

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF MADHUTAILIKA VASTHI AND GUDATAILIKA VASTHI IN THE MANAGEMENT OF VATA KAPHAJA GRIDHRASI W.S.R. TO SCIATICA

Mariya Joseph^{*1}, Sanath Kumar D. G.² and Dr. Smitha P. K.³

¹PG Scholar, Department of Panchakarma, K.V.G Ayurveda Medical College and Hospital, Sullia.

²Professor and H.O.D, Department of Panchakarma, K.V.G Ayurveda Medical College and Hospital, Sullia.

³Assistant Professor, Department of Panchakarma, K.V.G Ayurveda Medical College and Hospital, Sullia.

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***Corresponding Author**

Dr. Mariya Joseph

PG Scholar, Department of
Panchakarma, K.V.G
Ayurveda Medical College
and Hospital, Sullia.

ABSTRACT

Introduction: Gridhrasi is one amongst the eighty Nanatmaja Vata Vyadhis. Gridhrasi is characterized by pain which radiates from the Sphik to Kati, Prishtha, Uru, Janu, Jangha and Pada. Acharya Charaka has mentioned that Gridhrasi is of two types i.e., Vataja and Vata Kaphaja. The Lakshanas like Tandra, Gaurava and Arochaka are found along with the radiating pain in Vata Kaphaja Gridhrasi. It can be correlated to “Sciatica” in modern medicine. Sciatica, is a painful condition, in which, pain starts in the lumbar area, and radiates along the course of the sciatic nerve. Vasthi is said to be the best line of treatment for Vata Dosha. The most of the ingredients of the Madhutailika Vasthi and Gudatailika Vasthi are Vata Kaphaghna in nature. **Methods:** The study design selected for the study was a comparative clinical study. The sample size for the study was 30 patients suffering from classical Lakshanas of Vata Kaphaja Gridhrasi

as per the selection criteria. Vasthi Karma was done in 15 patients in two groups, Group A with Madhutailika Vasthi and Group B with Gudatailika Vasthi. The assessment of the results was done on the basis of readings of Subjective parameters like Sthambha, Ruk, Toda, Spandana, Tandra, Gourava, Arochaka and Objective Parameters like Sakthi Utkshepa

Nigraha, ODI, SBI, SFI before the treatment, after treatment and after follow up. **Results:** In Group A (Madhutilika Vasthi), The Subjective parameters Sthambha, Ruk, Toda, Spandana, Tandra, Gourava and Objective Parameters ODI, SBI, SFI had shown statistically highly significant as P value was < 0.001 and Subjective parameter Arochaka and Objective Parameter SLR shown non-significant as P value was > 0.001 . In Group B (Gudutilika Vasthi), The Subjective parameters Sthambha, Toda, Gourava and Objective Parameters ODI, SBI, SFI had shown statistically highly significant as P value was < 0.001 and Subjective parameters Ruk, Spandana, Tandra, Arochaka and Objective Parameter SLR shown non-significant as P value was > 0.001 . **Conclusion:** Both procedures showed highly significant result in reducing the symptoms. Comparatively Madhutilika Vasthi showed more effective than Gudutilika Vasthi.

KEYWORDS: Vata Kaphaja Gridhrasi, Sciatica, Anuvasana Vasthi, Murchitha Tila Taila, Niruha Vasthi, Madhutilika Vasthi, Gudutilika Vasthi.

INTRODUCTION

Ayurveda has explained 80 Vataja Nanatmaja Vikara, among which Acharya have mentioned Gridhrasi^[1], in which the pain starts from Sphik Pradesha and radiates downwards to Kati, Prishtha, Uru, Janu, Jangha and Pada associated with Sthambha, Ruk, Toda and Spandana.^[2] Acharya Charaka has mentioned that Gridhrasi is of two types i.e., Vataja and Vata Kaphaja.^[3] The Lakshanas like Tandra, Gaurava and Arochaka are found along with the radiating pain in Vata Kaphaja Gridhrasi.^[4] Acharya Susrutha has described that the aggravated Vata invading the Kandas of Parshinipratyanguli which end up in pain and inability to extend the leg.^[5]

Gridhrasi described in Ayurvedic classics can be compared with the Sciatica. Factors like improper sitting postures in offices, jerky movements in travel and sports leads to the low back pain and sciatica due to the pressure on spine. Sciatica is a syndrome characterized by pain radiating from low back radiates to toes in the lateral aspect of thigh associated with stiffness.

