

**A COMPARATIVE STUDY OF AGNI KARMA BY TAMRA AND
PANCHADHATU SHALAKAS IN THE MANAGEMENT OF GRIDHRASI
ROGA WITH WSR TO SCIATICA**

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Need of Study

- It is the most common cause of disability in patients.
- Prevalence of Sciatica ranges from 11% to 40%.
- The annual societal cost of Sciatica in the United States is estimated to between \$20 and \$50 billion.
- The Allopathic treatment of Sciatica is not very satisfactory and includes use of Analgesics, Corticosteroids and few surgical Procedures, which is often associated with many adverse effects.
- The line of treatment that can be given at O.P.D. level, very easy to administer and be very effective without any side effect, is yet to be established.

INTRODUCTION

About GRIDHRASI

General Considerations

It is one of the 80 *Vata Nanatmaj Vyadhies*.

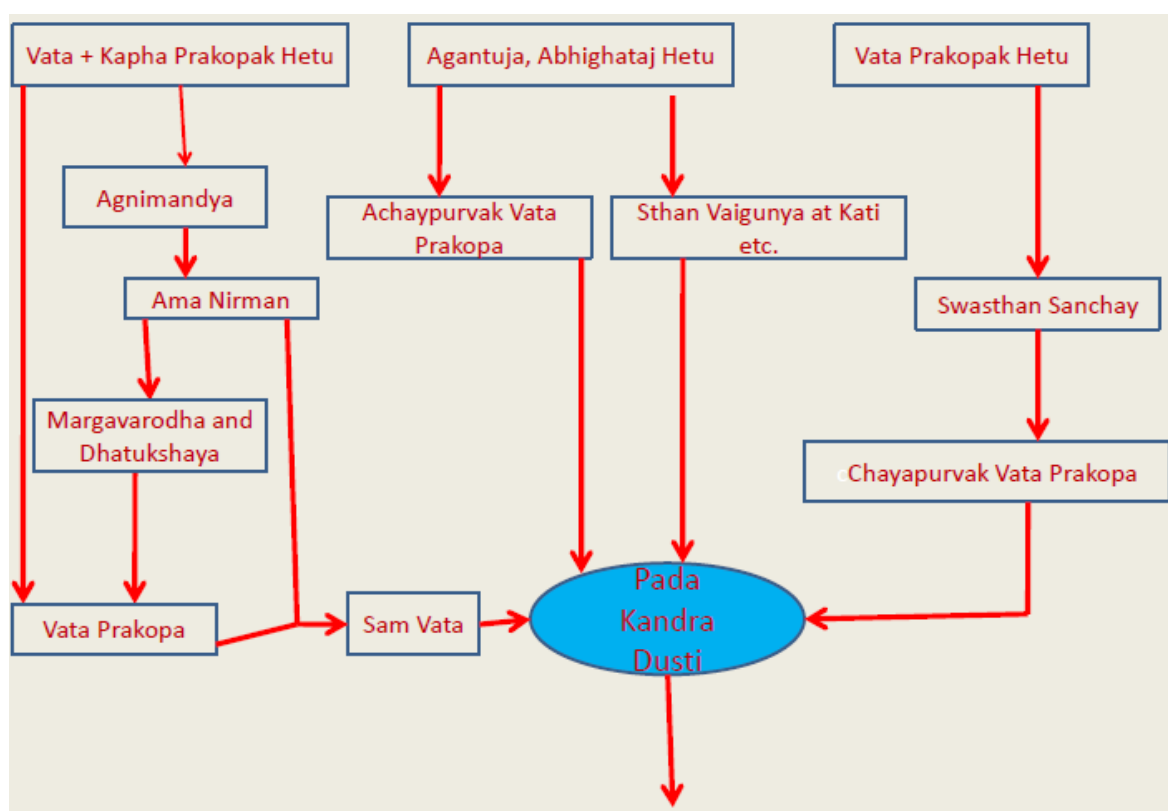
- It is a *Shoola pradhan vyadhi*.

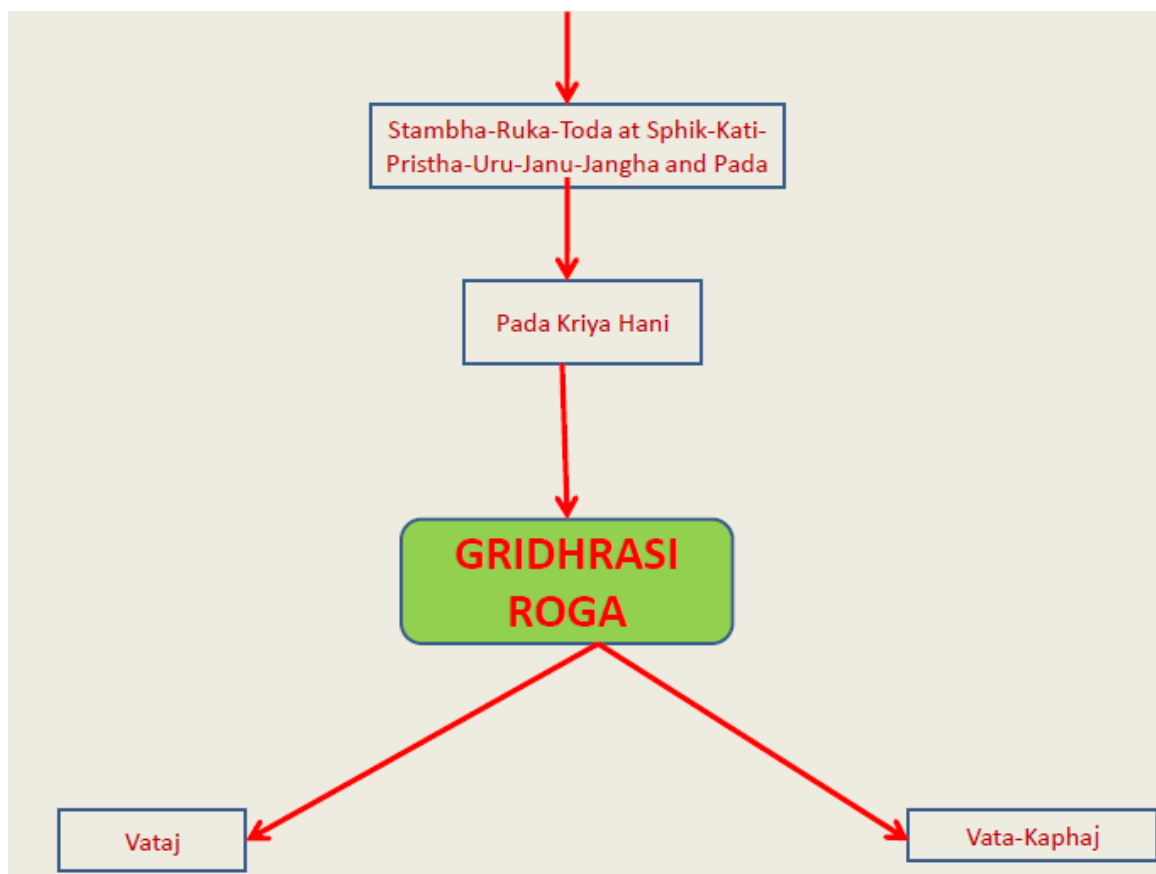
- It has following cardinal features :-
- *Ruka(Pain)-Toda(Pricking Sensation)-Stambha(Stiffness) Muhurspandan* in the Sphika – Kati – Uru – Janu – Jangha
- Pada in order
- *Sakthikshepan – Nigrah* i.e.restricted lifting of lower limb
- **Nidana**
 - ☐ Not Specific (All the Nidanas of *Vata Vyadhies*)
- **Purva Rupa**
 - ☐ Avyakta Rupa
- **Bheda**
 - ☐ *Vataj*
 - ☐ *Vata-Kaphaj*
- **RUPA**
 - ❖ **Samanya**
 - *SphikaPurva Kati,prstha Uru, Janu, Jangha, Pada Kramat Vedana*
 - *Toda*
 - *Stambha*
 - *Muhurspandana*
 - *Sakthiutkshepanigrah*
 - *JanuMadhya Vedana*
 - *Kati Madhya Vedana*
 - *Uru Madhya Vedana*
 - ❖ **Vishista**
 - **Vataj**
 - ☐ **Dehasyappravakrta**
 - ☐ **Janusandhisapurana**
 - ☐ **Urusandhisapurana**
 - ☐ **Katisandhisapurana**
 - ☐ **Janghaspurana**
 - ☐ **Suptata**

➤ *Vata-Kaphaj*

- ☐ Tandra
- ☐ Gaurava
- ☐ Arochak
- ☐ Vahani Mardava
- ☐ Mukhapraseka
- ☐ Bhaktadwasha
- ☐ Staimitya

SAMPRAPTI





• SAMPRAPTI GHATAK

- ☐ *Dosha* - Vata(especially Vyana and Apana), Kapha
- ☐ *Dushya* - Rakta, Mamsa, Meda, Asthi, Majja, Sira, Kandara, Snayu
- ☐ *Srotasa* - Raktavaha, Mamsavaha, Medovaha, Asthivaha, Majjavaha
- ☐ *Srotodushti Prakara* - Sanga, Vimarg- Gaman
- ☐ *Agni* - Jatharagni and Dhatwagni
- ☐ *Ama* - Jatharagnijanya and Dhatwagnijanya
- ☐ *Udbhavasthana* – Pakwashaya
- ☐ *Sanchara Sthana* – Kandra
- ☐ *Adhisthana* - Kandas of Parsani and Pratyanguli and Sphika, Kati, Uru, Janu, Jangha, Pada.

