

11.11. Gridhrasi (Sciatica)

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[Sciatica 3D model](#)

1 Etiology & Pathogenesis (Hetu & Samprāpti)

Classical causative set (Hetu)

Ati-vyāyāma (excessive lifting / long walking on uneven ground)
Vega-dhāraṇa (suppression of urges)
Sitting / sleeping on hard, cold surface; exposure to cold wind
Trauma to hip-low back region
Chronic indigestion + *āma*

Modern corollary

Lumbo-sacral strain, prolapsed disc
Raised intra-abdominal pressure
Paraspinal spasm, vascular stasis
Facet or SI-joint irritation
Low-grade inflammation around nerve

Classical Samprāpti (How the disease evolves) - in five steps

1. **Doṣa** - aggravated **Vāta** (predominant) ± **Kapha āvaraṇa**
2. **Mārga** - Vāta takes Nāḍī-mārga along sciatic path (*Sphik* ► *Kati* ► *Uru* ► *Jāṅghā* ► *Jānu* ► *Gulpha* ► *Pāda*)
3. **Srotas-rodha** - Kapha/āma obstructs causing shooting pain & stiffness
4. **Stāna-samśraya** - Lodges in snāyu & sirā of *Kaṭi-Pradeśa* → radiating pain
5. **Vyakti** - Clinically manifests as **Gridhrasi**: limping, finger-like radiating pain, “bird-peck” gait

Astāṅga-hṛdaya, Nidāna-sthāna 15/29-30

“स्फिक् कटी पृष्ठं पाशर्वं ऊरु जङ्घं क्रमात् शनैः ।

पादाङ्गुलीश च जानत्या तीव्रा वेदना विचक्षणा ॥

चलत्युच्छ्वसति स्तब्धः पक्षी गृध्र इव क्रमात् ।

तस्मात् ‘गृध्रसी’ प्राहुरतद्योगविदो बुधाः ॥”

“A darting pain starts in hip, travels through waist, thigh, leg and finally the toes; the patient moves and breathes with difficulty, stooping like a vulture – hence the name **Gridhrasi**.”

Types (Bheda) - Commentaries on Caraka Cikitsā 28 list two:

Type	Chief features
Vātaja Gridhrasi	Pricking / lancinating pain ↓, dry skin, light body, no swelling
Vāta-Kaphaja Gridhrasi	Pain + heaviness, numbness, mild swelling, sticky stool, ama-tongue

2 Clinical Diagnosis

Tool	Findings
History	Radiating pain from gluteal fold to calf/foot; worse in cold, better with warmth
Inspection	Leaning trunk, “vulture gait”, difficulty flexing hip
Palpation	Tenderness over sciatic notch, piriformis
Straight Leg Raise	Positive between 30–70° (Lasègue)
Neurological	Possible L4-S1 dermatome paraesthesia / weakness
Imaging (if needed)	X-ray lumbosacral, MRI for disc herniation

3 Samprāpti-Vighaṭana (Pathogenesis-breaking Strategy)

Kapha-Āvaraṇa? ⇒ Rūkṣa Sweda + Deepana / Pācana
↓
Mr̥ḍu Virechana (castor-oil) → clears āma plug
↓
Sneha-pāna + Abhyanga
↓
Snigdha Sweda (Patra-Piṇḍa / Nāḍī)
↓
Nasya + Kati-Basti / Piḍhu-Basti
↓
Yoga-Basti (Nirūha & Anuvasana alternately)
↓
Rasāyana + Structured physiotherapy

4 Chikitsā-sūtra (Authoritative Principles)

Text & Śloka

“केवलं निरुपस्तम्भं आदौ स्नेहैरुपाचरेत्” — Cāraka Cik. 28/75
“स्निग्धाम्ललवणैराहारैः मलश्चितः... तस्मात् तं अनुलोमयेत्” — A.H. Cik. 21/11
“बस्तिस्तु वाते प्रमुखः” — Suśruta Cik. 3/25
“अग्निकर्मैः शीघ्रं वैद्यो विजयी भवति” — Suśruta Cik. 12/3

Operational meaning

In **Vātaja Gridhrasi**, begin with Sneha.
If Kapha/āma blocks Vāta, first **anulomana / virecana**.
Basti is the prime treatment for Vāta diseases.
Agnikarma gives quick relief in deep-seated pain.

