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# EFFECT OF YOGA BASTI IN THE MANAGEMENT OF GRIDHRASI W.S.R. SCIATICA: A CASE STUDY

**Dr.Dishita J. Padia** — Associate Professor, Global institute of Ayurveda, Tramba, Rajkot-360020 ,Gujarat

**Prof. Dr. Kalapi B. Patel*** — Principal and H.O.D. Department of Panchakarma, J. S. Ayurveda Mahavidhyalaya, Nadiad-387001, Gujarat*Corresponding Author

## ABSTRACT

**Background:** Low back pain with radiating leg pain, commonly known as sciatica, is a prevalent musculoskeletal disorder. In Ayurveda, this condition correlates with Gridhrasi, a Nanatmaja Vataja Vikara. Yoga Basti is a classical Panchakarma therapy known to alleviate Vata disorders. **Case Presentation:** A 23-year-old female presented with low back pain radiating to the right leg for one month, with a history of similar symptoms two years ago. She was diagnosed with mild intervertebral disc prolapse at L3–L4 and L4–L5. **Intervention:** The patient received a combination of Yoga Basti (Anuvasana and Niruha) along with Shamana Chikitsa (Navjivan Rasa, Yogaraj Guggulu, Dashmoola Kwath), Sarvanga Abhyanga and Swedana for 8 days. **Outcome:** The patient reported significant reduction in pain, stiffness, and tingling, with improved mobility and quality of life. No adverse effects were observed.**Conclusion:** Yoga Basti, in conjunction with oral medications and external therapies, can be a safe and effective Ayurvedic intervention for the management of Gridhrasi (sciatica). Further studies with larger sample sizes are recommended.

## KEYWORDS :

## INTRODUCTION

Low back pain affects 70%–80% of the Indian population, and intervertebral disc prolapse (IVDP) is a leading cause. The L4–L5 and L5–S1 discs are most commonly involved, often causing sciatica, characterized by radiating pain, tingling, and stiffness in the lower extremities.

In Ayurveda, sciatica corresponds to Gridhrasi, a Nanatmaja Vataja Vikara, manifesting as Ruk (pain), Toda (pricking), Muhuspandana (tingling), and Stambha (stiffness) in the Sphik, Kati, Uru, Janu, Jangha, and Pada. Ayurvedic interventions include Basti, Agnikarma, Siravyedha, Shamana Chikitsa, Abhyanga, and Swedana in thr management of Gridhrasi (sciatica)

Yoga Basti, a combination of Anuvasan (oil) and Niruha (decoction) Basti, is considered highly effective for Vata Rogas, especially Gridhrasi.

### Patient Information

- Age/Sex: 23-year-old female
- Chief Complaints: Low back pain radiating to right leg for 1 month
- Past History: Similar complaints 2 years ago, treated with allopathy for 6 months
- No significant family or surgical history

### Present History

Present history was recorded in detail with special reference to onset, progression, and characteristics of pain.

| Parameter | Findings |
|---|---|
| Onset of Symptoms | Gradual |
| Duration of Illness | 2 years |
| Mode of Onset | After lifting weight |
| Site of Pain | Low back, Buttock, Posterior thigh, Leg, Foot |
| Radiation of Pain | Radiating from low back to heel along sciatic nerve pathway |
| Nature of Pain | Throbbing, Stiffness |
| Severity of Pain | Moderate |
| Aggravating Factors | Walking, Standing, Bending, Sitting for long time |
| Relieving Factors | Rest, Hot fomentation, Medicines |
| Associated Symptoms | Numbness, Tingling |
| Morning Stiffness | Present |
| Difficulty in Walking | Present |
| Postural Difficulty | Difficulty in standing/sitting for long duration |
| Sleep Disturbance due to Pain | Absent |
| History of Similar Episode | Present |
| Effect on Daily Activities | Moderate |

### Present History

The patient was apparently well before 2 years, after which low back pain developed gradually following prolonged sitting. Pain radiated from the lumbar region to the posterior aspect of the left lower limb up to the heel. The pain was pricking and shooting in nature, moderate to severe in intensity, and aggravated by walking and prolonged standing. Relief was obtained with rest and hot fomentation. Associated symptoms included tingling sensation and stiffness. Sleep was disturbed due to pain, and daily activities were moderately restricted.

