



## Effect Of *Panchakarma* And Physiotherapy In The Management Of *Gridhrasi* W.S.R. To Sciatica – Case Study

Dr. Harish Kulkarni<sup>1</sup>

Dr. Annapoorna K P<sup>2</sup>

HOD & Professor, Department of Panchakarma Ayurveda Mahavidyalaya and hospital hubli<sup>1</sup>

2<sup>nd</sup> year Pg Scholar Department of Panchakarma Ayurveda Mahavidyalaya and hospital hubli<sup>2</sup>

### ABSTRACT

**Introduction-** *Gridhrasi* is one of the most common disorders of *Vata*, which closely resembles with sciatica, which is characterized by pain or discomfort associated with sciatic nerve often accompanied by stiffness, numbness, and restricted mobility. It is one among *Vataja Nanatmaja Vikara*. Pain radiating from *Sphik* and extends to leg in the order as *Kati*, *Prishta*, *Uru*, *Janu*, *Jangha*, and *Pada*. The Prevalence of Sciatica Varies from 3.8% in the working population to 7.9% in the non-working population. In *Ayurveda* utmost importance has been given to *Panchakarma* treatment. *Basti Chikitsa* is called "*Ardha Chikitsa*" by our *Aacharyas* as it cures variety of diseases. **Materials and methods-** Single case study of a 60 year-old married patient who had been visiting an Ayurvedic hospital for *Gridhrasi* of the bilateral lower limb since five years and aggravated since two months had previously been diagnosed with a diffuse bulging of the L3-L4 intervertebral disc. She had eight days of *Panchakarma* therapy, which included *valuka sweda*, *Abhyanga Swedana*, *Erandamooladi niruha basti*, *Anuvasana basti* and Physiotherapy and combination with *Shamana Chikitsa*. **Results-** The patients symptoms considerably subsided and she was able to carry out her regular tasks without difficulty. **Conclusion:** The mentioned treatment reduces *Gridhrasi* symptoms significantly.

**KEY WORDS:** *Gridhrasi*, Sciatica, *Erandamooladi niruha basti*, *Anuvasana basti*, IFT, Physiotherapy.

### INTRODUCTION

According to *Acharya Charaka*, *Gridhrasi* is one of the 80 forms of *Naanatmaja vyadhi*<sup>1</sup> and one of the *Vatavyadhi* mentioned by all *Acharyas* that arises from vitiation of *Kevalavata* or *Kaphanubandha Vata*<sup>2</sup>. Pain radiating from *Sphik* (Waist) and extends to leg in the order as *Kati* (Low back), *Prishta* (Buttocks), *Uru* (Thigh), *Janu* (Knee), *Jangha* (Calf), and *Pada* (Foot)<sup>3</sup>. *Vataja Gridhrasi* is characterized by *Sthambha* (Stiffness), *Ruk* (Pain), *Muhurmuhurspandana* (Pulsating pain), *Sphurana* (Throbbing pain) and *Sthabdtha* (Stiffness) of *Janu*, *Jangha*, *Uru*, are Predominant. In *Vatakaphaja Gridhrasi Gaurava* (Heaviness), *Arochaka* (Anorexia), *Tandra* (Drowsiness) are predominant.<sup>4</sup> Sciatica resembles the disease *Gridhrasi* of *Ayurveda*. The aggravated *Vata* confines the mobilization of thigh and affects the tendocalcanial and tendons of tarsal bones which is referred to as *Gridhrasi*.<sup>5</sup> It causes excruciating pain which radiates through the pathway of sciatic nerve. Here Piercing type of pain is present which restricts the movement of affected leg. The gait resembles with that of bird vulture.

About 80-90% of people get affected by low back pain. In general, an estimated 5-10% of patients with low back pain have sciatica, whereas the life time prevalence of low back pain ranges from 49% to 70%. The Annual prevalence of disc related sciatica in the general population is estimated at 2.2%. A few personal and occupational risk factors for sciatica have been reported, including age, height, mental stress, smoking, and exposure to vibration from vehicles. Evidence for an association between sciatica and sex or Physical fitness is conflicting.<sup>6</sup> The most typical intervertebral disc prolapses among the numerous causes of low back pain. L4-L5 and L5-S1 discs are most frequently impacted in 95% of lumbar disc herniations, and the pain may be limited to the lower back exclusively or described as affecting the leg, buttock, or hip, which frequently describes the characteristics of Sciatica.<sup>7</sup>

*Siravyadha*, *Basti Karma* and *Agni Karma* are considered as the treatment of choice in the management of *Gridhrasi*. *Basti* being one of the main treatment, plays a major role in mitigating vitiated *Vata* and thus relieves the Pain in *Gridhrasi*.

