

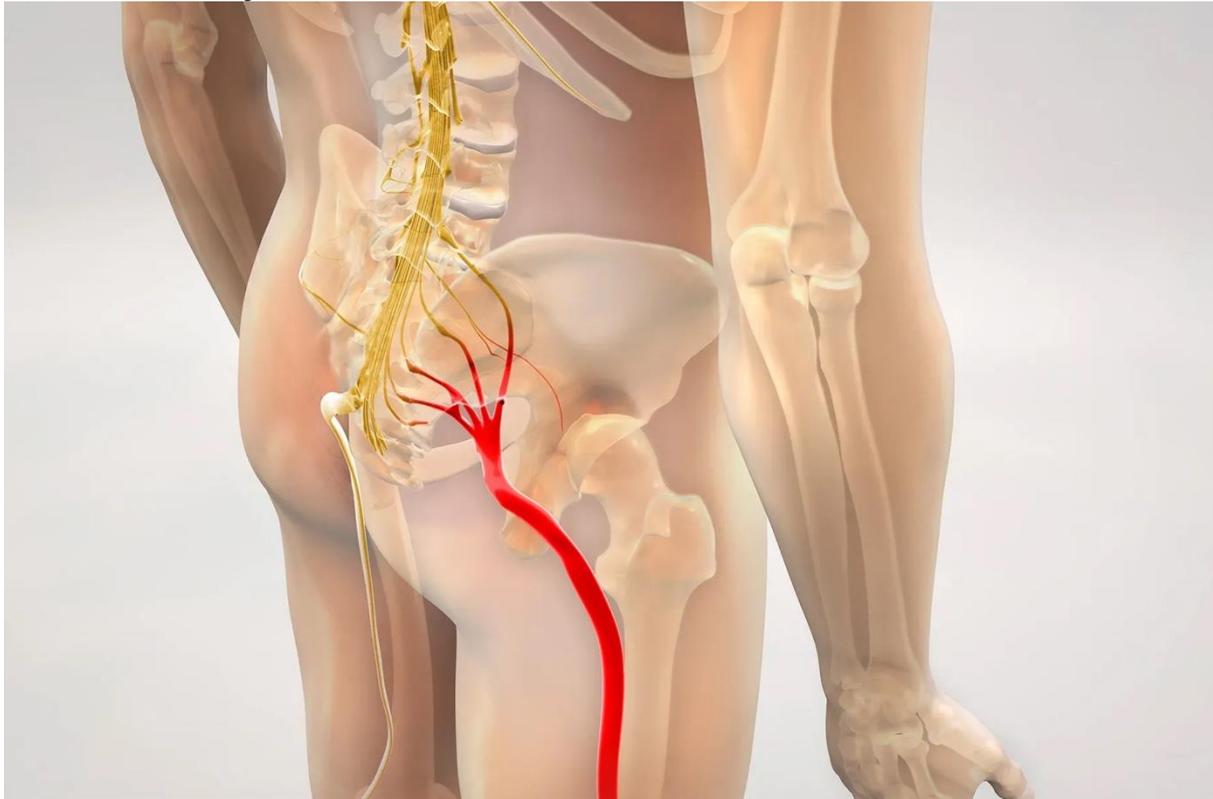
Management of Gridhrasi (Sciatica)

with Basti, Agni Karma, and Matra Basti

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Abstract

This case study presents the successful management of a 35-year-old male patient suffering from chronic Gridhrasi (Sciatica) for two years. The treatment protocol combined classical Ayurvedic interventions: Niruha Basti (decoction enema), Anuvasana Basti (oil enema),

localised Agni Karma (thermal cautery) at key Marma points, and a tailored regimen of internal medicines. Over 45 days, the patient reported near-complete resolution of radiating pain, numbness, and functional disability. The case demonstrates the efficacy of a multimodal Ayurvedic approach targeting the Vata Vyadhi (neurological disorder) at the levels of Kosta (gut) and Shakha (periphery), aligning with the principle "Basti Karma Chikitsardhe" (enema therapy is half the treatment).

