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FROM PAIN TO RESTORATION: ACUTE LUMBAR DISC PROLAPSE MANAGED THROUGH AYURVEDA – A CASE REPORT

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ABSTRACT

Background: Intervertebral disc prolapse (IVDP) is a very prevalent Musculoskeletal disorder. In *Ayurveda*, conditions like *Gridhrasi* and *Katigraha* show features similar to lumbar radiculopathy, frequently associated with Vata-Kapha vitiation. **Objective**: This report correlates MRI-confirmed L5–S1 IVDP with *Vata-Kaphaja Gridhrasi* and evaluates the effect of integrative *Ayurvedic* therapy on pain and function. **Case report:** A 37-year-old female presented with acute low back pain radiating to the right lower limb, with heaviness, tingling and restricted mobility. MRI showed L5–S1 disc extrusion with neural compression. Previous symptomatic management failed and the patient declined surgery. **Intervention:** A 14-day *Ayurvedic* regimen included *Shodhana* (*Vaitharana Basti*), *Rukshana* (*Agnilepa, Nadisweda*), *Brimhana* therapies (*Kati Basti, Veshtana*)and *Shamanaoushadhis* (*Lashuna Rasayana, Yogaraja Guggulu, Vishamushti Vati, Avipattikara Churna*), targeting *Vata-Kapha* imbalance and neural compression. **Outcomes**: The patient had a marked reduction in radiating pain, stiffness and heaviness. Lumbar spine movements, walking ability, and functional scores improved (Oswestry Disability Index: 82% to 44%; Sugarbaker and Barofsky Scale: 7 to 19). She was able to perform her day-to-day activities independently. **Conclusion:** Integrative *Ayurvedic* management, incorporating *Shodhana, Rukshana, Brimhana,* and *Shamana* therapies, resulted in significant symptomatic and functional improvement in L5–S1 IVDP presenting as *Vata-Kaphaja Gridhrasi. These* data show a potential conservative alternative to surgical intervention.

Keywords: Low back pain, Intervertebral disc prolapse, *Vata-Kaphaja Gridhrasi*, *Panchakarma*, *Vaitharana basti,*

INTRODUCTION

Low back pain (LBP) is the most common musculoskeletal disorder globally and a leading cause of disability, impacting almost 70–80% of adults at some point in their life [1,2]. Among its structural causes, intervertebral disc prolapse (IVDP), particularly at the L4–L5 and L5–S1 levels, is a common etiology associated with radiculopathy. Clinically, it presents with radiating pain to the lower limb, positive nerve tension signs, sensory disturbances, and functional limitations [3,4]. Magnetic resonance imaging (MRI) is regarded as the gold standard for diagnosing disc herniation and assessing neural compression and spinal canal compromise [5].

In *Ayurvedic* literature, conditions characterized by low back pain, radiating pain, stiffness, and restricted mobility are described under entities such as *Gridhrasi* and *Katigraha*, mainly attributed to vitiation of *Vata Dosha* affecting the *Kati, Prushta,* and *Adhah Sharira* [6,7]. The classical description of *Gridhrasi* pain radiating from the hip to the *Pada* with *Stambha, Ruk, Toda,* and gait disturbance closely resembles lumbar radiculopathy due to disc herniation, supporting a cross-system diagnostic correlation [8]. *Ayurveda* advocates a holistic approach through *Shodhana* and *Shamana* therapies aimed at pacifying *Doshas*, relieving pain, restoring mobility and preventing recurrence [9,10]. Although advances in modern conservative and surgical care, many patients seek integrative therapies due to concerns regarding adverse effects, recurrence, and incomplete recovery [11]. Hence, this case study intends to correlate *Vata-Kaphaja Gridhrasi* with MRI-confirmed L5–S1 IVDP and evaluate the effect of an integrative *Ayurvedic* treatment protocol on pain and functional outcomes

Recent studies:

- A recent case report titled "Ayurveda management of an acute intervertebral disc prolapse: A case report" assessed the impact of multimodal management in an acute case of intervertebral disc prolapse (IVDP) using Ayurveda. The treatment modalities included a combination of Lepa, Upanaha, Pinda Sweda, and Vasti, which were given for 26 days. There was marked clinical improvement, with the Oswestry Disability Index decreasing from 45 to 0 and the Functional Rating Index decreasing from 40 to 2. A regular weekly reduction in pain and numbness was also noted using the Visual Analogue Scale.[12]

Case presentation:

A 37-year-old female with no history of diabetes or hypertension and previously in good health presented to the Kayachikitsa outpatient department at Shri Dharmasthala Manjunatheshwara Ayurveda Hospital, Udupi, Karnataks (OPD No-442674), with low back pain radiating to the right lower limb, along with pricking sensations and a feeling of heaviness in in the limbs.

About one and a half months earlier, the patient developed sudden low back pain after lifting a heavy object (a rice bag weighing about 20 kg) during household chores. In the following days, the pain radiated to the right lower limb and was described as pulling, with heaviness and pricking sensations. The pain started in the low back and extended along the lateral thigh to the heel. It worsened with prolonged standing, lifting, and forward bending, but improved with rest and hot fomentation. She sought care at a nearby hospital, where MRI showed IVDP at L5–S1. Symptomatic treatment did not help, and surgery was advised, which she dined. In the week before admission, her pain worsened, making her unable to walk more than 10 steps, sit for more than 10min carry out daily activities. She approached our hospital for further management. Personal history showed a non-vegetarian diet, reduced appetite, regular urination, occasional constipation, and sleep disturbance due to pain. No history of surgery, fall, trauma noted. Since last 1 month, the patient has been on analgesics and vitamin d capsules prescribed by the physician.

Clinical findings:

The patient was admitted in the IPD ward (IP no-191330) for further ayurvedic management. The General condition of the patient was anxious, reduced appetite and tongue appeared coated. The pulse was

78/min regular, respiratory rate 18/min, blood pressure 130/90 mm Hg, body weight 67 kg. The patient was oriented to time, place, and person. Cardiovascular, respiratory and gastrointestinal system revealed no abnormalities.

Observation showed a painful, slow, limping gait with heaviness. Local lumbar spine exam revealed loss of lumbar lordosis. Palpation showed tenderness at L4, L5, and S1. The straight leg raising test was positive at 10 degrees on the right, Braggard's, Faber's, and pelvic compression tests were positive on the right. Heel and toe walk were not possible. Flip test was positive. Neurological exam was normal, with normal lower limb reflexes and no motor or sensory deficits.

Dashavidha Pareeksha revealed *Vatapitta Prakruthi* with moderate *Ahara Shakti* and reduced *Jarana Shakti*. Based on the complete history signs and symptoms, *Vataja Gridhrasi*, *Katigraha* (ankylosing spondylosis), *Prushta Vankshana Sandhi Bhramsha* (lumbar spondylolisthesis) were considered for differential diagnosis.

Table 1 ***Dashavidha pareekshaya bhava***

Sl no	*Dashavidha pareekshya bhava*	Clinical findings
1	*Dushya*	*Dosha – Kaphanubandha Vata Dushya – Rasa/Snayu/Sira*
2	*Desha*	*Bhoomi Desha - Anoopa sadharana Deha Desha – Adho Kaya*
3	*Bala*	*Madhyama*
4	*Kala*	*Sharat*
5	*Anala*	*Mandagni*
6	*Prakruthi*	*Kapha vata*
7	*Vaya*	*Madhyama*
8	*Satva*	*Madhayama*
9	*Sathmya*	*Matsya and mamasa ahara, dadi sevana*
10	*Ahara*	*Katu ushna Madhura*

Diagnostic assessment:

MRI lumbar spine done from last health care institution was done on 05/07/2025 showed

- Diffuse posterior with posterocentral disc bulge/ extrusion at L5/S1 level indenting thecal sac. Spinal canal measure's 4.5mm. bilateral neural foramina comprise noted abutting the traversing nerve roots.
- Mild posterior disc bulge at L4/5 level without notable spinal canal narrowing or neural foramina compromise.

