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An observational study to evaluate the efficacy of Agnikarma followed by Bastikarma in Gridhrasi

Deepanjali T¹, Kiran M. Goud², Shreyas DM³

¹Post Graduate Scholar, ²Professor, ³Asst. Professor, Department of PG studies in Panchakarma, Sri Kalabyraveswara Swamy Ayurvedic Medical College and Research Centre, Bengaluru, Karnataka, INDIA.

ABSTRACT

The current lifestyle is the basis for a plethora of diseases. Some are due to the *Ahara* and some due to *Vihara*. *Gridhrasi* is one of the condition mainly lead down by *Viharaja*. Among the 80 *Vataja Nanatmja Vyadhi*, *Gridhrasi* is one of the most common condition. It is a *Ruja Pradhana Vatavyadhi* i.e., pain is the chief cause for visiting a doctor in most of patient histories, hence it is necessary to adopt fast management for the same. *Gridhrasi* starts from *Sphik Pradesha* and gradually comes down to *Kati, Prista, Uru, Janu, Janga* and *Pada*. *Kevala Vataja* and *Vata Kaphaja* are the two clinical variations in the presentation of *Gridhrasi*. *Snigdha Sweda, Virechana, Basti, Agnikarma* and *Siravyadha* are the *Chikitsa* mentioned in the classical literature. In the present study, *Snigdha Agnikarma* followed by *Erandamoola Niruha Basti* has been adopted. Significant changes ($p < 0.01$) were noticed in the parameters of the study.

Key words: *Gridhrasi, Agnikarma, Sciatica, Erandamoola Niruha Basti.*

INTRODUCTION

Gridhrasi is one among the 80 types of *Vataja Nanatmaja Vikaras*.^[1] It is the most common disease affecting 60-75% of the working population. The incidence rate of this disease is increasing rapidly. *Gridhrasi* is of two type - *Vataja* and *Vatakaphaja*.^[2] Most commonly encountered factors for the disease are improper posture, jerky movements during travelling, sports, weight lifting etc. The cardinal signs and symptoms of *Gridhrasi* are *Ruk, Toda, Stambha* and *Muhur Muhur Spandana* in the *Sphik, Kati, Uru,*

Janu, Jangha, Pada and *Sakthikshepa Nigraha*. In *Kaphanubandhita, Tandra, Gaurava* and *Arochaka*^[3] are present.

Based on signs and symptoms, we can corelate it to *Sciatica*. It is a painful condition in which the pain begins in lumbar region and radiates along the course of sciatic nerves. In spite of tremendous advancement in contemporary medicine, the management of *Sciatica* is still limited. While explaining the *Chikitsasutra* of *Gridrasi*, the prime importance has been given to *Basti Karma* and *Agnikarma*^[4] by *Acharyas*. Hence in this study, *Agnikarma* followed by *Erandamoola Niruha Basti* was carried out.

An observational study was conducted on 10 patients to see the efficacy of *Agnikarma* followed by *Erandamoola Niruha Basti* in the pattern of *Yoga Basti*. Significant changes ($p < 0.01$) were noticed in the parameters of the study.

OBJECTIVES

To evaluate the efficacy of *Agnikarma* followed by *Basti Karma* in *Gridhrasi*.

Address for correspondence:

Dr. Deepanjali T

Post Graduate Scholar, Department of PG studies in Panchakarma, Sri Kalabyraveswara Swamy Ayurvedic Medical College and Research Centre, Bengaluru, Karnataka, INDIA.

E-mail: tdeepanjali9@gmail.com

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MATERIALS AND METHODS

Source - Patients who were fulfilling the inclusion criteria and diagnostic criteria of *Gridhrasi* were selected from the OPD and IPD of SKAMCH & RC, irrespective of sex, religion and socio economic status.

Sample source - 10 patients of *Gridhrasi* of either sex were selected for the present study.

Diagnostic Criteria

Patients with *Lakshanas* of *Gridhrasi*

Patients presenting with signs and symptoms of Sciatica.

