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Review Article

Ayurveda Section

Efficacy of *Basti Chikitsa* for the Treatment of Prolapsed Intervertebral Disc (*Gridhrasi*): A Narrative Review

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ABSTRACT

Gridhrasi, a disorder rooted in vitiated *Vata*, manifests as radiating pain that begins in the gluteal region and extends sequentially to the lumbar, thigh, knee, calf, and feet. It is marked by symptoms such as *Stambha* (stiffness), *Ruka* (pain), *Toda* (pricking pain), and *Spandana* (pulsating sensation) in the affected areas, which significantly impact the patient's mobility and quality of life. In the Ayurvedic system of medicine, *Basti Chikitsa* (medicated enema) is recognised as one of the most effective treatments for pacifying vitiated *Vata Dosha* and managing the symptoms of *Gridhrasi*. The objective of the present review is to critically explore the therapeutic efficacy of *Basti Chikitsa* in the management of *Gridhrasi* {correlating with Prolapsed Intervertebral Disc (PIVD)}. PIVD is a condition characterised by the herniation of the nucleus pulposus through a tear in the annulus fibrosus of an intervertebral disc, often leading to nerve compression and radicular pain. Through an analysis of different *Niruha Basti* protocols documented in classical Ayurvedic texts and modern clinical studies. It is marked by symptoms such as *Stambha* (stiffness), *Ruka* (pain), *Toda* (pricking pain), and *Spandana* (pulsating sensation) in the affected areas, which significantly impact the patient's mobility and quality of life. In the Ayurvedic system of medicine, *Basti Chikitsa* (medicated enema) is recognised as one of the most effective treatments for pacifying vitiated *Vata Dosha* and managing the symptoms of *Gridhrasi*. The objective of the present review is to critically explore the therapeutic efficacy of *Basti Chikitsa* in the management of *Gridhrasi* (correlating with Prolapsed Intervertebral Disc (PIVD)). PIVD is a condition characterised by the herniation of the nucleus pulposus through a tear in the annulus fibrosus of an intervertebral disc, often leading to nerve compression and radicular pain. Through an analysis of different *Niruha Basti* protocols documented in classical.

Keywords: Enema, Radicular pain, Sciatica, Therapeutic approach, *Vata* vitiation

INTRODUCTION

Gridhrasi, as described in the *Vatavyadhi Chikitsadhyaya* of *Charak Samhita*, is a prevalent clinical condition marked by *Stambha* (stiffness), *Ruka* (pain), *Toda* (pricking pain), and *Spandana* (pulsating sensation) manifesting sequentially in the *Sphik* (gluteal region) *Kati* (lumbar), *Uru* (thigh), *Janu* (knee), *Jangha* (calf), and *Pada* (feet). This disorder is unique in that it falls under both *Nanatmaja Vata* and *Samanyaja Vata* disorder [1]. In its *Nanatmaja* form, *Gridhrasi* is primarily driven by vitiated *Vata Dosha*, while in its *Samanyaja* manifestation, the vitiated *Vata* combines with *Kapha Dosha*, leading to additional generalised symptoms such as *Tandra* (drowsiness), *Gaurava* (heaviness), and *Arochaka* (anorexia) [2].

From a modern medical perspective, *Gridhrasi* can be correlated with PIVD which may be associated with mechanical stress or injury to the spine [3]. PIVD is a neurological and musculoskeletal disorder in which the gel-like nucleus pulposus protrudes through a tear in the annulus fibrosus, often resulting in compression of adjacent spinal nerves. An IVD is structurally composed of a tough outer annulus fibrosus and a soft, gelatinous inner nucleus pulposus [4]. This condition progresses through four distinct stages: bulging, protrusion, extrusion, and sequestration The L4-L5 and L5-S1 spinal segments are particularly vulnerable to disc prolapse. This herniation can compress nerves in the spinal canal, leading to the characteristic radiating pain seen in *Gridhrasi* [5].

This nerve compression often results in radiculopathy a condition characterised by pain, numbness, tingling, and weakness that radiates along the nerve's pathway which is the primary clinical feature correlating with the symptoms of *Gridhrasi*.

In modern medical practice, the treatment for PIVD commonly involves the use of NSAIDs (Non Steroidal Anti-Inflammatory Drugs), muscle relaxants, and physical stabilisation techniques to manage symptoms and improve function. Long-term use of medications like NSAIDs and muscle relaxants may also carry potential side-effects, including gastric discomfort, sedation, mental confusion, and muscle weakness [6]. In cases where conservative management does not yield the desired results, surgical interventions such as discectomy may be considered as a next step. These approaches are designed to offer symptomatic relief and improve patient's quality of life. However, recurrence of PIVD has been noted in a percentage of cases, ranging from 1-21%, even after surgical procedures [7].

