

TO SINGLE CASE STUDY OF GRUDHRASI KWATH IN PATIENT OF GRUDHRASI

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Abstract: **Background:** Grudhrasi (sciatica) is a common neurological disorder characterized by radiating pain from the lower back to the foot. Modern management focuses on analgesics and surgery, often with limited long-term relief. Ayurveda describes Grudhrasi among Vata Nanatmaja Vyadhis, where Vata dosha aggravation is predominant. **Clinical Findings:** A 66-year-old male presented with severe radiating pain in the right leg associated with stiffness and restricted movement. Clinical examinations suggested Grudhrasi. **Intervention:** The patient was administered Grudhrasi Kwath as per classical references, accompanied by Pathya-Apathya. The treatment was carried out over 30 days (20-12-24 to -18-01-25). Outcome: Marked reduction in pain, improved straight leg raise test (from 30° to 90°), and enhanced daily activity scores were observed. **Conclusion:** Grudhrasi Kwath provided significant relief with no adverse outcomes, highlighting its effectiveness as a cost-effective alternative management approach for sciatica.

Keywords: Case Report, Grudhrasi, Sciatica, Ayurveda, Grudhrasi Kwath

INTRODUCTION

Grudhrasi, described in Ayurvedic classics, is a Vataja Vyadhi with classical features such as Ruka, Toda, and Stambha radiating from the Sphik (hip) downwards to the Pada (foot). Modern medicine correlates it with sciatica, often caused by nerve compression due to disc herniation or degeneration.

Current allopathic modalities involve NSAIDs, steroids, or surgery, which may cause dependence, relapse, or adverse effects. Ayurvedic formulations like Grudhrasi Kwath have been classically indicated for breaking the Samprapti of Grudhrasi by balancing Vata and Kapha and by acting as Vedanahara (analgesic), Shothahara (anti-inflammatory), and Agnivardhana.

Uniqueness of the Case Report: This case demonstrates a standalone intervention with Grudhrasi Kwath as the primary medicine, without Panchakarma support, showing significant results within 30 days.

Case Report

Clinical Findings

Demographic details: A 66 yrs male patient came to OPD with the complaint of severe low backache pain on right side radiating towards thigh, calf region, & down to foot, Difficulty during waking, stiffness in lumbar region & Numbness in right side of leg since 1years but suddenly pain increase during 1 months. Patient was no any History of major illness, no any accidental injury.

RESULTS

Modern Examination:

- Pain radiating from lower back → Right posterior thigh → calf → Right leg lateral foot
- Stiffness in lower back and right leg

Pulse	94/ Min
Blood pressure	130/80 mmHg
Weight	65/ kg
Temperature	98 ⁰ F
Respiration	18/min

Parameter	Grade 0	Grade 1	Grade 2	Grade 3
Straight Leg Raise	90°	60°	30°	0°
Walking Time	Up to 20 sec	21–40 sec	41–60 sec	> 60 sec
Coin Test	Absent	Present	—	-

- **Straight leg Raise (SLR):** 30° right side positive
Waking test – 41 sec to 60 sec Pain during walk.
Coin Test- Present
Vas scales - 9
- **X ray (before treatment):** Osteophytic change are noted at L1 to L5 vertebral bodies. The intervertebral disc space between L3-L4, L4- L5 is reduced. Sacralisation of L5 noted. Posterolateral disc protrusion at L4-L5

Ayurvedic assessment:

- **Prakriti:** Vata-Kapha.
- **Vikriti:** Vata-Kapha predominance
- **Nidana:** Ruksha Ahara, Vishamashana, Ati Vyayama
- **Agni:** Vishamagni
- **Mutra–Mala:** Normal

Assessment parameters

Symptoms	Score 0	1	2	3	4
Ruka (Pain)	No	Occasional pain	Mild pain but no difficulty in walking	Moderate pain with slight difficulty in walking	Severe pain with severe difficulty in walking
Toda (Pricking sensation)	No	Occasional pricking	Mild	Moderate	Severe
Stambha (Stiffness)	No stiffness	Sometimes 5–10 min	Daily 10–30 min	Daily 30–60 min	Daily > 60 min
Spandana (Twitching)	No twitching	Sometimes 5–10 min	Daily 10–30 min	Daily 30–60 min	Daily > 60 min
Aruchi (Anorexia)	No	Mild	Moderate	Severe	—
Tandra (Drowsiness)	No	Mild	Moderate	Severe	—
Gaurava (Heaviness)	No	Mild	Moderate	Severe	—

