

Effect of *Snehapana* and Adjuvant Ayurveda Medicines in the Management of Sciatica: An Evidence based Case Report

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ABSTRACT:

Sciatica represents a debilitating condition characterized by pain and/or paraesthesia in the distribution of the sciatic nerve or the corresponding lumbosacral nerve roots. Any structural abnormality leading to compression of the sciatic nerve may produce sciatica. Lumbar intervertebral disc herniation or bulge is the most common cause, while lumbar spinal stenosis is frequently seen in elderly patients. The condition can severely impact the quality of life of those affected. This article presents an Ayurvedic case report of a 69 years old male patient who presented to out-patient department with low back pain radiating to right lower limb associated with numbness over bilateral lower limb aggravated since 1 and ½ months. Based on the presentation of radiating pain along the course of lower limb, the condition can be correlated with *Gridhrasi*- one among the *Nanatmaja Vatavyadhi*. Pre- and post-treatment assessment following *Snehapana* showed significant improvement in the patient's condition, specifically improvement in gait, range of motion and SLR being negative. The report highlights the effect of *Snehapana* using *Dhanwantaram Mezhukupaka* in the management of Sciatica.

KEYWORDS: *Dhanwantaram Mezhukupaka, Gridhrasi, Sciatica, Snehapana, Vatavyadhi.*

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INTRODUCTION:

Low back pain is highly prevalent in India, with an estimated 70–80% of the population affected^[1]. Sciatica is a condition resulting from pathology of the sciatic nerve roots, leading to pain and/or paraesthesia along the sciatic nerve distribution which in turn result in walking difficulty. Pain is increased by flexion episodes, sitting, straining and pain is decreased by rest^[2]. Due to its severity, it may interfere with daily activities. Sciatica shows a variable prevalence, reported as 3.8% among the working population and upto 7.9% among the non-working population^[1]. Sciatica occurs due to pathology affecting the nerve or its roots at any point along this course^[3]. It is a clinical diagnosis, so a thorough history and physical examination are necessary for a complete evaluation and diagnosis.

In Ayurveda sciatica may be correlated with *Gridhrasi* discussed under *Vatavyadhi*. *Gridhrasi* derives its name from the characteristic gait of the patient, which resembles that of a vulture, owing to excruciating, continuous, and radiating pain along the affected limb^[4]. It shares high similarity with pain radiating through *Sphik*, *Kati*, *Prishtha*, *Uru*, *Janu*, *Jangha*, *Padam* and associated features like *Sthambha* and *Muhu Spandana* are seen. These are the features of *Vatika Gridhrasi*^[5]. It is also characterised by difficulty in lifting the lower limb– *Sakthi Utkshepana Nigrahana*^[6].

CASE HISTORY:

A 69 year old male patient presented with low back ache radiating posteriorly to right lower limb associated with numbness over bilateral lower limbs aggravated since 1.5 months. There is no associated loss of bowel and bladder control and motor weakness or neurological deficits. The patient sustained a fall many years ago, impacting his back, following which he developed low back pain. He took treatment from pseudo physicians and obtained symptomatic relief after which he had occasional incidents of pain over low back region.

Due to the nature of job of rubber tapping, he had to strain for long hours sitting and bending forward which aggravated the pain. Due to difficulty in resuming an erect posture after bending forward and appearance of sudden shooting pain while straining during tapping he discontinued the job.

Before 2 years as a part of farming activities, he had to lift weight which led to the aggravation of low back pain. He experienced persistent pain without diurnal variation. 6 months before pain aggravated along with stiffness over low back. He took allopathic treatment and got slight relief. 4 months before, radiation of pain to right lower limb started which gradually extended upto ankle. He was advised to do surgery for herniated disc but was not willing. 1.5 months before he felt numbness over right lower limb and gradually over left lower limb upto ankle. Continuous sitting or standing aggravated the complaints. Also lifting up leg while lying and getting up from bed increased

the pain which was of shooting nature. Walking became difficult and his daily activities took more time, so he consulted our OPD and was admitted for further management.