• CHIKITSA SIDDHANT

- ☐ *Snehana*
- ☐ *Swedana*
- ☐ *Vamana*
- ☐ *Virechana*

- ❑ *Niruha Basti*
- ❑ *Anuvasana Basti*
- ❑ *Siravedha*
- ❑ *Raktamokshana*
- ❑ *Agnikarma*
- ❑ *Shastrakarma.*

About Sciatica

- *Gridhrasi*, according to its sign and symptoms can be compared with Sciatica in modern medical science.

➤ Definition

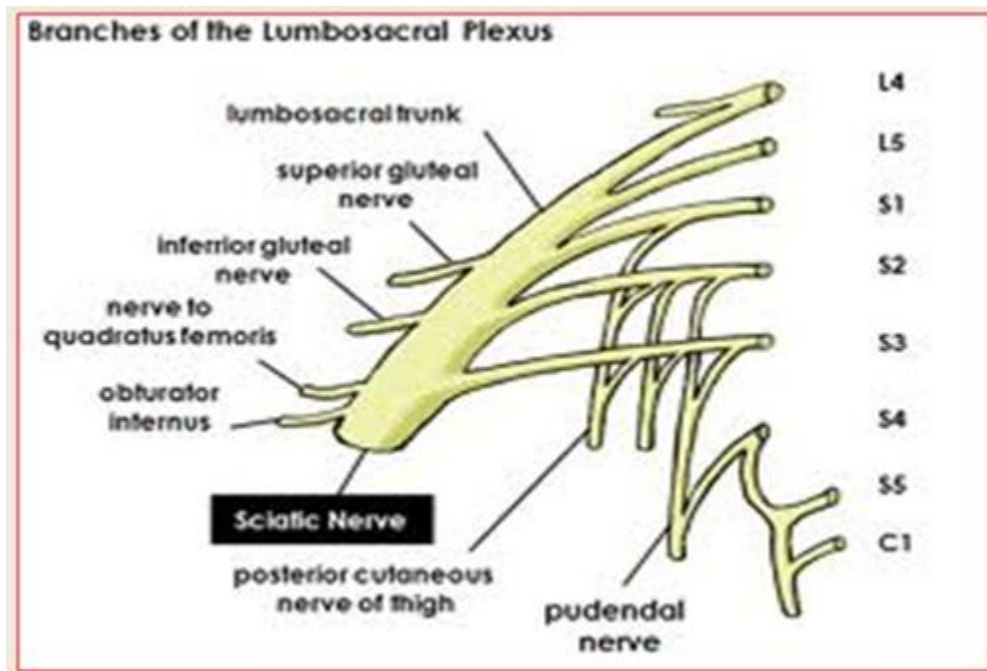
- ❑ Sciatica is the name given to a painful condition, commencing from the buttock and radiates posterior surface of the thigh, outer and posterior surface of the leg and outer side of the foot, more or less comprising of the area of distribution of great sciatic nerve. This affection is often unilateral but may occasionally bilateral also.

(Bed side Medicine)

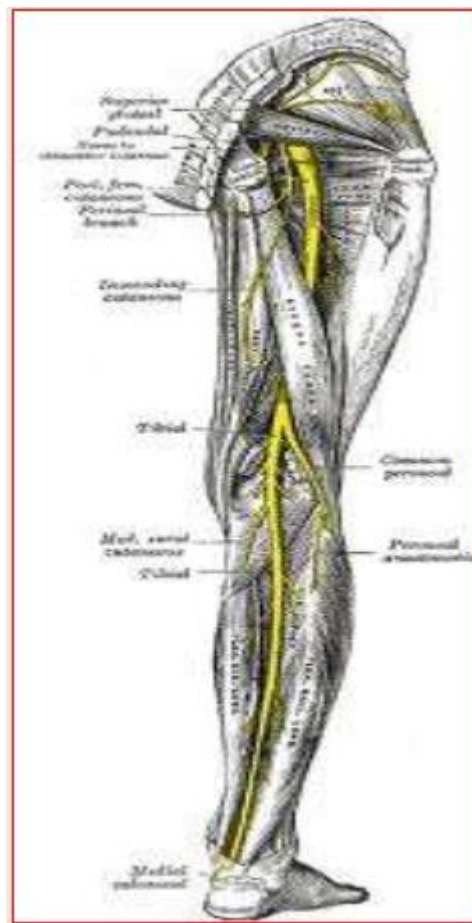
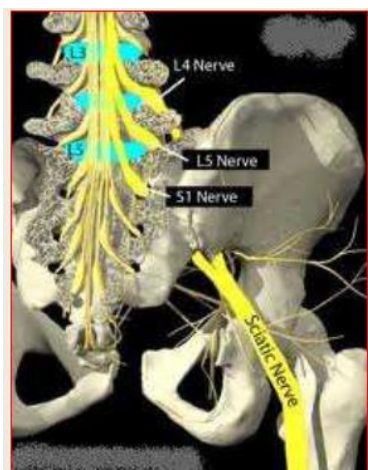
- ❑ Sciatica is a syndrome characterized by pain radiating from the back into the buttock and into the lower extremities along its posterior or lateral aspect and most commonly caused by prolapse of the intervertebral disc, the term is also used to refer to pain anywhere along the course of sciatic nerve.

(Dorland's Medical Dictionary)

- **Root Value of Sciatic Nerve**



Course of Sciatic Nerve



- **Causes of Sciatica**

- **Intraspinal causes**

- ☐ Prolapsed intervertebral disc
- ☐ Arachnoiditis
- ☐ Intraspinal tumor
- ☐ Osteoarthritis
- ☐ Tuberculosis of the lumbar spine
- ☐ Osteomyelitis
- ☐ Developmental narrowing of the lumbar canal.
- ☐ Malformation of lumbar root

- **Pressure or irritation at intervertebral foramina**

- ☐ Osteoarthritis
- ☐ Spondylolisthesis
- ☐ Ankylosing spondylitis

- **Paget's disease.**

- **Pressure or irritation in course of nerve**

- ☐ Inflammation or malignant disease of pelvic viscera
- ☐ Injury to nerve itself
- ☐ Tumor of nerve sheath
- ☐ Peripheral neuritis

- **True sciatic neuritis**

- ☐ Leprosy
- ☐ Polyarteritis nodosa
- ☐ Nerve injury due to injection or trauma
- ☐ Post herpetic neuralgia.

MANAGEMENT

A. CONSERVATIVE

- ☐ **Rest**
- ☐ **Medication**
 - Analgesic
 - Anti-inflammatory

- Muscle Relaxants(occasionally)

☐ Modalities

- Ice
- Heat

Continue.....

☐ Traction

☐ Physiotherapy

☐ Miscellaneous

- Transcutaneous Electrical Nerve Stimulation(TENS)
- Epidural Steroid

➤ SURGICAL

☐ Absolute indication

- The cauda equina syndrome
- Increasing neurological deficit

Continue.....

☐ Relative indication

- Failure of conservative treatment
- Recurrent sciatica
- Significant neurological deficit with significant S.L.R. reduction
- A disc rupture into a stenotic canal
- Recurrent neurological deficit

Clinical Studies

MATERIALS AND METHODS

- Aims and Objectives :- Present research work had been undertaken with following *four* main objectives
- Conceptual and clinical studies on *Gridhrasi* (Sciatica).
 - To evaluate the efficacy of Agni Karma with *Tamra shalaka* in *Gridhrasi* (Sciatica).
 - To evaluate the efficacy of *Agni Karma with Panchdhatu shalaka* in *Gridhrasi* (Sciatica).
 - To compare the relative efficacy of *Agni karma* with *Tamra shalaka* and *Panchdhatu*

shalaka in different groups of patients of *Gridhrasi* (Sciatica).

