



CASE STUDY

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Role of Swedana and Matra Basti in the Management of Gridhrasi (Sciatica): A Case Report

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ABSTRACT

Gridhrasi, comparable to sciatica in modern medicine, is a Vata-dominant disorder characterized by radiating pain from the lumbar region to the lower limb. Occupational strain and Vata-provoking lifestyle factors often contribute to its chronicity. A 65-year-old male laborer presented with radiating pain from the low back to the right lower limb, associated with stiffness and restricted mobility for 10 years. Clinical assessment suggested Vata-Kaphaja Gridhrasi. Lumbar spine X-ray (AP and lateral view) revealed reduced intervertebral disc space at L4–L5 and L5–S1 levels with osteophyte formation, confirming degenerative changes consistent with lumbar spondylosis. The patient underwent Jambira Pinda Swedana (for 7 days) followed by Matra Basti with Murchhita Tila Taila (70 ml, for 7 days). Oral administration of Trayodashanga Guggulu (2 tablets twice daily) was also given. After the treatment, the patient reported marked relief in pain, stiffness, and tenderness. The range of lumbar motion improved significantly, and functional tests (FABER and coin pick test) became negative. The patient resumed daily activities without discomfort. The combination of Swedana and Matra Basti effectively pacified Vata and Kapha doshas, alleviating symptoms of Gridhrasi. Panchakarma therapies, when applied appropriately, can provide safe and sustainable relief in chronic sciatica cases.

Keywords: Gridhrasi, Sciatica, Swedana, Matra Basti, Panchakarma, Ayurveda.

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INTRODUCTION

Gridhrasi is one of the most common *Vatavyadhi* (neuromuscular disorders) described in *Gridhrasi* is a common *Vatavyadhi* (neuromuscular disorder) described in Ayurveda, characterized by radiating pain from the lumbar region to the lower limb, resembling the gait of a vulture (*Gridhra*) due to pain and stiffness [1]. It correlates with sciatica in modern medicine, caused by compression or irritation of the sciatic nerve due to intervertebral disc herniation, spinal stenosis, or degenerative changes [2].

Globally, sciatica affects approximately 10–40% of adults, with an annual incidence of 1–5%, most frequently between 30–50 years [3]. It significantly impairs mobility and quality of life.

In Ayurveda, aggravated *Vata dosha* in the *Kati pradesha* (lumbar region) produces pain, stiffness, and radiating sensations. When associated with *Kapha*, it causes *Srotorodha* (obstruction of channels), leading to *Vata-Kaphaja Gridhrasi* [4]. Management focuses on *Vata-shamana* (pacification) and *Srotoshodhana* (cleansing).

Among Panchakarma therapies, *Swedana* (sudation) and *Basti* (medicated enema) are considered the best for *Vata Vyadhi Chikitsa* as per *Charaka Samhita* [5]. *Swedana* relieves *Stambha* (stiffness) and improves local circulation, while *Matra Basti* acts on *Apana Vata* to restore balance [6].

Clinical studies show that therapies like *Jambira Pinda Swedana* and *Matra Basti* significantly reduce pain and stiffness in *Gridhrasi* [7-9]. Hence, this case report presents the successful management of *Vata-Kaphaja Gridhrasi* with these interventions.

Patient Information

A 65-year-old male, labourer by occupation, attended the Panchakarma OPD (OPD No. 23006186) with complaints of radiating pain from the low back to the right lower limb, stiffness, and restricted mobility for the last 10 years. The symptoms aggravated with physical exertion and cold exposure. The patient had no significant medical or surgical history.

Clinical Findings

On physical examination:

- Pain: Radiating from low back to right lower limb.
- Stiffness: Present, particularly in the morning.
- Tenderness: Over lumbosacral region.
- Movement: Restricted lumbar flexion and rotation.
- No deformity or neurological deficit noted.

Ashtavidha Pariksha:

Nadi: Vata-Kapha

Mala, Mutra, Shabda, Sparsha, Drika: Prakrita

Jihva: Nirama

Akriti: Madhyama

Diagnostic Assessment

Samprapti Ghataka:

- *Dosha:* Vata-Kapha
- *Dushya:* Rasa, Rakta, Mamsa, Asthi
- *Srotas:* Rasavaha, Raktavaha, Mansavaha, Asthivaha
- *Adhishthana:* Kati, Uru, Janu, Pada
- *Udbhava Sthana:* Pakwashaya

Investigations:

X-ray lumbosacral spine (AP & Lateral views) revealed:

- Narrowing of L4–L5 and L5–S1 intervertebral disc space
- Osteophyte formation at vertebral margins
- Early signs of lumbar spondylosis
- No evidence of fracture or dislocation

Diagnosis: *Vata-Kaphaja Gridhrasi* (correlating with lumbar spondylosis with right-sided sciatica).

