

## MANAGEMENT OF *GRIDHRASI* THROUGH *PANCHAKARMA* AND PHYSIOTHERAPY- A CASE STUDY

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### ABSTRACT

According to Ayurvedic text, *Gridhrasi* is a *Vataja Nanatmaja Vikara*. *Gridhrasi shoola* starts from *Sphik* and runs towards *Kati*, *Prushtha*, *Janu*, *Jangha* and *Pada* respectively. Along with pain it may be associated with stiffness, heaviness according to predominance of *Dosha* involved. Features of *Gridhrasi* resembles closely to *Sciatica* in Modern Science. *Sciatica* is a term used to describe Neurological pain along with numbness, tingling sensation, weakness in one or both legs starting from Lower back caused by irritation and/or compression of Sciatic nerve root. Here is a case of 38-year-old female patient diagnosed with *Gridhrasi* whose symptoms started appearing since 2019. She came here in March 2024 with complain of radiating pain from lower back to right leg, right leg numbness – tingling sensation, morning stiffness, difficulty in walking. Before one month of coming here, she was on complete bed rest. Her MRI report shows dorsocentral and right paracentral bulge of L3-L4 disc, focal canal stenosis and diffuse disc bulge at L4-L5, L5-S1 disc along with compressions and ankyriosis. She was treated with *Kati Basti*, *Andapinda Swedana*, *Sarvanga Abhyanga* with *Bashpa Swedana*, *Tikta Ksheera Basti* and Physiotherapy for 21 days along with oral ayurvedic medicine. After treatment of 21 days patient showed remarkable improvement in symptoms along with Oswestry Low Back Disability Score from 34 to 5 and VAS scale from 7 to 2 also. She was able to walk properly and to do other regular activities. Contemporary medicine has very short term pain relievers and have very limited scope of treatment for *Sciatica* including NSAIDs. Ayurvedic *Panchakarma* therapies along with oral medicine has given significant relief from signs and symptoms of *Ghridhrasi* along with cost effectiveness.

**KEYWORDS:** *Ghridhrasi*, *Panchakarma*, Physiotherapy, *Sciatica*, *Tikta Ksheera Basti*.

## INTRODUCTION

The term "*Gridhrasi*" indeed comes from "*Gridhra*," referring to a vulture. It describes a condition where a patient's gait resembles that of a vulture, characterized by rigidity and a slight bend in the legs. Another meaning for *Gridhrasi* is derived from "*Gridh*" dhatu which forms word '*Gridhra*' means desire to eat meat. The person who desires to eat meat are known as '*Gridhra*' and disease which commonly affects those is known as '*Gridhrasi*'.

*Gridhrasi* is one of the 80 *Nanatmaja Vikara*. In most of the Ayurvedic Samhita, details of *Gridhrasi* are available; but *Acharya Sushruta* has explained more details about it.

According to *Acharya Sushruta* *Vata dosha* affecting the tendons (*Kandaras*) of the ankles and toes. This condition leads to decreased mobility (*Kshepan*) in the thighs, resulting in restricted movement of the lower limbs is known as *Gridhrasi*.

According to *Acharya Charaka*,

स्फिक्पूर्वा कटिपृष्ठोरुजानुजङ्घापदं क्रमात्

गृध्रसी स्तम्भरुक्तोदैर्गृह्णाति स्पन्दते मुहुः॥

*Gridhrasi shoola* starts from *Sphik* and runs towards posterior aspect of *Kati*, *Prushtha*, *Janu*, *Jangha* and *Pada* respectively associated with stiffness, numbness, heaviness.

According to *Acharya Bhavprakash*, *Dehpravakrta* (improper posture of body) in *Vataja Gridhrasi* and *Gaurava* (heaviness), *Agnimandya* (loss of appetite), *Tandra* (fatigue), *Mukhapraseka* (excessive salivation), *Bhaktadvesha* (anorexia) in *Vata-Kaphaja* type of *Gridhrasi*.

According to *Acharya Harita*, In *Gridhrasi* *Vyana Vayu* vitiation is there which is responsible for all kind of voluntary movements like contraction, expansion.