1. Introduction

Gridhrasi is a classic Vata Nanatmaja Vikara described in Ayurvedic texts, characterised by Ruja (pain) starting from the Sphik (buttocks) and radiating down the posterior thigh, calf, and foot, mimicking the limping gait of a vulture (Gridhra).¹ It closely correlates with Sciatica or Sciatic Neuralgia in modern medicine, often due to lumbar disc herniation compressing the sciatic nerve. The pathogenesis involves severe vitiation of Apana Vayu and Vyana Vayu lodged in the Sakthi Pradesha (thigh/hip region). Basti (medicated enema) is considered the prime treatment for Vata disorders, as it directly targets the Pakvashaya (colon), the main seat of Vata. Agni Karma (thermal cautery) provides instant

pain relief by sealing the pain pathways and reducing inflammation at specific Marma points.²

2. Case Presentation

2.1 Patient Details:

- ID: subject
- Age: 35 years
- Gender: Male
- Occupation: Software Engineer (prolonged sitting)
- Prakriti: Vata-Pitta
- Vikriti: Vata predominant with Ama (toxins) and Srotorodha (channel blockage)
- Chief Complaints: Severe, sharp, electric-shock-like pain radiating from the right gluteal region to the posterior thigh, calf, and lateral foot for 2 years. Associated with numbness and tingling in the right foot.

2.2 History:

- Onset: Gradual, worsened over the last 6 months.
- Aggravating Factors: Prolonged sitting, lifting weights, cold weather.

- Relieving Factors: Rest, hot fomentation.
- Previous Treatment: NSAIDs, physiotherapy, and one epidural steroid injection with temporary relief. MRI Lumbosacral Spine revealed L4-L5 disc herniation with right neural foraminal narrowing.

2.3 Ayurvedic Examination:

- Nadi: Vata dominant, Katha (wire-like), irregular.
- Jivha: Dry, slightly coated at the back.
- Mala: Constipated, dry.
- Agni: Vishamagni.
- Srotas: AnnaVaha, Purisha Vaha, Majja Vaha Srotas Dushti.

2.4 Clinical Findings (Baseline - Day 0):

- Straight Leg Raise Test (SLR): Positive at 30° on right side.
- Motor Strength: Right plantar flexion 4/5.
- Sensory Loss: Over right lateral calf and foot (S1 dermatome).
- Gait: Antalgic, limping.
- Visual Analogue Scale (VAS) for pain: 9/10.
- Oswestry Disability Index (ODI): 65% (severe disability).

3. Samprapti (Pathogenesis)

1. Vata Prakopa: Due to Ati Vyayama (overexertion in gym), Ruksha Anna (dry food), and prolonged sitting.
2. Avastha: Prakupita Vata localises in Kati Pradesha (lumbar region) and Sakthi (hip/thigh), causing Srotorodha in Majja Vaha and Asthi Vaha Srotas.
3. Sthanasamshraya: The vitiated Vata settles in the Guda-Sphik-Kati-Sakthi Sandhi (lumbosacral and sacroiliac joints).
4. Vyakti: Manifests as Toda (pricking), Sphurana (throbbing), Moha (numbness), and Ruja (pain) along the Gridhrasi Nadi (sciatic nerve pathway).

4. Treatment Plan & Protocol

A 45-day inpatient/outpatient regimen was designed in three phases.

Phase Duration Objective Intervention

Phase 1:

Snehana & Swedana (Pre-Basti Prep) Days 1-7
Oleation, liquefaction of Doshas, muscle relaxation.

Internal: Maharasnadi Kwatha (50ml) + Eranda Taila (10ml) before breakfast.

External: Daily Abhyanga with Mahanarayana Taila + Bashpa Sweda (steam).

Phase 2:

Basti Karma & Agni Karma Days 8-22 Root cause treatment (Basti), instant pain relief (Agni Karma).

