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Ayurvedic management of Gridhrasi with Kati Basti using Mahavishgarbha Taila: A case study

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Abstract

Gridhrasi is a Vataja Nanatmaja Vyadhi described in Ayurveda, characterized by radiating pain from the lumbar region to the lower limb, associated with stiffness and restriction of movements. Vata Dosha plays a predominant role in its pathogenesis. Kati Basti, a localized Bahya Chikitsa procedure, is commonly practiced in Vata-dominant musculoskeletal disorders. Mahavishgarbha Taila is a classical formulation indicated in Vata Vyadhi due to its Ushna and Snigdha properties. This paper presents a case of Gridhrasi successfully managed with Kati Basti using Mahavishgarbha Taila. Significant improvement was observed in pain, stiffness, and functional ability, suggesting the effectiveness of this therapeutic approach.

Keywords: Gridhrasi, Vataja Nanatmaja Vyadhi, Kati Basti, Mahavishgarbha Taila, Ayurveda, Case study

Introductions

Gridhrasi is an important disease entity described in classical Ayurvedic texts and is included under Vataja Nanatmaja Vyadhi by Acharya Charaka. The disease derives its name from the peculiar gait of the patient, resembling that of a vulture, due to pain and stiffness in the lower limb. Gridhrasi primarily affects the Kati, Sphik, Uru, Janu, Jangha, and Pada regions and significantly interferes with daily activities. Vata Dosha, when aggravated due to improper posture, excessive physical strain, suppression of natural urges, or intake of Vata-provoking diet, localizes in the lumbosacral region and gives rise to the classical features of Gridhrasi such as Ruka (pain), Stambha (stiffness), Toda (pricking sensation), and Sakthikshepa Nigraha (difficulty in lifting the leg).

Ayurveda emphasizes Snehana and Swedana as primary therapeutic measures in Vata Vyadhi. Kati Basti is a localized form of Bahya Snehana and Swedana that acts directly at the site of pathology. Mahavishgarbha Taila is a well-known formulation indicated in Vata disorders involving pain and stiffness. This case study aims to highlight the role of Kati Basti using Mahavishgarbha Taila in the management of Gridhrasi.

Case Report

Patient Information

A 48-year-old male patient reported to the Kayachikitsa OPD with complaints of low back pain radiating to the left lower limb for the past 8 months.

Chief Complaints

- Pain in the lower back radiating to the left leg
- Stiffness in the lumbar region
- Difficulty in walking and prolonged standing

History of Present Illness

The patient was apparently healthy 8 months back, after which he gradually developed low back pain that started radiating to the left lower limb. The pain was aggravated on prolonged sitting, walking, and bending forward and was partially relieved by rest. There was no history of trauma or surgery.

Past History

No history of diabetes, hypertension, or major systemic illness.

Personal History

- **Appetite:** Irregular
- **Bowel:** Constipated
- **Sleep:** Disturbed due to pain

General Examination

- **Gait:** Antalgic
- **Posture:** Slight forward bending

Local Examination

- Tenderness present over lumbosacral region
- Restricted Straight Leg Raising test on left side
- Lumbar movements restricted and painful

Table 1: Ashtavidha Pariksha

Parameter	Observation
Nadi	Vata-predominant
Mala	Constipation
Mutra	Normal
Jihva	Slightly dry
Shabda	Normal
Sparsha	Ruksha
Drik	Normal
Akruti	Madhyama

Diagnosis

Based on classical Lakshanas and examination, the condition was diagnosed as:

Gridhrasi (Vataja Nanatmaja Vyadhi)

- Treatment Protocol
- Kati Basti
- **Taila used:** Mahavishgarbha Taila
- **Duration:** 30 minutes daily
- **Total duration:** 7 days
- The procedure was performed over the Kati region using a dough ring, and warm Mahavishgarbha Taila was retained and maintained at a comfortable temperature throughout the procedure.
- Internal medicines were not used during the treatment to access the role of kati basti

Assessment Criteria

- Subjective Parameters
- Pain (Ruka)
- Stiffness (Stambha)

Objective Parameters

Straight Leg Raising (SLR) test
Walking ability

Assessment Done

MRI was also done report has been attached- pre treatment Patient better SLR was Positive at 45 degree before treatment while after treatment while SLR was Negative Slump test positive before treatment negative after treatment MRI after treatment was also advised as Significant improvement has been noticed but patient refused for mri as is costly for him to consider again

Table 2: Comparison of Clinical Parameters Before and After Treatment

Parameter	Before Treatment	After Treatment
Pain	Severe	Mild
Stiffness	Marked	Minimal
SLR	Restricted (positive at 45 degree)	Improved (negative)
Walking	Painful	Comfortable
Slump	Positive	Negative

Discussion


Gridhrasi is a Vata-dominant disorder characterized by pain and restricted movement. In this case, classical Nidanas such as improper posture and prolonged strain led to Vata Prakopa and Sthanasamsraya in the Kati region. The symptoms observed correlate well with Vataja Gridhrasi described in Ayurvedic texts.