According to Acharya Charaka, Vasthi Karma is one among the treatment modality in the management of Gridhrasi.^[7] Vasthi has been explained by Acharyas as Ardha Chikitsa^[8] with a wide range of action and it is considered as the prime line treatment for Vata Vyadhi.

In classics different types of Vasthi karma with numerous Vasthi Yogas were mentioned. Madhutailika Vasthi is a type of Yapanasana Vasthi which is indicated in Gridhrasi.^[9] Sri. Ugraditya Acharya, in Kalyanakaraka mentioned Gudatailika Vasthi^[10], which contains same ingredients of Madhutailika Vasthi except Madhu and instead of Madhu, Guda is used.

AIM

The present study was taken up with the aim of evaluating and comparing the effectiveness of Madhutailika Vasthi and Gudatailika Vasthi in Vata Kaphaja Gridhrasi w.s.r Sciatica.

OBJECTIVE

Vasthi is mentioned as Chikitsa Sutra in Gridhrasi by Acharya Charaka. In this regard the study was carried out with the following objectives:

1. To study the efficacy of Madhutailika Vasthi and Gudatailika Vasthi in Vata Kaphaja Gridhrasi w.s.r Sciatica.
2. To compare the efficacy of Madhutailika Vasthi and Gudatailika Vasthi in Vata Kaphaja Gridhrasi w.s.r Sciatica.

MATERIALS AND METHODOLOGY

Sources of data

Patients were selected from O.P.D and I.P.D of K.V.G. Ayurveda Medical College and Hospital, Ambate Adka, Kurunjibag, Sullia, D.K – Karnataka and mobile health camps conducted by K.V.G. Ayurveda Medical College and Hospital in and around Sullia.

Method of collecting data: 30 patients of Vata Kaphaja Gridhrasi admitted in IPD were selected for the study.

Inclusion criteria

1. Patients between the age of 20 and 70 years.
2. Patients with classical symptoms of Gridhrasi.
3. Patients who are Vasthi Yogya's.
4. No discrimination of sex and chronicity.

Exclusion criteria

1. Patients above 70 years and below 20 years were excluded.
2. Patients with the history of fracture and displacement of spine and affected lower limb.
3. Pregnant and lactating women were excluded.

4. Associated with any other systemic disorders were excluded.
5. Patients undertaking chemotherapy were excluded.
6. Vasthi Ayogyas.

Diagnostic criteria

Diagnosis was established by Cardinal signs and symptoms of Vata Kaphaja Gridhrasi that are mentioned in classical such as:

- ☐ Sthambha, Ruk and Toda over the Sphik, Kati, Prisht, Uru, Janu, Jangha, Pada pradesha.
- ☐ Spandana
- ☐ Sakthi – Utkshepa – Nigraha
- ☐ Tandra
- ☐ Gourava
- ☐ Arochaka

Diagnosis by Signs and symptoms of Sciatica such as:

- ☐ Shooting pain radiates from Lumbar spine to one or both lower limbs.
- ☐ Pain, heaviness and Numbness along the path of Sciatic nerve.

Materials used for Vasthi Karma

To administer Niruha Vasthi

- ☐ Polythene bag as Putaka
- ☐ Vasthi Netra
- ☐ Gloves
- ☐ Cotton swab
- ☐ Bowl
- ☐ Gas stove.

To administer Anuvasana Vasthi

- ☐ Disposable syringe
- ☐ Gloves
- ☐ Cotton swab
- ☐ Bowl
- ☐ Gas stove.

