



ISSN 2456-3110

Vol 4 · Issue 1

Jan-Feb 2019

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

A Comparative Clinical Study on the effect of *Ajmodadi Churna* and *Kati Basti* in the management of *Gridhrasi* w.s.r. to *Sciatica*

Dr. Akhilanath Parida,¹ Dr. Satyasmita Jena²

¹Reader, Dept. of Panchakarma, ²Lecturer, Dept. of Prasuti & Stree Roga, Vaidya Yagya Dutt Sharma Ayurvedic Post Graduate Mahavidyalaya, Khurja, Bulandshahar, Uttar Pradesh, INDIA.

ABSTRACT

In Ayurveda, *Gridhrasi* is considered as one of the *Vataja Nanatmaja Vyadhi* having vitiation of *Vata* and sometimes *Vata Kapha Dosha*. The cardinal signs and symptoms of *Gridhrasi* are *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness) and *Muhurspandan* in the *Sphika*, *Kati*, *Uruh*, *Janu*, *Jangha* and *Pada* in order and *Sakthiuthkshepanigraha* (hinderence in lifting of the legs). In *Kaphanubandha - Tandra*, *Gaurav*, *Arochaka* are present. The signs and symptoms of '*Gridhrasi*' can be correlated with that of '*Sciatica*' in modern terminology. *Sciatica* is a very painful condition in which pain begins in lumbar region and radiates along the posterior lateral aspects of thigh and leg along with difficulty in walking. SLR test, sitting test, Lasegues sign are helpful not only to diagnose the *sciatica* but also to assess the progress of the therapy. With reference to the management of *Sciatica*, in modern medicine, various modalities are available. These modern therapies have their own limitations and these management tools are not affordable for the poor, especially in the developing countries. Therefore, the choice of treatment commonly opens to reveal some effective, simple, safe and economic modalities. Total 30 patients were registered in this study. 15 patients were assigned to group A (*Ajmodadi Churna*) and 15 to group B (*Ajmodadi Churna* and *Sahacharadi Taila Kati Basti*). Each patient was examined thoroughly before treatment and observed keenly during the procedure and follow up.

Key words: *Gridhrasi*, *Sciatica*, *Ajmodadi Churna*, *Kati Basti*, *Sahacharadi Taila*.

INTRODUCTION

Ayurveda is the most ancient medical science of the world. It is simple practical science of life; its principles are universally applicable to each individual for daily existence. It deals with preventive and

aspect of disease and fundamental principles of maintenance of good health. Ayurvedic classics have described a severe debilitating disease in the name of *Gridhrasi*. The name itself indicates the way of gait shown by the patient due to extreme pain just like a *Ghradhra* (vulture).^[1] In Ayurveda, *Gridhrasi* is considered as one of the *Vataja Nanatmaja Vyadhi* having vitiation of *Vata* and sometimes *Vata Kapha Dosha*.^[2] The cardinal signs and symptoms of *Gridhrasi* are *Ruk* (Pain), *Toda* (Pricking sensation), *Stambha* (Stiffness) and *Muhurspandan* in the *Sphika*, *Kati*, *Uruh*, *Janu*, *Jangha* and *Pada* in order^[3] and *Sakthiuthkshepanigraha*^[4] (hinderence in lifting of the legs). In *Kaphanubandha -Tandra*, *Gaurav*, *Arochaka* are present. The signs and symptoms of '*Gridhrasi*' can be correlated with that of '*Sciatica*' in modern terminology. *Sciatica* is a very painful condition in which pain begins in lumbar region and radiates along

Address for correspondence:

Dr. Akhilanath Parida

Reader, Dept. of Panchakarma,

Vaidya Yagya Dutt Sharma Ayurvedic Post Graduate

Mahavidyalaya, Khurja, Bulandshahar, Uttar Pradesh, INDIA.

E-mail: tarinitirupati@gmail.com

Submission Date: 05/01/2019

Accepted Date: 13/02/2019

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.4.1.1

the posterior lateral aspects of thigh and leg along with difficulty in walking. SLR test, sitting test, Lasegues sign are helpful not only to diagnose the sciatica but also to assess the progress of the therapy. With reference to the management of Sciatica, in modern medicine, various modalities are available. The word *Kati Basti* is formed by combining two letter '*Kati*' and '*Basti*'. According to authentic scriptures the meaning of *Kati* is determined as lumbar part of the body.