### Synonyms of *Gridhrasi*

*Randhrinee* - by *Dalhana*

*Ringhinee*- by *Vachaspathimishra*

*Radhina* - by *Aadhamalla & Kaashirama*

*Vataja Gridhrasi* is *Sadhya* and *Vata-Kaphaja* is *durupakrama* (complicated) if not treated properly for longer period. *Chikitsa* of *Gridhrasi* is similar to *Asthimajjagata Vata*. It includes- *Nidana Parivarjana*- This is the first line of management for any *vyadhi* according to Ayurveda. *Acharya Sushruta* has also mentioned that *Nidana* should be avoided before treating the disease.

### *Panchakarma Therapy*-

*Snehana*- should be done in *nirupstambhi vata*. *Abhyantara Snehana* include all *Chaturvidha Maha -Sneha* but *Taila* and *Ghrta* is more indicated and *Bahya Snehana* includes general as well as *Sthanik Abhyanga* with *Vata evum Soola hara Taila* like *Mahanarayana Taila*, *Sahchar Taila*.

*Swedana*- *Nadi*, *Bashpa* types of *swedana* are indicated to remove *Stambha*, *Gaurava* and *Shoola* generally with *Nirgundi kwatha*, *Dashmoola Kwatha*.

*Mrudu Virechana*- *Snehana* and *Swedana* will leads *doshas* from *Shakha* to *Koshtha* and *Mrudu Virechana* expel them out and afterwards another treatment gives better results.

*Raktamokshana*- *Acharya Sushruta* suggested *Siravedhana* at *Janu* after flexion. *Astanga Sangraha* and *Astanga Hridaya* have also advised *Siravedha* four *Angula* above the *Janu*. *Acharya Chakradatta* mentioned to do proper *Agnidpan*, *Pachana* and *Urdhwashodhana*, as without doing proper *Urdhwashodhana*, *Basti* is not so effective.

*Basti*- *Basti* is the important line of treatment for all the *Vata Vyadhi* including *Gridhrasi*. *Basti* is also known as '*Ardha Chikitsa*' for *Vata Vyadhi*. *Anuvasana Basti* includes *Sneha* and *Sneha* is also *Vata Shamaka* so it will give good result in combination.

*Shamana Chikitsa*-It is mainly given as per the severity of disease, *dosha avastha* and symptoms. Some of example are- *Yogaraj Guggulu*, *Vatavidhvanasha Rasa*, *Rasnasaptaka*.

Absolutely, the modern lifestyle has contributed significantly to various musculoskeletal disorders, including lower back pain and sciatica. Factors like prolonged sitting, improper posture, and abrupt movements during travel or sports create undue stress on the spine and surrounding structures. Low back ache is the second most common disorder causing disability. Among its various causes the most commonly appearing one is Sciatica. Annual prevalence of sciatica is around 2 to 5%. People aged 30 to 40 year are most affected. Both genders are equally gets affected by Sciatica. Risk factors including Mental Stress, Improper Posture, height, frequent jerks while traveling.

Sciatica is a term used to describe Neurological pain along with numbness, tingling sensation, weakness in one or both legs starting from Lower back caused by irritation and/or compression of Sciatic nerve root.

Treatment includes:

NSAIDS, Muscle Relaxants, Nerve Pain medication

Epidural Steroid Injections

Surgical procedures like micro- discectomy, laminectomy, lumbar micro- laminectomy.

## CASE REPORT

### CHIEF COMPLAIN

- Low back pain radiating to right leg
- Right leg numbness and tingling sensation
- Morning stiffness
- Difficulty in walking Since 2019

### HISTORY OF PRESENT ILLNESS

A 38-year-old female patient was apparently normal before 5 years back. Then she gradually started developing backache radiating to right leg along with numbness, tingling sensation and stiffness. So she was not able to do her occupational as well as household work properly. She consulted Orthopaedician who advised some medicine and rest, that gave mild temporary relief in pain. Later suddenly she felt increase in pain and stiffness and the condition worsened. She was not able to do her personal work properly and become almost bed ridden. So he came here for the further management and treatment at Panchkarma Opd, S. G. Patel Ayurveda Hospital & Maternity Home, Anand.