Inclusion Criteria

- Patients aged between 20-60 years.
- Patients having signs and symptoms of *Gridhrasi*.
- Patients fit for *Agnikarma*.
- Patients fit for *Basti karma*.

Exclusion Criteria

- Patients with aged group below 18 years and above 70 years.
- Evidence of Spinal tuberculosis, Neoplasms and Traumatic conditions.

Assessment Parameters

Ruk, Sthambha, Toda, Muhur Muhur Spandana, Sakti Utkshepa Nigrahana - degree of straight leg raising, Range of movement.

Materials used

For *Agnikarma*

Eranda Patra, Dhattura Patra, Moorchita Taila, coin, honey.

For *Basti Karma*

Anuvasana Basti - *Moorchita Taila* - 80ml

Niruha Basti

- Madhu* - 30 ml
- Saindhava Lavana* - 6gm
- Moorchita Taila* - 100ml

- Rasna Kalka Choorna* - 20gm
- Eranda Moola Kwatha* - 300ml
- Ksheera* - 200ml

Intervention

10 patients who fulfil the inclusion criteria were selected and posted for *Agnikarma* followed by *Erandamooladi Niruha Basti*.

AGNI KARMA

Eranda Patra, Dhattura Patra should be chopped into small pieces, then fried over pan with mild flame using *Moorchita Taila*. The chopped material was wrapped with *Eranda Patra*.

Poorva Karma - Patient subjected for *Agnikarma* in *Laghu Koshta* was subjected to *Sarvanga Abhyanga* with *Moorchita Taila* followed by *Sarvanga Bashpa Sweda* for 30 mins. Tender points were marked.

Pradhana Karma - The fried *Eranda* and *Dhattura Patra* were wrapped with *Eranda Patra* and was placed with minimum pressure over the marked tender points.

Paschata Karma - Honey was applied.^[5]

ERANDAMOOLADI NIRUHA BASTI

Poorva Karma - Patient was subjected for *Sarvanga Abhyanga* with *Moorchita Taila* followed by *Sarvanga Bashpa Sweda* with *Ushna Jala*.^[6]

Pradhana Karma

Patient was subjected to *Yoga Basti* schedule.

1	2	3	4	5	6	7	8
A	N	A	N	A	N	A	A

ANUVASANA BASTI

Anuvasana Basti with 80 ml of *Moorchita Taila*.

Poorva Karma - Patients were subjected to *Sarvanga Abhyanga* and *Bashpa Sweda* followed by *Laghu Bhojana*.^[7]

Pradhana Karma

Position of patient - Patient was then made to lie down in left lateral position with right leg flexed and left leg extended, left hand folded under the head.

The catheter of *Basti* syringe was lubricated with oil and gradually inserted into the anal canal along the direction of the spine, then slowly and steadily push the oil leaving little amount to avoid the entry of air flow.

Paschat Karma - The catheter was removed slowly, patient was made to lie down in supine position for 100 *Matrakala*, patting of buttocks, raising the leg was done.

NIRUHA BASTI

Poorva Karma - *Basti* is to administered in a patient who is on empty stomach. *Sarvanga Abhyanga* and *Bashpa Sweda* were done.

Pradhana Karma - Patient was asked to lie down in left lateral position with right leg flexed and left leg extended, left hand folded under the head. The anal orifice of patient was smeared with oil soaked cotton. Then *Basti Dravya* prepared was taken in the plastic enema can and plain rubber catheter of size no. - 12 was used for the purpose of insertion of *Basti* in the anal orifice and the inserting end of the catheter was smeared with oil for lubrication. *Basti Putaka* was held in left hand and in the right hand, the lubricated rubber catheter was inserted in to the anal canal. The enema can should be elevated slightly; the patient was asked to take deep inspiration simultaneously. When little quantity of *Basti Dravya* remained in the catheter, it was removed slowly.