MRI done on 27/05/2025

- Diffuse central and bilateral paracentral disc bulge at L5/S1 intervertebral disc with prominent central extrusion component. There is significant indentation on thecal sac, traversing nerve root and narrowing of bilateral lateral recess. Lumbar canal measuring 6.8mm at this level. Ligamentum flavum hypertrophy at this level contributing to lumbar canal narrowing.
- Diffuse central and bilateral paracentral disc bulge at L4/5 intervertebral disc with small central protrusion component. There is indentation on thecal sac and narrowing of bilateral recess. Lumbar canal measures 13.5mm at the level.

Blood investigations showed normal C-reactive protein (CRP), negative RA and ASO, no dyslipidemia, and normal LFT and KFT.

Diagnosis: ***Vata kaphaja Gridhrasi (inter-vertebral disc prolapse)***

as the patient had severe back pain radiating to his left leg (*Sphik Purva Kati-Prushta-Uru-Janu-Jangha-Padam Kramat | Gridhrasi Stambha-Ruk-Todaih*), and limping gait was noted along with feeling of heaviness of right leg (*Vata Kaphat Tandra-Gaurava-Arochakanvita*). The reduced SLR of right leg (*Sakthi Utkshepam Nigruhnati*) confirms it as *Gridhrasi*.[13]

Patient Consent, Timeline of Therapeutic Intervention

After taking proper history and examination, Written informed consent was obtained from the patient before treatment. The patient was informed about the disease condition, proposed management and possible outcomes. Consent was also obtained for publication of clinical details and images, with assurance that identity would remain confidential and anonymity would be maintained. Treatment was planned for 14days. *Shodhana* with *Vaitharana Basti* was given for 7 days as detailed in Table 2. *Anuvasana* with *Bruhat Saindhava Taila* and *Bhair Parimarjana Chikitsa*, such as Sarvanga Alepa, for 7 days, Kati *Basti* with *Ashwagandha Bala Lakshadi Taila,* followed by *Nadisweda* to the whole back and both lower limbs. *Veshtana* was done to both lower limbs with *Ksheera Bala Taila*. *Shamanoushadi* were given along with the *Vaitharana Basti* course for 7 days, as listed in table 4. daily, *Vishamushti Vati* 2 tablets thrice daily, *Avipattikara Churna* 2.5gm at bedtime with warm water. *Pathya* was explained to the patient.

Table 2: Types of *Panchakarma* Treatment

Sl no	Date	Duration	*Panchakarma* Treatment
1	7/7/25-13/7/25	7 Days	*Sarvanga Agni lepa/Alepa*
2	7/7/25-13/7/25	7 days	*Nadisweda* to whole back and B/L lower limb after application of *Sandhalin*
3.	14/7/25-20/07/25	7 days	*Vaitharana basti* course, *matra basti* with *bruhat saindhava taila* (given alternate days)
4.	14/7/25-20/07/25	7 days	*Kati basti* with *ashwagandha bala lakshadi taila* f/b *nadi sweda* to lowback and B/L lower limbs
5.	14/7/25-20/7/25	7 days	*Veshtana* with *ksheerabala taila* to B/L lower limbs

Table 3: Schedule of *Anuvasana* and *Vaitharana Basti*

Date	14/7	15/7	16/7	17/7	18/7	19/7	20/7
Type of Basti	A	V	A	V	A	V	A

Table 4: *Sahmanoushadi*

Sl no	*Shamana oushadi*	Dose	Duration	Timing	*Anupana*

1	*Lashuna rasayana (500mg)*	*Rasayana* course	16 days	Empty stomach at 7am	With milk
2	*Vishamushti vati (250mg)*	2 tablets thrice daily	14 days	After food	With water
3	*Yagoraja guggulu (500mg)*	1 tablet thrice daily	14 days	After food	With water
4	*Avipattikara churna*	2.5gm night at bed time	14 days	After food at bed time	With warm water