**PAST HISTORY**

- Malaria – 2018
- Typhoid – 2009 & 2019

**SURGICAL HISTORY**

- LSCS – 2016 & 2022

**PERSONAL HISTORY**

- *Ahara – Ruksha, shita* (tiffin), *abhojana* or *anashana*
- *Vihara – Dukha asana* (continuous sitting in chair for prolong period), Night Awakening, Stress
- *Nidra* – Disturbed due to stress and pain 4-5 hr/night (*ratrijagarana*), *diwaswapna*- 2 hr/day
- *Agni – Vishama*
- *Koshtha – Madhyama*

**ON EXAMINATION**

- General Examination: Respiration – 17/min, Temperature – 98.3° F, Blood Pressure – 112/74, Weight – 58.3, Height – 156 cm, Pulse – 84/ min
- Systemic Examinations:
  1. Cardiovascular System: Heart Rate- 84/ min, S1 – Normal, S2 – Normal
  2. Respiratory System: Respiration Rate – 17/min, B/L Air Entry – Clear
  3. Nervous System – Normal Conscious and Well Oriented
  4. Reflexes – Normal

**➤ Ashtavidha Pariksha**

- *Nadi - Sarpagati*, 84/min
- *Mutra – Pandur*, 3-5 time/day, 1 time/night
- *Mala – Drudha*, 1 time/day - non satisfactory
- *Jihva - Nirama*
- *Shabda - Prakruta*
- *Sparsha – Ruksha, Anushnashita*
- *Drik - Prakruta*
- *Akruti – Madhyama*

**❑ Locomotors Examination****➤ Inspection**

- Gait- Limping gait
- Deformity- No any deformity seen

**➤ Palpation**

- Tenderness– Positive at L4, L5 and S1 level.
- Muscle tone– Good
- Muscle power– Right upper limb and lower limb– 5/5  
Left upper limb and lower limb– 5/5

➤ **Special test**

Test	Right Leg	Left Leg
SLR (Provisional Test)	Positive at 40°	Negative
Bragard's Test (Cnfirmatory Test)	Positive	Negative

➤ **1.5 T MRI L.S.Spine 19/02/2024**

- Dorsocentral and right paracentral bulge of L3-L4 and compression over right traversing L4 nerve root.
- Focal canal stenosis at L4-L5 due to combination of diffuse disc bulge of L4-L5 disc, ligamentum flavum thickening and facet arthropathy. Compression over right traversing L5 nerve root and indentation over right exiting L4 nerve root and left traversing L5 nerve root.
- Focal canal stenosis at L5-S1 due to combination of diffuse disc bulge superimposed with dorsocentral extrusion of L5-S1 disc and facet arthropathy. Compression over bilateral traversing S1 nerve root and indentation over bilateral exiting L5 nerve root.

Dr. Ritesh Prajapati  
MD, DMRE

**X-RAY House®**  
Basic to the best of Imaging...

Patient Name: [Redacted] Age: 38 Yrs-F  
Ref. by Dr: Swami M Patel Study Date: 19 February 2024

**1.5 T M.R.I. L.S. SPINE:**

**Imaging sequences:**  
SE T1W Sagittal and axials, FSE T2W sagittal & axials, STIR coronals.

**Image Quality:** Good

**Clinical information:** Lower back pain.

**Findings:**

**Curvature:** Loss of lumbar lordosis with straightening of spine.

**Vertebral body:** Few peridiscal osteophytes.  
Type II endplate Modic changes noted at L5-S1 level.

**I.V. Discs:**

**L1-2:** No significant disc bulge or protrusion.

**L2-3:** No significant disc bulge or protrusion.

**L3-4:** Partial desiccation. Dorsocentral and right paracentral bulge, indenting the thecal sac and encroaching the neural foramina. There is compression over right traversing L4 nerve roots.

**L4-5:** Annular tear. Mild reduced disc height. Desiccation. Diffuse bulge, compressing the thecal sac and encroaching the neural foramina. There is compression over right traversing L5 nerve root and indentation over right exiting L4 nerve root and left traversing L5 nerve root.