Two connotation could be elucidated from the word *Basti*.

- This means to stay, to reside and to dwell.
- It means to cover.

Thus, *Kati Basti* can be defined as the process in which the oil is detained locally upon the lumbar part of the body, by means of '*Masha Pishti*'. Trial drugs are *Ajmodaadi Churna* and *Sahacharaadi Taila*.

OBJECTIVES

To evaluate the efficacy of *Ajmaodadi Churna* and *Kati Basti* in *Gridhrasi* (Sciatica).

MATERIALS AND METHODS

Source of data : VYDS Ayurveda College, Khurja.

Research design : A comparative clinical study was conducted on selected patients assigned in 2 groups. The signs and symptoms was scored on basis of standard parameters and analysed statistically by using student 't' test.

Clinical data : Total 30 patients were registered in this study. Of them, 15 patients were assigned to Group A (*Ajmodadi Churna*) and 15 to Group B (*Ajmodadi Churna* and *Sahacharadi Taila Kati Basti*). Minimum 30 diagnosed patients of *Gridhrasi* were taken for study from OPD and IPD of Vaidya Vagya Dutta Sharma Ayurvedic Post Graduate Mahavidyalaya, Khurja, Uttar Pradesh from other camps and Referrals. It was divided into two groups.

Group A : *Ajmodadi Churna* with *Ushna Jala* with dose - 4 gms thrice a day for 21 days.

Group B : *Ajmodadi Churna* with dose - 4 gms thrice a day for 21 days along with *Kati Basti* with *Sahacharadi Taila* for initial 7 days.

Inclusion criteria

1. Patients with signs and symptoms of *Gridhrasi* as mentioned in classics.
2. Patients of age above 40 yrs and below 65 yrs irrespective of sex, religion and occupation.

Exclusion criteria

1. Patients with severe systemic diseases - DM, HTN.
2. Patients with history of fracture and displacement of spine.
3. Patients of age below 65 yrs and above 40 yrs.
4. Patients who are emaciated, malnourished, pregnant, intoxicated.

Laboratory investigation (if necessary)

- X-Ray spine lumbo sacral region - AP and lateral.
- Routine Investigation i.e. routine hematological , urine and stool examination will be done to exclude any other disease .
- Routine biochemical Investigation like PPBS, FBS, Serum Creatinine, blood urea will be performed before and after treatment.

Assessment of total effect of therapy

- Complete remission : 100% relief
- Marked improvement : 61 - 99%
- Moderate improvement : 31 - 60%
- Mild improvement : 30%
- No relief : 0%

OBSERVATIONS

Out of 30 patients, maximum 33.3% patients were of 56-65 yrs age group and followed by 30% of 50-55 yrs group. Out of 30 patients, maximum patients 19 (63.3%) were female and 11 (36.7%) patients were male. Out of 30 patients, maximum patients 24 (80%) were Hindu, 05 (16.7%) were Muslim and 01 (3.3%) was Christian Out of 30 patients, maximum 21 (70%)

patients were not having any habits, 08 (26.7%) patients had habit of intake of alcohol and 01 (3.3%) was having tobacco taking habit. Out of 30 patients, maximum 19 (63.3%) patients were of moderate work class, 10 (33.3%) patients were of active work class and 01(3.3%) patients were of sedentary work class. Out of 30 patients, maximum 14 (46.7%) patients were of lower middle class, 12 (40%) patients were of upper middle class and 04 (13.3%) patients were of Lower class. Out of 30 patients, maximum 21 (70%) patients were of mixed diet and 09 (30%) were vegetarian. Out of 30 patients, maximum 17 (56.6%) patients were having good appetite, 11 (36.7%) patients were having moderate appetite and 02 (6.7%) patients were having poor appetite. Out of 30 patients, maximum 16 (53.3%) patients were having Chronicity up to 1 year, 12 (40%) patients were of 1-2 year and 02 (6.7%) were of more than 2 year chronicity.

