

Ayurvedic Management of *Vata-Kapha Gridhrasi (Sciatica)*: A Single Case Report

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ABSTRACT:

Gridhrasi, classified in Ayurveda as a *Vatavyadhi*, is a common disorder characterized by radiating pain, stiffness, and difficulty in walking, resembling the gait of a vulture (*Gridhra*). The condition primarily arises from vitiation of *Vata Dosha*, and when *Kapha* is also involved, it manifests as *Vata -Kaphaja Gridhrasi*. Clinically, it correlates with Sciatica in modern medicine, presenting as pain radiating from the lumbar region along the posterior aspect of the thigh and leg, often accompanied by restricted movement and impaired daily activities. This case report presents the Ayurvedic management of *Vata Kaphaja Gridhrasi* through internal medications. A 45-year-old male presented with chronic low back pain radiating to the right heel for six months and numbness over the right sole for one week. MRI revealed disc extrusion at the L5-S1 level with nerve root impingement. The patient was treated with Ayurvedic therapies including *Lepana*, *Swedana*, *Vaitarana Vasti*, *Kati Vasti*, and *Pizhinju Thadaval*, along with internal Ayurvedic formulations. Significant improvement was observed in pain, numbness, and range of motion by the end of the treatment. This case demonstrates the effectiveness of integrative Ayurvedic therapy in managing *Gridhrasi (Sciatica)*, emphasizing its role in pain reduction, functional restoration, and improvement of quality of life in patients with lumbar disc pathology.

KEYWORDS: Ayurveda, *Gridhrasi*, Sciatica, *Vatavyadhi*, *Vasti*

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INTRODUCTION:

Vatavyadhi or disorders caused by vitiation of *Vata Dosha* are among the most prevalent health issues described in Ayurveda, affecting nearly every individual at some point in life. *Gridhrasi* is one of the eighty *Vataja Nanatmaja Vyadhi* mentioned in classical texts [1]. The name *Gridhrasi* is derived from the term "*Gridhra*" (vulture), symbolizing the peculiar limping gait of the patient due to intense pain and restricted movement. During walking, the patient tends to lean towards the affected side, keeping the painful leg flexed and the opposite one extended, resembling a bird's posture.

According to Acharya Charaka, *Gridhrasi* originates from the aggravation of *Vata Dosha*, initially affecting the *Sphik* (hip) region and then spreading to the *Kati* (waist), *Prishta* (back), *Uru* (thigh), *Janu* (knee), *Jangha* (calf), and *Pada* (foot) in sequence. The symptoms include *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness), and *Spandana* (twitching), along with difficulty in lifting the leg^[1]. Based on *Dosha* involvement, it is classified into *Vataja* and *Vata -Kaphaja Gridhrasi*. In the latter, features like heaviness, drowsiness, and loss of appetite accompany the typical *Vataja* symptoms. Acharya Sushruta attributes *Gridhrasi* to excessive strain on the lower limbs, leading to *Vata* aggravation and pain radiating downwards [2].

In modern medicine, the condition can be closely correlated with Sciatica, which refers to pain radiating along the course of the sciatic nerve beginning

from the lumbar region and extending through the posterior aspect of the thigh and leg [3]. It is commonly caused by nerve root compression, usually due to intervertebral disc herniation, and may present with sharp, shooting pain accompanied by numbness, tingling, or weakness [4]. Though low back pain is experienced by most adults, true sciatica occurs in about 5% of the population, predominantly between 30 and 50 years of age [5].

Modern medical management of sciatica largely relies on analgesics, muscle relaxants, or surgical interventions, which often provide only temporary relief and may cause adverse effects. Hence, there is a growing need for safe, conservative, and sustainable treatment modalities. Ayurveda offers a comprehensive approach through *Snehana* (oleation), *Swedana* (sudation), *Vasti* (therapeutic enema), *Siravyadha* (bloodletting), and *Agnikarma* (therapeutic cautery). Among these, *Vasti Chikitsa* is regarded as *Ardha Chikitsa* (half of all treatments) for *Vatavyadhi*, as it effectively pacifies *Vata* while balancing *Pitta*, *Kapha*, and *Rakta* [6].

In the present case, the patient was managed with *Shamana Chikitsa* (pacifying therapy) and *Shodhana Chikitsa* (purificatory therapy) through selected procedures, along with appropriate *Pathya-Apathya* regimen, resulting in significant clinical improvement.

CASE REPORT:

A 45 year old moderately built male patient hailing from kannur was admitted in IPD male ward, Department of Roganidana, Government Ayurveda College Hospital, Pariyaram ,Kannur ,on 26th June 2023 with complaints of lowback pain since 4 years, radiating pain from low back to heel through back of right leg for the past 6 months, and numbness over right sole for 1 week .The patient had no history of diabetes mellitus, hypertension, or dyslipidemia. The condition began following a fall from a height four years ago, during which he landed on his back and sustained pain and bruising over the lower lumbar region. The pain gradually increased over time, becoming continuous and radiating down the right leg. It was aggravated by prolonged standing, sitting, and physical exertion and relieved by rest. The patient had previously taken allopathic treatment and physiotherapy but obtained only temporary relief. As symptoms worsened, he sought Ayurvedic management for sustained recovery. No urinary, bowel, or other neurological disturbances were reported. There was no significant family history of similar

illness. Personal history revealed reduced appetite, disturbed sleep ,regular bowel habits, normal urination and mixed diet. He was working as a taxi driver. MRI Spine(24/04/2023) revealed disc bulge at L4-L5 level intending on the thecal sac, no neural compression and disc extrusion at L5-S1 level extending the thecal sac causing narrowing of right lateral recess and impinging right transverse nerve root.

