

Effect of *Yoga Basti* with *Tila Taila* and *Dashamoola Kwatha* in the Management of *Gridhrasi* (Sciatica): A Case Report

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Abstract

Background: *Gridhrasi* is described in classical *Ayurveda* under *Vata Nanatmaja Vyadhi* and is characterized predominantly by severe pain radiating from the low back and hip region towards the lower extremity, accompanied by stiffness, pricking sensation, and restricted motor function. Clinically, the presentation of *Gridhrasi* closely mirrors lumbar radiculopathy or sciatica, following the anatomical distribution of the sciatic nerve. *Basti Karma* is regarded as the paramount therapeutic modality in *Panchakarma* for pacifying *Vata* disorders.

Case Presentation: A 44-year-old male patient presented with persistent low-back pain radiating to the right lower limb for approximately 7–8 months, resulting in functional disability during daily physical activities. Clinical examination revealed a positive right Straight Leg Raising (*SLR*) test at 30°. Due to non-availability of magnetic resonance imaging (*MRI*), the diagnosis was established on clinical evaluation and diagnostic physical examination.

Intervention: The patient was managed with a 16-day *Yoga Basti* protocol comprising *Tila Taila Anuvasana Basti* and *Dashamoola Kwatha*-based *Niruha Basti*, co-administered with oral *Shamana Aushadhi* (*Trayodashanga Guggulu*, *Dashamoola Kwatha*, *Ekanagaveera Rasa*, and *Hingvashtaka Churna*).

Results: Following treatment completion, the patient demonstrated marked reduction in low-back and radiating pain scores on the Visual Analogue Scale (*VAS* reduced from 7–9/10 to 1–3/10). Objective evaluation showed notable extension in right *SLR* from 30° (positive) to >70° (negative), accompanied by recovery of lumbar mobility and execution of daily functional activities.

Conclusion: The structured 16-day *Yoga Basti* regimen in combination with targeted *Shamana* therapy provided marked symptomatic and functional relief in clinically diagnosed *Gridhrasi*. Further controlled clinical trials with standardized protocols and objective imaging are warranted.

Keywords: *Gridhrasi*, Sciatica, *Yoga Basti*, *Dashamoola*, *Tila Taila*, *Trayodashanga Guggulu*, *Panchakarma*, *Basti Karma*.

1. Introduction

Gridhrasi is categorized within classical *Ayurvedic* literature among the 80 distinct *Vata Nanatmaja Vyadhis* (diseases caused exclusively by vitiated *Vata Dosha*). The disease is clinically characterized by excruciating pain radiating systematically along the lower back and pelvic region down into the lower limb. Classical treatises, including the *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, describe cardinal symptoms such as *Ruk* (persistent aching pain), *Toda* (pricking or shooting sensation), *Stambha* (stiffness), and *Spandana* (fasciculation or twitching), extending sequentially from *Sphik* (gluteal region), *Kati* (lumbosacral region), and *Uru* (thigh) towards *Janu* (knee), *Jangha* (calf), and *Pada* (foot). The gait of an afflicted individual is classically likened to that of a vulture (*Gridhra*), reflecting a tilted stance and restricted leg extension due to severe pain.

In contemporary clinical practice, *Gridhrasi* demonstrates high clinical concordance with sciatica (lumbar radiculopathy). Sciatica describes pain originating in the lumbosacral plexus and radiating along the neural pathway of the sciatic nerve into the lower extremity. The underlying etiology commonly includes lumbar intervertebral disc herniation, spondylolisthesis, lumbar canal stenosis, or nerve-root irritation. While advanced diagnostic modalities like Magnetic Resonance Imaging (*MRI*) clarify structural spinal pathology, clinical diagnosis in resource-limited or primary care settings relies upon rigorous physical examination, including the Straight Leg Raising (*SLR*) test and neuro-dynamic assessments.