In Ayurveda, *Basti Chikitsa* (medicated enema) is regarded as one of the most potent and effective treatment for vitiated *Vata Dosha*. It is recognised for its comprehensive impact on the body and is therefore referred to as *Sarvaarthakari* [8]. It is believed that through balancing *Vata Dosha basti* is able to establish the equilibrium of *Doshas* and thus promoting optimal health and vitality. Some of notable examples of *Niruha Basti* offering distinct therapeutic benefits for the management of *Gridhrasi* include *Erandamooladhi Niruha Basti*, *Vaitarana Basti*, and *Vrushadi Basti* etc., [9,10]. These formulations of *Basti* are combinations of *Vatashamaka*, *Vatanulomaka*, *Balya*, and *Srotoshodhaka* (purifying) herbs. Depending of the *Dosha* involvement, chronicity of the disease, tailored approaches for *Basti* administration in the form of *Karma Basti, Kala Basti, and Yoga Basti* are practised [11].

A number of pro-inflammatory cytokines are connected to the pain and neuroinflammatory symptoms of PIVD, offering a biological rationale for the traditional *Gridhrasi* symptoms. For instance, the radiating leg pain is directly linked to higher levels of Interleukin-6 (IL-6), IL-8, Tumour Necrosis Factor-alpha (TNF-α),

and high-sensitivity C-Reactive Protein (hsCRP) in the blood [12]. This comprehensive correlation demonstrates that the ancient notion of *Vata* vitiation inducing a constellation of symptoms represents, at a fundamental level, a macro-level observation of the neuroinflammatory cascade that contemporary science can now elucidate at a micro-level [13].

The objective of this narrative review is to evaluate the therapeutic efficacy of *Basti Chikitsa* in the management of *Gridhrasi* (PIVD) by analysing clinical trial outcomes and elucidating the cytokine-modulating biological mechanisms of classical *Basti* formulations.

REVIEW OF LITERATURE

A comprehensive literature search was conducted across electronic databases, including PubMed, Scopus, Web of Science, Google Scholar, and ResearchGate, covering records published up to December 2025. Search strings combined MeSH and free-text terms such as '*Gridhrasi*', 'Sciatica', '*Basti*', 'Ayurvedic enema', and 'lumbar disc herniation'. Clinical trials, prospective observational studies, and pilot interventions evaluating *Basti* regimens in *Gridhrasi*/sciatica were incorporated [Table/Fig-1], whereas case reports and studies lacking validated clinical endpoints were excluded [Table/Fig-2] [14-18].

Database	Keywords and Boolean operators used	Articles retrieved*
PubMed	*("Gridhrasi"* OR "Sciatica*")* AND *("Basti"* OR "Ayurveda enema" OR *"Panchakarma")*	18
Scopus	("Sciatica" OR "Lumbar disc herniation") AND ("Ayurveda" OR "*Basti* therapy")	26
Web of Science	("Sciatica" AND "Ayurveda") OR ("Intervertebral disc prolapses" AND "*Basti*")	14
Google Scholar	"*Gridhrasi basti* treatment" OR "Ayurvedic enema sciatica"	36
ResearchGate	"*Gridhrasi Basti* clinical study"	21

[Table/Fig-1]: Literature search strategy.

DISCUSSION

The symptomatology of *Gridhrasi* (PIVD) may also be viewed from a modern perspective in terms of a neuroinflammatory disorder in which increased cytokines such as IL-6, IL-8, TNF-α, IL-1β, and CRP are related to the severity of pain, stiffness, nerve irritation, and systemic manifestations of low-grade inflammatory disease such as sickness behaviour characterised by anorexia, fatigue, and feelings of heaviness [19]. For instance, Schistad EI et al., [20] discovered a robust correlation between serum IL-6 levels and leg pain VAS scores, while Stürmer T et al., [21], demonstrated a connection between acute sciatic pain and elevated CRP levels [20,21]. TNF-α is also always high in radiculopathy, which makes nociceptive sensitisation worse [22]. *Stambha* may be linked to cytokine-mediated inflammation, as elevated IL-6 has been associated with musculoskeletal stiffness [23]. *Toda* and *Spandana* may arise from TNF-α and IL-1β- induced nociceptor sensitisation. Systemic features such as *Aruchi*, *Tandra*, and *Gaurava* may be explained by cytokine-mediated central neuroimmune mechanisms, as IL-1β, IL-6, and TNF-α are known to affect hypothalamic regulation, contributing to anorexia, fatigue, and a generalised sense of malaise [24]. Thus, the classical symptomatology may also be viewed from a modern context in which low-grade inflammatory disease is related to radicular pain and neuromuscular dysfunction. The association between PIVD and *Gridhrasi*, as mentioned in Ayurvedic texts,

