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CASE REPORT

Role of *Shaman Chikitsa* and *Basti* (Medicated Enema) in the Management of *Gridhrasi* (Sciatica): A Case Report

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Abstract

Low back pain, especially sciatica, severely impacts mobility, with 40% of severe cases experiencing radiating pain. This condition, worsened by lifestyle factors like poor posture, stress and prolonged sitting hours, mirrors the *Ayurvedic* condition *Gridhrasi*. Recognised as one of the eighty *Nanatmaja Vyadhis* (*Vata*-related diseases), *Gridhrasi* presents similar symptoms, including radiating pain from the lower back. The *Ayurvedic* treatments for managing *Vatavyadhi* disorders are particularly *Basti Chikitsa*-which is the treatment through a medicated enema. This offers a great deal of relief for chronic pain. *Gridhrasi* is a common term or word for sciatica. This painful condition affects the lumbar region and is connected to impaired movement and severe discomfort radiating down the legs. The condition is based on lifestyle and mechanical stress on the spine. It is conventionally treated in Ayurveda by therapies aimed at reversing the causative imbalance of *Vata Dosha.* This article presents the outcomes of therapeutic interventions with *Shaman* (palliative) and *Shodhan* (purification) therapies, with a focus on *Basti Karma* (enema therapy) based on prescriptions offered in *Ayurvedic* practice. Patients suffering from *Gridhrasi* were treated with both *Basti* and oral medications for a fixed duration of treatment. The patients showed improvement in locomotion, decreased radiating pain and symptomatic improvement in the form of stiffness and redness of the knee. Specific investigations like straight-leg-raising tests and muscle strength grading were absolutely within normal limits after the treatment. *Ayurvedic* management is equally impressive, particularly *Basti* treatment in *Gridhrasi*. These treatments focus on the intrinsic reasons for the *Vata* imbalance and can provide an integrated management for sciatica. The study underlines the possibility of incorporating *Ayurvedic* principles with traditional management practices for chronic pain. *Basti* treatment with *Shaman* and *Shodhan* approaches is a promising option for the management of *Gridhrasi*. This study outlines a future need for more research into *Ayurvedic* interventions for chronic musculoskeletal conditions, such as sciatica, providing a basis for an integrated approach to pain management.

Major Finding: Basti treatment significantly improved mobility and reduced radiating pain in *Gridhrasi*.

Keywords: Ayurveda, *Basti, Gridhrasi*, Sciatica, *Shaman Chikitsa, Shodhan*

1. Introduction

Most people would equate this disease, *gridhrasi*, as the medical condition sciatica of today, an increasing basis of prevalence due to lifestyles and work-related stressors. Sciatica is an ailment characterised by pain in the lower back region that radiates to one or both limbs, compounded with numbness, tingling or muscle weakness. The disease causes millions worldwide to be severely affected in daily life, productivity, and quality

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of life. According to recent studies, about 80%–90% of people suffer from low back pain at some time in their lifetime and 5% of people suffer from sciatica, in particular, with more prevalence among individuals between the ages of 30–50 years. This generalised nature calls for understanding and developing better modalities for treating sciatica[1].

Lifestyle factors often play a very significant role in developing sciatica. Spending too many hours at the desk, poor postures, lack of activity, too much screen time and increased stress are often leading factors to the primary cause for the beginning of sciatica. More factors that come with putting undue stress on the lumbar spine include jerky movement in going about during travel, bad working ergonomics and the tendency for body weight increase. These factors neither complicate existing conditions nor degenerative changes affecting the sciatic nerve, hence chronic pain. In *Ayurveda*, *Gridhrasi* is documented as one of the eighty *Nanatmaja Vata Vyadhis* (diseases caused by an imbalance of *Vata Dosha*) and is clinically related to symptoms like that of sciatica[2].