CLINICAL EXAMINATION:

Personal history

Bowel- Occasional constipation, Irregular
 Appetite- Good
 Bladder- Slow stream, k/c/o BPH since 5 years
 Sleep - Sound- 7 hours
 Exercise- Moderate
 Allergy- Nil
 Diet- Mixed, predominantly veg
 Addiction- Nil
 Habit- Black tea 5 glass/day

Occupational history- Worked as a rubber tapper for 20 years- straining in bending & sitting posture
 Security for 2 years- long hours of standing
 At present engaged in farming- demanded carrying heavy weight and exertion

General examination

Built- Moderate
 Nutrition- Moderate

Pallor- Present
 Icterus- Absent
 Cyanosis- Absent
 Clubbing- Absent
 Lymphaedenopathy- Absent
 Oedema- Absent

Vitals

Pulse- 70bpm BP- 130/90 mmHg
 Respiratory rate- 15/ min Weight- 66kg

Locomotor System Examination

Gait- Antalgic gait, short steps
 All other joints- no abnormalities detected
 Motor & sensory system examination- No abnormalities noted
 Other system examination- No abnormalities noted

Samprapti Ghataka:

Dosha- Vata- Apana, Vyana
Dooshya- Kandara
Agni- Sadharana
Adhishtana- Kateepradesha
Rogamarga- Madhyama
Vyadhiavastha- Nava

THERAPEUTIC INTERVENTION: The details are mentioned in table-2, 3,4 .

Table1:Lumbar spine Examination

Inspection	Palpation	Range Of Movement
No swelling Slight reduction in lumbar lordosis	No tenderness No temperature rise	Flexion- partially restricted due to pain (40°) Extension- possible without pain (20°) Lateral bending – Rt- possible with pain-20° Lt- possible without pain- 30°

Table 2: Initial internal medications before starting *Snehapana*

Date	Medicine	Dose & time of administration	Duration
31/12/2025- 3/1/2026	<i>Gandharvahastadi Kashaya</i> + <i>Amritotharam Kashaya</i>	90ml twice daily(bd) before food (6AM, 6PM)	First 4 days
31/12/2025- 3/1/2026	<i>Gandharveranda Taila</i>	15ml- with <i>Kashaya</i> (6AM)	

Table 3: *Snehapana* with *Dhanwantaram Mezhukupaka*

	Medicine Dose <i>Dhanwantaram Mezhukupaka</i> + rocksalt	Time of Medicine Intake	Time of Appetite and Food Intake
DAY 1 - 4/1/2026	30ml	3pinch	6AM
DAY 2 - 5/1/2026	40ml	5pinch	6AM
DAY 3 - 6/1/2026	50ml	5pinch	6AM
DAY 4 - 7/1/2026	60ml	6pinch	6 AM
DAY 5 - 8/1/2026	60ml	6pinch	6AM
DAY 6 - 9/1/2026	60ml	6pinch	6AM
DAY 7 -10/1/2026	60ml	6pinvh	6AM

Table 4: Internal medication- During *Snehapana*

Date	Medicine	Dose & time of administration	Duration
4/1/2026 to10/1/2026	<i>Gandharvahastadi Kashaya</i> + <i>Amritotharam Kashaya</i>	90ml evening before food (6PM)	7 days
4/1/2026 to10/1/2026	<i>Gandharveranda Taila</i>	15ml with <i>Kashaya</i> (6PM)	

Table 5: Subjective parameters before & after treatment:

Subjective Parameters	Before Treatment (VAS Score)	After Treatment (VAS Score)
Pain over low back radiating to right lower limb	7+	1+
Stiffness in the low back	4+	0
Difficulty while walking	5+	0
Numbness over bilateral lower limb	5+	1+
Heaviness over right lower limb	4+	0

Table 6: Objective parameters before & after treatment:

Objective Parameters	Before Treatment	After Treatment
Range of Movement of Lumbar Spine- Measured using goniometer		
a. Forward Flexion	40° partial restriction due to pain	90° possible with slight pain
b. Extension	20° possible without pain	20° possible without pain
c. Right lateral flexion	20° possible with pain	30° possible without pain
d. Left lateral flexion	30° possible without pain	30° possible without pain
Straight Leg Raise TEST		
a. Right	Positive (40°)	Negative
b. Left	Negative	Negative
BRAGARD'S TEST		
a. Right	Positive	Negative
b. Left	Negative	Negative
GAIT	Antalgic, short step	Normal

After 11 days of treatment, the patient showed marked clinical improvement, with reduced pain, numbness, stiffness, along with significant improvement in gait. Study was conducted during the time of admission of the patient.

DISCUSSION:

The presenting symptoms of the patient correlate with the features of *Vatika Gridhrasi* in Ayurvedic literature. Patient experienced a fall hitting back [*Abhighata*] long years ago which would have led to *Vata* and *Rakta* vitiation and would have produced a *Khavaigunya* in the *Katipradesha*. Patient used to experience occasional low back pain since then and during aggravation he used to manage it at home with oil and hot application.