Follow up and Outcomes:

By the end of treatment, the patient reported showing significant reduction in radiating and pricking pain, stiffness, heaviness, and tingling. She was able to sit in a chair, unlike her initial presentation in a wheelchair. Lumbar spine range of motion improved, allowing her to sit, walk, and perform daily activities more easily. Initially unable to walk more than 10 steps, she could later walk up to 200 meters without pain. Gait improved as well. No radiological assessments were done post-treatment. Both subjective and objective measures, including the Oswestry Disability Index and Sugarbaker and Barofsky Clinical Mobility Scale, were evaluated before and after treatment. On follow-up, she resumed daily activities previously stopped due to pain.

Table 5: Details of Assessment Parameters Before and After Treatment.

Sl. No	Criteria	Parameter	Before Treatment	After Treatment
1	Subjective criteria	Radiating pain from lumbar region to right leg	8+	3+
2		Pain while walking and sitting	9+	2+
3		Stiffness in lower back region and right leg	7+	4+
4		Tingling sensation in the right leg	4+	1+
5	Objective criteria	Straight leg raise test – right leg	Positive (10°)	Positive (40°)
6		Straight leg raise test – left leg	Negative	Negative
7		Bragard's test – Left	Negative	Negative
8		Bragard's test – Right	Positive	positive
9		On forward flexion	Limited to 40 cm above the ground with pain	20 cm above ground without pain

10		Right lateral flexion (using goniometer)	10° with pain	20° without pain
11		Left lateral flexion (using goniometer)	15° with pain	20° without pain
12		Extension (using goniometer)	10° with pain	15° without pain
13		Oswestry low back pain disability questionnaire [14]	82 %	44 %
14		Sugarbaker and Barofsky Clinical Mobility Scale [15]	7	19
15		Walking Distance	100 m with severe pain	300 m with moderate pain
16		Walking duration	7min taken to walk 100 m	4.2 min taken to walk 100m

DISCUSSION:

On Disease: Co-ordinated movement of vertebrae is essential for spinal flexibility, balance, and mobility. Intake of heavy, oily food and prolonged time in air-conditioned rooms can cause fat deposition in the intervertebral foramina, disrupting movement of *Vatadosha* as *Kaphadosha* accumulates and blocks normal Vata flow. In this patient, sudden heavy lifting disrupted vertebral movement, leading to disc displacement or protrusion. This is classified as *Aavarana Janya Vaata Prakopa*, where *Kaphadosha* accumulation blocks *Vatadosha*.. Management is aimed at addressing the root cause by correcting lifestyle.[17] Initially, *Apatarpana* is used to manage Kapha obstruction, followed by treatment to correct Vata imbalance to correct the underlying pathology and provide relief from symptoms.

On Panchakarma Treatment Procedure: The patient presented with sever low back pain, constipation, indicating aggravation of *vata,* especially *Apanavata.* The acute severity of pain and functional inability suggest *Samavata Avastha.*According to classics treatment should initially focus on *Amapachana*, *Rookshana* before administering *brimhana* therapies. Considering the intense pain and inability to ambulate, *Vaitharana Basti* though indicated in *samavastha* was temporarily withheld for first 7 days due to practical constraints and poor tolerance. Therefore, in initial phase for *Rooksanartha Agni Lepa* was administered and for pain management *Nadisweda* was planned.

After 7 days severity of pain decreased, and the mobility of the patient was improved and there was proper *Vatanulomna* then *Vaitharana Basti* was given as *Shodhana* and *Rookshna*. Once *Niramavastha* attained simultaneously along with *Vaitharana Basti Brumhana Chikitsa* like *katibasti* and *Veshtana* were planned.

