

Management of Lumbar Radiculopathy with Ayurveda: A Single Case Study

Journal of Pharmacology and
Pharmacotherapeutics
15(4) 431–441, 2024
© The Author(s) 2024
Article reuse guidelines:
[in.sagepub.com/journals-permissions-india](http://sagepub.com/journals-permissions-india)
DOI: 10.1177/0976500X241284042
journals.sagepub.com/home/pha
 Sage

Ankush Makode¹ , Shweta Parwe¹, Milind Nisargandha² and Punam Sawarkar¹

Abstract

Background: Lumbar radiculopathy refers to the compression of a nerve root as it exits the lumbosacral column. The word “radiculopathy” describes symptoms that develop when the lumbosacral nerve roots are compressed. This comprises varying degrees of radiating pain, numbness or tingling, weakness, and irregular gait. The patient was treated with Panchakarma procedures and Ayurvedic oral medications, resulting in satisfactory outcomes with no reported side effects.

Purpose: The study aimed to evaluate the effectiveness of Panchakarma and Ayurvedic oral medications in treating lumbar radiculopathy.

Methodology: A single case study of a 21-year-old male suffering from pain in the lumbar region radiating to the right leg, restricted movement, and difficulty walking and standing for nine months. He was treated with Panchakarma, including local massage, Katibasti, Matravasti, Niruha Vasti, and Patrapottali Sweda, followed by oral medications. Treatment was continued for 14 days.

Results: The patient’s symptoms have been monitored for 14 days. The outcome was satisfactory, and the patient’s quality of life significantly improved.

Conclusion: Interventions stated earlier give significant relief in the management of lumbar Radiculopathy.

Keywords

Ayurveda, lumbar radiculopathy, panchakarma, shaman chikitsa

Received 21 March 2024; revised 29 July 2024; accepted 06 August 2024

Introduction

Lumbar radiculopathy, marked by compression of nerve roots in the lumbar spine, is a significant cause of disability in developed countries, contributing substantially to annual healthcare costs. Epidemiological data indicates a lifetime prevalence of low back pain in the general population ranging from 60% to 90%, with 5% to 10% of individuals experiencing radiculopathy.^{1,2} Clinical manifestations typically include pain along a dermatomal pattern in the lower back, extending into the lower limbs, often accompanied by symptoms such as numbness, muscle weakness, and diminished reflexes. Notably, the absence of these neurological signs does not rule out the diagnosis of lumbosacral radiculopathy.³ *Ayurveda*, an ancient medicinal system, offers a holistic approach to managing lumbar radiculopathy, focusing on restoring bodily equilibrium through herbal remedies, dietary adjustments,

physical therapies, and lifestyle modifications. *Ayurvedic* medicines like *Panchakarma*, which involves detoxification and rejuvenation, are commonly used in treatment. Specific techniques include *Abhyanga* (oil massage), *Swedana* (herbal steam therapy), and *Basti* therapies such as *Katibasti*, *Niruhabasti*, and *Anuvasabasti*.⁴ Herbal treatments in

¹Department of Panchakarma, Mahatma Gandhi Ayurveda College, Hospital & Research Centre, Salod (H), Wardha, Datta Meghe Institute of Higher Education & Research (D.M.I.H.E.R.) (D.U.), Wardha, Maharashtra, India

²Department of Physiology Saveetha Medical College and Hospital, Thandalam, Saveetha Institute of Medical and Technical Sciences, Saveetha University Chennai, Tamil Nadu, India

Corresponding author:

Shweta Parwe, Department of Panchakarma, Mahatma Gandhi Ayurveda College Hospital and Research Centre Salod (H), Wardha, Maharashtra 442001, India.

E-mail: drshwetaparwe@gmail.com



Ayurveda for lumbar radiculopathy often incorporate anti-inflammatory and analgesic herbs such as *Guggula*, *Shallaki*, and *Ashwagandha*. A case report illustrates the use of Ayurvedic treatment in a patient diagnosed with lumbar radiculopathy, involving a comprehensive management plan encompassing *Panchakarma* procedures and oral herbal therapy.

Patients Information

A 21-year-old male patient of Hindu religion, residing in Wardha, presented to the Panchakarma Outpatient Department at Mahatma Gandhi Ayurveda College, Hospital & Research Center (MGACH&RC), Salod, Wardha. The patient reported a history of chronic lumbar pain radiating to the right leg, along with pain in multiple joints, restricted mobility, difficulty in ambulation and sitting, and generalized weakness. Despite previous allopathic treatment, his symptoms have progressively worsened, leading to his current consultation. The patient is a student from a middle socio-economic background.

Clinical Findings

A 21-year-old male patient presented to the Outpatient Department (OPD) of Panchakarma with a significant history of lumbar pain radiating to the right leg, multiple joint pain, restricted movements, difficulty in walking and sitting, and generalized weakness. The patient was experiencing severe pain, requiring assistance with ambulation, and was in visible distress, seeking urgent relief. The patient was in good health until nine months prior, when he began experiencing lumbar pain that radiated to his right leg. This prompted him to seek treatment at the Panchakarma OPD. Over the last month, the intensity of the pain worsened, rendering the patient unable to walk without support.

For the preceding nine months, the patient had been on a regimen of analgesics as prescribed by an allopathic physician. While these medications provided symptomatic relief, the symptoms recurred following cessation of the oral intake. The severity of the symptoms remained elevated whenever the analgesics were withdrawn. Consequently, he was admitted to the hospital for further treatment.