Diagnosis:

Modern-Sciatica due to disc herniation
Ayurveda-*Vata Kaphaja Gridhrasi*

THERAPEAUTIC INTERVENTION:

The internal medications and procedures done in this case are detailed in the table 2 and 3 respectively.

OBSERVATION AND RESULTS

Patient had remarkable relief in the signs and symptoms after treatment. Based on the subjective and objective criteria patient was assessed both before and after treatment and observed results are mentioned in table 4 and 5 respectively.

Table 1: Gradation of Subjective Parameters

1.1. Ruk(pain)

No pain	0
Occasional pain	1
Continuous pain after movements	2
Continuous pain	3

1.2. Toda (pricking pain)

No pain	0
Occasional pricking sensation	1
Continuous pricking sensation after movements	2
Continuous pricking sensation	3

1.3. Sthambha (stiffness)

No stiffness	0
Stiffness lasting for 5 minutes	1
Stiffness lasting for 5 minutes-1 hr	2
Stiffness lasting more than 1 hour	3

1.4. Spandana (twitching)

No twitching	0
Occasional twitching	1
Continuous twitching after movements	2
Spontaneous and frequent	3

1.5. Graha (Restricted movements)

Forward bending up to toes	0
Forward bending up to mid leg	1
Forward bending up to knee	2
Forward bending up to mid-thigh	3

1.6. Gourava (Heaviness)

No heaviness in body	0
Feel heaviness in body but it doesn't hamper routine work	1
Feel heaviness in body which hamper daily routine work	2
Feel heaviness in body which hamper routine work	3

1.7. Aruchi (Anorexia)

Equally willing towards all foods	0
Willing towards some specific foods	1
Willing towards bitter, sour, sweet foods	2
Unwilling for any food	3

1.8. Tantra (Stupor)

Normal mental and physical alertness	0
Stupor lasting only in morning	1
Stupor lasting till afternoon	2
Stupor lasting throughout the day	3

1.9.Supti (Numbness)

No numbness	0
Mild numbness	1
Moderate sensory loss	2
Severe/complete numbness	3

Table2: Internal medications

Medicine	Dose	Time	Classical reference
1.Gandharvahasthadi kahayam +Amrithotharam kashayam	90ml	6am,6pm	Sahasrayogam [7]
2.Nirgundi eranda tailam capsule	3 capsules	Bed time	Sahasrayogam [7]
3.Dhanwantharam gulika	3 tablets	9am,3pm	Sahasrayogam [7]
4.Trayodasanga guggulu	2 tablets	9am,9pm	Bhaishajyaratnavali [8]

Table 3: Treatment Procedures

Date	Treatment	Medicines	Duration
26/6/23-07/07/23	Lepanam over low back	Nagaradilepa choornam with dhanyamla	30 minutes
01/07/23-07/07/23	Swedana	Valukasweda	45 minutes
08/07/23-14/07/23	Vasti	Vaitarana vasti	
15/07/23-21/07/23	Abhyanga+Ushmasweda	Murivenna+Sahachar adi tailam	45 minutes
22/07/23-28/07/23	Kativasti	Murivenna	1 hour
29/07/23-04/08/23	Pizhinjuthadaval	Sahacharadi tailam+Kottamchukk adi taila	45 minutes

Table 4: Results on Subjective parameters:

Signs and symptoms	Before treatment	After treatment
<i>Ruk</i> (pain)	3	1
<i>Toda</i> (pricking pain)	2	0
<i>Sthambha</i> (stiffness)	2	0
<i>Graha</i> (restricted movement)	3	1
<i>Spandana</i> (twitching)	0	0
<i>Gourava</i> (heaviness)	3	0
<i>Aruchi</i> (anorexia)	1	0
<i>Tantra</i> (stupor)	0	0
<i>Supti</i> (numbness)	1	1

Table 5: Results on Objective parameters:

	At the time of admission	At the time of discharge
Complaints	Low back ache radiating to right leg up to heel through posterior aspect	Low back pain reduced considerably, radiating pain disappeared
	Numbness over right sole	Frequency of occurrence numbness over sole reduced
Palpation T10, T11, T12	Tenderness grade 1	No tenderness
L1, L2	Tenderness grade 2	No tenderness
L3, L4, L5, S1	Tenderness grade 3	Tenderness grade 1
Right SI joint	Tenderness grade 1	No tenderness
Range of movement Lumbar flexion	Painful	Possible with slight pain
Extension	Painful	Possible without pain
Lateral bending	Painful	Possible without pain
Lateral flexion	Painful	Possible without pain
VAS	8	1
Special test SLR	Right-pain elicited at 50 degrees	Negative
Bragards test	Right positive	Negative
Lasegue test	Right positive	Negative
Gillies test	Right positive	Negative
Flip test	Right positive	Negative
Flair test	Right positive	Negative

