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A CONCEPTUAL REVIEW ON THE ROLE OF PAKWASAYA GATAVATA IN THE SAMPRAPTHI OF GRIDRASI

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ABSTRACT

Vata is considered as the most important dosha in the body and is considered the propelling force for all movements in the body, pakwasaya is the sthana of vata in koshta. When the normal movement(Gati) is altered (Gatatva) or obstructed (Avarana) the functional normalities of Vata gets impaired. The Gati or Gatatva have two implications, it either gets localised there without movement or cause obstruction at the level of its obstruction Prakopa of vata at pakwasaya will trigger vata vridhi in its specific sthana. Kati(pelvis) is one of the sthana of vata and chronic pakwasayagata vata will cause soushirya to Kati asthi which would result in degeneration of the joint. The degenerative disc condition, more or less provokes IVDP like conditions. In acute vitiation of pakwasaya gatavata it may results in the symptoms like Shoola, Anaha, Antrakoojana, Malarodha in the chronic manifestation of pakwasya gatavata characterized by vegadharana it will results in Arsas Asmari Vrudhi, Trikaprusta kateegraham later it may lead to grudrasi

KEYWORDS: Pakwasyagata vata, grudrasi.

INTRODUCTION

Avurveda is a holistic life science which existed for thousands of years. It has so many Sidhanthas or principles based on which the science has been explained, among that the most important and basic one is tridosha sidhantha. Tridoshas are basic factors of the body which maintains the physiology of the body in its normalcy and the vitiation of the same *dosa* will result in manifestation of disease.^[1] Amoung the *tridosha*, vata plays a pivotal role in maintaining the functions of the body. It prompts all type of actions in the body and mind, it brings about compactness in all the tissue elements of the body and based on function and area of location it is divided into 5 types Prana, Udana, Vyana, Samana, Apana.^[2] Among the panchavata apana vata is concerned with the excreation of mala, moota sukra and garbha. Apana vata is located in the Apana (end portions of GIT/ Large intestine).^[3] Grudrasi is disease which is grouped under vata vyadhi in which the vitiation of vata is considered as the main nidana The general nidanas mentioned for vatavyadhi is applicable for gridhrasi also.

Grudrasi **Definition of gridrasi** Charaka

Gridrasi is a vatavyadhi characterized by stambana (stiffness), ruk (pain), toda (pricking pain) and spandana (frequent tingling). These symptoms initially affect sphik

(buttock) as well as posterior aspect of kati(waist) and then gradually radiets to posterior aspect of uru (thigh), *janu* (knee), *janga*(calf) and *pada*(foot).^[4]

Susruta and vagbhata

Acharys susruta opines that there are two kandara in the leg that gets affilicted. The two kandaras includes the one extending distally from the parshni to the toes, and other extending above from the *parshni* to the *vitapa*. These two kandara, when gets affilicted with the vata dosa limits the extension of the leg this disease is known as gridrasi. Acharya vagbhata has also conveyed the same.^[5]

Purva rupa

In classics the description regarding the purva roopa of Gridrasi is not available even then; a few of the general situations in classics pertaining to the occurrence of the purvarupa in vatavyadhi are worth explaining. Acharya charaka is of the opinion that, in general, the vague symptoms, or else any few symptoms of the respective vatavyadhiin its minimal severity, that too in their initial stage is the poorvaroopa. This nature of the poorvarupa is described as avyaktha lakshna.

- Avyakta lakshna is said apurva roopa of vatavyadhi.^[6]
- ⊳ Chakrapani says that avyaktha means symptoms are to be minimal as purva roopa



By the consideration of the above sited general rule of *purvaroopa* with regard to *vatavyadhi*, *gridrasi* being a *vatavyadhi*, purvaroopa of this disease may be assumed.

- Vague lowback pain
- Discomfort in the lower extremities
- Undefined pain in thigh feet knee
- Altered sensation
- Inability to sit in same posture for long

All these can be considered as poorvaropa in case of gridrasi. But in most of the cases the pain occurs abruptly due to strainingg of back like taking some weight over back or due to some injury to spine

Rupa

Pain starting from sphik and radiating towards *kati*, *prista*, *uru*, *jaanu*, *jangaha and pada* in the successive order, the cardinal symptoms of gridrasi are.

Types

- 1. Vatika
- *Sthambha*(stiffness)
- *Ruk*(pain)
- *Toda* (pricking type of pain)
- *Muhu spandanam*(tingling)

2. Vatakaphaja type

- Tandra
- Gaurava
- Arochaka

DISCUSSION

In human body locomotion is a much initiated and well coordinated activity under the control of nervous system. In Ayurveda we impart that activity of *vata*, the unique *dosa* which is the creator, conductor and enactor of all neurological commands. Among the *pancha vata vyana vata* is responsible for gati,*prasarana, akunjana, utkshepana*etc.