- Selection of cases
- Patient with classical signs and symptoms of *Gridhrasi* (Sciatica), which were fulfilling the clinical criteria of diagnosis, were randomly selected and registered irrespective of sex, religion, occupation, etc. from OPD and IPD (not medical camps) of *Shalya tantra* department of attached hospital of *Shri Dhantwantri Ayurvedic Medical College And Research centre*, Mathru U.P. the study will be conducted on 50 patients on the basis of criteria of inclusion and exclusion with detailed clinical history and physical examination and other necessary investigations.
- Inclusion Criterias
 - Patients having classical symptomatology of *Gridhrasi* (Sciatica)
 - Patients having Positive SLR test
 - Patients having Positive Lasegue's sign
- Exclusion Criterias
 - Patients below 16 years or above 60 years
 - Patients not willing to be registered for the trial.
 - Known cases of- Uncontrolled Diabetes Mellitus
 - T.B. of spine and hip joint
 - Malignancy of spine or other organs
 - History with spine fracture (trauma)
 - Uncontrolled Hypertension
 - Cardiac diseases
 - Anaemic patients having Hb <8 gm/dl
 - Pregnancy.

Sampling Technique

- **Group A**
 - 25 registered patients will be treated with *Agni karma* by *Panchdhatu shalaka*.
- **Group B**
 - 25 registered patients will be treated with *Agni karma* by *Tamra shalaka*.
- **Duration of Clinical Trial and Follow Up Study**

- 1. Duration of the trial will be 1 months.
- 2. All patients will be followed up once in a week regularly.
- **AGNI KARMA**
- **MATERIALS-** *Panchdhatu shalaka, Tamra shalaka, gas cylinder, burner, Triphala Kwath, pulp of Ghritkumari, turmeric powder, cotton bandage.*
- **METHOD-** The site of *Agni karma* in *Gridharsi*(Sciatica) will be selected as per following reference.
- *Charak Samhita Chikitsa Sthan Vata Vyadhi, 28th Adhaya.-* At the site of *Antra-Kandra-Gulpha*. After placing the patient on *Agni Karma* table the marking of *Agni karma* point will be done with the normal white board marker, at the site of *Antara-Kandra- Gulpha*. The *Panchloha Shalaka* will be heated to red hot over the flame of the gas stove. The staff nurse advised to hold the affected limb in suitable position. Later *Agni karma* will be performed with Red hot *Shalaka* in *Bindu Akriti* marked point in such a way that *Samayak dagdha lakshanas* will be observed.
- **No. of sitting-** 1 per week.
- **Duration** – 1 month
- **Method of Agnikarma procedure**
- **Purva-Karma (Pre-procedural measure) -**
- The therapy room was sterilized and well equipped. Informed written consent was taken. All the required materials like sterilized gauze, butane gas cylinder, *Agnikarma* probe, aloe vera pulp, etc. was arranged. Then the *Ankush mukhi Panchdhatu/Tamra Dhatu Shalaka* (probe) was kept on burner flame till it became red hot. It took around 8 seconds to make the *Agnikarma* probe to become red hot. At that time temperature of the *Agnikarma* probe was approx 220 degree Fahrenheit which was visible on “Temperature controller (Thermocouple)”.
- **Pradhan–Karma (Main Procedure)**
- **Site of Agnikarma** Most tender points on lower back, or thigh, or calf
- **Type of Agnikarma** *Bindu* (dot)
- **Selected Dravya-** *Ankushmukhi Panchdhatu/Tamra Dhatu Shalaka* (Hook shape Agnikarma probe)

- **Paschat-Karma (Post-procedural measures)**
- After one minute the part was dressed with sterile gauze after sprinkling pinch of *Haridra* (turmeric) powder. The patient was allowed to go home after 30 minute observation and advised to apply *Madhu* (honey) and *Ghrita* (Ghee) locally twice daily for one week, and the site of *Agnikarma* to be protected from water for next 24 hours.
- A total of four *Agnikarma* sittings (weekly) were performed under aseptic conditions. The patients were advised to visit hospital O.P.D. for follow up after 15 days for two months.

- **REQUIRED EQUIPMENTS AND INSTRUMENTS**

- The following equipments and instruments were required for *Gridhrasi* management -
- Spot light
- Dressing trolley
- **Spot light**
- This is necessary for proper focusing of the light on affected part during examination and *Agnikarma* procedure.
- **Dressing Trolley**
- This trolley contains following instruments and materials-
- Sterile gloves, sterile gauze pieces.
- Instruments in tray containing Sponge holding forceps, betadine liquid and butane gas cylinder, *Ankush mukhi Panchdhatu/Tamra Dhatu Shalaka* (*Agnikarma* probe), aloe vera pulp.
- *Haridra* (turmeric) powder.

➤ Duration of Clinical Trial and Follow-up Study

- ☐ Duration of clinical trial was one month.
- ☐ All patients were followed up once in a week regularly.

➤ Criterias of Assessment

During trial and follow up study the patients were assessed on following parameters

❖ Subjective Improvement

❖ Objective Improvement

- ☐ Subjective Improvement:- All the patients registered for present trial were looked for any

changes in their growing feeling of well being, if any, produced after the therapy.

- ❑ Objective Improvement:- Following Clinical and Functional aspects were looked into before, during and after completion of the trial.

❑ Clinical Assessment

❖ Features of Gridhrasi Roga according to Ayurvedic Texts

- Toda(Pricking type of pain)
- Sphuran(Flickering Sensation)
- Tandra(Lethargy)
- Stambha(Stiffness)
- Arochak(Tastelessness)
- Agnimandya(Diminished Appetite)
- Praseka(Excessive Salivation)
- Bhaktdwesha(Anorexia).

❑ Features of Sciatica according to Modern Texts

- Pain
- Tingling Sensation
- Numbness
- Burning Sensation
- Weakness of Limbs
- Gait Disturbances
- Walking Distance
- Diminished\Absent ankle jerk
- Diminished\Absent Touch Sensation
- Diminished\Absent Pain Sensation.

❑ Functional Assessment

➤ S.L.R.(Straight Leg Raising) Test

Grades	S.L.R. Test
0	No Pain at 90 degree
1	Pain at 90-71 degree
2	Pain at 70-51 degree
3	Pain at 50-31 degree
4	Pain at 30-0 degree

- For the assessment of abovementioned Clinical and Functional aspects of the Gridhrasi Roga(Sciatica) the following **symptom rating scale**, developed by Prof. A.K. Sharma et.al. had been used :-
- For the assessment of *gravity* of symptoms.

S. No.	Grading of Symptoms		
1.	Absent	-	00%
2.	Mild	+	25%
3.	Moderate	++	50%
4.	Severe	+++	75%
5.	Agonising	++++	100%

for overall assessment of signs and symptoms

S. No.	Grading of Symptoms		
1.	Cured	100%	Cured
2.	Marked improved	75% to <100%	Marked improved
3.	Moderate improved	50% to <75%	Moderate improved
4.	Mild improved	25% to <50%	Mild improved
5.	Unchanged	<25%	Unchanged

❑ Criterias for Diagnosis

Diagnosis of *Gridhrasi* (Sciatica) was done on the basis of following measures

- Clinical Features available in Ayurvedic and Modern Texts.
- With the help of following investigations :-

❖ Hb%, T.L.C., D.L.C., E.S.R.

