



Review Article

A CONCEPTUAL REVIEW ON *GRIDHRASI* W.S.R SCIATICA AND ITS AYURVEDIC MANAGEMENT

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Article info

Article History:

Received: 27-08-2024

Accepted: 22-09-2024

Published: 20-10-2024

KEYWORDS:

Gridhasi, Sciatica, *Vata Vyadhi*, *Vataj Nanatmaj Vyadhi*.

ABSTRACT

Locomotor system diseases are becoming more prevalent, limiting social and professional activities. Low back pain affects a large portion of the population. The prevalence of chronic low back pain rises steadily from the third decade of life until 60 years of age, with women having a higher incidence. *Gridhrasi* is one of the *Vataja Nanatmaja vyadhi*, where dysfunction of *Vata* affect *Gridhrasi Nadi* characterized by low back pain radiating to lower limbs, stiffness and pricking type of pain. It starts from *Kati-Prishta* (pelvic region and lumbosacral) radiating to *Jangha Paada* (thigh, feet) with impairment of lifting the leg. Sciatica is the most common debilitating condition causes chronic low back ache. Radiating leg pain disabilities are observed in sciatica. Herniation of one or more lumbar intervertebral discs can causes radicular pain in the sciatic nerve distribution, which is a common and frequently incapacitating condition. This illness is thought to affect 13% to 40% of people in their lifetime. Thankfully, most instances get well on their own with basic physiotherapy and analgesic. But there's a chance the illness will become unmanageable and persistent, with serious socioeconomic repercussions. Epidemiological factors discovered to influence the occurrence of sciatica included increasing height, age, genetic susceptibility, walking, running (if there is a history of sciatica), and specific physical jobs, such as driving. In this article, attempt has been made to review the Ayurvedic classics text and related literatures to understand the disease *Gridhrasi*.

INTRODUCTION

Gridhrasi, a *Vata Nanatmaja Vyadhi*^[1], exhibits vitiation of *Vata Dosha*, which affects the *Kandaras* of the lower limbs. One such severe and incapacitating sickness of locomotor system is called *Gridhrasi* in Ayurvedic scriptures. The word "*Gridhra*" refers to the bird "*Eagle*." The name *Gridhrasi* refers to the person's gait, which is quite similar to that of a vulture (*Gridhra*)^[2], or an eagle that walks with a limp, that is, without elevating a leg. At the moment, people's lifestyles are gradually shifting away from healthy living, and as a result, they are becoming more susceptible to numerous ailments. Sedentary lifestyles, stress, poor posture, constant jerky movements, long trips, and so on all put a strain on the spine and lower

area of the pelvis. Low back pain (LBP) is the most frequently reported musculoskeletal problem in elderly adults. In 1979 Professor Cochrane's report declared that the back problems cost to the nation 220 million in output, million in sickness benefits and 60 million in drugs^[3]. LBP due to lumbar disc prolapse is the major cause of morbidity throughout the world. Lifetime incidence of LBP is 50-70% with incidence of sciatica more than 40%. However clinically significant sciatica due to lumbar disc prolapse occurs in 4-6% of the population. It has been observed by modern researchers that the prolapse of intervertebral disc in the lumbar region is responsible for the majority of cases of sciatica. However clinically significant sciatica due to lumbar disc prolapse occurs in 4-6% of the population. The prevalence of sciatica varies considerably ranging from 1.6% in the general population to 43% in a selected working population^[4]. Intervertebral disc prolapse which is a phenomenon pertaining to the involvement of *Sleshmaka Kapha*, the prolapse nucleus pulposes which is a *Sleshmika* factor that presses against the nerve root in the pathogenesis

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Quick Response Code	
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of *Gridhrasi*. It can be termed *Kaphavrutavata*. *Gridhrasi* is given as disease caused by *Rakt* and *Vata* vitiation^[5].

Nidana (Etiology) of Gridhrasi

In the instance of *Gridhrasi*, *Nidana* has not been mentioned. As a result, the causative variables described in the production of *Vata Vyadhi* are also regarded *Nidana* of *Gridhrasi*. *Gridhrasi* is considered the *Nanatmaja* type of *Vata Vyadhi*, hence the provoking aspects of *Vata* can also be viewed as the cause of *Gridhrasi*

All the etiological factors of *Vata Vyadhi* as well as *Vata Prakopa* are taken as *Nidana* of *Gridhrasi*^[6].

Vataprakopaka factors w.s.r to Gridhrasivata^[7]

Dietetic factors: Indulgence in foods which are astringent, pungent and bitter, very less in quantity, very dry and light food use of cold food, not taking any food at all, diet that is consumed repeatedly; drinking water when starving, eating food that has been dehydrated, and consuming dried food items; consuming *Dhanyas* such as Green Gram, *Masoora*, *Adhaki*, *Harenu*, *Kalaya*, *Nispava*, *Chanak*, *Trunadhanya*, and sprouting *Dhanyas*; *Sakas* such as *Vallura*, *Varaka*, *Uddalaka*, *Kareera*, *Tumbi*, *Kalinga Chirbita*, *Salooka*, *Jambhava*, *Tinduka*, *Bisa*, and *Sushkamamamsa*.

