Effect of Dashamoola Niruha Basti in the Management of Gridhrasi (Sciatica): A Case Study

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Abstract

Gridhrasi is one of the Nanatmaja Vata Vyadhis described in Ayurvedic literature and is characterized by radiating pain, stiffness, pricking sensation, and restricted movement of the lower limb. Clinically, it closely resembles Sciatica caused by compression or irritation of the Sciatic Nerve. Basti Chikitsa is regarded as the most effective therapeutic modality for Vata disorders. Dashamoola, owing to its Vata-Kapha Shamaka, Shothahara, and Vedanasthapana properties, may play a significant role in the management of Gridhrasi. This case study aimed to evaluate the clinical efficacy of Dashamoola Niruha Basti in the management of Vataja Gridhrasi (Sciatica). A 48-year-old male patient presenting with low back pain radiating to the left lower limb, stiffness, tingling sensation, and difficulty in walking was treated with a Kala Basti regimen comprising Dashamoola Niruha Basti and Dashamoola Taila Anuvasana Basti for 16 days following Abhyanga and Swedana. Clinical assessment was carried out using subjective and objective parameters before and after treatment. Marked improvement was observed in Pain intensity, Stiffness, Tingling sensation, Walking ability, and Straight Leg Raising (SLR) angle. The Visual Analog Scale (VAS) score for pain reduced from 8 to 2, while the SLR angle improved from 35° to 75°. Walking distance increased from 100 meters to 1000 meters. No adverse effects were reported during the treatment period. Dashamoola Niruha Basti administered in a Kala Basti schedule demonstrated significant clinical

improvement in the symptoms of Vataja Gridhrasi. Further controlled clinical studies with larger sample sizes are required to establish its efficacy and generalizability.

Keywords: Gridhrasi, Sciatica, Dashamoola Niruha Basti, Panchakarma, Vata Vyadhi, Kala Basti

Introduction

Gridhrasi is one of the Nanatmaja Vata Vyadhis described in the Ayurvedic classics and is predominantly caused by the vitiation of Vata Dosha. It is characterized by symptoms such as Ruk (pain), Toda (pricking sensation), Stambha (stiffness), and Muhuspandana (involuntary twitching), which typically radiate from the Sphik (gluteal region) through the Kati (lumber region), Uru (thigh), Janu (knee), Jangha (calf), and Pada (foot) [1]. The peculiar gait adopted by affected individuals resembles that of a vulture (Gridhra), which has led to the nomenclature of the disease as Gridhrasi.

According to Modern medical perspective, Gridhrasi closely resembles Sciatica, a neuropathic pain condition resulting from irritation or compression of the Sciatic nerve. Common causes include lumbar intervertebral disc prolapse, degenerative spinal changes, spinal canal narrowing, and nerve root compression [2]. Sciatica is a prevalent Musculoskeletal disorder that significantly affects mobility, daily functioning, and quality of life [3]. Conventional treatment modalities include Analgesics, Physiotherapy, Lifestyle modifications, and Surgical intervention in severe or refractory cases. Despite these approaches, recurrence and persistent disability remain major clinical challenges.

According to Ayurvedic principles, Pakwashaya is considered the principal seat of Vata Dosha, and Basti Chikitsa is regarded as the most effective therapeutic intervention for Vata-related disorders [1,4,5]. Among the various formulations used in Basti therapy, Dashamoola occupies a prominent place due to its Vata-Kapha Shamaka, Shothahara (anti-inflammatory), and Vedanasthapana (analgesic) properties. Dashamoola comprises ten medicinal roots that have been traditionally employed in the management of inflammatory, painful, and neuromuscular disorders [6]. Considering these therapeutic attributes, Dashamoola Niruha Basti was selected as the primary intervention in the present case of Vataja Gridhrasi (Sciatica). The objective of this case study was to evaluate the clinical efficacy of Dashamoola Niruha Basti in alleviating Pain, Stiffness, Tingling sensation, and functional disability associated with Gridhrasi

Case Presentation

A 48-year-old male patient attended the Panchakarma Outpatient Department with complaints of low back pain radiating from the lumbar region to the posterior aspect of the left lower limb for six months. The pain was associated with stiffness in the lumbar region, tingling sensation in the left leg, and difficulty in prolonged standing and walking. The symptoms had gradually increased in severity and significantly affected his daily activities and occupational performance (Table 1).