PROCEDURE

Purvakarma

Method of preparation and mixing of Niruha Vasthi

Madhutailika Vasthi ingredients

Madhu: 204ml

Lavana: 12gm

Murchitha Tila Taila: 204ml

Satapushpa Kalka: 24gm

Kwatha: 420ml

Gudatailika Vasthi ingredients

Guda: 204mg

Lavana: 12gm

Murchitha Tila Taila: 204ml

Satapushpa Kalka: 24gm

Kwatha: 420ml

210gms of Kwatha choorna was boiled in 3360 ml of water over mild fire. Boiling was continued till the Kashaya reduced to 420 ml. The obtained Kashaya was filtered and collected.

Murchitha Tila Taila preparation

Method of Preparation- For the Murchana of 204 ml of Tila Taila, 1/16th part (12.75 gms) of Manjishta, 1/64th part (3 gms) of Haritaki, Vibhitaki, Amalaki, Musta, Haridra, Lodhra, Vatankura, Hribra, Nalika, Ketakipushpa, 1 part (204 ml) of Tila Taila and 4 parts (816 ml) of Jala was taken and done Paka in Mandagni and stirred continuously till Samyak Sneha Paka Lakshanas like Phenodhgama, Angulya Vimardhitha, Sabdhaheena Agninikshiptha were obtained.

Preparation of Patient

The procedure was explained in brief to the patient. For Niruha Vasthi, Patients were advised not to take any food items and when not very hungry and after elimination of stool and urine. For Anuvasana vasthi, the patients were instructed to take light diet (neither Ati Snigdha nor Ati Ruksha) and pass urges of stool and urine. Patients were also advised not to take diet more than 3/4th of the quantity.

Abhyanga-Sarvanga Abhyanga with Murchitha Tila Taila.

Swedana-Nadi Sweda was carried out.

Pradhana Karma

After the Purvakarma the patient was advised to lie down on left lateral position without pillow on the Droni with left lower extremity straight and right lower extremity flexed at knee and hip joint. The patient was asked to keep the left hand below the head. Anal region was anointed with small quantity of Murchitha Tila Taila.

On the day of Anuvasana

216 ml of Murchitha Tila Taila was made Sukhoshna by keeping over hot water, temperature was noted and it was taken in an Anuvasana Vasthi Yantra. Anal orifice and tip of syringe were anointed with Sukhoshna Murchitha Tila Taila. After removing the air from enema syringe, nozzle was inserted into the anus of the patient.

The patient was asked to take deep breath and not to shake the body while introducing the drug. The entry of air inside Gudha was avoided by leaving little amount of Taila in Vasthi syringe.

On the day of Niruha Vasthi

864ml of prepared Vasthi Dravya was made Sukhoshna, temperature was noted and was filled in Vasthi Putaka, then Sukhoshna Murchitha Tila Taila was applied in the anal region and on the Vasthi Netra. The cotton piece on the Vasthi Netra was removed followed by the air inside the Vasthi Putaka.

The thumb was kept on the Netra till it was introduced into the Guda. Then the Vasthi Netra was gradually introduced in the parallel direction to that of the vertebral column up to 1/4th part of the Netra fixes over the anus.

The Vasthi Putaka was hold in the left hand and the Putaka was pressed gradually with the constant pressure neither too fast nor too slow without tremoring with the right hand, and the Vasthi Dravya was pushed into the rectum. The entry of air inside Gudha was avoided by leaving little amount of Vasthi Dravya in Vasthi Putaka. Then the Netra was gradually withdrawn.

Paschat Karma

After administration of Vasthi, the patient was advised to lie in supine position with hands and legs freely spread over the table.

- **After Anuvasana Vasthi** – both legs were raised and slightly flexed in knee joint few times and gently tapped over the hips. Then the patient was asked to take rest and also not to sleep. Vasthi Pratyagamana Kala was noted in each case.
- **After Niruha Vasthi** - Patient advised to wait for the Vega. Vasthi Pratyagamana Kala was noted.

