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A CLINICAL STUDY ON *GRIDHRASI* (SCIATICA) AND ITS MANAGEMENT WITH *NIRGUNDI*: AN AYURVEDIC PERSPECTIVE

Dr. Babendra Singh¹, Dr. Krishan Kumar²

¹Associate Professor, Department of *Panchkarma*, Bhartiya Ayurvedic Medical College, J.P. Nagar, Gajraula

²Associate Professor, Department of *Kayachikitsa*, Sanjeevani Ayurvedic Medical College, J.P. Nagar, Gajraula

Corresponding Author: Dr. Babendra Singh, Associate Professor, Department of *Panchkarma*, Bhartiya Ayurvedic Medical College, J.P. Nagar, Gajraula

Email: babendra.singh.88@gmail.com

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Abstract

Background: *Gridhrasi* is described in Ayurveda as a *Vata*-dominant disorder characterized by pain, stiffness, pricking sensation, and restricted movement extending from the lower back or buttock towards the lower limb. Its clinical presentation may resemble sciatica, which commonly involves radiating pain associated with irritation or compression of lumbosacral nerve roots. **Aim:** To review the clinical evidence concerning the use of *Nirgundi* (*Vitex negundo* Linn.) in the management of *Gridhrasi*, with particular reference to pain, stiffness, straight leg raising (SLR), walking ability, and associated symptoms. **Materials and Methods:** This article presents a literature-based analysis of a published clinical study involving 119 registered patients with *Gridhrasi*. Participants were allocated to two treatment groups. Group A received oral *Nirgundi Ghana Vati*, while Group B received oral *Nirgundi Ghana Vati* combined with *Nirgundi Taila Matra Basti*. The published study evaluated subjective symptoms, clinical findings, and neurological parameters, with a one-month follow-up. **Results:** Of the 119 registered patients, 102 completed treatment: 52 in Group A and 50 in Group B. Both groups demonstrated improvement. The combined-treatment group showed greater reported relief in several symptoms and clinical parameters, including pain, pricking sensation, stiffness, SLR findings, and walking time. However, the reported difference in the overall effect between the two groups was statistically non-significant. **Conclusion:** Published clinical evidence suggests that *Nirgundi*-based treatment may have a role in the management of *Gridhrasi*. The addition of *Matra Basti* showed favourable trends in several outcomes, but larger, well-designed clinical trials are needed to establish efficacy and safety conclusively.

Keywords: *Gridhrasi*, Sciatica, *Nirgundi*, *Vitex negundo*, *Ghana Vati*, *Matra Basti*.

1. Introduction

Gridhrasi is described among the *Vata Nanatmaja Vyadhis* in Ayurveda. Its characteristic manifestations include *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness), and *Spandana* (twitching or pulsation). The symptoms typically extend from the *Sphik* (buttock) and *Kati* (lumbar region) towards

the *Uru* (thigh), *Janu* (knee), *Jangha* (leg), and *Pada* (foot). In *Vata-Kaphaja Gridhrasi*, additional features such as *Aruchi* (loss of appetite), *Tandra* (drowsiness), and *Gaurava* (heaviness) may be present^{1&2}.

Sciatica is a clinical syndrome involving radiating pain along the distribution of the sciatic nerve, often associated with irritation or compression of lumbosacral nerve roots. Disc herniation and degenerative spinal conditions are among its possible causes. Clinical assessment is therefore essential to identify the underlying pathology and exclude serious neurological conditions^{3&4}.

In Ayurvedic management, treatment is selected according to *Dosha* involvement, symptom severity, disease chronicity, and the patient's overall condition. *Nirgundi* (*Vitex negundo* Linn.) is a medicinal plant traditionally used in conditions associated with pain and inflammation. Experimental pharmacological literature has reported analgesic and anti-inflammatory activities, although such findings do not independently establish clinical effectiveness in human sciatica.

A published clinical study by Ali and colleagues investigated *Nirgundi Ghana Vati* alone and in combination with *Nirgundi Taila Matra Basti* in patients with *Gridhrasi*. The findings provide a basis for examining the potential clinical role of *Nirgundi*-based treatment⁵.