Vihara or behavioural factors: Activities such as jumping, running, skipping, excessive walking, swimming, high jumping, jumping on uneven surfaces, etc. that put undue strain on the hands, feet, and lumbar region; controlling animal movement; excessive load reciting; attempting to use hard bows; lifting weight; carrying heavy loads; etc. that put undue strain on the chest and spinal column; *Kati*; excessively violent exercise; uncomfortable beds and seats; excessive riding; traveling on chariots or other vehicles or animals; driving circular vehicles; and grappling with someone stronger than you. Initiating unmanifested impulses, suppressing natural urges like sleep, urination, feces, semen, vomit, sneezing, borborygmus, tears, etc., and excessively massaging or *Utsadhana*.

Climatic factors: Excessive exposure to cold climate, rainy season, summer season, cloudy atmosphere.

Factors pertaining to improper treatment: Excessive putrefaction process like *Virechana*, *Vamana*

Time factors: Early morning, midnight, after digestion.

Psychological factors- Worry, grief, anger, fear, anxiety, timidity, tension.

Diseases which are likely to cause Gridhrasi: Factors that injure the body include falling from moving cars or animals, falling from heights, falling on uneven surfaces, pressing injuries from other sources, excessive bleeding, emaciation from a protracted illness, poisoning, losing *Rakta*, *Ama*, injury, and damage to the diseases of the *Hridaya*, *Sira*, and *Vasti*.

Age - Vruddhavastha

Kapha provoking factors w.s.r to Gridhrasi^[8]

Dietetic factors: Intake of food, predominantly of sweet, salty, acidic, cold unctuous, heavy and which increase secretion of *Kapha*, slimy, intake of food in excessive quantity, specific foods like *Hayanaka*, *Yavaka*, *Saishadha*, *Itkata*, blackgram, wheat, gingly, rice cakes and curd, milk, *Krusara*, *Payasa*, cane sugar preparations; fats, flesh of aquatic and wet land animals, bulbs and lotus - stems, *Valliphala*, recently procured rice, *Prudhuka*, heavy tiffins, *Sashkuli*, *Amaksheera* products of milk like *Kirata*, *Moraka*, *Kuruchika*, *Peeyusha*, sugarcane juice, banana, *Kharjura*, tender coconut, intake of water stored overnight, excessive intake of water.

Vihara factors: Day sleep, sedentary habit, laziness, excessive sleep, non-indulgence of physical, mental, or oratory work, lying without pillow and suppression of vomiting.

Psychological factors and other factors: *Harsha* non-adoptions of purificatory processes like *Virechana*, disorders like *Ajeerna*, *Agnimandya*, early age and *Vasant Ritu*.

Purvaroopo

Acharya Charaka has explained *Avyakta* as presentation of mild symptoms^[9].

Roopa

Teevravastha (Acute stage): Abrupt, excruciating low back pain that radiates down the leg, made worse by movement. The patient is restless because he cannot assume any posture that relieves the discomfort. Though quite variable, the severity is typically unbearable. When *Gridhrasi* develops gradually, the illness will be subacute; otherwise, recurrent episodes could occur, which could eventually result in a chronic condition.

Jeernavastha (chronic stage): Recurrent attacks may follow an acute attack and its subsidence, resulting in a chronic stage, or these mild episodes may eventually evolve to *Jeernavastha*, where there is less pain and less noticeable muscle spasm but more noticeable root site compression. Dorsiflexion and growth weakness of the big toe are initially observed. There is a noticeable loss of anterior tibial muscle. The patient will become more *Stabdhata* and acclimated to walking with a typical forward and lateral side flexion.

Mild: There is rarely pain on palpation of the lumbar spine.

There is none or only a slight increase in pain during motion of the lumbar spine.

The straight leg raising test does not cause pain in the lumbar spine.

Acute: Pain occurs on palpation of the back/ or gluteal region.

Definite loss of motion, pain occurs when the back is moved.

The straight leg raising test is positive. Straining, coughing, sneezing and similar activities usually increase pain in the back.

Chronic: Occasional pain on palpation of lumbar spine, and there is often a limitation of motion.

Sciatica: Ache and radiating pain affect one or both legs, well below the gluteal folds. Numbness, parasthesia, and weakness in one or both legs are common clinical features. Pain on palpation may be felt in the lumbar region or in the leg. There is no additional tension in the lumbar musculature. The

lumbar spine has restricted movement, as does the hip joint at times. The straight leg lifting test yielded positive results. Neurological findings may be present.

