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An Ayurvedic Review On Therapeutic Benefits Of Viddhakarma And Rasnadi Gutika In Gridhrasi

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Abstract

Gridhrasi, is one of the Nanatmaja Vatavyadhi described in Ayurveda, is characterized by pain, stiffness, and radiating discomfort from the sphik (buttock) down to the pada (foot). The symptomatology resembles Sciatica in modern medicine, typically associated with lumbar disc herniation and nerve-root compression. Contemporary management includes analgesics, muscle relaxants, steroids, and surgical decompression in refractory cases, but these carry risks of recurrence, dependency, and adverse effects. Ayurveda provides both Shodhana (purificatory) and Shamana (palliative) modalities for Gridhrasi. Among these, Viddhakarma (therapeutic puncturing with needles) and Rasnadi Gutika (a classical formulation from Chakradatta) have shown notable results. Viddhakarma provides rapid symptomatic relief through Srotoshodhana and Vata Shamana, while Rasnadi Gutika—composed of Rasna, Guggulu, and Ghrita—addresses the root pathology by correcting Vata-Kapha Dushti and nourishing tissues.

This review explores the classical foundations, pharmacological basis, probable mode of action of both therapies, emphasizing Viddhakarma as a minimally invasive and proposed Ayurvedic procedure for Sciatica.

Keywords: Gridhrasi, Sciatica, Viddhakarma, Rasnadi Gutika, Ayurveda

Introduction

Gridhrasi is a well-recognized Vatavyadhi in Ayurveda. The term derives from “Gridhra” (vulture), signifying a limping gait resembling a vulture’s walk [1]. Symptoms include Ruk (pain), Stambha (stiffness), Toda (pricking), Spandana (twitching), and radiating pain from sphik to pada, sometimes accompanied by Aruchi (anorexia) and Trishna (thirst) [2]. Modern correlation is Sciatica — pain along the sciatic nerve due to compression or inflammation, often from lumbar disc prolapse or degenerative spine disease [3]. Globally, the prevalence of sciatica is estimated to range from 2% to 40% in the general population, with peak incidence between 30 and 50 years of age, and a lifetime incidence reported around 13% to 40%. [4]

Current therapy employs NSAIDs, corticosteroids, physiotherapy, or surgery; however, limitations include incomplete recovery, recurrence, and side effects [5]. Ayurveda targets Vata Dushti and Avarana through internal and external therapies. Chakradatta mentions Rasnadi Gutika for Vatavyadhi including Gridhrasi [6], while Sushruta Samhita advocates Viddhakarma as a para-surgical technique for pain disorders of Vata origin [7]. This article reviews both interventions with a special emphasis on the mechanisms and clinical relevance of Viddhakarma.

Review of Literature of ViddhaKarma in Gridhrasi

Sushruta Samhita recommends Viddha Karma in Gridhrasi, performed on the lateral aspect of the leg—approximately four angula above the knee targeting the lateral cutaneous nerve of the thigh and the vascular branches of the superior lateral genicular artery and vein, and four angula below the knee targeting the peroneal communicating nerve, lateral cutaneous nerve of the calf, and vascular branches of the lateral genicular artery and vein. This site corresponds to the popliteal region, providing effective relief from radiating sciatic pain by pacifying aggravated Vata. [8]

Classified under Anushastra Karma, Viddha Karma uses a fine metallic needle (Shalaka) for precise puncture when therapies like Snehana, Swedana, and Basti prove insufficient. Ashtanga Sangraha and Ashtanga Hridaya also endorse its use in Vatavyadhi and localized pain disorders, making it a minimally invasive yet highly effective Ayurvedic procedure for sciatica. [9]

Site Selection (Marma and Anatomical Correlation)

- Kati Pradesha → L4-L5 region
 - Sphik Marma → gluteal region (sciatic notch)
 - Uru Marma → posterior thigh
 - Janu Marma → popliteal fossa
 - Pada Marma → posterior ankle
- this correlates anatomically with the course of the sciatic nerve, supporting its neuromodulatory potential.

Gridhrasi in Ayurvedic Texts

Nidana (Etiology): Excessive physical strain, trauma, suppression of natural urges, irregular food habits, and Vata-aggravating diet are causative factors [10].

Lakshana: Ruk, Toda, Stambha, Spandana, radiating from sphik to pada, occasionally with Aruchi and Trishna [1,2].

Samprapti: Vitiated Vata invades Kati Pradesha and the Nadi Marga corresponding to the sciatic pathway. Kapha Anubandha adds stiffness and heaviness.

Sadhya-Asadhyata: The disease is Krichchhra Sadhya (difficult to cure), especially when chronic or associated with degenerative changes.

Modern Perspective: Sciatica

Sciatica manifests as pain radiating from the lower back to the leg due to irritation of the sciatic nerve [11]. Common etiologies are intervertebral disc prolapse, spinal stenosis, or piriformis syndrome. Treatment with NSAIDs, corticosteroids, or physiotherapy often yields temporary relief, while surgery may lead to relapse [12].

