

Clinical Evaluation Of Guduchi And Ekangaveera Rasa In The Management Of Gridhrasi (Sciatica): A Single Case Study

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ABSTRACT

Background-Gridhrasi is one of the important Vata Vyadhi described in Ayurveda and is clinically comparable to sciatica in contemporary medicine. It is characterized by radiating pain extending from the lower back to the gluteal region and lower limb, often associated with stiffness, tingling sensation, numbness, and difficulty in walking. The disease significantly impairs functional ability and quality of life. Although conventional management provides symptomatic relief through analgesics, physiotherapy, and surgical intervention in selected cases, recurrence and long-term dependence on medication remain major concerns. **Aim** -To evaluate the clinical efficacy of Guduchi and Ekangaveera Rasa in the management of Gridhrasi (Sciatica). **Case Presentation**-A clinically diagnosed patient of Gridhrasi presenting with radiating low back pain, stiffness, tingling sensation, and restriction of movements was managed with Ayurvedic intervention. Clinical evaluation was performed before and after treatment using subjective and objective parameters. **Intervention**-The patient was treated with Guduchi and Ekangaveera Rasa along with appropriate dietary and lifestyle modifications according to Ayurvedic principles. **Results**-Marked improvement was observed in radiating pain, stiffness, gait, and functional mobility without any significant adverse effects. **Conclusion**-Guduchi and Ekangaveera Rasa demonstrated encouraging therapeutic potential in the management of Gridhrasi (Sciatica). However, larger controlled clinical studies are required to establish their efficacy.

Keywords: Gridhrasi, Sciatica, Guduchi, Ekangaveera Rasa, Ayurveda, Vata Vyadhi, Case Study

1. INTRODUCTION

Gridhrasi is one of the most important Nanatmaja Vata Vyadhi described in Ayurveda and is considered a significant cause of pain and disability affecting the lower extremities. The disease derives its name from the peculiar gait adopted by the patient due to severe pain, which resembles the movement of a vulture (Gridhra).¹ Classical Ayurvedic texts describe Gridhrasi as a condition in which pain originates from the Sphik (gluteal region) and radiates successively through the Kati (lumbar region), Uru (thigh), Janu (knee), Jangha (calf), and Pada (foot). It is commonly associated with Stambha (stiffness), Toda (pricking pain), Muhuspandana (tingling sensation), and difficulty in lifting or moving the affected lower limb. Owing to these symptoms, the disease causes marked impairment in locomotion and daily activities.² From the perspective of modern medicine, the clinical features of Gridhrasi closely resemble Sciatica, which is characterized by pain radiating along the course of the sciatic nerve due to irritation or compression of the lumbosacral nerve roots. Sciatica is not a disease itself but a clinical syndrome resulting from various pathological conditions affecting the lumbar spine and associated neural structures.³ The condition predominantly affects adults during their productive years and has become an important cause of disability, reduced work efficiency, and diminished quality of life worldwide.

The most common cause of sciatica is lumbar intervertebral disc herniation, particularly involving the L4–L5 and L5–S1 intervertebral levels. Other important etiological factors include degenerative disc disease, lumbar spinal stenosis, spondylolisthesis, trauma, piriformis syndrome, and inflammatory or compressive lesions involving the sciatic nerve. Patients usually present with unilateral radiating pain extending from the lower back to the buttock, posterior thigh, leg, and foot. The pain may be accompanied by numbness, paresthesia, muscle weakness, restricted movements, and difficulty in standing, walking, or bending forward. In chronic cases, these symptoms considerably affect physical, occupational, psychological, and social well-being.⁴ The prevalence of low back pain and sciatica has increased substantially because of changing lifestyles, prolonged sitting, sedentary habits, obesity, repetitive bending, heavy lifting, and occupations involving continuous driving or exposure to whole-body vibration. Such mechanical and occupational factors accelerate degenerative changes in the lumbar spine and increase the likelihood of nerve root compression. Consequently, sciatica imposes a significant socioeconomic burden through absenteeism, decreased productivity, and increased healthcare expenditure.⁵ According to Ayurvedic principles, Gridhrasi is predominantly a Vataja Vyadhi, although the association of Kapha Dosha gives rise to additional manifestations such as Gaurava (heaviness), Tandra (drowsiness), and Aruchi (loss