❖ R.A.Factor

❖ X-ray L-S spine(AP. & Lateral view)

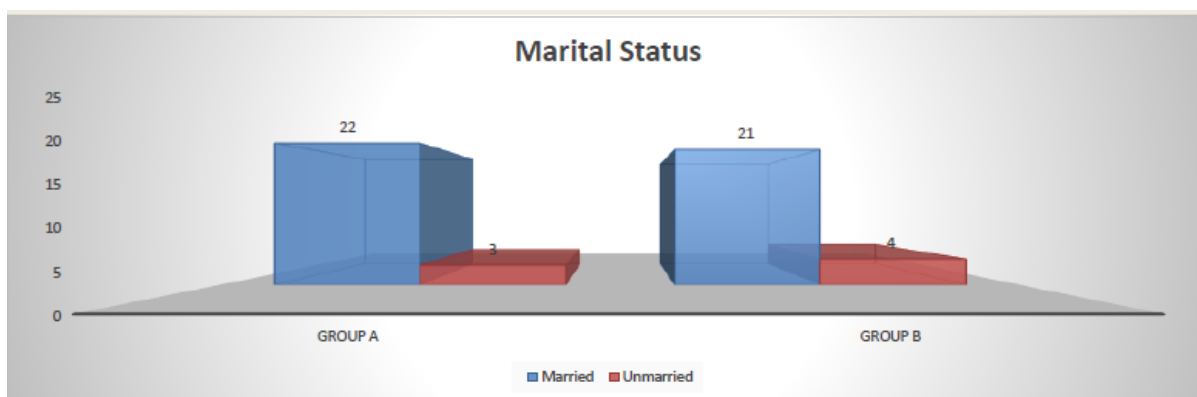
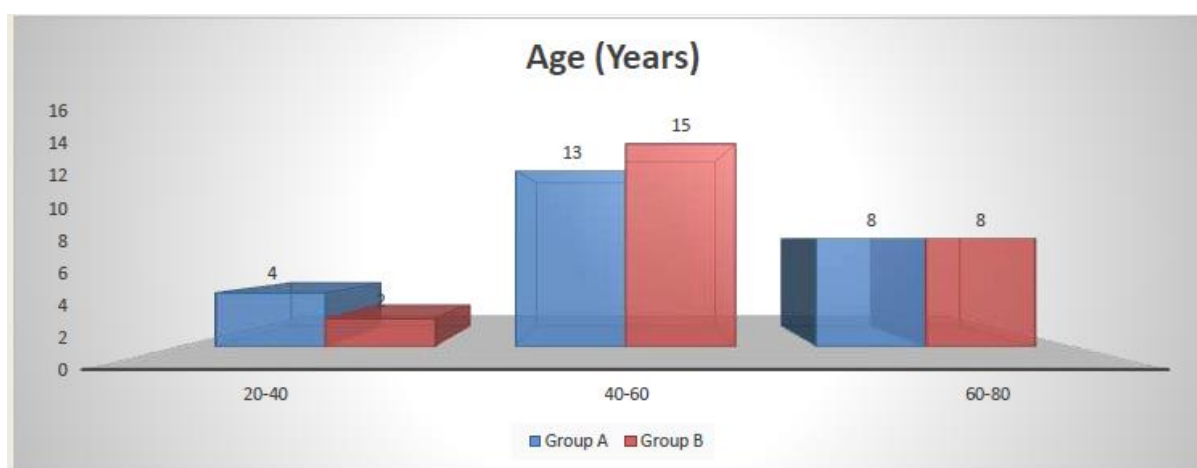
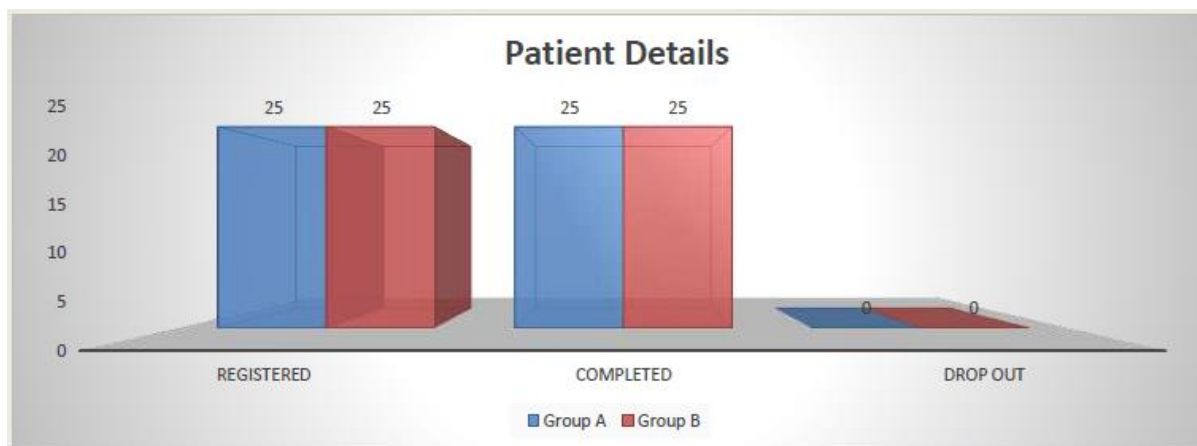
❖ C.T.Scan(optional)

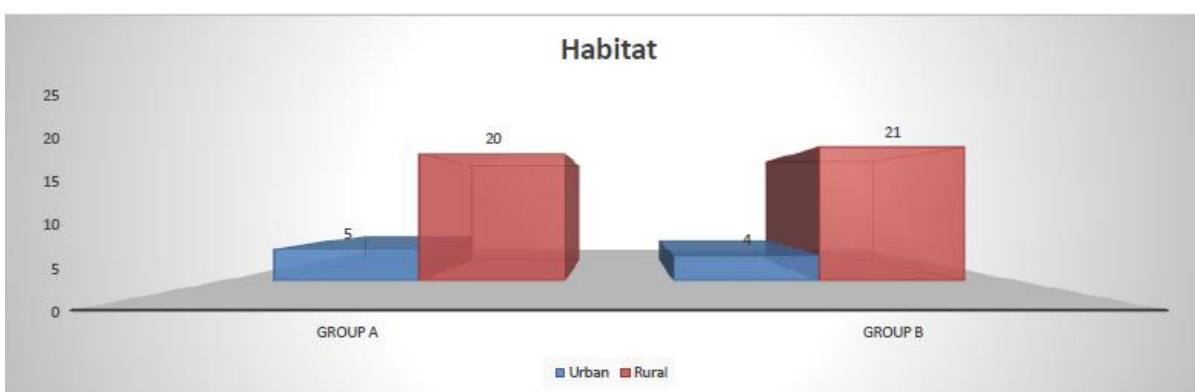
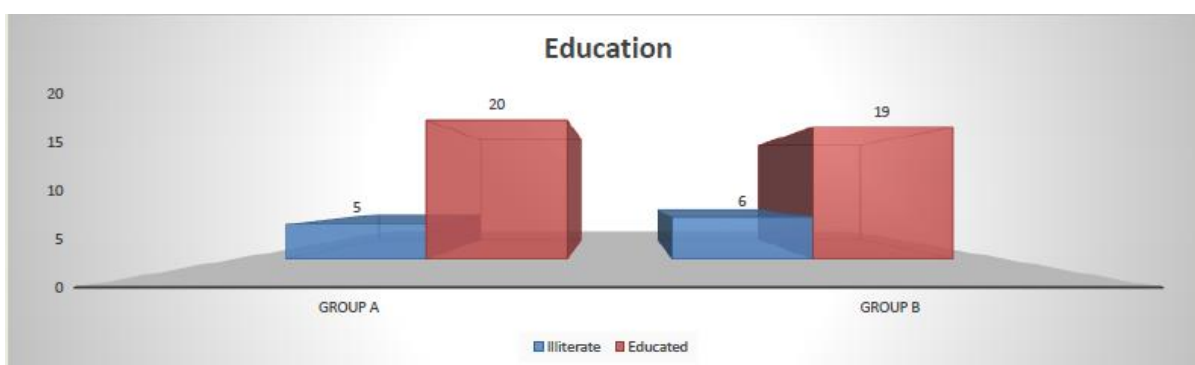
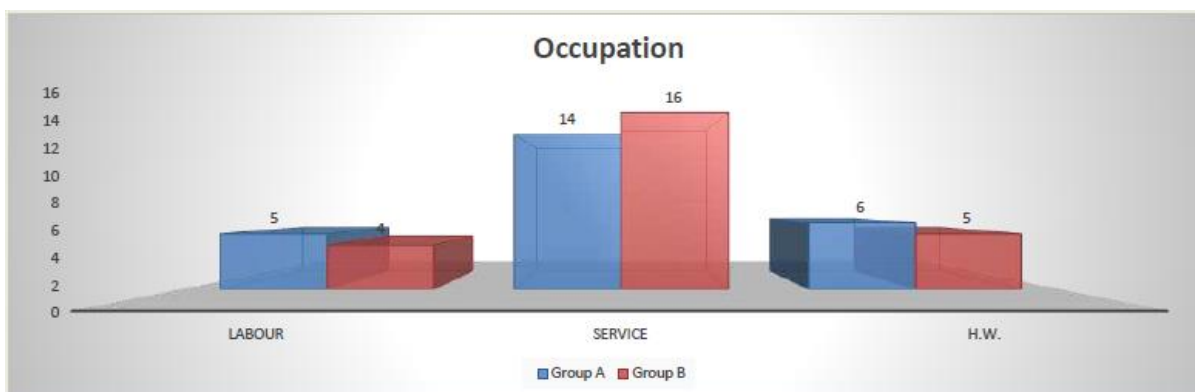
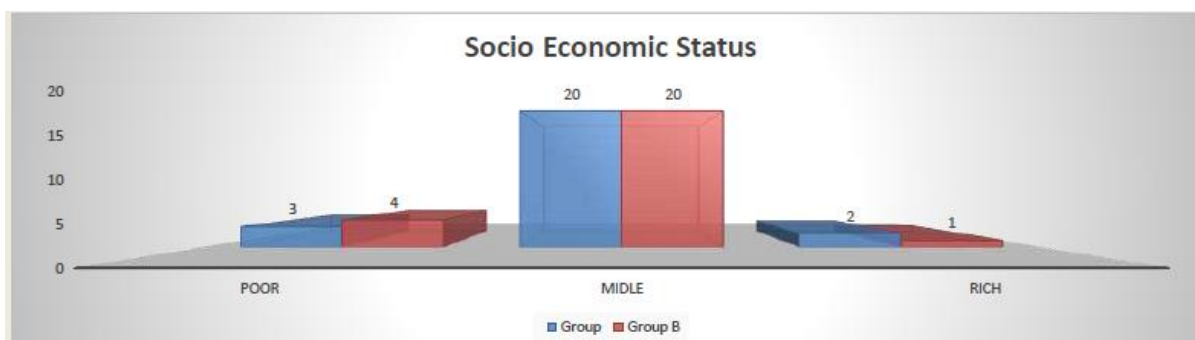
❖ M.R.I.(optional)

