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AN INTEGRATIVE AYURVEDIC PERSPECTIVE IN THE MANAGEMENT OF GRIDHRASI: A CASE STUDY

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ABSTRACT

Gridhrasi, classified as a Śhūla-pradhāna Nānātmaja Vātavyādhi, manifests severe radiating pain originating from the Sphik (hip) and extending through the Kaṭi (low back), Ūru (thigh), Jānu (knee), Jaṅghā (calf) up to the Pāda (foot). Depending on Doṣa involvement, it is present in two major forms—Vātaja and Vāta-Kaphaja. Vātaja Gridhrasi is marked by Stambha (stiffness), Ruk (radiating pain), Toda (pricking pain) and Spandana (tingling sensation), whereas Vāta-Kaphaja includes additional features such as Tandrā (lassitude), Gaurava (heaviness) and Arochaka (loss of appetite). Owing to its symptomatology, Gridhrasi shows close clinical resemblance to sciatica, a condition marked by neuralgic pain or paresthesia along the sciatic nerve distribution.

Materials and Methods: *A single case study of a 61-year-old male patient presenting with complaints of chronic low back pain and tingling sensations radiating towards the right lower limb for the past three months. The treatment protocol included both Śodhana therapy (primarily Yoga Basti) and local procedures (Kaṭi Basti), along with Śhamana auṣadhis.*

Observations and Results:

Post-treatment evaluation using subjective and objective parameters showed marked improvement, with significant reduction in pain and radiating symptoms.

Discussion and Conclusion: *The therapeutic approach grounded in Vāta-śhamana and Vāta-kapha-hara principles—integrating Yoga Basti, Kaṭi Basti, and appropriate Śhamana auṣadhis—proved effective in alleviating the clinical manifestations of Gridhrasi. This case highlights the potential of Ayurvedic interventions in the successful management of sciatica-like conditions.*

KEYWORDS: *Gridhrasi, Sciatica, Vātavyādhi, Yoga Basti, Kati Basti, Shamana ausadhis.*

INTRODUCTION

Gridhrasi is one among the eighty *Vataja Nanatmaja Vyadhi* caused mainly due to vitiation of *Vata Dosha*[1]. The derivation of the word *Gridhrasi* has got various interpretations based on the gait of the patient or the pain felt by them. It is said that the pain is similar to that experienced by the prey when it gets pierced by a vulture. The *gati* of the patient resembles that of a *Gridhra* which can be related to the limping gait in Sciatica[2]. *Gridhrasi* is a condition in which the patient experiences *sthamba, ruk, toda*, and *spandana* over the *sphik, kati, prushta, uru, janu, jangha,* and *pada* in an order as described by Acharya Charaka[3]. Acharya Sushruta and Acharya Vagbhat explains *Sakthi utkshepa nigraha* as a clinical feature which means restricted leg raising[4]. This can be related to the straight leg raising test used in the diagnosis of Sciatica. Specific *nidana* for *Gridhrasi* is not mentioned in any of the classical literatures. As it is a *Vatavyadhi, samanya vatavyadhi nidana* and *vata prakopa karana's* can be considered as its *nidana. Vatavyadhi nidana* has been described in detail by Acharya Charaka.

The term 'Sciatica' is derived from the Greek word 'Ischion' and a Latin word 'Ischiadicus' which means pertaining to the hip joint or hip pain (Lars Gr)[5]. Sciatica is a syndrome characterized by pain radiating from the low back into the buttock and along the posterior or lower aspect of the lower limb[6](Do.M). Most commonly caused due to the protrusion of the degenerated L5-S1 disc that impinges upon the S1 nerve root. Various terms like Lumbar disc protrusion, Sciatic neuralgia or neuropathy, Cotugno disease, etc have been attributed as synonymous to Sciatica. The factors which affect the integrity of the lumbar spine like lifting heavy weights, sudden jerky movements to the lumbar region, and sudden or heavy fall hitting the gluteal region or low back are considered to be the main causative factors. The lesions like a lumbar canal or foraminal stenosis, tumors affecting the lumbar spine, hemorrhage, abscesses, fracture, cysts, etc are some of the conditions leading to Sciatica.

