WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 16, 196-205. Review Article ISSN 2277–7105

A CRITICAL REVIEW OF AYURVEDIC AND MODERN ASPECTS OF VATAJ GRIDHRASI W.S.R. SCIATICA

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Article Received on 13 July 2026,
Article Revised on 03 August 2026,
Article Published on 16 August 2026,

https://doi.org/10.5281/zenodo.21913306

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How to cite this Article: Dr. Kashish*[1], Dr. Atul Kumar Agrawal[2]. (2026). A critical review of ayurvedic and modern aspects of vataj gridhrasi w.s.r. Sciatica. World Journal of Pharmaceutical Research, 15(16), 196–205.

ABSTRACT

Gridhrasi is listed among the eighty *Nanatmaja Vata Vyadhis* in *Ayurveda*, a condition that occurs solely due to the aggravation of *Vata Dosha*. The *Vataja* form of *Gridhrasi* is marked by symptoms such as *Ruk* (pain), *Toda* (sharp pain), *Stambha* (stiffness), and *Muhu Spandana* (twitching) that starts at the *Sphik* (buttock) and travels sequentially through *Kati* (waist), *Prishtha* (back), *Uru (*thigh), *Janu* (knee), and *Jangha* (calf) reaching the *Pada* (foot).[1] This condition is associated with *Sakthikshepanigraha*,[2] indicating difficulty in lifting the affected lower limb. This clinical presentation closely resembles Sciatica as understood in modern medicine, which primarily results from the compression or irritation of a lumbar nerve root, often due to intervertebral disc prolapse. The contemporary management of sciatica, involving analgesics, muscle relaxants, and physiotherapy, tends to provide mainly temporary relief, while surgeries come with higher expenses and the risk of recurrence. Ayurveda treats *Vataja Gridhrasi* by employing *Nidana* Parivarjana, *Shamana* Chikitsa, and *Shodhana* methods such as *Snehana*, *Swedana*, *Basti*, *Siravedha*, and *Agnikarma*, which focus on calming the aggravated *Vata Dosha* and restoring proper function to the affected limb. This article examines the *Nidana*, *Purva Roopa*, *Roopa*, *Samprapti*, *Samprapti Ghataka*, and treatment of *Vataja Gridhrasi* as outlined in traditional *Ayurvedic* texts and

compares these with the aetiopathogenesis, clinical symptoms, diagnosis, and treatment of sciatica as detailed in contemporary medical literature.

KEYWORDS: *Gridhrasi, Vataja*, Sciatica, *Nanatmaja* Vata *Vyadhi*, *Basti*.

INTRODUCTION

In today's world, sedentary jobs, extended periods of sitting, abrupt movements during travel, poor posture, and excessive physical exertion have contributed to low back pain becoming one of the most commonly reported musculoskeletal issues. A significant portion of this low back pain is radicular, extending from the lumbar area into the leg, a condition that *Ayurvedic Acharyas* sages had already identified and referred to as *Gridhrasi.*

Gridhrasi is listed among the eighty *Nanatmaja Vata Vyadhi*s,[3] disorders that arise exclusively from the imbalance of *Vata Dosha*. The name is derived from the word *'Gridhra'*, which means vulture; due to the intense pain, patients often drag the affected limb and display a walking style similar to the limping gait of this bird. Consequently, the illness is now known as *Gridhrasi*. *Gridhrasi* of *Vataja* origin is characterized by *Stambha*, Ruka, *Toda*, and *Muhu Spandana*, starting at the *Sphik* and progressively spreading to the *Kati*, *Prishtha*, *Uru*, *Janu*, *Jangha*, and *Pada*, according to *Acharya Charaka*. According to *Acharya Sushruta*, *Gridhrasi* is the term for the restriction of lower limb movement that results from vitiated *Vata* affecting the *Kandara*, which extends from the heel to the toes. *Gridhrasi* is frequently associated by *Ayurvedic* academics with sciatica, a malady caused by compression or irritation of the sciatic nerve, based on this description of radiating pain, stiffness, and limited limb movement. most frequently as a result of lumbar intervertebral disc prolapse. The current review, however, is limited to the pure *Vataja* variety of *Gridhrasi* and correlates it with the aetiopathogenesis, diagnosis, and management of Sciatica described in modern medicine. Classical texts also describe an associated *Vata-Kaphaja* variety in which *Tandra*, *Gaurava*, and *Arochaka* accompany the *Vataja* features.[4]

AIM AND OBJECTIVES

- To review the concept of *Vataja Gridhrasi as* described in classical *Ayurvedic* texts.
- To understand the *Nidana*, *Samprapti* and *Chikitsa* of *Vataja Gridhrasi.*
- To correlate *Vataja Gridhrasi with* Sciatica as described in modern medical science.