The classical texts have described *Gridhrasi* as an illness coming from the *Pakvashaya* (colon) and localised at the lumbar region, with the main characteristic being primarily that of *Vata Dosha*, whereas *Kapha dosha* is involved in the remaining symptoms, which are heaviness, indigestion, drowsiness, nausea and anorexia. Etymologically, "*Gridhrasi*" appears to have been derived from "*gridhra*," the vulture. This stage is noticed, which has a stiff gait and arched leg movements, somewhat as in the stride of a vulture. The classical Ayurvedic texts have given insight into the pathology of the *Gridhrasi* with the primary involvement of vitiated *Vata Dosha*, both the *Apana* and *Vyana Vayu*[3].

In the *Vata-Kaphaja* subtype of *Gridhrasi*, Kapha is an associated dosha (*Anubandhi Dosha*), which causes stiffness and heaviness in the limb. It strikes all the *Kandara* and says of the limbs, including the lower limbs, that give the type of radiating pain feature characterising sciatica; it also affects the blood, muscle and bone tissues, worsening the symptoms. The impact of sciatica on the quality of life is deeply profound, resulting in psychological and physical effects. Chronic pain generates anxiety, depression and even social retraction because of the curtailment in activities. Furthermore, sciatic conditions often require expensive medical interventions in the form of pain management therapies, physical therapy and often surgical interventions[4,5].

By tradition, conservative medical practices for sciatica range from physical treatment to pharmacological interventions and epidural steroid injections to surgically going under the knife if conservative measures are not viable. Many patients suffer despite these interventions, creating a need for alternative or integrative measures that address the root cause of the problem. Ayurveda provides a holistic management approach for *Gridhrasi*, and the therapies aim to balance *doshic* disturbances rather than symptomatic improvement. The three primary treatment modalities provided for *Gridhrasi* by *Ayurveda* include *Basti Chikitsa*, *Shodhan*, and *Shaman* therapies. According to Ayurveda, Basti is the best treatment for *Vata* type of diseases because it regulates *Vata Dosha* at its root place, and that is *Pakvashaya*. This symptomatic relief treatment indicates improved locomotory activity, decreased pain, and stagnation of disease advancement from doshas. Other treatments applied include *Agnikarma*, thermal cautery, *Siravyadha*, and venesection to localise the relief of pain and inflammation in the ailing areas[6].

Therefore, to understand *Gridhrasi* more effectively, this study aims to draw parallels with sciatica to eventually discover the efficacy of Ayurvedic treatments in managing the condition. Due to the widespread prevalence of sciatica and its immense impact on individual well-being, making it one of the major health concerns today, accessible treatment options become increasingly important[7].

The integrative Ayurvedic approach offers a promising alternative for the management of *Gridhrasi* by relieving chronic pain and enriching the quality of life without significant medical or surgical interventions. Presented here is a case study of a 33-year-old male who evidenced only mild degenerative changes in the lumbar spine, which could be dealt with very effectively by *Shodhan* and *Shaman* therapies, providing excellent symptomatic relief. It underscores Ayurveda as a source of possible treatment for diseases such as *Gridhrasi* and opens a further front of research into its application in managing chronic pain[8,9].

2. Materials and Methods

2.1 Study Design

This is a report of a single case: the case study relates to a confirmed case of a 64-year-old male patient diagnosed with *Gridhrasi* (sciatica) who was treated in Mahatma Gandhi Ayurved College, Hospital and Research Centre, Salod (H), Wardha, affiliated with Datta Meghe Institute of Higher Education and Research, Maharashtra, India. The case study followed traditional approaches of Ayurvedic Therapeutics as applied during the treatment to assess the efficacy in the management of the symptoms developed with *Gridhrasi*.

2.2 Selection of Patient

A 64-year-old male patient gave a history of *Gridhrasi*, which is a condition characterised by the general symptoms of lower back pain radiating to the right lower limb, tingling in both lower limbs, inability to walk properly, and pain with swelling at the right ankle. He was diagnosed based on classical Ayurvedic diagnostic criteria and relevant clinical examinations. All these consisted of the Straight Leg Raise Test (SLRT), positive signs of 30° on the right and 60° on the left, and muscle power, reflex and gait assessments that indicated a foot-drop gait pattern and normal muscle tone.

