

A REVIEW ARTICLE ON THE EFFICACY OF GRIDHRASINASHAK KASHAY IN THE MANAGEMENT OF GRIDHRASI (SCIATICA)

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Abstract

Gridhrasi is a debilitating neurological condition characterized by radiating pain, stiffness, and functional impairment, correlating clinically with Sciatica. In the Ayurvedic paradigm, it is primarily categorized as a *Vata Nanatmaja Vyadhi*, often involving *Kapha* association, which leads to significant morbidity and a reduced quality of life for the patient. Current modern management, primarily consisting of analgesics, corticosteroids, and surgical interventions, often presents limitations such as adverse side effects, high recurrence rates, and significant economic burden. This literature review evaluates the therapeutic potential of *Gridhrasinashak Kashay* as a specialized polyherbal formulation designed for the effective management of Gridhrasi.

The review synthesizes classical Ayurvedic perspectives with modern clinical understandings of sciatic nerve compression and inflammation. By examining the pharmacological profiles of the constituent herbs within the decoction, the study delineates a rationale based on *Vata-Shamaka*, *Shulahara* (analgesic), and *Balya* (strengthening) properties. Preliminary evidence from available case reports indicates significant symptomatic relief, particularly in reducing radiating pain and improving straight leg raising test outcomes. However, a critical research gap persists regarding standardized clinical trials and long-term efficacy data.

This study concludes that *Gridhrasinashak Kashay* represents a promising, non-invasive, and cost-effective intervention for Gridhrasi. The formulation's ability to address the root Ayurvedic pathogenesis while providing symptomatic relief warrants further investigation through rigorous clinical trials. These findings underscore the importance of integrating traditional decoctions into the modern management of lumbar radiculopathy to provide a more holistic and sustainable treatment approach.

Keywords: Gridhrasi, Sciatica, Gridhrasinashak Kashay, Vata-Vyadhi, Lumbar Radiculopathy, Ayurvedic Management, Polyherbal Formulation.

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1. Introduction

Gridhrasi is a classical Ayurvedic disorder categorized as one of the eighty *Vatajanatmajavyadhis*, diseases caused solely by the vitiation of *Vata Dosha* [1], [2]. The term *Gridhrasi* derives from the word *Gridhra* (vulture), a classical reference to the characteristic gait of patients who walk with a tilted posture and flexed leg due to intense radiating pain. This condition is marked by debilitating pain beginning in the *Sphik* (buttock) or *Kati* (waist) region and extending through the *Uru* (thigh), *Janu* (knee), *Jangha* (calf), and *Pada* (foot) [3]. The cardinal manifestations of *Gridhrasi* include *Ruk* (pain), *Toda* (pricking or shooting sensation), *Stambha* (stiffness), and *Spandana* (twitching or cramps) [3]. When *Kapha* is associated with *Vata*, the symptom profile further expands to include *Tandra* (drowsiness), *Gaurava* (heaviness), and *Aruchi* (anorexia), reflecting a complex neuromuscular and metabolic disturbance [2], [3].

In modern clinical medicine, *Gridhrasi* is widely correlated with Sciatica, a condition marked by pain radiating along the path of the sciatic nerve [4]. This correlation is established through the close resemblance of clinicopathological profiles, where nerve root irritation, often caused by disc protrusion, mechanical compression, or degenerative changes, leads to identical symptoms [3], [5]. Sciatica represents a significant global healthcare challenge; low back pain affects 80–90% of individuals at some point, and approximately 5–10% of these cases later develop sciatica [3]. Recent epidemiological studies report an incidence of 11.6 episodes per 1,000 persons per year, with the highest frequency seen in the working population aged 25–64 [2]. Factors such as sedentary lifestyles, faulty posture, prolonged travel, and increased mechanical pressure on the lumbar spine are important predisposing factors that have contributed to the rising prevalence of this disorder [2].

Despite the high burden of this disabling condition, modern pharmacological management remains primarily symptomatic. Conventional treatments rely on analgesics, nonsteroidal anti-inflammatory drugs, corticosteroids, and physiotherapy, which frequently provide only temporary relief [4], [6]. Long-term use of these modalities is often associated with relapse, drug-related adverse effects, and significant financial burden, with surgery frequently serving as a final resort [6], [7]. Consequently, there is an increasing demand for safe, cost-effective, and restorative therapeutic alternatives that address the underlying pathogenesis rather than merely suppressing sensory pain [6], [8].