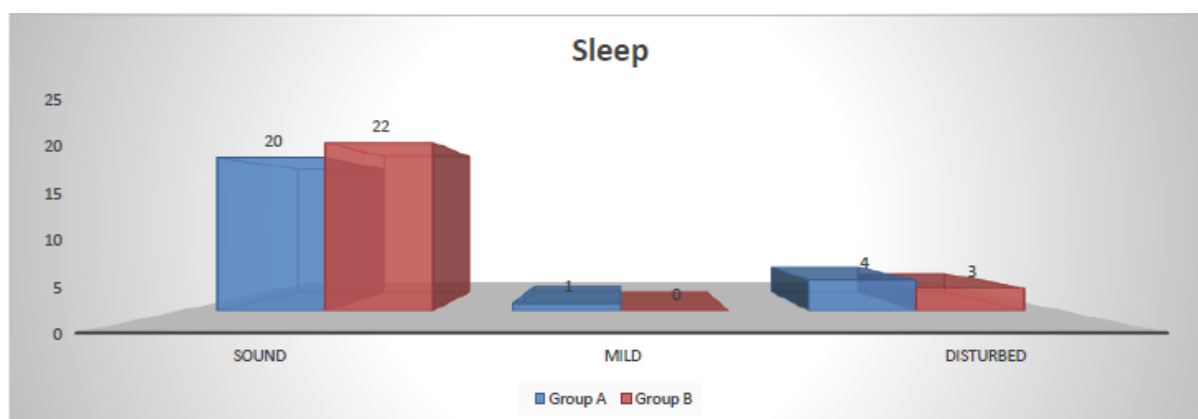
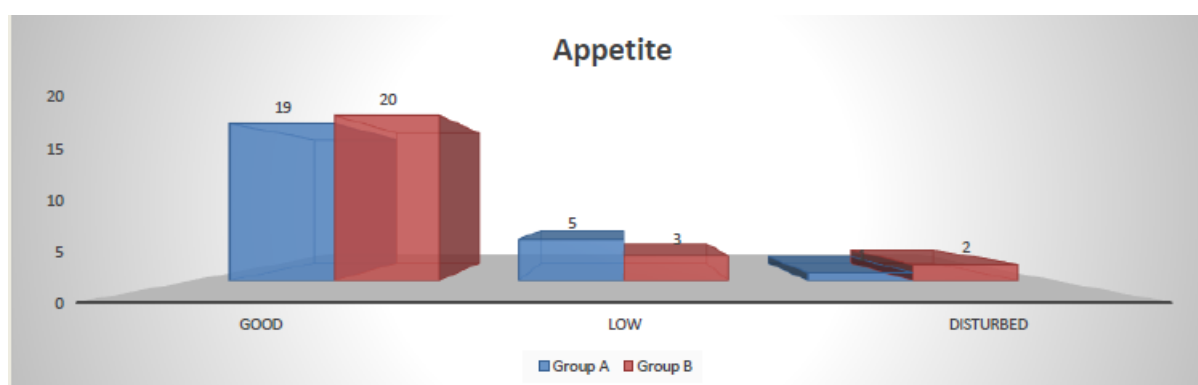
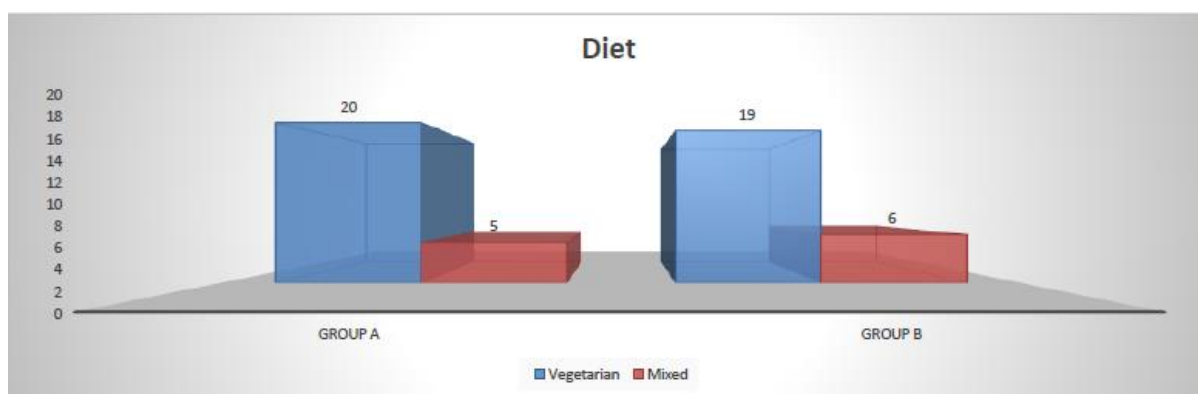
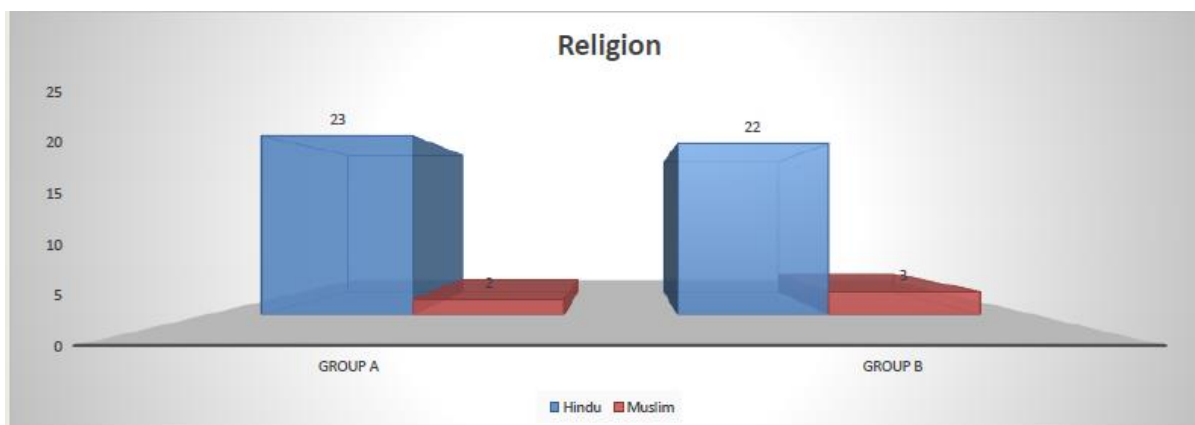
- All the investigations have been performed in all the patients before starting clinical trial.

