

Critical Analysis of Gridhrasi In Relation To Sciatica: A Comparative Study

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ABSTRACT

Background: Among the Nanatmaja Vata Vyadhis mentioned in Ayurveda, Gridhrasi is distinguished by Ruk (pain), Stambha (stiffness), Toda (pricking sensation), and Spandana (twitching) throughout the leg, frequently beginning at the Sphik (hip) and extending downward. Because of the vulture-like gait of the Patients, the term "Gridhrasi" was coined. According to contemporary medical science, these characteristics are similar to sciatica, which causes pain to radiate along the sciatic nerve's distribution due to compression or irritation of the nerve.

Methods: Classical Ayurvedic texts, including the Brihatrayi and Laghutrayi, were critically reviewed to analyze the clinical features and pathogenesis of Gridhrasi. These descriptions were then compared with biomedical literature on sciatica to identify convergences and divergences in etiology, pathology, and management.

Results: According to traditional Ayurvedic literature, Gridhrasi is a Vata-vyadhi that closely resembles sciatica. The gradual deterioration of Marmas and Snayu, associated with musculoskeletal issues and nerve compression, is part of the pathophysiology. It is common to hear about therapeutic approaches that have been proven to enhance mobility and alleviate discomfort. To increase therapy effectiveness and prevent recurrence, adjunctive therapies such as yoga, svedana (Sudation), Snehana (Oleation), and lifestyle modifications are also recommended.

Conclusion: Comparative analysis suggests that integrating modern diagnostic precision with Ayurvedic interventions may provide safe, sustainable, and effective strategies for managing sciatica. Rigorous clinical research is required to validate these traditional modalities within evidence-based frameworks.

Keywords: Gridhrasi, Sciatica, Vata Vyadhi, Ayurveda, Integrative approach

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INTRODUCTION

Ayurveda, the comprehensive Indian medical system, describes many disorders whose modern etiopathology is not yet fully defined; *Gridhrasi* is one of them. Contemporary lifestyles characterized by prolonged sitting, frequent travel, heavy lifting, and chronic stress contribute to conditions such as obesity, cervical spondylosis, and low back pain. Lumbago remains a leading cause of work absenteeism. The reported prevalence of sciatica spans from approximately 1.6% in the general population to as high as 43% in working cohorts.^[1] Lifetime low-back pain prevalence reaches 50–70%, and over 40% experience sciatica at some point, although only 4–6% present with clinically acute sciatica.^[2] Pain is the cardinal feature, curtailing mobility

and diminishing social, professional, and personal functioning. Most patients are between 30 and 50 years of age.

Classical Ayurvedic literature places *Gridhrasi* under *Vata Vyadhi*. The term *Vata* (that which moves) carries qualities of lightness, dryness, and coldness.^[3] *Gridhrasi* is listed by *Acharya Charaka* among the 80 *Nanatmaja Vyadhi*. The *Dhatu "Gridhu,"* which means to covet, desire, and strive after with avarice and fervour, is the source of the feminine name *Gridhrasi*.^[4] Etymologically linked to *gridhra* (vulture), the name evokes the altered, vulture-like gait observed in sufferers due to severe pain. Alongside pain, patients struggle to walk, adding marked distress.

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Typical features described include involvement of *Sphika* (hip), *Kaṭi* (waist), *Uru* (thigh), *Janu* (knee), *Jangha* (calf), and *Pada* (foot), with *Ruk* (pain), *Toda* (pricking), *Stambha* (stiffness), *Spandana* (twitching), as well as systemic complaints such as *Tandra* (drowsiness), *Gaurava* (heaviness), and *Arochaka* (loss of appetite). In modern terms, sciatica denotes pain radiating along the sciatic nerve—commonly from a prolapsed intervertebral disc—extending from the back into the buttock and along the posterior or lateral aspect of the lower limb. The clinical overlap strongly supports correlating *Gridhrasi* with sciatica.^[5]

AIMS AND OBJECTIVES

To provide a thorough analysis of the existing medical and traditional Ayurvedic literature on Gridhrasi, with special emphasis on Sciatica, emphasizing its etiology, pathophysiology, clinical characteristics, and potential treatment options.

