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REVIEW ARTICLE

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Review article on *Gridhrasi* w.s.r. to Sciatica

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ABSTRACT

In India, low back pain is among the most prevalent new illnesses that are influencing people's daily lives on both a physical and psychological level. Low back ache is the second most common disorder causing disability. Among its various causes the most commonly appearing one is Sciatica. *Gridhrasi* is such an entity enumerated into eighty types of *Nanatmaja Vata Vyadhies*. It is distinguished by a unique discomfort that starts in the buttock and moves into the affected area's heel. Based on symptom complex it can be broadly correlated with disease sciatica in modern science. *Ayurveda* is a simple practical science of life, and its principles are universally applicable to everyone for day-to-day life. *Ayurveda* speaks of every element and fact of human life. Every human being wants to live a happy and comfortable life, but this is not achievable for a variety of reasons, including shifting environmental conditions and lifestyle changes. As their social and professional lives become busier, people are sitting in offices and factories incorrectly, exerting themselves excessively, and moving erratically when travelling or playing sports. All these things put excessive strain on the spinal cord, which is the main cause of sciatica and low back pain.

Key words: Nanatmaja Vata Vyadhies, Sciatica, Gridhrasi, Ayurveda

INTRODUCTION

Gridhrasi is a Shoolpradhana Nanatmaja Vatavyadhi, mainly caused by aggravated Vatadoshas. This disease is characterised by cardinal symptom i.e. radiating pain (Ruja), it disturbs physical and mental status of a patient. In Gridhrasi intense shooting pain radiates from Sphika (gluteal region) to Pada (foot). Based on symptoms of Gridhrasi, it can be equated with the disease sciatica in modern science. It occurs due to compression or irritation of the sciatic nerve. It is characterized by pain in the ipsilateral buttock area

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that radiated down the lower extremity. It is usually caused by herniation of intervertebral disc in the lumbosacral spinal region or direct or indirect trauma to the nerve.

According to *Aacharya Sushruta*, where *Kandara* (ligament) of *Parshani* (heel) and all the *Pratyanguli* (toes) are affected by vitiated *Vata*, and movement of the lower limb get restricted is known as *Gridhrasi*.^[1]

According to *Aacharya Charaka Gridhrasi* is a *Vatavyadhi* characterized by *Stambha* (stiffness), *Ruka* (pain), *Toda* (pricking pain) and *Spandana* (frequent switching). This symptom initially affected *Sphik* (buttock) as well as posterior aspect of *Kati* (waist) and then gradually radiates to posterior aspects of *Uru* (thigh), *Janu* (knee), *Jangha* (calf), and *Pada* (foot).

Gridhrasi is derived from the word or name of a bird Gridhra. Gridhra is a bird who is fond of meat and eat flesh of an animal in such a fashion that he deeply pierces his beak in the flesh then draws it forcefully, such type of pain in Gridhrasi and hence the name. [2] Further as in this disease the patient walks like bird Gridhra and his legs become tense and slightly curved so due to the resemblance with gait of Vulture.

Nidana of Gridhrasi

Ayurvedic texts classify diseases under two basic headings.

- 1. Samanya Nidana (General)
- 2. Vishesha Nidana (Specific)

Gridhrasi mentioned as one among the Vatavyadhi has no specific (Vishesha) Nidana, as such, but the Samanya Vata Prakopaka Nidanas and Vatavyadhi Samanya Nidana can be considered as the Nidana for Gridhrasi. Gridhrasi is one among the eighty Nanatmaja Vatavikaras, the causative factors for Vataprakopa are to be considered as the Nidana of Gridhrasi. All the etiological factors mentioned for Vatavyadhi or Vataprakopa can be classified into Gridhrasi. [3]

Lakshana of Gridhrasi

Lakshana of Gridhrasi are two types and symptoms stated by different Acharyas

A. Samanya Lakshanas

- 1. Ruka
- 2. Toda
- 3. Stambha
- 4. Muhuspandan
- 5. Sakthi Kshepam Nigraha
- 6. Janu Madhya Vedana
- 7. Uru Madhya Vedana
- 8. Kati Madhya Vedana

B. Vishesha Lakshanas

Table 1: Showing Vishesha Lakshanas

Vataja Gridhrasi		Vata-Kaphaja Gridhrasi	
1.	Dehapravakrata	1.	Tandra
2.	Janusandhisphurana	2.	Gaurava
3.	Urusandhisphurana	3.	Arochaka
4.	Katisandhisphurana	4.	Mukhapraseka

