

A COMPARATIVE CLINICAL EVALUATION OF KAṬI VASTI AND MĀTRĀ VASTI WITH VYOṢĀDYA TAILA (VṚNDA MĀDHAVA) IN THE MANAGEMENT OF GRDHRASĪ VĀTA

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ABSTRACT

Gr̥dhrasī is mentioned under Vātaja nānātmaja vyādhi. It is caused by Vāta subsequently there is a Kaphānubandha. The term Gr̥dhrasī indicates the typical gait that resembles of Gr̥dhra i.e., vulture. The cardinal symptoms of Gr̥dhrasī are Stambha (stiffness), Rūk (pain), Tōda (pricking pain), Graha (tightness) and Spandana (frequent twitching) in the *Sphik, kaṭi, prsta, uru, janu, jangha* and *pāda* in order (Ca.Ci28:56). These are cardinal symptoms of Vātaja Gr̥dhrasī. In Kaphānubandha Vāta type of Gr̥dhrasī in addition to the above symptoms, Tandrā (Drowsiness), Gaurava (Heaviness) and Aruci (Anorexia) are also found. *sakthnah kṣe pam nigrhniyat* i.e restricted lifting of the leg (su.ni.1:74). Gr̥dhrasī can be equated with Sciatica or Sciatic syndrome in modern parlance. Sciatica is a term used to explain a set of symptoms including pain, numbness, tingling and weakness starting from the low back and or buttocks and radiating towards the

foot through the back of the thigh, knee joint and leg when one or more of the 5 nerve roots forming the sciatic nerve, itself is either compressed or irritated. **Methods:** In the present study 40 patients of *Gr̥dhrasi* were selected and placed randomly in 2 groups. Group A and Group B with 20 patients in each group. Group A was treated *Kaṭi Vasti* with *Vyoṣādyā taila* for 14 days. Group B was treated with *Mātrā Vasti* with *Vyoṣādyā taila* for 14 days. **Results:** The overall effect of the treatments in Group A and Group B was statistically analysed using with a Paired t – test. Group B shows statically significant than Group A. **Conclusion:** The results conclude that *Mātrā Vasti* with *Vyoṣādyā taila* (GroupB) shows significant.

KEYWORDS: *Gr̥dhrasi Vāta, Kaṭi Vasti, Mātrā Vasti, Vyoṣāḍya taila.*

INTRODUCTION

Sciatica prevalence from different studies ranged from 1.2% to 43%.^[1] The life time incidence of sciatica varies from 10-40% while the annual incidence of an episode of sciatica can be between 1% to 5%.^[2] Depending on how it is defined, 2% to 40% of people have sciatica at some point in life time.^[3] It is most common during peoples 40^s and 50^s and men are more frequently affected than women.^[4] Low back pain has been cited as fifth most common cause for hospitalization and the third most frequent reason for a surgical procedure.^[3] In this way, this disease is now becoming a significant threat to the working population. Sciatica is a term used to explain a set of symptoms including pain, numbness, tingling and weakness starting from the low back and or buttocks and radiating towards the foot through the back of the thigh, knee joint and leg when one or more of the 5 nerve roots forming the sciatic nerve or the sciatic nerve itself is either compressed or irritated. *Gr̥dhrasī* is mentioned under *Vātaja nānātmaja vyādhi*.^[5] The term *Gr̥dhrasī* indicates the typical gait that resembles of *Gr̥dhra* i.e., vulture. The cardinal symptoms of *Gr̥dhrasī* are *Stambha* (stiffness), *Rūk* (pain), *Tōḍa* (pricking pain), *Graha* (tightness) and *Spandana* (frequent twitching). These symptoms initially affect *Sphik* (buttock) as well as posterior aspect of *Kaṭi* (waist) and then gradually radiates to posterior aspects of *Ūru* (thigh), *Jānu* (knee), *Jaṅghā* (calf) and *Pāda* (foot) in order (Ca.Ci28:56).^[6] These are cardinal symptoms of *Vātaja Gr̥dhrasī*. In *Kaphānubandha Vāta* type of *Gr̥dhrasī* in addition to the above symptoms, *Tandrā* (Drowsiness), *Gaurava* (Heaviness) and *Aruci* (Anorexia) are also found. *Suśruta* explained the involvement of *kaṇḍarā* in the pathogenesis of *Gr̥dhrasī*. He specified that there will be an important sign ‘*Sakthnot kṣepam nigṛhniyāt*’ i.e., restriction in lifting the affected leg.^[7] It maybe worth mentioning here that *Ācārya Caraka* listed the symptomatology of the illness and *Ācārya Suśṛta* was particular about the signs of disease there by completing the total clinical presentation of *Gr̥dhrasī*. The signs and symptoms found in *Gr̥dhrasi* are similar to the condition ‘Sciatica syndrome’ mentioned in modern system of medicine. Among the *Pañcakarmas*, *Vasti Karma* is such a *Cikitsā* that is applicable in all the *Vātavyadhis*. According to *Suśruta*, it can also be used in *Kaphaja* and *Pittaja* disorders by using different ingredients. The disease *Gr̥dhrasi* as being a *Vātavyadhi* and *Vāta* is also controller and regulator of other two *Doṣa*, *Dhātu* and *Mala* and also all the body activities. Therefore, once *vāta* is controlled by *vasti*, all these factors are automatically regulated and total body equilibrium is achieved. Hence, *vasti* is called as “*Sarvarthakari*” and it seems to be the