Ayurvedic therapeutic paradigms for *Gridhrasi* focus primarily on pacifying aggravated *Vata* (and associated *Kapha* when present), unblocking functional channels (*Srotas*), and

mitigating nerve irritation. *Basti Karma* (medicated enema therapy) is acclaimed as the ultimate therapeutic measure (*Ardha Chikitsa*) for *Vata* disorders. Clinical investigations have evaluated various formats of *Basti*—including *Matra Basti*, *Niruha Basti*, and *Yoga Basti*—showing favorable efficacy in diminishing pain, overcoming joint stiffness, and normalizing neurological parameters.

2. Aim of the Study

To systematically document the clinical therapeutic outcome of a 16-day structured *Yoga Basti* protocol (combining *Tila Taila Anuvasana Basti* and *Dashamoola Kwatha Niruha Basti*) alongside oral *Shamana Aushadhi* in a patient clinically diagnosed with right-sided *Gridhrasi* (sciatica).

3. Case Presentation

A 44-year-old male patient attended the Outpatient Department of *Panchakarma* at Arihant Ayurvedic Hospital, Gandhinagar, Gujarat, presenting with a primary complaint of debilitating low-back pain persisting for 7–8 months. The chief presenting complaints were systematically documented as follows:

1. Severe pain in the lower lumbar region persisting for 7–8 months.
2. Predominant localization of pain to the right side of the lower back.
3. Radiation of pain from the right gluteal region down to the right lower extremity.
4. Marked difficulty and functional limitation in performing routine daily physical activities due to pain.

Baseline diagnostic *MRI* scans were not available at the time of initial clinical presentation; consequently, evaluation and diagnosis were established on the basis of physical, clinical, and classical *Ayurvedic* diagnostic criteria.

4. History of Present Illness

The patient reported being in a state of good health prior to the insidious onset of lower back discomfort approximately 8 months prior. Over the subsequent months, the pain progressively intensified and became localized to the right lumbosacral region, radiating down the posterior aspect of the right thigh and leg. The radiating nature of the pain, accompanied by lumbar stiffness and functional motor restriction, prompted neuro-dynamic testing.

Positive right-sided *SLR* confirmed a clinical presentation compatible with right-sided sciatica (*Vataja Gridhrasi*).

5. Clinical Examination

Systemic clinical evaluation was conducted upon admission to establish baseline physiological metrics. The baseline physical and systemic findings are summarized in Table 1.

Table 1: Baseline General and Systemic Clinical Examination Findings

Clinical Parameter	Observation / Findings
Age	44 years
Sex	Male
General Condition	Fair / No significant co-morbid history reported
Pulse Rate	74 beats per minute, regular
Blood Pressure	130/80 mmHg
Respiratory Rate	18 breaths per minute, regular
Temperature	Afebrile (98.4°F)
Built and Nourishment	<i>Madhyam</i> (Moderate)
Pallor / Icterus / Cyanosis / Clubbing	Absent / Not applicable
Lymphadenopathy	No lymphadenopathy detected
Edema	No peripheral edema observed

6. Local Examination

Palpation revealed localized tenderness over the L4–L5 and L5–S1 spinous processes and right paralumbar musculature. Neuro-dynamic testing demonstrated a positive Straight Leg Raising (*SLR*) test on the right side at 30° elevation, accompanied by positive Bragard's sign (dorsiflexion of the ankle at 30° reproducing nerve root pain). Left *SLR* was negative up to 80°. The baseline right *SLR* angle served as a critical objective biological marker for evaluating clinical therapeutic response.

7. Diagnostic and Laboratory Investigations

Because neuro-imaging (*MRI* lumbosacral spine) was unavailable, clinical diagnosis was established based on:

1. Characteristic lumbar aching pain with anatomical radiation down the right sciatic nerve distribution.
2. Classical *Ayurvedic* symptomatic presentation of *Gridhrasi* (*Ruk, Toda, Stambha*).
3. Objective neuro-dynamic impairment evidenced by positive right *SLR* at 30°.