The patient's family history is not significant. He reports associated symptoms, including intermittent fever, weakness, and loss of appetite. On general examination, his vital signs were as follows: pulse rate of 82 beats per minute, blood pressure of 130/90 mm Hg, respiratory rate of 17 breaths per minute, and temperature of 98.0°F. His physical measurements include a height of 174 cm, a weight of 65 kg, and a body mass index (BMI) of 21.5 kg/m².

Timeline

Table 1 details the duration of clinical events, Investigations, Interventions, and procedures throughout the treatment.

Diagnostic Assessment

On physical examination, alterations in the Straight Leg Raise Test (SLRT) and reduced hip joint range of motion, indicative of lumbar radiculopathy, confirm the diagnosis. The diagnosis was made based on clinical symptoms and MRI findings. In *Ayurveda*, this condition is analogous to *Gridhrasi*. In Figure 1, MRI of the Lumbar Spine revealed a diffuse disc bulge at the L4-L5 and L5-S1 disk levels, while in Figure 2, an MRI of the Lumbar Spine shows early degenerative changes in the form of a diffuse disk. There were no indications of fractures, benign or malignant tumors, or anatomical or congenital deformities on MRI. In Figure 3, an X-ray of the hip joint (AP/Lat view) showed osteoporotic changes, excluding these factors from the differential diagnosis.

Therapeutic Intervention

In this case, the treatment of lumbar radiculopathy involves a multifaceted approach integrating Ayurvedic therapies (Panchakarma interventions), as outlined in Table 2 and oral medications as detailed in Table 3. *Sarwangsnehan* and *Patrapindaswedana* are employed to alleviate pain and inflammation through oleation and herbal fomentation. *Niruhavasti* and *Matravasti*, administered as *Yogabasti*, alongside *Panchatiktsheeravasti*, provide targeted enema therapies to detoxify and nourish the body. *Kati Basti* offers localized treatment to the lumbar region, enhancing relief. Additionally, the patient is prescribed Tab *Shallaki* XT, Cap. Neuron Plus, Tab. *Simhnadguggul*, and Tab. *Amvatarirasa* to address inflammation and joint health. Tab. *Ashwagandha* supports systemic strength and immune function, while *Dhavantaram oil* is used for *Snehapan* (internal oleation), and *Asthiposhakvati* aids in bone nourishment. This comprehensive regimen aims to manage symptoms, improve mobility, and promote overall well-being.

On discharge, the patient is prescribed the treatment regimen for lumbar radiculopathy as outlined in Table 4. Cap Neuron Plus, one capsule twice daily (BD); *Simhanadguggul*, three tablets three times daily (TDS) and *Asthiposhak Vati*, one tablet twice daily (BD). This combination of medications aims to manage pain, reduce inflammation, and support joint and bone health.

Follow-up and Outcomes

Subjective parameters assessed throughout the hospital stay are shown in Table 5. On the day of admission, the patient reported a pain level of 10 on the Visual Analog Scale (VAS) and a stiffness score of 4. By Day 7, the pain level had reduced to 7 and stiffness to 3. Further improvements were noted on the day of discharge (Day 15), with the pain level decreasing to 3 and stiffness to 1. At the first follow-up, the pain level was reported as 1, and stiffness remained at 1. By the second follow-up, pain and stiffness had been resolved entirely, with

Table 1. Shows Timeline.

Date	Clinical Events/Investigation	Intervention/Procedure
December 2021-February 2022	The patient experiences lumbar pain radiating to the right leg.	Analgesics
February 2022-June 2022	Lumbar pain, pain in multiple joints, restricted range of motion, difficulty walking and sitting, and generalized weakness. We managed with conventional treatment and other conservative management.	Analgesics, Calcium and Vitamin D supplements.
July 2022	Persistent pain in the lumbar region radiating to the right leg, including symptoms such as intermittent fever, weakness, and loss of appetite.	Analgesics, Calcium and vitamin D supplements.
August 1st, 2022-August 15th, 2022	The severity of pain increases. The patient requires assistance with ambulation and is in visible distress, seeking urgent relief.	<i>Sarwang Snehana with Karpooradi oil, Patrapinda Swedana, Alternate Niruha Basti And Matrabasti, Katibasti, with Dashmula oil, Dhanvantar oil Snehapana</i>
August 1st, 2022	Assessment on Day 1- VAS Score- 10, Stiffness- 4 Flexion of hip joint- 52° Extension of hip joint- 19° Left lateral flexion of hip joint- 17° Right lateral flexion of hip joint- 18° SLRT- Right leg- 45° Left leg- 75°.	Tab Shallaki XT 1 BD, Cap Neuron Plus 1, <i>Simhanadaguggul</i> 3 Tab. TDS, Tab <i>Amvatarirasa</i> 2 Tab. BD. Tab <i>Ashwagandha</i> 125 mg 2 Tab. BD. <i>Asthiposhakvati</i> 1 Tab. BD.
August 4th, 2022	MRI reveals early degenerative changes in the form of diffuse disc bulge at L4 L5 and L5-S1 disc level.	
August 7th, 2022-August 10th	Hospital stays. Improvement in the above complaint. VAS Score- 7, Stiffness- 3 Flexion of hip joint- 56° Extension of hip joint- 22° Left lateral flexion of hip joint- 21° Right lateral flexion of hip joint- 22° SLRT- Right leg- 60° Left leg- 75°.	<i>Sarwang Snehana with Karpooradi oil, Patrapinda Swedana, Alternate Niruha Basti And Matrabasti, Katibasti, with Dashmula oil, Tab. Shallaki XT 1 BD., Cap Neuron Plus 1, Simhanadaguggul</i> 3 Tab. TDS. Tab. <i>Amvatarirasa</i> 2 Tab. BD. Tab. <i>Ashwagandha</i> 125 mg 2 Tab. BD. <i>Asthiposhakvati</i> 1 Ttab. BD.
August 10th, 2022	Hospital stays. X-ray hip joint AP/Lat view reveals osteoporotic changes in the hip joint.	<i>Panchatikta Ksheera Basti</i>
August 15th, 2022	Pain and stiffness in the lower back resolved.	<i>Sarwang Snehana with Karpooradi oil, Patrapinda Swedana, Panchatikta Ksheera Basti, Katibasti, with Dashmula oil, Tab Shallaki XT 1 BD., Cap Neuron Plus 1 Cap BD. Simhanadaguggul</i> 3 Tab. TDS. Tab. <i>Amvatarirasa</i> 2 Tab. BD. Tab. <i>Ashwagandha</i> 125 mg 2 Tab. BD. <i>Asthiposhakvati</i> 1 Tab BD.