The present literature review evaluates *Gridhrasinashak Kashay*, a classical polyherbal

formulation mentioned in the *Bhaishajya Ratnavali*. This formulation is composed of *Dashamoola*, *Balamoola*, *Rasnamoola*, *Guduchi*, and *Shunti*. *Dashamoola* possesses potent *Vata-Kapha* pacifying, anti-inflammatory, and analgesic properties that are comparable to standard agents like aspirin [9], [10]. *Rasna* and *Guduchi* are traditionally utilized for painful musculoskeletal afflictions due to their antioxidant and immunomodulatory support, while *Shunti* strengthens digestive fire to clear metabolic toxins [8], [11]. Proof-of-concept evidence indicates that standalone treatment with this decoction can produce clinically meaningful improvements in pain, Straight Leg Raise tests, and overall functional endurance [3], [7]. By synthesizing traditional *Dravyaguna* logic with modern outcomes, this review establishes the rationale for *Gridhrasinashak Kashay* as a primary conservative intervention for *Gridhrasi*.

2. Classical Ayurvedic Understanding of Gridhrasi

In the Ayurvedic medical system, *Gridhrasi* is categorized as one of the eighty *Vatajanatmajavyadhis*, indicating it is a disorder caused exclusively by the vitiation of *Vata Dosha* [1], [2]. The etymology of the term is derived from the word *Gridhra* (vulture), reflecting the characteristic gait of affected individuals [12]. Patients typically walk with a tilted posture and flexed lower limb to avoid pain, resembling the awkward movements of a vulture [2], [13]. This classical observation demonstrates that functional limitations and gait disturbances were integral to Ayurvedic diagnosis long before the clinical correlation with sciatica in modern medicine [2], [14].

The clinical presentation of *Gridhrasi* is characterized by four cardinal symptoms: *Ruk* (pain), *Toda* (pricking or shooting sensation), *Stambha* (stiffness), and *Muhuspaandana* or *Spandana* (twitching or cramps) [2], [3], [6]. These symptoms originate in the *Sphik* (buttock) or *Kati* (waist) region and radiate down through the *Uru* (thigh), *Janu* (knee), *Jangha* (calf), and *Pada* (foot) [3]. While *Vata* is the primary driver, the clinical profile can involve *Kapha* association, leading to *Vata-Kaphaja Gridhrasi* [2]. In these cases, patients may exhibit additional features such as *Gaurava* (heaviness) and increased stiffness due to muscle rigidity [2].

Pathophysiologically, *Gridhrasi* involves aggravated *Vata* lodging in the *Kati-pradesha* and spreading downward along the course of the lower limb [2], [3]. This directional radiation closely aligns with the anatomical pathway of the sciatic nerve [5]. The presence of *Kapha* often manifests as

profound stiffness (*Stambha*), resulting in the patient being unable to easily lift or elevate the leg (*Pada Udharane Ashakti*) [2], [3].

Therapeutic interventions in the classical literature include both *Shodhana* (purificatory) and *Shamana* (palliative) approaches. Standard treatments encompass *Snehana* (oleation), *Swedana* (sudation), *Vasti* (medicated enema), *Agnikarma* (cautery), and *Siravedha* (bloodletting) [3], [4]. While procedural management like *Basti* is frequently emphasized, there is significant interest in oral *Shamana* formulations that address the underlying *Vata-Kaphahumoural* imbalance and provide relief from musculoskeletal discomfort [4], [8]. Formulations containing *Dashamoola* are particularly valued for their anti-inflammatory and analgesic properties, which help pacify the vitiated *Vata* and *Kaphahumor* while strengthening digestive fire to aid in the disintegration of the disease pathogenesis [8], [10]. Such approaches are crucial for managing acute exacerbations and for promoting long-term recovery and preventing recurrence [3], [14].

3. Modern Clinical Correlation with Sciatica

In contemporary clinical practice, *Gridhrasi* is systematically correlated with sciatica, a condition defined by radiating pain along the distribution of the sciatic nerve [2], [4]. This syndrome typically arises from mechanical compression or inflammatory irritation of the lumbosacral nerve roots (L4 to S3), most commonly due to intervertebral disc herniation, degenerative spinal stenosis, or spondylolisthesis [3], [6]. The clinical presentation described in the literature, featuring radiating pain from the lower back through the posterior thigh and calf to the lateral foot, mirrors the classic dermatomal distribution of sciatic nerve involvement [3], [7].