POSOLOGY

Madhutailika Vasthi - 9 Prasrutha = 864 ml

Gudatailika Vasthi - 9 Prasrutha = 864 ml

Anuvasana Vasthi with Murchitha Tila Taila - 2 Prasrutha 2 Karsha = 216 ml

STUDY DURATION AND FOLLOW UP

- Vasthi - 8 days
- Follow up - 16 days
- Total study duration - 24 days

Assessment criteria

Assessment of the condition was done based on detail proforma and was analysed statistically. The assessment of effect of treatment was done on the basis of clinical changes observed in patients. The parameters have been divided into subjective criteria and objective criteria for assessment.

Subjective Parameter**Sthambha**

Sthambha was assessed by considering the movements of Lumbar spine. The Standard Goniometer, consisting of two hinged rulers rotating on a protractor was used for measuring ROM of the spine.

A numerical Value was given for assessment of results:

Table no. 1: showing Grading of Sthambha.

Sthambha	No stiffness	0
	With up to 25% impairment in the range of movements of joints, patient can perform daily routine work without any difficulty.	1
	With up to 25%-50% impairment in the range of movements of joints, patient has moderate to severe difficulty in performing daily routine.	2
	With up to 50%-75% impairment in the range of movements of joints, patient has moderate to severe difficulty in performing daily routine.	3
	>75% impairment in the range of movements of joints, patient totally unable to performing daily routine.	4

Ruk (Continuous pain)

Ruk was assessed using Visual analogue scale, VAS is a validated subjective measure for acute and chronic pain. Scores are recorded by making a handwritten mark on a 10 cm line that represents a continuum between no pain and worst pain.

Visual analogue scale (VAS)**Table No. 2: showing grading of VAS.**

Ruk	No pain	0
	Mild (1-3)	1
	Moderate (4-6)	2
	Severe (7-10)	3

Toda (Pricking pain)

Toda means 'VichhinnamShoola' which refers to intermittent pain that feels like a pin prick is graded and a numerical value was given for assessment of results. The grading was recorded on 1st days, before starting the treatment. The changes were observed and recorded on 8th day and 24th day.

- ☐ Grade 0 - Absent
- ☐ Grade 1 - Mild pricking pain, occasionally in a day.
- ☐ Grade 2 – Moderate pricking pain, after movement, daily persistent.
- ☐ Grade 3 – Severe pricking pain, persistent.

Spandana

Spandana means 'EshatKampanam' refers to fasciculation at the affected region, is graded and a numerical value is given for assessment of results. The grading was recorded on 1st day, 8th day and on 24th day.

- ☐ Grade 0 – Absent
- ☐ Grade 1 – Mild twitching pain, occasionally in a day

- ☐ Grade 2 – Moderate twitching pain, after movement, daily persistent
- ☐ Grade 3 – Severe twitching pain, persistent

Tandra

Tandra means excessive sleepiness, in cogitation of sensory organs, heaviness in the body, yawning, and laziness. This is graded and a numerical value is given for assessment of results.

The grading was recorded on 1st day, 8th day and on 24th day.

Absent 0

Present 1

Gourava

Gourava means Heaviness in the affected region and is graded and a numerical value is given for assessment of results. The grading was recorded on 1st day, 8th day and on 24th day.

Absent 0

Present 1

Arochaka

Arochaka means when the food taken in mouth does not give any taste and is graded and a numerical value is given for assessment of results. The grading was recorded on 1st day, 8th day and on 24th day.

Absent 0

Present 1

OBJECTIVE PARAMETERS

Sakthi utkshepa Nigraha (SLR Test)

Patient was asked to lie down on supine position, and one leg was raised by keeping the knee straight. Each leg was raised separately until pain occurred. The angle between the bed and the leg was recorded and appropriate grading was done.