(Table 1 continued)

(Table 1 continued)

Date	Clinical Events/Investigation	Intervention/Procedure
August 15th, 2022	Discharge given VAS Score- 3, Stiffness- 1 Flexion of hip joint- 60° Extension of hip joint- 25° Left lateral flexion of hip joint- 25° Right lateral flexion of hip joint- 25° SLRT- Right leg- 75° Left leg- 75°.	Cap Neuron Plus 1 Cap BD, Simhanadaguggul 3 Tab TDS. Asthiposhakvati 1 Tab BD.
September 2022	Follow-up 1. No pain or discomfort in the lumbar region. No associated symptoms. VAS Score- 1, Stiffness- 1 Flexion of hip joint- 90° Extension of hip joint- 25° Left lateral flexion of hip joint- 25° Right lateral flexion of hip joint- 25° SLRT- Right leg- 80° Left leg- 90°.	Cap Neuron Plus 1 Cap. BD. Simhanadaguggul 3 Tab. TDS. Asthiposhakvati 1 Tab. BD.
December 2022	Follow-up 2 nd No pain or discomfort in the lumbar region. No associated symptoms. VAS Score- 0 Stiffness- 0 Flexion of hip joint- 120° Extension of hip joint- 30° Left lateral flexion of hip joint- 25° Right lateral flexion of hip joint- 25° Right leg- 80° Left leg- 90°.	Treatment Stopped.

scores of 0 for both parameters. These clinical improvements correlate with the management of lumbar radiculopathy, where the reduction in pain and stiffness indicates relief from nerve root compression and inflammation in the lumbar spine. The progressive decrease in symptoms aligns with the typical treatment outcomes for lumbar radiculopathy, reflecting the efficacy of the therapeutic interventions used during the patient's hospital stay.

Pain Scale (0 to 10)

- 0: No pain
- 1–3: Mild pain (Pain is present but does not interfere with daily activities)
- 4–6: Moderate pain (Pain interferes with daily activities, may require medication)
- 7–9: Severe pain (Pain significantly interferes with daily activities and requires strong pain relief measures)
- 10: Worst possible pain (Pain is incapacitating, preventing any daily activities)

Stiffness Scale (0 to 5)

- 0: No stiffness
- 1: Mild stiffness (Occasional stiffness, minimal interference with daily activities)
- 2: Moderate stiffness (Frequent stiffness, moderate interference with daily activities)
- 3: Severe stiffness (Persistent stiffness, significant interference with daily activities)
- 4: Very severe stiffness (Constant stiffness, significantly limits daily activities)
- 5: Incapacitating stiffness (Stiffness prevents any daily activities)

The progressive improvements in flexion, extension, lateral flexion, and SLRT test results over the 15-day hospital stay and two consecutive follow-ups, as shown in Table 6, indicate effective management of lumbar radiculopathy. These improvements demonstrate reduced nerve root compression

