

ROLE OF AGNIKARMA IN THE MANAGEMENT OF GRIDHRASI: A REVIEW

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ABSTRACT

In *Ayurveda*, Vata is considered responsible for almost all types of pain. *Gridhrasi*, described as a *Vatavyadhi*, presents with hallmark features of radicular pain originating from the lumbar–sacral region and radiating along the lower limb. The name “*Gridhrasi*” reflects the characteristic gait of the patient, who walks with difficulty due to severe pain, resembling the movement of a vulture (*Gridhra*).^[1] Based on these symptoms, *Gridhrasi* can be correlated with sciatica in modern medicine. Sciatica occurs due to irritation or compression of the spinal nerves and is characterized by pain along the distribution of the sciatic nerve. Globally, low back pain and radiating pain caused by lumbar disc prolapse are among the leading causes of morbidity. The lifetime incidence of low back pain is 50–70%, and sciatica affects more than 40% of the population at some point in life. These conditions significantly disrupt daily activities and overall quality of life. Conventional management primarily focuses on symptomatic relief through NSAIDs, muscle relaxants, and selected surgical procedures; however, these approaches may be limited by adverse effects, high cost, and variable long-term outcomes. *Ayurveda* offers multiple treatment modalities for *Gridhrasi*, including *Bheshaja*, *Snehana*, *Swedana*, *Siravedha*, *Agnikarma*, and *Basti*. Among these, *Agnikarma*—a para-surgical procedure utilizing controlled therapeutic heat application, has been documented to provide rapid and sustained analgesia through mechanisms such as enhanced local circulation, neuromodulation, and reduction of Vata aggravation. *Agnikarma* offers a safe, cost-effective, and clinically significant intervention for the management of *Gridhrasi*, with potential to complement or reduce dependence on conventional therapies.

KEYWORDS: *Ayurveda*, *Vatavyadhi*, *Gridhrasi*, *Agnikarma*, Sciatica, Para-surgical procedure.

INTRODUCTION

Ayurveda is the only medical system that provides a comprehensive path for living in harmony with nature. It gives equal emphasis to both the preventive and curative aspects of diseases. In *Ayurveda*, pain is referred to as *Ruja*, a term synonymous with disease itself, as it disturbs both the physical and mental state of an individual. Among the various disorders caused by vitiated Vata, *Gridhrasi* is a significant *Vataja Nanatmaja Vyadhi* that affects the locomotor system, with pain as its primary symptom.^[2] In today’s fast-paced lifestyle, prolonged sitting, improper postures in workplaces, excessive physical exertion, jerky movements during travel, and sports-related strain contribute significantly to spinal stress and neurological

pain. As a result, *Gridhrasi* has become increasingly common among the working population. Progressive disorders involving the pelvis and surrounding structures also aggravate this condition. Broadly, most patients present with symptoms related to low back pain and radiating pain in the legs.^[3] In modern terminology, this condition corresponds to sciatica, where pain is felt along the course of the sciatic nerve.

In conventional medical practice, the management of sciatica is largely symptomatic, involving the use of analgesics such as NSAIDs, sedative medications, physiotherapy, and, in advanced cases, surgical intervention. However, these approaches are not

definitive solutions, as each carries its own potential complications and adverse effects.

NIDANA PANCHAKA OF GRIDHRASI

Nidana and Poorvarupa

The etiological factors (*Nidana*) of *Gridhrasi* are similar to those of *Vata Vyadhi*, as *Gridhrasi* is included among the 80 types of *Vataja Nanatmaja Vyadhis*. The *Poorvarupa* (prodromal symptoms) of *Gridhrasi* are described as *avyakta* (indistinct or not clearly manifested).

Rupa (Clinical features)

According to *Acharya Vagbhata* and *Acharya Sushruta*, the vitiated *Vata Dosha* affects the *Kandaras* (tendons/ligaments) of the *Parshni* (heel) and *Pratyanguli* (toes), leading to difficulty in lifting the thigh. *Acharya Charaka* describes symptoms such as *Stambha* (stiffness), *Toda* (pricking pain), and *Spandana* (twitching), which radiate from the *Sphik* (buttock), *Kati* (low back), *Prushtha* (back), *Uru* (thigh), *Janu* (knee), and *Jangha* (leg).^[4] These are considered characteristic features of *Vataja Gridhrasi*. In *Kaphaja Gridhrasi*, symptoms such as *Tandra* (drowsiness), *Gourava* (heaviness), and *Aruchi* (loss of appetite) are observed.

As described in *Bhavaprakasha*, *Madhavanidana*, and *Yogaratanakara*, *Vataja Gridhrasi* presents with *Dehasya Pravakrata* (bending of the body), along with *Janu* and *Uru Sandhi Spurana* (pain or twitching in knee and thigh joints). In *Vata-Kaphaja Gridhrasi*, additional symptoms include *Gourava* (heaviness), *Agnimandya* (reduced digestive power), *Mukha praseka* (excess salivation), and *Bhaktadvesha* (aversion to food). *Vangasena* further adds *Payu shoola* (pain in the anal region) as a symptom of *Gridhrasi*.