The importance of low back-related disorders in the industrial world cannot be over-emphasized. The lifetime incidence of this condition is estimated between 13% and 40%[6]. It is most commonly found in people of age 25 to 45 years. It is the most common disorder which affects the locomotory system, particularly in one's productive period of life. As it causes limitations in daily life activities, it must be diagnosed earlier, and appropriate management must be undertaken. The conventional management of Sciatica is limited to analgesics, anti-inflammatory drugs, and muscle relaxants in mild cases and Surgical management like Laminectomy, discectomy, etc is advised in chronic cases with severe neurological deficit.Whereas Ayurvedic management includes the administration of oral medications, *Snehana, Swedana, Shodhana, Basti, Agnikarma,* and *Raktamokshana* like procedures.

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The present study is thus aimed at management of a diagnosed case of *Vataja Gridhrasi* (Sciatica) by means of Ayurvedic treatment principles.

CASE REPORT

A 61-year-old male patient visited *Kayachikitsa* OPD of Gopabandhu Ayurveda Mahavidyalaya and Hospital, Puri, Odisha on date: 05.05.2025 with following details:

Patient name: XYZ
Age/ Sex: 61yr /Male
OPD No: 20074/4855/05.05.2025
DOA: 05/05/2025
DOD: 24/05/2025

Chief Complaints

Table no.1 Chief Complaints

Sl No.	Chief Complaints	Grade (VAS Score)	Duration
1.	Pain in low back region and radiating towards right leg and toe	5+	3 months
2.	Difficulty and pain in waking and bending forward	5+	
3.	Tingling Sensation in right leg	3+	
4.	Stiffness in right leg	3+	
5.	Numbness in right leg	3+	
6.	Loss of appetite	2+	1 month

History of Present Illness

The patient was apparently well before three months, then he gradually developed low back pain with tingling sensations radiating towards the right lower limb. He also experienced pain over the lateral aspect of the right ankle, for which he took allopathic medications but subsequently developed abdominal cramping. Despite further consultation at KIIMS, Bhubaneswar, he did not get significant relief. Over time, his symptoms progressed, with persistent lumbar pain radiating towards the right lower limb, difficulty walking long distances, and discomfort while sitting on flat surfaces due to pain. Although he received temporary relief from allopathic treatment, there was no complete recovery and the symptoms recurred. Having consulted multiple doctors without satisfactory improvement, the patient has now approached the Kayachikitsa OPD of our hospital seeking Ayurvedic management.

History of Past Illness

- No any specific accidental (trauma /fall) or surgical history.
- No any history of major illness like Hypertension or DM type-2 or Thyroid disorders.

Family History

No such relevant history found.

Personal History

- Diet – Mixed
- Appetite – Moderate
- Bowel – Constipated
- Micturition – Normal (4–5 times / day)
- Sleep - Disturbed because of pain

General Examination

- B.P:- 130/80mmHg
- Pulse rate:- 78/min
- Respiratory rate:-17/min
- Built:-Well built
- Pallor:- Absent
- Icterus:-Absent
- Cyanosis:-Absent
- Clubbing:- Absent
- Lymphadenopathy:-Absent
- Edema:- Absent

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Astavidha pariksha

- *Naadi:* 78/min, *Taala-sama,Gati- manduka,Bala- prakrut Doshic-Pittakaphaja*
- *Mala: Prakruta*
- *Mutra: Prakruta*
- *Jihva: lipta*
- *Shabda: Prakruta*
- *Sparsha: Anushna-sheeta, snigdha*
- *Druk: Prakruta*
- *Akruti: Madhyama*

Dasavidha pariksha

- *Prakriti: Pitta Kapha*
- *Vikriti: Kandara, Snayus*
- *Sara: Twak Sara, Asthi Sara*
- *Samhanana: Madhyama*
- *Pramana: Madhyama*
- *Satwa: Madhyama*
- *Satmya: Madhyama*
- *Ahara Shakti: Madhyama*
- *Vyayama Shakti: Madhyama*
- *Vaya: Jara*