MATERIAL AND METHODS

This is a literary review based on classical *Ayurvedic* texts, namely *Charaka Samhita,*[5] *Sushruta Samhita,*[6] *Ashtanga Hridaya,*[7] *Madhava Nidana*[8], *Bhavaprakasha,*[9] *Yogaratnakara,*[10] together with their available commentaries. Relevant contemporary medical textbooks and previously published research articles on *Gridhrasi and* Sciatica were also reviewed and compiled for this article.

NIDANA

The classical writings do not specifically identify a *Nidana* that is unique to *Gridhrasi*. Given that *Gridhrasi* is categorized as a *Nanatmaja Vata Vyadhi*, the general causes of *Vata Prakopa* are also thought to be applicable as *Gridhrasi* 's *Nidana*. The *Aharaja* (dietetic), *Viharaja* (behavioural), *Manasika* (psychological), and *Anya* (other) titles are typically used to classify these causal elements.

HETU

Sannikrishta Hetu

- *Vegavarodha* – suppression of natural urges such as *Mutra*, *Purisha*, *Shukra*, *Vamana*, *Kshavathu* and *Ashru*.
- *Marmabhighata* – trauma or injury to the *Kati-Sphik* region.
- *Vishamopachara* – complications arising from improper or excessive therapeutic procedures such as *Virechana* and *Vamana*.
- *Vata Prakopaka Ahara-Vihara* in general.

Viprakrishta Hetu

- *Aharaja* – habitual intake of *Ruksha*, *Sheeta* and *Laghu* food articles; foods predominant in *Katu*, *Tikta* and *Kashaya Rasa*.
- *Viharaja – Ati Vyayama* and *Ati Vyavaya*; excessive massaging (*Utsadana*).
- *Manasika – Chinta, Shoka, Krodha and Bhaya*.
- *Anya Hetu – Dhatukshaya, Ati Asruka Sravana, Rogatikarshana* and *Abhighata* from falls or injury.

PURVA ROOPA [11]

The classical scriptures do not separately expand on a *Purva Roopa* unique to *Gridhrasi*. The same characteristics that make up the *Roopa* of the disease, namely mild Ruk, *Toda*, *Stambha*, and Spandana in and around the *Kati-Sphik* region appearing in their earliest and

least severe form, are taken as the *Purva Roopa* of *Gridhrasi*. This is in accordance with *Acharya Charaka*'s general principle regarding the *Purva Roopa* of *Vata Vyadhi*, described as Avyakta Lakshana.

ROOPA

[illegible]

(Charaka Samhita, Chikitsa Sthana 28/56)[12]

In *Gridhrasi*, pain begins first at the *Sphik* and thereafter progresses in order to the *Kati*, *Prishtha*, *Uru*, *Janu*, *Jangha* and *Pada*, and the affected limb is gripped by *Stambha*, *Ruk* and *Toda*, with repeated *Spandana*.

[illegible]

(Sushruta Samhita, Nidana Sthana 1/74 [13]

When the *Kandara* extending from the *Parshni* (heel) to all the *Pratyanguli* are afflicted by vitiated *Vata* and this restricts the raising movement of the limb (*Sakthikshepanigraha*), the condition is known as *Gridhrasi.*

Samprapti

Vataja Gridhrasi is produced through *Vata* Prakopa or *Vata Vriddhi* occurring by way of *Dhatukshaya*. Indulgence in *Vata Prakopaka Ahara* and *Vihara* vitiates *Vata Dosha* which becomes lodged in the *Kandara* and produces the characteristic symptoms of *Stambha, Ruka*, *Toda* and *Spandana* progressively along the *Kati*, *Prishtha, Uru*, *Janu*, *Jangha* and *Pada*. Sudden *Agantuja* factors such as *Abhighata* can also precipitate an instantaneous *Dhatukshaya* and *Vata Prakopa* without passing through the earlier *Charade* stages.