Paschat Karma - After this the patient was asked to lie in a comfortable position on the *Droni* with his body in raised position by means of pillow in such a way the *Veerya* of the *Basti* may spread throughout the body.^[8]

Parameters for assessment**Sthambha - Stiffness**

- No stiffness - 0

- Mild stiffness - 1
- Moderate stiffness - 2
- Severe stiffness - 3

Ruk - Pain

- No pain - 0
- Mild pain - 1
- Moderate pain - 2
- Severe pain - 3

Toda - Pricking

- No pricking - 0
- Mild pricking - 1
- Moderate pricking - 2
- Severe pricking - 3

Spandana - Twitching

- No twitching - 0
- Mild twitching - 1
- Moderate twitching - 2
- Severe twitching - 3

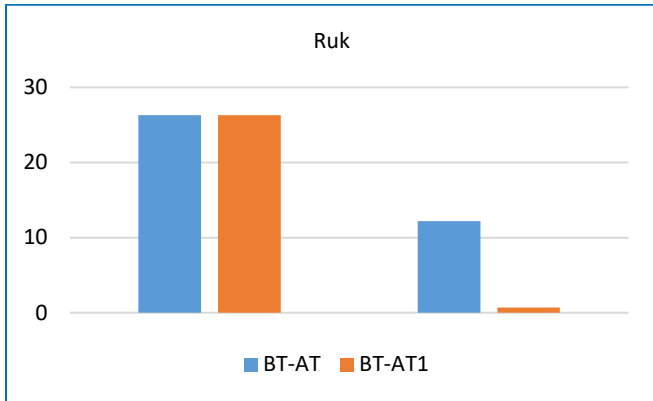
Straight Leg Rasing Test

- < 20 degrees - severe - 3
- 20 -40 degree - moderate - 2
- 40 -60 degree - mild - 1
- Negative - 0

OBSERVATION AND RESULTS**Table 1: Showing effect of treatment Ruk**

Ruk	Mean		M.D	Paired ' t' test				
	Before	After		SD	SE	T	P	Re
BT-AT	26.3	12.2	14.1	13.3	4.29	3.28	<0.001	H.S
BT-AT1	26.3	0.7	25.6	53.9	1.16	1.16	>0.05	S

Graph 1: Showing effect of treatment Ruk



Graph 3: Showing effect of treatment Toda

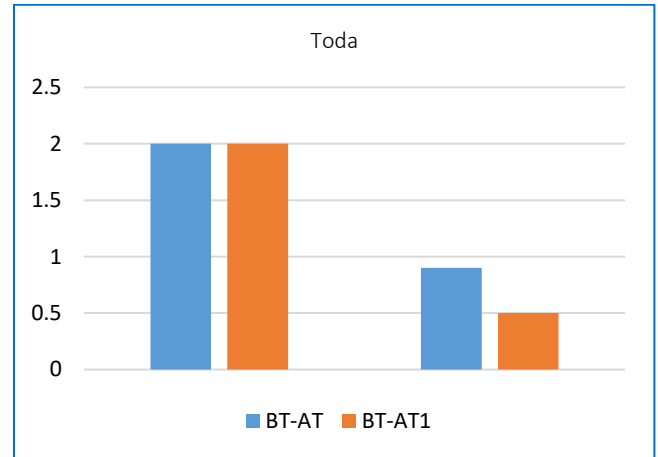


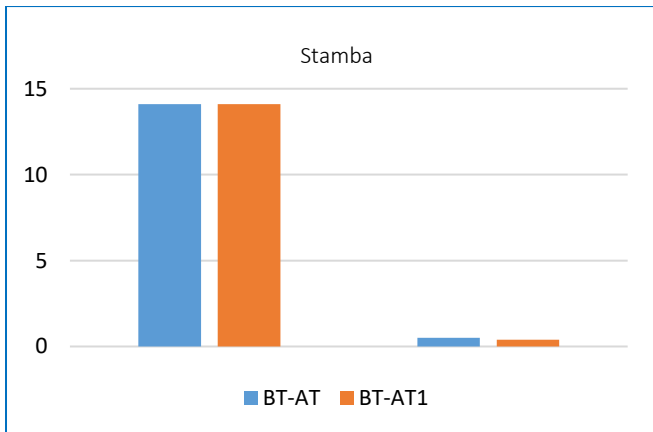
Table 2: Showing effect of treatment Stamba

