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Review Article

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ETIOPATHOGENESIS AND PRINCIPLE OF MANAGEMENT OF GRIDHRASI VIS- A - VIS SCIATICA: A REVIEW

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ABSTRACT

Gridhrasi, known in modern terms as sciatica, is a condition described in Ayurveda as one of the 8080 Vata Nanatmaj disorders. The term "Gridhrasi" is derived from the Sanskrit root "Gridhu" indicating the relentless nature of the pain, which Ayurvedic texts describe as severepain, stiffness, and abnormal leg movements, likened to a vulture's walk. Sciatica, in modern medicine, refers to sharp pain radiating along the sciatic nerve pathway from lower back to legtypically caused by nerve compression. Ayurveda attributes Gridhrasi to Vata aggravation from dietary and lifestyle factors, while modern medicine links sciatica to structural issues likeherniated discs and spinal stenosis. Epidemiologically, sciatica affects 10-40% of people during their lives, with peak incidence between ages 40-60, influenced by factors such as age, obesity, and sedentary lifestyle. Ayurvedic pathogenesis involves Dhatkshaya janya, Margavarodha janya and Abhighataj Gridhrasi the main factor being the Vata vitiation along with Kapha paralleling modern views of lumbar or sacral nerve compression due to disc issues. Ayurvedic treatments focus on avoiding Vata-aggravating factors employing therapies like Shamana Chikitsa and Shodhan Chikitsa, including Snehan (oleation), Swedan (fomentation), Virechan (purgation), Basti (medicated enema), Siravedhan etc. Modern treatments start with non-surgical methods such as physical therapy and medications, reserving surgery for severe cases. The prognosis varies, with recent, uncomplicated cases being more treatable in both systems. This review highlights the similarities and differences in the understanding and management of Gridhrasi and sciatica, offering a comprehensive view from both Ayurvedic and modern medical perspectives.

KEYWORDS: Gridhrasi, Sciatica, Vata.

INTRODUCTION

Gridhrasi in *Ayurveda* Texts, or sciatica in modern medicine, is a condition causing severe pain radiating from lower back to leg.

Sciatica is a global health issue affecting millions of people, accounting for 10% to 40% of lower back pain cases. Its incidence increases with age, peaking in the fifth and sixth decades of life, although it can manifest at any age. The exact prevalence rates vary, but estimates rangefrom 10% to 40%.

In Ayurveda, Gridhrasi is classified as one of the 8080 Vata Nanatmaj disorders, primarily caused by the vitiation of Vata Dosha. The term "Gridhrasi" comes from the Sanskrit root "Gridhu" meaning to covet, desire, or strive eagerly. Symptoms include pain, stiffness, and restricted movements, in the lumbar and lower back regions, extending down to the legs. often resembling the "gait of a vulture". It's divided into Vataja and

VataKaphaja types. Lifestyle factors like diet and stress contribute to Vata imbalance. The vitiated Vata accumulates in the lumbosacral region, disrupting the normal functioning of nerves and muscles and resulting in the characteristic symptoms of Gridhrasi. Sushruta describes how vitiated Kapha affects specific ligaments in VataKaphaja Gridhrasi. Classical texts by Vriddha Vagbhata and Laghu Vagbhata support this understanding.

In modern medicine, sciatica is often linked to spine abnormalities like herniated discs, spinal stenosis, and degenerative changes. Mechanical compression of sciatic nerve roots, obesity, sedentary lifestyle, and occupational hazards may also contribute to the condition. Patients may experience numbness, tingling sensations, and muscle weakness in the affected limb, often exacerbated by movements such as coughing or sneezing.

Ayurvedic treatment of Gridhrasi (sciatica) focuses on

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restoring *Dosha* balance through herbal formulations, *Panchakarma* procedures (like *Basti* and *Virechana*), dietary modifications, and personalized lifestyle adjustments. In contrast, modern treatment for sciatica includes pharmacotherapy (NSAIDs, muscle relaxants), physical therapy, spinal injections (e.g., epidural steroids), and surgical interventions (e.g., discectomy, laminectomy) for persistent cases.

This article aims to explore the parallels between *Gridhrasi* and sciatica, examining their shared characteristics, underlying causes, and the implications for treatment across both *Ayurvedic* and modern medical frameworks.