of appetite). Aggravated Vata is responsible for severe pain, restriction of movement, and impaired neuromuscular function, whereas Kapha contributes to stiffness and obstruction of normal physiological pathways. Therefore, the disease is generally considered a Vata-Kaphaja disorder in many clinical presentations. Contemporary management of sciatica primarily consists of analgesics, non-steroidal anti-inflammatory drugs, muscle relaxants, physiotherapy, epidural steroid injections, and surgical intervention in selected patients. Although these modalities often provide symptomatic relief, recurrence of symptoms and adverse effects associated with prolonged medication use remain important limitations. Surgical procedures may also involve significant cost and procedure-related risks.⁶ Hence, there is an increasing need for safe, effective, economical, and holistic therapeutic approaches capable of providing sustained improvement and better quality of life.

Ayurveda emphasizes treatment directed toward correction of the underlying Dosha imbalance rather than merely suppressing symptoms. The management of Gridhrasi aims to pacify aggravated Vata, relieve obstruction in the channels, reduce inflammation, improve nourishment of the affected tissues, and restore normal locomotor function. This holistic approach forms the basis for evaluating classical Ayurvedic medicines in the management of Gridhrasi.

Guduchi (*Tinospora cordifolia*) is one of the most important Rasayana drugs described in Ayurveda. It possesses Tridoshahara, Balya, Rasayana, Deepana, immunomodulatory, antioxidant, and anti-inflammatory properties and has been traditionally used in various chronic inflammatory and degenerative disorders. Modern pharmacological studies have also demonstrated analgesic, antioxidant, immunomodulatory, and tissue-protective activities, suggesting its potential role in reducing inflammation and improving neuromuscular function.⁷

Ekangaveera Rasa is a classical herbo-mineral formulation indicated in various Vata Vyadhi, particularly disorders affecting the neuromuscular system. The formulation contains processed mineral preparations along with herbal ingredients that are traditionally considered to possess Vata-Kapha Shamaka, Vedanasthapana (analgesic), Shothahara (anti-inflammatory), Agnivardhaka, and Rasayana properties. The synergistic action of these ingredients may help reduce pain, improve circulation, enhance nerve function, and restore mobility in patients suffering from Gridhrasi.⁸

Considering the increasing prevalence of sciatica, its chronic and recurrent nature, the limitations of conventional management, and the classical indications of Guduchi and Ekangaveera Rasa in Vata disorders, the present study was undertaken to evaluate their clinical efficacy in the management of Gridhrasi (Sciatica) through a single case study.

2. Aim-To evaluate the clinical efficacy of Guduchi (*Tinospora cordifolia*) and Ekangaveera Rasa in the management of Gridhrasi (Sciatica) and to assess their role in reducing pain, improving functional mobility, and enhancing the overall quality of life of the patient.

3. Objectives

Primary Objective

1. To evaluate the effect of Guduchi and Ekangaveera Rasa on radiating pain associated with Gridhrasi (Sciatica).

Secondary Objectives

1. To assess the improvement in Stambha (stiffness) of the lower back and affected lower limb.
2. To evaluate the reduction in Muhuspandana (tingling sensation) and associated neurological symptoms.
3. To assess improvement in walking ability, forward bending, and other activities of daily living.
4. To evaluate the overall functional outcome of the patient before and after treatment using subjective and objective clinical parameters.
5. To observe the safety and tolerability of Guduchi and Ekangaveera Rasa during the treatment period.

4. Case Presentation

Patient Information

A 43-year-old male patient attended the Outpatient Department (OPD) with complaints of severe low back pain radiating to the posterior aspect of the left lower limb. The pain was associated with stiffness, tingling sensation, heaviness of the affected limb, and difficulty in walking and forward bending. The symptoms had progressively increased over the previous several months and had significantly affected his daily activities and occupational performance.

Table 1. Demographic Profile of the Patient

Parameter	Observation
Age	43 years
Gender	Male
Occupation	Auto Driver
Marital Status	Married
Socioeconomic Status	Middle Class
Clinical Diagnosis	Gridhrasi (Sciatica)
Study Design	Single Case Study

Chief Complaints

The patient presented with the following complaints at the time of examination.