CONCEPT OF GRIDHRASI (SCIATICA): – PARYAYA –

Ayurveda emphasizes the importance of balancing the three Doshas—Vata, Pitta, and Kapha—for maintaining health and avoiding disease, with a particular focus on the Vata Dosha. Recognized as the most influential among the Tridoshas, Vata governs various bodily movements and functions, including sensory and motor capabilities, breathing, circulation, and mental activities. In its healthy state, Vata promotes life, enthusiasm, perception, and a balance between mind and body. However, factors such as excessive physical activity, irregular diet, overstraining, trauma, or excessive cold exposure can vitiate Vata, leading to disorders classified as Vatavyadhis. One notable example of a Vatavyadhi is Gridhrasi, which is sciatic pain in modern.

The word "*Gridhra*", the root of the term "*Gridhrasi*", is created from the *dhatu* "*Gridh*." "*Gridhra*" describes the person who has an unquenchable desire to eat meat, and "*Gridhrasi*" describes the illness that usually strikes these individuals.

Table no. 1

No.	Author	Description
1.	<i>Vachaspatimishra</i>	The term " <i>ringhinee</i> " refers to an illness that causes a person to move slowly or to creep or crawl. ^[6] Furthermore, the <i>Shabdakalpadruma</i> says that this term relates to <i>Skhalana</i> , which means relocation.
2.	<i>Dalhana</i>	(<i>Randhrinee</i>) <i>Dalhana</i> uses this phrase to highlight a flaw or break in <i>Sushruta's</i> argument. ^[7]
3.	<i>Adhamalla and Kashirama</i>	(<i>Radhina</i>) <i>Deepika</i> and <i>Goodhaartha Deepika</i> commentary on the <i>Sharangdhara Samhita</i> has this line. It implies removing, restricting, or squeezing. ^[8]

NIDANPANCHAK OF GRIDHRASI –

1) NIDAN -

Hetu of Gridhrasi According to various Acharyas –

Table no. 2

No.	Acharyas	Ahar	Vihar	Mansik	Any
1.	<i>Charaka</i> ^[9]	<i>Ruksha</i> (Dry), <i>Sheeta</i> (Cold), <i>Laghu</i> (Light), & <i>Alpa Anna sewan</i> (Scant eating), <i>Aam dosha</i> (Undigested toxin state)	<i>Ati Vyayam</i> (Excess exercise), <i>Ati vyavaya</i> (Excessive coitus), <i>Ratrijagarana</i> (Night Vigil), <i>Divashayan</i> (Day sleep), <i>Langhan</i> (Fasting), <i>Viruddha Cheshta</i> (Improper activities), <i>Vega Sandharana</i> (Suppression of natural urges), <i>Abhighata</i> (Trauma), <i>Sheeghra Yaan sewan</i> (Travelling), <i>Marmaghat</i> (Injury to Vital spot)	<i>Chinta</i> (Worry), <i>Shoka</i> (Grief), <i>Krodha</i> (Anger), <i>Roga Ati Karshan</i> (Excess Strain)	<i>Visham upchaar</i> (Incorrect therapy), <i>Dosh-Ashrik</i> <i>Sravan</i> (Pathologic bleeding), <i>Dhatu kshaya</i> (Tissue depletion)
2.	<i>Sushruta</i> ^[10]	-	-	-	<i>Ati Rakta srava</i> (Excessive bleeding)
3.	<i>Vagbhatta</i>	<i>Dhatu kshaya</i>	<i>Dhatu kshaya karak Vihar</i>	-	<i>Rasadi Dhatu</i>