8. Ayurvedic Assessment & *Nidana Panchaka*

From an *Ayurvedic* perspective, the case was diagnosed as *Gridhrasi* with predominant *Vataja* involvement. The diagnostic framework (*Nidana Panchaka*) is categorized as follows:

- **Nidana (Etiology):** Aetiological factors elicited from history included improper posture, excessive physical strain, irregular food intake, prolonged sitting, and exposure to cold draft, leading to *Vata* aggravation.
- **Purvarupa (Prodromal Symptoms):** Intermittent tingling sensation (*Svapna*) and subtle numbness in the feet prior to overt onset of radiating pain.
- **Rupa (Clinical Features):** Severe low-back pain radiating down the right lower limb, restricted gait, stiffness (*Stambha*), pricking sensation (*Toda*), and positive right *SLR* at 30°.
- **Upashaya (Relieving Factors):** Alleviation of pain with thermal fomentation (*Ushna Upachara*), local massage (*Abhyanga*) with warm *Tila*

Taila, bodily rest (*Vishrama*), *Snehana-Swedana* procedures, and marked clinical relief following administration of *Yoga Basti*.

- **Anupashaya (Aggravating Factors):** Exacerbation of pain following forward bending, heavy weight lifting, prolonged standing, prolonged static sitting, excessive physical strain, and cold environmental exposure.
- **Samprapti (Pathogenesis):** Vitiating *Vata Dosha* localizes in the lumbosacral region (*Kati-Sphik*), leading to channel obstruction (*Srotodushti / Sanga*) in the *Asthivaha* and *Majjavaha Srotas*. This impairs local tissue nutrition and nerve conduction, precipitating pain, stiffness, and restricted movements characteristic of *Gridhrasi*.

9. *Samprapti Ghataka* (Pathological Components)

The specific pathological elements involved in the disease mechanism are detailed in Table 2.

Table 2: Pathological Components (*Samprapti Ghataka*) of *Gridhrasi*

Pathological Factor	Clinical Assessment / Ayurvedic Component
<i>Dosha</i>	<i>Vata</i> predominant (associated with <i>Kapha</i> involvement)
<i>Dushya</i>	<i>Mamsa, Meda, Asthi, and Majja Dhatu</i>
<i>Srotas</i>	<i>Asthivaha, Majjavaha</i> , and associated channels
<i>Srotodushti</i>	<i>Sanga</i> (functional obstruction to nervous and vascular conduction)
<i>Agni</i>	<i>Madhyam</i> (Moderately impaired digestive fire)
<i>Ama</i>	<i>Niraam</i> (Absence of metabolic toxin accumulation)
<i>Udbhava Sthana</i>	<i>Pakvashaya</i> (Large intestine / Primary site of <i>Vata</i>)
<i>Adhithana</i>	<i>Kati-Sphik-Uru-Janu-Jangha-Pada</i> (Lumbosacral region to lower extremity)
<i>Vyadhi</i>	<i>Gridhrasi</i> (Predominantly <i>Vataja</i> presentation)

10. Treatment Plan

Therapeutic management was structured to pacify vitiated *Vata*, relieve neuromuscular pain and stiffness, improve lower limb motor function, and restore spinal mobility. The integrative treatment plan comprised:

1. **Panchakarma Therapy:** A 16-day structured *Yoga Basti* course.
2. **Shamana Aushadhi:** Targeted oral palliative formulations administered concurrently.

11. Panchakarma Protocol: Yoga Basti

A 16-day classical *Yoga Basti* regimen was executed. *Yoga Basti* comprises an alternating schedule of 6 decoction enemas (*Niruha Basti*) and 10 unctuous oil enemas (*Anuvasana Basti*). The specifics of the enema preparations were:

- **Anuvasana Basti:** Administered using warm *Tila Taila* (Sesame oil) at a dose of 160–180 mL after light meals.
- **Niruha Basti:** Administered using a fresh decoction of *Dashamoola Kwatha* formulation (500 mL total volume) on an empty stomach in the morning.