Mode of action of *Agnilepa*:

Agnilepa is described as a form of *Niragni Upanaha Sweda*.[16] Descriptions regarding use of *Alepa / Pradeha* variety of *Upanaha* in case of *Vata Vikaras* using *Gandha Dravyas* is available. Chakrapani while commenting *Gandha Dravya* says

that the drugs mentioned in *Agarvadhya Taila* to be used.[18]

The *Agnichikitsa Lepa* ingredients are having *Ushna, Ruksha, Laghu, Tikshna* properties, exhibitparticular actions such aske *Amapachana, Deepana, Shothahara, Shoolahara, Vedanasthapana* which are required for the deminition of symptoms and relief for the patient from the agonizing pain.[19]

The probable mode of action of the selected *Lepa* may be as follows, the *Lepa* when applied to skin might have been absorbed into the system through sweat ducts and hair follicles. The specific action of *Svedana* process might have increased the quantum of reduction in pain. Owing to the *Gunas* of the drugs might have led to *Amapachana* in that region of application. This reduction in *Ama* may be the cause for the reduction in stiffness and heaviness. The gain in the range of movement of the stiffened joint may be due to the *Svedana* process. The relieving of *Srotorodha* at joints might have been achieved by specific action of *Sveda*, *Srotoshodhaka* actions of *Maricha* and *Lasuna* with the help of *Ushna* and *Tikshna* properties of the drugs used. This may be the cause for the reduction in the symptoms related with IVDP.[20]

a) Mode of action of *Nadisweda* [21]:

In the present case, *Nadi Sweda* was administered after the local application of *Sandhilin*, which acts synergistically. *Sandhilin* (A patented drug manufactured by SDM Parmacy which is combination of *dhanvantharataila*. *mahanarayanataila*, *karpuradi taiala*, *kottumchukaditaila*, eucalyptus oil) probable mode of action based on dravya is *Vatahara, Shothahara* and *Vedanasthapana* properties, reduces localized inflammation, pain and stiffness, softens superficial tissues and enhances absorption of active principles.

Nadi Sweda, a type of *Sagni Sweda*, uses *Ushna* and *Ruksha* properties to pacify aggravated *Vata* and morbid *Kapha*. Its thermal stimulus acts as a counterirritant, improving blood and lymphatic circulation, causing vasodilatation, increasing local metabolism, and reducing inflammatory mediators. Together, *Sandhilin* and *Nadi Sweda* may probably act by relieving *Stambha* (stiffness), *Gaurava* (heaviness), and *Shoola* (pain), relax paraspinal muscles, and improve mobility and functional capacity, making it an effective conservative approach in IVDP/*Vata-Kaphaja Gridhrasi*.

b) Mode of action of *Vaitharana Basti*:

Shodhana refers to purificatory procedures that eliminate vitiated *Doshas* from the body, thereby pacifying the disease. It not only supports in removing *Doshas* but also prevents the recurrence of the disease [22]. Among *Shodhana* therapies, *Basti* is considered particularly important. Since the *Pakvashaya* is the *Sthana* of *Vata*, *Basti* facilitates the elimination of vitiated *Vata* from its *Moolasthana*, thereby arresting the further progression of the disease [23].

Vaitarana Basti is composed of *Amalika, Guda, Saindhava, Gomutra,* and *Tila Taila* in a ratio of 4:2:1:16 [24]. The overall qualities of *Vaitarana Basti* can be described as *Laghu, Ruksha, Ushna,* and *Tikshna*, with most ingredients having *Vata-Kapha Shamaka* properties.[25] After administration, the *Basti Dravya* is absorbed through the large and small intestine. Its *Tikshna* property helps to overcome *Srotodushti* caused by *Sanga*, while the combination of *Laghu, Ushna, Tikshna,* and *Ruksha* qualities facilitates the removal of morbid mate-

rials from the body, breaking down the pathogenesis.[25] Due to these actions, *Vaitarana Basti* has shown significant improvement in the signs and symptoms of *Gridhrasi*.

c) Mode of action of *Kati Basti*:

In this case, degeneration of the intervertebral disc and disruption of *Shleshaka Kapha* compromise the sciatic nerve (*Gridhrasi Nadi*), leading to pain, irritation, and inflammation. *Kati Basti* administered at the L4–L5 region with *Ashwagandha Bala Lakshadi Taila* directly addresses the site of pathology (*Samprapti Sthana*), making the combined *Snehana* and *Swedana* therapy highly effective with rapid symptomatic relief.