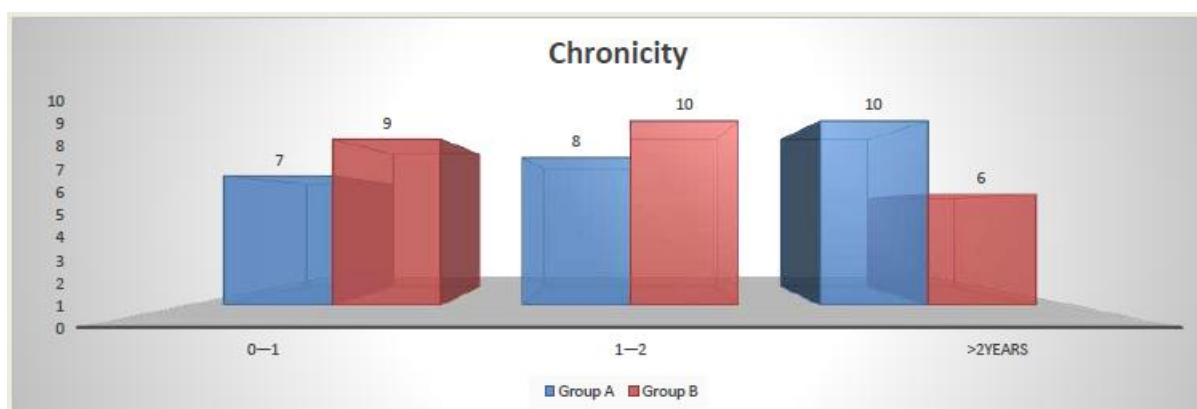
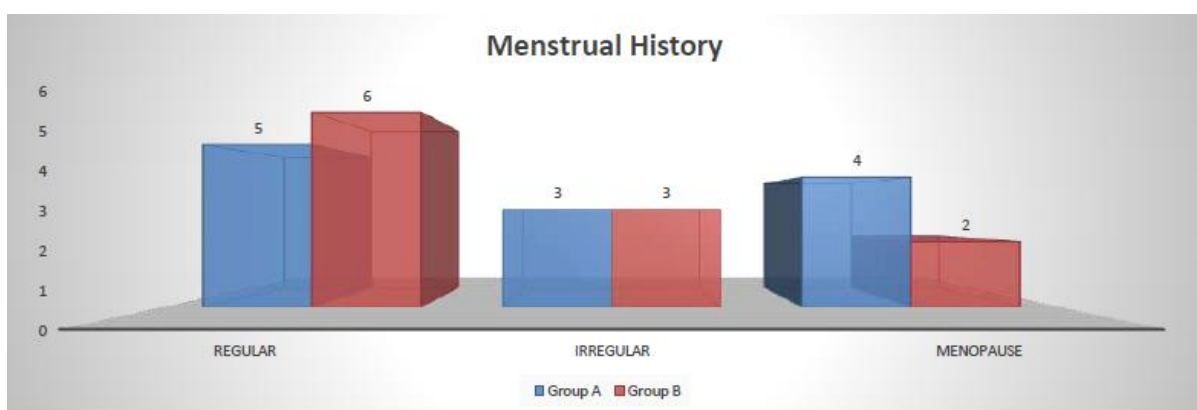
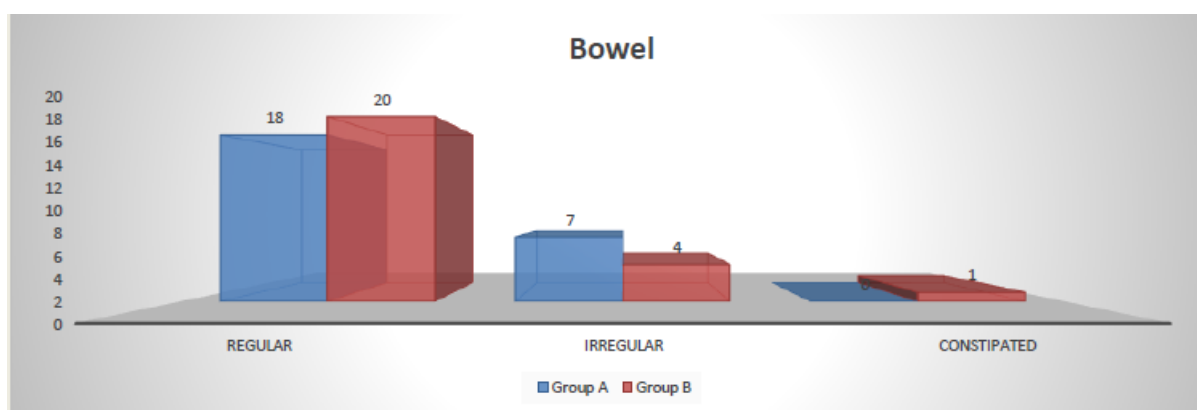
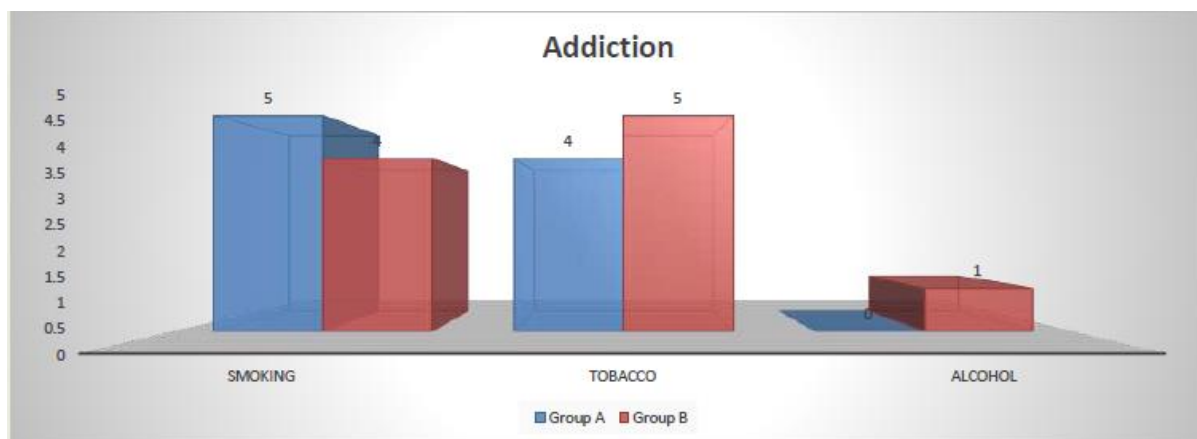
STATISTICAL ANALYSIS