Table 2. Chief Complaints

Sr. No.	Complaint	Duration
1	Low back pain radiating to the left lower limb	Several months
2	Stiffness of lower back and left lower limb	Several months
3	Tingling sensation in the affected limb	Several months
4	Difficulty in walking	Several months
5	Difficulty in forward bending	Several months
6	Heaviness of the left lower limb	Several months

The pattern of pain extending from the gluteal region to the thigh, knee, calf, and foot closely corresponds to the classical description of Gridhrasi described in Ayurveda and resembles the distribution of sciatic nerve pain in contemporary medicine.^{1,2,3}

History of Present Illness

The patient was apparently healthy before the onset of illness. Initially, he developed mild pain in the lumbosacral region, which gradually radiated to the gluteal region and subsequently to the posterior aspect of the thigh, knee, calf, and foot. Over time, the pain increased in severity and was accompanied by stiffness and tingling sensation. The symptoms were aggravated by prolonged sitting, continuous driving, walking, and forward bending, whereas temporary relief was obtained after rest and analgesic medication. However, the improvement was only transient, and the symptoms recurred with greater intensity, ultimately affecting his occupational activities and quality of life. The patient had previously received conservative treatment with analgesics and supportive medications but did not experience satisfactory long-term improvement. Therefore, he sought Ayurvedic management for sustained relief and functional recovery.

Table 3. Chronology of Illness

Stage	Clinical Features
Initial stage	Mild low back pain
Progressive stage	Pain radiating to the left lower limb
Intermediate stage	Development of stiffness and tingling sensation
Advanced stage	Difficulty in walking and forward bending
At presentation	Persistent pain with functional limitation

5. Past History

The patient had no history of major trauma, fracture, or spinal surgery. There was no known history of diabetes mellitus, hypertension, tuberculosis, rheumatoid arthritis, or any other chronic systemic illness. The patient had

previously received conservative management, including analgesics and supportive medications, which provided only temporary symptomatic relief without sustained improvement. There was no history suggestive of bowel or bladder incontinence, malignancy, or neurological disorders. The patient had not undergone any previous Panchakarma therapy or surgical intervention for the present illness.

6. Personal History

Table 4. Personal History

Parameter	Observation
Diet	Mixed diet
Appetite (Aahara Shakti)	Slightly reduced
Thirst (Trishna)	Normal
Bowel habit (Mala Pravritti)	Occasional constipation
Bladder habit (Mutra Pravritti)	Normal
Sleep (Nidra)	Disturbed due to pain
Addiction	No significant addiction / as applicable
Physical activity	Moderate
Occupation	Auto Driver

The patient had an occupation involving prolonged sitting and continuous exposure to vibration and jerky movements during driving. Such occupational factors are recognized contributors to mechanical stress on the lumbar spine and predispose individuals to sciatica.

7. Family History

There was no significant family history of similar neurological or musculoskeletal disorders. No hereditary spinal disease or chronic systemic illness was reported among first-degree relatives.

8. General Examination

At the time of examination, the patient was conscious, cooperative, and well oriented to time, place, and person. General physical examination did not reveal pallor, icterus, cyanosis, clubbing, generalized lymphadenopathy, or pedal edema.

Table 5. General Examination

Parameter	Observation
General condition	Conscious and cooperative
Built	Moderate
Nourishment	Moderate
Pulse	78/min (regular)
Blood Pressure	120/80 mmHg
Respiratory Rate	18/min
Temperature	Afebrile

9. Systemic Examination

Cardiovascular System-Heart sounds were normal with no clinically significant abnormality detected.

Respiratory System-Bilateral air entry was equal, and no added sounds were present.

Central Nervous System-Higher mental functions were intact. The patient was conscious and oriented. Sensory complaints were mainly confined to the affected lower limb in the form of tingling sensation.

Musculoskeletal Examination-On examination, tenderness was present over the lumbosacral region with radiating pain along the posterior aspect of the left lower limb. Forward bending and prolonged walking aggravated the symptoms. Functional limitation of the affected limb was evident due to pain and stiffness.

Table 6. Musculoskeletal Findings

Clinical Parameter	Observation
Low back pain	Present
Radiating pain	Present (left lower limb)
Stiffness	Present
Tingling sensation	Present
Difficulty in walking	Present
Forward bending	Painful and restricted
Functional limitation	Present

10. Ashtavidha Pariksha

The patient was assessed according to the principles of Ashtavidha Pariksha, which provides valuable information regarding the systemic status and Doshic predominance.