2.2.1 Treatment Procedures

Not all the *Ayurvedic* treatments that are administered, such as *Sarvanga Snehan* with *Sahachar Taila*, *Nadi Sweda* with *Dashmool Kwath*, *Kati Basti* with *Dashmool Taila* and *Yoga Basti* (alternating *Anuvasana* and *Niruha Basti*). All these therapies were given to relieve symptoms resulting from balancing the *Vata Dosha*.

2.2.2 Duration of Treatment

Note how many days the treatment is done in a day, generally, seven days of each treatment for the response of the patient to be seen before changes are done on the corresponding protocol.

2.2.3 Outcome Measures

Document all clinical parameters assessed pre and post-treatment such as gait, muscle strength, angles of SIRT and pain intensity, among other benefits provided for improved function. The main outcome parameters used were the improvement of the angle of SIRT, gait and reduction in general levels of pain experienced.

2.2.4 Follow-up and Observations

Describe any follow-up observations or measurements that may help track the long-term effects of those treatments.

2.3 Patient's Information

A 64-year-old male approached the *Panchkarma* OPD with complaints of lower back pain radiating to the right lower limb for the past year. He reported tingling sensations in both lower limbs for six months, difficulty walking for four months, and pain with swelling at the right ankle joint for the last four months.

2.4 Progression of the Disease

The patient's symptoms had been present for 7–8 years. For most of this duration, he had been receiving treatments that were meant to keep these symptoms under control with some degree of success for varying periods. A year ago, a fall had aggravated the symptoms, where the pain was severe enough to be very disabling. Out Patient Department (O.P.D) *Panchakarma* at MGACH and RC, Salod (H), Wardha was consulted using the A.Y.U.S.H. therapies that are as follows but not limited to *Sarvanga Snehan* with *Sahachar Taila, Nadi Sweda* with *Dashmool Kwath, Kati Basti* and *Yoga Basti*-an umbrella of *Anuvasana* and *Niruha Basti*-with the primary motive of relieving his symptomatology and bringing back muscle movement.

2.5 Past History

No history of Hypertension / Diabetes Mellitus (HTN/DM). History of fall from height 1 year Back.

2.6 Family History

Not Significant.

2.7 Personal History

Diet: Mixed, twice a day.
Sleep: Disturbed due to pain.
Micturition: Proper.
Bowel habits: Proper, once a day, sometimes hard stools.
No history of addiction.

3. Examinations

As shown in Table 1, the *Ashtavidha Pariksha* assessment.

As shown in Table 2, the patient exhibited a foot drop gait with normal muscle tone and reflexes

3.1 *Strotas Parikshan*

- *Rasavaha Strotas – Aruchi* (Anorexia).
- *Mamsavaha Strotas– Kriyahani* (Painful movements).
- *Asthivaha and Majjavaha Strotas–Katigraha* (Stiffness at lumbar region), *Sanchari Vedana* (Radiating pain).
- *Purishavah Strotas– Malabadhata* (Constipation).

3.2 Final Diagnosis

Gridhrasi (Sciatica).

3.5 Causative Factors *(Nidan)*

- *Ahara: Ruksha* and *Laghu Ahara, Katu* and *Tikta Pradhan Ahara, Langhana*
- *Vihar: Abhighata* (Injury), *Shrama* (Excessive work on the farm).

Table 1. *Ashtavidha Pariksha* (Eightfold Examination in *Ayurveda*)

Nadi	*Vata Pradhan, Niyamit*
Mala	*Asamyak* (Once a day, satisfactory but hard consistency sometimes)
Mutra	*Samyak* (5-7 times a day)
Jivha	*Saam*
Drik	No pallor and no icterus
Shabdha	*Spashtha*
Sparsha	*Anushnasheeta*
Akriti	*Madhyam*

Table 2. Neuromuscular examination findings

Gait	Foot drop gait
Reflexes	Normal
Muscle Power Grade	Normal for upper and lower extremities.
Muscle Tone	Normal
SLRT	Right - 30° positive Left - 60° positive