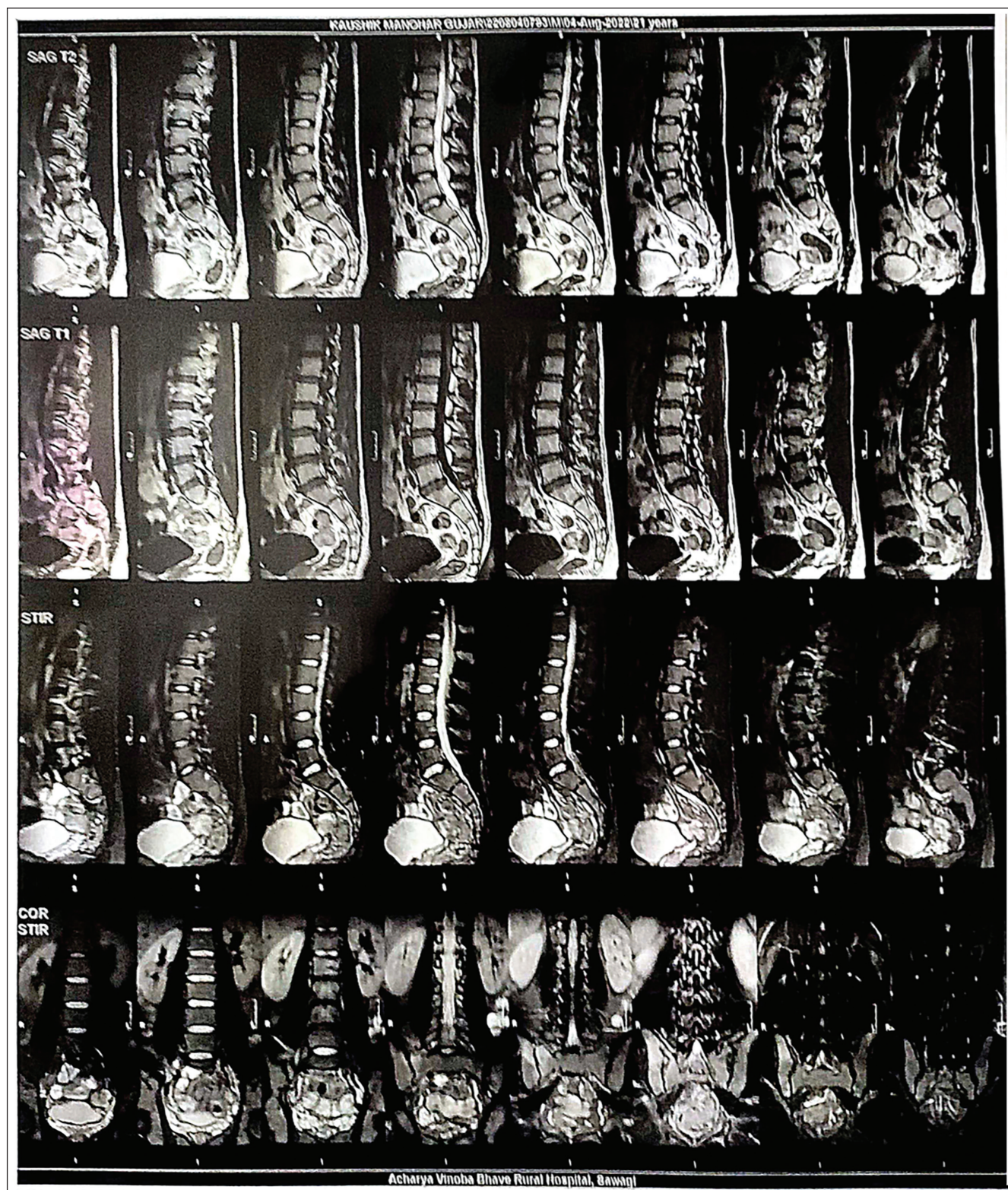


Figure 1. MRI Lumbar Spine Shows—The Bulge at L4-L5 and L5-S1 Disk Level seen in MRI Lumbar Spine.