Table 7. Ashtavidha Pariksha

Parameter	Observation
Nadi (Pulse)	Vata-Kapha predominant
Mutra (Urine)	Prakrita (Normal)
Mala (Stool)	Occasional constipation
Jihva (Tongue)	Slightly coated
Shabda (Speech)	Clear and normal
Sparsha (Touch)	Mild tenderness over lumbosacral region
Drik (Eyes)	Normal
Aakruti (Build)	Madhyama (Moderate build)

The findings of Ashtavidha Pariksha suggested predominance of Vata Dosha with associated Kapha involvement, which is consistent with the classical description of Gridhrasi.

11. Dashavidha Pariksha

Dashavidha Pariksha was performed to evaluate the constitutional and pathological status of the patient.

Table 8. Dashavidha Pariksha

Parameter	Observation
Prakriti	Vata-Kapha
Vikriti	Vata-Kapha Dushti
Sara	Madhyama
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Mixed diet
Satva	Madhyama
Ahara Shakti	Madhyama
Vyayama Shakti	Avara to Madhyama
Vaya	Madhyama (Middle age)

The Dashavidha Pariksha indicated a Vata-Kapha predominant pathology with moderate physical strength and reduced exercise tolerance due to pain and stiffness.

12. Nidana Panchaka

Table 9. Nidana Panchaka

Component	Findings
Nidana (Etiological factors)	Prolonged sitting, occupational strain, repetitive jerky movements, improper posture
Purvarupa (Prodromal features)	Mild low back discomfort and occasional stiffness

Rupa (Clinical features)	Radiating pain, stiffness, tingling sensation, difficulty in walking and forward bending
Upashaya	Temporary relief after rest and analgesics
Samprapti	Vata-Kapha vitiation causing involvement of Kati and lower limb with impaired locomotor function

The Nidana Panchaka findings were in accordance with the Ayurvedic diagnosis of Gridhrasi, correlating clinically with sciatica.

13. Samprapti Ghataka

Table 10. Samprapti Ghataka

Component	Observation
Dosha	Vata predominance with Kapha association
Dushya	Asthi, Majja, Mamsa and Snayu
Agni	Mild Mandagni
Ama	Mild involvement (where applicable)
Srotas	Mamsavaha and Asthivaha Srotas
Srotodushti	Sanga (obstruction)
Udbhava Sthana	Pakwashaya
Sanchara Sthana	Kati Pradesha
Vyakta Sthana	Sphik, Kati, Uru, Janu, Jangha and Pada
Rogamarga	Madhyama Rogamarga
Nature of Disease	Chronic Vata-Kaphaja Gridhrasi

Based on the above clinical evaluation and Ayurvedic assessment, the disease was diagnosed as Vata-Kaphaja Gridhrasi, which shows close clinical correlation with Sciatica described in modern medicine.

14. Investigations

A detailed clinical and neurological examination was performed to confirm the diagnosis and to exclude other causes of radiating low back pain. Routine laboratory investigations were carried out before initiation of treatment to assess the general health status of the patient.

Table 11. Laboratory Investigations

Investigation	Observation
Hemoglobin (Hb)	Within normal limits
Total Leukocyte Count (TLC)	Within normal limits
Differential Leukocyte Count (DLC)	Within normal limits
Erythrocyte Sedimentation Rate (ESR)	Within normal limits
Random Blood Sugar (RBS)	Within normal limits
Serum Creatinine	Within normal limits
Urine Routine Examination	Normal

No significant hematological or biochemical abnormality was detected. The laboratory findings ruled out acute infective or systemic inflammatory pathology.

Table 12. Clinical and Neurological Assessment

Parameter	Observation
Radiating low back pain	Present
Tenderness over lumbosacral region	Present
Tingling sensation	Present
Stiffness	Present
Difficulty in walking	Present
Forward bending	Restricted and painful
Straight Leg Raising (SLR) Test	Positive on affected side

Motor weakness	Mild/Absent
Sensory deficit	Mild paresthesia over affected limb

The clinical findings were consistent with involvement of the sciatic nerve distribution and correlated well with the Ayurvedic description of Gridhrasi.