Nidan Panchaka

***Hetu* (**Etiology**)**

Ahara: More intake of *Katu* and *Ruksha ahara*, *Atisnigda ahara* (more oily items).
Vihara: Lack of proper sleep.
Others: Age related.
Poorvarupa: Not observed.
Rupa: *Shula* (pain) in *Kati pradesha* (region) radiating towards Right lower limb.
Upasaya: Relieves on Rest.
Anupashaya: Aggravates on sitting, standing and walking.

Samprapti *:*

Nidan sevana
↓
Vatavriddhi
↓
Increased *Rukshta* and *Kharata* in *Kati* region
↓
Shula (pain) in *Kati*, *Prustra*, *Uru*, *Jaanu*, *Jangha* and *Paada*

Samprapti Ghataka

- *Dosha - Vata*
- *Dusya - Rasa, Rakta, Mamsa, Asthi, Majja*
- *Ama - Jatharagnijanyaama*
- *Agni- Jatharagnijanya*
- *Srotas- Rasavaha, Raktavaha, Mamsavaha, Asthivaha, Majjavaha*
- *Srotodusti prakara- Srotasanga*
- *Rogamarga- Madhyama*
- *Udbhavasthana- Pakwashaya*
- *Vyaktsthana- Sphik, Kati, Prusta, Uru, Jaanu, Jangha, Paada*
- *Rogaswabhava - Chirakari*
- *Sadhyasadyata - Yapya*

Systemic Examination

CNS- Fully conscious and well oriented to time, place and person, all cranial nerves are intact.
CVS- S1 and S2 heard normally, no murmur.

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RS- Centrally placed trachea, Normal vesicular breath sounds heard and no added sounds.
P/A - Soft, non-tender, no organomegaly.

Locomotory Examination

Inspection:

- Gait- Antalgic gait
- Deformity- No any deformity

Palpation

- Tenderness– Positive at L4 and L5
- Muscle tone– Good
- Muscle power– Right upper limb and lower limb– 5/5
  Left upper limb and lower limb– 5/5
- Range of movement of spine:
  - Forward flexion– limited to 47cm above ground.
  - Right lateral flexion – limited to 30° with pain.
  - Left lateral flexion– limited to 30° with pain.
  - Extension– limited to 10° with pain.

Special Test

Table no.2 Neurological examination

Tests	Left leg	Right leg
SLR test	Negative	Positive at 30˚
Bragard's test	Negative	Positive
Slump test	Negative	Positive
Flip test	Negative	Positive
Femoral nerve stretch test	Negative	Positive
Faber test	Negative	Positive
Coin test	47cm from ground	

Investigation (MRI Report date):04.04.2025

- L4-L5 & L5-S1 discs show posterior bulge producing mild compression of thecal sac & cauda equina fibres with mild bilateral neural foraminal narrowing.
- L3-L4 disc shows diffuse disc bulge producing mild compression of thecal sac & cauda equina fibres with mild bilateral neural foraminal narrowing.
- L1-L2 disc shows diffuse disc bulge producing mild thecal sac indentation.
- Lumbar spondylosis with degenerative changes in L4-L5 & S1 vertebral bodies with degenerative discs disease except L2-L3.

Therapeutic Intervention

The patient was advised with the following treatment

Shodhana chikitsa:

- *Deepana-pachana* with *Vaiswanara Churna.*
- *Abhyanga* with *Mahanarayan taila* and *Ruksha Churna Pinda Sweda* with *Kottamchukadi Churna* over LS Spine for first 7 days followed by *Patra pinda pottali Sweda, Sarvanga Bashpa Sweda* with *Dashmoola Kwatha* and *Kati Basti* with *Sahacharadi Taila* for next 7 days.
- *Virechana* - 5 Days *Shodhana Snehapana* with *Eranda taila* - 30ml-60ml-90ml-120ml-150ml, on 6 and 7th day *Sarvanga Bahya Snehana, Swedana* was done and on 8th day *Gandharvahastadi Eranda Taila* was given. After attaining *Madhyam Shuddhi* 5 Days of *Sansarjana Krama* was followed and *Yoga Basti* was done.
- *Yoga Basti - Anuvasana Basti* with *Sahacharadi Taila* - 60 ml
  Niruha Basti - Pañchatikta Ghṛita Kṣheera Basti.