5 Chikitsā (Detailed Regimen)

5-A Kapha-Āvaraṇa phase (days 1-4) - only if heaviness & ama signs

Intervention

Rūkṣa-Sweda **Valuka Sweda** (hot sand + saindhava) to gluteal & thigh 15 min
Deepana 2 g **Hiṅgvaṣṭaka cūrṇa** t.i.d.
Mr̥ḍu Virechana 25 ml **Eranda Taila** with warm ginger-decoction at bedtime one night

Details

5-B Sneha-Sweda core (days 5-12)

Modality

Internal Sneha-pāna 15 ml **Kṣīrabala 101 Taila** b.i.d.
Abhyanga Warm **Mahānārāyaṇa Taila** to low-back & limb
Snigdha-Sweda **Patra-Piṇḍa Sweda** (eranda, nirgundī leaves + rock-salt bolus) 20 min
Nasya 6 drops **Bala-Taila** each nostril in morning

Prescription

5-C Targeted local therapy (days 13-18)

Technique

Kati-Basti Dough-dam; fill with **Kṣīrabala Taila** warm 30 min × 5
Upanāha Night-time warm paste (māṣa flour + castor-root + saindhava) bandage 6-8 h
Agnikarma (if trigger-point) Quick touch with heated panchaloha rod on tender sciatic notch

How



5-D Systemic root therapy (days 19-26)

Day	Basti type	Ingredients
1,3,5,7	Nirūha	500 ml Daśamūla Kvātha + madhu + saindhava + 75 ml taila
2,4,6,8	Anuvasana	60 ml Kṣīrabala Taila

5-E Rasāyana & Rehabilitation (week 5 → 12)

Rasāyana	Dose	Benefit
Aśvagandhā-Lehya	10 g h.s.	Myelin & muscle tone
Guḍūcī-Satva	500 mg b.i.d.	Anti-oxidant, anti-inflammatory
Suddha Śilājatu	250 mg b.i.d.	Disc mineral support
Brahmī-Ghṛita	5 ml a.m.	Neuro-calming

Physiotherapy - ham-string & piriformis stretches, McKenzie extension, core strengthening.

6 Pathyā-Apathyā

Do

Warm, ghee-enriched diet; garlic-milk at night
Sesame-laddu, bone-broth soup
Daily oil massage to low-back
Ergonomic sitting; lumbar roll

Avoid

Cold drinks, ice-cream, day-sleep
Excess pulses, raw salads
Riding motorcycle long hours in cold wind
Soft couches / low divans
Jerky weight-lifting, toe-touching forward bends in acute phase

7 Summarised 40-Day Chikitsā-yojanā Table

Day Range	Core Actions	Milestone
1-4	Rūkṣa Sweda + Deepana + Eranda purge	Heaviness ↓, tongue coat clears
5-12	Sneha-pāna, Abhyanga, Patra Sweda, Nasya	Pain ↓ 50 %, hip ROM ↑
13-18	Kati-Basti, Upanāha, trigger-point Agnikarma	Night ache minimal
19-26	Yoga-Basti 8-cycle	Able to sit > 30 min without pain
27-40	Rasāyana, physio progression	Normal gait, no SLR pain till > 80°

Mnemonic for Viva - “R → S → K → B → R”

Rūkṣa-Sweda/ Virechana → Sneha-Sweda → Kati-Basti → Basti (systemic) → Rasāyana.

Follow the sequence, respect āma states, and Gridhrasi usually regresses within 6-8 weeks, restoring painless gait and full limb power.