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# A comparative clinical study to evaluate the efficacy of Dashamoola Niruha Basti with Rasna-Erandadi Niruha Basti in the management of Gridhrasi vis-à-vis sciatica

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## ABSTRACT

*Gridhrasi* is one among *Shoola Pradhana Vatavyadhi*, mentioned under *Vataja Nanatmaja Vyadhi*. Sciatica is defined as radiating pain along the course of sciatic nerve and is felt in the back, buttocks, posterior of the thighs, legs and foot caused due to disc protrusion, the nerve roots most frequently affected are L4, L5, and S1. The pain is severe, sharp and shooting type associated with other symptoms such as numbness, tingling sensation, weakness, and sensitivity to touch. The signs and symptoms of *Gridhrasi* are similar to sciatica. The present study is comparative clinical study with pre and post test design with sample size 50 subjects with 25 subjects in each group. The intervention of Group A was *Katibasti, Dashamoola Niruha Basti* in *Yoga Basti* pattern for first 8 days and Group B, *Katibasti, Rasna Erandadi Niruha Basti* in *Yoga Basti* pattern for first 8 days followed by *Erandabija Payasa* as *Shamanaoushadi*, both the groups for next 16 consecutive days. The results obtained on assessment parameters like *Ruk, Stambha*, SLR test, Bragard's sign, and Functional ability scale value with the significance "P" value of 0.000 in the management of *Gridhrasi vis-à-vis Sciatica*. Hence, it was inferred that the selected intervention Group B (trial group) *Rasna Erandadi Niruha Basti* showed better results than Group A (control group) *Dashamoola Niruha Basti* in the management of *Gridhrasi vis-à-vis Sciatica*.

**Key words:** *Gridhrasi, Sciatica, Katibasti, Dashamoola Niruha Basti, Rasna Erandadi Niruha Basti, Erandabija Payasa.*

## INTRODUCTION

*Gridhrasi* is one among the *Shoola Pradhana Vatavyadhi* and is mentioned under *Vataja Nanatmaja Vyadhi*.<sup>[1]</sup> *Gridhrasi* is defined as pain radiating from *Sphik Pradesha* to *Kati, Prushta, Uru, Janu, Jangha, pada* in an order.<sup>[2]</sup> Sciatica is defined as radiating pain along the course of sciatic nerve and is felt in back, buttocks, posterior of the thighs, legs and foot.<sup>[3]</sup> It is

caused due to disc protrusion, the nerve roots most frequently affected are L4, L5, and S1.<sup>[4]</sup> The pain is severe, sharp and shooting type associated with other symptoms such as numbness, tingling sensation, weakness, and sensitivity to touch.<sup>[5]</sup>

The signs and symptoms of *Gridhrasi* are similar to that of sciatica. Sciatica peak incidence occurs at fourth decade of life. Life time incidence reported between 10-40% with the annual incidence of 1-5%. Occupational predisposition has been shown in machine operators, truck drivers, and jobs where workers are subjected to physically awkward positions.<sup>[6]</sup> Management in contemporary system of medicine includes administration of analgesics, NSAID'S, muscle relaxants including tricyclic antidepressants and physical modalities like heat therapy. Surgery for low back pain is indicated only in 1% of those affected.<sup>[7]</sup>

The line of management adopted in *Gridhrasi* is *Sira Vyadha, Agni karma* and *Basti Karma*.<sup>[8]</sup>

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In the present study *Rasna Erandadi Kashaya* was used for *Niruha Basti*, the ingredients possesses *Vata Shamaka, Shoolahara* properties specially indicated in *Jangha, Uru, Trika, Prushta, paarshwagata Shophya*.<sup>[9]</sup>

*Kshirabala Taila* is indicated in all types of *Vata Vikara* mentioned in *Sahasrayogam*.<sup>[10]</sup> *Dashamoola Kwatha* was used for *Niruha Basti*, the ingredients of *Dashamoola* having *Tridoshagna, Vedana Sthapaka* and *Shothagna* properties<sup>[11]</sup> and *Saindavadhya Taila* is specifically indicated in *Gridhrasi* in *Yogaratanakara*<sup>[12]</sup> and *Chakradutta*.<sup>[13]</sup> *Erandabija Payasa*<sup>[14]</sup> with ingredients like *Eranda Bija* and *Kshira*, and it is indicated in *Gridhrasi*. *Eranda* possess *Balya* and *Vatahara* properties.<sup>[15]</sup>