The *Taila's Snigdha* (unctuous) and *Ushna* (hot) qualities, along with its *Vata-Kapha* pacifying and *Tridoshaghna* properties, help restore doshic balance in lower body *Vata* disorders. Its *Madhura* and *Tikta Rasa* support joint mobility (*Gati Viseshatvam*), while its nourishing (*Bruhana*), *Vata*-pacifying, digestive (*Pachana*), analgesic, and anti-inflammatory effects reduce nerve irritation and ease symptoms off nerve root compression. This therapy efficiently lessens *Kapha*-dominant features such as *Stambha* (stiffness), *Gaurava* (heaviness), and *Tandra* (tingling), enhances walking capacity, reduces pain intensity, and strengthens paraspinal muscles by stabilizing *Vata Dosha*.[26]

d) Probable Mode of action of *Veshtana*:

It is a specialized *Ayurvedic* procedure primarily aimed at *Vatasya Upakrama*.[27] Its therapeutic effects stem from its inherent *Gunas—Ushna* (hot), *Sthira* (stable), and *Guru* (heavy)—which counteract the vitiated qualities of *Vata*. *Ushna* neutralizes cold (*Sheeta*), *Guru* balances lightness (*Laghu*), and *Sthira* controls excessive mobility (*Chala*). *Veshtana* also provides a *Swedana* (sudation) effect, promoting *Stroto Shodhana* (channel cleansing) and *Gati Nigraha* (restriction of abnormal movement), enhancing *Vata* pacification.[27]

Probable mode of action of *Ashwagandha Bala Lakshadi Taila* When applied with , which is *Snigdha* (unctuous), *Ushna*, *Sthira*, and *Balya* (strength-promoting), *Veshtana* nourishes muscles, ligaments, and intervertebral structures while pacifying *Vata-Kapha*. This combination reduces pain, stiffness and nerve compression, restores spinal stability, strengthens supportive tissues and prevents further degeneration, making it highly effective in managing IVDP and *Vata-Kaphaja Gridhrasi*.[28]

On *Shamanaoushadi*:

a) Mode of action of *Lashuna Rasayana*:

Lashuna (*Allium sativum*) is an effective therapeutic agent in *Gridhrasi* due to its ability to pacify vitiated *Vata*, relieve pain and resolve *Avarana*. Its *Rasayana* action supports tissue nourishment and repair, while its *Shoolaprashamana* property directly addresses the painful pathology of *Vataja* disorders.[29] By correcting *Kapha*-induced obstruction and restoring the normal *Gati* of *Vata*, *Lashuna* becomes beneficial in both *Vataja* and *Vata-Kaphaja Gridhrasi*.

The patient was treated with *Lashuna Rasayana* using a structured escalating-dose protocol to secure safety and therapeutic adaptation. The regimen started with 12 capsules (500 mg each) daily with 200 ml of milk for 4 days, followed by successive increments of 24, 36 and 48 capsules, each for 4 days. *Sadyovirechana* with *Trivruth*

Lehya was given on the 17th day to prevent *Pitta* aggravation. This gradual dose escalation was followed according to Nagabala rasayana and is optimized therapeutic effect while minimizing adverse effects.[30] *Lashuna* acts at the level of *Pakvashaya* to regulate *Vata*. Milk as an *Anupana* facilitates deeper tissue delivery, especially to *Asthi Dhatu*, while also supporting *Vata* balance. This combination effectively corrects *Kaphavruta Vata*, the key pathological factor in *Gridhrasi*.[31]