*Basti* is one among *Panchakarma* procedures and it is the best treatment for most of the *Vatavyadhi* as quoted by *Maharshi Charaka* that “*Basti Vataharanam Shrestham*”.<sup>8</sup> It claimed as the main radical aspect of *Chikitsa* seeking the absolute cure of disease by eliminating its root cause. *Acharya Charaka* consider *Basti* as “*Ardhachikitsa*.”<sup>9</sup> It is advocated as the best and quickest way to provide strength and immunity to even children and old people.

In this case study, *Valuka sweda*, *sarvanga Abhyanga*, *Sarvanga Nadi sweda*, *Erandamooladi niruha basti*, *Anuvasana basti*, Physiotherapy (IFT) and *Shamana Chikitsa*, have all been recommended.

## CASE REPORT:

### Chief complaint

A 60-year married female came to *Panchakarma* OPD of Ayurveda Mahavidyalaya Hospital, Heggeri Extension Hubli with complaints of pain in the lower lumbar region radiating to the bilateral lower limb since five years on and off. Associated with stiffness.

### History of present illness

Patient was apparently healthy five years ago, gradually she developed pain and stiffness in the lower lumbar region and radiates to the Posterior aspect of the thigh, knee, calf region and foot of bilateral lower limb since 5 years and aggravated since two months and feeling difficulty while walking from one month. These symptoms were associated with reduced appetite, heaviness, from three months, gaseous distension of abdomen from two months, constipation and general weakness from one month. Pain is continuous in nature and Pain aggravates on Prolong standing and during work and relieves on lying in the supine position without pillow support and taking Painkiller tablets, so she consulted allopathic doctors but did not find relief so for further management she visited our hospital and she was admitted to the IPD after careful examination.

**History of past illness :** N/K/C/O DM2, HTN, COPD, or any Thyroid dysfunction.

H/O fall 5 years ago

**Family history:** Nothing Significant

**Surgical history:** Nothing Significant

**Menstrual history:** Attained Menopause at 40years

### General Examination

- BP: 130/70 mmHg
- PR: 76/min
- RR: 18/min

- Temperature: 97.6°F
- Wt: 60 kg
- BMI: 26.5kg/m<sup>2</sup>

**Table -1 Showing Physical examination**

General Examination	Systemic Examination
Pallor - Absent	CNS- Conscious, oriented to place, time and person.
Icterus - Absent	CVS- S1 and S2 heard.
Cyanosis - Absent	RS- Normal vesicular breath sounds heard and no added sounds.
Oedema - Absent	P/A – no scar, no lumps, no tenderness.

**Table -2**

Personal history	Asthavidha Pariksha
Diet -Mixed	Nadi-77bpm ( <i>vatakaphaja</i> )
Agni- <i>Mandagni</i>	Mala – 1-2 times/day <i>Prakruta</i>
Ahara matra- <i>Madhyama</i>	Mutra- <i>Prakruta</i>
Koshta- <i>Krura</i>	Jihva- <i>Lipta</i>
Pradhana rasa- <i>katu pradana sarvarasa</i>	Shabda - <i>Prakruta</i>
Vyasana - <i>Ati tambula sevana</i>	Sparsha – <i>Prakruta</i>
Nidra- Disturbed due to pain	Druk – <i>Prakruta</i>
Vyayama - <i>Hina</i>	Akriti - <i>Madyama</i>

**Details of Locomotor Examination****Locomotor Examination****Inspection**

- Antalgic gait, short step.
- Discomfort in walking and sitting for a long duration.
- Restriction of Spinal and hip movements

**Palpation**

- Tenderness – Positive in L3-L4 and L4 - L5 region(+++)
- Muscle tone was normal
- Muscle power grade both at right & left extremities (upper and lower) - 5/5

**Table -3 Showing Specific signs elicited in patients**

Test	Right lower limb	Left lower limb
SLR	Positive at 30°	Positive at 40°
Lasegue s sign	Positive	Positive
Femoral nerve stretch test	Negative	Negative
Bragard s test	Positive at 30°	Positive at 40°
Fabers test	Positive	Positive

Coin test – Positive

Heel walking – Not possible

Toe walking – Possible with pain

Sensory Examination – Superficial and deep sensations are intact.