Hence the present study was undertaken to compare the efficacy of *Dashamoola Niruha Basti* with *Rasna Erandadi Niruha Basti* in the management of *Gridhrasi* vis-a-vis *Sciatica*. The present study was comparative clinical study with pre and post- test design. The subjects fulfilling the diagnostic criteria of *Gridhrasi* was assigned into two groups viz., Group A (*Kati Basti, Dashamoola Niruha Basti, Erandabija Payasa*) and Group B (*Kati Basti, Rasna Erandadi Niruha Basti, Erandabija Payasa*). Total of 50 subjects, 25 individuals in each group. Assessment was done based on the following objective parameters like SLR test, Bragard's sign, *Ruk, Stambha* and Functional ability scale. *Ruk* and *Stambha* were taken as subjective parameters and the study consists of three assessments i.e., on 0th day, 9<sup>th</sup> and 25th day. In the present study, assessment of overall effect of intervention was done based on reduction in the symptoms of *Gridhrasi* i.e., *Ruk, Stambha* and improvement in the SLR value and Bragard's sign, quality of life assessed through Functional Ability (Sugarbaker and Barofsky Clinical Mobility scale) scale value with the significance "P" value of 0.000. On comparison between the groups, there was a significant result shown between the groups with "P" value 0.000.

The selected intervention Group B (trial group) *Rasna Erandadi Niruha Basti* showed better results than Group A (control group) *Dashamoola Niruha Basti* in the management of *Gridhrasi* vis-à-vis *Sciatica*.

## OBJECTIVE OF THE STUDY

### Primary objective

To compare the efficacy of *Dashamoola Niruha Basti* with *Rasna erandadi Niruha Basti* in the management of *Gridhrasi* vis-à-vis *Sciatica*.

### Secondary objective

- 1) To evaluate the efficacy of *Dashamoola Niruha Basti* in the management of *Gridhrasi* vis-à-vis *Sciatica*.
- 2) To evaluate the efficacy of *Rasna erandadi Niruha Basti* in the management of *Gridhrasi* vis-à-vis *Sciatica*.

## MATERIALS AND METHODS

### Source of Data

Subjects were selected from the OPD and IPD of Government Ayurveda Medical College & Hospital and Government Hi-tech Panchakarma Hospital, Mysuru.

### Study Design

Comparative clinical study with pre and post- test design. The study was completed on 50 subjects, 25 individuals in each group. Total 52 subjects were registered with 2 dropouts.

### Inclusion Criteria

1. Subjects of all gender between the age group of 25-65 years with the signs and symptoms of *Gridhrasi* vis-à-vis *Sciatica* were selected for the study.
2. Both freshly detected and treated cases of *Gridhrasi* vis-à-vis *Sciatica* (with the flush out period of seven days) were taken for the study.

### Exclusion Criteria

1. *Sciatica* with congenital deformities of spine.
2. Infective conditions of spine.
3. Neoplastic conditions of lumbar spine.
4. A subject with history of recent fracture (< 1year) of lumbar spine was excluded.
5. Subjects suffering from diabetes mellitus, known hypertension (BP>150/100 mmHg) and other

systemic disorders which interfere with the intervention was excluded.

- Subjects who were unfit for administration of *Basti karma*.
- Pregnant and lactating women were excluded.

#### Diagnostic Criteria

- Subjects with following symptoms of *Gridhrasi* were taken for the study- *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness) and *Spandana* (twitching sensation) in *Sphik*, *Kati*, *Prushta*, *Uru*, *Janu*, *Jangha* and *Pada*.
- Presence of radicular pain that included sudden or gradual onset of low back ache, radiating to buttock, thigh, calf and foot.
- SLR test as objective measure for diagnosis.
- Positive Bragard's sign.
- X-ray: AP & Lateral view of Lumbo-sacral spine.