radical treatment of this disease also.(ca.si.1:27)^[8] *Vasti* can be of many types on the basis of ingredients and needs. The simplest type of *vasti* – *Mātrāvasti* is selected for the present study, which can easily be administered in all the patients with irrespective of age, sex, time etc. and is harmless. As the local *Samprapti*, *Sthānasamsraya* is having quiet major importance in *Gr̥dhrasī* local simultaneous *Sneha*, *Sveda* procedures called *Kaṭivasti* has been selected for the present study. For purpose of *Mātrāvasti* and *Kaṭivasti*, *Vyoṣādyā taila* was selected as it has been recommended in *vātavyadhi Rogadhikara* of *Vṛnda Mādhava*.^[9] so the aim of this study is to compare the efficacy of *Mātrāvasti* with a localized management protocol known as *Kaṭivasti*.

AIM AND OBJECTIVES

AIM: “A COMPARATIVE CLINICAL EVALUATION OF KAṬI VASTI AND MĀTRĀ VASTI WITH VYOṢĀDYA TAILA (VṚNDA MĀDHAVA) IN THE MANAGEMENT OF GR̥DHRASĪ VĀTA”.

OBJECTIVES

1. To evaluate the efficacy of kaṭi Vasti With Vyoṣādyā Taila in the management of Gr̥dhrasī Vāta.
2. To evaluate the efficacy of Mātrā Vasti With Vyoṣādyā Taila in the management of Gr̥dhrasī Vāta.
3. To compare the efficacy of kaṭi Vasti and Mātrā vasti With Vyoṣādyā Taila in the management of Gr̥dhrasī vāta.

MATERIALS AND METHODS

MATERIALS

Vyoṣādyā Taila

In Vātavyadhi āḍikarana of Vṛnda Mādhava, *vyoṣādyā taila* has been Selected for the study. (*Vṛnda Mādhava* 22(227– 230)).

PREPARATION OF VYOṢĀDYA TAILA: INGREDIENTS

1. Vyoṣa: Sunthi (zingiber officinale), pippali (piper longum), Marica (piper nigrum) - 12gms
2. pippali mula - piper Longum - 12gms
3. Rasna - Alpinia galanga - 12gms
4. Madhuka - Glycyrrhiza glabra - 12gms

5. saindava lavanam - 12gms
6. Devadaru - Cedrus deodera - 12gms
7. Amṛtā - Tinospora cardifolia - 12gms
8. kusta - Saussurea lappa - 12gms
9. Vajigandhā - Withania Somnifera - 12gms
10. Vacā - Acorus calamus -12gms
11. sati - kaempferia galanga -12gms
12. Tila taila - 1 prastha (768ml)
13. water - 3litres

One akṣa (12gms) paste each of vyosa, pippalimula, rasna, madhuka, rocksalt, devadaru, amṛta, kusta, vajigandha, vaca and sati should be cooked (with one prastha (768ml) of sesame oil and its four times of water) on sim fire.

Kaṭi vasti

1. vyōṣādyā taila : 200ml
2. Maśa piṣṭi (black gram flour)-250 gms/day
3. Indirect heating device
4. Digital Thermometer – for monitoring the temperature of oil
5. Towel

Mātrā vasti

1. vyōṣādyā taila -60ml
2. Śatapushpa -3gms
3. Saindavam -3gms.
4. Mortar , pestle and Disposable gloves

METHODS

PHASE 1

Inclusion Criteria

1. Age group of 20- 60 yrs.
2. Signs and symptoms of *Gṛdhrasī vāta*
3. Patients eligible for *kaṭi vasti*.
4. Patients eligible for *Mātrā vasti*.
5. Patients with the symptoms of Sciatic neuralgia.

Exclusion Criteria

1. Patients with age below 20 years and above 60 years
2. Patients with Uncontrolled DM&HTN
3. Patients with pott's spine.
4. Patients with Malignancy of spine.
5. Patients underwent spinal surgeries.
6. Patients associated with severe systemic illness.
7. Patients who are using medications for Psychiatric disorders.
8. Space occupying lesions of the spinal cord.

Phase 2

Group A: 20 patients for *Kaṭi Vasti*.

