CLINICAL EVALUATION OF DRUG THERAPY ASSOCIATED WITH PANCAKARMA IN THE MANAGEMENT OF GRIDHRASI (SCIATICA)

R.D. Prasad¹ and M.K. Tyagi²

(Received on 7.12.98)

A clinical trial was conducted on 61 patients of Gridhrasi by giving them Trayodashang Guggulu and Vishtunduk Vati (2 gms. & 250 mgs.), three times in a day with Maharasanadi Kwatha (30 ml. 3 times) for 21 days and Pancakarma therapy (Snehana, Svedana and Vasti). Clinically and symptomatically 75% relief was found in 19 cases & 50 % in 12 cases. There was mild relief in 11 cases and no relief in 10 cases.

Introduction

Gridhrasi is a specific disease (Nanatmaj Vyadhi) caused by vitiation of Vata, as given by Caraka. Clinically the disease entity sciatica simulated the picture of Gridhrasi.

As Gridhrasi is a disease of lower part of the body with pain in Kati, Sakthi, Pada etc., Apana Vayu may be considered as the chief causative factor of Gridhrasi. The Samprapti of Gridhrasi may be summarised as i) Dosa-Vata (Apan Vayu), ii) Dushya-Mamsa and iii) Sthana-Kati. Sakthi, Pada Pakvashya. The main signs and symptoms of Gridhrasi may be summarised in Caraka.

i) Sphik Purva Vedana (backache)
ii) Pain spreads towards Uru, Jangha, Pindali upto Pada
iii) Stambha (stiffness)
iv) Toda (pricking pain)
v) Sphurana (pulsation/throbbing pain).

Methods & Materials

61 patients of either sex were randomly selected from OPD of Central Research Institute of Ayurveda, clinical, pathological

---

1. Assistant Research Officer (Ay.), CRIA, Road No. 66, Punjabi Bagh, New Delhi.
2. Ex-Assistant Director (Ay.).
and bio-chemical examination were performed with X-rays lumbosacral spine.

**Inclusion criteria**: The patients with following findings were selected for the trial:

1. Age between 12-70 yrs.
2. Either sex
3. Duration of illness upto 2 years
4. Radiating pain starting from gluteal region
5. Tenderness of sciatic nerve course
6. Severe pain on squatting

**Exclusion criteria**: The patients with monoplegia, paraplegia, hip joint arthritis, spine T.B., hip T.B., pelvic pathology or trauma were excluded from the present study.

**Procurement of the drugs**: The raw drugs were procured from the local market of Delhi or supplied by survey unit of the CCRAS. The herbo-mineral drugs were prepared in the pharmacy of CRlA, Punjab Bagh, New Delhi.

**Selection of drug**: As per instruction of the CCRAS, the drug associated with *Pancakarma* therapy was selected for the trial. *Snehana, Svedana* and *Vasti* are the main measures for the pacification of *Vata* so *Pancakarma* therapy was also taken up as principle treatments. The drugs were used for the trial.

*Vistundak Vati* 250 mg., *Trayodashang Guggulu* 2 gms., *Anupan* *Maha Rasanadi Kwatha*, *Snehana-Maha Narayan Taila*, *Svedana (Vaspa Svedan)-Maharasanadi Kwatha* & *Anuvasana Vasti-Madhu*, *Kwatha with Taila* were used for the trial.

**Duration of treatment**: The treatment of 21 days was fixed for the final assessment. Clinical improvement was taken as criteria for assessment. Main signs and symptoms of Gridrasi pulling pain, pricking pain, stiffness, tenderness of the sciatic nervous trunk, straight leg raising text, deep tendon reflexes, muscle wasting, pressing power, walking speed etc., were taken as criteria for assessment. The symptoms were suitably graded and numerical values were allotted for the feasibility of assessment. The assessment was taken on admission, before and after each process and after completion of the trial. The result of the treatment was graded as:

**Good response** - 75% and above relief in signs and symptoms,

**Fair response** - 50% and above upto 75% in signs and symptoms,

**Poor response** - 25% and above upto 50% in signs and symptoms,

**No response** - No response in presenting in signs and symptoms.

Clinical symptomatology of disease or otherwise patients who left the study in between were as Lama.
Table No. 1

<table>
<thead>
<tr>
<th>Age (in years)</th>
<th>M</th>
<th>F</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-19</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>20-29</td>
<td>2</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>30-39</td>
<td>7</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>40-49</td>
<td>13</td>
<td>11</td>
<td>24</td>
</tr>
<tr>
<td>50-59</td>
<td>5</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>60-70</td>
<td>2</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

M = Male, F = Female

Table 2

<table>
<thead>
<tr>
<th>Diet</th>
<th>Number of patients</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Vegetarian</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>Non-vegetarian</td>
<td>12</td>
<td>16</td>
</tr>
</tbody>
</table>

30 31 61

Table 3

<table>
<thead>
<tr>
<th>Name of occupation</th>
<th>No. of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td>12</td>
</tr>
<tr>
<td>Teachers</td>
<td>10</td>
</tr>
<tr>
<td>Farmers</td>
<td>12</td>
</tr>
<tr>
<td>Businessmen</td>
<td>14</td>
</tr>
<tr>
<td>Housewives</td>
<td>13</td>
</tr>
</tbody>
</table>

61

Table 4

<table>
<thead>
<tr>
<th>History</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>23</td>
</tr>
<tr>
<td>Absent</td>
<td>38</td>
</tr>
</tbody>
</table>

61

Observation and Results

Maximum no. of patients were found between the age group 40-49, implying the aggravation of Vata in this age group ultimately resulting in the development of Gridhrasi.