#### Assessment

##### Subjective Parameters

##### 1. *Stambha* (Stiffness)

- No stiffness - ST0
- Mild stiffness - ST1
- Moderate stiffness - ST2
- Severe stiffness - ST3

##### 2. *Ruk* (Pain)

- No pain - R0
- Mild pain - R1
- Moderate pain - R2
- Severe pain - R3

##### Objective Parameters

- Straight leg raising test
  - <20 degree - Severe
  - 20-40 degree - Moderate
  - 40-60 degree - Mild

- Bragard's sign - Positive/Negative

#### Assessment of Functional Ability (Sugarbaker and Barofsky Clinical Mobility Scale) - Annexure -1

##### Assessment Schedule

Pre test assessment - 0<sup>th</sup> day: before intervention.

Mid test assessment - 9<sup>th</sup> day: after completion of *Kati Basti* and *Niruha Basti*.

Post test assessment - 25<sup>th</sup> day: after completion of intervention.

##### Statistical Methods

- Descriptive statistics
- Chi-square test
- 't' test
- Cramer's V test
- Repeated measure ANOVA

All the statistical analysis were done using windows SPSS software.

##### Intervention

**Group A** - *Katibasti*, *Dashamoola Niruha basti* in *Yoga basti* pattern for first 8 consecutive days of intervention from 9<sup>th</sup> day to 25<sup>th</sup> day *Erandabija Payasa* 80ml in two equally divided dosage at morning and night after food was given.

**Group B** - *Katibasti*, *Rasna Erandadi Niruha Basti* in *Yoga Basti* pattern for first 8 consecutive days of intervention from 9<sup>th</sup> day to 25<sup>th</sup> day *Erandabija Payasa* 80ml in two equally divided dosage at morning and night after food was given.

Total duration of intervention : 25 days

##### Assessment Schedule

Pre test assessment - 0<sup>th</sup> day: Before the commencement of intervention.

Mid test assessment - 9<sup>th</sup> day: After completion of *Kati Basti* and *Niruha Basti*.

Post test assessment - 25<sup>th</sup> day: After completion of intervention.

## OBSERVATION AND RESULTS

The data was collected from subjects based on the scoring given to each symptom as mentioned in the assessment criteria and results were analyzed statistically.

### Results on Straight Leg Raising Test (SLR)

The change in mean value was assessed of SLR value in both groups, the difference in mean was found in Group A- 25 units (0<sup>th</sup> day-53.4, 9<sup>th</sup> day- 64.8, 25<sup>th</sup> day 78.4) Group B -28.4 units (0<sup>th</sup> day- 49.2, 9<sup>th</sup> day-60.2, 25<sup>th</sup> day-77.6) with significance of "P" value both groups 0.000.

The average SLR test result difference of mean value of Group- B was improved to 77.6 degree, it can be inferred that Group-B has slight advantage over Group A.

### Results on Bragard's Sign

In Group A 25(100.0%) subjects and Group B 25 (100.0%) subjects had Bragard's sign positive in pre test assessment. In mid test Group A 15(60.0%) subjects remained positive and 10 (40.0%) subjects showed negative Bragard's sign, Group B 12 (48.0%) subjects remained positive and 13 (52.0%) subjects showed negative Bragard's sign. In post test assessment Group A 2 (8.0%) subjects showed Bragard's sign positive and 23 (92.0%) subjects showed Bragard's sign negative, Group B all 25 (100.0%) subjects showed Bragard's sign negative.

Both the groups were statistically highly significant with "P" value 0.000. Group B showed 100.0% results, i.e., Bragard's sign was negative in all 25 subjects and Group A showed 92.0% results, 2 subjects remained with positive Bragard's sign after completion of intervention.