Table 3: Composition and Quantities of Dashamoola Kwatha-Based Niruha Basti

Ingredient (<i>Basti Dravya</i>)	Approximate Quantity
<i>Dashamoola Kwatha</i> (Decoction of 10 roots)	400 mL
<i>Madhu</i> (Honey)	50–60 mL
<i>Saindhava Lavana</i> (Rock salt)	5–6 g
<i>Sneha</i> (<i>Tila Taila</i>)	80–100 mL
<i>Kalka</i> (Fine paste of <i>Dashamoola</i>)	20–25 g

Note: During administration, enema volume and retention time were fine-tuned according to the patient's anatomical tolerance and retention capacity.

12. Oral Pharmacotherapy (Shamana Aushadhi)

To complement *Basti Karma*, oral *Shamana Aushadhis* were administered for 16 days. The dosage, frequency, and administration vehicle (*Anupana*) are detailed in Table 4.

Table 4: Oral Ayurvedic Medications (Shamana Aushadhi) Regimen

Medication	Dosage	Frequency & <i>Anupana</i>	Route
<i>Trayodashanga Guggulu</i>	2 tablets	Twice daily (<i>BD</i>) with <i>Koshna Jala</i> (warm water)	Oral
<i>Dashamoola Kwatha</i>	20 mL	Twice daily (<i>BD</i>) with <i>Ushna Jala</i> (warm water)	Oral
<i>Ekangaveera Rasa</i>	1 tablet	Twice daily (<i>BD</i>) with <i>Koshna Jala</i> (warm water)	Oral
<i>Hingvashtaka Churna</i>	3 g	Twice daily (<i>BD</i>) before meals with warm water	Oral

13. Assessment Criteria

Clinical efficacy was evaluated using subjective clinical scores and objective physical examination parameters prior to treatment and on day 16 post-treatment.

Subjective Parameters:

1. **Visual Analogue Scale (VAS):** Pain intensity scored on a 0–10 numerical scale (Table 5).
2. **Ruk (Low-Back Pain Severity):** Graded according to pain impact.

3. **Stambha (Lumbar Stiffness):**
Evaluated by duration and interference with lumbar motion.
4. **Toda (Pricking/Shooting Pain):**
Graded on subjective discomfort.
5. **Radiating Pain & Functional Restrictions:** Graded across walking, sitting, bending, and routine physical performance.

Table 5: Visual Analogue Scale (VAS) Pain Severity Interpretation

VAS Score	Pain Severity Interpretation
0	No pain
1–3	Mild pain
4–6	Moderate pain
7–8	Severe pain
9–10	Very severe / Worst excruciating pain

Objective Parameters:

1. **Straight Leg Raising (SLR) Test:**
Measured in degrees of elevation prior to leg pain elicitation.
2. **Bragard's Sign:** Evaluated via ankle dorsiflexion at terminal *SLR* angle.
3. **Lumbar Range of Motion:** Assessed during forward flexion, extension, and lateral rotation.

14. Observations and Results

Following the completion of the 16-day *Yoga Basti* course and concurrent oral pharmacotherapy, the patient exhibited significant clinical and functional recovery. The pre- and post-treatment comparative data are presented in Table 6.

Table 6: Comparative Pre- and Post-Treatment Assessment Parameters

Assessment Parameter	Before Treatment (Baseline)	After 16-Day Treatment
Low-Back Pain – VAS Score	7–9 / 10 (Severe)	1–3 / 10 (Mild)
Radiating Pain – Right Lower Limb	Grade 2–3 (Moderate–Severe)	Grade 0–1 (Absent–Mild)
Pricking / Shooting Pain (<i>Toda</i>)	Grade 2–3 (Moderate–Severe)	Grade 0–1 (Absent–Mild)
Difficulty in Walking	Moderate–Severe limitation	Mild / Minimal limitation
Difficulty in Sitting	Moderate–Severe limitation	Mild / Minimal limitation
Difficulty in Bending	Moderate–Severe limitation	Mild / Minimal limitation
Disturbance in Routine Activities	Marked impairment	Mild / Minimal impairment
Right Straight Leg Raising (<i>SLR</i>) Test	Positive at 30° elevation	Negative / Positive at >70° elevation
Bragard's Sign	Positive on Right / Negative on Left	Negative on Right / Negative on Left
Lumbar Range of Motion	Severely restricted	Markedly improved / Normal