Stamba	Mean		M. D	Paired ' t' test				
	Before	After		SD	SE	T	P	Re
BT-AT	14.1	0.5	13.6	0.31	0.1	9	<0.0001	H. S
BT-AT1	14.1	0.4	13.7	0.13	0.03	36.6	>0.0001	H. S

Table 4: Showing effect of treatment on Spandana

Spandana	Mean		M. D	Paired ' t' test				
	Before	After		SD	SE	T	P	Re
BT-AT	1.9	1.1	1.7	0.31	0.1	9	<0.0001	H. S
BT-AT1	1.9	0.6	3.1	0.55	0.17	7.05	>0.0001	H. S

Graph 2: Showing effect of treatment Stamba



Graph 5: Showing effect of treatment on Spandana

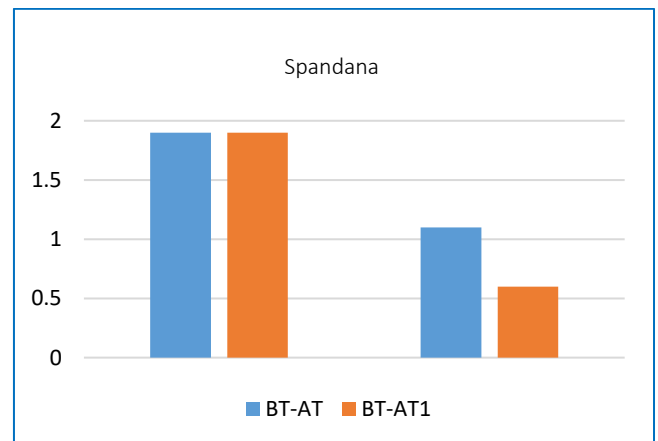


Table 3: Showing effect of treatment Toda

Toda	Mean		M.D	Paired ' t' test				
	Before	After		SD	SE	T	P	Re
BT-AT	2	0.9	1.1	0.31	0.1	11	<0.0001	H. S
BT-AT1	2	0.5	1.5	0.51	0.16	9.3	>0.0001	H. S

OBSERVATION

7 (70%) patients belonged to the age group of 35-45yrs and 3 (30%) patients belonged to the age group of 45- 55 yrs. 3 (30%) patients were Males and 7 (70%) patients were females. Majority of patients were Hindus i.e., 8 (80%). Majority of patients were married i.e., 9 (90%). Majority of patients i.e., 8 (80%) were

Graduates. Majority of the patients 9 (90%) in the study were belonged to Middle class. 2 (20%) patients had the family history of similar complaint. 3 (30%) patients were Homemakers, 7 (20%) patient were Businessmen (two wheelers and four wheelers) and 1 (10%) patients was labourer. 8 (80%) patients were from urban, 2 (20%) patients were from rural. 6 (60%) patients and 4 (40%) patients were consuming Vegetarian diet and Mixed diet respectively. Majority of the patients were under *Viruddha Chestha*. 9 (90%) patients were having *Mandagni*, 1 (10%) patient was having *Vishmaagni*

Atura Bala Pramana Pareeksha

Prakruti: 5 (50%) patients belonged to *Vata Pittaja Prakruti* and 2 (25%) patients belonged to *Pitta Kaphaja Prakruti* and 3 (35%) patient belonged to *Vata Kaphaja Prakruti*.

Vikruti: All patients belonged to *Madhyama Vikruti*. All patients presented with *Atulya Hetu, Dosha, Dushya, Prakruti, Desha* and *Kala* to moderate extent, due to which, the *Vikruti* can be considered as *Madhyama* which is a supporting factor in result.

Sara: All patients belonged to *Madhyama Sara*.

Samhanana: Maximum of 9 patients (90%) belonged to *Avara Samhanana*.