Samprapti ghatak

- *Dosha – Vata* or *Vata-Kapha*
- *Dushya – Sira, Snayu, Kandara, Asthi, Rakta*
- *Srotas – Raktavaha, Mamsavaha, Medovaha, Asthivaha*
- *Srotodushti – Sanga*
- *Agni – Vishamagni / Jatharagnimandya*
- *Udbhavasthana – Pakwashaya*

- *Adhishthana – Kati, Prishtha, Sphik, Uru, Janu, Jangha, Pada*
- *Swabhava – Chirakari*

Samprapti chakra

Vata Prakopaka Ahara & Vihara

↓

Aggravation of *Vata Dosha*

↓

Vishamagni and *Dhatu Kshaya*

↓

Vaigunya in *Asthi–Majja–Snayu–Kandara*

↓

Localization of aggravated *Vata* in *Kati–Sphik Pradesh*

↓

Snayu Aakunchana and *Kandara Dushti*

↓

Radiating pain from *Sphik* → *Kati* → *Uru* → *Janu* → *Jangha* → *Pada*

↓

Ruk + Toda + Stambha + Muhuspandana + Sakthikshepa Nigraha

↓

Vataja Gridhrasi

Chikitsa

Nidana Parivarjana

As with any *Vata Vyadhi*, avoidance of the causative *Nidanas* — particularly *Vegavarodha*, *Ati Vyayama*, jerky travel and *Marmaghata* — forms the first principle in the management of *Gridhrasi*, to be followed before any other *Chikitsa* is instituted.

Shamana Chikitsa

Shamana Chikitsa aims at pacifying the vitiated *Vata* through oral formulations without inducing elimination of *Dosha*s. Commonly employed formulations are summarised in Table 1.

Shodhana Chikitsa

[illegible]

[illegible]

(Charaka Samhita, Chikitsa Sthana 28/56[14]

Acharya Charaka advocates *Basti*, *Siravedha* and *Agnikarma* as the principal *Shodhana* measures for *Gridhrasi*, and considers *Asthapana* and *Anuvasana Basti* to be the best treatment for *Vata* among all *Upakramas*. *Siravedha– Acharya Charaka* advises *Siravedha* in the vein between the *Kandara* and *Gulpher*; also, *Agnikarma* at the same point is advised.

गृध्रस्याऽऽर्त्तं नरं सम्यग्रेकेण वमनेन वा।

ज्ञात्वा निरामं दीप्ताग्नि वस्तिभिः समुपाचरेत्॥

नादौ वस्तिविधिं कुर्याद्यावदूर्ध्वं न शुध्यति।

स्नेहो निरर्थकः स स्याद् भस्मन्येव हुतं यथा॥

(*Bhavprakash Madhyam Khand*)[15]

Acharya Bhavprakash advises a person afflicted with *gṛidhrasi* should be thoroughly treated with *virechana* and *vamana* first. Considering the patient to be free of *ama* and the condition to be chronic, *sneha-vasti* should then be administered. As long as *urdhva-shuddhi* has not been carried out, the *sneha* used becomes useless — just like an oblation poured into ashes.

SCIATICA (Modern Correlation)

The term Sciatica is derived from the Neo-Latin 'Ischialgia', composed of Greek roots denoting pain and hip/buttock, and refers to pain occurring anywhere along the distribution of the sciatic nerve. The sciatic nerve, the longest and largest nerve in the human body, is formed from the L4 to S3 nerve roots of the sacral plexus; it passes beneath the piriformis through the greater sciatic foramen and descends along the posterior thigh before dividing into the tibial and common peroneal nerves.

Aetiopathogenesis

Sciatica most commonly results from herniation or prolapse of a lumbar intervertebral disc, the L4-L5 and L5-S1 levels being most frequently involved, causing compression or irritation of the corresponding nerve root. Other recognised causes include degenerative spondylosis and spondylolisthesis, tumours of the cauda equina, Pott's disease, osteomyelitis, fracture of a

lumbar vertebra, neurofibroma, tuberculosis, gluteal bursitis, neoplasms of the sacrum or pelvic bones, and penetrating injury to the sciatic nerve.

Clinical Features

Pain is the presenting symptom, typically originating in the lower back or buttock and radiating down the posterior or postero-lateral aspect of the thigh and leg to the foot; it may vary from a dull ache to a sharp, shooting sensation and is usually aggravated by sitting, coughing, sneezing or straining.[16] Paraesthesia, numbness and muscular weakness in the distribution of the affected nerve root are commonly associated. Depending on the level of root involvement, the sign complex differs, as summarised in Table 1.

Table 1: Comparative clinical features of L5 and S1 nerve root involvement in Sciatica.

