

AYURVEDIC MANAGEMENT OF VATAJA GRIDHRASI (SCIATICA) WITH
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ABSTRACT

Background: *Gridhrasi* is one of the important *Vataja Nanatmaja Vyadhis* described in Ayurvedic classics, characterized by radiating pain from the *Sphik* (Gluteal region) to *Pada* (lower limb), associated with stiffness, pricking pain, and restricted movements. It closely resembles sciatica in modern medicine. Conventional management mainly offers symptomatic relief, whereas *Ayurveda* emphasizes correction of the underlying *Dosha* imbalance. **Objective:** To evaluate the effectiveness of *Agnikarma* and *Siravedha* in the management of *Vataja Gridhrasi*. **Methods:** A single case of a clinically diagnosed patient of *Vataja Gridhrasi* was treated with *Agnikarma* followed by *Siravedha* along with supportive *Shamanaushadhi* measures. Assessment was done based on subjective parameters like pain, stiffness, radiating pain, and objective parameters such as Straight Leg Raise (SLR) test and gait. **Results:** Marked reduction in pain, stiffness, and radiating symptoms was observed. Improvement in SLR angle and functional mobility was noted without any adverse effects. **Conclusion:** *Agnikarma* and *Siravedha* proved to be effective and safe in the management of *Vataja Gridhrasi*, providing significant symptomatic relief and functional improvement.

KEYWORDS: *Gridhrasi*, Sciatica, *Vataja Vyadhi*, *Agnikarma*, *Siravedha*.**INTRODUCTION**

Gridhrasi is described in Ayurvedic texts as a condition where the patient walks like a vulture due to severe pain radiating from the lower back to the lower limb. It is predominantly a *Vataja* disorder, though *Vata Kaphaja* involvement is also mentioned. The classical symptoms include *Ruja* (pain), *Toda* (pricking pain), *Stambha* (stiffness), and *Spandana* (twitching), beginning from *Sphika* and extending through *Kati*, *Uru*, *Janu*, *Jangha*, and *Pada*. In contemporary medicine, sciatica is caused by compression or irritation of the sciatic nerve, commonly due to inter vertebral disc prolapsed or degenerative changes. Increasing sedentary lifestyle, improper posture, and occupational stress contribute to its rising incidence. *Agnikarma* and *Siravedha* are considered important para surgical procedures for *Vataja*

disorders, especially where pain is the predominant feature.

CASE REPORT**Patient Information**

A 45 years old male patient presented to the OPD with complaints of severe pain radiating from the lower back to the posterior aspect of the right lower limb since 6 months. The pain was aggravated by prolonged sitting and walking and relieved partially by rest.

Clinical Findings

- Radiating pain from *Kati* to *Pada* (right side).
- Stiffness in the lower back and hip region.
- Difficulty in walking and bending forward.

- Positive Straight Leg Raise (SLR) test at 40° on the right side.

Ayurvedic Diagnosis

Based on clinical features and *Dosha* assessment, the case was diagnosed as *Vataja Gridhrasi*.

MATERIALS AND METHODS

Intervention

- **Agnikarma**- Performed at the maximum tender points in the *Kaṭi* and *Sphika* region using a *Loha Shalaka*. *Samyaka Dagdha Lakṣaṇas* were observed.

- **Siravedha**- Performed at the *Jangha Pradesha* of the affected limb following classical guidelines. Controlled bloodletting was done under aseptic precautions.

- **Shamana Chikitsa (Supportive)** - *Vatahara* internal medicines were prescribed for a short duration.

Assessment Criteria

- Pain intensity (Visual Analogue Scale), Stiffness, Radiating pain, Straight Leg Raise (SLR) test, Gait Assessments were done before treatment and after completion of therapy.

Table 1.

SL NO	PARAMETER	BEFOE TREATMENT	AFTER TREATMENT
1.	Pain intensity (VAS score, 0–10)	8	2
2.	Stiffness	Present	Absent
3.	Radiating pain	Present	Absent
4.	Straight Leg Raise (SLR)	40°	70°
5.	Gait	Antalgic	Normal
6.	Adverse effects	—	Not observed

RESULTS

Table 2.