RESULTS

Statistical analysis of group A showed that the mean score of *Ruka* - which was 1.93 before the treatment was reduced to 1.2 after treatment with 37.93% improvement with p value <0.001, it is statistically significant. Statistical analysis of group B showed that the mean score of *Ruka* - which was 1.8 before the treatment was reduced to 0.93 after treatment with 48.14% improvement with p value <0.001, it is statistically significant. Statistical analysis of group A showed that the mean score of *Toda* - which was 1.93 before the treatment was reduced to 1.06 after treatment with 44.82% improvement with p value <0.001, it is statistically significant. Statistical analysis of group B showed that the mean score of *Toda* - which was 1.93 before the treatment was reduced to 0.93 after treatment with 51.72% improvement with p value <0.001, it is statistically significant. Statistical analysis of group A showed that the mean score of SLR - which was 2.53 before the treatment was reduced to 1.46 after treatment with 42.1% improvement with p value <0.001, it is statistically significant. Statistical analysis of group B showed that the mean score of SLR - which was 2.93 before the treatment was reduced to 1.46 after treatment with

50% improvement with p value <0.001, it is statistically significant. Statistical analysis of group A showed that the mean score of *Stambha* - which was 0.4 before the treatment was reduced to 0.2 after treatment with 50% improvement with p value <0.001, it is statistically significant. Statistical analysis of group B showed that the mean score of *Stambha* - which was 0.66 before the treatment was reduced to 0.33 after treatment with 50% improvement with p value <0.001, it is statistically significant. Statistical analysis of group A showed that the mean score of *Spandana* - which was 0.6 before the treatment was reduced to 0.33 after treatment with 44.44% improvement with p value <0.001, it is statistically significant. Statistical analysis of group B showed that the mean score of *Spandana* - which was 0.8 before the treatment was reduced to 0.33 after treatment with 58.33% improvement with p value <0.001, it is statistically significant. Statistical analysis of group A showed that the mean score of Muscle Power - which was 0.53 before the treatment was reduced to 0.26 after treatment with 50% improvement with p value <0.001, it is statistically significant. Statistical analysis of group B showed that the mean score of Muscle Power - which was 0.8 before the treatment was reduced to 0.4 after treatment with 50% improvement with p value <0.001, it is statistically significant.

Table 1: Over all effect of therapy in Group - A and Group - B

Class	Grading	Group - A (n)	Group - B (n)
0 - 25%	No improvement	4	1
26 - 50%	Mild improvement	6	7
51 - 75%	Moderate improvement	5	5
76 - 99%	Marked improvement	0	2
100%	Completely cured	0	0
n - no. of patients.			

Table 2: Showing the comparative results of Group - A and Group - B

Charaters tics	Group - A			Group - A		
	Mean score		% improve ment	Mean score		% improve ment
	BT	AT		BT	AT	
<i>Ruka</i>	1.9 3	1.2	37.93%	1.8	0.9 3	48.14%
<i>Toda</i>	1.9 3	1.0 6	44.82%	1.9 3	0.9 3	51.72%
<i>Stambha</i>	0.4	0.2	50%	0.6 6	0.3 3	50%
<i>Spandana</i>	0.6	0.3 3	44.44%	0.8	0.3 3	58.33%
Muscle Power	0.5 3	0.2 6	50%	0.8	0.4 4	50%
SLR	2.5 3	1.4 6	42.1%	2.9 3	1.4 6	50%

Result of group A (Ajmodadi Churna)

The percentage of improvement in group A on the *Ruka* is 37.93%, *Toda* is 44.82%, *Stambha* is 50%. *Spandana* is 44.44%, Muscle Power is 50% and SLR is 42.1%. Overall Result of Group A is 44.88%.

Result of group B (Ajmodadi Churna with Sahacharaadi Taila)

The percentage of improvement in group B on the *Ruka* is 48.14%, *Toda* is 51.72%, *Stambha* is 50%. *Spandana* is 58.33%, Muscle Power is 50% and SLR is 50%. Overall Result of Group B is 51.36%.

DISCUSSION

In classics *Gridhrasi* is included under 80 types of *Nanatmaja Vata Vikaras* and is characterized by *Toda*, *Stambha* and a distinct type of pain emerging in the back form *Kati* and radiating to *Sphika*, *Uru*, *Janu*, *Jangha* and *Pada*. Sciatica or sciatic syndrome - a

condition described in modern medicine resembles with *Gridhrasi*. In sciatica, there is pain, numbness, tingling and weakness in distribution of sciatic nerve which begins in the lower back and radiates through the posterior aspect of the thigh and calf and to the outer border of foot. When one or more of the 5 nerve roots forming the sciatic nerve or the sciatic nerve itself is either compressed or irritated, the disability caused by this disease hampers day today activity of the patients and make the patients crippled. Pain the predominant symptom of *Gridhrasi*, which disturbs the normal routine of the patient, is mainly caused due to *Vata Dosha*. It is effectively relieved by the *Ushna Guna* of *Ajmodadi Churna*. Similarly *Kaphaja* disorder also gets cured by the *Ushna* i.e. hot potency of *Ajmodadi Churna*.

