SJIF Impact Factor (2025): 8.688| ISI I.F. Value: 1.241| Journal DOI: 10.36713/epra2016 ISSN: 2455-7838(Online)
EPRA International Journal of Research and Development (IJRD)
Volume: 10 | Issue: 10 | October 2025 - Peer Reviewed Journal

AN AYURVEDIC MANAGEMENT OF *Vātaja Gridhrasī* WITH *Śephalipatra Kwātha* : A CASE STUDY

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Article DOI: https://doi.org/10.36713/epra24518
DOI No: 10.36713/epra24518

ABSTRACT

Gridhrasi, one among the Nānātmaja Vātavyādhi described in Ayurveda, is characterized by Ruk (radiating pain), Stambha (stiffness), Toda (pricking sensation) and Sakti Utkṣepa Nigrahaṇa (difficulty in lifting the leg). It closely correlates with sciatica in modern medicine, where nerve root compression or irritation leads to similar symptoms. The condition mainly arises due to vitiation of Vāta Doṣa, particularly Apāna and Vyāna Vāyu, resulting in Srotorodha and neuromuscular dysfunction.

This case report presents the successful Ayurvedic management of a 37-year-old male diagnosed with Vātaja Gridhrasi (right-sided sciatica) for three years. The patient was treated with Śephalipatra Kwātha (decoction of Nyctanthes arbor-tristis leaves) 50 ml twice daily for 30 days, administered on an empty stomach without any external therapy. Remarkable improvement was noted from the second week, and by the end of treatment, all major symptoms, pain, stiffness, pricking sensation, and difficulty in leg movement, had remarkably subsided.

Post-treatment assessment showed normalization of the Straight Leg Raising Test and negative Bragard's sign. The results can be attributed to the Vātahara, Vedanasthāpana, and Śothahara properties of Śephalipatra, supported by its scientifically proven anti-inflammatory and analgesic actions. This case highlights the potential of classical Ayurvedic formulations in managing neuromuscular disorders like sciatica, providing safe, effective, and holistic relief without adverse effects.

KEYWORDS: *Vātaja Gridhrasi*, Sciatica, *Śephalipatra Kwātha, Nyctanthes arbor-tristis*

INTRODUCTION

Gridhrasī is one among the *Nānātmaja Vātavyādhi* described in classical Ayurvedic texts, characterized by *Ruk* (pain), *Stambha* (stiffness), *Toda* (pricking sensation), *Muhuspandana* (twitching), and *Sakthi Utkṣepa Nigrahaṇa* (difficulty in lifting the limb)[1]. The condition manifests as radiating pain from the *Kaṭi* (lumbar region) to the *Pāda* (foot), resembling the modern clinical entity Lumbago Sciatica Syndrome[2]. In contemporary medicine, Sciatica results from irritation or compression of the sciatic nerve roots, often due to lumbar disc herniation or spondylotic changes[3].

Ayurveda attributes the disease primarily to vitiation of *Vāta Doṣa*, particularly *Apāna* and *Vyāna Vāyu*, leading to *Srotorodha* (obstruction of channels) and subsequent neuromuscular dysfunction[4]. According to Ayurvedic principles, *Gridhrasi* is primarily classified into two types: *Vataja* and *Vata-Kaphaja Gridhrasi*[5]. *Vataja Gridhrasi* manifests with predominantly *Vata* symptoms including *Ruk* (pain), *Stambha* (stiffness), *Toda* (pricking sensation), and *Spandana* (twitching), while *Vata-Kaphaja* variant additionally presents with *Tandra* (drowsiness), *Gaurava* (heaviness), Arochaka (anorexia), and *Mukhapraseka* (excessive salivation)[6].

Contemporary management of sciatica includes pharmacological interventions such as NSAIDs, muscle relaxants, and opioid analgesics, along with physiotherapy and surgical interventions in severe cases[7]. However, these approaches often provide temporary symptomatic relief with potential adverse effects and do not address the root cause of the condition. *Ayurveda* offers a holistic approach through internal medications, *Panchakarma* procedures, and lifestyle modifications that target the underlying pathophysiology.