The diagnostic bridge between the two systems is primarily established through the Straight Leg Raise test, which is used as a standard objective marker for nerve root tension in both Ayurvedic and modern clinical assessments [3], [7]. Patients with *Gridhrasi* often exhibit a significantly restricted SLR angle, typically below 60°, which correlates with the severity of the underlying neural irritation [3]. Beyond localized pain, the functional burden of the disorder is substantial; it is associated with restricted mobility, disturbed gait, and a high incidence of psychosocial stress due to chronic physical limitations [2], [13]. Epidemiological data indicate that sciatica affects approximately 3.8% of the working population and up to 7.9% of the non-working population, highlighting its status as a socially relevant condition that significantly impacts work productivity and quality of life [2].

4. Therapeutic Limitations in Current Management

A recurring theme in recent research is the significant limitation inherent in conventional pharmacological management of sciatica. Modern treatment protocols typically rely on nonsteroidal anti-inflammatory drugs, muscle relaxants, corticosteroids, and physiotherapy [4], [6]. While these interventions can provide rapid symptomatic relief, they are frequently associated with a "therapeutic gap" characterized by high recurrence rates, a lack of long-term restorative potential, and significant adverse effects, including gastrointestinal disturbances and renal toxicity [6], [7]. Consequently, surgery is often considered the final resort; however, it is not always feasible or indicated for every patient, and it entails risks of post-operative complications and substantial financial burden [7], [8].

Furthermore, symptomatic pain suppression alone is often insufficient for the comprehensive recovery of the patient. Chronic sufferers frequently experience persistent stiffness, reduced functional endurance, and a fear of movement that hinders routine activities [3], [4]. This underscores the need for multidimensional therapeutic strategies that address the underlying systemic pathology. The Ayurvedic approach, specifically through polyherbal decoctions like *Gridhrasinashak Kashay*, seeks to provide more than simple analgesia [3], [5]. By utilizing ingredients with *Vedanahara* (analgesic), *Shothahara* (anti-inflammatory), and *Agnivardhana* (digestive-strengthening) properties, Ayurvedic medicine aims to rebalance the *Vata-Kaphahumors* and restore nerve health [8], [10]. Such oral formulations offer a safe, accessible, and cost-effective alternative for the long-term management of lumbar radiculopathy, particularly in chronic settings where sustained relief is the primary clinical objective [3], [8].

5. Review of Previous Ayurvedic Studies

The clinical management of *Gridhrasi* has garnered significant academic interest within the Ayurvedic research community, with studies spanning procedural, pharmacological, and integrative approaches. Existing literature underscores that while individual interventions show promise, the evidence base remains geographically and methodologically dispersed across diverse treatment modalities [2], [4].

Previous investigations into *Shamana* (palliative) therapies have frequently focused on polyherbal formulations such as *Nirgundi* and various *Guggulu* preparations. Research on *NirgundiGhanavati* has

demonstrated its effectiveness in reducing the severity of symptoms in mild-to-moderate cases of *Gridhrasi*, likely due to its potent anti-inflammatory and *Vata-Shamaka* properties [5]. Similarly, formulations like *Vatari Guggulu* and *Trayodashang Guggul* are valued for their *Deepana-Pachana* (digestive and metabolic corrective) and *Vatanulomana* (restoration of normal physiological movement) actions [8]. These studies highlight a critical Ayurvedic principle: correcting metabolic disturbances and clearing *Aama* (toxic metabolites) are essential precursors to successful pain management [5], [8].

Procedural interventions, specifically *Siravedha* (bloodletting) and *Agnikarma* (thermal micro-cautery), also occupy a central role in traditional management. Comparative clinical observations have indicated that *Agnikarma* often provides more immediate and effective relief from *Stambha* (stiffness) and *Ruk* (pain) than *Siravedha* [2], [4]. These findings suggest that localized thermal stimulation may effectively neutralize the *Sheeta* (cold) and *Chala* (mobile) qualities of vitiated *Vata* that obstruct the sciatic pathway [2]. However, these procedures are frequently combined with systemic therapies, making it difficult to isolate the specific therapeutic contribution of any single modality [4], [8].