### Range of movements

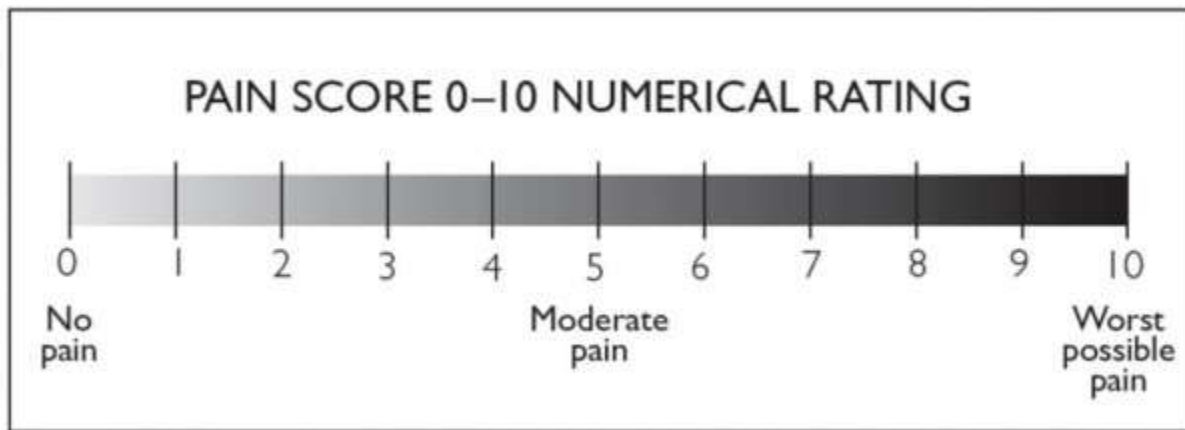
Flexion - Possible with pain (++)

Extension - Possible with pain (++)

Right lateral bending - Possible with pain (+++)

Left lateral bending - Possible with pain (++)

### NUMERICAL PAIN RATING SCALE (NPRS)



### Nidana Panchaka

Ahara taken by the patient was typically *Katu Pradana rasa* and *Ruksha* in nature. Her *Vihara* (lifestyle), the systemic being constipated *utkatasana*, *atibhara*, *atiadhva*, *divaswapna*. *Purvaroop* (prodromal symptoms). the stiffness in lower back region and bilateral lower limbs, and *Gourava* (Heaviness) were the first indications. *Roopa* (manifestation) the low back pain and pain radiating to bilateral lower limbs, causing slight difficulty while walking and difficulty in forward bending. Some *Upashaya* (relieving factors) told by the patient include lying in the supine position without pillow support and taking Painkiller tablets. *Anupashaya* (aggravating factors) Aggravates on prolong standing and during work. *Samprapti* (pathophysiology of the disease) due to *Vata Prakopa Ahara* and *Marmabhighata* at the *Kati Pradesh* region because of long standing. Further more, a contributing factor is the vitiation of *Apana Vayu* that caused constipation, this leads to vitiation of *Vata* and *Kapha Dosha* along with the vitiation of *Rakta* (blood), *Sira* (veins), and *Dhamani* (arteries). All of these factors eventually lead to the obstruction to the neural network and presents as pain in *Kati*, *Prustha*, *Uru*, *Janu*, *Jangha*, and *Pada* which leads to the full-fledged manifestation of *Gridhrasi*. The clinical findings suggest that the pain radiating from the low back region to the lower limbs stem from lifestyle and work-related factors.

**Table -4 Showing Samprapthi Ghataka**

<b>Dosha</b>	<b>Vata, Kapha</b>
<i>Dushya</i>	<i>Rasa, Rakta, Mamsa, Asthi, Majja</i>
<i>Agni</i>	<i>Jatharagni Mandya</i>
<i>Srotas</i>	<i>Jatharagni Mandya</i>
<i>Sroto dushti</i>	<i>Kha Vaigunya (Sangha)</i>
<i>Udbhava</i>	<i>Pakwashaya</i>
<i>Vyakta sthana</i>	<i>B/L lower limb (Kati, Prustha, Uru, Janu, Jangha, Pada)</i>
<i>Rogamarga</i>	<i>Madhyama</i>
<i>Sadhyaasadyata</i>	<i>Kruchra Sadhya</i>
<i>Roga sambhava</i>	<i>Ashukari</i>

### Investigations:

- 1) ESR- 30 mm/Hr
- 2) Hb%- 13.0gm%



**MRI report Dated on 16/5/2025**

- ◆ Diffuse Posterior disc bulge is seen at L3- L4 level, Indenting the Thecal sac.
- ◆ Diffuse Posterior disc bulge is seen at L4- L5 level, Indenting the Thecal sac , causing severe right and mild left Neural Foraminal Narrowing.

**Differential diagnosis:** *Katigraha, Vataja Gridhrasi, Vatakaphaja Gridhrasi, Pangu*

**Diagnosis:** *VataKaphaja Gridhrasi.*

**Therapeutic Intervention:** The patient was advised of the following treatment.

**Table – 5 Showing following treatment**

Duration	Treatment
01-07-2025 to 03-07-2025	<i>Sthanika Valuka Sweda</i> followed by <i>Sthanika Nadi sweda</i>
04-07-2025 to 09-07-2025	<i>Sarvanga Abhyanga</i> with <i>Kottamchukadi taila</i> followed by <i>Sarvanga Nadi sweda</i> with <i>Dashamoola kwata</i> .
01-07-2025 to 07-07-2025	Physiotherapy - Interferential therapy(IFT)
02-07-2025 to 09-07-2025	<i>Yoga basti</i> <i>Anuvāsana basti</i> with <i>Sahacharadi taila</i> (60ml) +1 pinch <i>Saindhava lavana</i> <i>Erandamooladi Niruha basti</i>

