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Review of the Concept of *Gridhrasi* (Sciatica)

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Abstract: ***Conceptual Review on the most prevalent condition today that affects leg movements, especially in middle age, is low back pain that interferes with daily tasks. One of Vataja Nanatmaja Vyadhi is Gridhrasi. It is a pain-dominant lifestyle disorder in which the pain starts from SphikPradesh & radiates down to foot, here piercing type of pain which restricts the movement of the affected leg, make his walking pattern-like bird vulture and put him in disgraceful condition. Gridhrasi (Sciatica). Sciatica can be associated with Gridhrasi in Ayurveda based on its symptoms. 80–90% of people experience low back pain, and 5% of those experience sciatica. Between the ages of 30 and 40, it is typical and affects both sexes. It is a pain-dominant illness that limits people's ability to engage in personal, social, and professional activities. The movement and functions of the body are controlled by Vata, which is one of the diseases classified by Ayurveda as one of them. Vata-Kaphaja Gridhrasi is also caused by Vata-Kapha vitiation. The use of analgesics and physical therapy will help in the treatment of the disease sciatica to some extent, but they are not the ultimate cure. In addition to being expensive, surgery also carries the risk of recurrence. Better options are provided by Ayurveda for treating this painful disorder.***
Keywords: Sciatica, Gridhrasi, Snehana, Swedana, Basti, Agnikarma.

I. INTRODUCTION

The sciatic nerve distribution or a related lumbosacral nerve root can cause pain and/or paraesthesia in patients with sciatica, a crippling condition. A frequent error is to describe any low back or radicular leg pain as sciatica. The pain caused directly by pathology in the sciatic nerve or the sciatic nerve root is known as sciatica. The L4 through S2 nerve roots combine to form the sciatic nerve, which emerges from the pelvis. The sciatic nerve is without a doubt the largest nerve in the body, measuring up to 2 cm in diameter. Twisting, bending, coughing, and lumbar spine flexion are common activities that make sciatica pain worse. The hamstrings and lower extremity adductors receive direct motor function from the sciatic nerve, while the calf muscles, anterior lower leg muscles, and some intrinsic foot muscles receive indirect motor function. The sciatic nerve also indirectly supplies sensation to the posterior and lateral lower leg as well as the plantar aspect of the foot through its terminal branches. It is crucial to understand that the majority of sciatica cases are caused by inflammatory conditions that irritate the sciatic nerve. Direct compression of the nerve, on the other hand, causes more severe motor dysfunction, which is frequently not seen and, if present, would necessitate a more thorough and quicker workup.

A. Nidana (Etiology) of *Gridhrasi*

Any condition that may structurally impact or compress the sciatic nerve may cause sciatica symptoms. The most common cause of sciatica is a herniated or bulging lumbar intervertebral disc. In the elderly population, lumbar spinal stenosis may cause these symptoms as well. Spondylolisthesis or a relative misalignment of one vertebra relative to another may also result in sciatic symptoms. Additionally, lumbar or pelvic muscular spasm and/or inflammation may impinge a lumbar or sacral nerve root causing sciatic symptoms. A spinal or paraspinal mass including malignancy, epidural hematoma, or epidural abscess may also cause a mass-like effect and sciatica symptoms.1

All the etiological factors of *Vata Vyadhi* as well as *Vata Prakopaare* taken as *Nidana* of *Gridhrasi* [2]& same is elaborated in the following subtitles-

1) *Aharaja Nidana*
2) *Viharaja Nidana*
3) *Manasika Nidana*
4) *Anya Hetuja*

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What are the risk factors for sciatica?

- Have an injury/previous injury
- Are overweight:
- Lack a strong core:
- Have an active, physical job
- Lack proper posture in the weight room:
- Have diabetes
- Have osteoarthritis:
- Smoke

B. Aharaja Nidana

Ruksha, Sheeta, Laghu Anna, Alpa Anna, Katu, Tikta, Kashaya Rasa, Langhana, Abhojana.

C. Viharaja Nidana

Ativyayama, Ativyavaya, Atiprajagara, Vishama Upachara Plavana, Atiadhava, Diwaswapna, Vegadharana etc.

D. Manasika Nidana

Chinta, Shoka, Krodha & Bhaya.

E. Anya Nidana

Ati Asruk Sravana, Dhatukshaya, Varshartu, Marmabhighata, Margavarana, Rogatikarshana etc.

F. Purvarupa

There is no description of the *Purvarupa* of *Gridhrasi* in the classics. *Avyakta Lakhana* are the *Poorvaroopa* of *Vata Vyadhi*, according to Acharyas.[3] When commenting on the word *Avyakta, Chakrapanidatta* states that a few minor symptoms should be regarded as the *Poorvaroopa.* Therefore, mild forms of *Gridhrasi* symptoms like *Ruk, Toda, Stambha,* and *Spandhana* are observed.