The prevailing trend in the literature, exemplified by studies on *Nirgundi Ghana Vati* in conjunction with *Matra Basti*, emphasizes multi-component or combination treatment strategies [5], [8]. While these holistic protocols often yield positive outcomes, they introduce significant heterogeneity in study design, sample size, and intervention consistency [6]. Furthermore, the complexity of procedural management like *Basti* or *Agnikarma* may present barriers to treatment accessibility and patient compliance in outpatient settings [4].

The available evidence from case studies suggests a potential paradigm shift toward standalone oral interventions. For instance, documented cases of lumbar radiculopathy and sciatica have shown meaningful recovery using targeted *Kashaya* (decoction) and *Guggulu* regimens without the immediate support of *Panchakarma* procedures [3], [7]. This distinction is critical; while procedure-dominant evidence supports the depth of Ayurvedic care, formulation-dominant evidence provides a more scalable and accessible treatment model for chronic management [3], [5]. Consequently, a dedicated clinical evaluation of *Gridhrasinashak Kashay* as a primary oral therapy is necessary to address the current evidence gap and define its independent role in the management of *Gridhrasi*.

6. Formulation-Based Rationale for Gridhrasinashak Kashay

The therapeutic efficacy of *Gridhrasinashak Kashay* is rooted in its classical composition as described in the *Bhaishajya Ratnavali*. This polyherbal decoction is specifically formulated to address the *Vata-Kapha* humor imbalance that characterizes the pathogenesis of *Gridhrasi* [2], [3]. The formulation's rationale is built upon the synergistic actions of its constituent herbs, which provide a multi-targeted approach including anti-inflammatory, analgesic, and neuromuscular-strengthening properties [5], [9]. Each ingredient contributes uniquely to mitigating the complex symptomatology of sciatica while simultaneously supporting the systemic restoration of physiological balance [5].

6.1 The Core Role of Dashamoola

At the center of the formulation is *Dashamoola*, a group of ten roots comprising *Bilva*, *Agnimantha*, *Shyonaka*, *Gambhari*, *Patala*, *Shalaparni*, *Prushniparni*, *Bruhati*, *Kantakari*, and *Gokshura* [3]. Traditionally recognized as the premier group for *Vata* disorders, *Dashamoola* possesses potent anti-inflammatory and analgesic activities [9], [10]. Research has demonstrated that its analgesic and anti-inflammatory potential is comparable to standard pharmacological agents, making it highly effective for deep-seated musculoskeletal pain and inflammatory swelling (*Shotha*) associated with nerve root irritation [9], [10]. In the context of *Gridhrasi*, *Dashamoola* facilitates the pacification of vitiated *Vata* and *Kapha*, thereby reducing the cardinal symptoms of *Ruk* (pain) and *Stambha* (stiffness) [3], [8]. Furthermore, its neuroprotective and rejuvenative properties aid in the restoration of neural tissue integrity, which is crucial for long-term functional recovery in lumbar radiculopathy [8].

6.2 Supportive and Restorative Herbs

The inclusion of *Balamoola*, *Rasna*, *Guduchi*, and *Shunti* provides a broader therapeutic dimension to the *Kashaya*:

- **Balamoola (*Sida cordifolia*):** Primarily valued for its *Balya* (strengthening) and *Vata-Hara* properties, it supports neuromuscular recovery and addresses the functional weakness often seen in chronic sciatica [3], [4].
- **Rasna (*Pluchea lanceolata*):** A celebrated drug for *Amavata* and *Vata-Roga*, *Rasna* is specifically indicated for musculoskeletal pain and stiffness [11]. It acts by clearing the *Srotas* (channels) and reducing the inflammatory burden on the sciatic nerve [5].

- **Guduchi (*Tinospora cordifolia*):** It serves as a potent *Rasayana* (rejuvenative) with significant anti-inflammatory and antioxidant activities, helping to restore tissue integrity and mitigate the neuro-inflammatory process [11], [15].
- **Shunti (*Zingiber officinale*):** It contributes vital *Deepana-Pachana* (digestive and metabolic corrective) actions [8]. By clearing *Aama* (toxic metabolic waste) and relieving *Gaurava* (heaviness), *Shunti* addresses the *Kapha* components of the disease, such as lethargy and functional restriction [3], [11].