Preparation of *Basti*

A decoction of 150 ml prepared from *Pañchatikta dravyas* was mixed with 250 ml of *godugdha* to obtain *Pañchatikta-siddha kṣheera*. This was combined with *Saindhava Lavaṇa* (5 g), *Madhu* (5 ml), and *Pañchatikta Ghṛita* (20 ml) to prepare the Basti formulation. The Basti was then administered, and the *Basti pratyāgamana kāla* was duly recorded.

- Subsequently, *Sirāvedha* was performed from a prominent vein at the *Gulpha Sandhi*, followed by conductive *Agnikarma* using *Tamra Śalākā* at the nerve root region of the sciatic nerve.

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Yoga basti

Table no.3 Schedule of *Yoga Basti*

Day	1	2	3	4	5	6	7	8
Basti	A	A	N	A	N	A	N	A

A-*Anuvasana Basti, N-Niruha Basti*

Shamana ausadhis

Table no.4 *Shamana ausadhis*

1	*Maharasnadi Kwatha*	15 ml with 30 ml warm water twice a day after food
2	*Panchamrita Louha Guggulu*	2-0-2 with luke warm water twice a day after food
3	*Aswagandha churna-3g + Pippali churna-2g*	5g with luke warm water twice a day after food

Pathya-Apathya

Table no.5 *Pathya-Apathya*

Pathya	***Apathya***
Ahara: *Kulathi, Masha, Godhuma, Raktashali, Navina Tila, Purana Shalyodana, Amla, Rasayukta Phala, Dadima, Draksha, Jambira, Badara, Patola, Shigru, Rasona, Kshira, Ghrita, Navneeta, Mamsa Rasa, Mudga Yusha, Dhanyamla, Tila Taila, Sasharpa Taila, Eranda Taila, Tambula, Ela, Kustha*	*Kalaya, Chanaka, Kanguni, Kodrava, Shyamaka, Nivara, Nishpava Beeja, Rajmasha, Karira, Jambu, Trinaka, Tinduka, Shushka Mamsa, Dushita Jala*
Vihara: *Sukhoshna Pariseka, Nirvata Sthana, Samvahana, Avagahana, Abhyanga, Brahmacharya, Ushna Pravarana, Agni Aatapa Sevana, Snigdha - Ushna Lepa*	*Vegadharana, Vyavaya, Vyayama, Vamana, Raktamokshana, Prajagarana, Diwaswapna, Adhava, Ati-Gaja-Ashwa-Ushtra-Yana Sevana*

OBSERVATIONS AND RESULTS

After completion of the treatment (*Shodhana* and *Shamana*), the patient showed mild relief in low back pain, tingling sensation, and numbness. The assessment was carried out using both subjective and objective parameters.

VAS(Visual Analogue Scale) Score

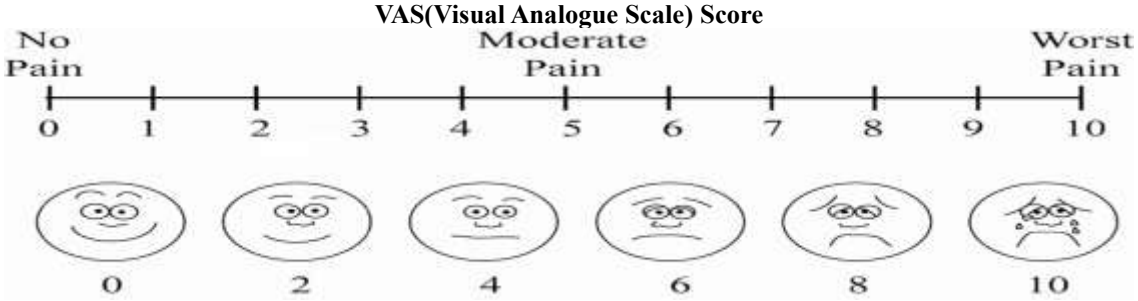


Table no.6 Subjective Parameter:

Sl No.	Subjective Parameter	Before Treatment (VAS Score)	After Treatment (VAS Score)
1	Pain in low back region and radiating towards right leg and toe	5+	2+
2	Difficulty and pain in waking and bending forward	5+	2+
3	Tingling Sensation in right leg	3+	1+
4	Stiffness in right leg	3+	1+
5	Numbness in right leg	3+	1+
6	Loss of appetite	2+	1+

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Table no.7 Objective Parameter

Sl No.	Objective Parameter	Before Treatment	After Treatment
1	SLR test(active)-Right leg	Positive at 30˚	Positive at 60˚
2	Bragard test- Right test	Positive	Negative
3	Slump test	Positive	Negative
4	Flip test	Positive	Negative
5	Femoral nerve stretch test	Positive	Negative
6	Faber test	Positive	Negative
ROM of Lumbosacral spine			
1	Forward flexion	47cm above ground	20cm above ground
2	Right lateral flexion	30° with pain	45° without pain
3	Left lateral flexion	30° with pain	45° without pain
4	Extension	10° with pain	20° without pain

DISCUSSION

Gridhrasi is caused by excessive aggravation of *Vāta,* which enters the *kandara* of the legs and toes, producing pain, stiffness, tingling, and difficulty in thigh extension. Aggravated *Vāta* in the lumbar region radiates along the posterior aspect of the lower limb and may be triggered by heavy work, lifting, trauma, or sedentary lifestyle. Aruṇadutta explains that *Vāta* in the tendons of the *kandara* causes pain on straight-leg raising and restricts thigh movement[7]. In modern medicine, sciatica describes a similar condition, with pain radiating along the sciatic nerve or its roots, often accompanied by deep-seated cramping in the buttocks, paraesthesia, and numbness in the lower extremities. Restricted SLR confirms the clinical diagnosis, while imaging can identify underlying causes such as lumbar degenerative changes, intervertebral disc prolapse, or mechanical nerve compression.

In this case of *Vātaja Gridhrasi*, the treatment was initially focused on *Vātanulomana* and *Shamana Aushadhis*, supported by *Rukṣha Piṇḍa Sweda* to alleviate pain, stiffness, and *Vāta* aggravation in the acute stage. Once the patient attained *Niramavastha, Snehana* and Panchakarma procedures such as *Patra Piṇḍa Sweda, Kati Basti, Anuvasana and Niruha Basti, Sirāvedha,* and *Agnikarma* were employed to pacify *Vāta*, restore normal neuromuscular function, and improve mobility.

Vaiswanara Chūrṇa[8], due to its *Deepana–Pāchana* and *Vātānulomana* properties, it helps in correcting *agni*, digesting *āma*, and relieving *Vāta–Kapha āvaraṇa*. Its *Uṣṇa* and *Tīkṣṇa guṇas* reduce pain and stiffness, thereby effectively breaking the *samprāpti* of *Gridhrasi* and improving functional mobility.

Maharasnadi kwatha[9] pacifies vitiated *Vata* through its *Ushna virya* and *Tikshna guna*, thereby reducing radiating pain, stiffness, and numbness along the sciatic pathway. With its *Shoolahara* and *Shothahara* properties, it relieves pain and local inflammation, and its *Srotoshodhaka* action clears micro-channel obstructions and removes *Ama*, improving circulation and nerve function. While supporting *Agni* and metabolism to prevent further *Vata* aggravation, it nourishes musculoskeletal and nerve tissues, enhancing strength, flexibility, and mobility of the lower limbs.