D1	D2	D3	D4	D5	D6	D7	D8
AB	AB	EMNB	AB	EMNB	AB	EMNB	AB

AB- Anuvāsana Basti

EMNB- Erandamooladi Niruha basti

**Table – 6 Showing Ingridents of Erandamooladi Niruha basti**

Ingridents	Matra
<i>Madhu</i>	80ml
<i>Saindhava lavana</i>	5gm
<i>Sneha ( Dhanwantaram taila)</i>	60ml
<i>Kalka(Erandamula niruha basti kalka churna)</i>	30gm
<i>Kwatha(Erandamula niruha basti kwata churna)</i>	400ml
<i>Avapa Dravya (Gomutra Arka)</i>	20ml

**Table- 7 Showing Shamanoushadhi**

Medicine	Matra	Kala	Anupana	Duration
<i>Sahacharadi kashaya</i>	3tsp-0-3tsp	Before food	<i>Ushna jala</i>	10 days
Tab Rasarajeswara rasa	1-0-1	After food	<i>Ushna jala</i>	10 days
Cap Lumbatone Plus	2-0-2	Before food	<i>Ushna jala</i>	10 days
Cap Flexofen MR	1-0-1	After food	<i>Ushna jala</i>	5 days

**OBSERVATION AND RESULT**

The patient had complained to us of excruciating pain, limited mobility, and physical, emotional, and social disruption. The patient experienced symptomatic alleviation following a *Panchakarma* therapy in addition to Physiotherapy and internal medicine, allowing them to resume their regular activities and lead a happy life. The patient's assessment was successfully completed using both subjective and objective criteria, as indicated in Tables No. 3,8 and by the NPRS scale. Subjectively, the patient reported after treatment that she could

walk more than 500 meters without difficulty, stand for up to 30 minutes, climb stairs, and get up from the ground pain-free and without assistance.

Assessment was done BT (Before treatment) and AT (After treatment)

**Table- 8 Showing Criteria for assessment**

Subjective parameters	Assessment criteria	Score
<i>Ruk</i> ( Continuous pain)	No pain	0
	Trivial pain.	1
	Mild pain but no difficulty in walking.	2
	Moderate pain and slight difficulty in walking.	3
	Severe pain and severe difficulty in walking.	4
<i>Sthambha</i> (Stiffness)	No stiffness	0
	Stiffness for few minutes after sitting for long duration but relived by mild movements.	1
	Stiffness more than 1 hour or more than once in a day but routine works are not disturbed.	2
	Stiffness lasting for more than 1 hour or many times a day mildly affecting the daily routine.	3
	Episodes of stiffness lasting for 2-6hours daily routines hampered.	4
<i>Toda</i> (Pricking sensation)	No pricking sensation.	0
	Occasional pricking sensation.	1
	Mild pricking sensation.	2
	Moderate pricking sensation.	3
	Sever pricking sensation.	4
<i>Suptata</i> (Numbness)	No Numbness	0
	Occasionally for few minutes	1
	Daily once in a day for few minutes	2
	Daily for 2-3 times /30-60minutes	3
	Daily more than 3 times/more than 1 hour	4
<i>Gourava</i> (Heaviness)	No feeling of heaviness.	0
	Occasional feeling of heaviness not affecting the normal movements.	1
	Frequent feeling of heaviness affecting the normal movements.	2
	Feeling of heaviness throughout the day severely affecting the normal movements.	3
	Feeling of heaviness throughout the day totally hampering normal movements.	4
<i>Aruchi</i> (Anorexia)	Normal taste in food, feeling to eat food in time	0
	Feeling to take food, but not having taste.	1
	Not feeling to take food even if hungry.	2

	Irritability to touch, smell, seeing and listening about food.	3
	Aversion to food because of anger, stress etc.	4
<i>Spandana</i> (Throbbing/pulsating)	No throbbing/pulsation at all	0
	For few minutes occasionally which is relived spontaneously.	1
	Daily once in a day for few minutes.	2
	Many times in a day affecting daily routine.	3
	Daily for many times severely hampering daily routine	4

**Table- 9 Showing effect of Therapy on Subjective Parameter**

Subjective Parameter	Before treatment	After treatment
<i>Ruk</i> ( Continuous pain)	4	1
<i>Sthambha</i> (Stiffness)	3	1
<i>Toda</i> (Pricking sensation)	0	0
<i>Suptata</i> (Numbness)	0	0
<i>Gourava</i> (Heaviness)	3	0
<i>Aruchi</i> (Anorexia)	3	0
<i>Spandana</i> (Throbbing/pulsating)	4	1
NPRS	8	2