It is visible from the (Table 1) that patients of both sexes are equally affected from the disease or we may say that the disease distribution is irrespective of sex.

Although Gridhrasi is found in the people from all the occupations, yet businessmen were found to be most affected which may be attributed to their tensions, running schedule and busy life, ultimately causing aggravation of Vata.

Out of 61 patients, 23 patients were having positive history of trauma implying that trauma may be a predisposing factor for Gridhrasi.
Table 5

<table>
<thead>
<tr>
<th>Signs and symptoms of the patients of Gridhrasi</th>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sphik Purva, Vedana</td>
<td>38</td>
<td>23</td>
</tr>
<tr>
<td>Katiprasth Rukjau</td>
<td>41</td>
<td>20</td>
</tr>
<tr>
<td>Jangha, Pada</td>
<td>38</td>
<td>23</td>
</tr>
<tr>
<td>Stambha</td>
<td>38</td>
<td>23</td>
</tr>
<tr>
<td>Toda</td>
<td>42</td>
<td>19</td>
</tr>
<tr>
<td>Sphurana</td>
<td>26</td>
<td>35</td>
</tr>
</tbody>
</table>

Out of 61 patients 19 got good response, 12 fair response and 30 patients were dropped out from the study and rest treated as Lama due to various causes. 11 patients got poor response and 10 got no response.

Results

Bio-chemical and pathological investigations of blood, stool and urine did not show any significant change as a result of treatment. X-ray will show lateral deviation of spines loss of lumberlordosis.

Discussion

As CCRAS has made some efforts to evolve some effective remedies for the disease, so the therapy was selected on the basis of Siddhanta of Vata Roga. Caraka has described symptomatology of Vata Vikara as Sransa (displacement of organs), Bhranasa (dislocation of organs), Vyas (dilataion of the organs), Sanga (retention of urine and stool), Bheda (lancinating pain), Sada (depression in the body), Harsha (erection of hair follicles), Kampa (tremor), Varta (mole becomes rounded shaped), Chala (hyperactivity of the limbs organs), Toda (pricking pain), Vyatha (compressing pain), Chesta (fluttering mind of movement of organs).

Apan Vayu has main role to develop the disease of Trika Pradesha (Lumbo secral region) because Pakvashaya is main Ashraya of Vayu and also Guda. Aggravation of Vata has main role to develop Gridhrasi Roga. So the Snehana and Svedana has a role in pacification of Vata. Snehana has also been described by Vagbhata as Uttam Chikitsa for the Vata Roga.

Vasti has also major role to control the alleviated Vata Dosa in Pakwasaya and Guda. As Vagbhata has emphasised that the Vasti is the main treatment of Vata Roga.

Conclusion

The result of study was encouraging and may also be extended with principle therapy of Pancakarma.

Acknowledgement

The authors are highly indebted to the Director, CCRAS, New Delhi for his guidance and encouragement. Special thanks are extended to Pancakarma department and other laboratory personnel of the Institute for their co-operation and help.
REFERENCES

Caraka

Carak Samhita, Chikitsa Sthana

Madhavakara

1976 Madhava Nidan (Commentary by Sudarshan Sastri), Chowkhamba Sanskrit Sansthan, Varanasi.

Nadkarni, K.M.


Ramachandra Nair, P.

1980 The Role of Sodhana Therapy in Gridharasi, JRAS, Vol.-I, No. 4, 519-549.

Sharma, P.V.


Vagbhata

Ashtanga Hrdayam (Moolam) Sutra Sthana, Chapter XV, Sloka 25-26; Chapter XI, Sloka 5; Chapter XVI, Sloka 15 & 16, Chowkhamba Sanskrit Sansthan, Varanasi.

सारांश

गृध्दसी पर मिश्रण औषधि का चिकित्सकीय अध्ययन

आर.डी. प्रसाद एवं एम.के. त्यागी

वात व्याधियों में गृध्दसी एक शारीरिक कष्टकारी एवं पीड़ादायक व्याधि है। इस पर मिश्रित औषधि प्रयोग त्रयोदशांग गुगुलु, विषतिण्डुक वटी एवं पंचकर्म (सन्धेन, स्वेदन, वस्तिकर्म) के उपयोग से होने वाले लाभ को देखा गया। इनके उपयोग से इस व्याधि की चिकित्सा में उत्साहवर्धक परिणाम देखने को मिला।