- ☐ Grade 0 – (0-30%)
- ☐ Grade 1 – (30%-70%)
- ☐ Grade 2 – (>70%)

Oswestry disability index

Oswestry disability index is an extremely important tool to measure patient's permanent functional disability. By choosing best answer for the questions that describes the pain and

limitation. It is a self-administered questionnaire divided into 10 sections designed to assess limitations of various activities of daily living. Each section is scored on a 0-5 scale, 5 representing the greatest disability. The index was calculated by dividing the summed score by the total possible score, which was then multiplied by 100 and expressed as a percentage.

Adding up the points for each section and calculated the level of disability according to the formula. $\text{Point total} / 50 * 100 = \% \text{ of disability}$.

SBI- Sciatica Bothersomeness index

The introduction of the Sciatica Bothersomeness Index (SBI) provides an opportunity to investigate patient perceptions of these symptoms using a standardized methodology. The index includes self-reported ratings of symptom intensity of (1) leg pain, (2) numbness or tingling in the leg, foot or groin, (3) weakness in the leg/foot, and (4) back or leg pain while sitting. A composite score can be calculated by summing up the ratings across the four symptom scales.

SFI – Sciatica Frequency Index

The Sciatica Frequency Index is a questionnaire in which patients rate the frequency of the SBI items. The patient is asked to grade the symptoms on the scale of 1-6. Total score is calculated by adding up the grades of each symptom.

OBSERVATION

In this clinical study, 30 patients suffering from Gridhrasi fulfilling the inclusion criteria were studied by dividing into two groups – Group A and Group B, 15 patients in Group A (Madhutailika Vasthi) while 15 patients in Group B (Gudutailika Vasthi). Maximum patients were in age group of 61- 70 years and maximum patients were Active. Assessment was done based on the subjective and objective parameters and also Samyak Yoga, Ayoga and Atiyoga Lakshana of Vasthi Karma. No Ayoga and Atiyoga were observed in any patients. In Group A & Group B: Out of 30 Patients, 25 Patients showed moderate improvement in both groups, 3 Patients showed marked improvements in Group A and 2 Patients showed mild improvements in Group B.

RESULTS AND DISCUSSION

To compare the effectiveness of the treatment procedure, the statistical analyses was done by using “un- paired t test” by assuming that the mean effect of treatment procedures was same

in both the groups. Parameters such as Sthambha, Toda, Gourava, ODI, SBI and SFI showed highly significant in both groups as $P < 0.001$. The Parameters like Ruk, Spandana and Tandra showed significant in Group A rather than Group B.

EFFECT OF THERAPY ON ALL PARAMETERS IN GROUP A

Table No. 3: showing Individual study of the Group A.

GROUP A (MADHUTAILIKA VASTHI)								
Parameter	BT	FU	Net Mean	SD	SE	t value	p value	Remarks
Sthambha	0.93	0.4	0.53	0.63	0.16	3.36	<0.001	HS
Ruk	4.2	1.86	2.34	2.29	1.73	4.738	<0.001	HS
Toda	1.33	0.53	0.8	0.83	0.21	3.320	<0.001	HS
Spandana	2.06	0.93	1.33	0.98	0.25	8.352	<0.001	HS
Tandra	0.33	0.06	0.87	0.25	0.06	3.870	<0.001	HS
Gourava	0.46	0.13	0.33	0.50	0.13	3.065	<0.001	HS
Arochaka	0.26	0.13	0.13	0.35	0.09	0.894	>0.001	NS
Sakthi utkshepa Nigraha	0.4	0.33	0.07	0.48	0.12	0.3669	>0.001	NS
ODI	3.53	2.13	1.4	0.35	0.09	8.677	<0.001	HS
SBI	2.8	1.26	1.54	0.45	0.11	9.621	<0.001	HS
SFI	2.73	1.2	1.53	0.41	0.10	8.205	<0.001	HS

EFFECT OF THERAPY ON ALL PARAMETERS IN GROUP A

Table No. 4: showing Individual study of the Group B.