Samprapti (Pathogenesis)

The *Samprapti* of *Gridhrasi* is understood on the basis of *Vatavyadhi*. In this condition, there is vitiation of *Vyana* and *Apana Vata*. Under normal circumstances, *Vyana Vayu* governs movements such as *Gati* (movement), *Prasarana* (extension), *Akunchana* (flexion), and *Utkshepana* (lifting). In its vitiated state, these functions are impaired, leading to difficulty in lifting the affected limb (*Sakthi utkshepana*).

The pathological process may involve *Dhatukshaya* (tissue depletion) and *Margavarodha* (obstruction of channels). In some cases, *Kapha Dosha* associates with *Vata*, resulting in symptoms such as *Tandra* (drowsiness), *Gourava* (heaviness), and *Arochaka* (loss of appetite).

According to *Acharya Charaka*, *Kandara* is considered an *Upadhatu* of *Rakta Dhatu*.^[5] *Chakrapani* describes *Kandara* as *Sthula snayu* (thick ligaments/tendons). *Snayu* is regarded as the *Moolasthan* of *Mamsa* and also as an *Upadhatu* of *Meda*. Therefore, the principal *Dushyas* involved in *Gridhrasi* are *Rakta*, *Mamsa*, and

Meda. The condition also affects *Asthi* and *Sandhi*, as evidenced by difficulty in raising the thigh and the possibility of *Asthi Kshaya* (degeneration of bone tissue).

Doshika Dominance

As per *Charaka*, *Sushruta*, and *Vagbhata*, *Vata* is the predominant *Dosha* in *Gridhrasi*. The *Samprapti Ghataka* can be summarized as follows

- **Dosha:** *Vata* predominant, often associated with *Kapha* (*Vata-Kapha Pradhana Tridosha*)
- **Dushya:** *Rakta*, *Mamsa*, *Meda*, and *Asthi*
- **Udbhava Sthana:** *Pakwashaya*
- **Adhithana:** *Sphik* (buttock), *Kati* (lumbar region), *Prushtha* (back), *Uru* (thigh), *Janu* (knee), *Jangha* (leg), and *Pada* (foot)
- **Vyakta Sthana:** Lower limb including *Uru*, *Janu*, *Jangha*, and *Pada*
- **Rupa:** *Stambha* (stiffness), *Ruk* (pain), *Toda* (pricking pain), *Spandana* (twitching), *Tandra* (drowsiness), *Gourava* (heaviness), *Arochaka* (anorexia)
- **Srotas:** *Raktavaha*, *Mamsavaha*, *Medovaha*, and *Asthivaha Srotas*
- **Agni:** *Vishamagni* and *Mandagni*
- **Swabhava:** May be *Ashukari* (acute onset) or *Chirakari* (chronic course)

SADHYA-ASADHYATA (PROGNOSIS)

If neglected, *Vatavyadhi* becomes *Asadhya* (incurable), and the same principle applies to *Gridhrasi*, as no separate prognosis has been specifically mentioned. However, with appropriate treatment, proper dietary regimen, and strict *Nidana Parivarjana* (avoidance of causative factors), the condition may become *Sukhasadhya* (easily manageable). *Vata-Kaphaja Gridhrasi* is generally more amenable to treatment compared to pure *Vataja Gridhrasi*.

CHIKITSA (MANAGEMENT)

Nidana Parivarjana forms the primary line of treatment, followed by *Shodhana* (purificatory therapy) and *Shamana* (palliative therapy). The treatment approach depends on the severity of *Dosha* involvement

- **Alpa Dosha (mild Vata predominance):** *Langhana* (lightening therapy)
- **Madhyama Dosha:** *Langhana* combined with *Pachana* (digestive therapy)
- **Pravara Dosha (Vata-Kaphaja condition):** *Shodhana* (purification therapy)

Sushruta has advised therapies such as *Snehana* (oleation), *Upanaha* (poultice application), *Agnikarma* (therapeutic cauterization), *Bandhana* (immobilization/bandaging), and *Ummardana* (massage) in conditions where *Vata* affects *Snayu*, *Sandhi*, and *Asthi*. Various *Dahanopakaranas* (instruments for cauterization) have also been described for performing *Agnikarma* at different anatomical sites^[6]

- **Twak** – Pippali, Ajasakrut, Godanta, Shara, and Shalaka
- **Mamsa** – Jambavoshta and Itaraloha
- **Sira, Snayu, Sandhi, and Asthi** – Kshoudra, Guda, and Sneha

AGNIKARMA

References regarding the use of *Agnikarma* in the management of *Gridhrasi* are available in several classical Ayurvedic texts. *Acharya Sushruta* describes *Agnikarma* in a separate chapter as a therapeutic measure for disorders caused by aggravated *Vata* located in the *Twak, Mamsa, Sira, Snayu, Sandhi, and Asthi*—with *Gridhrasi* included among these conditions. *Acharya Charaka* has mentioned performing *Agnikarma* for *Gridhrasi* at the *Antara-Kandara-Gulpha Pradesh*.^[7] This region corresponds to the area extending from the mid-medial to the mid-lateral aspect of the lower limb, covering the dorsal surface approximately four *Angulas* above both the medial and lateral malleoli/Achilles tendon. Both *Chakradatta* and *Yogaratanakara* provide direct references to administering *Agnikarma* in *Gridhrasi* specifically over the *Kanishthika Anguli* (little toe) of the foot.^[8]

The *Agnikarma* procedure consists of three essential steps—*Purva Karma, Pradhana Karma, and Paschata Karma*.

