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(CASE REPORT)

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Ayurvedic management of disuse muscular Atrophy due to *Gridhrasi* W.S.R. to sciatica: A case report

Monika Thakur *, Anil Bhardwaj and Sneh Rathore

Department of Panchkarma, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Kangra, Himachal Pradesh- 176115 India.

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Abstract

The word *Gridhrasi* is derived from the Sanskrit word '*Gridhra'* which means the name of bird i.e. Vulture*. Gridhrasi* is a *Vataj Nanatmaja Vikara*. *Ruk* (pain), *Toda* (pricking feeling), *Muhuspandana* (tingling sensation), and *Stambha* (stiffness) in the *Sphik, Kati, Uru, Janu, Jangha*, and *Pada* are the four primary symptoms of Gridhrasi**.** In modern medicine, this condition can be correlated with Sciatica, Sciatica is a common clinical condition resulting from lumbar nerve root compression and may lead to chronic pain/radiating pain, restricted mobility, and secondary muscular disuse. Prolonged radicular pain often causes avoidance of limb usage, which may progress to disuse atrophy of the affected muscles. In this case a 47- year old female patient with chronic low back pain radiating to the left lower limb, associated with difficulty in walking as well as sitting position and visible reduction in thigh muscle bulk reported for treatment. Radiological evaluation of the lumbar spine revealed reduced intervertebral disc space at the L4–L5 level with mild alteration of lumbar lordosis, suggestive of degenerative disc disease. The patient was treated with Integrative Ayurvedic interventions incluiding *Sarvanga Abhayanga, Shastik Shali Pind Swedana* and *Mustadi Rajyapan basti***.** Post treatment assessment showed significant reduction in pain, improvement in gait and functional mobility and gradual improvement in thigh circumference. The patient also reported enhanced quality of life.

Keywords: Gridhrasi; Shastik Shali Pind Swedana; Mustadi Rajyapana Basti; Sarvanga; Sciatica

1. Introduction

Gridhrasi, it is classified under *Nanatmaja Vatavyadhi*. The term *Gridhrasi* denotes an abnormal gait resembling that of a vulture, resulting from severe radiating pain. Classical texts describe symptoms such as *Ruk* (pain), *Toda* (pricking sensation), *Muhuspandana* (tingling), and *Stambha* (stiffness), affecting regions like the *Sphik, Kati, Uru, Janu, Jangha,* and *Pada* in *Vataja Gridhrasi*. In cases with *Kapha* association, features such as *Gaurava, Tandra,* and *Aruchi* may also be present **[1]**. In modern medicine, *Gridhrasi* can be correlated with sciatica. Low back pain is one of the most common musculoskeletal complaints worldwide which affects a large proportion of the Indian population during their lifetime. Among the various etiological factors responsible for low back pain, lumbar intervertebral disc pathology is considered the most frequent cause. The lumbar segments L4–L5 and L5–S1 are most commonly involved in disc degeneration and prolapse, accounting for the majority of cases. Pain arising from these segments may be confined to the lower back or may radiate along the buttock, thigh, and leg, which clinically manifests as sciatica.

Epidemiological studies suggest that the lifetime incidence of sciatica ranges widely, while annual incidence remains relatively lower, with noticeable variation between working and non-working populations. The condition is observed more commonly in males, particularly in the middle-aged group. Sciatica is characterized by radiating pain along the distribution of the sciatic nerve, often associated with paresthesia, restricted movements, and difficulty in walking.

* Corresponding author: Thakur Monika

Activities such as coughing, bending, or twisting may aggravate the pain. Chronic radicular pain often results in reduced limb usage due to fear of pain and functional limitation. Prolonged disuse of the affected limb may subsequently lead to muscular weakness and muscle wasting, clinically presenting as disuse muscular dystrophy or atrophy, particularly involving the thigh muscles. This secondary muscular involvement further worsens gait disturbances and overall quality of life.

Conventional management of sciatica primarily includes analgesics, non-steroidal anti-inflammatory drugs, muscle relaxants, and anticonvulsants, which mainly provide symptomatic relief. In chronic or severe cases, surgical intervention may be considered, though it carries the risk of unfavorable outcomes and recurrence. Ayurvedic management of *Gridhrasi* emphasizes the correction of aggravated *Vata* through therapies such as *Basti Karma, Swedana, Abhyanga,* and other *Panchakarma* procedures. These interventions aim not only at pain relief but also at improving neuromuscular function and restoring mobility, making them particularly relevant in chronic sciatica with functional impairment.