	^[11]	<i>karak Ahar</i> (Diet causing tissue depletion)	(Lifestyle causing tissue depletion)		<i>kshaya Karak</i> (Factors depleting nutritive tissues)
4.	<i>Madhava</i> ^[12]	Same as <i>Acharya Charaka</i>			

- 2) **PURVARUPA (Premonitory features) –** *Gridhrasi*. While describing the *Purvarupa* of *Vatavyadhi*, *Acharyas* had described *Gridhrasi* under *Vatavyadhi*, but they had not described its *Purvarupa* or *Purvarupa* of *Gridhrasi*. While describing the *Purvarupa* of *Vatavyadhi*, they considered *Avyakta Lakshana* (Indistinct) as *Purvarupa* (Premonitory features). ^[13]
- 3) **RUPA (Cardinal features) –**

Table no. 3

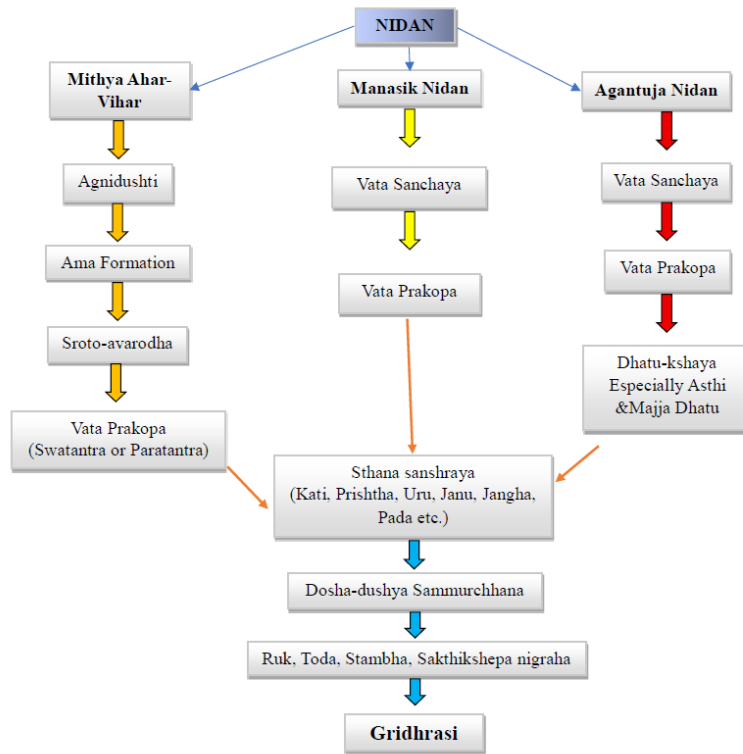
No.	Samhitas	Description
1.	<i>Charaka Samhita</i>	Pain starting at the hip (<i>Sphika</i>) and radiating to the waist (<i>Kati</i>), thigh (<i>Uru</i>), knee (<i>Janu</i>), calf (<i>Jangha</i>), foot (<i>Pada</i>), and sometimes the back (<i>Prishtha</i>); difficulty in walking; stiffness (<i>Stambha</i>), pain (<i>Ruk</i>), and pricking sensation (<i>Toda</i>). ^[14]
2.	<i>Sushruta Samhita</i>	When the <i>Kandaras</i> (Tendons) and <i>Pratyanguli</i> (Small articulation) become inflamed due to <i>Vata</i> and stop the circulation of the Foot (<i>Sakthi</i>), then it is called <i>Gridhrasi</i> . <i>Vridhdha Vagbhata</i> and <i>Laghu Vagbhata</i> also hold the same opinion. He had not mentioned the different types of <i>Gridhrasi</i> . ^[15]
3.	<i>Madhava Nidana</i>	<i>Vataj Gridhrasi</i> – <ul style="list-style-type: none"> • <i>Toda</i> (Pricking pain) • <i>Deha Pravakrta</i> (Typical posture of the leg/body) • <i>Kati, Uru, Janu Sandhi Sphuran, Stabdhata</i> (Stiffness and tingling sensation in the Hip-thigh-knee joints) <i>Vata-kaphaj Gridhrasi</i> – <ul style="list-style-type: none"> • <i>Agnimandya</i> (Poor appetite) • <i>Tandra</i> (Drowsiness) • <i>Mukha praseka</i> (Excessive salivation) • <i>Bhaktadwesa</i> (Anorexia) ^[16]