Panchamrita Louha Guggulu[10] in *Gridhrasi* pacifies Vitiated *Vata* and *Kapha* are pacified, it reduces *Shoola* and *Stambha* along the *Sphik*, *Kati*, *Uru*, *Jānu*, and *Pada*, and clears *Srotorodha*. Its *Shothahara* and *Varnya* properties alleviate inflammation and nourish *Snayu*, *Sandhi*, and *Asthi*, enhancing *Bala* and flexibility, while its *Rasayana* and *Balya* actions support tissue strengthening.

Ashwagandha churna[11] pacifies vitiated *Vata*, reduces *Shoola* and *Stambha*, strengthens *Snayu* and *Sandhi*, improves *Bala* and *Satva*, and enhances *Agni*, while its *Shothahara* and *Rasayana* properties support functional recovery.

Pippali Churna[12] Primarily pacifies vitiated *Vata* due to its *Ushna virya* and pungent taste, reducing pain, stiffness, and numbness along the sciatic nerve. With its *Deepana–Pachana* action, it improves digestion and metabolizes *Ama*, preventing obstruction in micro-channels (*Srotas*). Its *Srotoshodhaka* effect enhances circulation and nutrient supply to affected tissues. *Pippali*'s analgesic and anti-inflammatory properties relieve nerve inflammation, and its rejuvenating effect strengthens muscles and ligaments, supporting recovery and improving mobility.

Abhyanga with *Mahānārāyaṇa Taila*[13]acts as an effective *Vātaśāmaka* and *Śūlahara* therapy. The oleation corrects *Vāta*-induced *rukṣatā*, *kharatā*, and *pāruṣatā*, and imparts *snigdhatva*, *ślakṣṇatva*, and *mṛdutā* to the body. By restoring the normal *anuloma gati* of *Vāta*, it helps in reducing accumulated *Vāta* and thereby alleviates pain, stiffness, and other associated symptoms.

Rūkṣha Chūrṇa Piṇḍa Sweda with *Koṭṭamchūkādi Chūrṇa*[14] with its *Rūkṣha* and *uṣṇa* properties help in *āma-pācana*, *Kapha-śoṣaṇa*, and removal of *srotorodha*, thereby relieving *stambha* and *gaurava*. Its *swedana* action reduces pain, inflammation, and

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muscular stiffness, facilitates *Vāta anulomana*, and improves nerve function, leading to reduction in radiating pain and improvement in mobility.

Patra Piṇḍa Poṭṭalī Sweda (*PPS*) is a form of *Śaṅkara Sweda* and *Snigdha Sweda* indicated in *Vāta* and *Vāta-Kaphaja* dominant painful conditions. The combined effect of *snehana* and *swedana* helps in relieving *stambha* and *gaurava*, reducing inflammation, and correcting *Vāta*-induced stiffness and nerve compression. Owing to its *Vedanāsthāpana*, *Vātaśāmaka*, *Śothahara*, and *Dhātupoṣaka* properties, *PPS* strengthens muscles, joints, and nerves, improves circulation and tissue nourishment, and thereby effectively alleviates pain and functional disability in *Gridhrasi* (sciatica).

Sarvāṅga Bāṣpa Sweda with *Daśamoola Kwātha* acts by pacifying aggravated *Vāta* and *Vāta-Kapha Doṣa* in *Gridhrasi*. The *uṣṇa* and *swedana* effect relieves *stambha*, *gaurava*, and *śhūla* by promoting *srotoshodhana* and improving circulation. *Daśamoola*, with its *Vātaśhamaka* and *Śhothahara* properties, reduces inflammation, relaxes muscles, and alleviates nerve compression, thereby improving mobility and relieving radiating pain.