2. Material and methods

2.1. Case Report

A 47 year married female visited Panchkarma OPD of Rajiv GandhI Government Post Graduate Ayurvedic College and Hospital Distt. Kangra, Himachal Pradesh on date- 03/10/2025 with following details-

2.2. Chief complaints

- Low back pain radiating to left lower limb up to heel from six months
- Difficulty and pain while walking and sitting from six months
- Weakness in left lower limb from three months.

2.3. History of present illness

A 47 year married female visited *Panchkarm* OPD of Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Distt. Kangra, Himachal Pradesh on date- 03/10/2025 with complaints of low back pain, which was insidious in onset and progressive in nature from last six months. The pain subsequently radiated to the left lower limb extending up to the heel which is associated with heaviness. Over the same duration, the patient experienced difficulty and pain while walking and pain while sitting, especially for prolonged periods. The pain interfered with routine activities and ambulation. The patient also complained a feeling of weakness in the affected lower limb since three months, without any history of trauma or acute injury. For these complaints patient approached allopathic hospital in Jalandhar, Punjab from where she got pain killers and pain was relieved for some days but doesn't get satisfactory relief, with all these complaints patient come to Panchkarm OPD in R.G.G.P.G.A.C.H and got admitted in female Panchkarm ward for needful management and evaluation.

2.4. History of past illness

- N/H/O T2DM /HTN, Thyroid dysfunction and any other chronic illness
- N/H/O Trauma or fall

2.5. Family history

No relevant family history found

2.6. Personal history

- Diet –Mixed
- Appetite –Reduced
- Bowel -clear (1 time / day)
- Micturation -Normal (5–6 times/ day)
- Sleep –Disturbed (due to pain)

3. Clinical finding

- **General examination-** patient's general condition was moderate. Her blood pressure was 124/78 mmHg, pulse rate was 74/min, respiratory rate was 18/min, and body temperature was 98.2°F. There was no evidence of edema, pallor, icterus, or clubbing.
- ***Astavidha Pariksha-*** *Nadi- Kaphavataj, Mala- Samanya Varna, Gandha, Mutra- Samanya Varna, Gandha, Jihva – Anavrutta, Shabda- Sapashth, Sparsha- Samasheetaushna, Druk- Prakruta, Akruti- Madyama.*
- ***Dashvidha pareeksha-*** *Prakriti – Kaphapittaj, Vikriti – Lakshyanimitaj, Sara – Masaj, Samhanana- Madhyam Pramana – Madhyam, Satmya - Sarva Rasa, Satva –Madhyam, Ahara Shakti –Madhyam, Vyayama Shakti –Avara Vayah – Madhyamavasta*
- **Systemic Examination-** the patient was conscious and well oriented to time, place, and person. Respiratory system examination revealed normal vesicular breath sounds with no added sounds. Cardiovascular system examination showed normal heart sounds (S1 and S2) with no abnormality detected.

3.1. Local Examination (Low back region)

3.1.1. Inspection

- Gait - Antalgic
- No deformity detected

3.1.2. Palpation

- Tenderness- present at L4 and L5 region.
- Muscle tone- good.
- Muscle bulk- Reduced, observed over the left thigh as compare to the right side.
- Muscle power - Right and left lower limb is 5/5

Table 1 Range of movement

Forward flexion [measured from tip of the finger to ground]	limited to 30 cm above ground
Right lateral flexion [using goniometer]	limited to 15°with pain.
Left lateral flexion [using goniometer]	limited to 10°with pain
Extension [using goniometer]	limited to 10°with pain.

Table 2 Special Tests

Test	**Right Lower limb**	**Left lower limb**
SLR Test	Negative	30°
Bragard's test	Negative	Positive (30°)

3.2. Investigation (X-ray dated 08/07/2025)

Straightening of lumbar spine, reduced intervertebral disc space at L4–L5, and mild irregularity of vertebral body margins suggestive of degenerative changes.

Table 3 Laboratory Investigation

Heamatological	
HB	**12.3gm**
PLT	2.92lac/Cumm

ESR	21mm fall in 1st hr
Blood chemistry	
FBS	73mg/dl
TG	145mg/dl
HDL	94mg/dl
LDL	131mg/dl
TSB	0.5mg/dl
DSB	0.1 mg/dl
SGOT	28 IU/L
S. Urea	43 IU/L
S. Creatinine	0.4mg/dl
S. calcium	6.6mg/dl
Serology	
RA – factor	NR

3.3. Timeline

The timeline of the events of the case is provided in **Table – 4.**

3.4. Diagnostic assessment

The patient was assessed based on Visual Analogue Scale (VAS) for pain ranges from 0 (no pain) to 10 (worst imaginable pain), SLR, Bragard's test and Range of motion of Lumbar Spine which includes forward flexion, extension, right lateral flexion, left lateral flexion, thigh circumference and gait. Assessment was done on day- 1, before the treatment, on day -16 after completion of the treatment and on day -36 (After 20 days) on follow –up.

