative stress induced condition associated with the *Vata*. **Triphala tablet**: *Triphala* reduces constipation and flatulence (*Vatanulomana*). It is having anti-inflammatory effect. **Ksheera Vaitharana Basti**: It is the most effective treatment for diseases arising out of vitiation of *Vata*. *Ksheera Vaitarana Basti* removes the *Aavarana* of *Vata* and acts as *Rasayana*. *Chincha*: It is *Deepana*. *Guda*: *Sodhana* property-separate viscid/morbid matter (*Dosha-Dushya Sammurchhana*) and eliminates easily. *Saindhava*: It is carminative and digestive. *Nirgundi Taila*: Pacify morbid *Vata* at its own site, i.e., *Pakwashaya*. *Ksheera*: It is having *Brihmana*, *Virechaka*, *Jeevaneeya* property. **Upaaha**: Relieves pain, muscle spasm and stiffness.

Vestana: Relieve pain, muscle spasm and stiffness. *Vestana* has gradual increasing effect in symptomatic management of *Vata Vikara*.

Conclusion

Ksheera Vaithara Basti and *Shamana* medications in Lumbar radiculopathy (*Gridhrasi*) given significant improvements. Thus, improved the quality of life.

References

1. Chou R, editor. *Sciatica: Overview of Management*. Bethesda (MD): National Center for Biotechnology Information (US); 2011 [cited 2025 Apr 12]. (Bookshelf). [Crossref][PubMed][Google Scholar]
2. Acharya YT, editor. *Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Datta*. Reprint ed. Varanasi (India): Chaukhamba Orientalia; 2014. *Chikitsa Sthana* 28/56-7. p. 619 [Crossref][PubMed][Google Scholar]
3. Saxena N. *Vangasena Samhita* (Chikitsasara Samgraha) of Vangasena. Vol. II. 2nd ed. Varanasi: Chowkhamba Sanskrit Series Office; 2014. *Basti-Karmadhikara*. p. 1165 [Crossref][PubMed][Google Scholar]
4. Fairbank JC, Pynsent PB. The Oswestry Disability Index. *Spine* (Phila Pa 1976). 2000 Nov 15;25(22):2940-53. [Crossref][PubMed][Google Scholar]
5. Krishnan KV, Pillai SG. *Sahasrayogam*. Alappuzha: Vidyarambham Publishers; 2006. p. 135 [Crossref][PubMed][Google Scholar]
6. Gobind Das Sen. Ratnavali. Ambikadatta Shastri A, editor. *Vatavyadhi Adhikar* 26, verse 98-101. Varanasi: Chaukhamba Sanskrit Sansthan; 1999 [Crossref][PubMed][Google Scholar]
7. Dadoriya P, Dey YN, Sharma D, Yadav M, Wanjari MM, Gaidhani SN, Subhose V. In-vitro anti-inflammatory and antioxidant activities of an Ayurvedic formulation – Trayodashang Guggulu. *J Herb Med*. 2020;23:100366. doi: 10.1016/j.hermed.2020.100366 [Crossref][PubMed][Google Scholar]
8. Gobind Das Sen. Ratnavali. Ambikadatta Shastri A, editor. *Vatavyadhi Adhikar* 26, verse 145-148. Varanasi: Chaukhamba Sanskrit Sansthan; 1999 [Crossref][PubMed][Google Scholar]
9. Sruthi CV, Sindhu A. A comparison of the antioxidant property of five Ayurvedic formulations commonly used in the management of vata vyadhis. *J Ayurveda Integr Med*. 2012 Jan;3(1):29-32. doi: 10.4103/0975-9476.93945. PMID: 22529677; PMCID: PMC3326791 [Crossref][PubMed][Google Scholar]

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