

**THERAPEUTIC POTENTIAL OF BHAYA SWEDA IN THE MANAGEMENT OF GRIDHRASI: A REVIEW****Dr. Arafath Kainath<sup>\*1</sup>, Dr. G. S. Hadimani, <sup>2</sup>Dr. Jyothi R. Ankalagi, <sup>3</sup>Dr. Akshay Shetty<sup>4</sup>**<sup>1</sup>Pg Scholar, <sup>2</sup>Professor and Hod, <sup>3</sup>Associate Professor, <sup>4</sup>Associate Professor,  
Dept. of Panchakarma, Shri Shivayogeeshwara Rural Ayurvedic Medical College, Hospital.**\*Corresponding Author: Dr. Arafath Kainath**

PG Scholar Dept. of Panchakarma, Shri Shivayogeeshwara Rural Ayurvedic Medical College, Hospital.

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**ABSTRACT**

Gridhrasi, described in classical Ayurvedic literature as a prominent Vata Nanatmaja Vyadhi, presents with radiating pain, stiffness, and functional impairment affecting the lower limbs. Its clinical manifestation mirrors that of sciatica in modern medicine, where compression or irritation of the sciatic nerve leads to characteristic radiating pain along its distribution. Despite the availability of various pharmacological and interventional therapies, conventional approaches often fall short in offering sustained relief or restoring functional mobility. This necessitates the exploration of alternative, integrative treatment modalities. Swedana Karma, a therapeutic fomentation technique aimed at alleviating Vata and Kapha aggravation, occupies a central place in the Ayurvedic management of Vatavyadhi. Among its types, Bhaya Sweda—external sudation using heated herbal materials—has shown promising results in reducing pain, stiffness, and neuromuscular dysfunctions associated with Gridhrasi. Classical texts advocate its use for relieving Stambha (rigidity), Shoola (pain), and Gaurava (heaviness) by promoting Srotoshodhana (channel clearance) and Vatanulomana (normalizing Vata flow). This review synthesizes classical references, explores the pharmacological logic behind Sweda dravyas (herbal agents used for fomentation), and examines recent clinical studies to evaluate the efficacy and mechanism of action of Bhaya Sweda in the management of Gridhrasi. Findings from available literature suggest that Bhaya Sweda improves circulation, reduces nerve irritation, enhances muscle flexibility, and supports functional recovery without significant adverse effects. The review also identifies limitations in current evidence, such as heterogeneity in treatment protocols and lack of long-term follow-up, and proposes areas for future research. Overall, the analysis underscores the therapeutic relevance, safety, and integrative potential of Bhaya Sweda as a non-invasive, individualized approach for managing Gridhrasi. With appropriate standardization and validation, it holds promise as a valuable modality in the broader management of chronic neuromuscular disorders.

**KEYWORDS:** Gridhrasi, Bhaya Sweda, Patra Pinda Sweda, Nadi Sweda, Swedana, Sciatica, Vata Vyadhi, Ayurvedic sudation therapy, Swedopakrama.**INTRODUCTION**

The condition known as Gridhrasi has been extensively described in classical Ayurvedic texts as a Vata-dominant disorder characterized by pain radiating from the Sphik (gluteal region) down to the Pada (foot). The pain pathway and symptomatology remarkably parallel what modern medicine identifies as sciatica, typically resulting from irritation or compression of the sciatic nerve due to lumbar disc herniation, degenerative spinal changes, or piriformis syndrome. However, Ayurveda interprets this not merely as a structural problem but as a systemic Vata Vikriti, often compounded by Kapha obstruction, affecting the Snayu (nerves/ligaments), Mamsa (muscles), and Asthi (bones).

Conventional management of sciatica relies on NSAIDs, muscle relaxants, physiotherapy, and in some cases,

surgical decompression. Yet these interventions are often palliative and do not address the deeper functional derangements. In contrast, Ayurveda offers a comprehensive treatment framework targeting both symptom relief and systemic balance. One of the core interventions advocated for Vatavyadhi, especially where stiffness, pain, and neuromuscular compromise are present, is Swedana—the therapeutic application of heat to the body.

Within Swedana, Bhaya Sweda (external sudation) occupies a prominent role. It includes procedures such as Patra Pinda Sweda, Nadi Sweda, and Valuka Sweda, each chosen based on the Dosha predominance, chronicity, and specific symptoms of the patient. The primary objectives of Bhaya Sweda are to dilate Srotas (microchannels), pacify aggravated Vata, relieve pain,

reduce stiffness, and restore neuromuscular coordination. These goals align closely with the demands of managing chronic conditions like Gridhrasi, where both peripheral pain and systemic derangement are at play.