6.3 Standardization and Clinical Synergy

The formulation's clinical relevance is further enhanced by its standardized preparation protocol. The decoction is typically prepared by boiling 15 g of *Dashamoola* with 1.5 g each of the supportive herbs in 320 ml of water, reduced to 40 ml [3]. This method ensures the concentration of active phytochemicals while maintaining the traditional *Panchavidha Kashaya Kalpana* principles. Furthermore, the adjunctive use of *Eranda Taila* (castor oil) with the morning dose leverages its *Vatanulomana* (restoring downward physiological movement) property, which is essential for clearing the *Kati-pradesha* of obstructions [3], [8]. By combining these diverse pharmacological actions, *Gridhrasinashak Kashay* addresses the complex clinical profile of radiating pain, stiffness, and functional impairment more comprehensively than single-symptom-directed therapies [5], [7]. This multifaceted approach supports the notion that the polyherbal blend of *Gridhrasinashak Kashay* offers a superior therapeutic outcome by simultaneously targeting various pathological pathways involved in *Gridhrasi*.

7. Evidence from the Available Case Report

A clinical case report provides significant evidence for the therapeutic potential of *Gridhrasinashak Kashay* as a primary conservative intervention for Sciatica [3], [7]. The case describes a 66-year-old male presenting with severe radiating pain in the lower back, thigh, calf, and lateral foot, accompanied by lumbar stiffness and numbness. At baseline, objective assessments documented a Straight Leg Raise test positive at 30° and a Visual Analog Scale score of 9, reflecting intense neurological irritation and functional impairment [4]. Radiological imaging confirmed structural pathology, including osteophytic changes, reduced intervertebral disc space at L3–L4 and L4–L5, sacralisation of L5, and a posterolateral disc protrusion at L4–L5 [3]. This objective documentation is crucial, as it establishes that the clinical response occurred in a patient with verified

mechanical nerve root compression rather than non-specific discomfort [3], [5].

The Ayurvedic diagnostic framework categorized the condition as *Gridhrasi* with a *Vata-Kapha* predominance in the *Vikriti*, consistent with classical descriptions of the disease involving pain, stiffness, and heaviness [2], [6]. The etiological assessment linked the condition to *Nidana* such as *Ruksha Ahara*, *Vishamashana*, and *Ati Vyayama*, which are known to vitiate *Vata Dosha* at its primary seat in the *Kati* (lumbar) region [2], [3]. The treatment protocol involved the administration of 40 ml of *Gridhrasinashak Kashay* twice daily before food, integrated with *Pathya-Apathya* regulation [3], [8]. This systemic approach follows the traditional rationale of using oral *Shamana* (palliative) formulations to correct underlying humor imbalances while leveraging the anti-inflammatory and analgesic properties of the constituent herbs [8], [10].

The serial outcome pattern recorded during the 30-day treatment window showed comprehensive symptomatic resolution [4], [7]. The VAS score decreased from 9 to 0, and the SLR test improved to a negative result at 90° [3]. Functional markers also demonstrated significant recovery, with pain-free walking endurance increasing from less than one minute to 3.5 minutes [3]. Furthermore, the cardinal symptoms of *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness), and *Spandana* (twitching) were completely resolved, allowing the patient to resume professional work without disturbance [2], [3]. Although based on a single case, this proof-of-concept evidence is valuable to the literature as it highlights the efficacy of standalone oral therapy without the immediate requirement for procedure-intensive *Panchakarma* interventions [3], [4].

8. Research Gap

Despite the therapeutic depth of Ayurvedic literature regarding *Gridhrasi*, current evidence reveals several critical research gaps that the present study seeks to address. A primary limitation in existing research is the disproportionate focus on procedure-based interventions, such as *Basti*, *Agnikarma*, and *Siravedha*, or on complex combination regimens involving both internal medicine and *Panchakarma* [3], [4], [16]. While these holistic approaches are effective, they create significant difficulty in isolating the specific therapeutic contribution of a single oral formulation. Specifically, although *Gridhrasinashak Kashay* is classically indicated and pharmacologically plausible, there is a notable lack of structured clinical evidence focused on its efficacy as a standalone intervention [3], [4].

