Journal of Ayurveda & Holistic Medicine

https://jahm.co.in

eISSN-2321-1563

Case Series

Effect of Panchakarma followed by Lashuna Rasayana in Vatakaphaja Gridhrasi - Case series

[1*]Shashidhar A Naik, [2]Vishwanath S Wasedar, [3]Poornima B Tukanatti

ABSTRACT:

Background: This data discusses the impact of chronic low-back pain (CLBP), sciatica emphasizing their widespread occurrence and debilitating effects on individuals. *Vatakphaja Gridhrasi* one of the commonest *vata vyadhi* seen in day to day practice can be treated and further damage can be prevented by the use of *Rasayana*. It further explores the similarities between sciatica and Ayurvedic condition *Vatakphaja Gridhrasi*, detailing their symptoms and classifications. Treatment options for sciatica are discussed, which aim to address the underlying imbalances in the body. **Clinical Findings:** Total of 6 patients were taken for this series who had all the *lakshanas* of *Vatakphaja Gridhrasi* and raised ESR and HS-CRP levels were taken for the treatment protocol. **Methods**: Additionally, the data mentions treatment given, *shodhana* followed by *Lashuna Rasayana* 6 capsules were given for the period of 30 days, *Lakshanas* of *Vatakphaja Gridhrasi*, Oswestry disability index scale, Roland Morris index scale VAS scale, Clinical examinations along with it HS-CRP and ESR was assessed. Inflammatory markers like Hs-CRP and ESR in relation to pain severity and treatment outcomes, elucidating their roles in indicating acute inflammatory processes and their differing response patterns. **Outcome**: *Lashuna Rasayana* 500mg 6capsules was given for 30 days with milk on empty stomach and there was significant reduction in subjective and objective parameters assessed in patients. **Conclusion:** Overall, this case series provides insights into the complexities of managing, of *vatakaphaja gridhrasi* with *Niruha basti* followed by *Lashuna Rasayana* 6 capsules for 30days. Importance of understanding inflammatory markers in assessing disease progression and effect of *Lashuna Rasayana* in *Vatakphaja Gridhrasi* was achieved through subjective and objective parameters assessment during the *rasayana* usage.

KEYWORDS: *Basti*, Chronic low back pain, Case series, ESR, *Vatakphaja Gridhrasi*, Hs-CRP, *Lashuna Rasayana*

RECEIVED ON:
06-07-2025

REVISED ON:
03-08-2025, 19-08-2025

ACCEPTED ON:
22-08-2025

Access This Article Online:

Quick Response Code:

Website Link:

https://jahm.co.in

DOI Link:

https://doi.org/10.70066/jahm.v13i7.2191

Corresponding Author Email:

drshashimd17@gmail.com

CITE THIS ARTICLE AS

Shashidhar A Naik, Vishwanath S Wasedar, Poornima B Tukanatti. Effect of Panchakarma followed by Lashuna Rasayana in Vatakaphaja Gridhrasi - Case series. *J of Ayurveda and Hol Med (JAHM).* 2025;13(7):51-59