**L5-S1:** Annular tear. Reduced disc height. Desiccation. Diffuse bulge superimposed with dorsocentral extrusion, compressing the thecal sac and encroaching the neural foramina. There is compression over bilateral traversing S1 nerve roots and indentation over bilateral exiting L5 nerve roots.

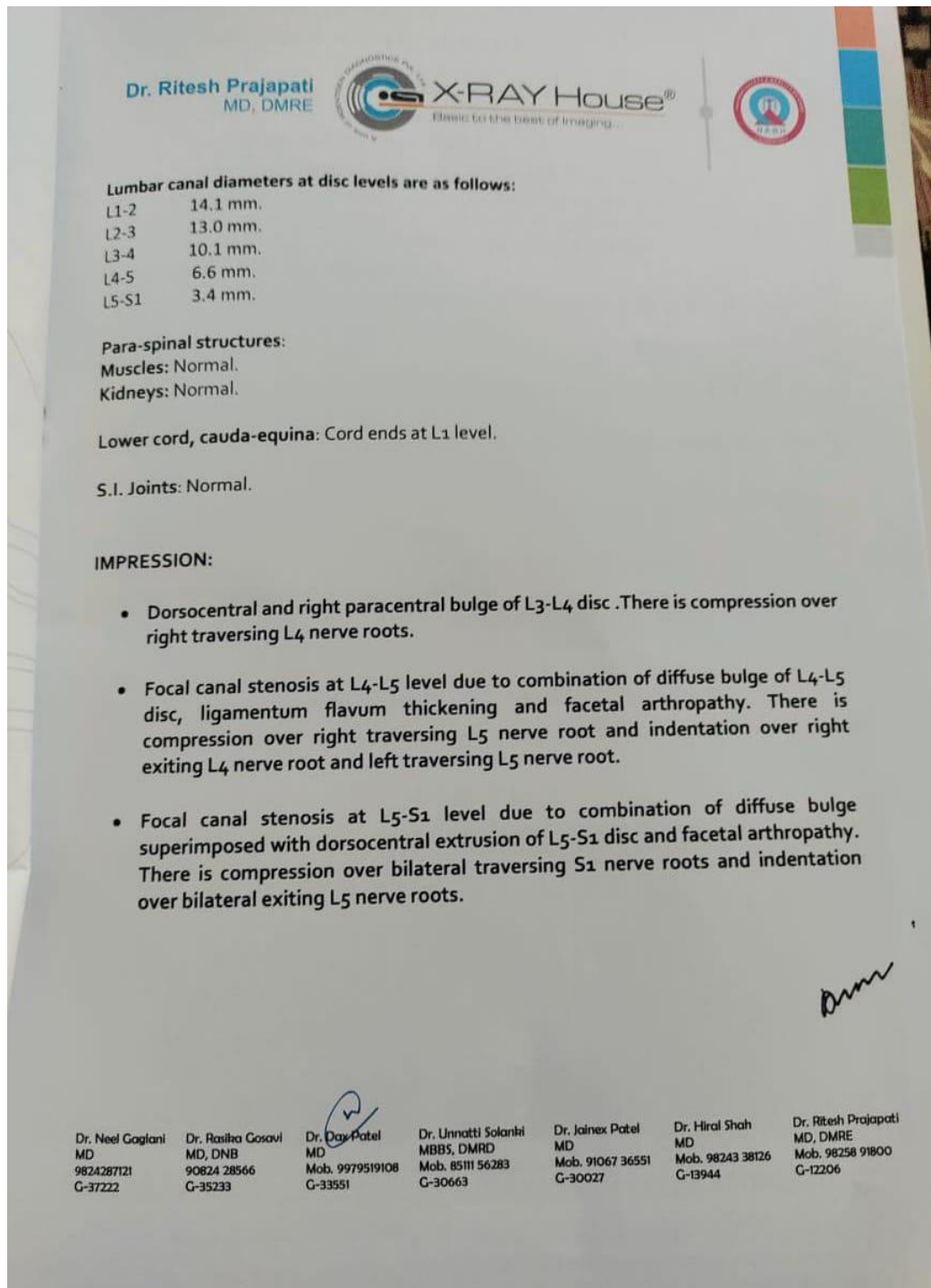
**Posterior elements:**

**Ligamentum flavum:** thickening noted at L4-5 level.

**Facetal joint:** arthropathy noted at L3-L4, L4-L5 and L5-S1 level.

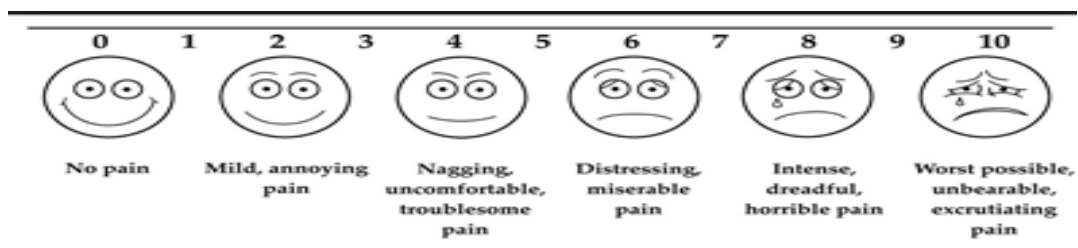
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## ASSESSMENT CRITERIA

### 1. Visual Analog Scale (VAS) for Pain





2. **Oswestry Disability Index (ODI)**- is the questionnaire which gives subjective percentage score of level of function (disability) in daily routine activities in those with low back pain.

0 to 50 score (10 section and each section score 0 to 5)

or

0 to 100%

0% to 20% - Minimal Disability

21% to 40% - Moderate disability

41% to 60% - Severe disability

61% to 80% - Crippled

81% to 100% - Completely bed bound

3. **Straight Leg Raise (SLR) test**

Negative

Positive

4. **Bragard's test**

Negative

Positive

5. **Stiffness gradation**

Sr No.	Stiffness in joints	Grade
1	No stiffness	0
2	Stiffness for few minutes after sitting for long duration but relieved by mild movements	1
3	Stiffness more than 1 hr or more than once a day without disturbing routine work	2