Apana vata is the vata which is attributed with the autonomous function like excretion of *pureesha mootrasukra*, and garbha.^[7] Pakwasaya is the primary abode but *sroni* is its *sancharana sthana*.^[8] So any vitiation of *apana* can cause symptoms at the *sroni* and *kati*.

Importance of vata in the samprapthi of grudrasi

The vata dosha is aggravated due to different factors and vata flows out of its ashaya to circulate in the entire body and its constituents. During circulation it gets localized in the roots of majjavaha srotas. i.e. asthi sandhi. In the asthi and majjavaha srotas, the khavaigunya may already present. Because, unless there is khavaigunya of srotas, the dosha will not take ashraya. The chief qualities of vata are khara, ruksha, vishada, and laghu. Sandhi gives ashraya to shleshak kapha which has the following qualities- Guru, snigdha and Mrudu. When aggravated vata gets localized in sandhi, it over powers and undoes

all qualities of *kapha*. The vitiated vata in the context grudrasi will get localized in the pakwasaya and do damage to the nearby joints that is lumbosacral joints.

Concept of gata vata

Gatavata is a concept which is explained by all bruhatrayi in which vata get vitiated in some specific local sites based on the location it will produce various lakshnas.

Amoung the gata vata *pakwasayagata vata* is condition in which vata gets vitiated in pakwasaya since pakwasaya is the nearest location to *kati*. *Pakwasaya gata vata lakshana* include pain in abdomen, distention of abdomen gurgling sounds from abdomen, constipation, and stiffness in the kati region.^[9]

Two main nidana of the vitiation of vata is dhathukshaya and margavarana

Rookshadi gunas ____ dhathu kshaya ____ vataprakopa

Vitiation of other anyadosa \rightarrow margavarana \rightarrow vatakopa

Pakwasayagata vata – karya karana relation with diseases of lumbar disc

Koshta is the primary abode of all dosas and pakvasaya is said to be the sthana of vata. After that 'Kati'is mentioned, this shows its importance as a vata sthana. Among the vatas, Apana is the regulator of activities related with the autonomic regulation of voluntary motor system, sympathetic and parasympathetic divisions of visceral motor system, through the lower motor neurons that originate from lumbar and sacral segments of spinal cord and invested with the functions of defeacation, micturition, expulsion of foetus etc. Acharyas has opined that in the condition of *vata kopa* in *pakwasaya*, a range conditions varying from mild sula, anaha, of antrakujana, malarodha to diseases such as vridhi, arshas, asmari and various other diseases of adhakaya are mentioned. "Trika- prishta-kateegraha" is the musculoskeletal symptomatology associated with vata kopa in its primary abode. This indicates that vata kopa at pakwasaya has a direct relation with grudrasi. Apana guide the reflex circuits and other circuitry within the lumbosacral spinal cord segments that underlie the automatic processing of activities associated with it. Its dysfunction can result from damage at any level of motor system hierarchy and side loops in that area. Restricted damage within spinal cord or at the ventral roots will produce symptomatology in concordance with it. Weakness, hypotonia, hyporeflexia etc in the adhah kaya can result from its involvement. It can be seen that a synergistic relation exist between kati and pakwasaya vata. When one is afflicted, other also get afflicted. When vataprakopa occurs at pakwasaya, kateegraha manifests and it might get relieved with normalising pakwasayagata vata. The nija samprapthi of grudrasi begins at pakwasaya, which gradually cause disc

dehydration, weakness of snayu, kandara and asthi at spine, specifically lumbosacral region resulting in qualitative, quantitative, structural and functional changes, resulting in vata kopa and sleshaka kapha ksava. This leads to slathangathva and instability in the lumbar spine, making it prone to a *nimitta karana* in the form of even slight trauma (agantuja). The symptom produced may be pain localised to the area or radiating to legs depending upon nature of trauma. In the case of agantuja nidana in the form of a fall or trauma hitting the spine, result in injury to the spine secondary to instant structural instability and protrusion of nucleus pulposes. Here, the dosha dushti is secondary to abhigata (kati marma abhigata/upatapa). Soon after this, inflammation occurs in the area and samalakshanas like gourava, soola (acute pain), inability to move etc which may or may not be associated with anilamoodata will be seen. When anilamoodata occurs, it will be seen in pakwasaya. An agantuja nidana at kati, might cause dosha dushti secondarily and there might be manifestations of pakwasayagata vata prakopa symptoms.

Fig 1.

Acute to sub acute vata kopa in pakwasaya

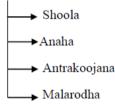
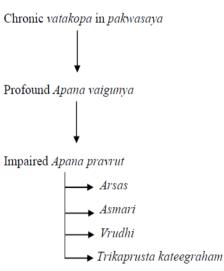


FIG II.



CONCLUSION

Vata especially *Apana* is the controller of vital activities associated with defecation excretion, ejaculation etc. It also has major role in maintaining balance of other *vata* in the body.

Many disease of the *koshta, purishavaha srotas, mutravaha srotas, sukravaha srotas* are related to *vaigunya* at the level of is hence an ideal preventive and promotive factor in these conditions.

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