1. INTRODUCTION

The most typical cause of missed work days and disability claims is chronic low-back pain (CLBP). 80% of people worldwide suffer from back pain, making it a widespread issue. People with CLBP often have functional impairment, sleep problems, exhaustion & medication addiction. [1] Sciatica is debilitating condition that radiates pain from back of leg and occasionally to foot, disease's primary causes: lumbosacral spine trauma (Abhighata), postural abnormalities (Vishamachesta), overloading (Bharavahana), abruptly imbalanced movements (Atichesta), sedentary lifestyle & psychological issues (Chinta, Shoka, etc)Due to sciatic nerve stretching, paresthesia (Supti), pricking pain (Toda), & twitching or quivering sensation (Spandana) (Sakthikshepa Nigraha). [2] When listing the illnesses, two varieties of Gridhrasi have been identified: Vata dominant and Vata-Kapha dominant. Common symptoms of Gridhrasi include pain that originates in the buttocks (Sphik) and spreads to the following areas: Kati, Prushta (back), Uru (thigh), Janu (knee), Jangha (calf) & Pada (foot). Vata Kaphaja Gridhrasi include Arochaka (aversion to food), Tandra (drowsiness) & Gaurava (sense of heaviness). [3] In terms of sciatica treatment, painkillers & physical therapy are helpful, but they are not long-term option. [4] Therefore, the ideal medication for treating Gridhrasi should possess the qualities of Vatashamaka, Kaphashamaka, Vatanulomaka, Dipana-Pachana (digestive-carminative) and Shulaprashamana. Numerous therapy methods, including Aushada sevana, Snehana, Swedana, Basti Chikitsa, Agnikarma, Rakta Mokshana, and others, are described in Ayurveda for the treatment of Gridhrasi. [5] In addition to severity of pain, acute changes in Hs-CRP and ESR possibly varying Visual Analog Scale Oswesty Disability Index, Roland Morris Scale were assessed. [6] ESR on the other hand, increases in slower manner and remains elevated for longer period of time. Average severity of pain was assessed using a SLR test, Bowstring test, femoral nerve stretch test, visual analogue scale (VAS), Oswesty Disability Index, Roland Morris Scale. Lashuna Rasayana having tikta, lavana, Patra, Pushpanaala, doshagnatha kashaya, and Kapha vata shamaka. Because of Teekshna Guna and Katu, it is Kapha shamaka. Its Snigdha, picchila, guru, and ushna guna make it Vatashamaka. [3]

2. MATERIAL AND METHODS:

Patient Details: Patients having *classical lakshanas* of *Vatakaphaja Gridhrasi* like *thoda ruk muhuspanadana Vedana Arochaka* (aversion to food), *Tandra* (drowsiness) & *Gaurava* (sense of heaviness) etc along with rise of ESR and HS-CRP was taken.

Clinical Findings: A total case of 6 patients of either sex who complained of lower back pain radiating to lower limbs and not a known case of diabetes or hypertension with MRI findings and all patients Underwent a physical examination, pulse rate and BMI with no comorbidities, visceral findings were within normal limits. Non-fasting venous blood sample was drawn blood and were taken for the assessment figure 2.

Diagnostic assessment and Treatment protocol: The diagnosis was made by clinical findings MRI Findings [Table 1] and confirmed by investigation [Figure 4]. The patients were treated with *Shodhana* i.e basti for 7 days

followed by *Lashuna Rasayana* 6 capsules on empty stomach twice a day with milk for 30 days, during every *Rasayana* intervention symptoms and scales were assessed figure 1, 2 & 3. At the End of the intervention ESR and HS-CRP was assessed [Figure 4].

Table 1: Patient's complaints with MRI findings and duration of complaints.

Sr No	**Chief complaints**	**Radiological findings**	**Duration of complaints**
1	A 25-year-old male came with c/o low back pain radiating to both L/L	20/9/23 MRI of lumbar spine Suggestive of transitional vertebra noted in the lumbosacral junction. Sacralization of L5 vertebrae noted Loss of lumbar lordosis noted	2Yrs
2	A 31-year-old female came with c/o pain in low back region radiating towards L/L & aggravates while doing daily activities.	4/5/2023 MRI of lumbar spine suggestive of Sacralization of L5 vertebral body Desiccated L2-L3, L3-L4 & L4-L5 intervertebral discs Mild posterior central intervertebral disc protrusion with annular tear at L2-L3 intervertebral level causing indentation of thecal sac Post. Right paracentral intervertebral disc Extrusion with annular tear & mild inferior migration of Herniated disc at L3-L4 Intervertebral level causing indentation of thecal sac with right neural foramina stenosis as well as the traversing nerve roots of cauda equina Post. central the intervertebral disc protrusion with annular tear at L4-L5 intervertebral level causing indentation of thecal sac with bilateral neural foramina compromise abutting bilateral exiting nerve roots	3 Yrs.
3	A 34-year-old male came with c/o low back pain radiating from Rt gluteal area towards the calf muscle since it aggravates more while standing.	MRI of whole spine suggestive of 22/2/21 L3-L4 disc desiccated, diffuse central & bilateral paracentral and foramina disc bulge, denting thecal sac without nerve root compression. Bilateral facet joint arthropathy. L4-L5 – desiccated, diffuse central & bilateral paracentral and foramina disc bulge with rt. Paracentral extrusion and inferior migration of extruded compromising bilateral neural foramina, indenting the thecal sac causing moderate compression over bilateral exiting L4-L5nerve roots. Desiccation of L4-L5 disc with diffuse right paracentral extrusion significantly indenting thecal sac right traversing nerve roots with soft tissue canal stenosis	4 months
4	A 50-year-old male pt. came with c/o low back pain radiating left. L/L with tingling sensation	MRI OF LUMBAR SPINE 17 /9/23 suggestive of Posterior and left poster lateral disc bulge is seen at L5/S1 level causing indentation on the thecal sac, severe narrowing of the left lateral recess/neural foramina and impingement left traversing/exiting nerve roots. Moderate narrowing of the right	5-6 months

