ABSTRACT: Gridhrasi is one among the Shoola Pradhana Vataja Nanatmaja Vyadhi, intervening with the functional ability of low back and lower limbs. Low back pain is the major cause of morbidity throughout the world affecting mainly young adults. This is a Combined Clinical Study of Dashamoola Kashaya Adhokayaseka, Astakatvar Taila Matra Basti and Kamsakhya Guggulu. In the present study total 30 patients having Gridhrasi were included. Patients were selected randomly from the OPD and IPD of BVVS Ayurved Hospital, Bagalkot. Case Performa was prepared with all points of history taking, physical examination and X-ray to confirm the diagnosis as mentioned in our classics and modern science.

Management- 1]Dashamoola Kashaya Adhokayaseka 30 minutes for 8 days. 2]Astakatvar Taila Matra Basti 48ml for 8 days. 3]Kamsakhya Guggulu 1gm/day for 30 days after food.

Results and Conclusion – Dashamoola Kashaya Adhokayaseka, Astakatvar Taila Matra Basti and Kamsakhya Guggulu have significant therapeutic value in Gridhrasi.

Key words – Gridhrasi, Sciatica, Dashamoola Kashaya Adhokayaseka, Astakatvar taila Matra Basti, Kamsakhya Guggulu
INTRODUCTION:

Gridhrasi is one of the Vata Vyadhi, characterized by Stambha (Stiffness), Ruja (Pain), Toda (Pricking Sensation) and Muhur Spandan (Twitching) in Sphik (Gluteal region), Kati (Lumbar region), Prusta (Thoracic region), Uru (Thigh region), Janu (Knee joint), Jangha (Calf muscles) and Paada (Soles). Acharya Sushruta opines that when two Kandara in the leg gets afflicted with Vata Dosha, it limits the extension of leg, resulting in Gridhrasi and also Sushruta explains that Saktikshepa Nigraha i.e we can correlate with SLR Test. In Vatakaphaja type of Gridhrasi, Tanda, Gaurava, Arochaka will be seen. In the modern parlance Gridhrasi can be correlated with sciatica symptomatically. Sciatica is a relatively common condition with a lifetime incidence varying from 13% to 40%. The prevalence rate of low back pain has been found to range from as low as 6.2% to as high as 92% depending upon occupation of people. It’s found that 9 times more risk after 35 years of age. Sciatica frequently results from degenerative changes of lumbosacral spine or disc and manifests as unilateral neuropathic
pain extending from the gluteal region down to the posterolateral aspect of the leg to the foot.

In Gridhrasi, Vata and Kapha gets Prakopa and gets obstructed in Raktavaha Srotas involving Sira, Kandara and Snayu. Vata takes Adhistan in above mentioned Sthanas leading to Raktadi Dhatu Dushti.

Different Acharya’s have mentioned various effective therapeutic procedures like Siravyadha, Basti Karma, Agni Karma, Shastra Prayoga and many Shamanoushadhi’s for the management of Gridhrasi.

Management of Sciatica in modern science involves administration of NSAIDs and narcotics. These may help to relieve symptoms but these may cause gastric problems, headache, dizziness, liver & kidney dysfunction etc. In chronic low back pain surgical intervention is indicated but post surgery there might be significant amount of pain at area of incisions and may disturb patient’s routine activities for about 3 to 4 months.

MATERIALS AND METHODS

The 30 patients were selected on the basis of random sampling method. The selection of patients was made from OPD/IPD BVVS Ayurved Medical College and Hospital, Bagalkot, Karnataka. Since the study aims to evaluate combined effect it is having single group consists of 30 patients.

INCLUSION CRITERIA

1. Diagnosed case of Gridhrasi (Sciatica) with Lakshanas like Prasaranavat Vedana, Ruk, Toda, Stambha, Spandana, Grahana in Kati, Prusta, Uru, Janu, Jangha and Paada

2. Patients between age group of 30-70 years of either sex.

3. Patients who are fit for Basti Karma

EXCLUSION CRITERIA

1) Patients with neoplastic condition and Pott’s spine, HIV, HbsAg

2) History of any trauma to spine

3) Neurological conditions like
Hemiplegia, Parkinson’s disease etc
4) Pregnancy and lactation period
5) Patients suffering from any other systemic disorders which will interfere with the study will be excluded
6) Ankylosing Spondylitis
7) Any structural spinal deformity such as Scoliosis, Kyphosis
8) Fracture of pelvis, Femur

**DIAGNOSTIC CRITERIA**

The diagnosis will be made, based on signs and symptoms of Gridhrasi (Sciatica) as follows

1) Stambha, Ruja and Toda in Sphik, Kathi, Prusta, Uru, Janu, Jangha and Paada

2) Muhura Spandana in Sphik, Kathi, Prusta, Uru, Janu, Jangha and Paada

3) SLR Test

4) Bragard’s Sign

**Duration of Study**

45 days–30 days treatment and after 15 days follow up.