**Table- 10 Showing effect of Therapy on Objective Parameter**

Objective Parameter	Before treatment	After treatment
Palpation	Positive in L3-L4 and L4 - L5 region(+++)	Positive in L3-L4 and L4 - L5 region(++)
SLR – Right leg	Positive at 30°	Positive at 50°
Left leg	Positive at 40°	Positive at 70°
Lasegue s sign	Positive	Negative
Femoral nerve stretch test	Negative	Negative
Bragard s test -Right leg	Positive at 30°	Positive at 50°
Left leg	Positive at 40°	Positive at 70°
Fabers test	Positive	Negative
Schober's Test	18cm	22cm
Heel walking	Not possible	Possible with pain
Toe walking	Possible with pain	Possible with mild pain

**Table- 11 Showing effect of Therapy on Range of motion by using goniometer**

ROM	Before treatment	After treatment
Forward Flexion	18 cm	22cm
Right Lateral Flexion	11	12
Left Lateral Flexion	12	14
Extension	15	17

**Table -12 Showing Samyak yoga lakshana of anuvasana basti**

Sl no	Lakshanas	Day 1	Day 2	Day 4	Day 6	Day 8
1	Taila excretes with sakrit	+	+	+	+	+
2	<i>Raktadibuddhiindriyaprasada</i>			+	+	+
3	<i>Svapnanuvritti</i>		+	+	+	+
4	<i>Laghuta</i>		+	+	+	+
5	<i>Shighra snehanirgamana</i> with Vata or sakrit without osha and chosha			+	+	+
6	<i>Balavridhhi</i>			+	+	+
7	Retention time	2hrs 30 mins	2hrs 30 mins	3hrs	3hrs	3hrs 15 mins
8	Number of vegas	1	1	1	1	1

**Table -13 Showing Samyak yoga lakshana of Niruha basti**

Sl no	Lakshanas	Day 3	Day 5	Day 7
1	<i>Prasrusta vit mutra sameerana</i>	+	+	+
2	<i>Ruchi</i>	+	+	+
3	<i>Agnivruddi</i>		+	+
4	<i>Amashaya laghuta</i>		+	+
5	<i>Roga Upashanti</i>	25%	50%	75%
6	<i>Prakrutisthatha</i>			
7	<i>Laghuta</i>	+	+	+
8	<i>Bala</i>	+	+	+
9	Retention time	5mins	6mins	5mins
10	Number of vegas	4	4	4

## DISSCUSSION

*Siravyadha, Basti Karma* and *Agni Karma* are considered as the treatment of choice in the management of *Gridhrasi*.<sup>10</sup> As *Gridhrasi* is *Vatavyadhi*, *Chikitsa* of *Vatadosha Snehana* and *Shodhana* is needed to pacify *Vatadosha*. *Vatashamana Chikitsa* and *Vedanastapana Chikitsa* are the therapy principles used for the management of *Gridhrasi*. The *valuka sweda*, *Nadi sweda*, *Sarvanga abhyanga*, *Basti*, *Physiotherapy (IFT)*, and *Shamana chikitsa* Protocols have been adopted in this condition.

### ***Valuka sweda followed by Nadi sweda with Dashamoola kwata.***

As *Gridhrasi vatanubandha kapha*, *Rukshana* therapy must be adopted prior to *Snehana* and *Shodhana*. Therefore, *Valuka sweda* is acts as *Vatakapha hara*. *Valuka sweda* is kind of *Ruksha Sweda* as *Samshamaneeya Sweda* in *Sama dosha conditions*<sup>11</sup>. *Valuka* by its low specific heat capacity gets heated up quickly, stores and transfers maximum absorbed heat. *Valuka sweda* Improves blood circulation, helps in relieve muscle stiffness, reduces inflammation and nerve compression by easing pressure and irritation around compressed nerve Thus, relieves pain. *Swedana relieves Sthambha, Gaurava, Sheeta in body*<sup>12</sup>. The warmth



aids in reducing inflammation, easing the pressure and irritation that contribute to the pain. Patients may experience better flexibility and movement in the affected areas as stiffness and muscle tension are reduced.

*Sarvanga Nadi Swedana* with *Dashmool Kwatha* - *Swedana* is *Vatahara*, cures stiffness, heaviness and is best treatment considered to relieve pain. *Swedana* with *Dashmoola Kwatha* <sup>13</sup> which is *Ushna Virya*, *Guru* and *Snigdha* helped in relieving symptoms of *Vata* like pain and stiffness in the patient.