Table 1. Demographic and Clinical Profile of the Patient

Parameter	Details
Age	48 years
Gender	Male
Occupation	Office Worker
Marital Status	Married
Socioeconomic Status	Middle Class
Duration of Illness	6 Months

Chief Complaints

1. Low back pain radiating to the left lower limb for 6 months.
2. Stiffness in the lumbar region.
3. Tingling sensation in the left leg.
4. Difficulty in prolonged standing and walking.

History of Present Illness

The patient reported that the symptoms began gradually following prolonged sitting and occupational strain related to desk work. Initially, the pain was confined to the lower back but subsequently radiated to the posterior aspect of the Left Thigh, Calf, and Foot. The patient had taken Analgesic medications intermittently, which provided only temporary relief. Over time, the symptoms worsened, resulting in reduced mobility and impaired quality of life.

Past Medical History

- The patient had no history of Diabetes Mellitus.
- No history of Hypertension.
- No Major Trauma.
- No history of Spinal Surgery, or any significant systemic illness.

Personal History

The Personal History of the Patient has been given in the Table 2.

Table 2. Personal History

Parameter	**Findings**
Appetite	Normal
Bowel Habits	Regular
Micturition	Normal
Sleep	Disturbed due to pain
Addictions	None Reported

General Examination

The General Examination of the Patient has been given in the Table 3.

Table 3. General Examination

Parameter	**Findings**
Pulse Rate	76/min
Blood Pressure	122/80 mmHg
Temperature	Afebrile
Respiratory Rate	20/min

Systemic Examination

The Systemic Examination of the Patient has been given in the Table 4.

Table 4. Systemic Examination

System	Findings
Cardiovascular System	Normal
Respiratory System	Normal
Central Nervous System	Conscious and Oriented

Musculoskeletal Examination

The Clinical Finding of the Patient has been given in the Table 5.

Table 5. Clinical Findings Before Treatment

Parameter	Findings
Lumbar Tenderness	Present
Lumbar Flexion	Restricted
SLR Test (Left)	35°
SLR Test (Right)	80°
Gait	Antalgic

Ayurvedic Assessment

The Ayurvedic Assessment of the Patient has been given in the Table 6.

Table 6. Samprapti Ghataka

Component	Assessment
Dosha	Vata Pradhana
Dushya	Asthi, Majja, Mamsa
Agni	Vishama Agni
Srotas	Asthivaha, Majjavaha
Srotodushti	Sanga
Udbhava Sthana	Pakwashaya
Adhisthana	Kati Pradesh

Diagnosis

Based on the Clinical presentation and Ayurvedic assessment, the condition was diagnosed as Vataja Gridhrasi.

Investigations

MRI Lumbo-Sacral Spine

• Diffuse posterior disc bulge at L4–L5 level.

• Mild nerve root compression.

• No evidence of significant Spinal Canal Stenosis.

Table 7. Laboratory Investigations

The Laboratory Investigations of the Patient has been given in the Table 7.

Investigation	**Result**
Complete Blood Count	Within Normal Limits
ESR	20 mm/hr
Blood Sugar	Normal
Serum Creatinine	Normal

Therapeutic Intervention

1. **Purva Karma**

   Details of the Purva Karma procedures, including the drugs/methods used and their duration, are presented in Table 8.

Table 8. Purva Karma Procedures

Procedure	**Drug/Method Used**	**Duration**
Abhyanga	Dashamoola Taila	15 Minutes Daily
Swedana	Vashpa Swedana with Dashamoola Kwatha	10 Minutes Daily

2. **Pradhana Karma**

   The ingredients and their respective quantities used for the preparation of Dashamoola Niruha Basti are detailed in Table 9.