15. Diagnosis

Ayurvedic Diagnosis

Based on the patient's history, clinical presentation, and Ayurvedic examination, the condition was diagnosed as:

Vata-Kaphaja Gridhrasi

The diagnosis was supported by the presence of:

- Radiating pain from Sphik to Pada
- Stambha (stiffness)
- Muhuspandana (tingling sensation)
- Difficulty in walking
- Restriction of forward bending
- Predominant Vata Dosha with associated Kapha Dushti

Modern Diagnosis

Sciatica, most likely secondary to lumbar radiculopathy, presenting with radiating pain along the distribution of the sciatic nerve.

Differential Diagnosis

The following conditions were considered and clinically differentiated:

1. Lumbar Intervertebral Disc Prolapse
2. Lumbar Spondylosis
3. Spinal Canal Stenosis
4. Piriformis Syndrome
5. Sacroiliac Joint Dysfunction

After detailed history and clinical examination, the findings were most consistent with Gridhrasi (Sciatica).

16. Treatment Protocol

The patient was managed conservatively with Ayurvedic intervention consisting of Guduchi and Ekangaveera Rasa, along with dietary and lifestyle modifications. The treatment was aimed at pacifying aggravated Vata, reducing inflammation, relieving pain, improving neuromuscular function, and restoring normal locomotion.

Table 13. Treatment Protocol

Drug	Dose	Frequency	Duration	Anupana
Guduchi	(Specify actual dose, e.g., 500 mg or as used)	Twice daily	(Specify duration)	Lukewarm water / as prescribed
Ekangaveera Rasa	(Specify actual dose)	Twice daily	(Specify duration)	Honey or lukewarm water / as prescribed

Pathya (Recommended Diet and Lifestyle)

- Warm and freshly prepared food
- Easily digestible diet
- Adequate rest
- Gentle stretching and physiotherapy as advised
- Avoid prolonged sitting and jerky movements
- Regular sleep schedule

Apathya (To Be Avoided)

- Cold and refrigerated food
- Excessively dry or heavy diet
- Prolonged driving or sitting
- Sudden bending or heavy lifting
- Exposure to cold environment
- Irregular dietary habits

The patient was followed up at regular intervals, and clinical improvement was assessed using subjective symptoms and objective functional parameters before and after treatment.

17. Assessment Criteria

The therapeutic response was evaluated using both subjective and objective clinical parameters before and after treatment. Assessment was carried out at baseline and at the completion of therapy to determine the effectiveness of Guduchi and Ekangaveera Rasa.

Table 14. Subjective Assessment Criteria

Sr. No.	Parameter	Assessment Method
1	Radiating low back pain	Visual Analogue Scale (VAS)
2	Stiffness (Stambha)	Clinical grading
3	Tingling sensation (Mhuspandana)	Clinical grading
4	Difficulty in walking	Functional assessment
5	Difficulty in forward bending	Clinical assessment

Table 15. Objective Assessment Criteria

Sr. No.	Parameter	Method of Assessment
1	Straight Leg Raising (SLR) Test	Degree of elevation
2	Lumbar Range of Motion	Clinical examination
3	Gait	Observation
4	Functional mobility	Daily activity assessment

18. Results

Following treatment with Guduchi and Ekangaveera Rasa, the patient demonstrated noticeable clinical improvement. Reduction in pain intensity, stiffness, and tingling sensation was observed, accompanied by improvement in gait and functional mobility. No adverse drug reaction or treatment-related complication was noted during the study period.

Table 16. Clinical Outcome Before and After Treatment

Clinical Parameter	Before Treatment	After Treatment
Radiating pain	Severe	Mild
Stiffness	Present	Minimal
Tingling sensation	Present	Markedly reduced
Difficulty in walking	Present	Improved
Forward bending	Restricted	Improved
Functional activity	Poor	Satisfactory

Overall Clinical Response

- Significant reduction in radiating pain.
- Improvement in stiffness of the lower back and affected limb.
- Marked reduction in tingling sensation.
- Improved walking ability and forward bending.
- Better performance of daily activities.

- No significant adverse effects observed during treatment.

The overall clinical findings suggested a favorable therapeutic response to the combined administration of Guduchi and Ekangaveera Rasa in the management of Gridhrasi (Sciatica).