Statistical analysis of group A showed that the mean score of *Ruka* - which was 1.93 before the treatment was reduced to 1.2 after treatment with 37.93% improvement. Statistical analysis of group B showed that the mean score of *Ruka* - which was 1.8 before the treatment was reduced to 0.93 after treatment with 48.14% improvement. *Ruka* is due to aggravation of *Vata Dosha*, *Sahacharaadi Taila* is the drug of choice for *Vata* disorder, so group B showed better effect then group A on the symptoms of *Ruka*.

Result of group A (*Ajmodadi Churna*) on *Toda* - statistical analysis of group A showed that the mean score of *Toda* - which was 1.93 before the treatment was reduced to 1.06 after treatment with 44.82% improvement. Result of group B (*Ajmodadi Churna* with *Sahacharaadi Taila*) on *Toda*, statistical analysis of group B showed that the mean score of *Toda* - which was 1.93 before the treatment was reduced to 0.93 after treatment with 51.72% improvement. *Toda* is a *Nanatmaja Vikara* of *Vatik* disorder, so it is also due to aggravation of *Vata Dosha*. The pharmacological action of *Sahacharaadi Taila* is to pacify the *Vata Dosha*, it works by its property of *Ushna Virya* and *Snigdha Guna*.

Result of group A (*Ajmodadi Churna*) on SLR - statistical analysis of group A showed that the mean score of SLR - which was 2.53 before the treatment

was reduced to 1.46 after treatment with 42.1% improvement. Result of group B (*Ajmodadi Churna* with *Sahacharaadi Taila*) on SLR - statistical analysis of group B showed that the mean score of SLR - which was 2.93 before the treatment was reduced to 1.46 after treatment with 50% improvement. Any obstruction of *Snayu* leads to aggravation of *Vata Dosha*. So *Sahacharaadi Taila* is specifically indicated in aggravation of *Vata Dosha*. So group B gives better result. Result of group A (*Ajmodadi Churna*) on *Stambha* - statistical analysis of group A showed that the mean score of *Stambha* - which was 0.4 before the treatment was reduced to 0.2 after treatment with 50% improvement. Result of group B (*Ajmodadi Churna* with *Sahacharaadi Taila*) on *Stambha* statistical analysis of group B showed that the mean score of *Stambha* - which was 0.66 before the treatment was reduced to 0.33 after treatment with 50% improvement *Stambha* is due to aggravation of *Ama* and *Vata Dosha*. *Ajmodadi Churna* pacify *Ama Dosha* and *Sahacharaadi Taila* alleviates *Vata Dosha*. So group B has better result as compared to group A on *Stambha* (rigidity). Result of group A (*Ajmodadi Churna*) on *Spandana* - statistical analysis of group A showed that the mean score of *Spandana* - which was 0.6 before the treatment was reduced to 0.33 after treatment with 44.44% improvement .

Result of group B (*Ajmodadi Churna* with *Sahacharaadi Taila*) on *Spandana* statistical analysis of group B showed that the mean score of *Spandana* - which was 0.8 before the treatment was reduced to 0.33 after treatment with 58.33% improvement. *Spandana* is a type of *Vatika* disorder involve mainly *Vata-Kapha Dosha*. So both *Ajmodadi Churna* and *Sahacharaadi Taila* is choice of drug for *Spandana*. So group B has better result than A.

Result of group A (*Ajmodadi Churna*) on Muscle Power statistical analysis of group A showed that the mean score of Muscle Power - which was 0.53 before the treatment was reduced to 0.26 after treatment with 50% improvement. Result of group B (*Ajmodadi Churna* with *Sahacharaadi Taila*) on Muscle Power statistical analysis of group B showed that the mean score of Muscle Power - which was 0.8 before the

treatment was reduced to 0.4 after treatment with 50% improvement. Muscle power – *Dehabala* is mainly due to *Kapha Dosha* and *Mansadhātu*, *Ajmodadi Churna* has better effect on *Kapha Dosha* and *Mansadhātu*. So both group has equal result.