AIM AND OBJECTIVE

1. To study the *Nidanapanchatmaka of Gridhrasi* with *Ayurvedic* aspect along with *Ayurvedic* principle of management of the disease.

MATERIAL AND METHOD

This paper is based on an extensive review and analysis of the etiopathogenesis of *Gridhrasi* roga, as found in the *Ayurvedic Samhita*, texts, commentaries, various papers, and prior research investigations that are available in the Govt. Ayurveda College, Raipur (C.G.) library. It is advised to consult the *Sushruta Samhita*, *Madhava*, *Asthanga Hridaya*, and *Charak Samhita* texts.

REVIEW ON GRIDHRASI

Nirukti

- 1. *Gridhrasi* is derived from '*Gridhu*' *Dhatu* that means to covet, to desire, to strive after greedity, to be eager for. By adding '*Karan*'. And the disease which commonly occurs in person in known as *Gridhrasi*.^[1]
- 2. The term "Gridhrasi" emphasizes that the sickness primarily affects a patient's ability to move around without assistance. The following deductions, which are drawn from many Sanskrit texts, support this.
- i. Gridhrampisyati, "Syati" As Kshepana
- ii. "Orusandhau Vatarogah"
- iii. "Gridhramiva Syati Gacchati"

Definition Of *Gridhrasi* **and Sciatica**

Gridhrasi is a condition causing abnormal tossing motions in the affected leg, resembling a bird vulture's walk. Modern science identifies it as a shooting pain down the sciatica nerve's back. [2],[3]

Paryaya of *Gridhrasi*^[4]

- 1. Ringhini- Vachaspati Mishra says that this word denotes Gridhrasi which suggests Skhalana in the Shabdakalpadruma, which denotes displacement, particularly of a pichilasubstance.
- 2. Randhrinee- This word is used by Dalhana to denote Gradhrasi. The meaning of which is a weak point or rupture of a material.
- 3. Radhina- This word is used by Kasirama & Aadamalla in their Gudartha Deepika and Deepika commentary on Sarangadhara Samhita. The meaning of which is pressing, compressing or destroying. In this context the meaning of which is compression of Sciaticnerve root leading to radicular pain

Nidana (Etiological factors) Gridhrasi^[5]

- *Gridhrasi* is considered a type of 8080 *Vata Nanatmaj* disorder.
- Its causes are attributed to factors that aggravate *Vata Dosha*, such as diet and lifestylechoices.
- Specific dietary habits like consuming dry or rough foods and lifestyle factors like irregular posture and excessive walking are believed to contribute to *Gridhrasi*.

Sciatica^[6]

- Any condition that may structurally impact or compress the sciatic nerve may cause sciatica symptoms.
- Sciatica can result from various factors, including spinal issues like spinal stenosis or herniated discs.
- Non-spinal causes like pregnancy or trauma to the leg can also lead to sciatica symptoms.
- Iatrogenic causes, such as surgical trauma or faulty positioning during anesthesia, can also contribute to sciatica.

Purvaroopa (Prodromal features)

Table 1: Purvaroopa of Gridhrasi and Sciatica.

Gridhrasi ^[7]	Sciatica ^[6]
Samanya Purvaroopa of Vata Vyadhi since	Pain and stiffness in
it is a Vata Vyadhi i.e. Avyakta Lakshana, orthe	Lumbar and Lower
unmanifested symptom.	Back region.

1. Samanya Lakshana of Gridhrasi Sphikpurva katiprishtorujanu janghapadankramata. Vata stambharuktodai: Grihnatispandate muhu: (Ch.Chi 28/56)^[8]

Gridhrasi starts from hip and gradually comes down to waist, back, thigh, knee, shank, and foot and affects these parts with stiffness, distress, and piercing pain, and also

frequent quiverings.^[8] *Acharya Sushruta*, where two *Kandara* i.e. ligament of heel and all the toes areaffected by vitiated *Vata*, so movement of the lower limb get restricted; it is known as *Gridhrasi*.^[9]

2. Vishishta lakshana of Gridhrasi

There are two types of based on the imbalance of *Dosha*s and corresponding signs and symptoms:

Table 2: Vishishta Lakshan of Gridhrasi according to various Acharyas.