5.	Janghasphurana	5.	Bhaktadwesh
6.	Suptata	6.	Staimitya

The cardinal signs and symptoms of *Gridhrasi* are *Ruka* (pain), *Toda* (pricking sensation), *Muhuspandhana* (tingling sensation) *Stambha* (stiffness) in the *Sphika, Kati, Uru, Janu, Jangha* and *Pada*.^[4]

Chikitsha of Gridhrasi

Acharya Sushruta has mentioned general Vatavyadhi Chikitsha and Siravedha in Gridhrasi after Sankochana (flexion).^[5]

Acharya Charaka Basti, Sira Vedha and Agnikarma (between Kandara and Gulfa) have mentioned as line of treatment. [6] While Chakrapani has mentioned as surgical procedure for Gridhrasi. Siravedha was also advised by Ashtanga Sangraha and Ashtanga Hridaya to perform four Angula above and below the Janu. They also mentioned Agnikarma and Anuvasana Basti Along with all these Snehasvedna and Virechana are also indicated for the management of disease Gridhrasi based on symptom complex the disease. In various Samhita of Ayurveda there are lots of references regarding Gridhiasi and elaborated as a separate disease with specific management.

Different Acharyas generally recommend

- Snehana
- Swedana
- Vamana
- Virechana
- Niruha, and Anuvasana Basti
- Siravedha
- Raktamokshana
- Agnikarma
- Shastrkarma
- Siravyadha
- Oral medication

Modern

Sciatica

The Term Sciatica describes pain that shoots down the leg where the sciatic nerve goes through the lumbar vertebrae, the lower back bone. The two main causes of sciatica are degenerative arthritis and disc prolapse. Sciatic syndrome is brought on by irritation at the 4th, 5th, and 1st sacral roots, which collectively make up the sciatic nerve. This is because the primary degenerative lesions in the intervertebral disc of the lumbosacral region are situated there. [7] A person feels miserable when they are in unbearable pain. The true cause of the illness referred to as Sciatic Syndrome is sciatic nerve neuritis. The sciatic nerve is the biggest nerve in the human body. The old name for this condition was Cotugno disease.

Sciatic Nerve

The sciatic nerves are the longest and largest nerves in the body; they extend down the back of each leg and have a diameter roughly equivalent to a thumb. Each sciatic nerve is made up of five smaller nerves that split off from the spinal cord at the lower spinal column, join, and then descend each leg.^[8] After that, it splits into numerous smaller nerves that go to the toes, ankle, foot, thigh, and knee.

Sciatica is the term used by doctors to describe the condition where these nerves are inflamed or damaged by the inflammation of adjacent soft tissues. The sciatic nerve, which is the biggest nerve in the body with a diameter of 2 cm at its beginning, is a branch of the Sacral Plexus (L4 L5 S1 S2 S3). It descends between the greater trochanter of the femur and the tuboristy of the ischium, passes through the greater sciatic foramen beneath the piriformis, and travels along the back of the thigh to approximately its lower one third, where it splits into two large branches known as the tibial and common peroneal nerves.

Additionally, the sciatic nerve branches into the muscles and articulations.

Chief Causes of Sciatica^[9]

Tumour of Cauda equina,

- Protrusion of intervertebral disc.
- Pott's disease spondylosis,
- Osteomyelites,
- Fracture of Lumbar Vertebra,
- Neurofibroma,
- Tuberculosis,
- Gluteal bursitis,
- neoplasm of Sacrum and pelvic bones
- penetrating injury to Sciatic Nerve

Symptoms of Sciatica

The primary symptom of sciatic nerve irritation is pain felt in the lower back or buttocks that travels down one leg, frequently to the foot. The pain can vary from a mild ache to a sharp, shooting pain and may sometimes feel like an electric jolt travelling down the leg. Muscular weakness, numbness or a tingling sensation down the leg and into the foot may also be symptoms. Pain in the leg is usually worse when sitting.

The following list of consequences of compression of nerve roots is due to the common protrusion of disc between L5 and S1 between L4 and L5.

Table 2: Sign and Symptoms of Sciatica

SN	Sign and Symptoms	L5 Root	S1 Root
1.	Pain	Lateral thigh, calf outer ankle	Posterior of leg to heel
2.	Paraesthesia	Outer calf dorsum of foot big toe	Outer edge of foot and two lateral toes
3.	Reflex Change	None	Ankle jerk decreased or absent
4.	Sensory loss	Dorsum of foot between first and second toe, lateral part of calf	Outer edge of foot outer sole, heel two lateral toes posterior of calf
5.	Hypotonia	Peroneal muscles Hamstring buttock muscles	Calf muscles

6.	Motor	Dorsal flexion and	Plantar flexion at
	Weakness	eversion at ankle,	ankle eversion at
		dorsiflexion of big	slight in knee and
		toe, knee flexion	heap flexion
		slightly	

Investigations for Sciatica

- 1. CBC
- 2. RBC
- 3. X-ray Lumbosacral spine (AP & Lateral view)
- 4. MRI
- 5. Histopathological examination of disc

Management of Sciatica

A) Symptomatic Treatment

- 1) Acute Stage
- a) Rest in bed with necessary support to the back.
- b) Analgesics as required
- c) Heat
- d) Injection of 2% procaine or Lignocaine in the Sciatica nerve or epidural space to give dramatic relief.
- 2) Chronic Stage: Management will depend on cause.