### Results on Ruk Parameter

In Group A on 0<sup>th</sup> day assessment, 12 (48.0%) subjects had severe pain, moderate pain in 13 (52.0%) individuals and Group B 17 (68.0%) subjects had severe pain, moderate pain in 8 (32.0%) subjects. On 9<sup>th</sup> day, mid test assessment Group A 13 (52.0%) subjects had moderate pain and 12 (48.0%) subjects had mild pain

and Group B 18 (72.0%) subjects had moderate pain and 7 (28.0%) subjects had mild pain. On 25<sup>th</sup> day, post test assessment Group A 13(52.0%) individuals had mild pain and 12 (48.0%) individuals had no pain, Group B 1(4.0%) subjects had moderate pain, 18 (72.0%) subjects had mild pain and 6 (24.0%) subjects had no pain. Both the Groups were statistically highly significant results with "P" value of 0.000.

### Results on Stambha Parameter

In Group A 0<sup>th</sup> day, pre test assessment of stiffness was severe in 5 (20.0%) subjects, moderate in 14 (56.0%) subjects and mild in 6 (24.0%) subjects and Group B severe stiffness in 4 (16.0%) subjects, moderate in 21 (84.0%) subjects. On 9<sup>th</sup> day mid test assessment, Group A moderate stiffness in 6 (24.0%) subjects, 15 (60.0%) subjects had mild stiffness and 4 (16.0%) subjects had no stiffness and Group B, moderate stiffness in 6 (24.0%) subjects, 19 (76.0%) subjects had mild stiffness. On 25<sup>th</sup> day post test assessment, Group A 8 (32.0%) had mild stiffness and 17 (68.0%) subjects had no stiffness and Group B 6 (24.0%) had mild stiffness and 19 (76.0%) subjects had no stiffness. Both Groups showed statistically highly significant results with "P" value of 0.000.

Group- B showed 76.0% improvement and Group -A showed 68.0% improvement with *Stambha* parameter, hence Group B showed better results than Group A.

### Results on Functional Ability Scale Value

The Functional ability scale value was assessed in both groups, the difference in mean was found in Group A- 5.68 (0<sup>th</sup> day- 15.16, 9<sup>th</sup> day-19.64, 25<sup>th</sup> day-20.84) and Group B -5.92 (0<sup>th</sup> day-16.080, 9<sup>th</sup> day-18.32, 25<sup>th</sup> day 22.00). The difference of mean value of Group- B showed 0.24 units greater as compared to Group -A, hence Group B showed better results than Group A.

### Results Based on Overall Assessment

The overall results of study, 12(48.0%) subjects in Group A and 13(52.0%) in Group B got complete relief. Marked improvement in Group A- 9(36.0%) subjects and Group B- 10(40.0%) subjects. Group A- 2(8.0%) individuals and Group B- 2(8.0%) subjects got

moderate relief and Group A- 2(8.0%) subjects got mild relief of symptoms of *Gridhrasi*.

Hence it can be inferred Group B showed slightly better results than Group A.

**Table 1: Overall Assessment of Results**

Assessment	Group A	Group B	Total
Complete Relief	12 (48.0%)	13 (52.0%)	25 (50.0%)
Marked Improvement	9 (36.0%)	10 (40.0%)	19 (38.0%)
Moderate Improvement	2 (8.0%)	2 (8.0%)	4 (8.0%)
Mild Improvement	2 (8.0%)	0	2 (4.0%)
No Improvement	0	0	0
Total	25 (100.0%)	25 (100.0%)	50 (100.0%)

## DISCUSSION

*Snehana* is important line of treatment of *Vatavyadhi*. *Gridhrasi* is disease caused due to *Vata Dosha* and *Dhatu Kshaya Nidana* hence *Snehana* acts as *Vatahara* (alleviates *Rukshata*, *Laghuta* and gives *Snigdhatu* to body) helps in nourishment of *Dhatu* and alleviates the symptoms.

*Abhyanga* is done to *Kati Pradesha* and *Adhoshaka* with *Kshirabala taila*. *Taila* acts as *Vatahara*, *Dhatuposhaka* and alleviates the symptoms. *Sushruta Samhita* has mentioned the duration of *Abhyanga*, after 900 *Matra Kala* (285 sec) *Sneha* can reach the *Majja Dhatu*. It signifies action of *Sneha* on *Asthi*, *Majja Dhatu* which are involved in *Gridhrasi*.