Acharya	Vataja Gridhrasi	VataKaphaja Gridhrasi
	Stambha(stiffness), (distress),	Tandra (drowsiness),
Acharya Charak ^[8]	Toda(piercing pain), Spandan	Gaurav(Heaviness),
	<i>Muhu</i> (frequent quiverings)	Aruchi(Anorexia)
Madhav Nidan,	Dehasyapi Pravakrata (Lumbar	
Bhavprakasha, and	Scoliosis), Janu, Uru Sandhi	
Yogratnakar [5]	Spurana	
Bhavprakasha ^[5]		Tandra, Mukhapraseka
Harita Samhita		staimitya

Sign and Symptoms of Sciatica^[10]

These are the most common symptoms of sciatica:

- Lower back pain that radiates or spreads down your buttock and the back of one thigh
- Pain that extends from your buttock down to your foot
- Straight leg raising may cause pain that radiates down the leg when the leg is slowly raised above

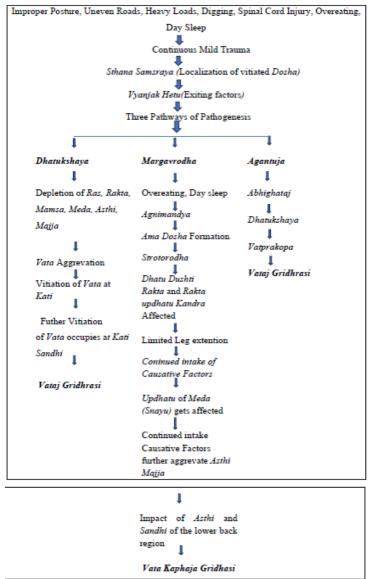
60° and sometimes less.

Numbness (in severe cases) and Weakness (in severe cases)

Type of Pain- burning, Shooting, lancinating, or stabbing.^[11]

Samprapti^[12]

Table 3: Samprapti chakra of Gridhrasi.



Samprapti Ghatak (Pathogenesis Factors)[5]

Dosha: Vata (Mainly Apan and Vyan Vayu) and Kapha predominant Tridosha involvement.

Dushya (Affected Tissue): Asthi (Bone), Majja (Bone marrow).

Upadhatu (Sub-Tissues): Sira (Blood vessels), Snayu (Muscles).

Other *Dushyas* involved: *Rakta* (Blood), *Mamsa* (Muscles), *Meda* (Fat), *Nadi Sansthana* (Nerve tissues).

Mala (Waste Products): Purisha (Stool).

Srotas (Channels): Asthivaha, Raktavaha, Mamsavaha, Medavaha, Asthivaha

Types of *Srotodushti* (Channel Imbalance): *Sanga* (Obstruction) and *Vimarga gamana* (Deviation from normal course), *siragranthi* (formation of nodules in *Sira*).

Originating Site: Pakwashaya (Large intestine).

Path of Manifestation: Shakha (Branches).

Disease Pathway: Madhyama (Middle).

Affected Area: Lower back region (Kati Pradesha).

Primary Location: Joints of the bones (Asthi Sandhi) in the lower back (Kati), sacrum (Trika), back (Prushta), thighs (Uru), knees (Janu), calf (Jangha), and feet (Pada).

Agni (Digestive Fire): Vishamagni (Irregular digestion), Mandagni (Weak digestion). Nature: Sudden/Intermittent (Aashukari/ Chirkari).

Prognosis: Generally, new onset cases are treatable

with moderate difficulty (Naveen-Kricchrasadhya).

Pathopysiology of Sciatica^[13]

- Sciatica is primarily caused by compression of lumbar or sacral nerves, with the most common culprit being disc herniation (90% cases). This occurs when the tough outer ring of a spinal disc tears, allowing the soft inner material (nucleus pulposus) to protrude and press against nearby nerve roots, leading to inflammation and pain
- 2. Spinal stenosis: Constriction of spinal canal, often from inflammation, tumors, or bone spurs.
- 3. Piriformis syndrome (up to 8% cases): Tightening or spasms of piriformis muscle compressing the sciatic nerve.
- 4. Pregnancy: Increasing fetal weight exerting pressure on the sciatic nerve.
- Contributing factors include age-related changes, heavy lifting, and gradual degeneration of spinal discs and vertebrae. The cartilage may bulge outward, coming into contact withthe sciatic nerve.