	in left feet.	lateral recess is seen at this level. Posterior bulge at L4/L5 level causing indentation on the thecal sac with moderate narrowing of bilateral recess and neural foramina Mild annular disc bulge at L3/L4 level causing indentation on the thecal sac	
5	A 33-year-old male pt. came with c/o low back pain radiating towards left. L/L with tingling sensation in left feet.	MRI OF LUMBAR SPINE 19 /7/22 suggestive of: Rt. Paracentral disc protrusion at C5-C6 causing compression on subarachnoid space Diffuse disc bulge at L4/L5 & L5/S1 causing compression on subarachnoid space with indentation on traversing nerves and bilateral exiting nerve roots.	6 months
6	A 38-year-old male pt. came with c/o low back pain radiating towards Rt. L/L with tingling sensation in left feet.	MRI OF LUMBAR SPINE 25/9/23 suggestive of: Diffuse disc bulge at C6/C7 causing compression on subarachnoid space Poster central disc protrusion at L4/L5 causing compression on subarachnoid space and traversing nerves Diffuse disc bulge with focal annular tear at L5/S1 indentation on subarachnoid space	6 months

3. OBSERVATIONS: Subjective parameters: Symptoms of *vataja* as well as *Vata Kaphaj gridhrasi* like *Ruk, Toda, Stambha & Spandana* in the *Sphik, Kati, Uru*, and *Pada* were assessed Tenderness with Visual Analog Scale (VAS) Oswestry Disability Index, Roland Morris Scale were assessed on 1st, 15th & 30th day of the intervention. Objective parameters: SLR test, Bregard's test, Femoral Nerve Stretch test along with ESR & HS-CRP.

Table 2: Timeline of *Panchakarma* and *Rasayana*.

	***Panchakarma* treatment for 7 Days**					**No. of days**
Case 1, 2, 3, 4, 5, 6.	*Sarvanga abhyanga* with *mahavishagarbha taila* F/B *Bashpa sweda*					7days
	Kati basti with *mahavishagarbha taila* (maximum 30 min duration)					7 days
	Prishtha basti with *mahavisgarbha taila* (maximum 30 min duration)					7 days
	Niruha Basti (NB) - 80 ml paste of jaggery (*Guda*), 5 g rock salt (*Saindhava Lavana*), 60 ml medicated oil (*Sneha*) *Balaguduchyadi Taila*. *Kalka Churnas* 10 g each of *Guduchi* (*Tinospora cordifolia*), *Rasna* (*Alpinia galanga*), and *Punarnava* (*Boerhavia diffusa*). *Kashaya* - 300 ml *Erandamoola* (*Ricinus communis*), 50 ml cow's urine (*Gomutra*), 50 ml paste of *Chincha* (*Tamarindus indica*).					7 days
	Anuvasana Basti (AB) was given with 50 ml *Balaguduchyadi Taila*					8 days
1st day	2nd day	3rd day	4th day	5th day	6th day	7th day
	NB	NB	NB	NB	NB	NB
AB	AB	AB	AB	AB	AB	AB
Followed by ***Lashuna rasayana (*** 500 mg each capsule ***by SDM Pharmacy)*** **6 capsules with milk twice a day before food on empty stomach in morning and evening for 30 days**						