#### ***Sarvanga Abhyanga with Kottamchukadi taila followed by Sarvanga nadi sweda***

*Abhyanga* has been praised as *Vata Shamaka* by *Acharya Sushruta*. Also, according to *Charaka*, by *abhyanga* the body becomes firm, smooth skinned, free from disturbances of *vata* and tolerant of exertions and exercise. *Vayu* is predominant in tactile sense organs which again is located in skin, and also extremely beneficial for *Vata Vyadhi* as per *Charaka*.<sup>14</sup> According to *Dalhana*, *Sneha* reaches to *Majja Dhatu*, when *Abhyanga* is done for 900 *Matra*. In *Gridhrasi*, *Asthi Majja Vaha Strotas Asthi* get disturbed, *Sneha* strengthens *Strotas* and pacify increased *Vata Dosha* at the site of affliction. *Kottamchukkadi taila* <sup>15</sup> has ingredients like *Kottim* (*Kushta*), *Chukku* (*Sunthi*), *Vayampu* (*Vacha*), *Sigru*, *Lashuna*, *Karkoti*, *Devadaru*, *Sarshapa*, and *Rasana* are acts as *Vatahara*. *Sarvanga Nadi Svedana* with *Dashmoola Kwatha*. *Swedana* is *Vata Hara*, cures stiffness, heaviness and is best treatment considered to relieve pain. *Swedana* with *Dashmoola Kwatha* which is *Ushna Virya*, *Guru* and *Snigdha* helped in relieving symptoms of *Vata* like pain and stiffness in the patient.

#### ***Anuvasana basti with Sahacharadi taila.***

As per *Acharya Charaka*, *Basti* is choice of *Shodhana* also considered as *Ardhachikitsa* because *Basti* eliminates the vitiated *Kevala Vata* or associated with *Kapha* or *Pitta* to achieve that the administration of *Anuvasana Basti* with *Sahacharadi Taila*.<sup>16</sup> *Sahacharadi Taila* has ingredients like *Sahachara Panchaga*, *Dashamoola*, *Abhiru* and *Usiradi Kalka* drugs and it act as *Vatahara*. *Sahacharadi taila* contain main ingredient like *Sahachara* which is *Vatakapsha shamaka* and *Dashamoola* which is *Tridosahara* it is potent oil to combat *Vatavyadhi*, *Kampha* and *Shosha*.

#### ***Erandamooladi Niruha basti***

*Erandamoola Niruha basti* <sup>17</sup> in *Yoga Basti* pattern. *Erandamoola* is best *Vatahara*. *Erandamoola Niruha* has ingredients like *Erandamoola*, *Triphala*, *Palasha*, *Hriswapanchamoola*, *Rasna*, *Ashwagandha*, *Atibala*, *Guduchi*, *Punarnava*, *Devadaru*, *Arghwada* and 8 *Madanaphala* reduces pain and stiffness mainly associated with *Kapha* and also helps in *Dipana* (carminative), *Lekhana* (scraping), *shothagna* and *Shoolagna* (pain) of *Janga* (calf region), *Uru* (thigh region), *Paada* (feet), *Trika*, *Prushta Shoola* and also does *Kaphaavrutamaruta Nigraha* and also acts as *Vedanasthnapana* and *Adhobhagarogahara*. As *Basti* is main *Chikitsa* in *Gridhrasi* *Erandamoola niruha basti* will plays major role to relieve symptoms of *Gridhrasi*.

Here *Sneha* is used as *Dhanwantaram taila*<sup>18</sup> is mainly advised in various *Yoni Roga* and *Vata* disorders. The main contents of this oil are- *Dashamoola*, *Ashtavarga*, *Bala*, *Yava*, *Kola*, *Kulthi*, *Devadaru*, *Rakta Chandan*, *Sariva*, *Tagar*, *Shaileya*, *Agaru*, *Vacha*, *Punarnava*, *Shatavari*, *Triphala*, *Ela*, *Dalchini*, *Tejpatra*, cow milk and sesame oil. Almost all the drugs used are *Vata* pacifying and *Balya* (nourishing). Drugs like *Amla* (*Embllica officinalis*) are found to be having chondroprotective action inhibiting the activities of *hyaluronidase* and *collagenase* type 2 in vitro in degenerative bone and joint disorders".<sup>19</sup> A recent study showed that *Dhanwantara Kashaya* increased the proliferation rate, decreased the turnover time and also delayed senescence by its action on the *Wharton jelly mesenchymal stem cells (WJMSC)*. It improves the yield and quality of stem cells in vitro".<sup>20</sup> Hence, it can prove as an effective drug to treat conditions with cell damage and degeneration such as *sciatica* when used in the form of oil.

*Gomutra arka* is used due to *Katu*, *Tikshna*, *Ushna*, *Kshara guna* it is *Agnideepaka*, *Kaphavatahara*, *Pittavardhaka* and beneficial in *Shula*, *Gulma*, *Udara*, *Anaha*.

## Physiotherapy -Interferential therapy

Interferential therapy (IFT) can be a beneficial treatment for sciatica, as it helps to relieve pain, reduce inflammation, and improve muscle relaxation. IFT uses electrical currents to stimulate nerves and block pain signals, promoting healing and increasing blood circulation to the affected area. This non-invasive and drug free therapy is often used in physiotherapy to manage sciatica and other pain related conditions.<sup>21</sup> IFT works by stimulating nerves and blocking pain signals, providing relief from the sharp, shooting pain associated with sciatica. The therapy can help reduce inflammation around the sciatic nerve, further alleviating pain and discomfort. IFT can relax tense muscles in the lower back and legs, which often contribute to sciatic pain. Increased blood flow to the affected area can promote faster healing and tissue repair. IFT offers a safe and drug-free alternative to pain medication, making it a popular choice for many patients.