In the present study *Katibasti* with *Kshirabala Taila* and *Sthanika Abhyanga*, *Nadi Sweda* to *Kati Pradesha*, both lower extremities were done prior to *Niruha Basti*. *Sthanika Nadi Sweda* relieves *Stambha*, *Gourava* and also acts *Vatahara*, *Vedana Sthapaka* by improving the local blood circulation and thereby increasing the pain threshold.

*Basti karma* is mentioned as important *Chikitsa Upakrama* for *Gridhrasi*. The ingredients of *Niruha Basti* in the present study possess therapeutic action of alleviating the *Vata* and *Kapha Dosha*. *Rasna Erandadi Niruha Basti* was selected for the study as it is *Vata Shamaka*, *Vedana Sthapaka* and has *Shulahara* properties, specially indicated in *Jangha*, *Uru*, *Trika*, *Prushta*, *Parshwagata Shopha*.

*Dashamoola Niruha Basti*, having *Tridoshagna*, *Vatashamaka*, *Vedana Sthapaka* and *Shothagna* properties.

In the present clinical trial the *Basti* was administered in *Yoga basti* pattern. *Katibasti* with *Kshirabala Taila*. *Erandabija Payasa* for oral administration was selected, as it is indicated in *Gridhrasi*. *Erandi* is having *Balya* and *Vatahara* properties.

The procedural effect of *Katibasti* seems to produce *Sthanika Snehana* and *Swedana* effect.

The hypothetical procedural effect can be understood as follows

*Katibasti* has *Swedana* effect by retaining and maintaining the temperature of oil throughout the procedure and relieves spasm of the muscles, improves the blood circulation to the local area, thereby increases the pain threshold and reduces pain.

*Katibasti* by virtue of its *Snehana* property nourishes the *Asthi Dhatu*, *Sira*, *Snayu* and strengthens nerves.

*Pakwashaya* is the *Mula Sthana* of *Vata Dosha*, *Niruha Basti* acts on *Pakwashaya* alleviates the *Vata dosha* which is the main causative factor of *Gridhrasi*. *Basti Dravya* resides in *Pakwashaya*, draws the *Dosha* from all over the body through its *Virya* reaching into minute channels by *Sukshma Guna* and *Vata dosha* is pacified by *Ushna* and *Snigdha Guna* of the *Basti Dravya*.

The *Basti* selected for the study have the therapeutic properties of *Vata-Kapha Hara*, *Amahara*.

The *Ushna*, *Tikshna Guna* does *Dosha Vilayana*, which in turn decreases the *Sroto Abhishyandana*. *Gomutra* is *Kapha-Vata Hara*, it possesses the properties like *Agnidipana*, *Shulahara*, *Shothahara* also does the *Srotovishodhana* which inturn leads to *Vatanulomana*

thus, normalize the *Apana Vata Gati* and expels vitiated *Vata Dosha*, *Ama* and *Kapha Dosha* from the body.

In *Anuvasana Basti*, *Kshirabala Taila* and *Saindavadhya Taila* were used. *Taila* due to its *Snigdha* quality destroys the *Rukshata* of *Vata Dosha* and because of *Guru* and *Ushna* quality destroys *Laghu* and *Shita Guna* of *Vata dosha* respectively. *Saindavadhya Taila* mainly possess *Katu Rasa*, *Tikshna Guna* and *Ushna Virya*, it does *Vata-Kapha Hara* with actions such as *Shulahara*, *Shothahara*, *Dipana* and *Pachana* properties.

*Kshirabala Taila* possess the quality of *Madhura Rasa*, *Snigdha Guna* and *Madhura Vipaka* and acts as *Vatahara* and *Brimhana*. *Kshirabala Taila* has *Asthi Poshaka*, *Vedana Stapaka* properties.

*Erand* has the properties *Madhura*, *Katu* and *Kashaya Rasa*, *Tikshna*, *Sukshma* and *Snigdha* quality and *Ushna Virya* helps in penetrating the minute channels. It is best *Kapha-Vatahara* and *Vrushya* indicated in all *Vata* disorders like *Gridhrasi*, *Katishula*. The drug possesses anti-inflammatory, analgesic activity.