Table 9. Composition of Dashamoola Niruha Basti

Ingredient	Quantity
Madhu	50 ml
Saindhava Lavana	10 g
Dashamoola Taila	50 ml
Shatapushpa, Yashtimadhu, Pippali Kalka	20 g
Dashamoola Kwatha	250 ml
Gomutra	150 ml
Total Volume	Approximately 500 ml

Participants received Kala Basti following the standard 16-day protocol, consisting of scheduled Anuvasana Basti and Niruha Basti procedures (Table 10).

Table 10. Kala Basti Schedule (16 Days)

Day	Type of Basti
1	Anuvasana Basti
2	Anuvasana Basti
3	Niruha Basti
4	Anuvasana Basti
5	Niruha Basti
6	Anuvasana Basti
7	Niruha Basti
8	Anuvasana Basti
9	Niruha Basti
10	Anuvasana Basti
11	Niruha Basti
12	Anuvasana Basti
13	Niruha Basti
14	Anuvasana Basti
15	Anuvasana Basti
16	Anuvasana Basti

Assessment Criteria

Clinical outcomes were assessed using standardized grading criteria for pain, stiffness, tingling sensation, and walking difficulty, as detailed in Table 11.

Table 11. Grading Criteria for Assessment

Parameter	Grade	Interpretation
Pain (VAS)	0	No Pain
Pain (VAS)	10	Worst Possible Pain
Stiffness	0	Absent
Stiffness	1	Mild
Stiffness	2	Moderate
Stiffness	3	Severe
Tingling Sensation	0	Absent
Tingling Sensation	1	Mild
Tingling Sensation	2	Moderate
Tingling Sensation	3	Severe
Walking Difficulty	0	Absent
Walking Difficulty	1	Mild
Walking Difficulty	2	Moderate
Walking Difficulty	3	Severe

Results

The pre- and post-treatment scores of the assessed clinical parameters, along with the percentage improvement, are presented in Table 12.

Table 12. Symptomatic Improvement Following Treatment

Parameter	Before Treatment	After Treatment	Percentage Improvement
Pain (VAS)	8	2	75.00%
Stiffness	3	1	66.67%
Tingling Sensation	3	1	66.67%
Walking Difficulty	3	1	66.67%

The pre- and post-treatment values of the objective assessment parameters, along with the percentage improvement, are summarized in Table 13.

Table 13. Objective Assessment

Parameter	Before Treatment	After Treatment	Percentage Improvement
SLR (Left)	35°	75°	114.28%
Walking Distance	100 m	1000 m	900%

Statistical Interpretation

As this report represents a single-case observation (n = 1), inferential statistical analysis was not applicable. Therefore, outcome evaluation was based on descriptive assessment and percentage improvement calculations. Clinically meaningful improvement was observed across all subjective and objective parameters following completion of the Kala Basti regimen.

Discussion

Gridhrasi is primarily a Vata-dominant disorder involving dysfunction of the Neuromuscular and locomotor systems. Classical Ayurvedic texts advocate Basti Chikitsa as the treatment of choice for Vata disorders because of its systemic regulatory effect on Vata Dosha and its direct action on Pakwashaya, the principal seat of Vata [1,4,5].

Dashamoola is a classical Ayurvedic formulation comprising Bilva (Aegle marmelos), Agnimantha (Clerodendrum phlomidis), Shyonaka (Oroxylum indicum), Patala (Stereospermum suaveolens), Gambhari (Gmelina arborea), Brihati (Solanum indicum), Kantakari (Solanum xanthocarpum), Shalaparni (Desmodium gangeticum), Prishniparni (Uraria picta), and Gokshura (Tribulus terrestris). Experimental and pharmacological studies have demonstrated Anti-inflammatory, Analgesic, Antioxidant, and Neuroprotective activities of these constituents [6,7].

The therapeutic effect of Dashamoola Niruha Basti may be explained through multiple mechanisms. Basti facilitates Vata Anulomana, removes Srotorodha (obstruction of channels), nourishes Asthi and Majja Dhatus, and improves Neuromuscular coordination.