From a contemporary biomedical perspective, aged garlic extract has been shown to exert strong anti-neuroinflammatory effects by modulating the NF-κB signaling. This dampening leads to reduced production of pro-inflammatory cytokines, inhibition of microglial activation, and protection against neuronal damage. Its antioxidant activity further prevents oxidative cellular injury, supporting nerve health and functional recovery.[32]

b) Mode of action of *Yogaraja Guggulu* [33]:

Yogaraja Guggulu contains a synergistic mixture of detoxifying herbs, including *Triphala, Chitraka* and *Vidanga* that work in conjunction with *Guggulu* to remove excess *Vata* from the joints as well as the nerves and muscles. The drugs have predominant property like *Tikta, Kashaya, Katu Rasa* and *Ushna, Ruksha Guna*, *Ushna Virya* and acts as *Kaphavata Shamaka*.[34]

Guggulu due to its *Lekhana* property scraps away the excessive *Jalamsha* and *Amatva*that have accumulated in the joints. *Dipana* and *Pachana Dravya* like *Shunti, Pippali, Pippalimula, help* the medicine to get metabolized easily and completely. *Rasoushadies* like *Naga Bhasma* and *Tamra Bhasma* does *Vardhana of Snayushakti* and *narabalakara*(has direct action on tendons and nerves). *Rasa Sindura* plays a vital role in controlling the function of *Vata* and strengthens the functions of motor neurons. *Abraka Bhasma, Vanga Bhasma* and *Tamra Bhasma* are beneficial in pacifying the aggravated *Vata*.[34]

Guggulu has *Katu Vipaka, Vedanasthapana, Deepana-Pachana, Rasayana* and hence, it has *Vatakaphashamaka, Amapachaka, Srotoshodhaka* properties which helps in breaking the pathogenesis of *Gridhrasi*.

c) Mode of action of *Vishamushti Vati* [35]:

It contains drugs like *Kupilu, Maricha, Indravaruni* which has *Tikta Katu Rasa*, *Laghu Ruksha Tikshna Guna*, *Ushna Veerya*, *Katu Vipaka*. *Vata-Kapha Shamana* and *Vedanasthapana* properties thereby reduce pain, stiffness and improve flexibility of joints.[35]

CONCLUSION:

This case demonstrates that a comprehensive Ayurvedic approach, including *Shodhana*, *Shamana* and *Bahya Chikitsa,* can be effective in managing *Vata-Kaphaja Gridhrasi* associated with intervertebral disc prolapse and radiculopathy. The combined application of *Vaitharana Basti*, external therapies such as *Agni Lepa*, *Nadisweda*, *Kati Basti*, and *Veshtana*, along with appropriate *Shamana Oushadhi*, resulted in significant clinical improvement.

The patient exhibits considerable reduction in pain, stiffness, tingling sensations, and limb heaviness, accompanied by improvements in functional mobility and daily activities. Objective assessments, including the Straight Leg Raise test, Oswestry Disability Index, and Sugarbaker and Barofsky

Clinical Mobility Scale, also demonstrated considerable improvement.

This case highlights that addressing the underlying *Samprapti, specifical*ly *Vata Prakopa*, *Kapha Avarana*, and *Asthi-Majja Dhatu Dushti, enables Ayurveda to provide* a holistic, non-invasive, and sustainable treatment option for degenerative spinal disorders.

Patient Perspective

The patient reported considerable relief from radiating pain, stiffness, and difficulty in walking after the treatment. She expressed that her quality of life improved considerably, as she was able to carry out daily activities independently, which was not possible before treatment. She also reported better sleep, reduced dependency on others, and improved confidence in movement. The patient was satisfied with the treatment outcome and expressed willingness to keep the advised *Pathya* and oral medications.

DECLERATION

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