SL NO	PARAMETER	BEFOE TREATMENT	AFTER TREATMENT
1.	Pain intensity	Severe	Mild / markedly reduced
2.	Stiffness	Present	Absent
3.	Radiating pain	Present	Subsided
4.	Straight Leg Raise (SLR) test	40°	70°
5.	Gait	Altered / antalgic	Normal
6.	Adverse effects	—	Not observed

After treatment, the patient showed significant improvement

- Pain intensity reduced markedly, Stiffness and radiating pain subsided, SLR improved from 40° to 70°, Gait became normal

No adverse effects were observed during or after the treatment period.

DISCUSSION

Gridhrasi is enumerated among the *Vataja Nanatmaja Vyadhis* in Ayurvedic classics. *Acharya Charaka* describes *Gridhrasi* as a condition in which pain originates from *Sphika* and *Kati* and radiates sequentially through *Uru*, *Janu*, *Jangha*, and *Pada*, associated with *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness), and *Spandana*. This description closely resembles the clinical presentation of sciatica, where pain radiates along the distribution of the sciatic nerve. According to *Sushruta*, when *Vata Dosha* gets aggravated and localized in the *kaṭi* and *Adhoshakha*, it produces severe pain and restriction of movements. *Agnikarma* is specifically indicated by *Acharya Sushruta* in conditions where pain is predominant and caused by *Vata*, stating that diseases treated with *Agnikarma* do not recur easily due to its profound *Dosha* pacifying effect. The *Ushna*, *Teekshna* and *Sukshma Guṇas* of *Agnikarma* counteract the *Sheeta* and *Ruksha Gunas* of aggravated

Vata thereby relieving pain and stiffness and improving local circulation. *Siravedha* is regarded as half of all therapeutic measures (*Ardha Chikitsa*) by *Sushruta* and is especially indicated in disorders involving *Rakta* and *Vata*. In *Gridhrasi*, *Siravedha* helps in relieving *Avarana* of *Vata* by vitiated *Rakta* and reduces pressure, inflammation, and congestion around the affected nerve pathways. Classical texts specifically mention *Siravedha* in *Adhoshakha Rogas* and pain dominant conditions, supporting its selection in the present case. From a modern perspective, sciatica is commonly caused by nerve root compression due to intervertebral disc herniation, spinal degeneration, or muscular spasm leading to inflammation and ischemia of the sciatic nerve. *Agnikarma* may be correlated with thermal neuro modulation and improved microcirculation, which reduces muscle spasm and nociceptive signaling. *Siravedha* can be correlated with decompressive and anti inflammatory effects through reduction of local congestion and improved venous drainage. The combined use of *Agnikarma* and *Siravedha* addresses both the functional and structural aspects of pain, offering rapid and sustained relief. The significant improvement observed in pain intensity, SLR angle, and gait in this case supports the classical indications of these para surgical procedures in *Vataja* disorders like *Gridhrasi*.

CONCLUSION

Agnikarma and *Siravedha* are well established para surgical procedures described in Ayurvedic classics for the management of *Vatavyadhi*, particularly in conditions involving severe pain, stiffness, and restricted movement. *Vataja Gridhrasi*, characterized by radiating pain from the *Sphik* to *Pada* along the sciatic nerve pathway, closely resembles the clinical presentation of sciatica. In the present case, the application of *Agnikarma* helped in alleviating localized pain and stiffness through its *Ushnna*, *Teekshna* and *Sukshma Gunas*, which pacify aggravated *Vata* and remove *Strotorodha*. *Siravedha* contributed to significant pain relief and improvement in functional mobility by facilitating *doṣa nirharana* and reducing localized congestion, as described in the management of *Gridhrasi* by *Acharya Sushruta*. Following the combined administration of these para surgical interventions, the patient exhibited marked reduction in pain intensity, improved range of motion, and enhanced ability to perform daily activities, without any adverse events. The improvement in overall quality of life highlights the therapeutic potential of these procedures in providing sustained relief rather than mere symptomatic management. This case supports the classical *Ayurvedic* view that appropriately selected para surgical measures can offer safe, cost effective, and minimally invasive alternatives in the management of *Vataja Gridhrasi*. However, further clinical studies with larger sample sizes are warranted to substantiate these findings and to establish standardized treatment protocols.

Informed Consent

Written informed consent was obtained from the patient prior to initiation of treatment. The patient was informed about the nature of the disease, treatment procedures, and possible outcomes. Permission was granted for the use of clinical data for academic and publication purposes, with assurance of confidentiality and anonymity.

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