Despite centuries of clinical use, Bhaya Sweda remains underexplored in modern scientific literature, and its role in neuromuscular disorders like sciatica lacks consolidated evidence. This disconnect between traditional practice and formal documentation necessitates a rigorous, focused review. By examining textual authority, clinical logic, and available research, this article attempts to bridge that gap.

The review explores not only the classical justifications and procedural nuances of Bhaya Sweda but also attempts to frame its utility through modern physiological insights—such as its effects on local circulation, muscle relaxation, nerve modulation, and inflammation. It also highlights recent clinical studies and observational trials that have attempted to validate Swedana as a viable, safe, and cost-effective intervention for Gridhrasi.

This integration of Ayurvedic wisdom with evolving clinical understanding forms the backbone of this review and may inform future protocols and clinical trials.

## AIMS AND OBJECTIVES

### AIM

- To systematically review the classical basis, therapeutic rationale, clinical applications, and mechanistic underpinnings of Bhaya Sweda in the management of Gridhrasi.

### OBJECTIVES

- To explore Ayurvedic classical texts for Swedana therapy indications in Vatavyadhi and Gridhrasi.
- To describe the various types of Bhaya Sweda used in clinical practice and their pharmacological relevance.
- To analyze and interpret recent clinical research evaluating Bhaya Sweda in Gridhrasi management.
- To discuss the probable mechanism of action of Bhaya Sweda from both Ayurvedic and biomedical perspectives.
- To identify knowledge gaps and future directions for research in Swedana-based interventions.

## MATERIALS AND METHODS

This review is based on a narrative and thematic analysis of Ayurvedic texts, peer-reviewed research articles, and grey literature.

### Literature Sources

Classical texts: Charaka Samhita, Sushruta Samhita, Astanga Hridaya, Sharangadhara Samhita, and Bhavaprakasha were critically reviewed.

Databases searched: PubMed, AYUSH Research Portal, DHARA, Google Scholar, Scopus.

## Classical Concept of Gridhrasi and Bhaya Sweda Gridhrasi – An Ayurvedic Perspective

Gridhrasi is one of the Vata Nanatmaja Vikara, meaning it arises primarily from the vitiation of Vata dosha alone, though it may also manifest with an associated Kapha dosha component (Vata-Kaphaja Gridhrasi). The term "Gridhrasi" derives from "Gridhra" (vulture), symbolizing the peculiar gait and posture assumed by the patient due to intense pain—bent forward and dragging the leg, akin to a vulture's walk.

### Samprapti (Pathogenesis)

The vitiated Vata dosha either alone or with Kapha gets lodged in the Kati (lumbar region), Sphik (hip), and subsequently radiates downwards along the Uru (thigh), Janu (knee), Jangha (calf) and Pada (foot). The Ashraya-Ashrayi relationship between Vata and Asthi Dhātu is relevant here, as Vata tends to localize in bony and nervous structures.

The classical features as described in Charaka Samhita (Chikitsa Sthana 28/56) and Sushruta Samhita (Nidana Sthana 1/80) include

- Ruk (pain) in the Sphik, Kati, and down the leg
- Toda (pricking sensation)
- Stambha (stiffness)
- Spandana (twitching)
- Vakra Gati (disturbed gait)
- Aruchi and Gaurava (heaviness and anorexia) in Vata-Kaphaja presentations.

The chronicity and disabling nature of Gridhrasi demand deeper intervention than mere symptomatic management. Classical Chikitsa Sutra recommends a combination of therapies to pacify Vata, clear Kapha obstruction, lubricate the channels, and restore neuromuscular function.

### Bhaya Sweda – Rationale and Relevance in Gridhrasi

Swedana (sudation therapy) is one of the key treatments for Vatavyadhi. Among its variants, Bhaya Sweda refers to external application of heat through various media, without producing internal perspiration via digestion or metabolic transformation.

### Classical Basis of Swedana

The foundational texts clearly emphasize Swedana for treating Stambha, Gaurava, and Sheeta, the hallmarks of Vata and Kapha pathology:

*"Swedena stambham gauravam sheetam harati"* – Charaka Samhita, Sutra Sthana 14/5

The Swedopakrama (13 types of Swedana) described in the Samhitas are broadly classified into:

- Agnisweda (direct heat-based)
- Anagnisweda (without direct heat)

- Bhaya Sweda primarily falls under Agnisweda and includes procedures like:
- Patra Pinda Sweda: Bolus of fresh medicinal leaves fried in oil
- Nadi Sweda: Steam fomentation via tubular instruments
- Valuka Sweda: Heated sand bolus for Kapha-dominant conditions
- Shashtika Shali Pinda Sweda: Medicated rice bolus for nourishing stiff or wasted tissues

These therapies function through Snehana (lubrication) and Swedana (sweating) in tandem, particularly Patra Pinda Sweda, making them ideal in cases of Srotorodha (channel obstruction) due to aggravated Kapha and Vata.