Sephālipatra Kwatha (decoction of Nyctanthes arbor-tristis leaves) has been specifically mentioned in *Chakradatta* for the management of chronic *Gridhrasi*[8] . The drug possesses *Tikta Rasa*, *Laghu Ruksha Guna*, *Ushna Virya*, and *Katu Vipāka*, making it

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particularly effective in pacifying aggravated *Vāta Dosha*[9] . Nyctanthes arbor-tristis has been scientifically validated for its anti-inflammatory, analgesic, and immunomodulatory properties[10]

This case study presents the successful management of a chronic case of *Vātaja Gridhrasi* with *Sephālipatra Kwātha*, demonstrating complete resolution of symptoms within 30 days of treatment, thereby highlighting the therapeutic efficacy of this classical Ayurvedic formulation.

CASE REPORT

History of Present Illness

A 37-year-old male driver presented with pain in the lower back and posterior aspect of the right lower limb for three years. The pain was insidious in onset, shooting in nature, radiating from the gluteal region down to the right thigh and leg, which is associated with stiffness, pricking sensation and difficulty in lifting the right leg. The intensity of pain was moderate initially but progressively increased over time. The pain significantly aggravated during prolonged sitting (especially while driving), climbing stairs, forward bending, and lifting heavy objects. Mild relief was experienced with rest and local heat application. The patient had taken allopathic analgesics and muscle relaxants intermittently with temporary symptomatic relief but no sustained improvement. There was no history of trauma, fall, or accident.

Past History

- No history of diabetes mellitus, hypertension, tuberculosis, or other chronic illnesses
- No history of previous surgeries
- No known allergies

Family History

- No significant family history of similar complaints
- No hereditary disorders reported

Personal History

- **Diet:** Mixed, adequate quantity
- **Appetite:** Good
- **Lifestyle:** Regular physical activity, normal sleep, occasional daytime nap
- **Addiction:** Tea (2–3 cups/day)
- **Bowel and bladder:** Regular
- **Sleep :** Sound
- **Exercise:** Regular light exercise

Dasavidha Pariksha

1. *Prakriti: Vata Pittaja*
2. *Vikriti: Madhyama Bala Vyadhi*
3. *Sāra: Madhyama Sara Purusha*
4. *Samhanana: Madhyama*
5. *Pramāna: Madhyama Sharira*
6. *Satva: Madhyama Satva*
7. *Satmya: Madhyama*
8. *Ahāra Shakti: Madhyama*
9. *Vyayāma Shakti: Madhyama Bala*
10. ***Vaya:*** *Madhyama Vaya*

Ashtavidha Pariksha

1. *Nadi: Vāta-Pittaja* (72/min)
2. *Mutra: Prakrita varna, Madhyama Mātra*
3. *Mala: Nirama,* regular
4. *Jihwa: Prakrita varna*, slightly coated (*Salipta*)
5. *Shabda*: Clear and distinct
6. *Sparsha: Ruksha, Ushna*
7. *Drik: Prakrita*
8. *Akriti: Sama*

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CLINICAL FINDINGS

General Examination

- Built: Medium
- Nourishment: Adequate
- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent
- Clubbing: Absent
- Lymphadenopathy: Absent
- Edema: Absent
- Gait: Antalgic gait observed

Vital Parameters

- Pulse Rate: 72/min, regular
- Blood Pressure: 120/80 mmHg
- Respiratory Rate: 18/min
- Temperature: 98.4°F
- SPO2: 98% at room air
- Height: 160 cm, Weight: 66.5 kg

Systemic Examination

- **CNS, CVS, RS, Abdomen:** Normal

Locomotor System:

- Inspection: No visible deformity, swelling, or redness; lumbar lordosis maintained
- Palpation: Tenderness present over right sacroiliac joint and sciatic notch; no local rise of temperature or swelling
- Range of Movements:
    - Lumbar spine: Flexion - moderately restricted (++), Extension - normal, Lateral flexion - mildly restricted bilaterally (++)
    - Right Hip: All movements present but painful at extremes

Neurological Examination

- Motor System: Power 5/5 in all muscle groups of bilateral lower limbs; tone normal; no muscle wasting
- Sensory System: Sensation intact to touch, pain, and temperature in all dermatomes
- Reflexes: Knee jerk - normal bilaterally; Ankle jerk - normal bilaterally; Plantar reflex - flexor bilaterally