Purva Karma

The precise site for *Agnikarma* is identified, marked, and thoroughly cleansed with lukewarm *Dashamoola Kwatha* before the procedure.

Pradhana Karma

The therapeutic cauterization is performed using a red-hot *Shalaka* at the marked site. The procedure continues until the appearance of *Samyak Dagdha Lakshana* (signs of proper cauterization).

Paschata Karma

The treated area is gently smeared with *Aloe vera* pulp, followed by sprinkling *Yashtimadhu* and *Haridra* powder to promote healing and prevent complications.

DISCUSSION

The exact mechanism of action of *Agnikarma* is still unclear to modern medicine, though several theories attempt to explain its effects. The probable mechanisms are.

Effect on Dosh^[9]

Agnikarma is highly effective for *Vata* and *Kapha* disorders. The therapeutic heat (*Agni*) possesses *Ushna* (hot), *Sukshma* (penetrating), *Tikshna* (sharp), and *Ashukari* (quick-acting) qualities, which counteract the obstructive and heavy nature of *Vata* and *Kapha*. This helps remove *Srotorodha* (channel obstruction) and improves *Rasa-Rakta Samvahana* (microcirculation) at the affected site.

Effect on Dhatu

Heat generated from *Agnikarma* enhances *Dhatvagni*, improving tissue metabolism, digestion, and elimination of *Ama Dosh*, thereby promoting nourishment and healing of the affected structures.

Increased Metabolism^[10]

Heating tissues accelerates chemical reactions, thereby increasing metabolism. The effect is greatest in the superficial tissues where most heat is generated. This elevated metabolic activity increases the demand for oxygen and nutrients while also enhancing the elimination of waste products and metabolites.

Effects of Heating on Nerves^[11]

Heat has a sedative effect on the nervous system through sensory stimulation. Evidence suggests that when sensory input from heat reaches the brain simultaneously with a pain stimulus, it attenuates the perception of pain. Pain receptors in the skin and motor end plates are optimally stimulated at around 45 °C. Pain and thermal signals travel through parallel pathways to the same brain region, and the stronger thermal signal can effectively override the pain impulse, leading to significant pain relief.

Effect on Temperature and Blood Flow^[12]

Thermodynamic principles applied to biological tissues indicate that transferring thermal energy from an instrument to tissue increases its internal energy, which is then distributed throughout the body via the thermostatic centres. This triggers vasodilation, increasing blood flow to the treated area. According to *Van't Hoff*, basal metabolism rises by a certain percentage with every 10 °C increase in temperature. The rise in tissue temperature also promotes muscle relaxation, reducing spasms, inflammation, and pain. As heated blood circulates to other areas, it affects the vasomotor and heat-regulating centres in the hypothalamus, causing generalized dilation of superficial blood vessels and enhanced circulation to the affected site.

CONCLUSION

Agnikarma is a classical Ayurvedic *para-surgical* procedure that has shown significant efficacy in the management of *Gridhrasi* (sciatica). Its therapeutic effects can be explained from both Ayurvedic and modern scientific perspectives. From an Ayurvedic viewpoint, *Agnikarma* helps in pacifying aggravated *Vata* and *Kapha Doshas*, removing *Srotorodha* (obstruction of channels), and enhancing *Rasa-Rakta Samvahana* (circulation of nutrients and blood).

The therapeutic heat generated by the red-hot *Shalaka* is transferred to the *Twak Dhatu*, producing *Samyak Dagdha* and thereby exerting its therapeutic action. Due to its *Ushna, Tikshna, Sukshma, and Ashukari* properties, *Agnikarma* helps remove *Srotorodha* and pacify vitiated *Vata* and *Kapha Doshas*. The applied heat stimulates

Dhatvagni, resulting in proper metabolism of the *Dhatus* and digestion of *Ama Dosha*.

From a modern scientific perspective, the local application of heat causes vasodilatation, which increases blood circulation to the affected muscles and tissues. This enhanced circulation facilitates improved oxygen and nutrient supply, removal of metabolic waste products, reduction of muscle spasm, and improvement in tissue elasticity. The warmth also increases the extensibility of muscles, tendons, and ligaments, thereby reducing stiffness and pain. Furthermore, *Agnikarma* exerts analgesic effects through sensory modulation and promotes muscle relaxation.

The procedure is safe, simple, cost-effective, and minimally invasive, providing rapid symptomatic relief with a low risk of recurrence. Thus, by integrating classical Ayurvedic principles with modern scientific understanding, *Agnikarma* can be considered an effective therapeutic intervention for patients suffering from chronic pain and neurological manifestations associated with *Gridhrasi*.

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