Assessment criteria:

The subjective parameters were Pain, Stiffness and Tenderness, whereas the objective parameters were the range of motion findings.

Table 1: Grading of subjective parameters

SL.	Pain	Score
1	No pain	0
2	Mild pain	1
3	Moderate pain, but no difficulty in moving	2
4	Slight difficulty moving in due to pain much difficulty in moving the bodily parts	3
5	much difficulty in moving the bodily parts	4

S.L.	Stiffness	Score
1	No stiffness or stiffness lasting for 5 min	0
2	5 mins- 2 hours	1
3	2-8 hours	2
4	8 hours or more	3

S.L.	Tenderness	Score
1	No tenderness	0
2	Subjective experience of tenderness	1
3	Wincing of face on pressure	2
4	Wincing of face and withdrawal of the effected part on pressure	3
5	Resist to touch	4

Table 2: Therapeutic Intervention

Panchakarma Procedures:

Procedure	Drug/Material	Duration	Frequency
<i>Jambira Pinda Swedana</i>	Jambira (lemon), Lashuna, Haridra, Saindhava Lavana, Tila Taila	7 days	30 min daily
<i>Matra Basti</i>	<i>Murchhita Tila Taila</i>	7 days	75 ml once daily

Internal Medication:

Trayodashanga Guggulu – 2 tablets twice daily for 7 days.

Follow-up and Outcomes

Table 3: After 7 days of combined therapy, significant improvement was noted:

Symptom	Before Treatment	After Treatment
Pain	3 (Severe)	1 (Mild)
Stiffness	2 (Moderate)	0 (Nil)
Tenderness	4 (Severe)	1 (Mild)

Table 4: Range of Motion (Lumbar Spine)

Assessment	Before Treatment	After Treatment
Flexion	30°	45°
Extension	15°	15°
Right lateral	20°	20°
Left lateral	15°	20°
Right Rotation	5°	5°
Left Rotation	5°	5°
Coin pick test	Positive	Negative
Faber test	Right-30° Left- 85°	Right – Negative Left – Negative

Flexion improved from 30° → 45°, lateral flexion from 15° → 20°, and rotation normalized. Coin pick and FABER tests turned negative.

DISCUSSION

Gridhrasi is a *Vata-pradhana Vyadhi* with *Kapha anubandha*. The management emphasizes *Vata-shamana* and *Srotoshodhana* as stated in *Charaka Samhita Chikitsa Sthana 28/56* [10].

Mode of Action of Jambira Pinda Swedana

A form of *Snigdha Sagni Swedana*, combining heat and unctuousness. The thermal effect increases circulation, reducing stiffness and pain [11]. Ingredients like *Jambira* (*Citrus medica*), *Lashuna* (*Allium sativum*), *Saindhava Lavana* (rock salt), and *Haridra* (*Curcuma longa*) balance *Vata-Kapha* and exhibit anti-inflammatory and antioxidant properties [12].

Mode of Action of Matra Basti

Matra Basti, described in *Ashtanga Hridaya Sutrasthana 19/63*, pacifies *Apana Vata* and nourishes *Dhatus* [13]. The lipid-soluble components of *Tila Taila* are absorbed via the rectal mucosa, providing systemic *Vata-shamana* and neuroprotective effects [14].

Combined and Comparative Effect

Sequential *Swedana* and *Basti* work synergistically — *Swedana* opens *Srotas* and relieves stiffness, while *Basti* restores *Vata* balance. Clinical evidence supports that *Basti Karma* is the foremost line of treatment for *Vata Vyadhi*, producing both curative and preventive effects [15, 16].

A comparative clinical trial also demonstrated superior improvement in pain and mobility when *Matra Basti* was combined with *Sneha Basti*, supporting its strengthening and lubricating effect on *Asthi* and *Majja Dhatus* [17].

Ayurvedic scholars such as Nambi have described *Gridhrasi* as a condition of *Vata-Kapha Srotodushti*, emphasizing *Basti* and *Swedana* as *Pradhana Chikitsa* [18]. This aligns with modern conceptual analyses linking neural compression, inflammation, and degenerative changes with *Vata* imbalance [19].

Furthermore, the World Health Organization recognizes the efficacy and safety of Panchakarma-based interventions like *Basti* and *Swedana* in the management of chronic musculoskeletal disorders, when practiced according to standardized Ayurvedic benchmarks [20].

CONCLUSION

The integrated Panchakarma regimen of *Jambira Pinda Swedana* followed by *Matra Basti* with *Murchhita Tila Taila* provided remarkable relief in pain and stiffness in chronic *Gridhrasi*. These therapies, rooted in classical Ayurvedic principles and supported by modern evidence, offer a safe and effective alternative for managing degenerative lumbosacral disorders with *Vata* predominance.

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