

AYURVEDIC APPROACH OF SCIATICA W.S.R. GRIDHRASI**Dr. Himani Negi^{*1}, Prof (Dr) S. D. Pandey²**^{*1}PhD Scholar,²Director Clinical Research,

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Article Received on
03 May 2025,Revised on 24 May 2025,
Accepted on 13 June 2025

DOI:10.20959/wjpr202512-37272

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Gobindgarh, Punjab.**ABSTRACT**

Majority of population in India suffer from lower back pain. Sciatica is the most common condition that causes Chronic low back pain (CLBP), Radiating leg pain and observed related disabilities. In sciatica, nearly 50% people experience sciatic pain. The diagnosis and management of sciatica differ significantly both within and across countries. Conventional Medicine and surgical interventions are commonly employed in treating. Ayurveda has emerged as one of the most frequently utilized forms of Complementary and Alternative Medicine in recent years. Sciatica bears resemblance to the Ayurvedic condition known as Gridharsi. Gridharsi is classified as one of the Vataja nanatmaja vyadhi, where the dysfunction of Vata impacts the gridharsi nadi, leading to symptoms such as low back pain that radiates to the lower limbs, stiffness, and a pricking sensation. The pain

originates from the kati-prishta (pelvic region and lumbosacral area) and extends to the jangha paada (thigh and feet), resulting in difficulty lifting the leg. The individual's gait closely resembles that of a vulture (Gridhra), which is the origin of the name Gridharsi. This article aims to review classical Ayurvedic texts and related literature to gain a deeper understanding of the condition Gridharsi.

KEYWORDS: Gridhrasi, Sciatica, Vata Vyadhi.**INTRODUCTION**

The modernization and sedentary lifestyle of individuals in developing nations have resulted in numerous imbalances within the biological system. Factors such as improper sitting postures in workplaces, abrupt movements during travel and sports contribute to low back

pain and sciatica. Low back pain (LBP) is the most commonly reported musculoskeletal issue among elderly adults. LBP resulting from lumbar disc prolapse is a significant cause of morbidity globally. The lifetime incidence of LBP ranges from 50% to 70%, with the incidence of sciatica exceeding 40%. However, clinically significant sciatica due to lumbar disc prolapse occurs in 4% to 6% of the population. The prevalence of sciatica varies widely, from 1.6% in the general population to 43% in a specifically selected working population. Sciatica not only causes pain but also leads to difficulties in walking. It adversely affects the quality of life of patients and disrupts their daily routine.^[1]

Sciatica is an extremely painful condition that starts in the lumbar region and radiates along the posterior lateral sides of the thigh and leg, making it difficult for the patient to walk. This condition arises from irritation of the spinal nerve and is marked by pain that follows the path of the sciatic nerve. Regarding the treatment of sciatica, medical science primarily offers symptomatic management and surgical options, which come with potential adverse reactions.^[2] The indicators and manifestations observed in 'Gridhrasi' can be associated with 'Sciatica' in contemporary medical terminology. According to Acharya Charaka, 'Gridhrasi' is classified as one of the 'Nanatmaja Vata Vyadhi'.^[3] This condition is marked by Stambha (stiffness), Ruka (pain), Toda (pricking pain), and Spandana (frequent tingling). Initially, these symptoms impact Sphika (buttock) and the back of Kati (waist), gradually spreading to the posterior areas of Uru (thigh), Janu (knee), Jangha (calf), and Pada (foot).^[4] As per Acharya Sushruta, when both Kandara, which refers to the ligaments of the heel and all the toes, are impacted by an imbalance of Vata, the movement of the lower limb becomes restricted; this condition is referred to as Gridhrasi.^[5] According to Acharya Harita, Gridhrasi is a condition that arises from the disturbance of Vyana Vayu, which governs all forms of voluntary movements, including expansion, contraction, upward, downward, and oblique.^[6]