Jobs undertaken by him demanded straining in bending posture, sitting [*Vishama Asana*], heavy work, travelling [*Kriya Atiyoga Ati Adhwa, Vyayama*] and carrying heavy weight. All these together with *Ruksha Ahara Sevana* led

to *Vata* vitiation and due to the continuous exposure to *Nidanasa Sthanasamshraya* of vitiated *Dosha* take place in the *Katipradesha*. Aggravated *Vata* causes *Rukṣata* and *Kharata* in the lumbar region, reducing disc elasticity and joint function, which may result in disc bulge and nerve compression. Nerve compression [*Sankocha*] causes radiating pain to the low back, gluteal region, calf, and left lower limb and patient experiences difficulty lifting the leg [*Sakthi Utkshepana Nigrahana*]

Apart from *Siravyadha, Agnikarma, Basti* no specific treatment principle is detailed in *Samhitas* for *Gridhrasi*. So general *Vatavyadhi Chikitsa* is to be adopted.

Shamana Snehapana is a unique method of internal administration of *Sneha Dravya* mentioned in the classics^[7]. *Shamana Snehapana* brings the aggravated *Doṣas* to normalcy without eliminating them or disturbing the balanced *doṣas*^[8]. It is the administration of *Sneha* during mealtime (*Annakala*) on empty stomach (*Ananno*), when one feels hungry^[9]. In the present era, patients are often unable to tolerate large doses of *Sneha*^[10]. Hence, it is appropriate to adopt the principle of *Sarngadhara*, wherein the dose of *Sneha* is determined based on the condition of *Doṣa*, *Kala*, *Agni*, and *Vyadhi* of the patient^[10].

Taila is regarded as a primary therapeutic agent for *Vata* disorders owing to its *Snigdha*, *Ushna*, and *Sukshma* qualities. *Taila Yogas* are commonly utilized in internal and external therapies such as *Abhyanga*, *Basti*, *Snehapana*, and *Nasya* as they are known for the potency in treating *Vata* disorders, neurologic conditions and musculoskeletal problems. It has unique properties like *Vyavyai*, *Ushna*, *Guru* and *Sneha* properties making it a unique formula in the treatment of *Vatavyadhi*^[11]. *Snehana* property of *Taila* imparts nourishment, *Snigdha* and *Ushna Gunas* combat *Ruksha* and *Sheeta Guna* of *Vata* and it pacifies *Vata* without increasing *Kapha Dosh*^[12].

Proper selection of *Taila* based on *Dosha*, *Dushya* and disease stage, enhances therapeutic efficacy. *Dhanwantaram taila* detailed in the *Garbhavyapad Sareera* and in the indications *Sarvavatavikara* is included^[13]. *Taila* is used in the

Madhyama Paka/ Chikkana Paka for Pana^[14]. *Dhanwantaram Mezakupaka* has *Vatahara* property. It has ingredients like *Bala*, *Ashwagandha*, and *Dashamoola* which calm the nervous system and relieve pain, stiffness, and neurological symptoms. Ingredients like *Bala* and *Ashwagandha* support myelin sheath repair and nerve regeneration. Internal administration pacifies *Vata*, enhances *Srotoshodhana*, aiding in symptomatic and systemic relief of symptoms, also act as *Brimhana* and *Rasayana*^[11].

Internal Medications Apart From *Snehapana*:

Gandharvahastadi Kashaya, *Amrutotharam Kashaya* and *Gandharveranda taila* were administered to bring about *Anulomana* and improve *Agni* prior to *Snehapana* and continued throughout the course of *Snehapana*.

CONCLUSION:

This case report illustrates the effective management of *Gridhrasi* (Sciatica) through a comprehensive Ayurvedic treatment protocol. Following the therapeutic interventions, the patient demonstrated marked improvement in gait, reduction in pain, and a significant increase in the range of movements. These clinical improvements indicate the beneficial role of Ayurvedic management in alleviating the symptoms associated with *Gridhrasi* (Sciatica).

The outcomes of this case suggest that Ayurveda may serve as a promising and holistic approach in the management of *Gridhrasi*, particularly in situations

where conventional treatment modalities provide limited relief or fail to produce satisfactory results. This case also highlights the potential of Ayurvedic therapies in improving functional ability and enhancing the overall quality of life of patients suffering from Sciatica.

Consent of patient: Written informed consent was obtained from the patient for publication of this case report.

Limitation of the study: As this report is based on a single case, the findings cannot be generalized. Therefore, further studies involving larger sample sizes are required to validate and substantiate these observations.

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