### *Sahacharadi Kashaya*

*Sahacharadi kashaya*<sup>22</sup> has main ingredients like *Sahachara*, *Suradaru*, *Shunti* which are act as *Vatakaphashamaka*. It relieves pain associated with hip and low back.

### *Tab Rasarajeswara rasa*

A patent product from Dhootapapeshwar Pharmacy. It mainly contains Suvarnayukta rasaraja rasa, churna of Shodhit vishamusti, Ashwagandha, Rasasindhoor, Shodit Guggul. Arjuna, Bala and *Kakamachi* as *Bhavana Dravya*. *Rasarajeshwara Rasa* has ability to pacify vitiated *Vata Doshas*, majority of the ingredients are *Tikta*, *Madhura* and *Kashaya Rasa* predominant with *Kinchit Katu Rasa*, *Sheeat Virya*, *Madhura Vipaka*, *Laghu*, *Snighdha* and *Vyavayi* in nature with alleviating action on all *Doshas*. It has antioxidant and anti-inflammatory properties that protect the body against free radicles and oxidative damage. *Ashwagandha* acts as immunomodulator and has anti-inflammatory effect. *Rasarajeshwara Rasa* helps to reduced the pain, swelling, stiffness, numbness, twitching and inflammation in joints and muscles etc. in patients.

### *Cap Lumbatone plus*

A patent product from AVN Pharmacy. It mainly contains *Sahachara*, *Dashamoola*, *Guduchi*, *Devadaru*, *Eranda*, *Punarnava*, *Ksheera Eranda taila*, *devadaru*, *Manjista*. It act as *Vatashamaka*, *Vedonashtapaka*, halts degeneration, halts nerve damage, and also improves the ability of the disc to expand and restore mobility

### *Cap Flexofen MR*

A patent product from Revinto Pharmacy. It mainly contains *Langali*, *Ashwagandha*, *Shilajatu*, *rasna yogaraja guggulu*, *Shuddha kupilu*, *abhraka Bhasma*, *kasisa Bhasma*. It helps in strengthen the muscle joints, ligaments, and cartilages, Reduces the inflammation of muscles. Soothes the muscles and enhance the healing process of the muscle. Rejuvenates the muscle, joints, tendons, ligaments and cartilages.

## CONCLUSION

Sciatica is the major cause of morbidity making the person disable from daily routine activities which in turn leads to lack of physical exercise. In contemporary medicine, conservative treatment is only for pain management which includes analgesics or NSAID. Surgical management of these cases is expensive and has its own pros and cons, So this case study showed the superior management of *Vatakaphaja Gridhrasi* by procedural effect of *Rukshana*, *Snehana*, *Swedana*, *Yoga Basti*, *Shamana Chikitsa* and *Physiotherapy*. Effect of *Erandamooladi Niruha Basti* in the management of *Vatakaphaja Gridhrasi* demonstrates promising result in alleviating the condition's primary symptoms, including pain, stiffness, and restricted mobility. The treatment effectively balanced the aggravated *vata* and *kapha dosha*, offering significant relief to patient without notable side effects. The anti-inflammatory and analgesic properties of *Erandamooladi Kashaya* played a crucial role in reducing pain intensity and improving the functional ability of the patient. Its holistic approach addresses the physical symptoms and promotes long term health by targeting the underlying doshic imbalances. this patient has got significant result without any complication.

**Diet and lifestyle modification:** The patient is advised to have *Laghu, Ushna, Anabhishtyanda ahara* and to follow *Ashtavarjakara bhavas* and regular *yoga* like *Pavanamuktasana, Shashankasana, Ardhakati chakrasana, Surya namaskar* etc which are beneficial in *Gridhrasi*.

This case study was conducted with a single patient, the mass study with a broad statistical approach is necessary for further evaluation.