Group B: 20 patients for *Mātrā Vasti*.

Duration of treatment: Group A - 14 days.

Group B - 14 days

PARAMETERS FOR ASSESSMENT**Subjective parameters**

Classical Āyurvedic evaluation criteria specially developed for Gṛdhrasī

This evaluation criteria is developed by grading the classical symptoms of Gṛdhrasī based on their severity. Symptoms Score ranges from 0 to 4.

- Stambha (stiffness)
- Ruk (pain)
- Toda (pricking sensation)
- Spandana (twitching)
- Gaurava (heaviness)
- Aruchi (anorexia)
- Tandrā (drowsiness)

Objective parameters

- a) Aberdeen lowback pain disability scale
- b) Roland morris disability questionnaire
- c) Straight leg raising test (SLRT)
- d) walking time

OBSERVATIONS AND RESULTS

General Observations

Distribution of patients according to age

Among the 40 patients included in the study 16 patients (40%) belong to the age group of 51 - 60 years, 13 patients (32.5%) belong to the age group of 41-50 years and 8 patients (20 %) belong to 31- 40 age group. A minimum of 3 patients (7.5%) represent the age group 20-30 years.

Distribution of patients according to Gender

In the present study 21 (52.5%) patients are males and 19 (47.5%) patients are females.

The following table shows the details.

Distribution of patients according to socio-economic status

Among 40 patients 8 (20%) patients belong to lower class, 27(67.5%) patients belong to middle class, 5 (12.5%) patients belong to upper class are registered in the study.

Distribution of patients according to Nature of work

Among 40 patients, 18(45%) patients are doing work with moderate strain, 15 (37.5%) patients are doing regular strenuous work. Only 7 (17.5%) patients are involved in sedentary work.

Distribution of patients according to Dēha Prakṛti

In the present study patients are predominantly of *Dvandaja prakṛti*. *Vāta- kapha prakṛti* are 16(40%), *Vāta-pittaja* are 15 (37.5%) and *Pitta-kapha* are 2 (5%). *Vāta prakṛti* are 3 (7.5%) and *Pitta prakṛti* are 2 (5%) and *Kapha prakṛti* patients are 2 (5%) in number.

Distribution of patients according to Total duration of illness

In the present study 13 (32.5%) patients are suffering for less than 1 year period, 6 (15%) patients developed the symptoms between 1 year to 2 years, 9 (22.5%) patients are having chronicity of 2 to 3 years, 12 (30%) patients are suffering from >3 years.

Distribution of patients according to the Number of affected lower limbs

In majority of the patients i.e, in 23 (57.5%) both the lower limbs are affected by the pain. In the remaining 17 (42.5%) patients single lower limb is affected by the radiating pain.

Distribution of patients according to Gait

Among 40 patients, 37(92.5%) patients have normal gait, 3 (7.5%) have abnormal gait.

Distribution of patients according to H/o Trauma

Among 40 patients in the study, 3 (7.5%) patients have some H/o trauma involving low back followed by development of symptoms. In 37 (92.5%) patients, symptoms were developed without H/o trauma.

Distribution of patients according to BMI State

Maximum patients i.e, 37 (92.5%) are normal weight, underweight are 2 (5%), Over weight are 1(2.5%), and obese nil in number.

OVERALL RESULTS

Showing the results of Group A & Group B

S. No	Parameters	Group A				Group B			
		Mean score		Overall Improvement (%)	P Value	Mean Score		Overall Improvement (%)	P Value
		BT	AT			BT	AT		
1.	SLRT	2.80	1.37	50.8%	<0.0001	2.85	1.15	59.64%	<0.0001
2.	ALBPS	53.25	26.95	49.38%	<0.0001	53.45	20.15	62.30%	<0.0001
3.	RMDQ	18.45	9.25	49.86%	<0.0001	18.80	8.15	56.64%	<0.0001
4.	Walking Time	25.95	18.74	18.34%	<0.0001	22.29	16.99	23.75%	<0.0001
5.	Ruk	3.20	1.55	51%	<0.0001	3.15	1.20	61.90%	<0.0001
6.	Toda	1.55	0.85	45.16%	=0.0018	1.30	0.55	57.69%	=0.0055
7.	Stambha	1.20	0.55	54.16%	=0.0036	1.75	0.65	62.85%	=0.0009
8.	Gaurava	0.95	0.40	57.89%	=0.0043	1.20	0.50	58.33%	=0.0018
9.	Aruchi	0.30	0.05	83.33%	=0.0961	0.40	0.05	87.5%	=0.0493
10.	Spandana	0.20	0.00	100%	=0.1625	0.30	0.10	66.66%	=0.1036
11.	Tandra	0.10	0.00	100%	=0.1625	0.20	0.00	100%	=0.1036

DISCUSSION

➤ Effect on Straight leg raising test (SLRT)

Both the Groups have significant improvement, by comparing with mean difference and % improvement the effect of therapies in group A & B, effect was seen more in Group-B.

