

A CRITICAL REVIEW OF THE ROLE OF AGNI IN GRIDHRASI

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ABSTRACT

Vata is the most virulent *dosha* among the *tridosha*, without the presence of which life is impossible. Even the other two *dosha* becomes lame without the presence of *vata dosha*. *Gridhrasi* is a pain dominant *vata* illness, characterized by pain in the buttock region radiating long the back of the pelvis, thigh, leg and foot. This may be associated with pin prick sensation and fasciculation. These manifestations of the *Gridhrasi* match with the clinical presentation of Sciatica of conventional medicine. By shifting the traditional disease-centered focus of medical practice to a more patient-centered approach, Functional Medicine addresses the whole person, not just an isolated set of symptoms. It's the closest gap to help bridge Ayurveda and modern medicine since there is a lot of emphasis of gut health. In a lot of Neurological diseases like low back ache, the relationship to the Gut health is noticed.

Keywords: *Gridhrasi*, Sciatica, *Agni*, *Ahara*

INTRODUCTION

Today medical science has got lot of advancements, with the invention of newer and newer technology. With easily available medical facility, quality food, health, has now led to increase in average life span. In this fast growing highly competitive world, traveling and a sedentary lifestyle is very common in most people's life. Even with good food, adequate exercise, healthy precautions, people are becoming a victim of low back ache at one or the other time of their life. Spine being one of the most evolved structures in the evolution is more vulnerable for injury because of its major function of supporting the whole body. The low back ache is very common in today's society. Various activities lead to undue pressure on the spine and cause the most common radicular pain called the sciatica syndrome.

This type of disorder even though seems to be non serious, if left untreated it can lead to serious complications. Medically an analgesic is the only option for this illness. This may not give patient permanent relief.

Gridhrasi Review:

The illness characterized by pain, stiffness, pinprick sensation and fasciculation beginning from the buttocks then sequentially progressing to the back of pelvis, thigh, leg and foot is called as *gridhrasi*³. *Gridhrasi* is coined based on the resemblance of the gait of the patient with that of the vulture, as it walks with limping leg without lifting it up.

The various *Paryaya* of *Gridhrasi* are as follows:-

1. *Ringhini*
2. *Randhrinee*

3. *Radhina*

Nidana: ¹⁻⁶

For the easy understanding all the *Nidana* mentioned for *Vatavyadhi*, are classified into the following headings:-

1. *Aharaja* (Dietetic factors)
2. *Viharaja* (Behavioral factors)

3. *Agantuja* (External factors) which include *Manasika* (Mental factors) & *Kalaja* (Seasonal factors)

4. *Anya hetuja* (Other causes)

Here an attempt is made to classify the *Aharaja nidana* of *Gridhrasi*

Table 1: *Aharaja Nidanas of Vatavyadhi.*

AHARAJA NIDANA			C.S.	S.S.	A.S.	A.H.	M.N.	B.P.
1	<i>Rasa</i>	<i>Katu, Tikta, Kashaya</i>	-	+	+	+	-	+
2	<i>Guna</i>	<i>Laghu</i>	+	+	+	-	+	-
		<i>Ruksha</i>	+	+	+	+	+	-
		<i>Sheeta</i>	+	+	+	-	+	-
3	<i>Karma</i>	<i>Vishtambhi</i>	-	+	-	-	-	-
4	<i>Veerya</i>	<i>Sheeta</i>	-	+	-	-	-	-
5	<i>Dravya</i>	<i>Adhaki</i>	-	+	+	-	-	-
		<i>Bisa</i>	-		+	-	-	-
		<i>Harenu</i>	-	+	-	-	-	-
		<i>Chanaka</i>	-		+	-	-	-
		<i>Kalaya</i>	-	+	-	-	-	-
		<i>Koradusha</i>	-		+	-	-	-
		<i>Masura</i>	-	+	+	-	-	-
		<i>Mudga</i>	-	+	+	-	-	-
		<i>Nivara</i>	-	+	-	-	-	-
		<i>Nishpava</i>	-	+	+	-	-	-
		<i>Salaka</i>	-	-	+	-	-	-
		<i>Sushkashaka</i>	-	+	-	-	-	-
		<i>Shyamaka</i>	-	+	-	-	-	-
		<i>Abhojana</i>	+	+	-	-	+	+
		<i>Alpashana</i>	-	+	+	+	-	-
		<i>Vishamashana</i>	-	+	+	-	+	+
		<i>Adhyashana</i>	-	+	-	-	-	+
<i>Pramitashana</i>	-	-	+	+	-	-		

It is noted that most of the *Ahara* mentioned are *Ruksha, sheeta and laghu*. These types of food items can cause the *Vishama agni* and as a result *vata* gets aggravated. In *kevala vataja Gridhrasi* there is no involvement of *Ama* and is caused by *Ahara* or *Vihara* which causes the above