Special Clinical Tests (Before Treatment)

Test	Before Treatment
SLRT (Right)	51°–70° (Grade 1)
Bragard's Test (Right)	Positive
X-ray Lumbosacral Spine	Grade 1 anterolisthesis of L5 over S1; mild disc space reduction

Table No:1 Clinical assessment before treatment

Srotas Pariksha

- *Prānavaha Srotas:* Unaffected
- *Udakavaha Srotas:* Unaffected
- *Annavaha Srotas:* Unaffected
- *Rasavaha Srotas*: Unaffected
- *Raktavaha Srotas*: Unaffected
- *Mamsavaha Srotas:* Affected (dushti lakshanas present)
- *Medovaha Srotas:* Affected
- *Astivaha Srotas*: Affected
- *Majjavaha Srotas*: Affected
- *Shukravaha Srotas*: Unaffected
- *Purishavaha Srotas*: Unaffected
- *Mutravaha Srotas:* Unaffected

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- *Swedavaha Srotas*: Unaffected

Srotas involvement: *Māṃsavaha, Medovaha, Asthivaha, and Majjavaha Srotas*
Srotoduṣṭi type: *Sanga*
Rogamārga: *Madhyama*
Samprāpti Ghaṭaka:

- *Doṣa – Vāta*
- *Duṣya – Māṃsa, Medas, Asthi, Majja*
- *Agni – Samāgni*
- *Āma* – Absent

Provisional Diagnosis: *Vātaja Gridhrasī*
Modern Correlation: Sciatica (Right-sided)
Therapeutic Intervention
The patient was administered *Śephālipatra Kwātha* 50 ml twice daily on an empty stomach with lukewarm water for 30 days. No external therapies were given. The *Kwātha* was freshly prepared as per *Cakradatta Vātavyādhi Rogādhyāya* reference[11].

Drug Details
Drug Name: *Sephālipatra Kwatha* (Decoction of *Nyctanthes arbor-tristis* leaves)
Botanical Name: *Nyctanthes arbor-tristis* Linn.
Family: Oleaceae (Nyctanthaceae)
Rasapanchaka

- *Rasa: Tikta*
- *Guna: Laghu, Ruksha*
- *Virya: Ushna*
- *Vipaka: Katu*
- *Prabhava: Vedanāsthapana*

Doshaghnata**:** *Kapha-Vatahara*
***Karma*[12]:**

- *Vedanāsthapana*
- *Shothahara*
- *Vātaghna*
- *Deepana*
- *Jvaraghna*
- *Raktashodhaka* etc.

Therapeutic Indications: *Agnimandya, Vibandha, Krmiroga, Gṛidhrasi, Vataroga, Mutrakrichra, Tvagdoṣa, Jirnajvara, Sandhivata, Sotha, Amavata* etc.

Pathya–Apathya: Light, warm, unctuous diet; avoidance of *Rūkṣa*, *Śīta*, *Ativyayāma* (excess exertion), and day sleep.

Observation and Results
Subjective parameters like *Ruk*, *Stambha*, *Toda*, and *Sakthi Utkṣepa Nigrahaṇa* were graded at baseline, 15th day, and 30th day. Marked improvement was observed from the second week onward.

Clinical Feature	Day 0	Day 15	Day 30	% Improvement
Pain (*Ruk*)	2	1	0	100%
Stiffness (*Stambha*)	2	1	0	100%
Pricking sensation (*Toda*)	2	1	0	100%
Difficulty lifting leg (*Sakthi Utkṣepa Nigrahaṇa*)	**1**	**1**	**0**	**100%**

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Table No:2 Assessment of parameters

Diagnostic Tests

Test	Before Treatment	After Treatment
SLRT (Right)	51°–70° (Grade 1)	>70° (Grade 0)
Bragard's Test (Right)	Positive	Negative
X-ray Lumbosacral Spine	Grade 1 anterolisthesis of L5 over S1; mild disc space reduction	No progression; clinical improvement

Table No:3 Clinical assessment before and after treatment

Overall response: *Remarkable* (≥76% improvement)

DISCUSSION

In *Vātaja Gridhrasī*, *Vāta Doṣa* gets aggravated due to indulgence in *Rūkṣa*, *Śīta*, and *Ativyayāma* Nidāna, causing *Srotorodha* in *Māṃsa, Medas, Asthi,* and *Majjavaha Srotas*, leading to pain, stiffness, and restricted mobility[13]. This mechanism parallels the modern pathophysiology of nerve root irritation and neurogenic inflammation observed in Sciatica[14].