2. Aim and Objectives

Aim

To evaluate the published clinical evidence concerning *Nirgundi*-based management of *Gridhrasi* (Sciatica).

Objectives

- To examine the reported effect of *Nirgundi Ghana Vati* on the symptoms of *Gridhrasi*.
- To assess the additional outcomes reported when *Matra Basti* with *Nirgundi Taila* was combined with oral treatment.
- To review changes in pain, stiffness, pricking sensation, SLR findings, and walking ability.
- To discuss the Ayurvedic rationale and limitations of the available clinical evidence.

3. Materials and Methods

3.1 Study design

This article is a literature-based clinical evidence review of a previously published comparative clinical study. It does not report a newly conducted clinical trial.

3.2 Source of clinical evidence

The principal clinical source was the study by Ali M, Shukla VD, Dave AR, and Bhatt NN, published in *AYU* in 2010. The study examined *Nirgundi Ghana Vati* alone and in combination with *Matra Basti* for *Gridhrasi*.

3.3 Study population

A total of 119 patients were registered in the original study. Of these, 102 completed treatment: 52 in Group A and 50 in Group B.

The reported age range was 20-60 years. Selection was based on characteristic *Gridhrasi* symptoms, tenderness along the sciatic nerve, and clinical assessment, including the straight leg raising test.

3.4 Inclusion criteria reported in the original study

- Patients aged 20–60 years.

- Clinical features including *Ruk*, *Toda*, *Stambha*, and *Spandana* involving the buttock, lumbar region, thigh, or lower limb.
- Tenderness along the course of the sciatic nerve.
- Clinical findings assessed using the SLR test and other relevant examination parameters.

3.5 Exclusion criteria reported in the original study

Patients with spinal tumours, tuberculosis of the vertebral column, uncontrolled diabetes mellitus, cardiovascular disease, or pregnancy were excluded.

These are the criteria reported in the historical study and should not be interpreted as a complete contemporary screening protocol.

3.6 Treatment groups

Group A: Oral *Nirgundi Ghana Vati*

The published protocol used 500 mg tablets, two tablets three times daily after meals, with lukewarm water, for 30 days. Local *Abhyanga* with *Nirgundi Taila* and *Swedana* were also provided for 21 days according to the study schedule.

Group B: Oral *Nirgundi Ghana Vati* with *Matra Basti*

The same oral regimen and local treatment were combined with *Matra Basti* using 60 mL of *Nirgundi Taila* for 21 days, according to the published protocol.

The original study included a one-month follow-up.

These details describe the historical research protocol and are not an individualized prescription. Any clinical use requires assessment by a qualified physician, appropriate product standardization, and consideration of contraindications.

3.7 Assessment parameters

The original study assessed the following:

- *Ruk* (pain).
- *Toda* (pricking sensation).
- *Stambha* (stiffness).
- *Spandana* (twitching or pulsation).
- Straight leg raising test.
- Walking time.
- Relevant neurological findings, including reflexes.

3.8 Statistical analysis

The original investigators reported the use of means, standard deviations, standard errors, percentages, Student's t-test, and the chi-square test. The published report described some symptom-level improvements as statistically significant, while the overall difference between the treatment groups was nonsignificant.

No new statistical analysis has been performed for this article.

4. Results

4.1 Patient completion

Parameter	Group A	Group B
Patients registered	64	55
Patients completing treatment	52	50
Patients not completing treatment	12	5
Treatment	<i>Nirgundi Ghana Vati</i>	<i>Nirgundi Ghana Vati + Matra Basti</i>

Overall, 102 of the 119 registered patients completed treatment.

4.2 Reported clinical improvement

The published report found improvement in both treatment groups. The combined-treatment group demonstrated greater relief in several reported parameters.

Clinical parameter	Reported outcome in Group B
<i>Ruk</i> (pain)	Approximately 62% relief
<i>Toda</i> (pricking sensation)	Approximately 63% relief
<i>Stambha</i> (stiffness)	Approximately 71% relief
SLR test	Approximately 56% improvement
Walking time	Approximately 60% improvement

These figures are approximate values reported in the original publication. They should be interpreted as the outcomes of that specific study, not as guaranteed treatment effects or newly generated results.