Diagnosis of Sciatica^{[14],[15]} Physical examination

During a physical examination, the doctor may check for: Localized pain in the low back, buttock, thigh, and leg

The response to leg movements that elongate the nerve (straightening the leg) The response to certain stimuli, such as gently pressing the toes or calf region.

Clinical test for Sciatica

Diagnostic Tests for Sciatica	Advanced Diagnostic Methods	
Straight Leg Raise (SLR)	Imaging Tests	
Procedure: Lift the affected leg while lyingflat.	MRI or CT Scans: Identify spinal cord abnormalities,	
Positive Sign: Pain suggests a herniated disk.	tumors, facet joint inflammation, and herniated discs.	
Crossed Straight Leg Raise Procedure: Lift the unaffected leg whilelying flat. Positive Sign: Pain in the affected leg indicates a herniated disk.	Discogram: Procedure: Inject contrast dye into discs forCT scan. Purpose: Detect disc bulging or herniation.	
Femoral Stretch	Electromyography and Nerve ConductionStudies:	
Procedure: Bend the knee of the affected legwhile	Procedure: Insert needle into muscle toevaluate electrical	
lying on the stomach, then lift the leg.Positive Sign:	activity.	
Thigh pain may indicate a herniated disk.	Purpose: Detect nerve damage and pinpoint sciatica source.	
Slump Test		
Procedure: Sit upright, bend forward, tuckchin to chest, and extend one knee. Positive Sign: Pain suggests sciatica. Note: SLR and Slump tests are positive with mechanical compression but not always with inflammation or chemical irritation.	Selective Nerve Block Injections: Procedure: Inject anesthetic around sciaticnerve root under imaging guidance. Purpose: Confirm sciatica by pain relief. Risks: Possible bleeding, nerve damage, andspinal cord tissue damage.	

Sapeksha Nidana^[16]

Table 4: Clinical tests for Sciatica.

s for Sciatica.	
Gridhrasi	Sciatica
	Herniated lumbosacral discMuscle spasm
Urustambha,	Nerve root impingementEpidural abscess Epidural
Khalli, Khanja,	hematoma Tumor
Pangu, and	Pott disease, also known as spinaltuberculosis
Gudagat Vata	Piriformis syndrome
	Sciatica

Prognosis

Table 5 Sapeksha Nidana for Gridhrasi and Sciatica.

The prognosis of *Gridhrasi* varies depending on several factors. In cases where the conditionis recent and occurs in individuals with robust health, it is typically easily curable. However, when accompanied by symptoms such as muscular wasting, stiffness, and restricted movement, it becomes challenging to treat (*kastasadhya*) or may even be deemed incurable (*Asadhya*).

Complications (Upadrava)- Of Gridhrasi^[17]

Complications (*Upadrava*) arise as a consequence of the primary disease, exacerbating its severity and complicating treatment. These complications are outlined in various classical texts as follows: *Sushruta* extensively details the complications of eight major diseases, including *Vatavyadhi*, both individually and collectively.

An injury to *Kukunder Marma* may lead to loss of Senasation and Paralysis of Lower Limb.

Complications (*Upadrava*)- Of Sciatica^[18]

Possible complications of unresolved sciatica include the following:Chronic pain

Chronic muscle weakness, such as drop foot Difficulty walking

Paresthesia (burning or prickling sensation) in the affected legMuscle loss in the affected leg

Loss of bowel and/or bladder function Permanent nerve damage Hyperalgesia

Principles of management for $gridharsi^{[5][9][12] \ 19][20]}$

Gridhrasi's Ayurvedic therapeutic strategy, as a Vatavyadhi, is to avoid all Vataprakopa hetus, including Vataprakopa ahar and Vihara.

- A. Nidan Parivarjan
- B. Shaman Chikitsa

Following Chikitsa can be included under Shamana Chikitsa.

- Vedanashamaka Chikitsa To pacify the severity of pain combination of Guggulu and Kupilu can be used
- 2. Vatahara Chikitsa Elimination of vitiated Vata Dosha by both Shaman and Shodhan Chikitsa

- 3. Kaphahara Chikitsa Pacification of vitiated Kapha Dosha. Combinations containing Guggulu and Shodhit Kupeelu are the best in such conditions as it acts both on Vata and Kapha
- 4. Deepana and Pachana Chikitsa To destroy the Ama and to maintain the equilibrium of the Agni, thus achieving the physical harmony. Acharya Chakradatta have described in the context of AmaVata Rogadhikara, Ajamodadivati in the case of Ugra Gridhrasi.