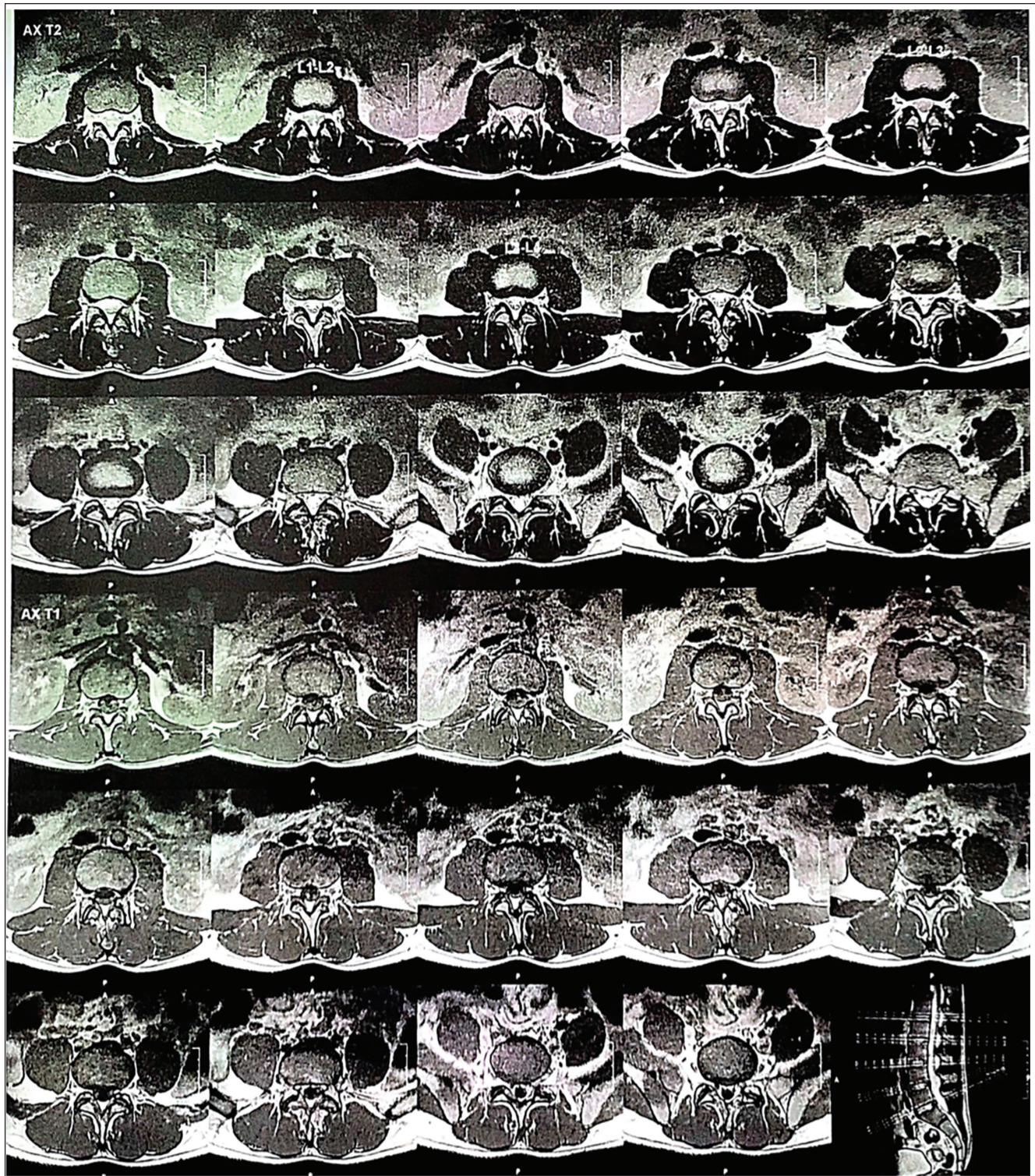


Figure 2. MRI Lumbar Spine Shows—Early Degenerative Changes in the Form of Diffuse Disk.

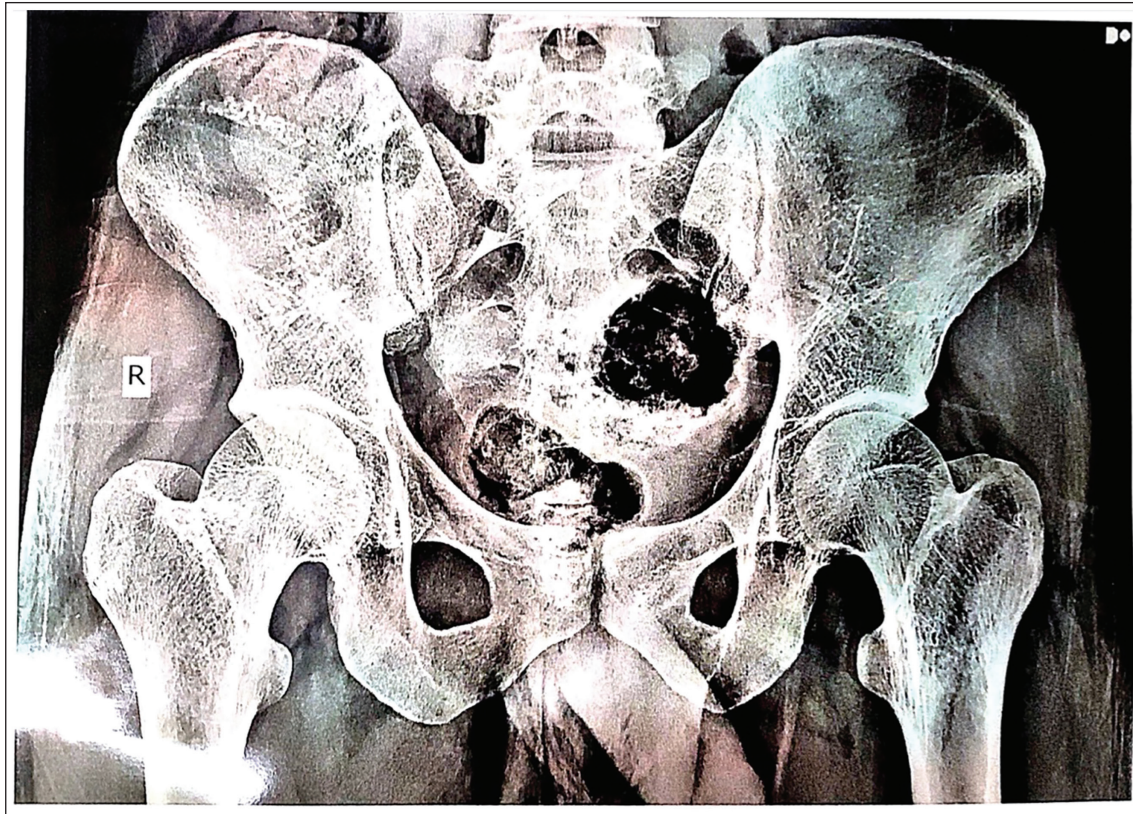


Figure 3. X-ray Hip Joint Shows Significant Osteoporotic Early Degenerative Changes.

Table 2. Shows Panchakarma Interventions.

Sl. No.	Type of Panchakarma Chikitsa (Panchakarma Interventions)	Drug	Dose	Time of Administration	Duration
1	Sarwangsnehana	Karpooradi Taila	As per requirement	Morning	15 days
2	Patrapindaswedana	Nirgundi Patra Arka Patra Saindhava Ghrita	As per requirement	Morning	15 days
3	Niruhavasti (yogabasti)	Guduchi+ Ashwagandha+Dashmula Saindhava Honey GuduchiSahachar oil	800 ml 10 gm 50 ml 10 gm 50 ml	Morning	For 4 alternate days
4	Matravasti (yogabasti)	Sahachar oil	50 ml	After food	For 3 alternate days
5	Kati Basti	Dashmulatail	100 ml	Morning	15 days
6	PanchatiktaKsheeravasti	Panchatikta ghrita, Goksheera, Panchatiktabharada	200 ml	After food	7 days

Table 3. Shows Oral Interventions.