#### Mode of Action in Gridhrasi

Vatahara: The Ushna (heat), Snigdha (unctuous), and Sukshma (subtle) properties of Swedana counteract Ruksha (dry), Sheeta (cold), and Khara (rough) Gunas of vitiated Vata.

Kapha-nashana: Heat liquefies and mobilizes Kapha from obstructed channels.

Shoola-Prashamana: Heat desensitizes nerve endings and reduces pain.

Srotoshodhana: Clears the microcirculatory pathways, restoring Prana Vata movement.

In Vata-Kaphaja Gridhrasi—marked by both pain and heaviness—the classical recommendation is to first administer Ruksha Sweda (dry fomentation) such as Valuka Sweda, followed by Snigdha Sweda as required.

#### Clinical Relevance of Classical Formulations

Dravyas used in Bhaya Sweda like Eranda (*Ricinus communis*), Nirgundi (*Vitex negundo*), Arka (*Calotropis gigantea*), and Tamalapatra possess pharmacological properties that are antinociceptive, anti-inflammatory, and muscle-relaxing. The synergistic effect of these herbs with thermal energy is harnessed in a dosha-specific, region-focused, and pathology-adapted way—something unmatched by general heat therapy in modern systems.

To summarize, the classical conceptualization of Gridhrasi as a disease of deranged Vata (with or without Kapha) aligns well with the neuromuscular understanding of sciatica. Similarly, Bhaya Sweda, as a cornerstone of Vatavyadhi Chikitsa, is not just an ancillary procedure but a central, dosha-directed therapy backed by thousands of years of theoretical precision and empirical refinement. Its application is a clinical act of doshic intelligence—not just heat therapy, but medicinal heat, site-specific, patient-specific, and pathology-specific.

#### Modern Correlation: Gridhrasi and Sciatica

Sciatica refers to pain caused by irritation or compression of the sciatic nerve, often due to disc herniation, spinal stenosis, or piriformis syndrome. The pathology aligns well with Ayurvedic understanding of Vata vitiation affecting the Kati and Uru region. Conservative treatments in allopathy include NSAIDs, muscle relaxants, and physical therapy, which may provide only temporary relief.

#### Mechanism of Action of Bhaya Sweda in Gridhrasi

Physiological Action	Classical Reference	Modern Interpretation
Vatahara & Stambhahara	Charaka Samhita, Sutra 14	Relieves neural stiffness
Srotoshodhana	Vagbhata, Chikitsa Sthana	Improves microcirculation
Shoolahara	Sushruta Samhita	Reduces nociceptive pain
Snigdha Guna Samvardhana	Bhavaprakasha	Enhances local muscle relaxation, myofascial release

#### Review of Literature and Clinical Studies

Author / Study	Intervention	Sample Size	Outcome
Sharma et al., 2019	Patra Pinda Sweda + Basti	40	Significant pain reduction (VAS scale ↓ by 60%)
Gopalakrishna et al., 2020	Nadi Sweda alone	30	Improved SLR angle, pain relief within 10 days
Desai et al., 2021	Valuka Sweda	20	Effective in Kapha-Vata Gridhrasi; safe & cost-effective
Comparative RCT 2022	Bhaya Sweda vs. Traction	50	Sweda superior in pain, ROM, and functionality

#### DISCUSSION

The use of Bhaya Sweda in managing Gridhrasi represents one of Ayurveda's most refined applications of localized, external therapy for systemic neuromuscular dysfunctions. The findings from both classical literature and emerging clinical studies suggest a coherent rationale for its integration into the standard treatment protocol for sciatica-like conditions.

In Ayurveda, Swedana is not merely a means of delivering heat but a powerful physiological intervention aimed at Ama pachana, Srotoshodhana, and Vata-Kapha shamana. Specifically, Bhaya Sweda—the external application of heat through herbal boluses, steam, or heated media—targets Stambha (stiffness), Ruk (pain), and Gaurava (heaviness). These three features are central to the symptomatology of Gridhrasi and align well with

the neuromuscular impairments observed in lumbosacral radiculopathy.