Various Yog For Shaman Chikitsa include

- 1. Yog Ratnakar- Mahavishagarbha Taila, Vajigandhadi Taila, lasuna
- 2. Chakra Dutt
- i. Churna of Dashmoola +Bala + Rasna + Guduchi + Sunthi along with ErandaTaila.
- ii. Rasnadi Guggulu, Trayodasanga Guggulu, Chagaladya Ghrta, Saindhavadya Taila, Kubjaprasarani Taila
- iii. decoction of Sephalika leaves as best for chronic Gridhrasii
- 3. Bhavprakash
- i. Gomutra with castor oil for one month.
- ii. Taila, Ghṛta, Matulunga and Adraka Swarasa taken with Cukra and Guda are useful in Sula of Kati, Uruh, Prsṭha, Tṛka and Gulma, Gridhrasi and Udavart
- iii. **chronic** *Gridhrasi Bilva*, *Brihati* and *Kantakari*.
- iv. *Gridhrasi* patients who cannot walk.- The decoction of Sinhasya, Danti and *Krutamalaka* along with *Eranda Taila* is advised
- v. *Vata-Kaphaja Gridhrasi Gomutra* + *castor oil* + *Pippali Churna* to be takenfor a long period.
- vi. **chronic** / **Asadhya Gridhrasi**-external Twak of Bakana (brihatnimba)
- vii. Rasna Guggulu, Pathyadi Guggulu
- Bhaishajya Ratmavali- Nakula Taila, Nakuladhya Ghrita, Brihat Chagaladi, Maha Narayana Taila
- 5. Sahsra Yoga- Triguna Rasa, Sahacharadi Taila
- 6. BhelaSamhita- Rasna Taila
- Sharangadhara Samhita- Varuni Taila, Dhatturadi Taila, Mashadi Taila, Maharasnadi kwath, Devdarvadi kwath
- 8. Rasa Ratnakar- Sarvaga kampa Rasa

C. Shodhan Chikitsa

Table 6: Shodhan Chikitsa for Gridhrasi.

Karma	Acharya	Procedures
		External Snehan-may be performed in the form of
Snehan		Abhyanga, Pizhichhil, Avagaha, Parisheka etc.
		Internal Snehan- chaturvidha Mahasneha (VataKaphaja
		Gridhrasi should be restricted as this
		treatment tends to worsen the imbalance of Kapha Dosha)
		Avagaha Sweda, Pizhiccil, Nadi Sweda, PatrapindaSweda, Pinda
Swedan		Sweda and Upanaha Sweda may be efficiently performed in patients
		of Gridhrasi. But in VataKaphaja Gridhrasi, Baluka Sweda is a
		better option for evident reasons
Vaman		Vata-Kaphaja Gridhrasi

Virechan	Ch.	Niruha Basti- Erandmuladi Kwath Anuvasn Basti- Saindhvadi Taila Mridu virechan with oral Administration of Eranda Snehaalong with Milk This will help in both Vata Anulomana aswell as smooth excretion of Mala. The Sneha Virechana clears obstruction in the Srotas and relieves Vata vitiation very quickly.	
	Ch.	Basti Chikitsa as 'Ardha Chikitsa' or 'Purna Chikitsa' of Vata Niruha and Anuvasan	
Basti		Ksheer <i>Basti</i> (medicated enema with milk) is a main lineof	
	C.D.	treatment in Vata Vyadhi Basti should be administered after proper Agnidipan, pachan and Urdhvasodhana.	
	Ch.	between Kandara and Gulfa	
	Su.	Janu Sandhi (knee joint) after Sankocana	
Siravedha	A.s.&A.h.	four Angula above and below the Janu Sandhi.	
	C.D.	four Angula below IndraBasti Marma.	
	<i>Y.R</i> .	four Angula around Basti and Mutreendriya	
Agni	Ch. C.D.	between Kandara and Gulfa	
karma	<i>Y.R.</i>	Kanisthika Anguli of Pada (If Siravedha Fails)little finger of the leg	
		(If Siravedha Fails)	

Abbrevations- Ch.- Charak, C.D.-Chakradutt, Su-Sushrut, Y.R.-Yogratnakar, A.s.-Ashtang Sangrah, A.h.-Ashtang Hridaya.

