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Management of Lumbar Disc Bulge with Radiculopathy through Panchakarma Therapy and Ayurvedic Medicines: A Case Report

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ABSTRACT

Background: Prolapsed Intervertebral Disc (PIVD) is one of the most prevalent causes of low back pain and radiculopathy, characterized by radiating pain, tingling sensation, numbness, and restricted mobility.

Materials and Methods: A 42-year-old male presented with chronic low back pain radiating to the left lower limb, stiffness, and tingling sensation, diagnosed as lumbar PIVD with radiculopathy (modern diagnosis) and *Gridhrasi* (Ayurvedic diagnosis). MRI revealed Grade III disc desiccation at L4–L5 and L5–S1 with left lateral recess stenosis. The patient underwent 15 days of Panchakarma therapy including *Sarvanga Snehana*, *Swedana*, *Kati Basti*, and *Kala Basti*, along with oral Ayurvedic medicines such as *Chitrakadi Vati*, *Yogaraj Guggulu*, *Mahavatavidwanshak Rasa*, and *Maharasnadi Kadha*.

Results and Discussion: After treatment, pain reduced from 8/10 to 3/10 on the Visual Analogue Scale, Straight Leg Raise improved from 30° to 60°, and stiffness and tingling subsided.

Conclusion: This case demonstrates the effectiveness of Panchakarma combined with Ayurvedic medicines in managing lumbar disc bulge with radiculopathy, offering a safe and non-invasive alternative to modern therapy.

Keywords: PIVD, Lumbar radiculopathy, Panchakarma, *Gridhrasi*, Ayurveda, *Vata Vyadhi*

INTRODUCTION

Low back pain is a major musculoskeletal disorder, affecting up to 80% of individuals during their lifetime. Among its causes, Prolapsed Intervertebral Disc (PIVD) is one of the most prevalent, often leading to radiculopathy, characterized by radiating pain, tingling, numbness, and restricted mobility.^{1,2} Modern management includes analgesics, physiotherapy, epidural injections, or surgery, but recurrence, side effects, and incomplete recovery remain common challenges.³ In Ayurveda, PIVD with radiculopathy closely resembles *Gridhrasi* conditions caused by *Vata Dosha* vitiation affecting *Snayu* (ligaments), *Asthi* (vertebrae), and *Majjā* (nerve tissue). Classical texts describe symptoms such as *Kati-Sula* (lumbar pain), *Stambha* (stiffness) and *Toda* (pricking pain), which parallel modern clinical features of PIVD.⁴ Panchakarma therapy is advocated as the prime line of management for *Vata* disorders. *Kati Basti*, *Abhyanga*, *Swedana*, and *Kala Basti* provide localized and systemic relief by pacifying aggravated *Vata* and improving neuromuscular function.⁵ Internal medications like *Chitrakadi Vati*⁶, *Yogaraja guggul*⁷, *Mahavatavidhanshaka Rasa*⁸ and *Maharasnadi Kadha*⁹, further aid in reducing inflammation and strengthening tissues. This case report presents the effective management of a patient with L4–L5 and L5–S1 PIVD with left radiculopathy through an integrated Panchakarma protocol, demonstrating safe, non-

invasive, and sustainable results.

CASE REPORT

A 42-year-old male office worker from Kavre, Nepal presented with complaints of lower back pain radiating to the left leg for six months, tingling sensation, and morning stiffness for three years. The pain was aggravated by movement and relieved by rest. Past treatment included NSAIDs, Pregabalin, physiotherapy, and acupuncture, providing only temporary relief. There was no history of diabetes, hypertension, or trauma.

On Ayurvedic Rogi Pareeksha (Patient examination)¹⁰, the patient was of *Vata-Kapha Prakriti*, *Asthi-Sara*, and *Vishamagni*, with *Vata*-dominant *Nadi*. The pain intensity was 8/10 on the Visual Analogue Scale (VAS).¹¹ General examination¹² revealed BP 126/80 mmHg, pulse 80/min, BMI 25.4 kg/m², and SpO₂ 98%. On spinal examination,¹³ tenderness was present at L4–S1 with restricted movements. Straight Leg Raise was positive at 30° on the left, FABER-bilateral negative, FST-bilateral negative while neurological and bladder-bowel functions were normal.