## REFERENCES:

1. Agnivesha, Charaka Samhita with Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridhabala, edited by Vaidya Yadavaji Trikamji Acharya, published by Chaukhambha Orientalia Varanasi, reprint - 2023, sutrasthana, Chapter – 20, Shloka -11, pg no.113.
2. Agnivesha, Charaka Samhita with Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridhabala, edited by Vaidya Yadavaji Trikamji Acharya, published by Chaukhambha Orientalia Varanasi, reprint - 2023, chikitsasthana, Chapter – 28, Shloka -57, pg no.619.
3. Agnivesha, Charaka Samhita with Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridhabala, edited by Vaidya Jadavaji Trikamji Acharya, published by Chaukhambha Orientalia Varanasi, reprint - 2023, Chikitsasthana, Chapter – 28, Shloka -56, pg no.619.
4. Agnivesha, CharakaSamhita with Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridhabala, edited by Vaidya Jadavaji Trikamji Acharya, published by Chaukhambha Orientalia Varanasi, reprint - 2023, Chikitsasthana, Chapter – 28, Shloka -56-57, pg no.619.
5. Susruta Samhita, with Nibandha sangraha commentary of sri Dalhanacharya and the Nyayachandrika panjika of Sri Gayadasacharya on nidana sthana, edited by Vaidya Jadavji Trikamji Acharya, published by Chaukhambha Surbharati Prakashan Varanasi , 6th edition 2019, Nidana Stana, chapter-1, Shloka -75, pg no.268.
6. Diagnosis and treatment of sciatica -PMC (nih.gov)  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1895638/>
7. PIVD and Herniated Disc Exercises.  
<http://www.physiotherapy-treatment.com/pivd.html>.
8. Agnivesha, CharakaSamhita with Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridhabala, edited by Vaidya Jadavaji Trikamji Acharya, published by Chaukhambha, Orientalia Varanasi, reprint - 2023, Sutrasthana, Chapter – 25, Shloka -40, pg no.131
9. Agnivesha, CharakaSamhita with Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridhabala, edited by Vaidya Jadavaji Trikamji Acharya, published by Chaukhambha, Orientalia Varanasi , reprint - 2023, Siddhisthana, Chapter – 1, Shloka -38-40, pg no.683.
10. Agnivesha, CharakaSamhita with Ayurveda Dipika commentary of Chakrapanidatta revised by Charaka and Dridhabala, edited by Vaidya Jadavaji Trikamji Acharya, published by Chaukhambha, Orientalia Varanasi , reprint - 2023, Chikitsa Sthana, Chapter – 28, Shloka -101, pg no.621.
11. Acharya Susruta Samhita with the Nibandhasangraha Commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Chikitsasthana, 32 Chapter shloka-22 ,Varanasi, Chaukhambha Krishnadas Academy, 2021, pg.514.
12. Agnivesha, Charaka Samhita with Ayurveda Deepika commentary of Chakrapanidatta revised by Charaka and Dridhabala, edited by Yadavji Trikamji Acharya, published by Chaukhambha publishers, reprint 2023 Sutra Sthana 14th chapter, Shloka – 13, page no.88.
13. Yadav ji Trikam ji, Ayurved Deepika Commentary of Chakrapani, Charak Samhita, Chikitsa Sthana, Chaukhamba Prakshan Varanasi, 2000.28/144, p623.
14. Sharma PV, editor. Charaka Samhita, published by Chaukhambha publishers, reprint 2017 Sutra Sthana chapter-5, Shloka – 85-87, page no.39-40.



15. Sahasrayogam, edited by Dr. K.Nishteswar & Dr. R.Vidyanath, Parishista Prakarana, Chapter 11, Pub: Chaukhambha Sanskrit Series Office, Varanasi, India Reprint- 2011; Pg No-405.
16. Sahasrayogam, edited by Dr. K.Nishteswar & Dr. R.Vidyanath, Parishista Prakarana, Chapter 3, Pub: Chaukhambha Sanskrit Series Office, Varanasi, India Reprint- 2011; Pg No-131, 132.
17. Agnivesha, Charaka Samhita with *Ayurveda Deepika* commentary of *Chakrapanidatta* revised by *Charaka* and *Dridhabala*, edited by *Yadavji Trikamji Acharya*, published by *Chaukhambha* publishers, reprint 2023 SiddhiSthana chapter-3, Shloka – 38-42, page no.696.
18. Sahasrayogam, edited by Dr. K.Nishteswar & Dr. R.Vidyanath, Taila Prakarana, Chapter 3, Pub: Chaukhambha Sanskrit Series Office, Varanasi, India Reprint- 2011; Pg No-109,110.
19. Sumantran VN, Kulkarni A, Chandwaskar R, Harsulkar A. Patwardhan B, Chopra A, et al (2008). Chondroprotective potential of fruit extracts of *Phyllanthus emblica* in oustoarthritis. Evid Based Complement Alternat Med., 5, 329-35.
20. Warriar SR, Haridas N. Balasubramanian S. Jalisatgi A, Bhonde R. Dharmarajan A (2013). A synth formulation, Dhanwantharam kashaya, delays senescence in stem cells. Cell Prolif., 46, 283-90.
21. <https://cbphysiotherapy.in/blog/sciatica-how-physiotherapy-management-helps-in-relieving-the-sciatic-nerve-pain>
22. Sahasrayogam, edited by Dr. K.Nishteswar & Dr. R.Vidyanath, Prishista Prakarana, Chapter 10, Pub: Chaukhambha Sanskrit Series Office, Varanasi, India Reprint- 2011; Pg No-367.