Kati Basti is an effective *Snigdha Swedana* therapy for low back pain and lumbosacral disorders, enhancing local circulation, nourishing muscles and nerves, relieving stiffness and spasms, and restoring flexibility in cases of intervertebral disc degeneration. Compromised *Shleshaka Kapha* leads to compression or inflammation of the *Gridhrasi Nadi*, causing severe pain. *Kati Basti* acts directly at the site of pathology, providing immediate relief. *Sahacharadi Taila*[15], with its *Snigdha guna*, *Ushna virya*, *Vata-Kaphahara*, *Tridoshaghna*, and *Adha Kaya Vata*-specific properties, promotes movement, offers *Vatahara*, *Bruhana*, *Pachana*, analgesic, and anti-inflammatory effects. Application at the *L4-L5* region effectively improves walking capacity and reduces pain intensity.

Urdhva Śhodhana prior to *Basti* is specifically advised in the management of *Gridhrasi* to ensure the effective action of *Basti* therapy. In the absence of *Urdhva Śodhana*, *Basti* may not yield optimal results; therefore, *Virechana* was performed first for *koṣṭha śhodhana*, followed by *Yoga Basti*. For *śodhana snehapāna*, *Eranda Taila* was administered, as it acts on *Rakta*, *Asthi*, and *Majjā Dhātu*, the principal *duṣyas* involved in *Gridhrasi*. *Sneha Virechana* helps in clearing *srotorodha*, pacifying aggravated *Vāta*, and restoring normal *Doṣa* movement. The *mṛdu* nature of *Sneha Virechana* thus facilitates rapid relief from *śūla* and enhances the overall efficacy of *Basti* therapy in *Gridhrasi*.

Pañchatikta Ghṛita Kṣheera Basti[16] is indicated in *Gridhrasi* where there is *duṣṭi* of *asthi–majjā-vaha srotas*. *Kṣheera Basti* is described in *Charaka Saṁhitā* as a principal therapy for *Vātavyādhi*, as it exhibits both *śodhana* and *snehana* actions, thereby removing *mārgāvarodha* and producing a *bṛṁhaṇa* effect. The rectal route facilitates effective absorption of lipid-soluble drugs, allowing rapid action on aggravated *Vāta*. *Pañchatikta Ghṛta*, being *Vāta–Pitta śāmaka*, *balya*, and *agnivardhaka*, enhances *dhātwāgni* and nourishes *asthi* and *majjā dhātu*, thereby reducing *dhātu kṣhaya* and slowing degenerative changes. The combined effect of *ghṛita* and *kṣheera* provides nourishment, stabilizes bone and nerve tissues, and helps alleviate symptoms of *Gridhrasi*.

Sahacharādi Taila Basti is indicated in *Vāta*-dominant disorders associated with muscle and joint stiffness. Its *guru* and *snigdha guṇas* help to pacify aggravated *Vāta Doṣha*, nourish muscle fibers, and restore normal neuromuscular function. The phytochemical constituents of *Sahacharādi Taila* exert a soothing and relaxing effect on muscles, tendons, and ligaments, thereby reducing stiffness and improving mobility.

Sirāvedha and *Agnikarma* act locally to relieve *Vāta*-induced pain and stiffness in *Gridhrasi*. *Sirāvedha* helps in removing *doṣa-dushti* and *rakta* stagnation, reducing pressure on nerve roots and improving local circulation. *Agnikarma*, especially with *Tamra Śalākā*, delivers controlled heat to the affected nerve and muscle tissues, pacifying aggravated *Vāta*, relaxing spasms, reducing inflammation, and promoting tissue repair. Together, these therapies decrease nerve compression, relieve radiating pain, and restore normal function of muscles and joints affected by sciatica.

CONCLUSION

This case study highlights the effective management of *Gridhrasi* using *Panchakarma* and *Shamana Chikitsa*. Both subjective and objective assessments showed significant improvement in symptoms and quality of life. The patient is currently able to perform daily routines comfortably. These outcomes suggest promising potential for this integrative approach in the management of *Gridhrasi*, as the main principle of Ayurveda states "*Rogasya Apunrbhava Iti Chikitsaha*" (Treatment is said to be complete only when, after mitigation, the disease does not relapse).

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