S. No.	Author	Title	Intervention	Assessment criteria				
				Classical features	Result (improvement in %)	Modern parameters	Result (improvement in %)	
1.	Aswani PS and Lila AS 2017 [14]	Clinical evaluation of *Vrishadi Basti* in *Gridhrasi*	*Vrushadi Basti* + *Swedana Rooksha Sweda, Deepan Pachan, Patrapotli Swedan* followed *by yoga basti.*	Pricking pain Twitching Stiffness heaviness	80.6 78.79 95.6 100	SLR Rt. Leg SLR Lt. Leg	63.85 73.56	
2.	Kumar S et al., 2015 [15]	Evaluation of relative efficacy of *Karma Basti* in two formats in management of *Gridhrasi* WSR to sciatica	*Karma basti* Sample size -37 Group A-21, Group B-16 Group A- *Anuvasan* and *Niruh basti* administered on alternate day and total duration of *basti* - 30 days Group B - *Anuvasan* and *Niruh basti* administered on same day morning and evening and total duration - 18 days.	*Ruka* *Toda* *Stambha* *Spandana* *Aruchi* *Tandra* *Gaurava*	A 63.73 66.67 66.00 75 79.16 71.43 80	B 69 78.95 69.49 85.71 79.17 90 86.67	S.L.R Walking distance	A 57.14 70.31	B 63.64 75.90
3.	Sanjay M 2020 [16]	Effect of *Vaitarana Basti* in comparison with *Vrishadi Basti* in *Gridhrasi*: A research study	30 patients of *Gridhrasi* in two groups. Group A- *Vaitarana Basti* (*Kala Basti*) Group B -*Vrishadi Basti* (*Kala Basti*) after *Amapachana* with *Trikatu Churna.*	*Ruka* *Toda*	Not significant in both group		SLR test Lasegue test NPRS (pain scale) Walking time ODI (Disability index) Forward flexion Rt.lateral flexion Left lateral flexion Extension Rotation	Not significant result in both group	
4.	Lohith BA and Girish KJ 2013 [17]	Clinical study to assess the effect of *Yoga Basti* in *Gridhrasi*	10 patients who had classical sign and symptoms of *Gridhrasi.* Patients were suggested for *Yoga basti* in which three *Erandamooladi Niruha Basti* and five *Sahacharadi Taila Anuvasana Basti* were given.	*Ruka* *Toda* *Stambha* *Spandana* *Aruchi* *Tandra* *Gaurava*	58.3 60 65.30 50 66.60 47.80 60.8		SLR Walking distance Standing tolerance	44 61 59	
5.	Ali M et al., 2010 [18]	A clinical study of *Nirgundi Ghana Vati* and *Matra Basti* in the management of *Gridhrasi* with special reference to sciatica	A total of 119 patients were registered for the study, out of which 102 patients completed the treatment: 52 patients in Group A (*Nirgundi Ghan Vati*) and 50 in Group B (*Nirgundi Ghan Vati* + *Matra Basti*).	*Ruka* *Toda* *Stambha*	A 38.69 45.03 -	B 62.20 63 71	Group B Walking time SLR test Reflexes (knee/ankle jerk) Group A: Not clearly quantified Popliteal compression test and Muscle power – Not specified	59.82 55.97 up to 68.75	

[Table/Fig-2]: Numerous clinical studies showing *Basti Chikitsa* in treating Gridhrasi [14-18].
SLR: Straight leg raise