3.5. Therapeutic intervention

The treatment protocol was planned based on *Vata Kapha*-predominant pathology and was executed in a stepwise *Panchkarm* approach over a period of 16 days (03/10/2025 to 18/10/2025) during the patient's inpatient stay. In treatment protocol, *Abhyanga* was performed on affected part using Bala *Aswagandhadi Taila* once daily for 20-25 minutes which was followed by *Sarvanga Shastik Shali Pinda Swedana*, done from 03/10/2025 to 16/10/2025, using *Bala Mula, Shastik Shali,* and *Go-dugdha*. *Shastik Shali* rice was thoroughly washed and cooked in a decoction prepared from *Bala Mula kwatha* along with cow's milk until it attained a soft, semi-solid consistency. The cooked rice was then divided into four equal portions and tied into sterile cotton cloths to form boluses (*Pindas*). Prepared *Pindas* were heated by dipping them intermittently in the warm *Bala*-milk decoction. The heated boluses were gently applied over the lumbosacral region and affected limb in a rhythmic and circular manner, maintaining uniform temperature throughout the procedure. Care was taken to avoid excessive heat and to ensure patient comfort. The procedure was continued for approximately 30–45 minutes per session, after which the area was wiped clean and the patient was advised adequate rest. Simultaneously, *Anuvasana Basti* was administered from 03/10/2025 to 18/10/2025 using a combination of *Bala Aswagandhadi Taila* and *Pancatikta Ghrita*. Further, *Mustadi Raja Yapana Basti* was administered from 05/10/2025 to 15/10/2025 following *Kaala Basti Krama*. The *Basti* formulation comprised *Madhu, Saindhava, Pancatikta Ghrita, Bala Aswagandhadi Tail, and Shatapushpa, Tikta Dravya Siddha Ksheer,*

Table 4 Timeline of the events

Date	Events	Observation
April – October 2025	Patient developed pain in low back region with radiculopathy towards left lower limb up to heel associated with heaviness. Difficulty and pain while walking and sitting, especially for prolonged periods.	Patient took painkillers from allopathic hospital in Jalandhar, Punjab, but didn't get satisfactory relief.
July – October 2025	Feeling of weakness in the affected lower limb	X-ray shows straightening of lumbar spine. Intervertebral disc- reduced disc space at L4- L5. Vertebral body margin- mild irregularity suggesting degenerative changes.
October 03, 2025	For the same complaints mentioned above Patient visited Ayurveda Hospital, history taking and examination were done	Patient advised for IPD admission for further course of treatment.
October 03, 2025	Patient was admitted in IPD for further management.	Advised to undergo routine laboratory investigation
Oct 03 – Oct 18, 2025	*Sarvanga Abhyanga* *Sarvanga Shastik Shali Pind Swedana* *Anuvasana Basti* *Mustadi Raja Yapana Basti* (*Kala Basti Krama*)	Assessment of SLR, Bragard's test, range of motion of spine were done on 1st day and 16th day of the intervention.
November 07, 2025	Follow up	Marked improvement, Pain intensity was reduced, gait became more stable, and muscle power of the left lower limb improved, along with a measurable increase in thigh circumference

3.6. Criteria of assessment

Table 5 Subjective Criteria

S. No.	Criteria	Before treatment	After 16 days of treatment	Follow up 20 days after completion of treatment
1	Radiating pain (up to left foot)	7 +(VAS)	2+(VAS)	1+(VAS)
2	Sleep	Disturbed	Sound	Sound

Table 6 Objective Criteria

S. No.	Criteria	Before treatment	After 16 days of treatment	Follow up 20 days after completion of treatment
1	Pain while walking and sitting	Painful	Mild discomfort	No discomfort
2	SLR Test			

	Right Leg left Leg	Negative Positive at 30°	Negative Positive at 65°	Negative Negative
3	Bragard test Right leg Left leg	 Negative Positive 30^0	 Negative Negative	 Negative Negative
4	Forward flexion	30 cm above ground	15cm above ground	12cm above ground
5	Left lateral flexion	10^0 with pain	30^0 without pain	30 without pain
6	Right lateral flexion	15^0 with pain	30^0 without pain	30^0 without pain
7	Extension	10^0 with pain	20^0 without pain	25^0 without pain
8	Thigh circumference Right thigh Left thigh	 43.9cm 41.5cm	 43.9cm 43.1cm	 43.9cm 43.3cm
9	Gait	Antalgic	No antalgic gait	No antalgic gait

3.7. Follow – up and outcome

Clinician and patient assessed outcome **-** showed marked improvement. Pain intensity was reduced, gait became more stable, and muscle power of the left lower limb improved, along with a measurable increase in thigh circumference. Follow-up diagnostic findings- clinical examination revealed improved straight leg raising test and functional mobility (Table-4,5). Intervention adherence and tolerability -The patient adhered well to the treatment protocol, and tolerability was good. Adverse events- no adverse or unanticipated events reported during or after the intervention.