4	Stiffness more than 1 hr or many times a day mildly disturbing routine work	3
5	Episodes of stiffness lasting 2 to 6 hours. Daily routines hamper severely	4

## CHIKITSA

1. **Nidana Parivarjana**

To avoid *Ruksha*, *Shita ahara*. Avoid continue sitting posture (*dukhasana*). Avoid excessive fasting, *Ratrijagarana*.

2. **Panchakarma Therapies**

- *Sadyo Virechana* on 12/03/2024 with *Trivruta Lehya* 50 gm on empty stomach. Total 8 *mala-vega*.
- *Andapinda Swedana* with *Shatpushpa churna*, *Mahanarayana Taila* and eggs from 13/03/2023 to 19/03/2024 for 7 days.
- *Kati Basti* with *Laghuvishgarbha Taila* and *Mahanarayana Taila* from 13/03/2024 to 02/04/2024 for 21 days.
- *Sarvanga Abhyanga* with *Mahanarayana Taila* from 13/03/2024 to 02/04/2024 for 21 days
- *Bashpa Swedana* with *Nirgundi Kwatha* and *Dashmoola Kwatha* from 13/03/2024 to 02/04/2024 for 21 days
- *Tiktaksheera Basti* with *Madhu*-100 gm, *Saindhava*-10gm, *Panchatikta Ghrita*- 100 gm, *Basti Kalka*-15 gm, *Panchtikta Ksheera*- 400 ml from 13/03/2024 to 02/04/2024 for 21 days

3. **Physiotherapy**

- Pain management with modalities from 13/03/2024 to 17/03/2024
- Static exercises from 18/03/2024 to 02/04/2024

- Basic Active dynamic exercise from 23/03/2024 to 27/03/2024
- Progressive dynamic exercise 28/03/2024 to 02/04/2024
- Strengthening 25/03/2024 to 02/04/2024