MRI of the lumbosacral spine showed loss of lumbar lordosis and Grade III disc desiccation at L4–L5 and L5–S1 with left lateral recess stenosis causing mild-to-moderate compression of the left exiting nerve root. Routine hematological and biochemical investigations revealed Hemoglobin 14.2 g/dL, Total WBC Count 7200/mm³, Platelet count 2.5 lakh/mm³, ESR 12 mm/hr, CRP < 6

mg/L, and RA factor negative, indicating no systemic infection or inflammatory pathology. Renal and liver function parameters such as Blood Urea 24 mg/dL, Serum Creatinine 0.9 mg/dL, SGOT 28 U/L, SGPT 34 U/L, and Alkaline Phosphatase 88 U/L were within normal limits. Lipid profile showed Total Cholesterol 178 mg/dL, HDL 48 mg/dL, LDL 102 mg/dL, and Triglycerides 138 mg/dL, all within normal ranges. Urine analysis was clear with no abnormalities. These findings ruled out metabolic, infective, or autoimmune causes and confirmed the mechanical origin of pain due to disc bulge.^{14,15}

Diagnosis

The patient was diagnosed as *Gridhrasi – Vata Vyadhi* (Lumbar PIVD with Radiculopathy)

Treatment and Outcome

The patient underwent a 15-day Panchakarma protocol comprising: *Sarvanga Snehana* with *Mahanarayan Taila* followed by *Bashpa Swedana* using *Dashmoola* decoction; *Kati Basti* with *Mahanarayan Taila* for 30 minutes daily; and *Kala Basti* regimen including *Sneha Basti* with 60 ml *Mahanarayan Taila* post-meal and *Niruha Basti* with 250–300 ml *ErandaMooladi* decoction on alternate days. Oral medications included *Chitrakadi Vati* (2 tabs BD), *Yogaraj Guggulu* (2 tabs BD), *Mahavatavidwanshak Rasa* (1 tab BD), and *Maharasnadi Kadha* (20 ml BD with equal water), continued for 15 days.

Treatment Chart:

Day	Therapeutic Intervention	Details	Observation
Day 1–15	<i>Sarvanga Snehana</i> followed by <i>Bashpa Swedana</i>	Full body oleation with <i>Mahanarayan Taila</i> followed by steam fomentation using <i>Dashmoola Kwatha</i>	Marked reduction in stiffness and muscle tightness of lumbar region
Day 1–15	<i>Kati Basti</i>	Retention of warm <i>Mahanarayan Taila</i> over lumbar region for 30 minutes daily	Significant reduction in low back pain intensity and improved flexibility
Day 1, 3, 5, 7, 9, 11, 13, 14, 15	<i>Anuvasana Basti (Sneha Basti)</i>	60 mL of <i>Mahanarayan Taila</i> administered post-meal on alternate days	Nourishment of tissues; decreased pain on movement
Day 2, 4, 6, 8, 10, 12	<i>Niruha Basti (ErandaMooladi Niruha Basti)</i>	250–300 mL of <i>ErandaMooladi Kwatha</i> administered on alternate days as per <i>Kala Basti</i> schedule	Reduced radiating pain and stiffness; improved bowel clearance
Day 1–15	Oral Medications	<i>Chitrakadi Vati</i> (2 tabs BD), <i>Yogaraj Guggulu</i> (2 tabs BD), <i>Mahavatavidwanshak Rasa</i> (1 tab BD), <i>Maharasnadi Kadha</i> (20 mL BD with equal water)	Improvement in Agni, reduction in Vata symptoms, gradual pain relief
Follow up on 16 th day	Continuation & Observation	Advised light Abhyanga twice weekly and stretching exercises	No recurrence of pain; normal gait and spinal mobility maintained.