G. Rupa

Ruk, Toda, Stambha and *Muhuspandanaare* the cardinal symptoms. To be more precise about the track of pain, the pain starts at *Sphik Pradesha* and then radiates to *Kati, Pristha Uru, Janu, Jangha* and *Padain* order.[4] In *Vata-Kaphaja Gridhrasi* there is *Tandra, Gaurava, Arochaka. Sakthikshepanigraha* is also one of the predominant signs seen in *Gridhrasi* told by our Acharya.

Sciatica signs and symptoms include:

1) Lower back, buttock, and leg pain that ranges from moderate to severe.
2) Your legs, feet, buttocks, or lower back may feel numb or weak.
3) Movement loss and pain that gets worse with movement.
4) You experience “pins and needles” in your feet, toes, or legs.
5) A lack of bladder and bowel control (due to cauda equina).

H. Samprapti of *Gridhrasi* Role of *Vata* in *Gridhrasi*

Gridhrasi is one of the 80 *Nanatmaja Vata Vyadhi*, meaning that vitiated Vata alone is its sole cause. *Vataprakopaka Lakshanas*, such as *Shoola, Supti, Stambha* etc., are thus discovered as the disease's primary symptoms. We can assume that *Apana* and *Vyana Vayu Dusti* can be evaluated in *Gridhrasi* depending on *Karma* & *Sthana. Prakrut Vyana Vata’s* functions include *gati, prasarana* (extension), *akunchana* (flexion), *utkshepana* (lifting), etc.[5] *Sakthikshepa Karmaindicates Vyana Vayu Dusti* despite his limitations. In *Gridhrasi*, the *Sthanasamshraya* affects the *Kandara* of leg, which are the *Ashraya Sthana* of *Apna Vayu*, in *Sphika, Kati* and *Pristha*.[6] Here are the two main causes of *Vata* gets vitiation. They are *Margavarodha* and *Dhatukshaya*.[7] The *Samprapti Vishesha* causes the same *Nidanas* to produce various *Vata Vyadhis.* This is due to the fact that the disease’s presentation varies depending on the *Sthana* where *Dosha-Dushya Sammurchhana* takes place. *Khavaigunya* is crucial to the development of the disease. *Sthanavaigunyaat Kati, Sphika, Prishta* etc. are produced in *Gridhrasi* as a result of poor posture, riding in jerky vehicles, carrying heavy loads, etc. or occasionally spinal cord injury.

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I. Sadhyasadhyata of *Gridhrasi*

It is explained that if *Vata Vyadhi* more than one year or chronic is difficult to cure or considered as incurable for treatment (*Asadhya*).[7] Acharya consider *Vata Vyadhias Mahagada* due to its tendency to be fatal or incurable. He also says that if the patient of *Vatavyadhi* develops the complications like *Shunam* (edema/inflammation), *Suptatvacha* (tactile senselessness), *Bhagna* (Fracture), *Kampa* (tremors), *Adhmana* (distention of abdomen with tenderness) and pain in internal organs, then it's *Asadhya.*

J. Chikitsa of *Gridhrasi*

1) Samanya Chikitsa

Gridhrasi being one among the *Vata Nanatamaja Vyadhi* all the *Vataprakopaka Hetus* should be avoided, the general line of treatment of *Vata Vyadhi* can applied to it. *Dravya* having *Madhura, Amla, Lavana, Snigdha, Ushna Guna Dravya* & *Snehana, Swedana, Asthapana* & *Anuvasana Basti, Nasya, Abhyanga, Utsadhana, Parisheka* can be given.[7]

Table 1: *Vishesha Chikitsa* of *Gridhrasi*

Type of treatment	C. S17	S. S18	A.H 19
Snehana	-	-	-
Swedana	-	-	-
Vamana	-	-	-
Virecana	-	-	
Basti	+	-	+
Siravedha	+	+	+
Agnikarma	+	-	+
Sastrakarma	-	-	-

2) Pathya Apathya

Table 2: *Pathya*

Pathya	Yogaratnakar
Rasa	*Lavan*
Shuka Dhanya	*Godhuma, Raktha Shal*
Simbi Dhanya	*Masha, Kulattha*
Mamsa Varga	*Kukkuta, Chataka, Jangala Mamsa*
Shaka Varga	*Patola, Kushamanda, Shigru, Mulak*
Phala Varga	*Dadima, Badara, Draksha*
Anya Dravya	*Lashuna, Punarnava, Jeeraka*
Karma	*Abhyanga*

Table 3: Apathya

Apathya	*Yogaratnakar*
Rasa	*Kashaya, Tikta, Katu*
Simbi Dhanya	*Mudga, Kalaya, Chanaka*
Vihara	*Chinta, Prajagara, Vegadharana, Shrama*
Karma	*Chardi, Langhana*

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II. DISCUSSION

Approximately 80–90% of people experience low back pain, and 5% of those develop sciatica. It usually occurs between the ages of 30 and 40 and affects both sexes. Because people's lifestyles are gradually moving away from healthy living, they are becoming victims of various diseases. Sciatica is primarily brought on by sedentary lifestyles, stress, poor posture, persistent jerky movements, extended travel, etc., which place the most pressure on the spine and lower portion of the pelvis. In modern medicine, anti-inflammatory medications, muscle relaxants, and tractions are typically used to treat sciatica pain. However, anti-inflammatory medications have a number of undesirable side effects, including rashes, ulcers of the upper gastrointestinal tract, perforations, and bleeding. Surgery is suggested if relief is not obtained. Surgery is very expensive and comes with its own set of postoperative complications.