DISCUSSION:

In the present case, the patient was diagnosed with *Vata-Kaphaja Gridhrasi*. The etiological factors observed in this patient included *Abhighata* (trauma), *Atisamkshopana*, *Ratrijagarana*, intake of *Guru* and *Abhishyandi Ahara*, and *Divaswapna*, which are known to aggravate *Vata* and *Kapha Doshas*. Initially, the patient experienced *Poorvarupa* in the form of pain and stiffness in the low back region. Gradually, the condition progressed to manifest classical *Rupa* such as pain in the lumbar region radiating towards the thigh, calf, and foot, difficulty in walking, and numbness over the right sole. The symptoms were partially relieved by *Ushnopachara* and *Vishrama*, indicating the predominance of aggravated *Vata Dosh*. The pathogenesis in this case can be explained by the history of *Abhighata*, which led to *Vata-Rakta dushti* localized at *Katipradesha*. Improper management resulted in chronic aggravation of *Vata* leading to recurrent pain. Continuous driving and intake of *Guru* and *Abhishyandi Ahara* contributed to *Mandagni* and *Kapha dushti*, while *Ratrijagarana* further aggravated *Vata*. These factors collectively resulted in the vitiation of *Rasa Dhatu* and involvement of *Asthivaha* and *Majjavaha Srotas*. The presence of *Khavaigunya* at *Katipradesha* facilitated the localization of vitiated *Doshas*. Consequently, the aggravated *Vata-Kapha Doshas* affected *Snayu* and *Kandara*, leading to symptoms such as *Shoola* (pain), *Supti* (numbness), and *Stambha* (stiffness). Radiating pain along the lower limb

occurred due to the aggravated *Vata Dosh*, whereas *Kapha-Rasa dushti* produced *Avarana*, manifesting as *Gourava* and *Arochaka*, which are characteristic features of *Vata-Kaphaja Gridhrasi*.

The treatment principle adopted in this case was aimed at *Vata -Kapha shamana*, *Srotoshodhana*, and *Vedana nigrhana*. Both *Shodhana* and *Shamana chikitsa* were employed.

Initial internal medications were mainly given for *Amapachana*. Medications like *Gandharvahastadi kashaya* and *Amruthotharam kashaya* were selected for their *Vata-Kapha hara*, *Pachana*, *Deepana*, and *Srotoshodhaka* properties. *Gandharvahastadi kashaya* acts as a mild *Virechaka* aiding in *Vata anulomana*, while *Amruthotharam kashaya* helps in removing *Ama* and *Kapha Avarana*. *Nirgundi eranda taila* and *Dhanwantharam gulika* provided *Vatanulomana* action. *Trayodasanga guggulu* acted as *Vata Kapha shamana* action

External procedures like *Lepanam*, *Swedana*, and *Vasti* were chosen as per *Vata-Kapha chikitsa siddhanta*.

Nagaradi lepa along with *Dhanyamla* reduces the localized *Ruk* and *Sthambha* through *Ushna* and *Tikshna Guna*. *Valuka Sweda* reduces the *Kapha Avarana*.

Vaitharana Vasti, being *Vata-Kapha hara* and *Srotoshodhaka*, effectively relieved *Ruk*, *Toda*, and *Sthambha*.

Kati Vasti with *Murivenna* nourished *Snayu* and *Asthi Dhatu* and promoted healing of affected structures.

Pizhichil with *Sahacharadi* and *Kottamchukkadi tailam* provided overall *Vata-Kapha shamana*, improved *Vyayama shakti*, and reduced neural irritation.

After the course of treatment, there was significant relief in major symptoms like *Ruk*, *Toda*, *Sthambha*, and *Supti*, as shown in the before–after assessment table. The overall improvement indicates effective *Vata-Kapha shamana*, *Srotoshodhana*, and *Vedanasthapana* achieved through combined *Bahya* and *Abhyantara Chikitsa*.

Thus, the line of management adopted in this case was consistent with the classical Ayurvedic approach to *Gridhrasi*, and the outcome demonstrates the efficacy of integrated *Shodhana* and *Shamana* measures in the management of *Vata-Kapha Gridhrasi*.

CONCLUSION:

This case of *Vata-Kapha Gridhrasi* was successfully managed with *Shodhana* and *Shamana Chikitsa* following classical Ayurvedic principles. *Vaitarana Vasti*, *Kati Vasti*, *Pizhichil*, and internal medications effectively pacified *Vata-Kapha*, corrected *Avarana*, and restored *Vata Gati*, providing sustained relief without adverse effects.

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Consent of patient:

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Limitation of study:

As a single case report, findings cannot be generalized; larger studies are needed.

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