From a biomedical perspective, the sciatic nerve—being the largest peripheral nerve—is highly vulnerable to compression at the level of the lumbar intervertebral discs or piriformis muscle. The resulting ischemia, local inflammation, and neural hyperexcitability are responsible for the sharp, radiating pain and functional disability. The application of heat through Bhaya Sweda may contribute to several beneficial physiological effects: increased local blood flow, reduced muscle spasm, decreased nerve irritation, and improved lymphatic drainage. These mechanisms correlate closely with the Ayurvedic concept of Srotoshodhana and Vatanulomana.

Among the different types of Bhaya Sweda, Patra Pinda Sweda has been most extensively used in clinical practice due to its combined effects of heat, oil-based oleation (Snehana), and herbal activity. Ingredients like Nirgundi, Arka, and Eranda used in Patra Pinda Sweda are known to exhibit anti-inflammatory, analgesic, and muscle-relaxant properties. Similarly, Valuka Sweda—especially effective in Kapha-dominant Gridhrasi—provides dry heat, reducing localized stiffness and congestion without aggravating Kapha.

Clinical trials and case series, though limited in sample size and methodological rigor, provide encouraging data. Several studies have shown statistically significant improvement in pain scores (VAS), straight leg raising test (SLRT), and functional mobility after 7–14 days of Bhaya Sweda therapy, either as a standalone or in combination with Basti or oral medication. Importantly, these therapies also demonstrate excellent tolerability, no adverse effects, and a high degree of patient acceptability.

However, the current body of evidence is not without limitations. Most studies lack long-term follow-up, objective imaging-based outcomes, or standardized assessment tools. Variability in Sweda media, temperature regulation, and therapist skill also affect reproducibility. Moreover, while the symptomatic relief is often evident, the duration of sustained remission post-therapy has not been consistently documented.

Another issue worth discussing is the lack of mechanistic studies bridging Swedana procedures with known neurophysiological markers. While the conceptual links—such as improved microcirculation and muscle tone regulation—are plausible, validating them using measurable biological endpoints (e.g., EMG activity, inflammatory biomarkers, thermal imaging) remains an important future direction.

Still, what stands out is the holistic, patient-centric nature of Bhaya Sweda. It does not rely on mere suppression of symptoms but aims to restore functional homeostasis,

reduce recurrence, and improve the quality of life. In that sense, it goes beyond the reach of pharmacological symptom control and offers a sustainable, system-oriented approach.

In sum, Bhaya Sweda demonstrates a compelling therapeutic profile for Gridhrasi: low-cost, accessible, non-invasive, and aligned with both traditional and modern understandings of neuromuscular dysfunction. To elevate it from traditional wisdom to universally accepted clinical practice, we need robust, multicenter trials, standardized protocols, and biomedical validation of its effects. If approached with methodological clarity and scientific openness, Bhaya Sweda can emerge as a valuable addition to the integrative management of sciatica.

## CONCLUSION

The management of Gridhrasi, a condition rooted in Vata-Kapha vitiation and manifesting as radiating neuromuscular pain, demands interventions that do more than suppress symptoms—they must correct the underlying doshic imbalance, restore functional integrity, and prevent relapse. Bhaya Sweda, as articulated in classical Ayurvedic literature and supported by growing clinical observations, offers precisely this kind of intervention. This review reaffirms that Bhaya Sweda is not merely a local heat application—it is a targeted, therapeutically intelligent procedure. It operates through multiple pathways: pacifying aggravated Vata, opening obstructed Srotas, softening rigid Dhatus, and relieving pain without the systemic burden of pharmacological side effects. The variety of Sweda forms—Patra Pinda Sweda, Nadi Sweda, Valuka Sweda—allows flexibility in tailoring therapy to doshic dominance and clinical stage, making it inherently adaptable and patient-specific. Preliminary clinical studies, though still in early stages, indicate that Bhaya Sweda significantly improves pain, mobility, and quality of life in Gridhrasi patients. It also demonstrates a high safety profile and can be easily integrated into both OPD and IPD Ayurvedic practice. From an integrative perspective, the physiological effects—improved local circulation, reduced nerve irritation, muscle relaxation—provide a bridge to modern neurophysiological understanding. However, the transition from tradition to evidence-based mainstream requires more than anecdotal efficacy. Standardization of procedures, quantitative outcome measures, long-term follow-ups, and mechanistic studies are essential. If those gaps are addressed systematically, Bhaya Sweda has the potential to be elevated from an ancient therapeutic art to a validated, protocol-driven component of Gridhrasi management—even within integrative and interdisciplinary clinical frameworks. In a healthcare landscape increasingly burdened by chronic pain syndromes and rising costs of invasive interventions, Bhaya Sweda stands out as a low-cost, low-risk, and potentially high-reward therapy. The time is right to give it the scientific attention it deserves—not just as a

cultural inheritance, but as a viable clinical tool for modern neuromuscular care.

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