III. CONCLUSION

A significant clinical issue with the locomotor system is sciatica. The patient is very uncomfortable with this condition, which also interferes with his daily activities.

It has an immediate connection to the locomotor system.

The prevalence of sciatica is increasing, and treating it requires a different approach. Pain, incapacity, and dissatisfaction with the available treatment options. If we are able to treat such a painful condition using the tenets established by our ancient Acharyas, it will be a great accomplishment. Ayurvedic treatment for *Gridhrasi* (Sciatica) patients appears promising and offers some hope. Ayurvedic management of sciatica may gain international acceptance with the help of high-quality research in the field.

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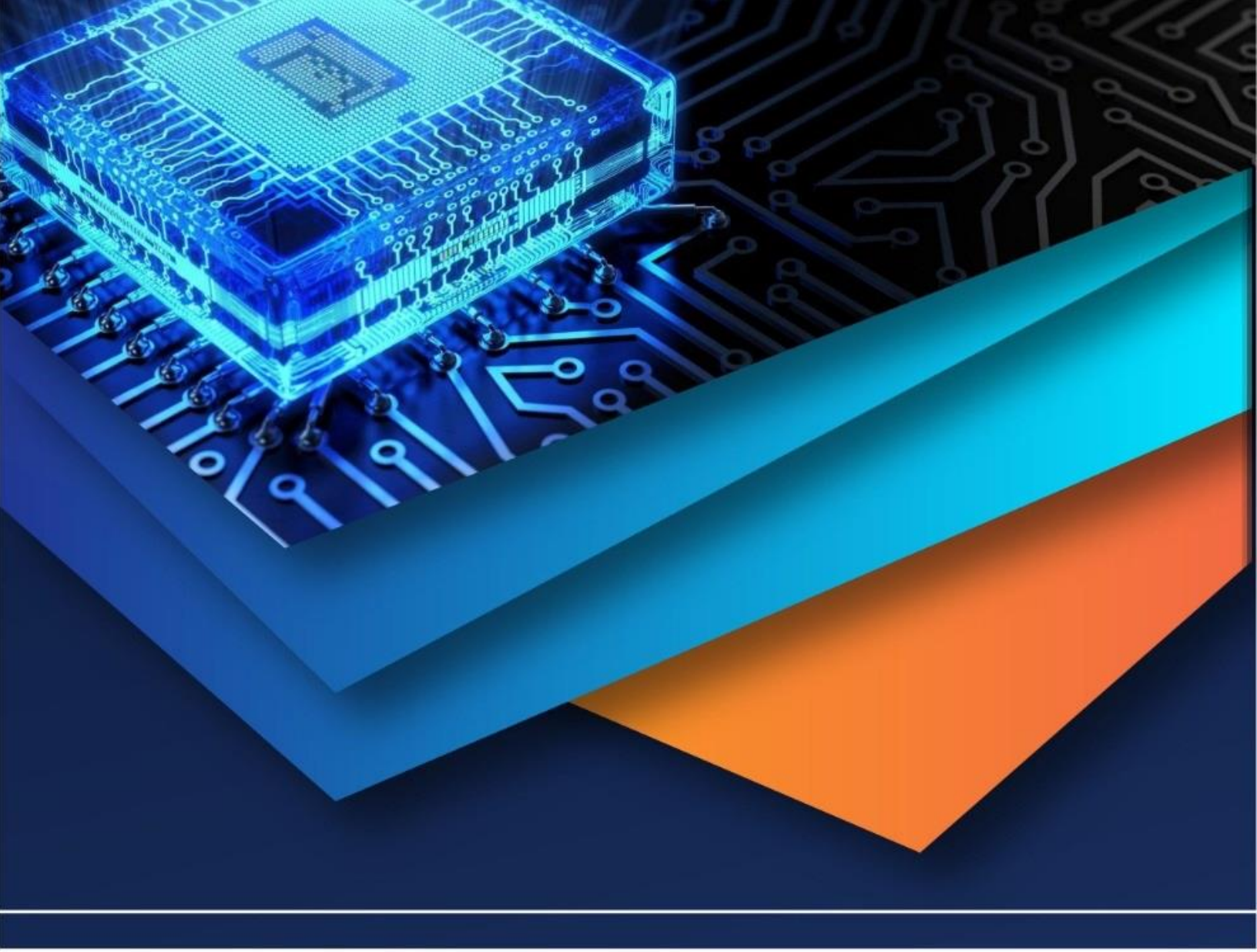

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