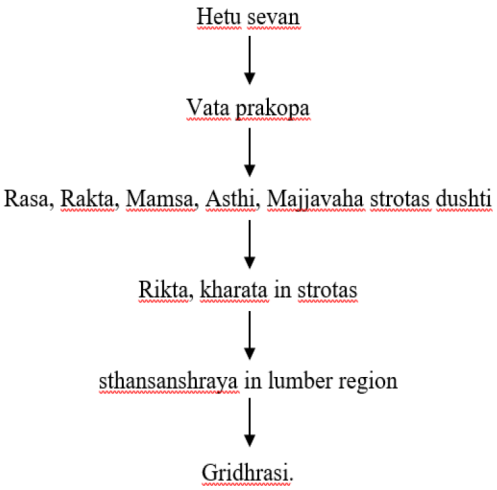


Figure 1. Pathophysiology of *Gridhrasi* **(***Sciatica***)** in *Ayurveda (Based on Vata Dosha Imbalance and Strotas Dushti in Ayurveda).*

Table 3. *Samprapti Ghatak* (Pathogenesis Factors)

Dosha involved	*Vata Kapha*
Dushya	*Rakta, Mamsa, Asthi, Majja, Kandara, Sira, Snayu*
Adhishthan	*Kati, Uru, Jangha, Pada*
Udbhavasthana	*Pakwashaya*
Strotas	*Raktavaha, Mamsavaha, Medovaha, Asthivaha, Majjavaha*
Strotodushtiprakar	*Sanga*
Agni	*Vishamagni*
Vyadhiswabhav	*Chirkari*

As illustrated in **Figure 1**, the progression of Gridhrasi (Sciatica) follows a sequence beginning with Hetu Sevan (causative factors) leading to Vata Prakopa and strotas dushti, ultimately affecting the lumbar region.

As shown in Table 3, the pathogenesis (*Samprapti*) of the condition involves the vitiation of both *Vata and Kapha doshas*, affecting various body tissues (*Dushya*) and organs (*Adhishthan*).

4. Investigations Done

4.1 Magnetic Resonance Imaging (MRI) Lumbosacral Spine

The MRI report accounts for findings on lumbosacral, cervical and dorsal spine regions for a 64-year-old male patient. A summary is seen below.

4.2 Lumbosacral Spine

Disc bulging and degeneration: All the lumbar intervertebral discs demonstrate disc desiccation with variable degrees of circumferential disc bulging and ligamentous thickening, particularly at levels D12-L1, L1-L2, L2-L3, L3-L4, L4-L5, and L5-S1. The bulging and ligamentous thickening appear to be impinging neural structures in the causation of foramina and thecal sac impingement. Neural Foramen and Facet Joint Changes: There is a bilateral neural foraminal stenosis at several levels with accompanying facet joint arthropathy between L2-L3 to L5-S1. Endplate and Vertebral Body Findings: Schmorl's nodes at L4 and D12 have maintained vertebral body heights. Sagittal Spinal Canal Dimensions: Measurements at the intervertebral disc levels reveal slight variations, with mild narrowing but not severe compression.

4.3 Cervical and Dorsal Spine (T2W Screening)

There is degenerative change in the cervical spine with disc desiccation and circumferential disc bulges from C2-C3 down to C5-C6, which would mildly compress the subarachnoid space. Osteophytes and ligamentous thickening at C5-C6 and C6-C7 with possible compression of the subarachnoid space. Other Findings: A subcentimetric hemangioma is seen within the vertebral body of the C6 vertebra; anterior osteophytes are also from C3 through C6. The sagittal diameters of the spinal canal show some narrowing, but there is no accurate compression.

4.4 Summary Impression

Lumbosacral Stenosis: Bilateral foraminal L1-L2 to L5-S1 lumbar canal stenosis with neural compromise. Cervical Canal Stenosis: Severe stenosis is seen at C2-C3 to C6-C7 levels with corresponding degenerative changes. Degenerative Changes of Spondylo-degenerative Changes: There is diffuse degenerative change throughout the segment of the spine.

