



ISSN Print: 3078-6282
ISSN Online: 3078-6290
Impact Factor (RJIF): 5.48
JAN 2025; 2(2): 40-41
<https://www.ayurvedjournal.net>
Received: 27-05-2025
Accepted: 30-06-2025

Dr. Sumesh S Pai
Ph.D. Research Scholar,
Department of Kayachikitsa,
Faculty of Ayurveda, Institute
of Medical Sciences, B.H.U.,
Varanasi, Uttar Pradesh, India

**Dr. KHHVSS Narasimha
Murthy**
Professor, Former Head &
Research Supervisor,
Department of Kayachikitsa,
Faculty of Ayurveda, Institute
of Medical Sciences, B.H.U.,
Varanasi, Uttar Pradesh, India

Psychosocial and ayurvedic perspectives on sciatica syndrome (gridhrasi): An integrative review

Sumesh S Pai and KHHVSS Narasimha Murthy

DOI: <https://www.doi.org/10.33545/ayurveda.2025.v2.i2.A.29>

Abstract

Sciatica syndrome, commonly referred to as sciatica, is a debilitating condition marked by radiating pain along the path of the sciatic nerve, typically affecting one side of the lower body. Traditionally viewed through the lens of mechanical and anatomical factors, recent research underscores the influence of psychosocial determinants including depression, stress, anxiety, and occupational strain on both the onset and chronicity of the disorder. In Ayurveda, this condition is identified as *Gridhrasi*, a classic *Vata Vyadhi*, characterized by radiating pain, stiffness, and restricted mobility. This article presents an integrative review exploring both psychosocial and Ayurvedic perspectives on sciatic syndrome, emphasizing the need for a biopsychosocial model in assessment and treatment.

Keywords: Sciatica, *Gridhrasi*, psychosocial factors, Ayurveda, chronic pain, *Vata Vyadhi*

Introduction

Sciatica, characterized by radiating pain originating from the lumbar spine and traveling down the leg, often arises due to compression or irritation of the sciatic nerve. While physical factors such as disc herniation and spinal stenosis are commonly implicated ^[1], a growing body of evidence reveals that psychosocial factors including emotional stress, fear-avoidance beliefs, and occupational dissatisfaction play crucial roles in the manifestation and chronicity of sciatica ^[2, 3].

In Ayurveda, this condition is described under the term *Gridhrasi*, a *Vatavyadhi* presenting with similar clinical features. The integrative model combining modern and Ayurvedic views can offer a more comprehensive approach to understanding and managing sciatic syndrome. This article investigates psychosocial contributions to sciatica and explores Ayurvedic conceptualizations and therapeutic interventions relevant to *Gridhrasi*.

Materials and Methods

Study Design

This review article is based on a thematic analysis of scientific and classical Ayurvedic literature. It synthesizes current research from both modern biomedical and Ayurvedic domains concerning the pathophysiology, risk factors, and treatment of sciatic syndrome.

Data Sources

Electronic databases such as PubMed, ScienceDirect, AYUSH Research Portal, and Google Scholar were searched using keywords: "sciatica", "*Gridhrasi*", "psychosocial factors", "*Vata Vyadhi*", "Ayurveda and sciatica", and "Ayurvedic *basti* for sciatica". Additionally, classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, and Madhava Nidana were reviewed ^[4, 5, 6].

Inclusion Criteria

- Peer-reviewed articles and classical Ayurvedic texts
- Studies published between 2000 and 2024
- Literature discussing either psychosocial or Ayurvedic perspectives on sciatica

Corresponding Author:
Dr. Sumesh S Pai
Ph.D. Research Scholar,
Department of Kayachikitsa,
Faculty of Ayurveda, Institute
of Medical Sciences, B.H.U.,
Varanasi, Uttar Pradesh, India

Exclusion Criteria

- Non-human studies
- Purely surgical or interventional mechanical management studies

Results

Psychosocial Factors Associated with Sciatica

- A consistent set of psychosocial variables has been found to correlate with the incidence, severity, and chronicity of sciatic pain:
- Depression and Anxiety: Associated with lower pain thresholds and reduced treatment responsiveness [2].
- Stress and HPA Axis Dysfunction: Elevated cortisol levels due to chronic stress can sensitize nociceptive pathways [7].
- Catastrophizing and Fear-Avoidance: These beliefs limit physical activity, contributing to deconditioning and worsening disability [3].
- Occupational Stress: Job dissatisfaction, poor ergonomics, and low social support at work are strongly linked to chronic sciatica [8].
- Poor Coping Mechanisms: Maladaptive behaviors such as withdrawal and overmedication further complicate recovery [9].
- Social Isolation: Lack of emotional or practical support intensifies the subjective pain experience [10].