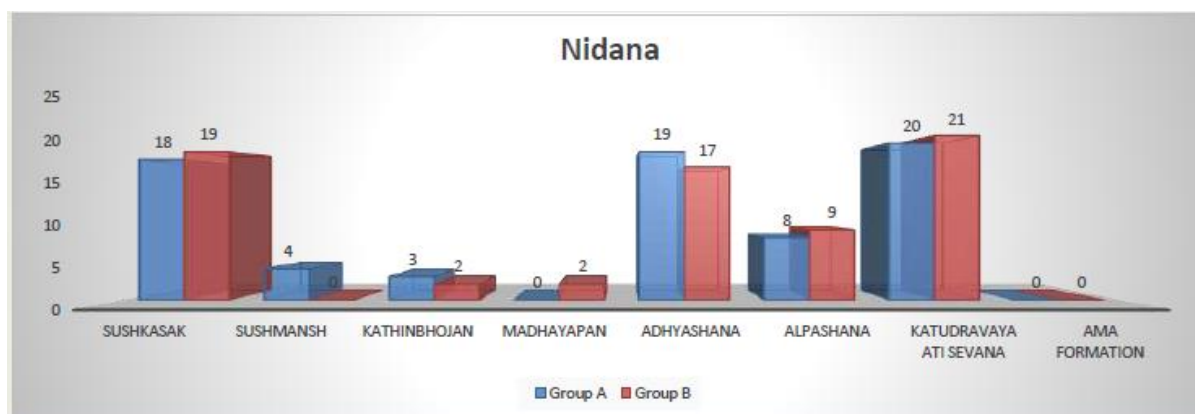
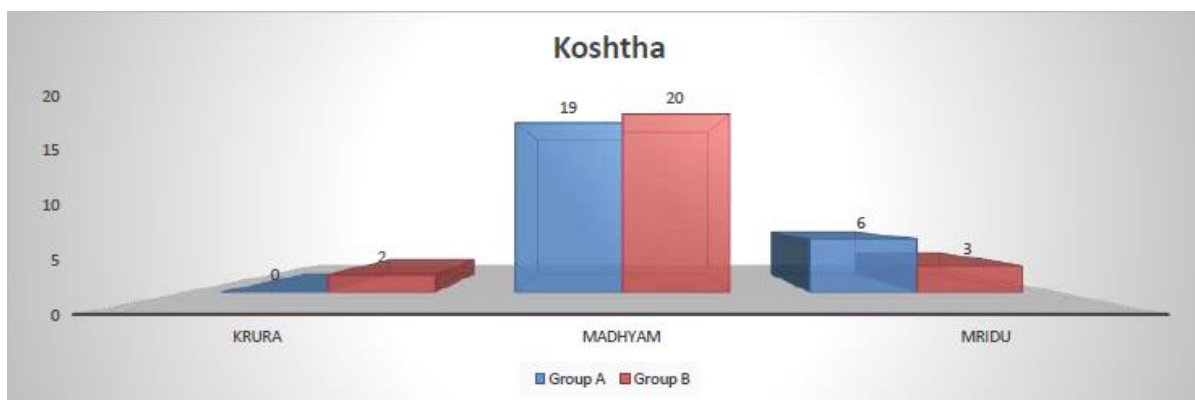
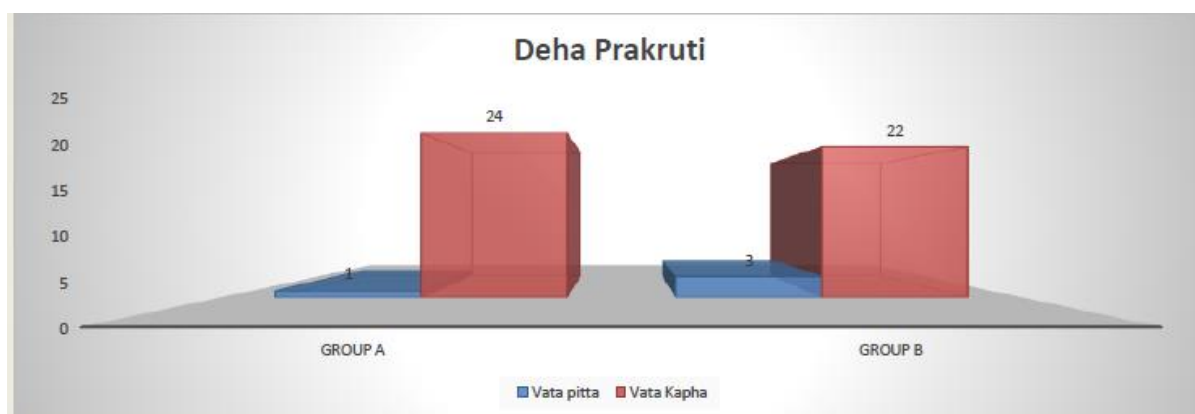
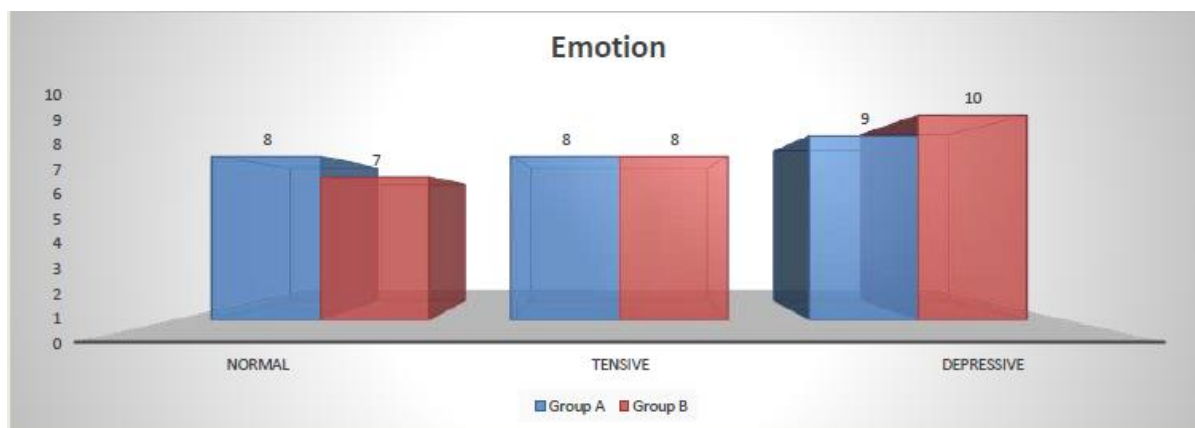
- All information based on various parameters was gathered and statistical analysis was carried out in terms of Mean (X), Standard deviation (S.D), Standard error (S.E), Wilcoxon test and finally result were incorporated term of probability 'P' as –
- $P > 0.05$ – Insignificant
- $P 0.01-0.05$ – Significant
- $P < 0.001$ – Highly Significant

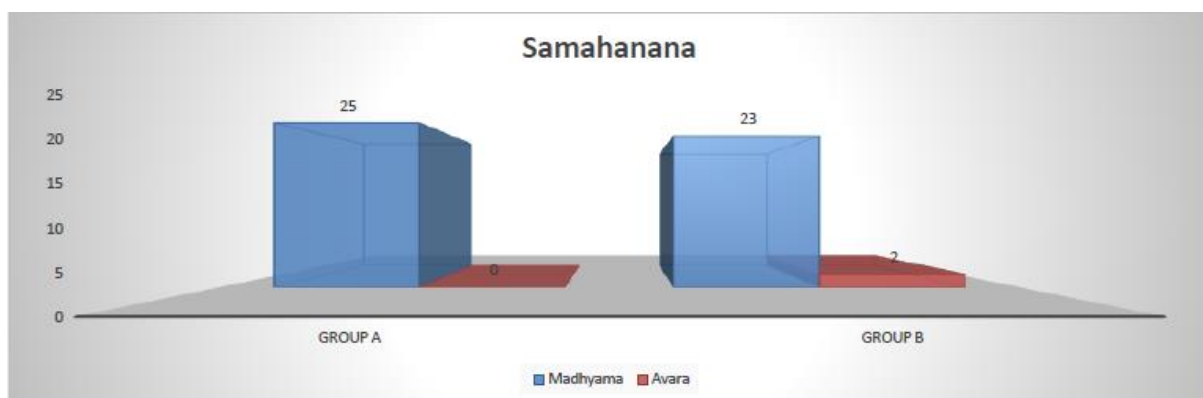
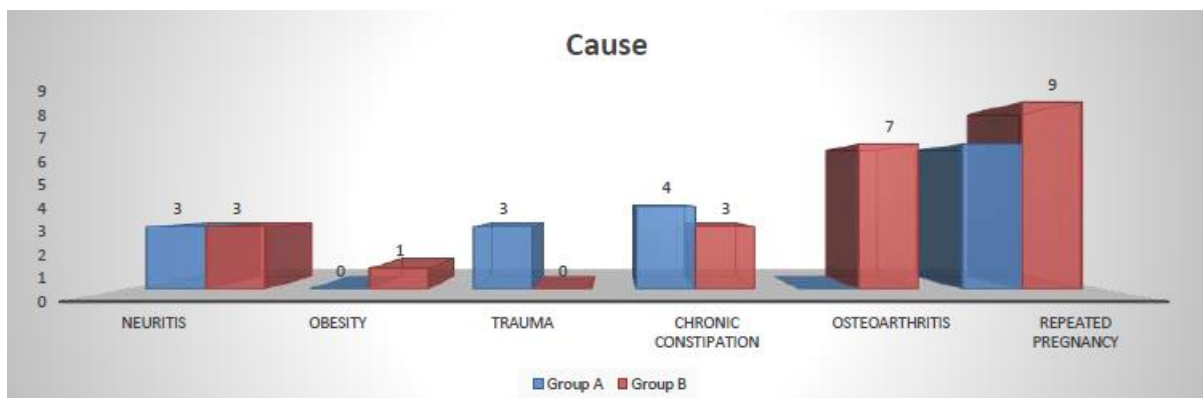
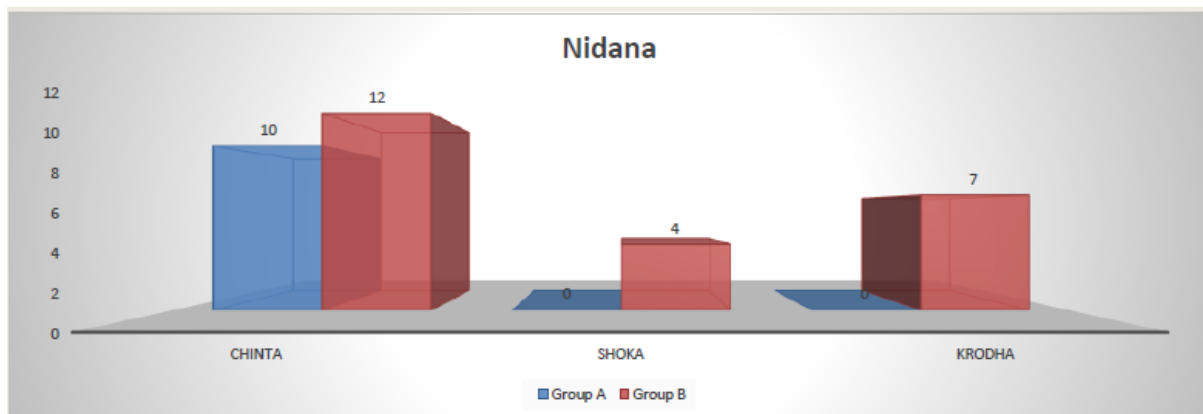
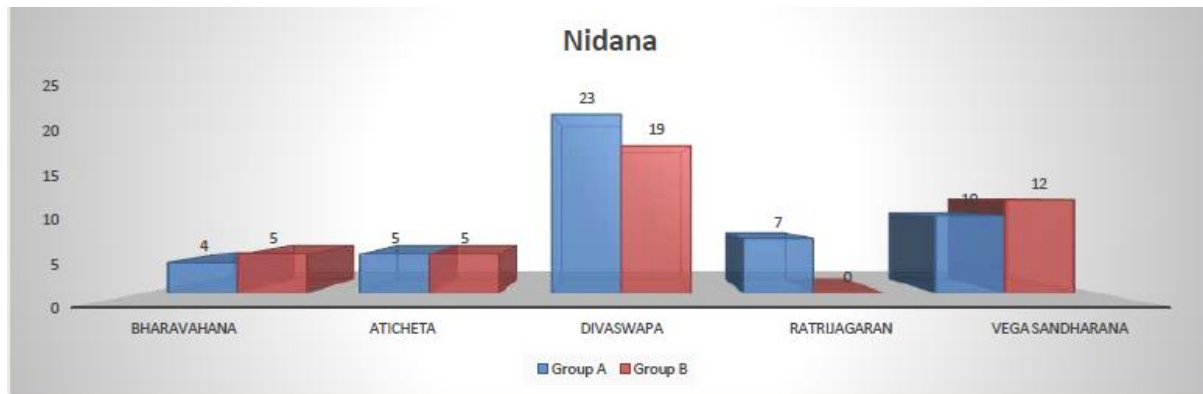