4.3 Statistical interpretation

The original publication reported statistically significant improvement in certain symptoms, including *Ruk*, *Toda*, and walking time, in both groups. Improvement in *Spandana* was also reported as significant. However, the overall difference in treatment effect between the groups was not statistically significant.

The results therefore suggest a favourable trend for combined treatment, but do not establish that adding *Matra Basti* is definitively superior to oral *Nirgundi Ghana Vati* alone.

4.4 Follow-up

The original report noted that approximately 70.56% of patients had no recurrence of symptoms during the one-month follow-up. This observation was reported for the study population and does not establish long-term prevention of recurrence.

5. Discussion

Gridhrasi is understood in Ayurveda primarily as a *Vata*-dominant disorder, with *Kapha* involvement in *Vata-Kaphaja* presentations. Pain, stiffness, pricking sensations, and restricted lower-limb movement are important clinical features. In contemporary practice, similar symptoms may arise from different causes, including nerve-root irritation, disc herniation, and degenerative spinal changes. Identifying the underlying cause remains important when selecting treatment⁶.

Nirgundi (*Vitex negundo* Linn.) has a history of use in Ayurvedic management of painful musculoskeletal conditions. Experimental research has reported analgesic and anti-inflammatory activity in preparations

derived from the plant. These pharmacological observations provide a possible basis for further investigation, but experimental findings should not be equated directly with proven therapeutic benefit in human sciatica.

The clinical study reviewed here reported improvement following oral *Nirgundi Ghana Vati* in both groups. The group receiving the additional *Matra Basti* procedure showed greater reported relief in several symptoms, including pain, pricking sensation, stiffness, SLR findings, and walking time. Nevertheless, the overall between-group difference was non-significant. Consequently, the findings support further investigation rather than a definitive conclusion about comparative superiority.

From an Ayurvedic perspective, *Nirgundi* is traditionally considered useful in conditions involving *Vata* and *Kapha*. The use of a medicated oil procedure may also be considered within an individualized Ayurvedic treatment plan. However, the specific mechanisms proposed in traditional terms require careful interpretation, and they should not be treated as established explanations of the underlying neurological pathology⁷.

Clinical management should also include appropriate examination, advice on maintaining activity as tolerated, and referral when indicated. Progressive neurological weakness, saddle-area numbness, new bladder or bowel dysfunction, or other warning signs require urgent medical evaluation. Ayurvedic treatment should not delay assessment of potentially serious spinal conditions.

6. Limitations

The evidence discussed in this article has several limitations:

- The clinical findings are derived from one previously published study rather than a newly conducted investigation.
- Seventeen of the 119 registered patients did not complete treatment.
- The reported overall difference between treatment groups was statistically non-significant.
- The follow-up period was limited to one month, restricting conclusions about long-term outcomes and recurrence.
- The findings relate to the particular preparations and treatment schedule used in the original study; they cannot automatically be generalized to all *Nirgundi* formulations.
- The findings should be interpreted in the context of the original study's design, reporting, and methodological limitations.
- This article does not provide new patient-level data, a new ethics approval, or an independent statistical analysis.

Further studies should use clearly defined diagnostic criteria, adequate sample sizes, standardized interventions, validated outcome measures, systematic adverse-event monitoring, and longer follow-up.

7. Conclusion

The published clinical evidence reviewed in this article suggests that *Nirgundi Ghana Vati*, alone or in combination with *Nirgundi Taila Matra Basti*, may be associated with improvement in selected symptoms of *Gridhrasi*. The combined-treatment group showed greater reported relief in several clinical parameters, although the overall difference between groups was statistically non-significant.

Nirgundi is therefore a reasonable subject for further standardized clinical investigation in *Gridhrasi*. The available evidence is promising but insufficient to establish definitive efficacy, long-term benefit, or superiority over other treatments. Clinical decisions should be individualized and should incorporate appropriate diagnostic evaluation and safety monitoring.

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