Kati Basti provides localized Snehana and Swedana, which directly counteract the Ruksha and Sheeta Gunas of aggravated Vata. Mahavishgarbha Taila possesses Ushna, Snigdha, and Vatahara properties, making it suitable for conditions involving pain and stiffness. The sustained warmth and oleation help relieve muscle spasm, improve local circulation, and reduce pain.

The significant improvement observed in this patient suggests that Kati Basti with Mahavishgarbha Taila effectively addresses the underlying Vata pathology and improves functional capacity.

Conclusion

This case study demonstrates that Gridhrasi can be effectively managed through Kati Basti using Mahavishgarbha Taila. The therapy provided significant relief in pain, stiffness, and functional limitation. Kati Basti with Mahavishgarbha Taila is a safe, non-invasive, and effective therapeutic option in the management of Gridhrasi caused by Vata Dosha.

 BALAJEE DIAGNOSTICS Facilities : MRI CT Scan Ultrasound X-Ray Pathology 2D Echo ECG EEG TMT PFT Timing : 24x7	
Dr. Balajee Yadav MD (Radiodiagnosis) UPMCI Reg. No.: 55296	PNDT / AUTH / 859 / 2022 Ultrasound Machine (MINDRAY Newwa 19) (1st in U.P.)

Patient Name : _____ Age/Sex : _____ Ref. By : _____ Ref. By : _____ Sample Type : _____	PATIENT ID : _____ Registered on : 05/06/2025 Sample Collected on : _____ Com. Date/Time : 05/06/2025 13:26:34 Coll. By : AMBULANCE
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REPORT

MRI LS SPINE

MRI : LUMBO-SACRAL SPINE

IMAGING SEQUENCES (NCMR)
 AXIAL : T1 & T2 ; SAGITTAL: T1, T2 & STIR ; CORONAL : STIR

Lumbar spine is straightened with loss of usual spinal curvature. There is evidence of degenerative changes affecting lumbar spine. L1-2, L2-3, L3-4, L4-5 & L5-S1 intervertebral discs are desiccated. Vertebrae are also showing degenerative changes in form of marginal osteophytosis and signal changes adjacent to end plates.

Lumbosacral transition vertebra is noted.

Diffuse disc bulge is noted at D12-L1, L1-L2 and L2-L3 level causing mild indentation over ventral thecal sac bilateral neural foraminal narrowing is seen with normal exiting nerve roots. Ligamentum flavum hypertrophy and facet joint arthropathy is noted.

Diffuse disc bulge is noted at L3-L4 level causing significant indentation over ventral thecal sac bilateral neural foraminal narrowing is seen with normal exiting nerve root. Bilateral lateral recess narrowing is noted with mass effect over traversing nerve root. Ligamentum flavum hypertrophy and facet joint arthropathy is noted further contributing to spinal canal narrowing. AP canal diameter at disc level measures approx 5.7 mm. Cauda equina nerve root appears bundle.

Diffuse disc bulge is noted at L4-L5 level causing mild to moderate indentation over ventral thecal sac bilateral neural foraminal narrowing is seen with normal exiting nerve roots. Ligamentum flavum hypertrophic facet joint arthropathy seen further contributing to spinal canal narrowing. Mild narrowing of bilateral lateral recess is noted with possible mass effect over traversing nerve root. AP canal diameter at disc level measures approx 8 mm.

Lower dorsal spinal cord and conus medullaris are showing normal morphology, outline and signal intensity. Cord CSF interface and cauda equina nerve roots are normally visualised. No evidence of primary canal stenosis. Pre and para vertebral soft tissues are normal.

IMPRESSION
 MR IMAGES REVEAL DEGENERATIVE CHANGES AFFECTING LUMBAR SPINE
 SIGNIFICANT AT L3-L4 LEVEL AS DESCRIBED.
 Please correlate clinically.

DR. BALAJEE YADAV MD (Radiodiagnosis) CL By: REPORT UCKNOW HEAD BRANCH ar Bohar Police Chowki, Kanpur Bypass, 857 4077 077	DR. SARTHAK AGRAWAL MD RADIODIAGNOSIS (SGPGI) OUR CENTERS BANGARMAU BRANCH Opp. Government Hospital, Near Hardoi Road, Nonihallganj, Bangarmau, Unnao 6286 476 676 . 9621 109 800
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