UPSHAYA-ANUPSHAYA ^[17]: -

Table no. 4

	Ahar	Vihar
Upshaya	<i>Ghrit</i> (Clarified Butter), <i>Tail</i> (Oil), <i>Vasa</i> (Fat), <i>Majja</i> (Bone marrow), <i>Naveen tila</i> (Fresh Sesame), <i>Godhum</i> (Wheat), <i>Masha</i> (Black gram), <i>Shali chawal</i> (Fine Rice), <i>Kulattha</i> (Horse gram), <i>Godugdha</i> (Cow's Milk), <i>Gomutra</i> (Cow's Urine), <i>Patol</i> (Pointed gourd), <i>Shigru</i> (Morniga), <i>Vartaku</i> (Brinjal), <i>Lashuna</i> (Garlic), <i>Dadimdvaya</i> (Pomegranate), <i>Draksha</i> (Raisins), <i>Madhook</i> (Licorice), <i>Badar</i> (Jujube), <i>Tamboola</i> (Betel leaf)	<i>Abhyang</i> (Oil massage), <i>Mardan</i> (Deep kneading), <i>Snehan</i> (Oleation), <i>Swedan</i> (Sudation), <i>Basti</i> (Medicated enema), <i>Avgahana</i> (Tub bath), <i>Samvahana</i> (Gentle stroking massage), <i>Samshamana</i> (Palliative regimen), <i>Agnikarma</i> (Therapeutic cautery), <i>Nasya</i> (Nasal therapy)
Anupshaya	<i>Rasabhpaya</i> , <i>Kshara</i> (Alkaline Salt), <i>Shushka mans</i> (Dried Meat), <i>Chanak</i> (Chickpea), <i>Kalay</i> (Field pea), <i>Mudga</i> (Green gram), <i>Shalook</i> (Lotus rhizhome), <i>Tinduk</i> (Persimmon-type fruit), <i>Kathillak</i> (Thorny Astringent fruit), <i>Kramuk</i> (Areca nut).	<i>Chinta</i> (Worry), <i>Prajagarana</i> (Night vigil), <i>Vegvidharana</i> (Suppression of natural urges), <i>Chhardi</i> (Vomiting), <i>Shram</i> (Strain), <i>yaan-Sewan</i> (Travel/Riding), <i>Chankraman</i> (Excessive walking)