Physiological aspect

The principles of Ayurveda are centred on three fundamental humors of the body: Vata, Pitta, and Kapha. The balance of these three essential elements dictates health, while any disruption in their equilibrium can lead to illness. These three components are the core intrinsic factors of disease, which is why they are referred to as 'Tridoshas'.^[7] Among the Tridoshas, Vata serves as the controlling element for the other two Doshas, Dhatus, and Malas, as their mobility within the body is reliant on Vata.^[8] Sushruta explains that the term 'Vata' originates

from 'Va,' which denotes Gati (motion or movement), while Gandhan refers to the act of inspiring, informing, inducing awareness, exerting effort, and enlightening.^[9]

Acharya Charaka states that Sharira Vayu is Asanghata and Anavasthita. It plays a crucial role in the conduct, regulation, and integration of all vital functions and structures within the body.^[10] As per Acharya Sushruta, the Sharira Vayu that flows through the body is self-originated, subtle, and omnipresent. Although it remains invisible, its effects are evident; it is rich in the fundamental quality of Rajas, acts instantaneously, and flows through the organism in continuous currents.^[11] The five types of Vayu are characterized as Prasandan, Udvahanam, Puranam, Viveka, and Dharanam.^[12]

PATHOLOGICAL ASPECT

Vata becomes imbalanced due to excessive consumption of substances that possess properties akin to it. This imbalanced Vata leads to a range of ailments in the body, depending on the extent of the imbalance and the specific location where the Doshas are localized.^[13]

PRAKOPA HETUS OF VATA

The classics mention various etiological factors that can lead to the vitiation of Vata. Key factors include the consumption of Ruksha, Sheeta, and Laghu Aahara, along with excessive sexual activity, Prajagarana, Upavasa, overexertion, physical injuries, excessive walking, Vegadharana, and carrying heavy loads. Additionally, seasonal changes such as Sheeta, Varsha Ritu, and Jirnanna Kala are considered Vataprakopaka Hetus.^[14]

Functions of vitiated Vayu

When Vata becomes imbalanced in the body, it leads to a range of disorders that impact strength, complexion, happiness, and lifespan. It disturbs the mind, influences all sensory organs, and can harm, deform or delay the development of the embryo for an extended time. This imbalance can also induce fear, grief, confusion, anxiety, and extreme delirium, potentially halting the vital breath.^[15] The symptoms resulting from a Vata imbalance encompass Sramsas (subluxation), Bhramsha (dislocation), Sanga (obstruction), Bheda (tearing), Sada (malaise), Kampa (tremor), Varta (twisting), Chala (movements), Toda (pricking pain), Chesta (movement), Parusha (roughness), Ar Shosha (wasting), Shoola (pain), Supti (numbness), Sankocha (contraction), Stambha (rigidity, stiffness), Khanja (lameness), and others.^[16]

ROLE OF VATA IN GRIDHRASI

Gridhrasi is classified as one of the 80 Nanatmaja Vatavyadhis, meaning it arises solely due to vitiated Vata. Consequently, Vataprakopaka Lakshanas such as Shoola, Supti, and Stambha are recognized as the primary symptoms of this condition. In this condition, the Sthanasamshraya occurs in the Sphika, Kati, and Pristha regions, impacting the Kandara of the leg. The following anatomical structures may be considered relevant to the involvement of Gridhrasi.

Kandara acts as the Upadhatu for Rakta Dhatu. They are linked to the movement functions of joints, including flexion and extension. Kandaras are categorized as Mahasnayus. Kati Shroni and Kukudmati are synonyms for Kati. It has an Ashtadashangula Vistara and consists of five Asthis. Kati is the Sthana of Vayu, where Apana Vata resides. Trikasandhi is part of Shroni. Avalambaka Kapha provides strength to Trika. Kati features Chestavan Sandhis, which facilitate movements of the lower extremity.^[18] Kati is associated with the pelvis or pelvic region.. Prishtha Sushruta referred to it as Pratyanga.^[19] This can be related to the lumbosacral region.

Sphika is the posterior muscular section of Kati and falls under Pratyangas. It is the Sthana of Meda, as described in Medovridhi Sphika Lambana. Therefore, Mamsa and Medadhatu constitute the Sphika, which can be associated with the gluteal prominence. Sakthi begins at Kati and extends to Padanguli.^[20] It is the Sthana of Vayu, encompassing the entire lower limb.