Intervention

As per classical texts, *Grudhrasi Kwath* was selected. The Standard Operating Procedure (SOP):

- **Preparation:**
- **Dose:** 40 ml kwath twice daily before food
- **Anupana:** Luke warm water
- **Pathya:** Laghu Ahara, warm meals, abstinence from curd and excessive exertion
- **Apathya:** Exposure to cold, heavy-to-digest food, day sleep, prolonged sitting position

Follow-Up and Outcome

- **Pain relief:** Improved significantly (VAS score reduced from 9/10 to 0/10).
 - SLR test improved to 90°.
 - Patient Walk upto 3.5 min no any pain
 - No adverse effects reported.
- Functional outcome:** Patient resumed working without disturbance.

Treatment Timeline

Date (From-To)	Medicine & Dose	Anupana	Observation/Remark
Day o 20-12-24	Grudhrasi kwath BD	Ushna jala	Right Leg 30° SLR positive, Coin test present, waking upto 41- 60 sec difficult in walk, vas scale score 9 , Ruka – grade 3, Toda- Grade 3 Sthmbha- 3 Spandana – 3 Mild anorexia Moderate Tandra Severe Gaurav
21-12-24 to 27-12-24	Grudhrasi Kwath 40 ml BD	Ushna Jala	Right Leg 30° SLR positive, Coin test present, waking upto 41- 60 sec difficult in walk, vas scale score 7 , Ruka – grade 3, Toda- Grade 3 Sthmbha- 3 Spandana – 3 Mild anorexia Moderate Tandra Severe Gaurav
28-12-25 to 02-01-25	40 ml bd	Ushna Jala	Right Leg 60° SLR positive, Coin test- Absent, waking upto 21- 40 sec difficult in walk, vas scale score 5, Ruka – grade 2, Toda- Grade 2 Sthmbha- 2 Spandana – 2 No anorexia Mild Tandra Mild Gaurav
03-01-25 to 09-01-25	Grudhrasi Kwath 40 ml BD	Ushna Jala	Right Leg 60° SLR positive, waking upto 21- 40 sec difficult in walk, vas scale score 3, Ruka – grade 1, Toda- Grade 1 Sthmbha- 1 Spandana – 1 Mild Tandra- 1 Mild Gaurav- 1
10-01-25 to 16-01-25	40 ml bd	Ushna Jala	Right Leg 60° SLR positive, waking upto 21sec No pain, vas scale score- 2, Ruka – grade 1, Toda- Grade 0 No Sthmbha- 0 No Spandana – 0 No Tandra- 0 No Gaurav- 0
17-01-25 to 18-01-25	40 ml Bd	Ushna jala	Right Leg 90° SLR Negative, vas scale score

			0, Ruka – grade 0,
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DISCUSSION

Grudhrasi develops due to aggravated Vata lodged in the Kati-Pradesha (lumbar region), which spreads along the path of Sciatic Nerve (Sphik → Uru → Janu → Jangha → Pada). Kapha involvement manifests as stiffness.

Rationale of Grudhrasi Kwath: Dashmoola, enriched with Eranda Moola and Hingu, balances aggravated Vata, reduces pain, stiffness, and inflammation, improves circulation, and clears channels, making it highly effective in relieving sciatica symptoms like numbness, tingling, and restricted mobility while strengthening the body.

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CONCLUSION

- Chronicity: 2 years, worsened in last 1 months
- Intervention: Shamana Chikitsa with Grudhrasi Kwath 40 ml BD for 30 days
- Pathya–Apathya: Followed strictly
- Outcome: Substantial improvement in Grudhrasi Lakshana, SLR test, waking time test, coin test
- Adverse effects: No observed
- Key finding: Standalone Kwath therapy (without Panchakarma) was significantly effective
- Key message: Grudhrasi Kwath is a safe, cost-effective Ayurvedic remedy for sciatica,

Conflicts of Interest- None

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