Sl. No.	Medicine	Dose	Frequency	Time of Administration	Anupana (A Fluid Vehicle for Medicine)	Duration
1	Tab Shallaki XT	One tab	Two times	After food	Water	15 days
2	Cap Neuron Plus	One tab	Two times	After food	Water	15 days
3	Tab Simhnadguggul	250 mg Three tabs	Three times	After food	Water	15 days
4	Tab Amvatarirasa	250 mg Two tabs	Two times	After food	Water	15 days
5	Tab Ashwagandha	250 mg Two tabs	Two times	After food	Water	15 days
6	Dhanvantar oil Snehapan	30 ml	At morning	Before food	Warm water	From Day 1 to Day 4
7	Asthiposhakvati	One tab	Two times	After Breakfast	Milk	15 days

Table 4. Shows the Discharge Medication.

Sl. No.	Medicine	Dose	Frequency	Time of Administration	Anupana (A Fluid Vehicle for Medicine)	Duration
1	Cap Neuron Plus	One cap	Two times	After food	Water	One month
2	Simhanadaguggul	Three tabs	Thrice a day	After food	Water	One month
3	Asthiposhak vati	One tab	Two times	After food	Milk	One month

Table 5. Assessment of Subjective Parameters.⁵

Parameters	Day 0	Day 7	Day 15	First, Follow-up	Second, Follow-up
Pain (VAS)	10	7	3	1	0
Stiffness	4	3	1	1	0

Table 6. Assessment of Objective Parameters from Range of Motion of Hip Joint and SLRT Test.^{6,7}

Goniometer Reading	Day 0	Day 7	Day 15	First, Follow-up	Second, Follow-up
Flexion	52°	56°	60°	90°	120°
Extension	19°	22°	25°	25°	30°
Left lateral flexion	17°	21°	25°	25°	25°
Right lateral flexion	18°	22°	25°	25°	25°
SLRT test right leg	45°	60°	75°	80°	80°
SLRT test left leg	75°	75°	75°	90°	90°

and inflammation, increasing mobility and decreased pain, confirming the treatment protocol's efficacy.

The Normal Range of Motion (ROM) for the hip joint is as follows:

Flexion and Extension
 Flexion: 0 to 120 degrees
 Extension: 0 to 30 degrees
 Lateral Flexion (Side Bending)
 Right Lateral Flexion: 0 to 25 degrees
 Left Lateral Flexion: 0 to 25 degrees

Standard Range - The SLRT is 0 to 90 degrees commonly used to assess for lumbar radiculopathy, particularly in cases of suspected disk herniation causing nerve root irritation. The usual range of motion for the SLRT is as follows:

Discussion

The progressive onset of lumbar pain, exacerbated in the morning, with restricted movement and mobility issues, indicates lumbar radiculopathy. *Ayurvedic* treatments provide a multifaceted approach to manage this condition effectively.

Medications provide analgesic effects, improving the patient's quality of life and functional capacity. Therapies aimed at reducing stiffness and improving joint function, restore mobility and enhance physical function. Targeted physical therapies and exercises improve lumbar spine flexibility and hip joint range of motion, reducing mechanical stress on the spine. The holistic *Ayurvedic* management plan, including dietary modifications and lifestyle changes, promotes overall well-being, supporting natural healing processes and preventing recurrence. This comprehensive approach alleviates acute symptoms and fosters long-term recovery and spinal health maintenance.

In *Ayurveda*, a massage known as *Abhyanga* (*Sarwanga Snehana*) involves a focused application that increases blood flow and offers numerous health benefits, including easing physical and mental fatigue, strengthening the musculoskeletal system, reducing body heaviness and stiffness, and imparting a sense of lightness.⁸ *Sarwanga Snehana* with *Karpooradi Taila*, an *Ayurvedic* formulation with camphor (*Karpooram*) as the principal ingredient and coconut oil as the base, effectively reduces muscle soreness through its nutrient-rich composition that penetrates deeply into the skin. Camphor (*Cinnamomum camphora*) also serves as a topical analgesic, antibacterial, antispasmodic, anti-inflammatory, expectorant, and cold suppressant and possesses stimulant, diaphoretic, thermogenic, and fragrant properties.^{9,10} *Patrapinda Sweda*, a type of *Sweda*, uses *Vatahara* drugs like *Nirgundi Patra* and *Arka Patra*, roasted with salt and oil and formed into a bolus tied in a cloth. This warm bolus is gently massaged over the painful area, improving blood circulation, resolving *Dosha* imbalances, strengthening muscles, aiding toxin release, reducing inflammation, promoting muscular tone, and enhancing tissue functionality.¹¹ *Niruhavasti*, incorporating *Ashwagandha*, *Dashmula*, *Guduchi*, *Saindhav*, honey, and *Sahachar* oil, utilizes *tikshna*, *ushna*, *vyavayi*, and *oshadha* to expel vitiated *doshas* from the body, functioning uniquely by transmitting the *Veerya* of *Basti* throughout the entire body, akin to water nourishing a plant.¹² *Matravasti* with *Sahachar* oil, a frequently used traditional oil in *Panchakarma*, maintains neuromuscular health through its soothing and calming phytochemicals on muscles and ligaments, providing anti-inflammatory and pain relief benefits.¹³ *Panchatikta Ksheerabasti* delivers the impact of *Anuvasanvasti*, nourishing *Asthi dhatu*, which has an affinity for *Tikata rasa*; combined with milk and ghee, it rectifies pathophysiology and enhances bone development.¹⁴ *Kati Vasti* with *Dashmula Taila* involves retaining oil in the lower back area, reducing back discomfort, relieving numbness from nerve compression, and strengthening back muscles to maintain the spine's natural curve in bone tissues.¹⁵