Janu is the Sandhi of Jangha and Uru, known as Janu Sandhi.²¹ It is a Kora type of Sandhi and classified as a Vaikalyakara Marma. Jangha refers to the section of the leg located between Janu and the Gulf, and it is identified as Pratyanga. Uru is the segment of the leg that stretches from Vankshana Sandhi to Janu, serving as the Pratyanga of Adhashakha.^[22]

Chikitsa Siddhanta (line of treatment) of Gridhrasi (Vatavyadhi)

Nidana Parivarjana (avoidance of causative factors), is the first and foremost principle to be adopted in the treatment. Secondly the intensity of the Dosha Prakopa should be considered before deciding the line of treatment. If the Dosha prakopa is minimumLanghana Chikitsa is enough, if the intensity of Dosha prakopa is moderate then Langhana and Pachana treatment should be given. If, Doshas are in Prakopa avastha, Shodhana treatment should be decided.^[33]

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According to Acharya Charaka Siravedha and Agnikarma between the gulpha and kandara, and Basti Karma are the treatments for gridhrasi. According to Acharya Bhavamishra, first vamana and virechana should be done, then the agni should be considered as deeptha after Basti Karma should be used^[24,25]

According to various Ayurveda texts, Snehana, Swedan, mridusodhana like mriduvirechana and Basti are used in all vata vyadhis. However, in Gridhrasi, since kandara and rakta are also involved, it is used for the treatment of Agnikarma and rakta mokshana also.

Pathyapathya

Pathya- Singadha, Usna, Vatasamakahara, Abhyanga, Mardana, Bhusayya, Snana Asanana, Swadu, Amla, Lavanarasa, Navnita, Godhuma, Draksha, Dugdha are pathya.

Apathya- Tikshna, Sheeta, Kshara, Katu and Vatakaraka diets should not be given to Gridhrasi patients. Chinta, Vegadharana, Prajagrana, Sharma, Anasana, Vyavaya are also apathya in Gridhrasi.

DISCUSSION

Gridhrasi is a disease that originates in the Pakvashaya and is located in the Sphika and Kati, which refers to the lumbar spine. This is now recognized as the S.L.R. test. As an objective measure, it plays a vital role in diagnosing the condition and assessing the effectiveness of treatment. Gridhrasi shares similarities with sciatica in contemporary medicine. In sciatica, pain follows the path of the sciatic nerve, beginning in the lower back and extending through the back of the thigh and calf, ultimately reaching the outer foot. Common causes include disc herniation and degenerative changes. Previous trauma, such as twisting of the spine, lifting heavy objects, or exposure to cold, is often reported. The disability caused by this condition significantly disrupts the patients' daily activities.

CONCLUSION

The prevalence of Sciatica is on the rise and it demands multimodal approach while treating. Pain, disability, dissatisfaction with existing treatment modalities, financial burden of lead to increase use of CAM. Ayurveda is one of emerging CAM having its roots in India. The disease Sciatica resembles Gridhrasi of Ayurveda. A detailed explanation about Gridhrasi is found in Ayurveda classical texts, viz. Nidana (causative factors), Samprapti (pathogenesis), Lakshana (clinical features) and Chikitsa (conservative management, Agnikarma, Siraveda and Panchakrama). Ayurveda management seems to promising and a ray of hope in patients Gridhrasi (Sciatica). Quality research in the field may provide global acceptance of Ayurveda management in Sciatica.

CONCLUSION

The incidence of Sciatica is increasing, necessitating a multimodal treatment approach. This condition is akin to Gridhrasi as described in Ayurveda. Comprehensive details regarding Gridhrasi can be found in classical Ayurvedic texts, including Nidana (causative factors), Samprapti (pathogenesis), Lakshana (clinical features), and Chikitsa (conservative management, Agnikarma, Siraveda, and Panchakrama). The Ayurvedic approach appears to be promising and offers hope for patients suffering from Gridhrasi (Sciatica). High-quality research in this area could lead to global recognition of Ayurvedic management for Sciatica.

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