**Criteria for Assessment:**

Both subjective and objective parameters were employed for assessment of the impact of the treatment.

**Subjective Parameters:**

Ruk, Toda, Sthamba, Spandana in the Sphik, Kati, Uru, Janu, Janga and Pada, Tanda, Gaurava, Arochaka.
**CHIKITSA KRAMA**

Chikitsa is followed same as mentioned in below table for all 30 patients.

*Table No.1 Chikitsa Krama*

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Chikitsa (method of Preparation)</th>
<th>Oushadhi</th>
<th>Kalpa</th>
<th>Kala</th>
<th>Matra</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adhokaya seka</td>
<td>Dashamoola kwatha churna</td>
<td>Kwatha</td>
<td>1st day to 8th day</td>
<td>3 litres for 30 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Matra Basti</td>
<td>Astakatvar Taila</td>
<td>Taila</td>
<td>1st day to 8th day</td>
<td>48ml</td>
</tr>
<tr>
<td></td>
<td><strong>Purva Karma</strong></td>
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</tr>
<tr>
<td></td>
<td>1) Sthanika Abhyanga with Astakatvara Taila for 10 minutes</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2) Sthanika Swedana (Nadi sweda) for 10 minutes</td>
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</tr>
<tr>
<td></td>
<td>3) Pathya Ahar Sevan</td>
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<tr>
<td></td>
<td><strong>Pradhan Karma</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1) Administration of Basti with Astakatvar Taila – 48ml</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Paschat Karma</strong></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1) Tadan Karma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2) Massage over abdomen (Anticlockwise direction)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3) Both lower limbs should be lifted for 3 times</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4) Rest</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Oral</td>
<td>Kamsakhya Guggulu</td>
<td>Vati</td>
<td>1st day to 30th day</td>
<td>1gm/day-500mg bid After food</td>
</tr>
</tbody>
</table>

*After food.*
OBSERVATIONS

AGE: Among the 30 patients included in this study, maximum number of patients belonged to the age group of 31 - 40 years i.e. 36.66% (11) 6.66% (02) belongs to 41 50 years of age group, 30% (09) belongs to 51 - 60 years age group and 26.66% (08) belongs to 61-70 years age group.

SEX: In this study 60% (18) of females were registered in comparison to 40 % (12) of males.

OCCUPATION: 13.33% (04) of the patients were laborers, while 46.66% (14) patients were House Wives. 10% (03) were office staffs and 3.33% (01) from cleaning staffs and remaining 26.66% (08) belongs to other than these fields.

SOCIOECONOMIC STATUS: 13.33% (04) of patients were from poor class, 16.66% (05) from lower middle class, 30% (09) from middle class, 26.66% (08) from upper middle class and 13.33% (04) from rich people.

ADDITIONS: Most of the patients had no addictions. 13.33% (04) patients addicted to Tobacco, 6.66% (02) addicted to Alcohol and remaining 80% (24) were not having any addictions.

KOSHTA: Most of the patients were having Madhyama Koshta. 10% (03) were of Mrudu Koshta, 76.66% (23) were of Madhyama Koshta and remaining 13.33% (04) were of Krura Koshta.

NIDRA: In 30 patients 40% (12) were having Prakruta Nidra, 10%(03) were having Alpa Nidra, 3.33%(01) patient had Ati Nidra, 20%(06) patient used to have Diwaswapna and and remaining 26.66% (08) patient had disturbed sleep.

PRAKRUTI: Majority of patients were of Vatapitta Prakruti i.e. 56.66% (17) and Vata Kapha Prakriti are of 20% (07). Pittakapha Prakruti patients constituted 23.33% (06).

Ekadoshaja and Tridoshaja patients were not recorded for the study.