*Erand Bija* due to its *Snigdha* quality decreases the *Ruksha Guna* of *Vata Dosha* and acts as *Vata Anulomana* hence, thereby maintaining the normal *Gati* of *Vata Dosha*.

In the present study 80 ml of *Erandabija Payasa* was administered in two equally divided dosage at morning and night after food, it was found that few subjects had loose stools 2-3 times a day and subject with irregular bowel habits had regular passage of stools.

## CONCLUSION

*Gridhrasi* is a *Vataja Nanatmaja Vyadhi*, *Dushya* such as *Asthi*, *Majja* and *Snayu*, *Srotas* such as *Astivaha*, *Majjavaha* plays an important role in the pathogenesis of the disease. *Sciatica* is a painful condition of low back ache radiating to bilateral foot, often there is a history of trauma to lowback, weight lifting, intervertebral disc prolapse, degenerative changes in disc etc. The intervention was found to be effective in both the groups. Disc bulge is due to degenerative changes which is indicative of *Vata Prakopa* hence *Basti* may be considered as best treatment. The drugs

chosen for the study were having *Ushna Virya*, *Kapha-Vata Shamaka*, anti-inflammatory and analgesic properties was useful in relieving the pain and inflammation of the nerve helped in the management of *Gridhrasi*. The overall assessment of intervention was done based on reduction in the symptoms and improvement in the SLR value and Bragard's sign, also there was improvement in the quality of life assessed through Functional Ability (Sugarbaker and Barofsky Clinical Mobility scale). Both the groups showed statistically significant results with "P" value of 0.000. The difference of mean score of SLR value of Group- B showed 0.24 units greater when compared to Group - A and Functional ability scale value of Group- B showed 28.4 units and Group -A showed 25 units. This shows that Group B showed better results than Group A. The overall study revealed that the selected intervention Group B (trial group) *Rasna Erandadi Niruha Basti* showed better results than Group A (control group) *Dashamoola Niruha Basti* in the management of *Gridhrasi vis-à-vis Sciatica*.

## ANNEXURE - I

### Assessment Of Functional Ability (Sugarbaker and Barofsky Clinical Mobility Scale)

Mobility parameter	Finding	Rating
Upright posture (how patient functions with or without prosthesis)	Does not stand	0
	Stands only with personal assistance	1
	Stands with the assistance of a hand-held appliance (crutch, cane, walker)	2
	Stands without assistance	3
Walking (how patient functions with or without prosthesis)	Does not walk	0
	Walks only with personal assistance	1
	Walks with the assistance of a hand-held appliance (crutch, cane, walker)	2
	Walks without assistance	3

Gait (how patient functions with or without prosthesis)	Walks slowly or not at all	0
	Walks at a moderately slow pace	1
	Walks briskly	2
	Can jog or run	3
Sitting (how patient functions with or without prosthesis)	Sits only for short periods of time and prefers to lie down	0
	Sits without discomfort for short periods of time (1hr)	1
	Sits without discomfort for longer periods of time (over 1 hr)	2
	Sits without discomfort	3
Stair climbing (how patient functions with or without prosthesis)	Cannot climb stairs	0
	Climbs stairs with assistance of another person	1
	Climbs stairs with assistance of hand rail /crutches	2
	Climbs stairs unassisted	3
Hand-held appliances (crutches and canes)	Cannot use crutches or cane	0
	Must use crutches	1
	Uses single crutch or cane or two crutches intermittently	2
	Uses no hand-held appliance	3
Wheelchair	Moves with the aid of wheelchair most of time	0
	Moves with the aid of wheelchair only for long distances	1
	Occasionally uses wheelchair	2
	Never uses wheelchair	3
Time usage	Spends most day in bed or on couch at home	0
	Spends most of day in chair at home	1
	Spends most of day ambulatory but confined to the house	2
	Spends most of day ambulatory	3

**Mobility assessment score** = points for upright posture + points for walking + points for gait + points for sitting + points for stair climbing + points for hand-held

appliances + points for wheelchair + points for time usage

#### Interpretation:

Minimum score = 0 - 8

Moderate score = 8 - 16

Maximum score = 16 - 24

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