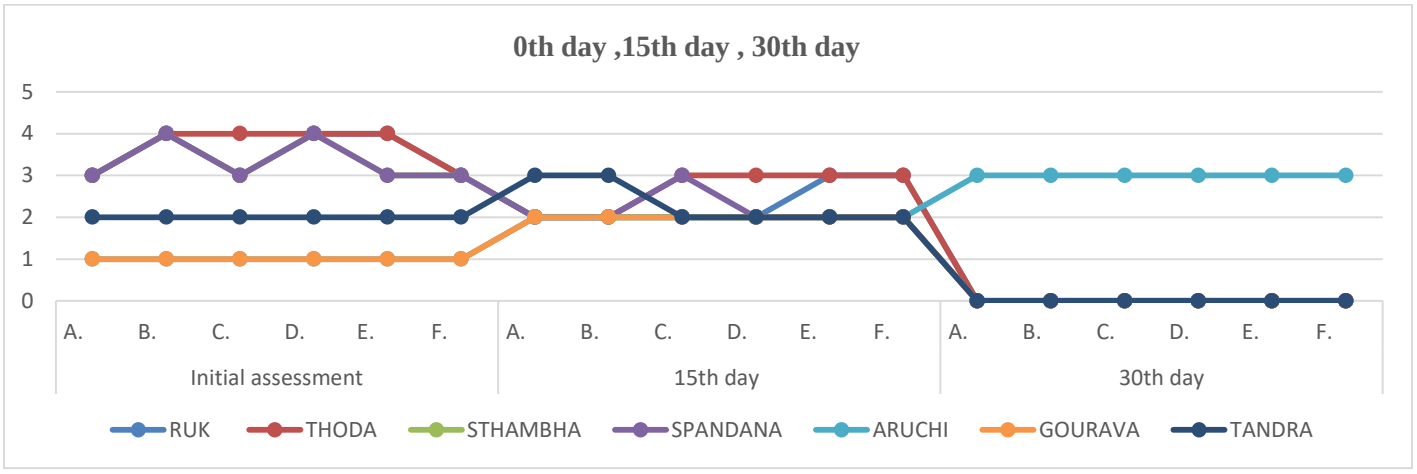

Figure 1: Assessment of Vatakaphaja Gridhrasi Lakshana

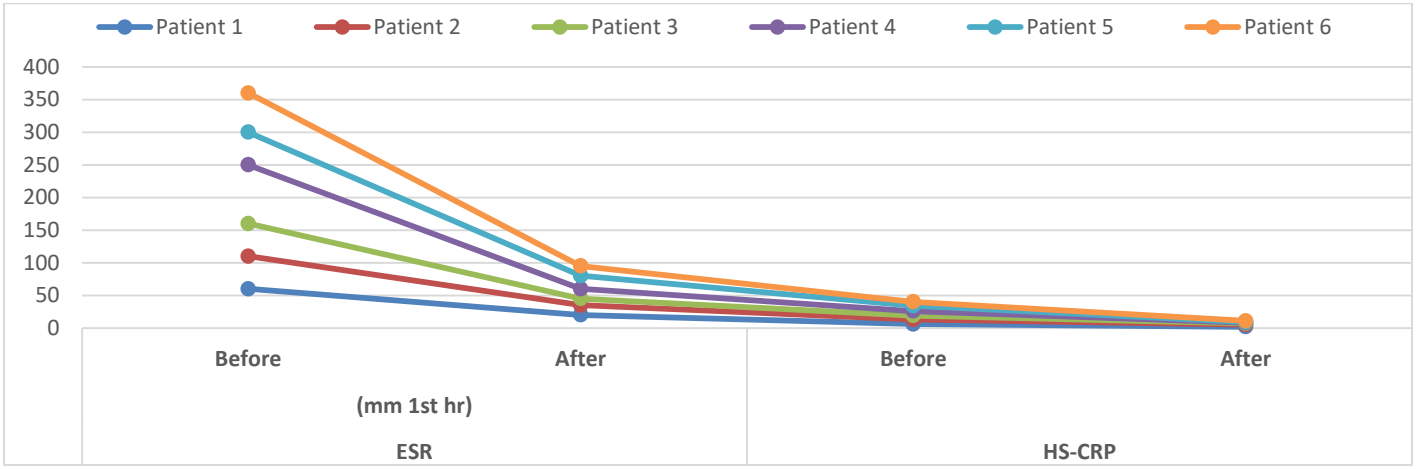

Figure 2: Assessment of ESR & Hs CRP

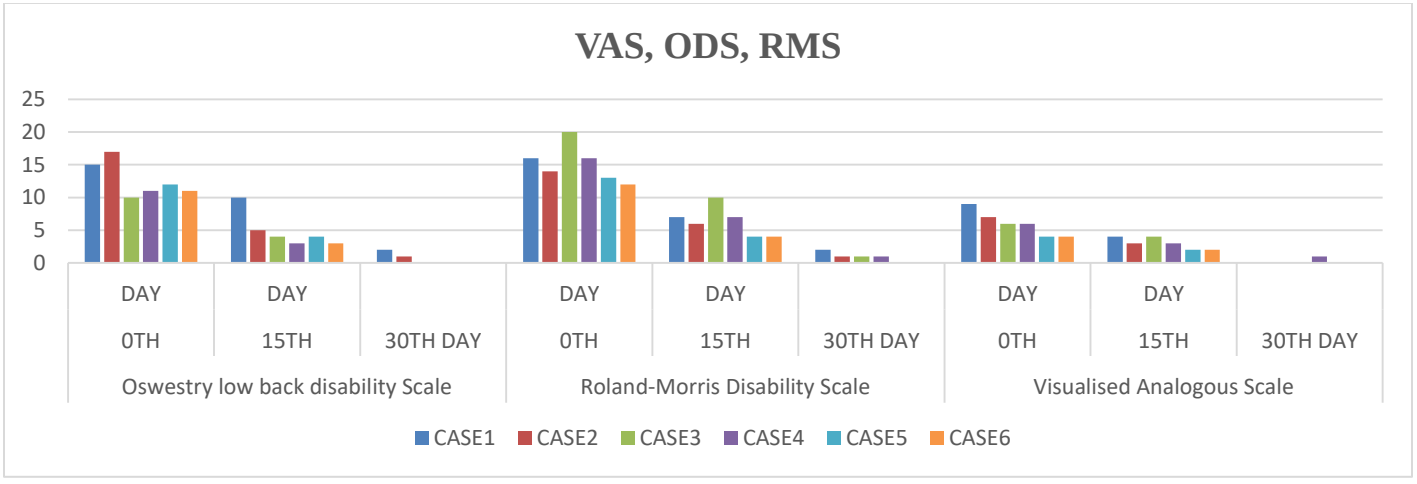

Figure 3: Assessment of VAS, ODS, RMS

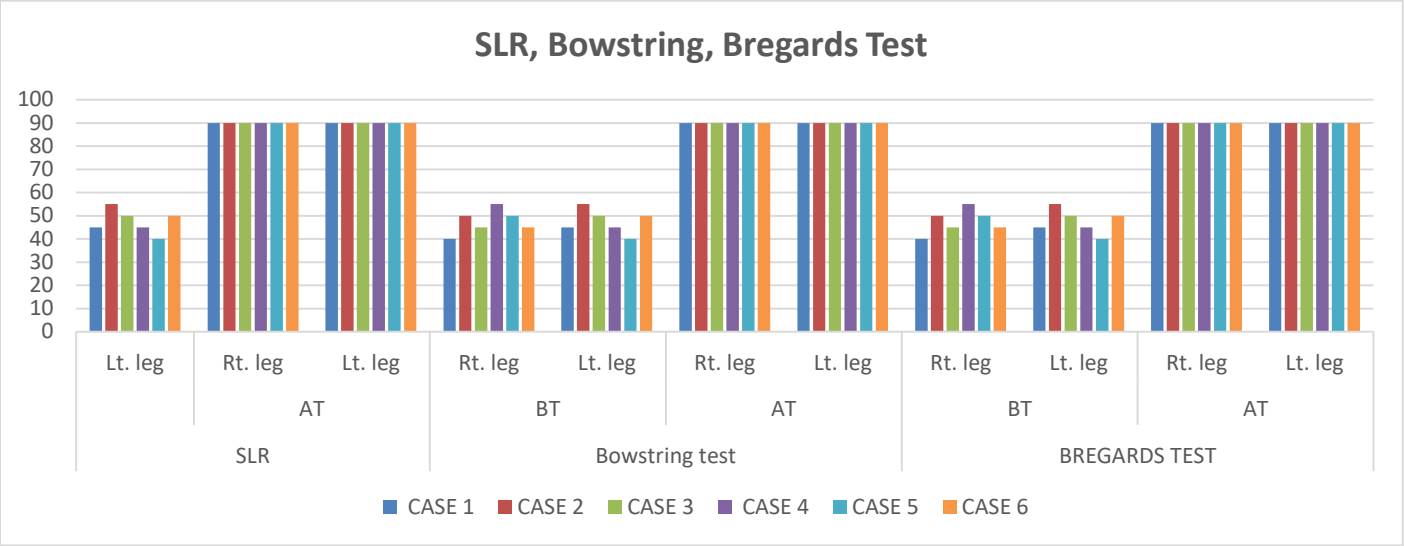

Figure 4: Assessment of Straight Leg Raise test, Bregard's test and Bowstring test

4. OUTCOME: *Lakshanas* of *vatakaphaja Gridhrasi*, Roland Morris scale Oswestry disability index VAS scales Figure 1, 3, 4 were assessed and blood parameters ESR and HS-CRP were done before and after the intervention Figure 2 treatment protocol, which was planned for this patient can be divided into *Shodhana Chikitsa* with *Basti karma* along with *Rasayana* as it was assessed & there is reduction in subjective and objective parameters shown in Figure 1, 2, 3 and 4.