Satmya: All patients belonged to *Vyamisrasatmya*.

Satva: All patients belonged to *Madhyama Satva*.

Ahara Shakti: a) *Abhyavaharana Shakti*: Majority a patients had *Pravara Abhyavarana Shakti*. b) *Jarana Shakti*: All patients had *Pravarajarana Shakti*.

Vyayama Shakti: All patients presented with *Madhyama Vyayama Shakti*.

Vaya: All patients belonged to *Madhyama Vaya* in the study.

DISCUSSION

Sakthi Utkshepanigraha is mentioned as an important sign by *Sushruta*,^[9] other symptoms such as *Stambha, Ruk* etc. are also founds in other *Vyadhis* like *Urustambha, Khalli, Kalayakhanja, Kukundara Marmabhogata*. *Charaka Acharya* advised *Agnikarma*

between *Kandara* and *Gulfa*^[10] but in *Susrutha Samihita*, *Agnikarma* is not mentioned under *Gridhrasi* but while explaining the *Chikitsa* for *Snayu, Sandhi, Asthigataroga - Sneha, Upanaha, Agnikarma, Bandana, Unmardhana* have been mentioned as the line of treatment.^[11] As *Gridhrasi* is *Snayugataroga* this modality has been adopted. In modern, the first line of treatment consists of nonsurgical methods such as heat therapy, cold therapy and pain management. As *Gridhrasi* is *Stambha* and *Ruk Pradhana Vyadhi*, it is necessary to adopt *Stambhahara* and *Rujiahara* line of treatment. By using the *Dravya* like *Eranda Patra* and *Dattura Patra* which are having the *Vatahara, Kapha-Vatahara Shothahara Guna, Usha Virya* by *Tiksna, Suksma, Vikasiguna*, it spreads immediately and reduces *Stambha* and *Ruja*^[12]. *Gridhrasi* is *Vata Pradhana Vyadhi, Basti Karma* is the prime modality of treatment for *Vata*. *Gridhrasi* is a condition in which the *Sthana Samshraya* takes place from *Sphik Kati* upto *Pada*. *Apana Vata Sthana* is *Sphik* and *Kati*. The *Basti Dravya* reaches *Pakwashya* which is the main *Sthana* of *Apana Vata* there by the *Dushti* of *Apana Vata* is corrected. *Vyana Vata* is important in maintaining the *Gati* of *Vata, Basti* removes the *Malasanghata*, hence *Gati* is corrected. *Erandamoola Niruha Basti* is mainly *Vata Shamana*. *Makshika* alleviates *Kapha, Pitta* along with *Vata* and by it *Sukshmaguna* helps in better absorption of the *Basti Dravya*. *Saindava Lavana* by properties like *Vishyandi, Sukshma, Tikshna, Ushna* and *Vataghana* helps the drug to reach in *Sukshma Srotas* liquefying the morbid *Dosha Sanghata* and breaks it into smaller particles by virtue of its *Ushna* and *Tikshna* property. *Moorchita Tila Taila* possess properties like *Ushna Veerya, Madhura Rasa, Madhura Vipaka* and due to its *Vyavayi* and *Sukshma Guna*, it spreads easily and enters minute pores and *Vatakaphahara* which is the primary *Dosha* involved in *Gridhrasi* is reduced. *Rasna Kalkachoor* does pacification of *Vata* and *Kapha*. *Erandamoola Kashaya* possess *Rasa* like *Madhura, Katu, Kashaya Rasa, Snigdha, Tikshna, Suksma Guna* and by it *Usnavirya* and *Vatahara*. *Ksheera* has *Snidgha* and *Vatapittahara* properties there by *Erandamoola Niruha Basti* helps in reducing the

symptoms like *Ruk*, *Sthambha*, *Toda* to greater extend.

CONCLUSION

Gridhrasi, one among the *Vatavyadhi*, is a *Shoola* and *Stambha Pradhana Vyadhi*. *Agnikarma* followed by *Erandmoola Niruhu Basti* has shown statistically significant improvement.

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