Posture Relevance

Nachemson (1976) investigated the pressure or load in the third lumbar disc in different static positions of the body, during various muscle strengthening exercises and manoeuvres.

In a person weighing 70kg, the approximate pressure on the third lumbar disc in various postures is as follows^[10]:

Nature of Activity	Load in kgs
Simple lying	30
With 30kg traction	10
With both leg raising straight	120
Standing	
Simple standing	70
Walking	85
Twisting	90
Bending side down	95
Bending forward 20 degree	120
With 10kg weight in each hand	185
Sitting without back support	100
Coughing or jumping	110
Straining or laughing	120
Lifting of 20 kg with back straight knees bent	210
With back bent knees straight	340

It's interesting to see that standing causes less disc stress than sitting does. More pressure is produced by laughing, coughing, and jumping than by sitting.

Chikitsa

According to Acharya Charaka

According to Acharya Charaka, venesection in the vein present between the *Kandara* of the ankle joint, *Basti* and *Agnikarma* (cauterization) should be used in *Gridhrasi*.^[11]

Formulations: *Bala Taila, Swadanshtradi Taila, Chitrakadi Taila, Mulaka Taila, Yavadi Taila.*

According to Acharya Sushruta

He mentions *Vishnu* as *Adhidaiva* for *Padas* (legs)^[12].

He clearly mentions in *Marmashareera* that trauma on *Kukundara Marma* (lumbar area of vertebral column) leads to sensory and motor loss of lower limbs and leads to disability (*Vaikalyata*).^[13]

Siravedha 4 *Angul* above and below of *Janu Sandhi*^[14].

Formulations - *Chitrakadi Taila, Vrishadi Asthapana, Anu Taila, Kalyanaka Lavana, Snehalavan, Patralavana.*

According to Hareeta Samhita^[15]

- *Raktamokshan, Swedankarma* (for inducing sweating)
- Decoction – *Rasnapanchaka*
- *Churna – Ajmodadi Churna*

- Powder of drugs like *Shatavari, Bala, Atibala, Pippli, Pushkarmoola* are mixed with *Eranda Taila* can reduce symptoms of *Gridhrasi*.

If these procedure cannot suppress the disease then go for *Agnikarma*.

According to Chakrapani^[15]

He first describes the line of treatment of *Gridhrasi* in a very detailed manner i.e., *Sodhana, Vasti*, preceded by *Urdhwa Sodhana, Shastrakarma, Dagdhakarma, Lepa, Raktamokshan* etc.

Yoga/formulations: *Simhanada Guggulu, Brihastsimhanada Guggulu, Shefalika Kwatha, Rasnadi Gudika, Saptaprasthabrihinmas Taila, Saindhavadhya Tailam, Swalparasonpinda.*

According to Yogratnakar^[16]

Abhyanga

Taila is used for *Abhyanga*, which is thought to be the finest for *Vata Dosha* due to its properties *Snigdha, Ushna, Guru* which are opposite to *Vata* i.e., *Ruksha, Sheeta, Laghu* it will not increase *Vata*, also with *Ushna Guna* of tail it does not increase *Kapha* as *Gridhrasi* is *Vata* and *Vata Kaphaj Vyadhi* hence *Abhyanga* with oil is effective in *Gridhrasi*.

Swedana

Gridhrasi is a *Shoolapradhana Vyadhi* and *Shoolavayuparama* (destruction of pain) is the *Guna* of proper *Swedana*.

Basti

The most crucial *Karma* for treating *Vata Vyadhi* is *Basti*. It is recommended for individuals with impairment, stiffness in the extremities, organ pain, and bone fractures. The majority of the symptoms are present in *Gridhrasi* patients, including severe constipation, loss of appetite etc.

Virechana

Virechana destroys the *Vyadhi*, eliminates the *Maladravyas*, raises *Agni*, cleanses *Srotas*, and *Dhatu*s. If there are more vitiated *Doshas* than normal *Snehana* and *Swedana* are unable to find relief, only *Virechana* should be used for *Dhosa Shodhana*, we employ *Trivrutta*, *Eranda*, *Aragvadha* etc for this.

Amla-Lavana-Madhura Rasa Sevana

These *Rasa* reduces *Vata*, so the food rich in these *Rasa* must be given to *Gridhrasi*.

Formulation: *Vajigandhadi taila (Basti, Paana)*, *Saindhavadi taila*, *Mahanimba kalka*, *Abhadi churna*, *Triyodashanga guggulu*, *Dwatinshaka guggulu*.

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Cite this article as:

Chauhan Neetika, Mukeriya Kumar Pravesh, Srivastava Kumar Alok, Nitesh Anand. A Conceptual Review on Gridhrasi w.s.r Sciatica and its Ayurvedic Management. International Journal of Ayurveda and Pharma Research. 2024;12(9):124-127.

<https://doi.org/10.47070/ijapr.v12i9.3399>

Source of support: Nil, Conflict of interest: None Declared

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