The medicated decoction may help reduce inflammation around compressed nerve roots and alleviate pain through its Anti-inflammatory and Analgesic actions [8].

Furthermore, the Purva Karma procedures, namely Abhyanga and Swedana, contribute significantly to the therapeutic outcome. Abhyanga improves local circulation, reduces Muscular Stiffness, and pacifies aggravated Vata, while Swedana relieves Muscle Spasm and enhances tissue permeability, thereby facilitating better absorption of medicinal substances administered through Basti.

The marked reduction in Pain intensity, improvement in SLR angle, and substantial increase in Walking distance observed in this patient indicate a favorable therapeutic response. Similar findings have been reported in previous clinical studies evaluating Basti therapy in Gridhrasi and other Vata disorders [7,9,10]. Although the exact biomedical mechanisms require further investigation, the observed clinical outcomes suggest that Dashamoola Niruha Basti administered in the Kala Basti Regime may offer a safe and effective therapeutic option for patients suffering from Vataja Gridhras [11].

Conclusion

The present case study demonstrated significant improvement in both subjective and objective parameters following administration of Dashamoola Niruha Basti in a Kala Basti schedule. The intervention was well tolerated and resulted in substantial relief from Pain, Stiffness, Tingling sensation, and functional disability associated with Vataja Gridhrasi. Improvement in SLR angle and Walking capacity further supported the clinical effectiveness of the therapy. Although the findings are encouraging, they should be interpreted cautiously due to the inherent limitations of a single-case study. Larger randomized controlled clinical trials are required to establish definitive efficacy and broader clinical applicability.

Declarations

Patient Consent: Written informed consent was obtained from the patient prior to publication of this case report. Confidentiality and anonymity have been maintained throughout the study.

Conflict of Interest: The author declares that there is no conflict of interest regarding the publication of this article.

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References

1. Agnivesha. Charaka Samhita. Chikitsa Sthana, Vatavyadhi Chikitsa Adhyaya 28/56. Varanasi: Chaukhambha Orientalia; 2011. p. 618-620.
2. Valat, J.P., Genevay, S., Marty, M., Rozenberg, S. and Koes, B. (2010) Sciatica. Best Practice & Research. Clinical Rheumatology, 24, 241-252. http://dx.doi.org/10.1016/j.berh.2009.11.005
3. Ropper AH, Zafonte RD. Sciatica. N Engl J Med. 2015;372(13):1240-1248.
4. Vagbhata. Ashtanga Hridaya. Sutra Sthana. Varanasi: Chaukhambha Sanskrit Sansthan; 2010. p. 214-215.
5. Sushruta. Sushruta Samhita. Chikitsa Sthana 4/34. Varanasi: Chaukhambha Sanskrit Series; 2012. p. 112-114.
6. Sharma PV. Dravyaguna Vijnana. Vol. II. Varanasi: Chaukhambha Bharati Academy; 2006. p. 254-256.
7. Singh RH, Narsimhamurthy K. Clinical and experimental studies on Dashamoola formulations in inflammatory disorders. J Res Ayur Siddha. 1990;11(1-2):38-44.
8. Maurya SK, et al. Ayurvedic Basti (enema) as an effective drug delivery system. J Ayurveda Integr Med. 2018;9(2):142-145.
9. Meenu M, Shwetal S, Vivek S. CLINICAL ASSESSMENT OF BASTI KARMA AND RASARAJ RASA IN THE MANAGEMENT OF GRIDHRASI (SCIATICA). INTERNATIONAL AYURVEDIC MEDICAL JOURNAL. 2020;8(10):4684-93.
10. Raj GA, Mohan K, Anjana R, Rao PN, Shailaja U, Viswaroopan D. Biological effects of ayurvedic formulations. InAyurveda in The New Millennium 2020 Nov 10 (pp. 135-160). CRC Press.
11. Vaidya-Kasture, H.S. (1997). Ayurvediya Panchakarma Vigyana, Sri. Baidyanath Ayurveda Bhavan Ltd. 5th Edition, P. 379.