4.5 Clinical Correlation

This imaging study should be diagnosed as multilevel degenerative disc disease with resultant neural impingement. Scoliosis, stenosis and foraminal compromise can likely account for the symptoms possibly exhibited by the patient, such as back pain, radicular pain, or even extremity weakness based on the nerve roots involved.

5. Treatment Given

Table 4 describes some of the internal medicines in conservative treatment, known as *Shaman Chikitsa*, in handling symptoms in the patient.

5.1 Explanations

In *Ayurveda*, the dose is individualised to the patient's needs, and the administration time (before or after meals) improves absorption or decreases irritation. *Anupana* or vehicle facilitates distribution; lukewarm water is often used. Seven days are considered long enough for determining the treatment response, which becomes a basis for further changes if necessary.

5.2 Footnotes

Shaman Chikitsa is a treatment in *Ayurveda* that restores balance to doshas without purgative or detoxifying practice. *Anupana* refers to the substance administered with the drug to improve its absorption and, hence, its effectiveness. Duration is the period through which these drugs are administered, which has been developed to take care of the symptoms and improve them.

The following Table 5 illustrates the *shodhan chikitsa* and all the external procedures given to the patient. It is a detoxifying therapy that aims at the removal of already-formed toxins.

Sarvang Snehan is a full-body oil massage with *Sahachar Taila*. The purpose of this treatment is to reduce the stiffness and pain. *Nadi Sweda* is a localised steam

Table 4. Treatment given by (*Shaman Chikitsa*)

Sr. No.	Drug	Dose	Time of Administration	*Anupana* (Vehicle)	Duration	References
1	Tab. *Shallaki* XT	1 BD	After Food	Lukewarm water	7 Days	[10]
2	*Gandharva Haritaki Churna*	10 gm HS	After Food	Lukewarm water	7 Days	[11]
3	*Trayongadashanga Guggulu*	2 BD	Before Food	Lukewarm water	7 Days	[12]
4	*Maharasnadi Quath*	20 ml BD	After Food	Lukewarm water	7 Days	[13]

therapy that uses *Dashmool Qwath* for pain relief and inflammation reduction. *Kati Basti* is a treatment where medicated oil is held in a specially prepared reservoir on the lower back, focusing on lumbar relief. *Yoga Basti* incorporates various forms of medicated enemas or bases. They are often alternated to create a more holistic detoxification process, which is helpful for conditions involving neuromuscular or musculoskeletal elements.

Table 6 below indicates the improvement of pre and post-treatment clinical observations of the patient's symptoms and physical assessment parameters.

SLRT (Straight Leg Raise Test): Test of hamstring flexibility and nerve root irritation. An increase in degrees reflects a decrease in compression of the sciatic nerve. Even improvement from "foot drop gait" to "mild improvement" indicates reduced neurological deficit and muscle strength recovery. It remains normal with reflexes, the power grade of muscles, and muscle tone. In this case, these reflect stability in the functioning of the nervous system after treatment.

6. Discussion

6.1 *Ayurvedic* and Modern Approaches to Treating *Gridhrasi* (Sciatica)

Gridhrasi is one of the 80 forms of *Nanatmaja Vata Vyadhi*, characterised as an awkward and painful condition that largely incapacitates a person. Most symptoms ascribed to *Gridhrasi* are almost similar to the medical description of sciatica in modern medicine, such as backache radiating down the leg, muscle weakness, sensory deficits, etc. Although the disease was described in *Ayurveda* over 5,000 years ago, conventional medicine started handling this disease only about two centuries ago; however, treatment of sciatica is still problematic in conventional medicine because of the low success rate of conservative treatments and the hazards of invasive interventions such as surgery and epidural injections[21,22].

