EFFECT OF TRAYODASANGA GUGGULU AND VISHATINDUKA VATI ALONGWITH ABHYANGA AND SWEDAN ON THE MANAGEMENT OF GRIDHARASI (SCIATICA)

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Clinical trial of Trayodasanga Guggulu and Vishatinduka Vati along with Snehana (Abhyanga) and Swedana (Patra Pinda Sweda) were conducted in 52 patients suffering from Gridharasi (sciatica). It is found that the disease is equally common in both the sex though females are slightly more prone to it. Age-wise it afflicts more to patients between 41-60 years. Optimum response to the above mentioned treatment is found to be in about 3 weeks. An effort has been made in this paper to analyse clinically, the efficacy of the compound formulations along with Snehana and Swedana Karma both from clinical and clinically related cases.

Introduction

Gridharasi is a disease of the neuro-musculo-skeletal system having typical signs and symptoms which simulate more to sciatica than to any other disorder. Its characteristic pain is of great specific importance to diagnose the disease. The Gait of the patient is also typical for which the disease is named so in the classics. Certainly the disease is quite painful and even may cause disability to the patient, if left untreated. It is very commonly seen among those people who have history of mild trauma or some sort of physiological derangement of the sciatic nerve.

The basic treatment of the disease according to Ayurveda lies in Pancakarma since it is categorised under the Vatavyadhy. Number of formulations have been stressed in classics, for its treatment and most of them are the Guggulu preparations. These Guggulu preparations are found to be quite effective in this disease. Considering

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the anodyne and anti-inflammatory effects of Guggulu, a combination of Trayodasanga Guggulu and Vishatinduka Vati have been put to clinical trial along with Abhyanga and Swedana.

Materials and Methods

One group consisting of 52 patients selected from the institute's O.P.D. were admitted in I.P.D. for a period of 21 days each with the single blind trial drug with Trayodasanga Guggulu - 2gms. Vishatinduka Vati - 250mg. (combined dose was administered three times a day with water) and Abhyanga with Nirgundi Taila followed by Patra Pinda Sweda. The patients were provided normal hospital diet consisting of rice, dal, vegetable, curry and milk during the trial period.

The method of study was based on the factors, (a) selection of cases, (b) periodical observation of the finding and (c) assessment of results.

a) Selection of patients: The patients with the parameters, (i) radiating pain from gluteal region, (ii) tingling & numbness, (iii) tenderness of the sciatic trunk and (iv) positive straight-leg raising test (on degree of movement) were taken for trial.

b) Periodical observations of the findings: The observations were done on the basis of proforma attached and the remission/aggravation of clinical signs and symptoms with, (i) pain: The patient complains when asked-mild (+), the patient frequently complains of pain by himself-moderate (+++) and the patient cries of shows painful look-severe (+++);

(ii) Tenderness: The patient expresses when pressed by digital pressure meter, pressure - grade-I, the patient winces-grade-II, the patient winces and withdraws the affected part-grade-III and the patient does not allow the part to be touched grade-IV;

(iii) Tingling sensation: It is measured as for pain criteria and (iv) Positive straight leg raising test: The patient becomes unable to raise his leg upto 15 degree grade-III. The patient becomes unable to raise upto 60 degree grade-II. The patient becomes unable to raise upto 90 degree grade-I were assessed in the proforma.

(c) Assessment of results: The assessment of results has been made according to the features of the group mentioned below:

(i) Good response Complete relief of clinical signs & symptoms or the relief more than 75%.

(ii) Fair response Moderate relief of clinical signs & symptoms or the relief more than 50%.

(iii) Poor response Mild to moderate relief of clinical signs and symptoms or the relief more than 25%.
Table I
Age & sex distribution of 52 patients

<table>
<thead>
<tr>
<th>Age/Sex</th>
<th>11-20 Yrs.</th>
<th>21-30 Yrs.</th>
<th>31-40 Yrs.</th>
<th>41-50 Yrs.</th>
<th>51-60 Yrs.</th>
<th>61-70 Yrs.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>-</td>
<td>1</td>
<td>5</td>
<td>4</td>
<td>9</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Female</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td>5</td>
<td>27</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>7</td>
<td>11</td>
<td>18</td>
<td>11</td>
<td>52</td>
<td>52</td>
</tr>
</tbody>
</table>