Discussion

This integrative review demonstrates that sciatica is not merely a biomechanical condition but one heavily influenced by psychosocial factors. The bio-psycho-social model of pain offers a comprehensive framework in which emotional, cognitive, and environmental influences are acknowledged alongside anatomical disruptions [11]. Depression, anxiety, and work-related stress not only exacerbate perceived pain but can also perpetuate chronicity by reducing motivation for rehabilitation and fostering avoidant behaviors [12].

Ayurveda's perspective aligns well with this understanding. *Gridhrasi* is primarily considered a manifestation of aggravated *Vata*, which governs movement and nerve conduction. When compounded with *Kapha* or obstructed by *Ama* (toxins), the condition presents as stiffness, radiating pain, and functional impairment [4, 5]. Ayurveda not only recognizes the somatic manifestations but also indirectly addresses psychological components through its emphasis on *Dinacharya* (daily routines), *Sadvritta* (ethical lifestyle), and *Rasayana* (rejuvenation therapy) for mental well-being.

Among Ayurvedic treatments, *Basti* (medicated enema) is particularly emphasized for *Vatavyadhi*, with clinical evidence supporting its efficacy in managing pain and stiffness associated with sciatica [13]. The use of medicated oils such as *Sahacharadi taila*, *Ksheerabala taila*, and oral formulations like *Yogaraja Guggulu* target both local pathology and systemic imbalances [6].

Modern pain management strategies focusing solely on anatomical correction (e.g., surgery) may neglect these holistic determinants. Thus, integrative care that encompasses psychological assessment, ergonomic

corrections, and Ayurvedic therapy may improve outcomes in chronic sciatica cases.

Conclusion

Sciatica syndrome is a multifactorial condition where psychosocial dynamics significantly influence its onset and chronicity. Anxiety, depression, occupational dissatisfaction, and fear-avoidance behaviors amplify pain perception and hinder recovery. Ayurveda offers a parallel yet complementary view through the doctrine of *Vata* imbalance in *Gridhrasi*. Ayurvedic modalities like *Basti*, *Rasayana*, and ethical living address both physical and psychological components. Integrative management that includes psychological screening and Ayurvedic therapies may provide long-term relief and improve quality of life in individuals suffering from sciatic syndrome.

References

1. Stafford MA, Peng P, Hill DA. Sciatica: A review of history, epidemiology, pathogenesis, and the role of epidural steroid injection in management. *Br J Anaesth*. 2007;99(4):461-473.
2. Suri P, Rainville J, Katz JN. The Influence of Depression and Psychological Factors on Outcome of Physical Therapy for Sciatica. *Spine J*. 2011;11(12):1049-1057.
3. Wertli MM, Rasmussen-Barr E, Weiser S, Bachmann LM, Brunner F. The role of fear avoidance beliefs as a prognostic factor for outcome in patients with sciatica: A systematic review. *Spine J*. 2014;14(5):816-836.
4. Jadavji Trikamji Acharya editor, Charaka samhita, Varanasi:chauhambha publication; 5th edition, Pp.738.p.621 Agnivesha, Charaka Samhita with Chakrapani commentary, Chikitsa Sthana, Gridhrasi Chikitsa Adhyaya.
5. Jadavji Trikamji Acharya editor, Sushruta samhita, Varanasi: Chauhambha Sanskrit Sansthan, 2003edition, Pp-824. p. 268.
6. Yadavji Trikamji Acharya editor, Madhavanidana, Varanasi:Chauhambha Orientalia; 5th edition 1999 ,Pp.410.p. 402,403.
7. McEwen BS. Stress, adaptation, and disease: Allostasis and allostatic load. *Ann N Y Acad Sci*. 1998;840:33-44.
8. Hoogendoorn WE, van Poppel MNM, Bongers PM, Koes BW, Bouter LM. Systematic review of psychosocial factors at work and private life as risk factors for back pain. *Spine*. 2000;25(16):2114-2125.
9. Vlaeyen JW, Linton SJ. Fear-avoidance and its consequences in chronic musculoskeletal pain: A state of the art. *Pain*. 2000;85(3):317-332.
10. Williams DA, Keefe FJ. Pain beliefs and the use of cognitive-behavioral therapy. In: Loeser JD, ed. *Bonica's Management of Pain*. 3rd ed. Lippincott Williams & Wilkins; 2001.
11. Gatchel RJ, Peng YB, Peters ML, Fuchs PN, Turk DC. The biopsychosocial approach to chronic pain: Scientific advances and future directions. *Psychol Bull*. 2007;133(4):581-624.
12. Linton SJ. A review of psychological risk factors in back and neck pain. *Spine*. 2000;25(9):1148-1156.
13. Shastri P, Ayurvediya Panchakarma Vijnana, Chauhambha Orientalia, 2005. Chapter on Basti therapy.