5. DISCUSSION: All these six patient's table 1, received *Sarvanga Abhyanga* followed by *Bashpa sweda* with *Mahanarayana taila*, *Kati basti* & *prushta basti Table 2*. *Niruha Basti* was given along with Anuvasana *Basti* (AB) with 50 ml of *Balaguduchyadi Taila* for 7 days as shown in table 2, for Snehana and *Brimhana* purpose. [8] Later on patients were given *Lashuna Rasayana* 500mg capsules (of SDM Pharmacy) for consumption for 30 days. 6 Capsules of *Lashuna Rasayana* 500mg on empty stomach with milk morning and night were given for consumptions for 30days. *Rasayana*, also called Urjaskara, is the process of strengthening oneself against a particular sickness by enhancing immunity or "*Apunarbhava*," which prevents the disease from recurring. Assessment of Subjective parameters and objective parameters has been shown in figure 1, 2, 3 and 4. According to contemporary science, there is progressive decrease in the degree of hydration of the intervertebral disc with age, leading to the cycle of degeneration. Hence, the prevalence of sciatica is high in middle-aged people. The primary indications for spinal cord stimulation are failed back surgery syndrome (FBSS) & complex regional pain syndromes type I and type II. [8] *Rasayana* effect was assessed & there was reduction in subjective and objective parameters shown in Figure 1, 2, 3 and 4. Vitiated *Vata* may be alleviated and *Asthi Vaha Srotas* cleansed. *Pakwashaya* has *Vata Shamaka* property, and it is found in primary locations of *Vata* & *Basti* medicines. *Sarvanga Abhyanga* with *Mahanarayana taila* one of the *Purvakarmas*, *abhyanga* (local massage), acts on the *Snayu*, *twak*, and *raktavahini* roots. [9] It has been established that number of molecular mediators, including the