Tab Shallaki XT is recommended for musculoskeletal disorders, gout, and spondylitis. Its primary component, *Boswellia serrata*, is well known for reducing inflammation, stiffness, and joint discomfort. The other ingredients include *Erandmool* and *Guduchi*, which effectively treat autoimmune

illnesses, reduce inflammation, and decrease joint pain.¹⁶ Cap. *Palsineuron* contains herbal-mineral ingredients that improve metabolic function, enhance the functionality of the central and peripheral nervous systems, readily activate neuromuscular communication, improve tissue oxidation, and regulate blood supply in related areas.¹⁷ Tab *Simhanada Guggul*, also known as *Vatari Guggul*, is primarily used to treat and manage various joint aches, swelling, stiffness, and inflammation brought on by gout and rheumatoid arthritis, possessing powerful anti-rheumatic, detoxifying, anti-toxin, antimicrobial, anti-pruritic, depurative, laxative, anti-gout, and demulcent properties.¹⁸ Tab *Amvatarirasa* contains naturally calcium-rich and anti-inflammatory herbs that strengthen bone structure, lower inflammation, ease joint discomfort, increase flexibility, remove toxins, and provide long-lasting treatment for aching joints.¹⁹ Tablet *Ashwagandha* helps with atonic nerves, fainting, giddiness, and insomnia, being a calming and nervine tonic. It has received extensive research for its wide range of pharmacological effects, including antioxidant, anxiolytic, adaptogen, memory-improving, anti-venom, anti-inflammatory, anti-cancer properties, cardiovascular protection, antibacterial activity, and immunomodulation.²⁰ Tab *Asthiposhakvati*, denoting the *Poshaka* of all *Dhatus*, is an anti-stress, antimicrobial, anti-inflammatory, antioxidant, and immuno-modulator nutritional supplement.²¹ *Dhanwantaram Taila* is an excellent nervine tonic that prevents nerve irritability and can calm *Vata* and *Pitta*. It also aids in reviving atrophied muscle conditions because it includes alkaloids with regenerative properties. It contains the sympathomimetic medication ephedrine, and *Sidacordifolia* has anti-inflammatory effects and raises pain tolerance.²²

Conclusion

This single case study highlights the potential effectiveness of *Ayurveda* in managing lumbar radiculopathy. The holistic approach of *Ayurveda*, which includes herbal medications, therapeutic procedures, and lifestyle modifications, demonstrated significant improvement in the patient's symptoms and overall quality of life. The reduction in pain, increased mobility, and enhanced functional capacity observed in this case support the integration of *Ayurvedic* treatments in managing lumbar radiculopathy.

Patient's Perspective

"The *Ayurvedic* treatment plan prescribed to me included herbal medications, regular therapeutic massages, and specific lifestyle and dietary changes. While the regimen required discipline, the gradual reduction in pain and improved mobility were encouraging. The holistic nature of *Ayurveda* not only addressed my physical symptoms but also improved my overall well-being".

“The personalized care and attention I received from my Ayurvedic practitioner made a substantial difference. This approach has given me a new perspective on managing my condition and provided a sustainable recovery path. I am grateful for the improvement in my quality of life and the empowerment I feel in managing my health through Ayurveda”.

Abbreviations

OPD: Out Patient Department, **BMI:** Body Mass Index, **VAS:** Visual Analog Scale, **SLRT:** Straight Leg Rise Test, **Tab:** Tablet, **Cap:** Capsule, **BD:** Bis in Die (Twice a day), **TDS:** Ter Die Sumendum (Three Times a day), **MRI:** Magnetic Resonance Imaging.

Acknowledgments

We would like to express our sincere gratitude to Datta Meghe Institute of Higher Education and Research Wardha, Mahatma Gandhi Ayurveda College Hospital and Research Centre, Salod, Wardha, Maharashtra, for providing us with the necessary resources and access to information that was crucial for our study. Special thanks to the Department of Panchakarma for their assistance in data collection and analysis.

We are also grateful to the participant of our study, who generously shared their time and experiences, making this research possible. His contributions were vital in providing a comprehensive understanding of the case.

Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Ethical Approval

Not applicable.

Funding

The authors disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: Datta Meghe Institute of Higher Education and Research Wardha, Mahatma Gandhi Ayurveda College Hospital and Research Centre, Salod, Wardha, Maharashtra.

Informed Consent

I have been informed about the nature and purpose of the case report on lumbar radiculopathy. I have had the opportunity to ask questions and have received satisfactory answers. I understand that my participation is voluntary and that I can withdraw my consent at anytime without affecting my medical care.