CONCLUSION

Based on the analysis during the course of study, following conclusion may be drawn. Both the modalities, *Ajmodadi Churna* and *Kati Basti* with *Sahacharaadi Taila* are effective, simple, cheap and safe for the patient having *Gridhrasi*. The procedure can be carried out on OPD basis. *Gridhrasi* mainly affects the middle class and maximum numbers of the cases were strenuous workers. Both groups showed better improvement in symptomatology. Out of these Group B showed better improvement in symptomatology than Group A. Patient satisfaction was also more. Therefore, it can be said that *Ajmodadi Churna* along with *Kati Basti* with *Sahacharaadi Taila* gives quick relief to the patient and it is a reliable therapy for the management of *Gridhrasi*. Fear of complications and less is proved in the study. Current study ruled out its efficacy and proven the Results.

REFERENCES

1. Chakravarthi Srinivasgopal Chandra, Shabdhartha Kousthuba, Translation from Sanskrit to Kannada, 2nd Volume, 3rd Edition, Bosco Publication, Bangalore press, Pp-1000, p-960.
2. Acharya Agnivesa, Charaka Samhita, Elaborated by Caraka and Drdhabala, with Ayurveda Deepika commentary of Chakrapanidatta, Edited by Vaidya Jadavji Trikamji Acharya, Pub: Chaukhambha Surbharati Prakashan, Varanasi, Edition reprint 2009, Pp- 738, p-113.
3. Acharya Agnivesa, Charaka Samhita, Elaborated by Caraka and Drdhabala, with Ayurveda Deepika commentary of Chakrapanidatta, Edited by Vaidya Jadavji Trikamji Acharya, Pub: Chaukhambha Surbharati Prakashan, Varanasi, Edition reprint 2009, Pp- 738, p-619.
4. Acharya Vagbhata, Ashtanga Hridayam, Translated by Prof. K R Srikantha Murthy, Vol 2, Pub: Chaukhambha

- Krishnadas Academy, Varanasi, Reprint 2008, Pp-596, p-158.
5. 5.Acharya Agnivesa, Charaka Samhita, Elaborated by Caraka and Drdhabala, with Ayurveda Deepika commentary of Chakrapanidatta, Edited by Vaidya Jadavji Trikamji Acharya, Pub: Chaukhambha Surbharati Prakashan, Varanasi, Edition reprint 2009, Pp- 738, p-619.
 6. Acharya Sushruta, Sushruta Samhita, with Nibandhasangraha commentary by DalhanAcharya and Nyaya Chandrika Panjika of Gayadasa on Nidana Sthana, Edited by Vaidya Jadavji Trikamji Acharya, Pub: Chaukhambha Orientalia, Varanasi, Edition reprint 2009, Pp-824, p-51.
 7. Acharya Chakrapanidatta, Chakradatta, Edited and translated by Priya Vrat Sharma, Pub: Chaukhambha Surabharati Prakashan, Varanasi, Second edition 1998, Pp.731, p-189.
 8. P V Sharma, Ayurved Ka Vaijyanic Itihas, Pub: Chaukhambha Orientalia, Varanasi, Third edition 1996, Pp-768, p-20.
 9. P V Sharma, Ayurved Ka Vaijyanic Itihas, Pub: Chaukhambha Orientalia, Varanasi, Third edition 1996, Pp-768, p-22.
 10. Acharya Agnivesa, Charaka Samhita, Elaborated by Caraka and Drdhabala, with Ayurveda Deepika commentary of Chakrapanidatta, Edited by Vaidya Jadavji TrikamjiAcharya, Pub:Chaukhambha Surbharati Prakashan, Varanasi, Edition reprint 2009, Pp.738, p.43.

How to cite this article: Dr. Akhilanath Parida, Dr. Satyasmita Jena. A Comparative Clinical Study on the effect of Ajmodadi Churna and Kati Basti in the management of Gridhrasi w.s.r. to Sciatica. J Ayurveda Integr Med Sci 2019;1:1-6.

<http://dx.doi.org/10.21760/jaims.4.1.1>

Source of Support: Nil, **Conflict of Interest:** None declared.