Summary of Clinical Response:

The overall therapeutic response demonstrated marked symptomatic pain relief and substantial

functional recovery. Right *SLR* improved from a baseline restricted angle of 30° to over 70°,

indicating decompression and desensitization of the affected nerve root.

15. Discussion

Gridhrasi represents a classical *Vata*-predominant debilitating condition that matches sciatica in clinical presentation. *Basti Karma* is recognized in *Ayurveda* as the premier line of intervention for *Pakvashayagata Vata* and systematic *Vata Vyadhi*. The enteric nervous system and colonic mucosal membrane possess extensive systemic vascular and neural networks, through which rectally administered herbal compounds exert local, neuromuscular, and central physiological actions.

Probable Mode of Action of Intervention:

1. ***Tila Taila Anuvasana Basti***: *Tila Taila* is classically regarded as the supreme unctuous agent (*Taila Shreshtha*) for pacifying *Vata*. Rich in essential fatty acids, sesamin, and sesamolin, rectally administered *Tila Taila* nourishes degenerated spinal tissues, lubricates nerve roots, reduces local inflammation, and alleviates mechanical friction in lumbosacral structures.
2. ***Dashamoola Kwatha Niruha Basti***: *Dashamoola* comprises a synergistic combination of ten medicinal roots possessing potent anti-inflammatory (*Shothahara*), analgesic (*Vedanasthapana*), and nerve-soothing (*Vata-Hara*) pharmacological properties. The hypertonic aqueous decoction enema cleanses colon channels, removes metabolic waste, and facilitates rapid transmucosal absorption of active phytoconstituents.
3. ***Trayodashanga Guggulu***: A classical polyherbal resinous formulation specifically indicated for *Kati-Graha* (lumbar stiffness) and neuromusculoskeletal pain. It suppresses

inflammatory cytokines and promotes nerve tissue regeneration.

4. ***Dashamoola Kwatha (Oral)***: Provides continuous systemic anti-inflammatory cover, reinforces the action of *Niruha Basti*, and pacifies systemic *Vata*.
5. ***Ekangaveera Rasa***: A specialized *Rasaushadhi* mineral formulation containing processed *Parada*, *Gandhaka*, and neuro-stimulatory herbs. It enhances peripheral nerve conduction and promotes neuronal repair.
6. ***Hingvashtaka Churna***: Optimizes digestive fire (*Agni Deepana*), prevents intestinal gas accumulation (*Anulomana*), and ensures smooth metabolic clearance, thereby preventing secondary *Vata* aggravation.

16. Adverse Events and Safety Profile

No adverse drug reactions, procedural complications, or systemic toxicities were reported during or following the 16-day treatment protocol. The *Yoga Basti* procedure and oral pharmacotherapy were well tolerated by the patient.

17. Conclusion

The present case study demonstrates that a structured 16-day *Yoga Basti* protocol utilizing *Tila Taila* and *Dashamoola Kwatha*, combined with oral *Shamana Aushadhi*, yields marked symptomatic and functional improvement in clinically diagnosed *Gridhrasi* (sciatica). The intervention substantially reduced low-back and radiating pain while extending the right *SLR* angle from 30° to >70°. Although results in this single case are highly encouraging, randomized controlled clinical trials featuring standardized protocols, larger sample sizes, long-term follow-up, and objective *MRI* evaluations are recommended to further establish therapeutic validity.

18. Patient Consent

Written informed consent was obtained from the patient for publication of this clinical case report and accompanying clinical data in an anonymized academic format.

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