Table 5. *Shodhan chikitsa* administered treatment with duration

Sr. No.	Procedure	No. of Days	References
1	*Sarvanga nnehan* with *sahachart Taila*	7 Days	14
2	*Nadi sweda* with *dashmool qwath*	7 Days	15
3	*Kati basti* with d*ashmool taila*	7 Days	16
4	*Yoga basti* (alternating *Anuvasana basti* with *sahachar tail* and *niruha basti* with e*randamooladi basti*)	7 Days	17

6.2 *Ayurvedic* Approach to *Gridhrasi*

This holistically treats *Gridhrasi* from an exclusive perspective, combining treatment of root causes and focusing on alleviating the symptoms with personalised approaches to treatment. The core of the primary therapies given here are *Nidana Parivarjana*, or avoiding the causative factor; *Snehana*, or oleation; *Swedana*, or sudation; *Basti Karma*, or medicated enema; *Virechana*, or purgation; *Raktamokshana*, or blood-letting and *Agni Karma*, or thermal cautery. Each has a specific goal of tackling mainly the *Vata Dosha* responsible for *Gridhrasi*[23,24].

6.3 Results of *Shaman* and *Shodhan* Chikitsa

The *Ayurvedic* approach includes *Shaman* (palliative) and *Shodhan* (purification) *Chikitsa*. In the treatment regime, oral medicines were administered as *Shaman Chikitsa* and physical therapies were given as *Shodhan Chikitsa*[25].

Shaman Chikitsa used medicines such as *Shallaki* XT (*Boswellia Serrata*), *Gandharva Haritaki Churna, Trayongadashanga Guggulu*, and *Maharasnadi Quath.* These herbs have anti-inflammatory effects that reduce pain, lighten the pain, and balance *Vata*. The apparent results show that these medications can soothe pain,

Table 6. Observations and results for before and after treatment

Sr. No.	Symptom	Before Treatment	After Treatment	References
1	Gait	Foot drop gait	Gait mildly improved	18
2	Reflexes	Normal	Normal	19
3	Muscle power grade	Normal	Normal	19
4	Muscle tone	Normal	Normal	19
5	SLRT (Straight Leg Raise Test)	Right – 30° Left – 60°	Right – 50° Left – 70°	20

decrease muscle stiffness, reduce inflammation, increase elasticity, and improve quality of life. The *Shodhan Chikitsa, Basti Karma,* is the gold standard for *Vata* disorders, especially of the lower extremities. *Basti* with *Erandamooladi Kwatha* probably became a significant proportion of alleviating nerve-related pain by *Ama* and balancing the *Vata dosha*. Enema therapy is a traditional treatment that might alleviate constipation, better digest food, decrease pain levels and provide systemic therapeutic effects.

6.4 *Basti Karma* in the Treatment of *Gridhrasi*[26,27]

In *Ayurveda*, *Basti* is an essential form of treatment for long-standing *Vata* imbalance, especially in the pelvis and lower back regions that cause sciatica pain. This protocol combines *Niruha Basti* (decoction-based enema) and *Anuvasana Basti* (oil-based enema) as a complete management approach for symptoms of *Gridhrasi*[28].

Niruha Basti with *Erandamool Kwatha* is a type of purificatory treatment focusing on the removal of accumulated doshas, relief of constipation and nutrition to adjacent *dhatus*. It increases nerve conduction amplitude and reduces inflammation at the cellular level. *Anuvasana Basti* with *Sahachar Taila* nourishes and lubricates tissues that can handle the chronic conditions of *Vata*. This particular oil is very effective because of its ability to alleviate *Vata*, which soothes nerve pain, aids in the lubrication of joints, and improves the functions of muscles[29].

Gandharva Haritaki Churna reduces *Vata* aggravation and supports digestion, which helps the body overcome toxins. It is more effective when treating chronic pain and stiffness, helping to ease sciatica symptoms. Tablet *Shallaki* (*Boswellia Serrata*): It is known to possess very potent anti-inflammatory action and is commonly given along with *Erandamula* and *Guduchi* for treating inflammation and stiffness and for modulation of the immune system; anti-inflammatory action helps reduce swelling and pain in a joint, which is the most common problem in sciatica.

Trayongadashanga Guggu Maharasnadi Quath works together to relax muscle spasms and stiffness, allowing flexibility and pain tolerance. *Maharashnadi Quath*, infested with several anti-inflammatory herbs, reduces inflammation of the joint, thus allowing mobility and eventually helping reduce disability[30,31].