Feature	L5 Root	S1 Root
Pain	Lateral thigh, calf, outer ankle	Posterior aspect of leg to heel
Paraesthesia	Outer calf, dorsum of foot, great toe	Outer edge of foot, two lateral toes
Reflex change	None	Ankle jerk diminished or absent
Sensory loss	Dorsum of foot between 1st–2nd toe, lateral calf	Outer edge of foot, sole, heel, posterior calf
Motor weakness	Dorsiflexion/eversion of ankle, dorsiflexion of great toe	Plantar flexion of ankle, eversion, slight knee/hip flexion weakness

DIAGNOSIS

Clinical diagnosis is supported by a positive Straight Leg Raising Test (SLR) and Bragard's test, both of which reproduce radicular pain on elevation of the limb. Investigations such as complete blood count, plain X-ray of the lumbosacral spine and Magnetic Resonance Imaging (MRI) of the lumbosacral spine are employed to confirm the level and extent of disc prolapse or nerve root compression; MRI in particular helps visualise disc bulge, canal stenosis and associated degenerative changes.

TREATMENT

Symptomatic treatment in the acute stage consists of bed rest with adequate back support, analgesics, local application of heat and, occasionally, local anaesthetic infiltration around the sciatic nerve or epidural space for rapid relief. Conservative management includes a period of supine bed rest for three to six weeks, followed by immobilisation of the lumbar spine with a plaster jacket or lumbar corset for a further three to six months. Chronic or unresponsive cases, or those associated with progressive neurological deficit, may require surgical intervention, though this carries added cost and the possibility of recurrence.

PATHYA

- *Rasa: Amla, Lavana and Madhura Rasa* predominant food articles.
- *Shuka Dhanya: Godhuma, Rakta Shali*
- *Simbi Dhanya: Masha, Kulattha*
- *Mamsa Varga: Kukkuta, Chataka* and *other Jangala Mamsa*
- *Shaka Varga: Patola, Kushmanda, Shigru, Mulaka*
- *Phala Varga: Dadima, Badara, Draksha*
- *Anya Dravya: Lashuna, Punarnava, Jeeraka*
- *Vihara/Karma: Regular Abhyanga, Ushna Upachara,* adequate rest, warm and comfortable clothing.

APATHYA

- *Rasa: Kashaya, Tikta* and *Katu Rasa* predominant food articles
- *Simbi Dhanya: Mudga, Kalaya, Chanaka*
- *Shaka Varga: Bimba, Kareera*
- *Vihara: Chinta, Prajagarana, Vegadharana, Atishrama, Diwaswapna*
- *Karma: Chardi* (induced vomiting), excessive *Langhana*

DISCUSSION

Sciatica and *Vataja Gridhrasi* exhibit a strong conceptual relationship. The path of the sciatic nerve as it descends from the sacral plexus through the buttock and posterior thigh to the leg and foot roughly resembles the sequential radiation of pain described by *Acharya Charaka*, which goes from *Sphik* to *Kati*, *Prishtha*, *Uru*, *Janu*, and *Jangha* to *Pada*. The Straight Leg Raising Test, which is utilized in contemporary orthopaedic examinations, has a direct clinical counterpart to the *Sakthikshepanigraha* described by *Acharya Sushruta*. Both tests show that nerve root stress restricts limb elevation. *Dhatukshaya* and *Avarana*, the two *Samprapti* routes identified in Ayurveda, aligns with the ideas of degenerative disc degeneration and mechanical nerve root compression identified in contemporary pathophysiology. *Ayurveda* provides a relatively holistic approach through *Snehana*, *Swedana*, *Basti*, *Siravedha*, and *Agnikarma*, addressing not only the symptom of pain but also the underlying *Vata* vitiation, *Dhatukshaya*, and *Sroto Avarana*, whereas modern management primarily relies on analgesics, muscle relaxants, physiotherapy, and, in refractory cases, surgery—each with its own limitations.

RESULTS

In terms of its clinical presentation and pathophysiology, *Vataja Gridhrasi*, which Ayurveda describes as a *Nanatmaja* Vata *Vyadhi* with *Ruk*, *Toda*, *Stambha*, *Muhu Spandana*, and *Sakthikshepanigraha* radiating from the *Sphik* to the *Pada*, substantially resembles Sciatica in contemporary medicine. Through *Nidana* Parivarjana, *Shamana* Chikitsa, and *Shodhana* techniques like *Snehana*, *Swedana*, *Basti*, *Siravedha*, and *Agnikarma*, classical *Ayurvedic* literature provides a methodical and tried-and-true approach to its management. Considering the shortcomings of symptom-only current treatment the *Ayurvedic* principles of *Vataja Gridhrasi Chikitsa* merit wider clinical application and further validation through well-designed clinical studies.

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