### Past History

| Parameter | Findings |
|---|---|
| History of Trauma | yes |
| History of Fall or Injury to Back | Absent |
| Previous Episodes of Similar Pain | Yes |
| History of Chronic Illness | No |
| History of Spine Disorders | Yes |
| Hospitalization History | No |
| Surgical History | No |
| Drug History | Analgesics, Steroids |
| Allergy History | No |
| Family History of Similar Condition | Absent |

There was no history of major trauma or spinal surgery. The patient reported occasional similar episodes of low back pain in the past. No history of diabetes, hypertension, or other chronic systemic illness was noted. There was no known drug allergy and no significant family history of similar complaints.

### Clinical Findings

- Restricted lumbar flexion and extension

- Pain along L3–L5 dermatomes, radiating to posterior thig
- Tingling and stiffness in lower limb
- Positive straight leg raise test

### Timeline

| Timeline | Event |
|---|---|
| 2 years ago | First episode of low back pain, treated with allopathy |
| 1 month ago | Recurrence of pain with leg radiation |
| Day 1 | Admission to Global Ayurvedic Hospital |
| Day 1–8 | Panchakarma treatment and Shamana Chikitsa |
| Day 9 | Discharge with follow-up advice |

### Diagnostic Assessment

- MRI: Mild disc prolapse at L3–L4 and L4–L5
- Physical examination: Tenderness over lumbar paraspinal muscles, restricted ROM
- Ayurvedic assessment: Vata predominant Gridhrasi

### Therapeutic Intervention

### Panchakarma Treatment

| Therapy | Duration/Days |
|---|---|
| Sarvanga Abhyanga with Mahanarayan Taila | 8 days |
| Sarvanga Bashpa Swedana | 8 days |
| Anuvasan Basti with Sahacharadi Taila (100ml) | 1st, 3rd, 5th, 7th, 8th day |
| Dashmoola Niruha Basti(450ml) | 2nd, 4th, 6th day |

### Shamana Chikitsa

- *Navjivan Rasa* – 2 tablets, morning & evening before food
- *Yogaraj Guggulu* – 2 tablets, morning & evening before food
- *Dashmoola Kwath* – 40 ml, morning & evening before food

### Follow-up and Outcomes

- Pain score (VAS): Reduced from 7/10 to 2/10
- SLR: Right leg B.T. 50, A.T. 90, Left leg B.T. 90, A.T. 90
- Stiffness & tingling: Marked improvement
- Mobility: Improved lumbar flexion and daily activity performance
- Adverse events: None reported
- Follow-up: Weekly for 4 weeks; maintained improvement

## DISCUSSION

This case highlights the effectiveness of *Yoga Basti* in managing *Gridhrasi* (sciatica). The combined effect of oil-based and decoction-based *Bastis* helped pacify *Vata*, reduce inflammation, and restore mobility.

*Shamana Chikitsa* and *Swedana* provided systemic and local relief, while *Abhyanga* improved circulation and muscle relaxation. The patient's significant symptom relief supports classical Ayurvedic texts recommending Basti as the prime therapy for *Vataja* disorders, particularly *Gridhrasi*.

Basti Karma is considered the most effective therapeutic approach for the management of *Vata Vyadhi* in Ayurveda. *Gridhrasi* is included among the eighty types of *Nanatmaja Vata Vyadhi* described in classical texts such as the *Charaka Samhita*. For the treatment of Vata disorders, various types of *Basti Karma* have been recommended. Among them, *Yoga Basti* is a specific therapeutic schedule consisting of a combination of *Anuvasana Basti* and *Niruha Basti*, which helps in pacifying aggravated *Vata Dosha* and prevents further degeneration of *Dhatus*.

*Dashmoola* possesses properties such as *Shothaghna* (anti-inflammatory) and *Vedanasthapana* (analgesic), which help reduce inflammation and relieve pain in conditions like *Gridhrasi*. Additionally, *Sahacharadi Taila* is specifically indicated in disorders affecting the lower limbs and neurological conditions associated with aggravated *Vata*. It helps alleviate pain, stiffness, and restricted movements, thereby improving the functional status of patients suffering from *Gridhrasi*.

Furthermore, *Navjivan Ras* is a classical Ayurvedic herbo-mineral formulation commonly indicated in *Vata-Kapha* predominant disorders. It possesses properties such as *Deepana*, *Pachana*, and *Vata-Kapha Shamana*, which help improve metabolic activity and reduce the pathological accumulation of Doshas. Due to its analgesic and rejuvenating effects, *Navjivan Ras* may help reduce pain, improve neuromuscular function, and support faster recovery in patients with *Gridhrasi*.

## CONCLUSION

*Yoga Basti*, combined with supportive Ayurvedic therapies, is a safe, effective, and holistic approach for managing *Gridhrasi*. It alleviates pain, improves mobility, and enhances quality of life. Larger studies are recommended to validate its efficacy in broader populations.

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