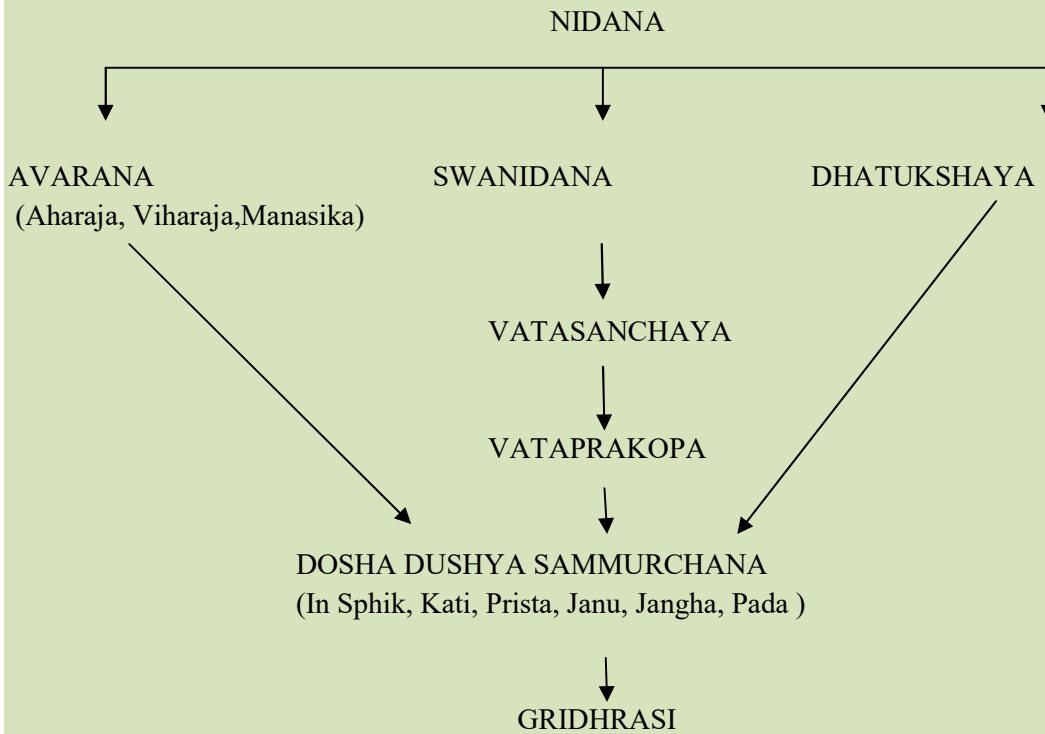
Samprapti Ghataka of Gridhrasi:

- *Nidana: Vata Prakopaka Nidana/ Vata KaphaPrakopaka Nidana*

- *Dosha: Apana Vayu, Kapha.*
- *Dushya: Sira, Snayu, Kandara,*
- *Agni: Jatharagni*
- *Ama: Nirama(Vataja), Ama (VataKaphaja-Jatharagni MandhyaJanya)*
- *Udbhavasthana: Pakwashaya*
- *Sancharasthana: Lower limb from buttock to toes*

- *Vyaktasthana*: *Sphik, Kati, Prishtha, Uru, Janu, Jangha, Pada*
- *Srotas*: *Vatavaha*
- *Srotodushti*: *Sanga*
- *Rogamarga*: *Madhyama*

Schematic Representation of *Samprapti*:



Chikitsa:¹⁻³

Various treatment modalities are available for *Gridhrasi*. Some target the symptom specifically while some targets the disease pathogenesis. Hence a wise physician has to use the apt treatment when required. Patient who are presenting with severe pain should be first treated symptomatically and later *dosha pratyanka Chikitsa* could be adopted. Where as in some where the disease is long standing with less number of symptoms one can adopt *dosha pratyanka chikitsa*. General line of management of any *vata vyadhi* includes the usage of *dravyas* having *Madhura, Amla, Lavana, Snigdha, Ushna* properties and procedures like *Snehana, Swedana, Asthapana and Anuvasana Vasti, Nasya, Abhyanga, Utsadana,*

Parisheka can be adopted. Hence *gridrasi chikitsa* includes the following lines of treatments.

- *Nidan privarjana* - avoiding the factors involved in the causation
- *Snehana* - sudation therapy
- *Svedana* - oleation therapy
- *Vamana* - therapeutic emesis
- *Virechana* - therapeutic purgation
- *Basti* - therapeutic enema
- *Siravyadha* - therapeutic blood letting
- *Agni karma* - therapeutic cautery
- *Shamana chikitsa* - symptomatic treatment

The various clinical trials done at various institutions show that the most effective treatment modalities are *Snehana, Basti and Shamana chikitsa* for the long term management. Whereas *Siravyadha* and *Agni karma* work more in the acute stage of the illness. Again among the 3 modalities mentioned above, *Snehana* works best for the cases where the disease is caused due to *viharaja* causes like lifting weights.