Basti Schedule:

Niruha Basti: [Dashamula Kwatha 400ml + Saindhav 5g + Masha Taila 50ml + Madhu 20g] - 8 sessions (alternate days).

Anuvasana Basti: [Bala Taila 60ml] - 7 sessions (after Niruha).

Agni Karma: Day 15, 17, 19 - Localised Shalaka Agni Karma (gold-tip thermal cautery) at three Marma points: Kukundara, Nitamba, and Amsaphalaka on the right side.

Phase 3: Shamana & Rasayana Days 23-45 Consolidate effects, prevent relapse, nerve rejuvenation.

Internal Medicines:

1. Yogaraj Guggulu: 2 tabs (500mg), BD, with warm water.
2. Mahavatavidhwansa Rasa: 125mg, BD, with honey.
3. Ashwagandha Churna: 3g + Shatavari Churna: 3g with milk at bedtime.

Diet: Warm, Snigdha (unctuous), Mamsa Rasa (meat soup) for Brumhana. Avoid Viruddha, cold foods. **Lifestyle:** Gradual Vyayama (Makarasana, Setubandhasana), correct sitting posture, lumbar support.

5. Results & Outcomes

Parameter Baseline	(Day 0)	Post-Basti (Day 22)	Day 45 (Final)
VAS Pain (0-10)	9	3	1
SLR Test Positive	30°	60°	80°
Numbness/Tingling	Severe	Mild Occasional	mild
Motor Strength (Plantar Flexion)	4/5	4+/5	5/5
Oswestry Disability Index	65%	25%	10%

Patient's Report: Complete relief from shooting pain after Agni Karma sessions. Ability to sit for 2+ hours and drive without pain by day 45. Significant improvement in sleep quality.

6. Discussion

Rationale for Combined Therapy:

1. Basti (The Cornerstone): The Niruha Basti with Dashamula Kwatha provided Shoolaghna (analgesic), Srotoshodhana (channel cleansing), and Vatahara effects directly via the Pakvashaya. Anuvasana Basti with Bala Taila provided deep nourishment (Brimhana) to the depleted Dhatus.³

2. Agni Karma (Targeted Intervention): Shalaka Agni Karma at specific Marma points (junction of muscles, nerves, and vessels) served multiple purposes:

- Instant Vedana Shamana (pain relief) by acting on pain receptors.
- Srotoshodhana (clearing obstruction) in the local nerve pathway.
- Sthambhana (styptic) and Ropana (healing) effect on inflamed tissues.⁴

3. Internal Medicines (Systemic Support):

- Yogaraj Guggulu: Potent Vatahara and Shothahara for musculoskeletal issues.
- Mahavatavidhwansana Rasa: Specific for Vata disorders with severe pain.
- Ashwagandha & Shatavari: Balya (strengthening) and Majja Dhatu Vardhaka (nerve tissue nourishers).

Mechanism of Action: The treatment worked at three levels:

- Root (Moola): Basti pacified Apana Vayu in the colon.
- Pathway (Marg): Agni Karma cleared the local Srotorodha in the nerve path.
- Manifestation (Shakha): Internal medicines provided systemic Vata pacification and tissue repair.

Limitations: Single-case design. Long-term follow-up beyond 6 months is needed to assess recurrence. MRI changes were not repeated post-treatment due to cost constraints.

7. Conclusion

This case demonstrates the powerful synergy of Basti, Agni Karma, and internal medicines in managing chronic, refractory Gridhrasi (Sciatica). Basti addressed the systemic Vata imbalance, Agni Karma provided immediate local relief and neuro-modulation, and internal medicines ensured sustained recovery. The protocol offers a viable, non-surgical, and holistic approach to sciatic neuralgia, reinforcing the depth of Ayurveda's Shodhana (purification) and Shamana (palliative) strategies for Vata Vyadhis. Further controlled studies are warranted to validate this multimodal protocol.

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