B) Conservative Treatment

- a) Complete rest in bed supine for 3 to 6 weeks
- b) When pain relieved, plaster jacket to immobilize the lumbar spine for 3 to 6 months.
- c) A lumbar corset wornat all time during the day.

CONCLUSION

Pain in the distribution of the sciatic nerve, which originates in the lower back and spreads to the calf, the posterior region of the thigh, and the outside edge of the foot, is the hallmark of sciatica. *Gridhrasi* is one of the eighty kinds of *Nanatmaja Vata Vikara*. *Acharya Sushruta* has emphasized the significance of *Antara Kandara Gulpha* in causing the ailment *Gridhrasi*. *Acharya Sushruta* has mentioned the treatment of *Vatavyadhi Chikitsa*. *Acharya Harita* has mentioned the treatment *Agnikarma*. *Acharya Charaka* has

explained Siravyadha, Basti Karma, and Agnikarma in the management of Gridhrasi. Agnikaram, Marma Chikitsha is the treatment advised for sciatica pain (Gridhrasi). In society, Gridhrasi is frequently regarded as a major issue. The sciatic nerve, which is located in the buttock behind the hip joint, is the source of sciatic discomfort. Clinical signs of sciatic nerve injury include low back discomfort and radiculopathy, which is the dispersion of the sciatic nerve. The injury can occur anywhere in the leg. Agnikarma, Marma Chikitsa is advised in sciatica, but conservation treatment and surgery are advised in Western medicine. The lumbar spine is associated with the costliest orthopedic problem worldwide. It is the seat of miracles. The central and autonomic nervous systems supply the spine and the entire neural system. The sciatic nerve, which is located in the buttock behind the hip joint, is the source of sciatica pain. In contemporary medicine, Sciatica, also referred to as Sciatica Syndrome, is a disease that resembles Gridhrasi.

REFERENCES

- Sushrut Samhita, by Dr. Ambika Dutta Shastri, Nidansthana Chapter 1/74, published by Chaukhambha Surbharati Prakashana, Varanasi.
- Anantkumar Shekokar, Kanchan Shekokar. Principles and Practices of Agnikarma. 2nd ed. Pune: Shantuprakashan; 2007. p.47.
- Charaka Samhita (Vaidyamanorama Hindi Commentary), Vol. I. 8th ed. Varanasi: Vidyadharshulka, Ravidatta Tripathi, editors. Chaukhambha Sanskrut Prakashan; 2004. Sutrasthana, 20/10.
- Charaka Samhita (Vaidya manorama Hindi Commentary), Vol. I. 8th ed. Varanasi: Vidyadharshulka, Ravidatta Tripathi, editors. Chaukhambha Sanskrut Prakashan; 2004. Nidansthana, 1/6. p. 462.
- Sushruta Samhita (Susrutavimarsa in Hindi commentary), Vol. I. 5th ed. Varanasi: Anantram Sharma, editor. Chaukhambha Surbharati Prakashan; 2008. Sutrasthana, 21/19.
- Charaka Samhita Hindi (Vaidya manorama II. ed. Commentary), Vol. 8th Varanasi: Vidyadharshulka, Ravidatta Tripathi, editor. Sanskrut 2007. Chaukhambha Prakashan; Chikitsasthana, 28/57.

- Yuen EC, So YT (1999) entrapment and other focal neuropathies; sciatic neuropathy, Neurol Clin 17 (3): 617

 631 August Sunderland S (1951) a classification of peripheral nerve injuries producing loss of function.
 brain 74:491 516
- 8. Bases of clinical practice Gray's Anatomy 39th Edition Elsvier Churchill Living stone 2005 1456
- Plewnia C, Wallace C et al. (1999) Traumatic sciatic neuropathy; a novel cause, local experience, and a review of the literature. J trama 47(5): 986-999 November.
- Varinder Kaur, Subhash Upadhyay, Sakshi. Study of Gridhrasi as Sciatica and Role of Sciatica Nerve (Gridhrasi). International Journal of Ayurveda and Pharma Research. 2021;9(5):69-73.

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