Distribution of patients on subjective and objective parameters:

Among 30 patients 93.33% (28) patients had Stambha, 100% (30) patients had Ruk, Toda, Radiating pain, SLR Test & Bragard’s sign positive. 86.67% (26) patients had Spandana, 90% (27) patients had Grahana, 20% (06) patients had Aruchi, 53.33% (16) patients had Gaurava and 6.67% (02) patients had Tanda.
RESULTS

As it is Combined study and consists of single group, the Subjective and Objective parameters were analysed by Paired ‘t’ Test.

EFFECT OF THERAPY ON SUBJECTIVE PARAMETERS

**STAMBHA:** The effect of therapy is proved to be effective on the symptom *Stambha* in *Gridhrasi*. The statistical analysis revealed that the mean score of *Stambha* which was 2.17 before the treatment was reduced to 0.60 after the treatment with an improvement by 1.57 in the mean score and reduced to 0.57 after follow up with an improvement by 1.60 in the mean score. This change is statistically extremely significant after completion of treatment and this effect increases after follow up with p<0.0001.

**TODA:** The effect of therapy is proved to be effective on the symptom Toda in *Gridhrasi*. The statistical analysis revealed that the mean score of Toda which was 2.33 before the treatment was reduced to 0.43 after the treatment with an improvement by 1.90 in the mean score and this remained same after the follow up. This change is statistically extremely significant after completion of treatment and this effect remained same after follow up with p<0.0001.

**RUK:** The effect of therapy is proved to be effective on the symptom *Ruk* in *Gridhrasi*. The statistical analysis revealed that the mean score of *Ruk* which was 1.90 before the treatment was reduced to 0.43 after the treatment with an improvement by 1.47 in the mean score and reduced to 0.40 after follow up with an improvement by 1.50 in the mean score. This change is statistically extremely significant after completion of treatment and this effect increases after follow up with p<0.0001.

**SPANDANA:** The effect of therapy is proved to be effective on the symptom *Spandana* in *Gridhrasi*. The statistical analysis revealed that the mean score of *Spandana* which was 1.60 before the treatment was reduced to 0.43 after the treatment with an improvement by 1.17 in the mean score and remained same after the follow up. This change is statistically extremely significant after completion of treatment and this effect remained same after follow up with p<0.0001.
**GRAHANA:** The effect of therapy is proved to be effective on the symptom *Grahana* in *Gridhrasi*. The statistical analysis revealed that the mean score of *Grahana* which was 1.93 before the treatment was reduced to 0.53 after the treatment with an improvement by 1.40 in the mean score and reduced to 0.47 after follow up with an improvement by 1.47 in the mean score. This change is statistically extremely significant after completion of treatment and this effect increases after follow up with *p*<0.0001.

**ARUCHI:** The effect of therapy is proved to be effective on the symptom *Aruchi* in *Gridhrasi*. The statistical analysis revealed that the mean score of *Aruchi* which was 0.37 before the treatment was reduced to 0.10 after the treatment with an improvement by 0.27 in the mean score and reduced to 0.07 after follow up with an improvement by 0.30 in the mean score. This change is statistically significant after completion of treatment and this effect increases after follow up with *p*=0.0182 after treatment and *p*=0.0174 after follow up.

**TANDRA:** The effect of therapy is proved not effective on the symptom *Tandra* in *Gridhrasi*. The statistical analysis revealed that the mean score of *Tandra* which was 0.13 before the treatment was reduced to 0.00 after the treatment with an improvement by 0.13 in the mean score and remained same after follow up also. This change is statistically not significant after completion of treatment and this effect remained same after follow up.

**GAURAVA:** The effect of therapy is proved to be effective on the symptom *Gaurava* in *Gridhrasi*. The statistical analysis revealed that the mean score of *Gaurava* which was 1.17 before the treatment was reduced to 0.23 after the treatment with an improvement by 0.93 in the mean score and reduced to 0.17 after follow up with an improvement by 1.00 in the mean score. This change is statistically extremely significant after completion of treatment and this effect increases after follow up with *p*<0.0001.

**RADIATING PAIN:** The effect of therapy is proved to be effective on the symptom Radiating Pain in *Gridhrasi*. The statistical analysis revealed that the mean score of Radiating Pain which was 5.00 before the treatment was reduced to 0.87 after the treatment with an improvement by 4.13 in the mean score and reduced to 0.80 after follow up with an improvement by 4.20 in the mean score.
score. This change is statistically extremely significant after completion of treatment and this effect increases after follow up with p<0.0001.