transforming growth factor TNF-α, which can encourage the expression of vascular endothelial growth factor (VEGF), which is essential for the development of new blood vessels, which was also seen in terms of ESR. [10] Low back discomfort raises the levels of HsCRP, C-reactive protein is the first to emerge among acute phase proteins. It manifests 6–8 hours post-infection and is a sensitive systemic marker of inflammation and tissue damage. The current study set out to evaluate the usefulness of hs-CRP and ESR measures for determining inflammation in patients suffering from radicular or chronic low back pain. *Lashuna,* as said by Kashyapa *Samhitha beeja* is *katu (*pungent*)*. *Pushpanaala (*flower*)* – *Tiktha (*bitter*) Lavana (*salt*), Patra (*leaves*) doshagnatha kashaya - Kapha vata shamaka*. It is *Kapha shamaka* by virtue of *Katu* (Pungent) *Vipaka* and *Teekshna Guna (*sharpness quality*)*.It is *Vatashamaka* by virtue of its *Snigdha (*unctuous*)*, *picchila (*sliminess*)*, *guru (*heavy*)*, and *ushna* (hot) *guna*. It raises *Raktha* & *Pitta* because of its *ushna guna*. As said by Kashyapa it serves as both *Rasayana* and *Amrutha. Lasuna rasayana* is *vyadhihara rasayana* and is capable of rectifying the morbidity of *Vata dosa*. [3] *Lashuna rasayana* demonstrated anti-inflammatory properties that prevented patient's ESR levels from rising. Lumbar radicular syndrome is associated with inflammation; alliin's effects on lipopolysaccharide cause reactive oxygen species (ROS) to be scavenged. Garlic's main lipid-soluble organ sulfur component, dually disulfide (DATS), has neuroprotective properties, which help to heal nerve irritation brought on by disc degeneration. [11] After consuming for 30 days patients had significant reduction in symptoms of *Vatakaphaja gridhrasi* and even the Scales showed improvement Figure 1, 3 and 4, the blood parameters responsible for inflammatory process were seized by *Lashuna rasayana* figure 2. Hence *Lashuna rasayana* is effective in managing *Vatakaphaja gridhrasi* conditions.

6. **CONCLUSIONS**: In this case series of *Vatakaphaja Gridhrasi* both *Vata* & *Kapha* was involved, the *doshaharana* line of treatment as well as *bruhmana chikitsa* was planned. *Shodhana* was planned with *niruha basti* and to prevent further deterioration of the pathology *lashuna rasayana* was used. *Lashuna rasayana* was given 6 capsules twice a day on empty stomach with milk for 30 days and follow up was done on 30th day for assessment of *Rasayana* effect. Post-treatment on assessment, these patients had a significant reduction in all *vatakaphaja lakshanas* as shown in figure 1, 2 and 4. The lumbar flexion was gradually increased after treatment a severe reduction in lumbar flexion capability, turned negative and the SLR test, Bregard's test, Bowstring test along with ODS, VAS, RMS were in normal limits as shown in figure 2,3 and 4 Blood parameter's reduced to normal limits. After consuming *Lashuna Rasayana* for 30 days patients did not have adverse drug events. Therefore, these case series suggests that even severe forms of CLBP associated with sciatica can be well managed by Ayurveda treatment principles.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will

not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - The patients were under *Vatakaphaja Gridhrasi* Treatment for 1 month after being diagnosed with *Gridhrasi*, *Rasayana* therapy was given by which patients were completely satisfied by the results. As treatment progressed with blood tests on all follow up patients were willing to continue the medications regularly. Following the intervention and follow up, they expressed relief and satisfaction with the outcome, particularly the healthy condition.

Authors Details:

[1]Assistant Professor, Department of Kayachikitsa - Rasayana Evam Vajeekarana, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India.

[2*]Associate Professor, Department of Panchakarma, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India.

[3]Assistant Professor, Department of Rasashastra & Bhaishaja Kalpana, KLE Academy of Higher Education and Research, Deemed to be University, Shri BMK Ayurveda Mahavidyalaya, Shahpur, Belagavi, Karnataka, India.

Authors Contribution:

Conceptualization and clinical management: Dr. VSW, Dr. SAN

Data collection and literature search: Dr. SAN, Dr. PBT

Writing – original draft: Dr. SAN

Reviewing & editing: Dr. SAN, Dr. VSW

Approval of final manuscript: All authors

Conflict Of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

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