GROUP B (GUDATAILIKA VASTHI)								
Parameter	BT	FU	Net Mean	SD	SE	t value	p value	Remarks
Sthambha	1.33	0.73	0.6	0.30	0.24	3.278	<0.001	HS
Ruk	3	1.4	1.6	2.16	0.55	1.261	>0.001	NS
Toda	1.26	0.73	0.53	0.88	0.22	3.924	<0.001	HS
Spandana	1.2	0.6	0.6	0.73	0.19	1.491	>0.001	NS
Tandra	0.26	0.2	0.06	0.41	0.10	0.418	>0.001	NS
Gourava	0.8	0.4	0.4	0.35	0.09	3.932	<0.001	HS
Arochaka	0.06	0.06	0	0.25	0.06	0	>0.001	NS
Sakthi utkshepa Nigraha	0.66	0.6	0.06	0.49	0.12	0.366	>0.001	NS
ODI	3.33	2.2	1.13	0.41	0.10	6.859	<0.001	HS
SBI	3.13	1.8	1.33	0.56	0.14	5.547	<0.001	HS
SFI	2.73	1.66	1.07	0.48	0.12	5.376	<0.001	HS

In **Group A**, all the Parameters showed highly significant except Arochaka and Sakthi Utkshepa Nigraha and In **Group B**, the Parameters Sthambha, Toda, Gourava, ODI, SBI and SFI showed highly significant and the Parameters Ruk, Spandana, Tandra, Arochaka and Sakthi Utkshepa Nigraha showed non-significant. On assessing the overall effect of the treatment in Vata Kaphaja Gridhrasi showed that the treatment was statistically significant in

Group A when compared to Group B. In Group A overall result was 52.76% and Group B overall result was 41.26%.

DISCUSSION

Acharya Charaka has mentioned that Gridhrasi has two types i.e., Vataja and Vata Kaphaja and also described about its Lakshanas like Ruk, Toda and Sthambha initially in Sphik and then radiating distally to Kati Prishtha, Janu, Jangha, till Pada regions. Acharya Sushruta has described that the aggravated Vata invading the Kandas of Parshnipratyanguli which end up in pain and inability to extend the leg.

Vasthi is considered as the best line of treatment for Vata Vyadhi and called as Ardha Chikitsa or Purna Chikitsa. Acharyas has indicated it as a treatment for Gridhrasi. Madhutailika Vasthi is a type of Yapana Vasthi where Madhu and Murchitha Tila Taila are taken equal quantity along with Erandamoola Kwatha, Satapushpa Kalka and Saindhava. According to Kalyanakaraka, in Gudutailika Vasthi instead of Madhu, Guda is taken with equal quantity of Murchitha Tila Taila along with the same ingredients of Madhutailika Vasthi except Chitrabeeja Kwatha.

In this clinical study maximum patients were between 61 - 70 years, it explains that Vata Vyadhi common in old age because predominance of Vata Dosha according to classics.

It is explained in Nidana that Ativyayama, Vikruta cheshta can cause manifestation of Gridhrasi, in this study as maximum Patients have a nature of working as prolonged standing and active, it can evidence that this disease is triggered by excessive physical activity.

PROBABLE MODE OF ACTION

Probable Mode of action of Vasthi

Vasthi conquers the vitiated Vata in its Prakruta Sthana by which Vata dwelling in other parts of the body is automatically conquered. It also aids in accomplishing the task of Sroto Shodhana. It scavenges the Doshas and Malas from the body and purifies the channels. Sthambha, Ruk, Toda, Spandana are the cardinal symptoms of Gridhrasi, which are produced by Vayu. Vasthi by mitigating Vata relieves the symptoms. The Deepana, Pachana and Kapha nashana Karma of Vasthi reduces the Vata Kaphaja symptoms like Tandra, Gaurava, Arochaka.