7. Outcomes and Observations

The treatment plan brought into existence a host of positive outcomes:

- The patient's gait was mildly improved after treatment. This could be the case because reduced muscle stiffness and increased flexibility helped better movement control in minimising foot drop and other mobility impairments.
- SLRT: All the therapies diminished nerve root compression, as shown through an increase in the angle on the SLRT.
- Pain Intensity and Frequency: It decreased the intensity and frequency of pain due to the holistic amalgamation of *Snehana, Swedana,* and *Basti*. The result supports the *Ayurvedic* tenets that demand that the root cause (in this case, an imbalance in *Vata Dosha*) be treated and the relief of the presenting symptoms.
- Reflex and Muscle Power: Although no significant change in muscle power and reflexes was observed, the continuation of normal parameters reflected that these procedures controlled the symptoms well[32].

8. Mechanism in *Ayurvedic* Treatments in *Gridhrasi*

All the *Ayurvedic* treatments in this treatment protocol involve the following physiological mechanisms:

8.1 *Sneha (Oleation)*

Sahachar Taila in the *Snehana* treatment and *Anuvasana Basti* gives *Vata*-reducing properties against dryness, stiffness, and spasm. The nourishing and lubricating quality of *Sahachar Taila r*educes the impact of *Vata Dosha* in the lumbar region and lower limbs.

8.2 *Swedana* (Sudation)

Nadi Sweda with *Dashmool Kwath* enhances local blood flow, reduces muscle tension, and increases tissue pliability. *Swedana* increased the effectiveness of Basti.

8.3 Basti (Enema Therapy)

It is the primary treatment for *Vata* disorders, for the therapeutic drugs delivered to the colon where *Vata* happens to be primarily situated. The *Vata*-reducing nature of *Erandamooladi Kwatha* and *Sahachar Taila*

decreases nerve compression and inflammation; hence, relief is gained for a long time[33].

Modern Treatment Options management comprises analgesics, physical therapy and surgical options. However, all of them have limitations, such as side effects and recurrence. *Ayurvedic* treatment balances the root cause (*Vata Dosha*) with symptom relief. Basti therapy is unique to *Ayurveda*, as it directly affects the pelvic area. This loco-regional yet integrated system has the potential to offer relief without adverse effects for more extended periods.

The case results are evidence that *Ayurvedic* treatments can be performed very well for *Gridhrasi*. With the synergistic effect of *Shaman* and *Shodhan Chikitsa*, the patient was brought into remission of pain, was completely mobile, and had a better quality of life. Thus, further enhancement of *Basti* and other *Ayurvedic* interventions comes across as alternatives or adjunctive treatments for refractory patients. Further clinical studies will be needed to assess the therapeutic value of these traditional treatments, which can be helpful resources in chronic sciatica management well into the future[34].

9. Conclusion

Ayurvedic treatments of *Gridhrasi* are holistic and quite effective in managing this debilitating condition at both the symptom as well as root cause level, mainly through the balance of *Vata Dosha*. Combining *Shaman* with *Shodhan Chikitsa*, particularly *Basti, Snehana*, and *Swedana* therapies, significantly relieves this pain, improves mobility, and enhances the quality of life. These therapies also offer a viable alternative to conventional treatment options, which have associated disadvantages such as side effects and temporary relief. The outcomes noted in this case demonstrate the potential of *Ayurveda* as an adjunct or alternative therapy for sciatica, especially in cases where patients are unresponsive to conventional treatments. Ongoing clinical research on *Ayurvedic* therapies may further support and quantify these benefits, offering an integrative pathway for the comprehensive management of sciatica[35,36].

10. Authors Contribution

Dr. Shamli Hiware contributed to the conceptualization, methodology, and manuscript writing. Dr. Raza Sheikh was responsible for clinical assessments and data analysis. Dr. Amol Chafale provided *Ayurvedic* treatment expertise and supervision during the study. All authors have read and agreed to the published version of the manuscript.

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