D. Shastra Karma

Chakra Dutt- small operation with prior Snehana and Swedana to remove Granthi in Gridhrasi

Principles of Management for Sciatica^{[21],[22]}
Sciatica treatment includes
Non-Surgical method- methods are tried first, Acute

sciatica usually gets better with 4 to 6 weeks of nonsurgical treatment. For chronic sciatica with pain lasting over 8 weeks, treatmenttime may take longer and may depend on the underlying cause.

Surgical Method- may be indicated when the underlying cause is severe and/or progressive neurological deficits, such as leg weakness, occur.

Non-Surgical method

Surgical Method

Table 7: Treatment for Sciatica- Non Surgical Method.

	anca- 11011 Surgical Method.	
	Rest: Avoid strenuous activities; engage in light activities like walkingand stretching. Ice and Heat	
	Ice therapy: Use an ice pack for 20 minutes several times a day during the first few	
Physical therapy	days.	
r nysicai therapy	Heat therapy: Switch to a warm compress or heating pad for 20minutes	
	several times a day after the initial days.	
	Sciatica Stretches- Piriformis Stretch & Hamstring Stretch	
	Sciatica Exercises- Trunk Rotations & Plank	
	Nonsteroidal anti-inflammatory drugs (NSAIDS), such as ibuprofen ornaproxen	
M - 12 - 42	Oral steroids, such as prednisone Anticonvulsant medications, such as gabapentin	
Medications	Tricyclic antidepressants, such as amitriptyline	
	Opioid analgesics, such as tramadol or oxycodone	
Yoga	Dragon pose & Cobra Pose	
	Relaxes tight muscles and boosts blood flow for faster healing. Relaxing tight	
Sciatica Massage	muscles, which may be contributing to the pain Releasing endorphins, which are	
Sciatica Massage	hormones in the body that function as	
	natural pain relievers	
Other Supportive	Acupuncture: Stimulates nervous and immune systems, releasesendorphins.	
Therapies	Biofeedback: Uses sensors to help control muscle tension	
	Epidural steroid injections- help relieve sciatic pain stemming from conditions such	
Lumbar	as spinal stenosis, disc herniation, or degenerative disc disease.	
Therapeutic	Selective nerve root blocks: Involve injecting medication near the	
Injection	spinal nerve to reduce inflammation and numb pain. These injections target nerve	
	roots from L4 to S3.	

Table 8: Treatment for Sciatica- Surgical method.

Microdiscectomy	Involves removing small pieces of bone, disk, and ligament pressing on
	the nerve through a small incision
	The lamina is part of the ring of bone that covers the spinal cord. A
Laminectomy	laminectomy involves removing the lamina and any tissue pressing on
	the nerve to relieve pain.
	The procedure increases the size of the neuroforamen by removing
Foraminotomy	excess bone, creating additional space for the nerve root as it exits the
	spinal column
	This surgical procedure relieves nerve compression from degenerated
Facetectomy	facet joints by trimming or removing them. Its goal is to alleviate
	pressure on pinched nerves, offering relief from associated symptoms.
pinal fusion	Spinal fusion surgery joins two or more vertebrae with screws and metal
surgery	rods to support the spine and relieve nerve pressure

Pathya Ahara -Vihara Patil NJ et.al. Sciatica Pathya Ahara

Anna Varga: Kulathi, Masha, Godhuma, Raktashali, Navina Tila, and Purana Shalyodana.

Phala Varga- Amla, Rasayukta Phala, Dadima, Draksha, Jambira, and Badara. Shaka Varga: Patola, Shigru, and Rasona.

Dugdha Varga includes Kshira, Ghrita, and Navneeta. Dravya Varga includes Mamsa Rasa, Mudga Yusha, and Dhanyamla. Taila Varga includes Tila Taila, Sasharpa Taila, and Eranda Taila. Anya Varga: Tambula, Ela, and Kustha.

Pathya Vihara -Sukhoshna Pariseka, NirVata Sthana, Samvahana, Avagahana, Abhyanga, Brahmacharya, Ushna Pravarana, Agni Aatapa Sevana, Snigdha-Ushna Lepa.