After treatment, pain reduced to 3/10 on the VAS scale, SLR improved from 30° to 60°, tingling sensation resolved, and stiffness markedly decreased. No adverse effects were observed. The patient reported better sleep and improved daily activity.

side, stiffness and restricted mobility were significantly relieved, tingling sensation completely resolved, and no adverse effects were observed.

In the present case, the patient's symptoms - radiating pain, stiffness, tingling sensation, and restricted mobility - corresponded with L4–L5 and L5–S1 disc desiccation confirmed by MRI. Conventional management using analgesics, physiotherapy, and surgical options often provides temporary or partial relief and may involve adverse effects or recurrence. Ayurveda offers a holistic,

RESULTS AND DISCUSSION

This case demonstrates significant improvement following Ayurvedic management. After 15 days of treatment, the patient's pain score on the Visual Analogue Scale (VAS) reduced from 8/10 to 3/10, Straight Leg Raise (SLR) improved to 60° on the left

non-invasive alternative emphasizing the correction of underlying *Vata* imbalance through *Panchakarma* and internal medications. According to Ayurvedic understanding, this condition corresponds to *Gridhrasi*, one of the *Vata Vyadhi*. The aggravation of *Vata dosha*, particularly *Apana Vata*, leads to derangement of *Snayu* (ligaments), *Asthi* (vertebrae), and *Majja dhatu* (nerve tissue), manifesting as *Sula* (pain), *Stambha* (stiffness), and *Toda* (pricking sensation). Hence, the therapeutic goal is *Vata Shamana* (pacification) and *Srotoshodhana* (cleansing of channels), which were achieved through a combination of *Snehana*, *Swedana*, *Kati Basti*, *Kala Basti*, and supportive internal medications.

Sarvanga Snehana with *Mahanarayan Taila* acted as the prime *Vatahara* measure. Its unctuous and penetrating qualities helped reduce *Rukshata* (dryness) and stiffness while nourishing affected tissues. *Bashpa Swedana* with *Dashamoola decoction* promoted vasodilation and relieved muscle spasm by improving local circulation. *Kati Basti* provided localized therapy to the lumbar region, where retained warm medicated oil alleviated inflammation and nerve root irritation, improving flexibility and comfort. The observed improvement in pain and movement after local therapy highlights the relevance of direct *Vata pacification* at the site of pathology. The *Kala Basti* regimen - comprising alternate administration of *Anuvasana Basti* (oil enema with *Mahanarayan Taila*) and *Niruha Basti* (decoction enema with *Erandamooladi Kwatha*) - served as the cornerstone of management. *Basti* is considered the most effective treatment for *Vata Vyadhi*, as the rectal route is the prime seat of *Vata*. The combination provided both nourishment (*Brimhana*) and detoxification (*Shodhana*), restoring *Apana Vata* balance and neuromuscular coordination. The systemic effect of *Basti* likely contributed to long-lasting relief and prevention of recurrence.

The thermal and pharmacological effects of *Snehana* and *Swedana* resemble physiotherapeutic modalities that improve local blood flow and reduce neural compression. The rectal administration of *Basti* may exert systemic neuromodulatory effects through the gut–nerve axis, while the herbal formulations' anti-inflammatory and antioxidant properties have been validated pharmacologically. Thus, the integrative mechanism of action combines both biochemical and neurophysiological effects, offering a rational basis for the observed clinical improvement.

This case underscores the efficacy of a well-planned *Panchakarma* protocol and internal Ayurvedic medication in managing lumbar disc bulge with radiculopathy. It highlights Ayurveda's potential to provide sustained relief, functional restoration, and improved quality of life without the risks associated with invasive interventions. However, as this is a single case report, broader clinical studies with larger sample sizes, objective imaging follow-up, and standardized protocols are warranted to confirm these results and elucidate long-term efficacy.

The oral drugs supported *Srotoshodhana*, *Vatasamana*, and *Rasayana* actions.¹⁶

CONCLUSION

This case demonstrates that Ayurvedic *Panchakarma* therapies and Medicine, when applied in a planned manner, offer substantial relief in Lumbar PIVD with radiculopathy. The patient's condition improved notably without reliance on modern pharmacotherapy or surgery. Ayurvedic management offers a non-invasive and effective alternative for such painful conditions.