Probable Mode of action of Anuvasana Vasthi with Murchitha Tila Taila

By Deepana Pachana properties of Haridra, Musta, Suchi Pushpa, Yavani, Bilwa, Kushta, Vacha, Pippali etc., Agni gets corrected and Dhathukshaya is reversed. By the Kaphahara properties of the drugs, the Margavarana of Vata gets relieved. Also, by the Vatahara properties of the drugs used in the Vasthi, the Swasthana Prakopa and Vaigunya of Vata can be controlled thus curing the disease.

Sneha Dravya (Murchitha Tila Taila) is having Snigdha, Ushna, Teekshna Gunas. Gridhrasi is Shoola Pradhana Vata Vyadhi and Vata hara properties of Taila helped in getting a good result. Sneha given at Gudha, reaches the whole body and nourishes all Dhatus.

Anuvasana Vasthi given at Gudha which is considered the Moola of the body gives strength to Kati, Prishtha, Pada etc. Thus, nourishes and replenishes all the Dhatus, there by compacting Dhathukshaya.

Probable Mode of action of Madhutailika Vasthi

This is a type of Yapana Vasthi, most of the contents of the Madhutailika Vasthi are Vata Kaphaghna in nature. Madhu is Yogavahi in nature due to which it spreads to Sukshma Srotas and increases potency of Vasthi. Madhu have Rooksha, Sukshma Gunas joined with the Vasthi Dravyas and made it more potent. Madhu scrapes out the Doshas which are producing Upalepa in the Srotas by Lekhana karma.

Saindhava Lavana having Laghu, Snigdha, Teekshna Vyavayi Guna reaches micro channels and causes liquefaction of dosha and helps to eliminate the Doshas outside and destroys the Avarodha.

Murchitha Tila Taila is Snigdha, Madhura, Ushna and Teekshna in nature. It reduces Laghu and Ruksha properties of Vata.

Satapushpa with Katu, Ushna, Teekshna, Laghu, Ruksha and Vata Kapha hara Properties acts as Agni Dipana and Sroto Shodhana.

Erandamoola is Vata Kaphaghna in nature.

Probable Mode of action of Gudatailika Vasthi

According to Kalyanakaraka, in Gudatailika Vasthi instead of Madhu, Guda is taken with equal quantity of Taila along with same ingredients of Madhutailika Vasthi which are all Vata Kapha hara in nature.

Purana Guda is Vata Pittahara, Tridoshagna and Purana Guda with Saindhava makes a homogenous mixture, to form a solution having properties to permeable the water easily. It also helps in carrying the drug into the micro-cellular level.

Chitrabeeja is the synonym of Erandabeeja and it is Vata Kaphaghna, Anilapaha, Shoolahara, Deepana in nature. Erandabeeja also used for the purgation (milk boiled with Trivrit and Erandabeeja).

CONCLUSION

Gridhrasi has its Lakshanas Stambha, Ruk, Toda initially in Sphik and then radiating distally to Kati Prishtha, Uru, Janu, Jangha, till Pada regions. Madhutailika Vasthi and Gudatailika Vasthi were administered in the present study. Gudatailika Vasthi has same ingredients of Madhutailika Vasthi except Madhu and instead of Madhu, Guda is used. Madhutailika Vasthi and Gudatailika Vasthi was done in Yoga Vasthi pattern and the patient is assessed from 1st day to 8th day and follow up assessment was done on 24th day. Samyak yoga Lakshanas like Prasrishta Vit, Prasrishta Mootra, Agni Vriddhi, Asaya Laghavam, Roga santhi and Balam were observed from 1st day to 8th day. Over all the Group A is more effective than Group B in all the Parameters. The treatment is more effective on Parameter Sthambha, Ruk, Toda, Spandana, Tandra, Gourava, ODI, SBI and SFI compare to other Parameters. Out of 30 Patients, 25 Patients showed moderate improvement in both groups, 3 Patients showed marked improvements in Group A and 2 Patients showed mild improvements in Group B. Overall effect of therapy was Aamsika Samana (Moderate improvement).

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