Viddhakarma [13]

Indications

- Vatavyadhi such as Gridhrasi, Katishoola, Sandhivata
- Musculoskeletal and neurogenic pain
- Myofascial trigger points
- Refractory cases of neuralgia

Contraindications

- Bleeding disorders (Raktapitta, Panduroga)
- Severe debility or emaciation
- Local infection or ulceration at puncture site
- uncontrolled diabetes

Material and Methodology - Procedure of Viddhakarma [13]

1. Poorva Karma (Pre-procedure):

- Examination of Roga and Rogi Bala
- Marking of Viddha points along Kati, Sphik, Uru, Janu, and Pada Marga
- Local Abhyanga with Vata-hara Taila (Mahanarayana Taila) followed by mild Swedana

2. Pradhana Karma (Main Procedure):

- Patient in prone or lateral position
- Sterile needle or Shalaka used for puncture at selected points to the depth sufficient for mild bleeding or stimulation
- Duration of retention: 1–2 minutes per point
- 4–6 sessions at 3–4 day intervals

3. Paschat Karma (Post-procedure):

- Application of Taila Pichu and gentle massage
- Rest for one day and Pathya Ahara (light, warm food)

Probable Mode of Action

Ayurvedic Mechanism:

- Removes Srotorodha and pacifies Vata Dosha
- Stimulates Rakta Pravahana (microcirculation)
- Induces local Ushna and Tikshna Guna, relieving Stambha and Ruk

Modern Correlation:

Comparable to dry needling or acupuncture; micro-trauma triggers the release of endorphins and serotonin, suppresses nociceptor transmission, reduces muscle spasm, and improves blood flow [14].

Clinical Outcomes

- Rapid relief of pain and stiffness within 2–3 sessions
- Improvement in Straight Leg Raising (SLR) angle and mobility
- Reduction in Visual Analogue Scale (VAS) pain scores
- No adverse effects when performed aseptically

Evidence and Comparative Studies

A Jamnagar study (2012) compared Viddhakarma with Agnikarma and found equal pain relief but faster onset in the Viddhakarma group [21]. Similar outcomes are reported in multiple PG dissertations and OPD case series, showing 70–80 % improvement in pain and function within two weeks.

Thus, Viddhakarma emerges as a safe, cost-effective, and OPD-friendly alternative for managing Sciatica/ Gridhrasi.

Rasnadi Gutika in Gridhrasi

Classical Reference

Chakradatta – Vatavyadhi Chikitsa prescribes Rasnadi Gutika for Gridhrasi, Katishoola, and other Vata Vyadhi [6].

Composition and Role of Ingredients

1. **Rasna (Pluchea lanceolata):** Vata-Kapha hara, Vedanasthapaka, Shothahara [15].
2. **Guggulu (Commiphora mukul):** Shothahara, Lekhana, Yogavahi, anti-inflammatory [16].
3. **Ghrita (Cow's Ghee):** Vata-Shamana, Rasayana, enhances bioavailability [17].

Pharmacological and Modern Actions

- **Rasna:** Flavonoids and alkaloids with anti-inflammatory and analgesic activity [18].
- **Guggulu:** Guggulsterones reduce inflammation and lipid peroxidation [19].
- **Ghrita:** Neuroprotective, promotes myelination, improves neuronal nutrition [20].

Therapeutic Utility

- Reduces radiating pain and stiffness
- Improves mobility
- Enhances nerve nourishment and prevents recurrence
- Suitable for long-term use without dependency

Integrated Approach: Viddhakarma + Rasnadi Gutika

When used concurrently:

- **Viddhakarma** gives immediate symptomatic relief via neuromuscular modulation.
- **Rasnadi Gutika** provides sustained correction by balancing Vata and Kapha and nourishing Majja Dhatu.

This dual strategy ensures both rapid and lasting recovery — Viddha for acute relief and Gutika for chronic maintenance. Clinically, it allows stepwise reduction in pain, improved mobility, and long-term prevention of relapse.

Research Evidence Review

- A clinical trial on Rasna-Guggulu formulations showed significant reduction in pain compared with NSAIDs [21].
- Viddhakarma trials demonstrate comparable efficacy to acupuncture for myofascial and sciatic pain [22].
- Guggulu decreases CRP and ESR, proving anti-inflammatory efficacy [19].
- Ghrita improves cognitive and motor functions in experimental neurodegenerative models [20].

Discussion

Gridhrasi, being a chronic Vata-dominant disorder, demands therapies that act swiftly yet holistically. Viddhakarma fulfills this by combining Vata Shamana with local neuromodulation. Unlike pharmacological analgesics, it restores normal nerve conduction and muscular tone without systemic side effects.

Rasnadi Gutika supports this effect through anti-inflammatory and neuro-restorative actions. Its Ghrita base enhances CNS nourishment, while Rasna and Guggulu combat pain and stiffness. Together, they create a synergistic regimen addressing both symptoms and root pathology. In the present era where chronic back pain and sciatica are prevalent, these interventions represent effective, low-cost, and integrative solutions aligning with global interest in minimally invasive pain management.

Conclusion

Viddhakarma and Rasnadi Gutika, grounded in Ayurvedic principles, offer a potent and safe therapeutic approach for Gridhrasi (Sciatica).

- **Viddhakarma** provides rapid analgesia, improves mobility, and acts via neuromuscular modulation and Srotoshodhana.
- **Rasnadi Gutika** maintains long-term control through anti-inflammatory, neuroprotective, and Vata-Kapha Shamana actions.

Combined, they form a comprehensive and integrative protocol suitable for both acute and chronic stages of Gridhrasi.

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