4. Discussion

Gridhrasi is a *Vata – Pradhana Vyadi*, where *Ruksata, Sosha, Stambha* and *Shula* lead to *Asthi- Mamsa Kshaya* and *Alpa Chestha* (restricted movement) prolonged pain and immobility further result in *Mamsa Dhatu Apacaya* (muscle wasting). *Chikitsa Sutra* of *Gridhrasi* as per classic is *Bastikarma, Siravyedha, Agnikarma***[2].** As *Gridhrasi* is *Vatavyadhi, Chikitsa* of *Vatadosha Snehana* and *Shodhana* is needed to pacify *Vatadosha.* The treatment principle applied for the management of this disease condition is *Vedanastapana chikitsa* and *Vatashamana chikitsa*. The probable mode of action of these *Shodhana* and *Shaman Chikitsa* can be explored as follow:

Sarvanga abhyanga (full body massage with oil) followed by *Shastik Shali Pind Sweda, Sarvanga Abhyanga* nourishes and strengthens muscles, reduce stiffness, *Vatashamana, Bala Vardhana, Pustijanan*[3], *Mamsa – Drdhikarana*[4].Thus *Sarvanga Abhayanga* directly counteracts *Vata- Prokopa* and *Mamsa* – Ksaya. *Abhayanga* enhances *Rasa- Rakta* circulation, leading to improve *Mamsa Dhatu Poshana*.It removes *Srotorodha*, facilitating proper nutrient delivery to atrophied muscles. *Shashtikashali pinda sweda* (sudation performed by bolus of drugs) is given. It have *Snigdha, Guru and Brimhana* effect [5], so it promote *Mamsa Dhatu Poshana* and improve muscle bulk. Since it is wet heat, which enters the skin deeper. As a result, it nourishes muscle tissue, preventing weakening and atrophy. *Anuvasana Basti* with *Ashwagandhadi Tail* addresses muscle weakness and degeneration, aiming to balance Vata Dosha. *Mustadi Rajayapana Basti* was employed due to its *Sadhyo Balajanana* (instant strength-enhancing) and *Rasayana* (rejuvenative) effects. *Mustadi Rajyapana Basti* exhibits *Vata Shamaka*, *Rasayana*, and "*SadyoBalajanana*" qualities, which enhance strength. *Tikta Rasa* may help with cell implantation and slow down *Majja* and *Asthi's* degeneration. Hence, *Mustadi Rajyapana Basti* is beneficial for neurological conditions and weakened muscles. So, *Mustadi Rajyapana Basti's Sadyao-Balajanana* and *Rasayana* effects allow for the easy and quick nourishment of the enormous number of nerves found in the enteric nervous system.The medications in this *Basti* have *Tikta Rasa*, which aids in the repair of *Asthi Dhatu* (bone tissue) and *Majja Dhatu* (bone marrow). [6].

5. Conclusion

The present case study demonstrates that integrative Ayurvedic management, including *Sarvanga Abhyanga, Shashtika Shali Pinda Swedana,* and *Mustadi Rajayapana Basti,* along with *Shamana Chikitsa,* was effective in reducing pain, improving functional mobility, and aiding recovery from disuse muscle atrophy associated with left-sided lumbar

radiculopathy *(Gridhrasi).* This approach may offer a beneficial conservative treatment option in similar clinical conditions.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

Statement of informed consent

Patient has given her consent for reporting the case along with other clinical information in the report. The patient understands that her name will not be published and due efforts will be made to conceal her identity.

Patient perspective

The patient expressed that prior to treatment, there was persistent low back pain radiating to the left lower limb, difficulty in walking, heaviness, and noticeable weakness of the thigh muscles, which significantly affected daily activities and quality of life. During the course of treatment with *Sastika Shali Pinda Swedana* and *Mustadi Rajyapan Basti*, the patient experienced gradual relief in pain, improved comfort while walking, and a sense of strength returning in the affected limb. By the end of therapy, the patient reported improved mobility, reduced dependence on support for ambulation, better sleep, and overall satisfaction with the treatment outcome.

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