Table II
Results of treatment in relation with sex

<table>
<thead>
<tr>
<th>Age/Sex</th>
<th>Good response</th>
<th>Fair response</th>
<th>Poor response</th>
<th>No response</th>
<th>Drop out</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>11 (21.15%)</td>
<td>8 (15.38%)</td>
<td>2 (3.84%)</td>
<td>0</td>
<td>4 (7.69%)</td>
<td>25</td>
</tr>
<tr>
<td>Female</td>
<td>13 (25%)</td>
<td>12 (23.07%)</td>
<td>0</td>
<td>0</td>
<td>2 (3.84%)</td>
<td>27</td>
</tr>
<tr>
<td>Total</td>
<td>24 (46%)</td>
<td>20 (38%)</td>
<td>2 (3.84%)</td>
<td>0</td>
<td>6 (11%)</td>
<td>52</td>
</tr>
</tbody>
</table>

(iv) No response
No relief or very negligible relief of clinical signs and symptoms or the relief is less than 25%.

(v) Drop out
Discontinuation of the trail before the end of trial period.

Observations and Results

It was observed that the disease is most common in the age group of 41 to 60 yrs. with less frequency in the age group of 21 to 40 yrs. Sexwise, both the sexes were almost equally affected (Table-I & Fig. 1).

It was found from the observations that most of the patients were suffering from the disease for more than 1-1/2 years of chronicity where as patients were also found to be suffering less than 1 yr. Moreover the patients were getting relaxed after Snehan and Swedan Karma is done rather than the patients without it. As regards analysis of data's in relation to age and sex, it was found that the results were
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Fig. 1: Age and sex wise distribution among the patients Gridharasi.

Fig. 2: Response of treatment in relation to sex in the cases of Gridharasi
more or less equal in both sexes i.e. good response was there in 11 males & 13 females fair response in 8 males & 12 females. The over all result was good response on 24 patients and fair response in 20 patients out of total 52 patients. Hence it can be said that the results were definitely optimal due to the response in 84% of cases. Even the drug was also found to be mildly effective in 2 cases out of 52 reported (Table II & Fig.-2).

Discussion

The drug schedule was found to be definitely effective in the cases of Gridharasi. The combination of Trayodasanga Guggulu and Vishatinduka Vati were effective due to their analgesic actions and more probably due to inclusion of Pancakarma. The overall activity may be analgesic and anodyne for which pain is generally considered the cause in Vatik disease. Inclusion of Snehan with Nirgundi Taila was also another plus point for the treatment of Vatik disease especially in Gridharasi (P.K. Jain et al., 1976).

Moreover, the application of Patra Pinda Sweda was quite a support to the Snehana Karma normally done in Vatik disease due to palliative properties (Nair, P.R. et al., 1978). The disease was also found equally respondent in both the sexes though it was slightly higher in females 25% & 23.07% to 21. 15% & 15.38% of good response & fair response of female & male cases respectively, although almost same type of response was found in all other remaining groups. It was also found that the drug was more effective to the patients of higher chronicity of 1-1/2 yrs. The disease becomes more difficult to cure in chronic form as described in classics. Since, it was found that the result was more positive in older age groups, it is presumed that the Vayu is definitely aggravated in old age.

Acknowledgement

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सारांश

पंचकर्म सहित त्रयोदशांग गुग्गुलु एवं विषतिन्दुक वटी द्वारा गृह्सी की चिकित्सा: एक आत्मीय अध्ययन

जी. सी. नन्दा, एम.एम.पाठ्य एवं के. के. चोपड़ा

गृह्सी रोग के ५२ रूग्णों पर स्नेहास्यंग एवं स्वेदन (पंचकर्म) तथा त्रयोदशांग गुग्गुलु और विषतिन्दुक वटी का अध्ययन किया गया। पाया गया कि यह व्याप्त पुरुषों एवं स्त्रियों के 60 में समान रूप से पाई जाती है। अधिकांशत: ४२-६० वर्ष आयु वर्ग के पुरुष एवं स्त्री इस रोग से प्रभावित होते हैं। यह भी देखा गया कि स्त्रियों में भूमिका प्रयोग का प्रभाव पुरुषों की अपेक्षा अधिक रहा। लगभग ८८% रूग्णों में इस चिकित्सा का उत्तम लाभ उपलब्ध हुआ।