PATIENT PERSPECTIVE

The patient expressed satisfaction with the treatment, reporting significant relief in pain and improved daily activity. He felt confident in continuing Ayurvedic management and preferred it over long-term use of painkillers.

DECLARATION OF PATIENT CONSENT

The authors declared that they had obtained consent from the patient verbally and in writing. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that his name and initials will not be published and due efforts will be made to conceal his identity, but anonymity cannot be guaranteed.

RECOMMENDATION

The effect of combined *Panchakarma* therapy and oral medicine. *Sarvanga Snehana*, *Sarvanga Swedana*, *Kati Basti*, and *Kala Basti* given along with *Chitrakadi Vati*, *Yograj Guggulu*, *Mahavatavidwanshak Ras*, and *Maharasnadi Kadha* in patient PIVD with radiculopathy should be evaluated by conducting a study with a larger sample size.

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REFERENCES

1. Dydik AM, Massa RN, Mesfin FB. Disc Herniation. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK441822>
2. Koes BW, van Tulder MW, Peul WC. Diagnosis and treatment of sciatica. BMJ. 2007 Jun 23;334(7607):1313-7. DOI: [10.1136/bmj.39223.428495.BE](https://doi.org/10.1136/bmj.39223.428495.BE) PMID: 17585160 PMCID: PMC1895638
3. Maheshwari J, Mhaskar VA. Essential Orthopaedics. 7th ed. New Delhi: Jaypee Brothers Medical Publishers; 2019. p. 298-300.

4. Sharma PV, editor. Caraka Samhita of Agnivesha, Chikitsa Sthana, Chapter 28, Verses 56-57. Reprinted. Varanasi: Chaukhambha Orientalia; 2017. p. 380.
5. Pandey G, Shukla RD. Panchakarma Vijnana. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2015. p. 220-225.
6. Angadi Ravindra, A textbook of Bhaisajya Kalpana Vijnan, Chaukhambha Surabharati Prakashan: 2021. p. 199-200.
7. Bhaisajya Ratnavali. Yogaraja Guggulu formulation. In: Pandey G, editor. 1st ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2014. p. 330-332.
8. Rasaratna Samuchchaya. Mahavatavidhanshaka Rasa. In: Acharya YT, editor. 1st ed. Varanasi: Chaukhambha Surbharati Prakashan; 2012. p. 128-130.
9. Bhaisajya Ratnavali. Maharsnadi Kwatha. In: Pandey G, editor. 1st ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2014. p. 340-342.
10. Tripathi R. Charaka Samhita (Text with English translation). Vol 1. Delhi: Chaukhambha Sanskrit Pratishthan; 2006. p. 135-140.
11. Huskisson EC. Measurement of pain. Lancet. 1974;2(7889):1127-31.
DOI: [10.1016/S0140-6736\(74\)90884-8](https://doi.org/10.1016/S0140-6736(74)90884-8)
PMID: 4139420
12. Hutchison R, Kumar P, Clark M. Hutchison's Clinical Methods. 24th ed. Edinburgh: Elsevier; 2018. p. 14-35.
13. Glynn M, Drake WM, editors. Hutchison's Clinical Methods: An Integrated Approach to Clinical Practice. 24th ed. Edinburgh: Elsevier; 2018. p. 271-274.
14. Glynn M, Drake WM, editors. Hutchison's Clinical Methods: An Integrated Approach to Clinical Practice. 24th ed. Edinburgh: Elsevier; 2018. p. 271-275.,
15. Douglas G, Nicol F, Robertson C. MacLeod's Clinical Examination. 14th ed. Edinburgh: Elsevier; 2018. p. 499-505.
16. Vagbhata. Ashtanga Hridaya with Sarvanga Sundari and Ayurveda Rasayana commentary, edited by Pandey K, Chunekar G. Chikitsa sthana. Ch.21, ver.33. Varanasi: Chaukhambha Orientalia; 2016. p 803.