highlights the applicability of Ayurvedic treatment such as *Niruha Basti* in the management of this painful condition within modern medicine. A number of *Basti* formulations, including *Erandmooladi Basti, Vaitarana Basti,* and *Vrushadi Basti*, have demonstrated exceptional effectiveness in repairing damaged tissues, ligaments, and nerves in addition to symptom relief, making them a holistic treatment for PIVD. The route of drug administration via the rectum in *Basti* may increase the efficacy of the treatment since rectal administration partially bypasses hepatic first-pass metabolism via middle and inferior rectal venous drainage, is rapidly absorbed via the colonic venous plexus, and may increase the bioavailability of phytochemicals which may act on inflammatory mediators. The traditional preparation in *Vrushadi Basti* contains a number of plant extracts such as *Adhatoda vasica, Cedrus deodara, Piper longum, Sida cordifolia,* and *Dashamoola*, which are known to inhibit TNF-α, IL-6, IL-1β, COX-2, and nitric oxide synthase in experimental models. Classical features such as stiffness, twitching, pricking pain, and heaviness showed substantial relief. Objective assessment using Straight Leg Raise (SLR) test revealed improvement of right leg and left leg, and walking distance [25]. The *Erandamooladi Basti* preparation contains a number of plant extracts such as *Ricinus communis, Tinospora cordifolia, Withania somnifera, Punarnava*, and other herbs with documented or proposed cytokine-modulating effects; experimental models show suppression of TNF-α, IL-6, and IL-1β expression, suggesting attenuation of nociceptor sensitisation, neural irritation, and inflammatory tissue stress, while the unctuous and nourishing base may parallel tissue-protective and anti-inflammatory effects at the molecular level. The study reported moderate improvement in classical features such as *Stambha*, *Aruchi*, and *Ruka*. Objective parameters including SLR, walking distance, and standing tolerance also improved [26,27]. *Vaitarana Basti*, classically composed of *Chincha* (Tamarindus indica pulp), *Guda* (jaggery), *Saindhava Lavana* (rock salt), *Taila* (sesame oil), and *Gomutra* (cow's urine), provides osmotic, anti-inflammatory, and immunomodulatory benefits showing promise in reducing TNF-alpha and IL-6 levels in toxic inflammation studies, while *Gomutra* has shown promise in balancing cytokines by reducing pro-inflammatory cytokines and increasing IL-10 levels, suggesting potential benefits in alleviating general malaise and inflammatory responses. Modern assessment tools such as SLR, Lasegue's test, Numeric Pain Rating Scale (NPRS), Oswestry Disability Index (ODI), walking time, and spinal range of motion did not show significant improvement [28]. Taken together, these *Basti* formulations appear to target the same cytokine response that is implicated in the pathogenesis of radiculopathy, thus providing a biochemical rationale that explains the relief of symptoms that is discussed in Ayurvedic terms as the pacification of *Vata* and clearance of channels. In addition, therapeutic response is further augmented when *Basti* is supplemented with *Swedana* (local application of heat), which may be able to bring about instant analgesia through stimulation of large-diameter thermoreceptive fibers and dorsal horn inhibitory interneurons, which is in line with the gate control theory of pain [29]. Thus, it may be concluded that the therapeutic response seen with *Gridhrasi* is probably due to a synergistic theory of *Basti* formulations that bring about slow but sustained effects by inhibiting inflammation and modifying neural functions, while *swedana* brings about rapid relief of pain by activating the nervous system and inhibiting pain perception. Thus, it may be concluded that classical Ayurvedic formulations may be able to bring about therapeutic effects by activating various physiological mechanisms that bring about suppression of cytokines, modulation of neural functions, and enhancement of circulation, and that therapeutic benefits seen with various formulations may be due to the cumulative effect of multiple therapeutic agents that bring about pharmacological, physical, and circulatory effects [30].

Despite the encouraging results, the present state of evidence has several significant limitations. The majority of the literature is comprised of small-scale studies with single-centre designs and limited methodological strengths. Randomisation techniques, blinding, and allocation concealment are rarely reported, and control groups are also absent. The outcome measures also differ from study to study, and long-term follow-up information is also not available, which makes it difficult to assess the sustainability of treatment outcomes and their effect on recurrence. Future studies should concentrate on well-designed randomised controlled trials comparing standardised *Basti* regimens with conventional conservative management. The studies should also use standardised outcome measures such as NPRS, ODI, functional mobility scales, and quality-of-life scales. Multicentre trials with sufficient sample sizes and long-term follow-up would be highly useful in assessing the actual clinical utility of *Basti* therapy in the management of *Gridhrasi* and lumbar disc disease.

In conclusion, the available clinical evidence does suggest that *Basti* therapy may offer significant symptomatic relief and functional benefit in *Gridhrasi*. However, more robust clinical trials are needed before any conclusive opinion on its relative efficacy can be formed.

CONCLUSION(S)

The available clinical evidence suggests that *Basti Chikitsa* may offer meaningful symptomatic and functional improvement in *Gridhrasi*, clinically comparable to PIVD. Reported studies demonstrate reduction in classical symptoms such as pain, stiffness, and pricking sensation, along with improvement in objective parameters including SLR and functional mobility measures. Emerging biomedical correlations linking radiculopathy with inflammatory cytokines provide a plausible mechanistic basis for the observed therapeutic effects of *Basti* formulations possessing anti-inflammatory and immunomodulatory properties.

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