ORCID iD

Ankush Makode  <https://orcid.org/0009-0007-0231-0415>

References

1. Frymoyer JW. Back pain and sciatica. *N Engl J Med* 1988; 318(5): 291–300. DOI: 10.1056/NEJM198802043180506, PMID 2961994.

2. Huysmans E, Goudman L, Van Belleghem G et al. Return to work following surgery for lumbar radiculopathy: A systematic review. *Spine J* 2018; 18(9): 1694–1714. DOI: 10.1016/j.spinee.2018.05.030, PMID 29800705.
3. Bhandge AK and Prashanth AS. Gridrasi (lumbar radiculopathy)-a case study. *J Ayurveda Integr Med Sci* 2024; 9(3): 208–215. DOI: 10.21760/jaaims.9.3.33.
4. Verma P, Kanaujia S, Surve S, et al. Approach and management strategies for radicular low back pain in Ayurveda: The classical and emerging methods. *Int J Life Sci Pharm Res* 2024; 14(2): L1–L7. DOI: 10.22376/ijlpr.2024.14.2.L1-L7.
5. Parchake A, Parwe S and Nisargandha M. Management of gridhrasi (Sciatica) through Panchakarma and shamana chikitsa: A case study. *Asian J Biomed Pharm Sci* 2022; 12(92): 138.
6. Makode A, Parwe S, Sawarkar P, et al. Evaluation of Comparative efficacy of Gokshura Taila Matravasti versus Ashwagandha Taila Matravasti in the Management of Katigraha (Pain and Stiffness in the Lower back): A randomized controlled trial. *J Xi'an Shiyu Univ Nat Sci Ed* 2022; 18.
7. Series LS. *Int J Ayur Pharm Res* 2022; 10(6): 83–86.
8. Sharma D, Mangal G and Garg R. Ayurveda Abhyanga (massage) procedure-a review. *World J Pharm Res* 2023; 6(6): 147–151.
9. Parchake A, Parwe S and Nisargandha M. Management of gridhrasi (Sciatica) through Panchakarma and shamana chikitsa: A case study. *Asian J Biomed Pharm Sci* 2022; 12(92): 138.
10. Mohan M and Sawarkar P. Ayurvedic management of Gridhrasi with special respect to sciatica: A case report. *J Indian Syst Med* 2019; 7(2): 131. DOI: 10.4103/JISM.JISM_38_19.
11. Bhusal N, Prakash S and Man G. Review on Patra Pinda Sweda: A peculiar ayurveda bolus fomentation. *Int Ayurvedic Med J* 2017; 5(5).
12. Gupta PK and Sigh RH. A conceptual study on vasti effect. *Anc Sci Life* 2001; 20(3): 54–59. PMID 22557012.
13. Singh SK, Rajoria K and Kumar A. A comparative clinical study of Janu Basti (medicated oil retention over knee) and Matra Basti (medicated oil enema) with Sahachara Taila along with Adityapaka Guggulu on osteoarthritis of knee joint. *An Int Q J Res Ayurveda* 2023; 44(3): 96–102. DOI: 10.4103/AYU.AYU_219_17.
14. Singh SK and Rajoria K. Clinical study on Lakshadi Guggulu and Panchatikta KsheerVasti in osteoarthritis of knee joint. *J AYUSH Ayurveda Yoga Unani Siddha Homeopath* 2014; 3: 4.
15. Nisargandha MA, Parwe S, Wankhede SG, et al. Nerve conduction studies on patients of sciatica. *Int J Biol Med Res* 2017; 8(3): 6050–6052.
16. Varma S, Sawarkar P, Sawarkar G, et al. Management of AdhogAmlapitta with Ayurveda: A case study. *Int J Health Sci* 2022; 6(Suppl 2): 1050–1061. DOI: 10.53730/ijhs.v6nS2.5056.
17. Kamar CL, Hossain MI, Sangeeta T, et al. Role of Panchakarma therapy in the management of Pakshaghata: A case study. *Int J Pharmacol Res* 2020; 12(3).
18. Bhardwaj U and Sharma R. Review on Simhanada Guggulu and its medicinal properties. *Int Res J Ayurveda Yoga* 2022; 5(9): 156–159.
19. Balkrishna A, Sakat SS, Joshi K, et al. Anti-inflammatory and anti-arthritis efficacies of an Indian traditional herbo-mineral medicine “DivyaAmvatari Ras” in collagen antibody-induced arthritis (CAIA) mouse model through modulation of IL-6/IL-1 β /TNF- α /NF κ B signaling. *Front Pharmacol* 2019; 10: 659. DOI: 10.3389/fphar.2019.00659, PMID 31333447.

20. Paul S, Chakraborty S, Anand U, et al. Withaniasomnifera (L.) Dunal (Ashwagandha): A comprehensive review on ethnopharmacology, pharmacotherapeutics, biomedicinal and toxicological aspects. *Biomed Pharmacother* 2021; 143: 112175. DOI: 10.1016/j.biopha.2021.112175, PMID 34649336.
21. Misar S and Pathak AP. Management of Grudhrasi (Sciatica) – a case study. *J Indian Syst Med* 2017; 5(4): 272–275.
22. Anup J, Arun G and Ashok K. Management of quadriplegia induced by spinal cord injury with panchakarma – a case study. *Int J Ayur Pharm Res* 2016; 4(5): 72–78.