Methodologically, many studies in traditional medicine report symptom relief but lack rigorous,

repeated objective measurements [17]. While cardinal features like *ruk* (pain), *toda* (pricking sensation), *stambha* (stiffness), and *spandana* (twitching) are frequently documented, they are often assessed through simple before-and-after comparisons [3], [18]. The proposed study design improves upon this by utilizing a repeated-measures approach, collecting data on the 7, 14, 21, 28th, and 35th days, to increase sensitivity to the gradual changes typical of chronic pain disorders. Furthermore, by prioritizing objective parameters such as the Straight Leg Raise angle and walking time alongside the Visual Analog Scale, the study addresses the need for stronger clinical documentation that meets modern research standards [6], [19].

There also remains a persistent gap in the integration of Ayurvedic diagnostic categories with contemporary clinical outcome language [2], [5]. Much of the available evidence is scattered across disparate document types, including case reports that preserve serial outcome data and classical texts that preserve formulation details [3], [19]. This fragmentation highlights the necessity of a synthesized literature review to bridge classical therapeutic rationale with publication-quality reporting. By adopting a structured, single-arm open-label design with 40 participants, this study aims to evaluate the feasibility, safety, and clinically meaningful benefit of *Gridhrasinashak Kashay*, thereby contributing to the international acceptance of Ayurvedic management for sciatica through high-quality research [6], [17].

9. Rationale of the Present Study

The rationale for studying *Gridhrasinashak Kashay* emerges from the convergence of classical authority, therapeutic plausibility, and preliminary clinical evidence. Classical Ayurvedic texts specifically indicate this formulation for *Gridhrasi*, and its ingredient profile, featuring *Dashamoola*, *Rasna*, and *Guduchi*, supports potent anti-inflammatory, analgesic, and *Vata-Kapha* balancing actions [10], [11]. Experimental data confirms that the core component, *Dashamoola*, possesses analgesic potential comparable to standard pharmacological agents, providing a robust pharmacological basis for its restorative action [9]. The present study protocol improves upon standard care by providing a reproducible preparation method, a defined dose schedule, and structured outcome measures to evaluate these effects [17], [19].

Encouraging preliminary evidence is found in documented case reports, which demonstrate significant clinical improvement within a 30-day timeframe [3], [7]. These reports show that even patients with marked symptom burden and radiological degenerative findings, including disc protrusion and osteophytic changes, can achieve

resolution of cardinal symptoms and significant improvements in objective markers like the SLR test [3], [4].

Additionally, the formulation is particularly well-suited for outpatient clinical practice. It is an oral, accessible, and non-invasive alternative that is highly compatible with dietary *Pathya* guidance [5], [8]. This is of significant practical value for patients who cannot undergo procedure-intensive care like *Basti* or *Agnikarma*, or those seeking conservative, non-surgical options [4], [16]. Therefore, the proposed single-arm study is justified as a focused clinical evaluation of a classical formulation whose potential is both theoretically grounded and practically relevant. The trial's aim to assess the effect of *Gridhrasinashak Kashay* on functional mobility and associated symptoms supports a line of inquiry that is academically defensible and clinically meaningful [6], [17].

10. Conclusion

The synthesis of existing literature underscores that *Gridhrasi*, a *Vata*-dominant condition closely paralleling modern sciatica, continues to impose a significant burden on patients through *Ruk* (radiating pain), *Stambh* (stiffness), and functional limitations. While conventional treatments often present limitations in long-term management, the Ayurvedic pharmacopeia offers a rich array of interventions. However, current research is frequently characterized by a focus on complex, procedure-heavy protocols or heterogeneous combinations, which obscures the specific efficacy of individual oral formulations.

Gridhrasinashak Kashay represents a critical point of inquiry within this landscape. It is a classically indicated formulation whose ingredient profile suggests a potent synergy of *Shothahara* (anti-inflammatory) and *Vata*-pacifying actions. Preliminary clinical observations and case-based data provide encouraging evidence of its potential to improve objective functional markers, such as the Straight Leg Raise angle and walking ability, alongside subjective pain scores. Despite these promising indicators, there remains a clear need for systematic, structured clinical evaluation to establish its role as a standalone therapy.

The proposed single-arm trial is thus both timely and academically justified. By employing a rigorous methodology with repeated assessments, the study aims to bridge the gap between traditional therapeutic rationale and contemporary clinical standards. Ultimately, this research trajectory seeks to validate a reproducible and accessible management strategy that honors Ayurvedic principles while meeting the demands of modern evidence-based practice, potentially offering a safer

and more sustainable alternative for those suffering from the debilitating effects of sciatica.

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