Apathya Ahara -Vihara

Those *Ahara* and *Vihara* which have adverse effects on body and are non homologatory to body are called *Apathya*.

Apathya Ahara -Kalaya, Chanaka, Kanguni, Kodrava, Shyamaka, Nivara, Nishpava Beeja, Rajmasha, Karira, Jambu, Trinaka, Tinduka, Shushka Mamsa, Dushita Jala. Apathya Vihara -Vegadharana, Vyavaya, Vyayama, Vamana, Raktamokshana, Prajagarana, Diwaswapna, Adhava, Ati-Gaja-Ashwa-Ushtra-Yana Sevana.

DISCUSSION

The discussion on *Gridhrasi* (sciatica) as understood in *Ayurveda* texts and modern medicine unveils intriguing insights into the nature, causes, symptoms, and treatments of this condition. Let's delve into a detailed discussion to explore these aspects further:

Nature of Gridhrasi/Sciatica

Gridhrasi, as described in Ayurvedic texts, is characterized by severe pain radiating from the lower back to the legs. The term "Gridhrasi" suggests a similarity to the gait of a vulture, emphasizing the abnormal tossing motions in the affected leg. Similarly, sciatica in modern medicine refers to the compression or irritation of the sciatic nerve, resulting in pain that typically radiates from the lower back through the

buttock and down the leg.

Causes and Pathophysiology

Ayurveda attributes Gridhrasi primarily to the vitiation of Vata Dosha, influenced by dietary and lifestyle factors. It emphasizes factors such as dry or rough foods, irregular posture, and excessive walking as contributors to Vata imbalance. Conversely, modern medicine identifies structural issues like herniated discs, spinal stenosis, and degenerative changes in the spine as common causes of sciatica. Mechanical compression of the sciatic nerve roots, obesity, sedentary lifestyle, and occupational hazards are also recognized contributors.

Symptoms

Both *Ayurveda* and modern medicine highlight similar symptoms of *Gridhrasi*/sciatica, including pain, stiffness, restricted movement, numbness, tingling sensations, and muscle weakness in the affected limb. The specific description of symptoms aligns with the understanding of nerve compression and dysfunction in both systems.

Diagnosis

While *Ayurveda* relies on clinical examination and assessment of *Dosha* imbalance to diagnose *Gridhrasi*, modern medicine employs a variety of diagnostic tools. These include physical examination manoeuvres like the straight leg raise test, imaging studies such as MRI or CT scans to visualize spinal abnormalities, and electromyography to evaluate nerve function.

Treatment Approaches

Ayurvedic management of *Gridhrasi* emphasizes restoring *Dosha* balance through herbal formulations, *Panchakarma* procedures, dietary modifications, and lifestyle adjustments. In contrast, modern treatment options for sciatica include pharmacotherapy with NSAIDs, muscle relaxants, physical therapy, spinal injections (e.g., epidural steroids), and surgical interventions like discectomy or laminectomy for refractory cases.

Prognosis and Complications

The prognosis of *Gridhrasi*/sciatica varies based on factors such as the duration and severity of symptoms,

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underlying health conditions, and response to treatment. Both systems acknowledge the potential for chronicity and complications such as chronic pain, muscle weakness, loss of function, and nerve damage if left untreated or inadequately managed.

Principles of Management

Ayurvedic management focuses on *Nidan Parivarjan* (avoiding causative factors) and *Shaman* (pacifying *Dosha* imbalance) and *Shodhan Chikitsa* (cleansing therapies). Modern treatment principles include nonsurgical interventions like physical therapy, medications, and minimally invasive procedures, with surgery reserved for specific indications.

Pathya (Conducive) and **Apathya** (Non-conducive) Factors

Both Ayurveda and modern medicine emphasize lifestyle modifications and dietary recommendations to manage *Gridhrasi*/sciatica effectively. Pathya factors include appropriatediet, rest, and gentle exercise, while *Apathya* factors encompass activities or foods that exacerbate symptoms.

CONCLUSION

In conclusion, both *Ayurveda*'s *Gridhrasi* and modern medicine's Sciatica share similarities in aetiology and symptomatology, despite differences in terminology and approach. While *Ayurveda* focuses on balancing *Dosha*s through holistic therapies, modern medicine emphasizes structural interventions and symptomatic relief. Understanding these parallels can enhance patient care through integrated treatment strategies.

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