Basti works best in cases of *vata* vitiation in the *pakwashaya* and *Shaman chikitsa* works in conditions where *Apathya Ahara* is the cause for the disease.

Disease Review of Sciatica

Sciatica can be defined as the radicular pain relating the sciatic nerve trunk. Sciatica is a symptom not a disease. The symptom is pain, which starts from low back radiate down to one or both the legs. *Sciatica* is characterized by pain that radiates along the Sciatic Nerve; i.e. pain begins in the lower back and radiate to the buttock, the posteriolateral aspect of the thigh, calf and extending into the heel and the foot. Onset of the pain is sudden or gradual

The causes of Sciatica can be classified, based on the different levels of sciatic nerve involvement along its course.

1. Causes in the Spine
2. Causes in the Pelvis
3. Causes in the Gluteal Region and the Thigh

The character of the pain is usually pulling type. The pain may be aggravated by physical factors like lifting heavy weights, coughing, sneezing, bending forwards and may be relieved by the means of sitting, rest.

Conservative treatment for sciatica is primarily aimed at pain reduction, either by analgesics or by reducing pressure on the nerve root. A recent systematic review found that conservative treatments do not clearly improve the natural course of sciatica in most patients or reduce symptoms. Although in many countries clinical guidelines are available for the management of non-specific low back pain this is not the case for sciatica. The treatment usually involves Advise to stay active and continue daily activities; a few hours of bed rest may provide some symptomatic relief but does not result in faster recovery

CONCLUSION

Functional medicine and the basic concepts are very similar to Ayurveda. Here the personalized health care treats the individual, not the disease. It's the closest gap to help bridge Ayurveda and modern

medicine since there is a lot of emphasis of gut health. In a lot of Neurological diseases like low back ache, the relationship to the Gut health is noticed.

In clinical practice it is noted that the cases of *ghridhrasi* where the patients were treated only with external treatment showed lesser improvement than the group where internal Ayurvedic medicines were used as most of the *kashayas/ choornas/ gullika and rasa aushadis* used for *Gridhrasi* have *Agni deepana and apana vatanulomana* action.

Many clinical trials on *Gridhrasi* have already been carried out by various formulations and procedures at various institutions, but most of them have the same conclusion that *Agni* and the gut health are very important and this is often not given attention to in clinical practice. While *Snehana* works best for the cases where the disease is caused due to *viharaja* causes like lifting weights. *Shamana Aushadis having Agni deepana and apana vatanulomana* works in conditions where *Apathya Ahara* is the cause for the disease.

REFERENCES

1. Acharya Agnivesha. *Charaka samhita*, elaborated by Charaka & Dridabala with Ayurveda deepika commentary by Chakrapani Datta, Vaidya Yadavji Trikamji Acharya ed., 2008 edition, Varanasi , Choukamba Sanskrit Sanstana, Pp 738, Pg no 623
2. Vagbhata, *Ashtanga Samgraha*, Hindi vyakhya edited by Kaviraj Atridevagupta, Nidanasthana, 15th Chapter, Sloka No.31, reprinted on 1993, Krishnadas Achademy, Varanasi, Pp408, Page No.402.
3. Vagbhata, *Ashtanga Hrudaya*, Sarvanga Sundari commentary of Arunadatta and Ayurveda Rasayana commentary of Hemadri, edited by Bhisayacharya Harisastri Paradkar Vaidya, Nidana sthana, 1st chapter, sloka No.14, 9th edition ,reprinted on 2005, Chowkhamba Sanskrit Series Office, Varanasi, Pp.956, Page no.444.
4. Madhavakara, *Madhavanidana*, *Madhukosa* commentary of Vijayarakshita and Srikanthadatta and with extracts from *Atankadarpana* by Vachaspathi Vaidya edited by Vaidya Yadavji Tricumji Acharya, 1st part, 22nd Chapter, Sloka No.4, 30th edition 2000,

Chaukhambha Orientalia, Varanasi, Pp.520, Page no.404.

5. Sushruta, Sushruta samhita, Nibandhasamgraha commentary of Dalhanacharya and Nyayachandrika Panchika commentary of Gayadasa, edited by Yadavji Trikamji Acharya, Nidanasthana 21st Chapter, Sloka No.36, 9th edition 2007,Chaukhambha orientalia, Varanasi, Pp.824, Page no.106.
 6. Agnivesha, Charaka samhitha, revised by Charaka and Dridabala with Ayurveda dipika commentary of Chakrapanidatta, edited by Yadavji Trikamji Acharya, Chikitsasthana 28th Chapter, Sloka No.19, 5th edition-2007, Chaukambha Sanskrit sansthan, Pp.738, Page no. 617.
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