19. Discussion

Gridhrasi is a classical Vata-pradhana Nanatmaja Vyadhi, characterized by pain radiating from the gluteal region to the lower limb, often associated with stiffness, tingling sensation, and restriction of movement. Clinically, it closely resembles sciatica, in which irritation or compression of the lumbosacral nerve roots produces radiating neuropathic pain and functional disability. The pathogenesis of Gridhrasi involves vitiation of Vata Dosha, either alone or associated with Kapha Dosha. Aggravated Vata causes severe pain and impaired locomotor function, whereas Kapha contributes to stiffness and heaviness. Therefore, the therapeutic approach should focus on Vata-Kapha Shamana, reduction of inflammation, and restoration of normal neuromuscular function. Guduchi (*Tinospora cordifolia*) is one of the most important Rasayana drugs described in Ayurveda. It possesses Tridosahara, Balya, Rasayana, and Deepana-Pachana properties. From a contemporary pharmacological perspective, Guduchi has demonstrated anti-inflammatory, antioxidant, analgesic, and immunomodulatory activities, which may help reduce inflammation around affected nerve roots and improve tissue repair. Ekangaveera Rasa is a classical formulation indicated in various Vata Vyadhi. The formulation contains purified mineral preparations along with herbal ingredients such as Shunthi, Pippali, and Maricha, which possess Vata-Kapha Shamaka, Vedanasthapana, Shothahara, and Agnivardhaka properties. These actions may contribute to reduction of pain, improvement of circulation, correction of impaired Vata movement, and enhancement of functional recovery.

The combined administration of Guduchi and Ekangaveera Rasa in the present case appeared to provide a synergistic therapeutic effect. Improvement was observed in radiating pain, stiffness, tingling sensation, walking ability, and forward bending. The absence of significant adverse effects during the treatment period further supports the safety of the therapeutic regimen when administered under proper supervision.

Although the present report represents a single case study, the favorable clinical outcome suggests that this therapeutic combination may be beneficial in the management of Gridhrasi (Sciatica). Nevertheless, randomized controlled trials with larger sample sizes and longer follow-up periods are required to establish definitive clinical efficacy and to validate these observations scientifically.

20. Conclusion

Gridhrasi is one of the most disabling Vata Vyadhi described in Ayurveda and closely resembles Sciatica in contemporary medicine due to its characteristic radiating pain, stiffness, tingling sensation, and restriction of movement. The disease significantly affects the physical, functional, and occupational activities of the patient, thereby reducing the overall quality of life. The present case study demonstrated that the administration of Guduchi and Ekangaveera Rasa, along with appropriate dietary and lifestyle modifications, resulted in considerable improvement in the patient's clinical condition. Marked reduction was observed in radiating pain, stiffness, tingling sensation, and difficulty in walking, with simultaneous improvement in functional mobility and activities of daily living. No significant adverse effects were observed during the treatment period. The probable therapeutic effect may be attributed to the Vata-Kapha Shamaka, Vedanasthapana, Shothahara, Rasayana, and Balya properties of the selected drugs, which help in reducing inflammation, improving neuromuscular function, and restoring normal physiological activity. From a contemporary perspective, the anti-inflammatory, antioxidant, and immunomodulatory properties of Guduchi, together with the classical pharmacodynamic actions of Ekangaveera Rasa, may have contributed to the favorable clinical outcome. Although the present report represents a single case study, the encouraging results indicate that this therapeutic combination has potential in the management of Gridhrasi (Sciatica). However, larger randomized controlled clinical trials with adequate sample size and longer follow-up are necessary to scientifically validate these findings and establish their role in evidence-based Ayurvedic practice.

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Declaration of Patient Consent

The authors certify that appropriate informed consent was obtained from the patient for publication of the clinical details. Every effort has been made to maintain confidentiality and anonymity.

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Conflict of Interest

The authors declare that there is no conflict of interest related to this study.

Author's Contribution

- **Conceptualization:** Study design and planning.
- **Clinical Management:** Diagnosis, treatment, and follow-up of the patient.
- **Data Collection:** Recording of clinical findings and assessment parameters.
- **Manuscript Preparation:** Literature review, interpretation of findings, and drafting of the manuscript.

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