EFFECT OF THERAPY ON OBJECTIVE PARAMETERS

SLR TEST: The effect of therapy is proved to be effective on the objective parameter SLR Test in Gridhrasi. The statistical analysis revealed that the mean score of SLR Test which was 26.60 before the treatment was reduced to 6.60 after the treatment with an improvement by 20.00 in the mean score and reduced to 6.47 after follow up with an improvement by 20.13 in the mean score. This change is statistically extremely significant after completion of treatment and this effect increases after follow up with p<0.0001.

BRAGRD’S SIGN: The effect of therapy is proved to be effective on the objective parameter Bragard’s Sign in Gridhrasi. The statistical analysis revealed that the mean score of Bragard’s Sign which was 2.13 before the treatment was reduced to 0.43 after the treatment with an improvement by 1.70 in the mean score and reduced to 0.20 after follow up with an improvement by 1.93 in the mean score. This change is statistically extremely significant after completion of treatment and this effect increases after follow up with p<0.0001.

OVER ALL EFFECT OF THERAPY

Out of 30 patients, 20 (66.66%) were shown Good response, 07 (23.33%) were shown Moderate response, 02 (6.66%) patients shown Mild response and 01 (3.33%) patient shown No response to the treatment.

DISCUSSION

All the three Pariseka, Matra Basti and Guggulu Kalpa having their own action in Gridhrasi but when we give those individually we may not expect complete result why because Gridhrasi is a Shoola Pradhana Vata Vyadhi which is Kashta Tama in Sadhya to treat. Hence when we give the protocol of Dashamoola Kashaya Adhokayaseka, Astakatvara Taila Matra Basti and Kamsakhya Guggulu it given excellent result.
Chikitsa is of two types Giving Lakshanika Chikitsa and Samprapti Vighatana Chikitsa.

As we already know that Gridhrasi is a Shoola Pradhana Vata Vyadhi giving symptomatic relief is most important factor in Gridhrasi. Hence when we start Dashamoola Kashaya Adhokayaseka it gives symptomatic result. Dashamoola is best Shoolahara and Shothahara when we use this for Swedana purpose it acts as Shoolahara, Shothara, Stambhagna, Gauravagna. Even Spandana, Ruk and Toda are also because of Vata. Swedana gives relief in both Vata and Vatakphaja conditions.

Along with symptomatic relief doing Samprapti Vighatana is also an important factor, so for the purpose of Samprapti Vighatana Matra Basti is helpful. For Matra Basti Astakatvara Taila is used which acts in both Vatja and Vatakaphaja Gridhrasi. It is having Deepana Pachana Dravyas which are Teekshna, Sukshma and as it is in Taila form very effective in Vata Vyadhis. When we administer through Matra Basti it helps in Samparapti Vighatana as explained in Matra Basti mode of action.

As it is a Kashta Sadhya Vyadhi giving symptomatic relief and doing Samprapti Vighatana is not enough because we should maintain the condition after Samprapti Vighatana, for that purpose supportive medicines are important, in this aspect Kamsakhya Guggulu is very helpful. As it is Guggulu Kalpa very much helpful in all Shoolapradhana Sandhi Vikaras. Guggulu will do Prasadana of Sandhis and gives strength and mobility to the Sandhis. Kamsakhya Guggulu specially gives strength to the affected leg and joints as like that of elephant. Hence all three together gives excellent result in Gridhrasi i.e. 20 patients have shown good response to the treatment.

CONCLUSION

In this study a treatment protocol has been made with Dashamoola Kashaya Adhokayaseka, Astakatvara Taila Matra Basti and Kamsakhya Guggulu.

Adhokayaseka is a type of Swedana. This helps to relieve the Shoola in Gridhrasi. Matra Basti is given with Astakatvara Taila, which serves the main role in Samprapti Vighatana in Gridhrasi. Kamsakhya Guggulu is a Herbal Compound with ingredients like Triphala, Guggulu, Vidanga,
Danti, Guduchi, Trivrut, Chitraka and Trikatu. As drugs are having Vatakaphahara qualities, they help in alleviating both Vata and Kapha. It acts as supportive medicine in Gridhrasi. The study revealed that when this treatment protocol is given to Gridhrasi patients, it has shown extremely significant statistical results and this treatment protocol is found to be very much effective in improving the Lakshanas of Gridhrasi. Overall Effect of Therapy was; Out of 30 patients, 20(66.66%) were shown Good response 07(23.33%) were shown Moderate response, 02(6.66%) patients shown Mild response and 01(3.33%) patient shown No response to the treatment.

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