Śephalipatra (*Nyctanthes arbor-tristis Linn.*) possesses *Tikta Rasa*, *Laghu Rūkṣa Guṇa*, *Uṣṇa Vīrya*, and *Katu Vipāka*, with *Vāta Kaphahara* and *Vedanasthāpana* properties[15]. These attributes correct *Vāta vitiation*, reduce *Srotorodha*, and alleviate pain. Modern studies have demonstrated anti-inflammatory, analgesic, and muscle relaxant effects of *Nyctanthes arbor-tristis* leaf extract, supporting its efficacy in neuropathic conditions[16].

From the modern perspective, the condition correlates well with lumbosacral radiculopathy with sciatica, characterized by compression or irritation of the L5-S1 nerve root. The radiological finding of Grade 1 anterolisthesis with mild disc space reduction supports this correlation. However, the complete symptom resolution despite persistent structural changes highlights an important principle, symptomatic improvement can occur through reduction of inflammation and neural irritation even when anatomical abnormalities persist[17] .

The therapeutic effect observed in this patient, complete relief from *Ruk*, *Stambha*, *Toda*, and improved SLRT, indicates that *Śephalipatra Kwātha* effectively pacifies *Vāta Doṣa* and restores normal nerve conduction. The absence of *Āma* features further supports the use of *Rūkṣa, Tikta, Uṣṇa* preparations in *Nirāma Vātavyādhi*.

Studies have demonstrated that *Nyctanthes arbor-tristis* leaf extract significantly reduces inflammatory markers (TNF-α, IL-6, IL-1β) and exhibits analgesic activity comparable to standard NSAIDs, but without gastric irritation[18]. The immunomodulatory properties help in regulating the inflammatory response associated with nerve root irritation[19] .

The neuroprotective activity of the herb, demonstrated through its ability to reduce neuronal damage in experimental models, provides a scientific basis for its effectiveness in radiculopathy[20]. Furthermore, the muscle relaxant properties help alleviate paravertebral muscle spasm, contributing to pain relief and improved mobility[21].

Thus, the present case provides clinical evidence aligning with classical principles of *Samprāpti Vighatana* (breaking the pathogenesis chain) through *Deepana Pācana* and *Srotoshodhana* actions of *Śephalipatra Kwātha*.

CONCLUSION

This case demonstrates the effectiveness of *Śephalipatra Kwātha* as a simple, safe, and potent internal formulation for the management of *Vātaja Gridhrasī (Sciatica)*. Its dual action in alleviating *Vāta vitiation* and reducing *Srotorodha* correlates well with the modern understanding of reducing inflammation and nerve compression.

The persistence of structural abnormalities (anterolisthesis) despite complete symptom resolution emphasizes that symptomatic relief in sciatica can be achieved through management of inflammation and neural irritation rather than structural correction alone. This supports a conservative treatment approach and highlights the relevance of Ayurvedic principles of *Dosha Shamana.*

The result highlights *Ayurveda*'s potential in addressing neuromuscular disorders through individualized, *Dosha*-specific therapy. However, being a single case report, the findings warrant further validation through multi-centric randomized controlled trials with larger sample sizes, longer follow-up periods, and comparative studies with standard treatment protocols. Future research should also focus on standardization of the formulation, dose optimization, and elucidation of molecular mechanisms of action.

In conclusion, this case reaffirms the therapeutic wisdom of ancient Ayurvedic texts and demonstrates the continued relevance of traditional medicine in contemporary healthcare. It advocates for an integrative approach combining the holistic perspective of Ayurveda with modern diagnostic tools for optimal patient outcomes in managing lumbosacral radiculopathy and sciatica.

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