#### 4. *Shamana Chikitsa*

##### *Abhyantara Chikitsa*

- *Yogaraj Guggulu* 2-0-2 after food with warm water
- *Simhnada Guggulu* 2-0-2 after food with warm water
- *Rasnasaptaka Kwatha* 100ml-0-100ml before food
- Cap. Palsinuron 1-0-1 after food with water

##### *Bahya Chikitsa:*

- Arnopen Liniment for local application

### RESULT

Date	VAS Score	Oswestery Disability Index	SLR Test	Bragard's Test	Stiffness Gradation
11/03/2024 (before treatment)	7	34 (68%-Crippled)	Positive at 40°	Positive	3
19/03/2024 (after 7 days)	5	28 (56%- severe disability)	Positive at 45°	Positive	1
26/03/2024 (after 14 days)	3	11 (22%-Moderate disability)	Positive at 60°	Positive	1
02/04/2024 (after 21 days)	2	5 (10%-MinimalDisability)	Negative at 70°	Negative	0
03/05/2024	1	4 (8%-Minimal Disability)	Negative at 70°	Negative	0
04/06/2024	1	4(8%-Minimal Disability)	Negative at 70°	Negative	0
02/07/2024	1	4 (8%-Minimal Disability)	Negative at 75°	Negative	0
06/08/2024	1	3 (6%-Minimal Disability)	Negative at 80°	Negative	0
04/09/2024	1	3 (6%-Minimal Disability)	Negative at 80°	Negative	0

### DISCUSSION

- Despite of contemporary medicine and surgical treatment there is no guaranteed cure but with Ayurvedic treatment and management one can improve their quality life as well as can be cured from root.
- So patient was treated with *Shamana Chikitsa*, *Panchakarma* therapies and Physiotherapy as well.
- *Sadyo Virechana*: In *Gridhrasi* '*Vata Vaigunya*' is important. It plays a major role in stimulation of nerve causing severe pain in affected area. In *Gridhrasi* there is mainly *Vata dushti*, so *Snigdha* or *Mrudu virechana* relieves *vata* from *Kati pradesha* too. So after *Mrudu virechana*, there will be better results of other therapies and medicines.
- *Andapinda sweda*: It's a type of *Swedana*. As there is involvement of *Vata* and *Kapha* leading to Pain and Stiffness, *Anda pinda sweda* helped in reducing the pain and stiffness in 7 days. Increased temperature will increase blood flow of specific area which can help in dilatation and reduction in focal cancal stenosis and nerve compression.
- *Sarvanga Abhyanga* with *Bashpa sweda*: *Abhyanga* with *Taila* do *Vata shamana* as well as slows down degenerative process and *Bashpa Sweda* removes pain, inflammation and stiffness resulting in decreasing diffuse bulge, degenerative process.
- *Kati Basti*: It is *Snigdha Swedana* which decrease stiffness, heaviness and pain in local area.
- *Tiktaksheerabasti*: *Gridhrasi* is *Vata pradhana roga* and *Basti* is *Ardha Chikitsa* for *Vata Vikara*. The line of treatment of *Gridhrasi* includes *Basti chikitsa* as it's a *Asthi majjagata vikara*. *Tiktaksheera Basti* can act like *Shodhana* as well as *Snehana* because of *ksheera* and *ghrita*. In this *Basti Tikta Rasa* helps decreasing *Vata* and



promoting *dhatvagni* which nourishes *dhatu*s. Due to *Asthi Majja* nourishment it slow down degeneration process. *Ghrita* and *ksheera* are good source of Vit D also which nourishes *Asthi* and *Majja*.

- *Shamana Chikitsa*: To reduce *Shoola*, *Stambha* and *Vata Dosha* as well and for symptomatic relief too.
- Physiotherapy: encourages strength, flexibility of muscle- tendons. Pain management by various exercises and modality.

## CONCLUSION

- An Integrative approach to the disease *Gridhrasi* with *Panchakarma*, *Shamana Chikitsa* and Physiotherapy, better results can be achieved.

## Consent

Informed written consent was taken from the patient.

## Ethical Approval

It is not applicable.

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