SAMPRAPTI: -



SAMPRAPTI GHATAK [18]: –

Dosh - Vata Kapha Pradhan Tridosha

Dushya - Rakta, Mamsa, Meda, Nadi Sansthana

Srotas - Raktavaha, Mamsavaha, Medavaha, Asthivaha

Srotodushti Prakar - Sanga, Sira granthi

Adhithana - Sphik, Kati, Uru, Janu, Jangha, Pada

Agni - Vishamagni,

Mandagni

Udbhava - Pakvashaya, Kati

Rog marga - Madhyam Rogmarga

Vyadhi Swabhava - Ashukari/Chirkari

Sadhya-asadhya - Krichhasadhya

CHIKITSA –

Table no. 5

No.	Acharyas	Chikitsa
1.	Charaka [19]	<i>Snehan</i> (Oleation), <i>Swedan</i> (Sudation), <i>Basti</i> (Medicated enema), <i>Siravedh</i> (Therapeutic Venesection), <i>Agnikarma</i> (Therapeutic Cautery)
2.	Sushruta [20]	<i>Siravedh</i> (Therapeutic Venesection)
3.	Vagbhata [21]	<i>Snehan</i> (Oleation), <i>Swedan</i> (Sudation), <i>Basti</i> (Medicated enema), <i>Siravedh</i> (Therapeutic Venesection), <i>Agnikarma</i> (Therapeutic Cautery)
4.	Harita [22]	<i>Snehan</i> (Oleation), <i>Swedan</i> (Sudation), <i>Basti</i> (Medicated enema), <i>Agnikarma</i> (Therapeutic Cautery)
5.	Bhavprakasha [23]	<i>Snehan</i> (Oleation), <i>Swedan</i> (Sudation), <i>Vaman</i> (Therapeutic emesis), <i>Virechan</i> (Therapeutic purgation), <i>Basti</i> (Medicated enema)

SCIATICA – A REVIEW [24]

Sciatica is a clinical syndrome marked by pain along the sciatic nerve, which originates in the lower back and extends through the buttock, thigh, leg, and foot. The sciatic nerve is the largest in the human body, formed from the pelvic nerve roots (L4-S3). It provides motor and

sensory functions to the lower extremities. Common causes of sciatica include lumbar disc herniation, spinal stenosis, spondylolisthesis, degenerative disc disease, piriformis syndrome, and other conditions like trauma or pregnancy-related changes.

Pathophysiologically, sciatica arises from nerve root compression or irritation, leading to inflammation and ischemia, resulting in neuropathic pain that may cause weakness, numbness, or loss of reflexes. Clinical features often consist of unilateral, acute pain radiating from the Management strategies are divided into conservative and surgical approaches. Conservative treatment encompasses rest, analgesics, muscle relaxants, physiotherapy, and potentially epidural steroid injections. Surgical options, such as discectomy, are reserved for cases unresponsive to conservative treatment after 6–8 weeks or where

DISCUSSION

Comparative Study

In Ayurveda, *Gridhrasi* is recognized as a disorder arising from Vata dosha imbalance that impacts tendons (*Kandara*) and affects movement and sensation. The Ayurvedic therapeutic approach emphasizes systemic treatments such as *Panchakarma*, lifestyle changes, and internal medicines to restore *doshic* balance, while modern medicine views Sciatica as radiculopathy or neuropathy due to mechanical compression or chemical inflammation of lumbosacral nerve roots, focusing treatment on addressing underlying lesions via surgical decompression or anti-inflammatory therapy. Both systems share clinical features such as disturbed gait and pain, but their explanatory models differ, which impacts diagnosis, treatment, and prognosis. The risk factors for both frameworks include prolonged sitting, heavy lifting, obesity, poor posture, and trauma. Ayurveda emphasizes additional factors like dietary habits and dosha imbalance, while modern medicine concentrates on structural damage, such as disc herniation. Symptomatically, both recognize radiating pain, posture changes, and restricted movement, yet Ayurveda highlights subjective symptoms, while modern medicine relies on objective neurological findings, including weakness and reflex loss.

Diagnostically, Ayurveda employs methods such as case history, inspection, pulse examination, and constitution assessment, with traditional imaging tools being integrated into modern practices, which predominantly use neurological evaluation and imaging techniques like MRI and CT scans to identify nerve compression. There is potential for both systems to complement each other, with Ayurveda assisting in early detection and prevention and modern imaging confirming structural issues.