➤ Effect on Aberdeen Low back pain Scale score

Both the Groups have significant improvement, by comparing with mean difference and % improvement the effect of therapies in group A & B, effect was seen more in Group-B.

➤ **Effect on Roland Morris Disability Questionnaire**

Both the Groups have significant improvement, by comparing with mean difference and % improvement the effect of therapies in group A & B , effect was seen more in Group-B.

➤ **Effect on Walking time**

By comparing with mean difference and % improvement the effect of therapies in group A & B , effect was seen more in Group-B.

➤ **Effect on *Ruk***

Both the Groups have significant improvement on *Ruk*, by comparing with mean difference and % improvement the effect of therapies in group A & B, effect was seen more in Group-A immediately after treatment and after followup Group -B.

➤ **Effect on *Toda***

Both the Groups have significant improvement, by comparing with mean difference and % improvement the effect of therapies in group A & B , effect was seen more in Group-B.

➤ **Effect on *Stambha***

Both the Groups have significant improvement, by comparing with mean difference and % improvement the effect of therapies in group A & B , effect was seen more in Group-B.

➤ **Effect on *Gaurava***

Both the Groups have significant improvement, by comparing with mean difference and % improvement the effect of therapies in group A & B , effect was seen more in Group-B.

ROLE OF KATI VASTI

Kaṭi vasti is a form of snehayukta sweda. To treat vata, Sneha and usna is essential. Both this Sneha and usna is achieved by Kaṭi vasti. Vyoṣāḍya Taila is having usna guna and it is potencified by heating and Sneha guna of this taila, both these gunayukta upakrama pacifies vata dosa, since it is having usna it pacifies kapha dosa. Sneha combats ruksha guna caused by vata. Sneha has apya mahabhuta, thus lubrication in joints is maintained with snehana. Sveda chiefly acts against the seeta guna of vata and kapha and reduces the stambha and gaurava. Hence Vyoṣāḍya Taila Kaṭi vasti pacifies vata kapha dosa. Acharya susruta stated – romakupa (hairfollicles) are attached to the tiryak dhamani (subcutaneous vessels/ arteries). Tiryakgata dhamanis reaches upto skin by dividing hundreds of branches and thousands of

sub-branches and then innumerable, their openings are attached to hairfollicles. The medicated oil applied over the skin absorbed through openings of hairfollicle and undergo pachana(absorption) by the help of bhrajaka pitta which is situated in the skin. Topical applications can lead neuronal stimulation and reduces pain. Prolong hot fomentation leads to acetyl choline secretion and promotes vasodilation which later causes reduction in muscle spasm and pain.

ROLE OF MATRA VASTI

Since Deepana and Pachana is the line treatment for vata, vyosha is having deepana and pachana effect, by blending Deepana and pachana yuktadravyas in vasti, the action of vasti is increased. Here also the vyoshadi taila having Deepana, pachana guna, the effect is doubled. By having katu rasa, it pacifies kapha dosa, usna guna of vyoshadi taila balances prakupita kapha. The virya of Vasti is conveyed to apana and then to samana vata, which may regulate the function of agni. It then goes to Udana, Vyana and Prana, thus providing its efficacy all over the body. At the same time Basti by Pacifying Vata, Restores the disturbed kapha and pitta at their original seats and thus helps in breaking the pathogenesis – padakandara dusti. Thus, according to Ayurveda, the virya (active principle) of the ingredients used in the Vasti gets absorbed and then, through the general circulation, reaches at the site of the lesion and relieves the disease.

CONCLUSION

- The clinical study was conducted in 40 patients. They were randomly allocated into two groups, each group with 20 patients named Group-A (Subjected to administer *Kaṭi vasti* with *Vyoṣāḍya* taila), Group-B (Subjected to administer *Mātrā vasti* with *Vyoṣāḍya* taila), for 14 days. Group A and Group B using unpaired t – test.
- There is a statistical difference between two groups in the below mentioned parameters

Objective parameters: Aberdeen Low back pain Scale, Roland Morris Disability Questionnaire, Walking time, SLRT

Subjective parameters: Ruk

- In the remaining parameters there is no difference between two groups statistically.
- The observations and results were analyzed statistically. Both the two Groups have significant improvement immediately after treatment, when compared to Group A (*Kaṭi vasti*), Group B (*Mātrā vasti*) having more significant on follow up after completion of

treatment.

- Comparative analysis of the overall effect of the treatments in both groups was done statistically with an Unpaired t – test. clinically Group A shows 59.99 % and Group B shows 63.38 % improvement. This indicates that the treatment is more effective in relative terms in Group B compared to Group A.
- Hence the Null hypothesis is rejected and Alternate hypothesis is accepted.

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