Management strategies reveal distinctive strengths: Ayurveda recommends practices such as *Snehana* and *Swedana*, and emphasizes the efficacy of *Panchakarma* for alleviating chronic pain and preventing sciatica recurrence, while modern medicine provides rapid relief through analgesics, physiotherapy, and surgical interventions. Prognostically, while modern treatments offer quick relief for acute conditions, both systems report potential recurrence of symptoms. Ayurveda aims at long-

back to the foot, sometimes accompanied by tingling or weakness. Diagnosis is mainly clinical, leveraging the Straight Leg Raising Test (SLRT) and neurological examination, with MRI being the preferred imaging modality to confirm conditions such as disc herniation. neurological deficits progress. The prognosis is generally positive, with 70–90% of patients improving within six weeks with conservative care; surgical interventions provide quick relief but show similar long-term outcomes to non-surgical approaches.

term welfare through lifestyle and dietary adjustments, although long-term comparative studies on both approaches remain scarce. Regarding safety, Ayurvedic methods like *Basti* and *Agnikarma* necessitate skilled administration and may present contraindications for certain systemic conditions. Meanwhile, modern therapies have risks associated with systemic side effects and surgical complications. Integrated care calls for careful evaluation of potential interactions, particularly concerning anticoagulant use prior to procedures in either system.

Practical Application – An Integrative Workflow

In clinical practice, an integrative workflow is crucial for patient safety and management. Initial triage identifies red flags, which require urgent MRI and neurosurgical referral. Non-urgent cases follow routine neurological assessment and imaging, with options for conservative treatments or Ayurvedic therapy based on patient preference. For subacute or chronic conditions, ongoing integrated care includes *Panchakarma*, especially *Basti* for *Vata* pacification, along with physiotherapy. Imaging is used to identify and eliminate serious lesions, while rehabilitation emphasizes functional recovery through *yoga*, core strengthening, and lifestyle modifications. Regular monitoring using scales such as the Oswestry Disability Index (ODI) and Visual Analogue Scale (VAS) effectively tracks progress.

Research Directions and Needs

Future research should focus on randomized controlled trials (RCTs) comparing *Panchakarma*—especially *Basti* therapy—with conventional conservative treatments for chronic radiculopathy. These studies must include standardized protocols, objective outcome measures, and long-term follow-up. Mechanism-based studies are also necessary to elucidate the physiological and biochemical effects of Ayurvedic therapies, such as the influence of *Basti* on inflammatory cytokines. Additional research areas include cost-effectiveness analyses, safety profiling of integrative regimens, and the development of standardized Ayurvedic staging systems that correspond to the modern classification of radiculopathy (mild, moderate, or severe). Such research will enhance the

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evidence base for integrated management of *Gridhrasi* (Sciatica) and strengthen the bridge between Ayurveda and contemporary medicine.

Limitations and research agenda: Classical descriptions are rich but heterogeneous across texts; modern studies of Ayurvedic therapies for sciatica often lack standardized protocols, adequate sample size, or blinded outcomes. Priorities include (i) core outcome sets harmonized with ICHOM/OMERACT-style measures (pain intensity, ODI/RMDQ disability, return-to-function), (ii) comparative-effectiveness trials of Basti protocols vs guideline-based physiotherapy, (iii) mechanistic studies (e.g., inflammatory biomarkers, diffusion tensor imaging of affected roots), and (iv) safety/feasibility data for *Agnikarma* in lumbosacral pain syndromes.

CONCLUSION

In clinical features and chronicity, the comparative study provides significant convergence of the two systems to validate the traditional Ayurvedic description. *Vatavyadhi*

of the type *Gridhrasi* is characterized by the movement of pain from the leg (*pada*) to the waist (*sphik*). Sciatica, scientifically known as *Gridhrasi*, refers to pain running along the course of the root of the sciatic nerve. There is a need to study Ayurvedic *Nidana*, *Lakshana*, and *Chikitsa* exhaustively to raise public awareness of diseases through dietary regimen and implementation of appropriate prevention and therapeutic techniques like medicine and therapy. *Gridhrasi* and Sciatica may hence be regarded as having been two facets of an individual clinical phenomenon. With an integration of Ayurvedic treatment and present-day diagnostic and therapeutic methods, an effective, all-inclusive, and long-term management of this disabling disease might prove feasible. To validate Ayurvedic treatment with scientific evidence and study its future potential as an adjuvant therapy for Sciatica, clinical trials must carry out more research.

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