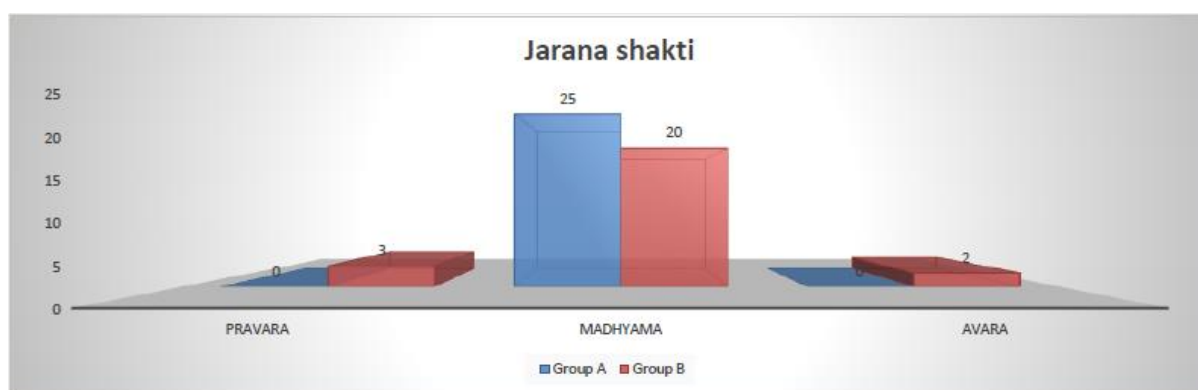
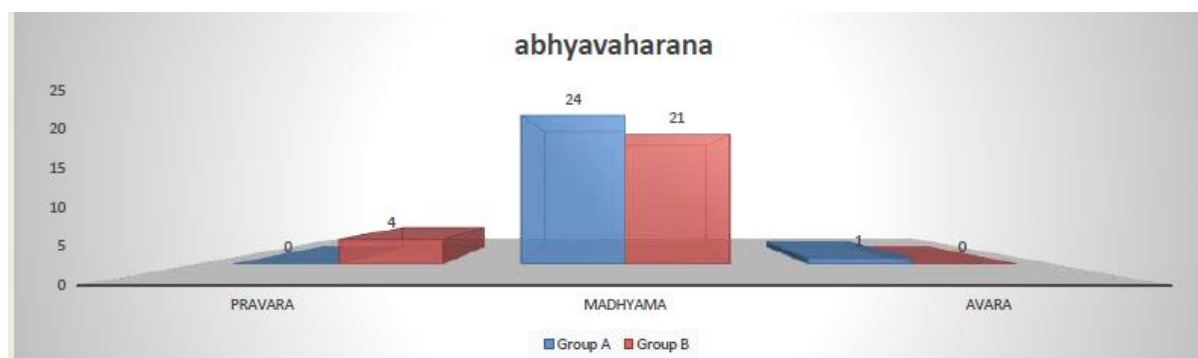
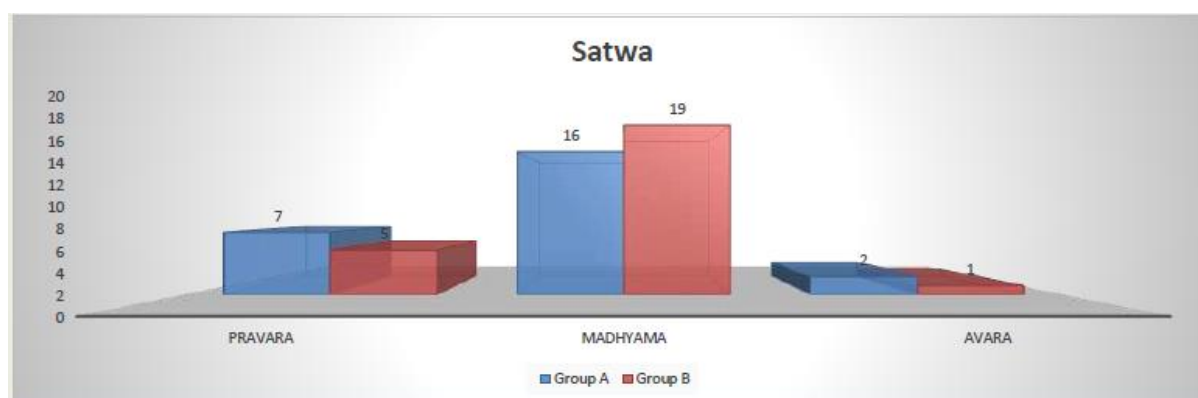
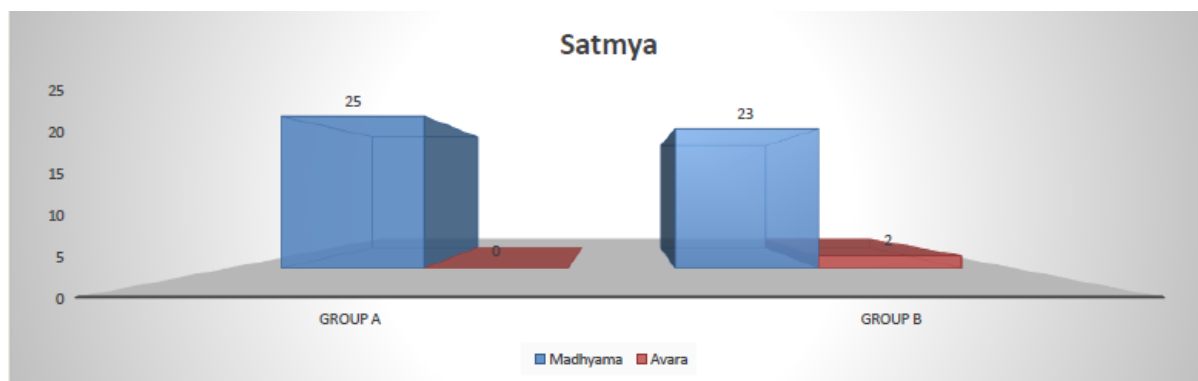


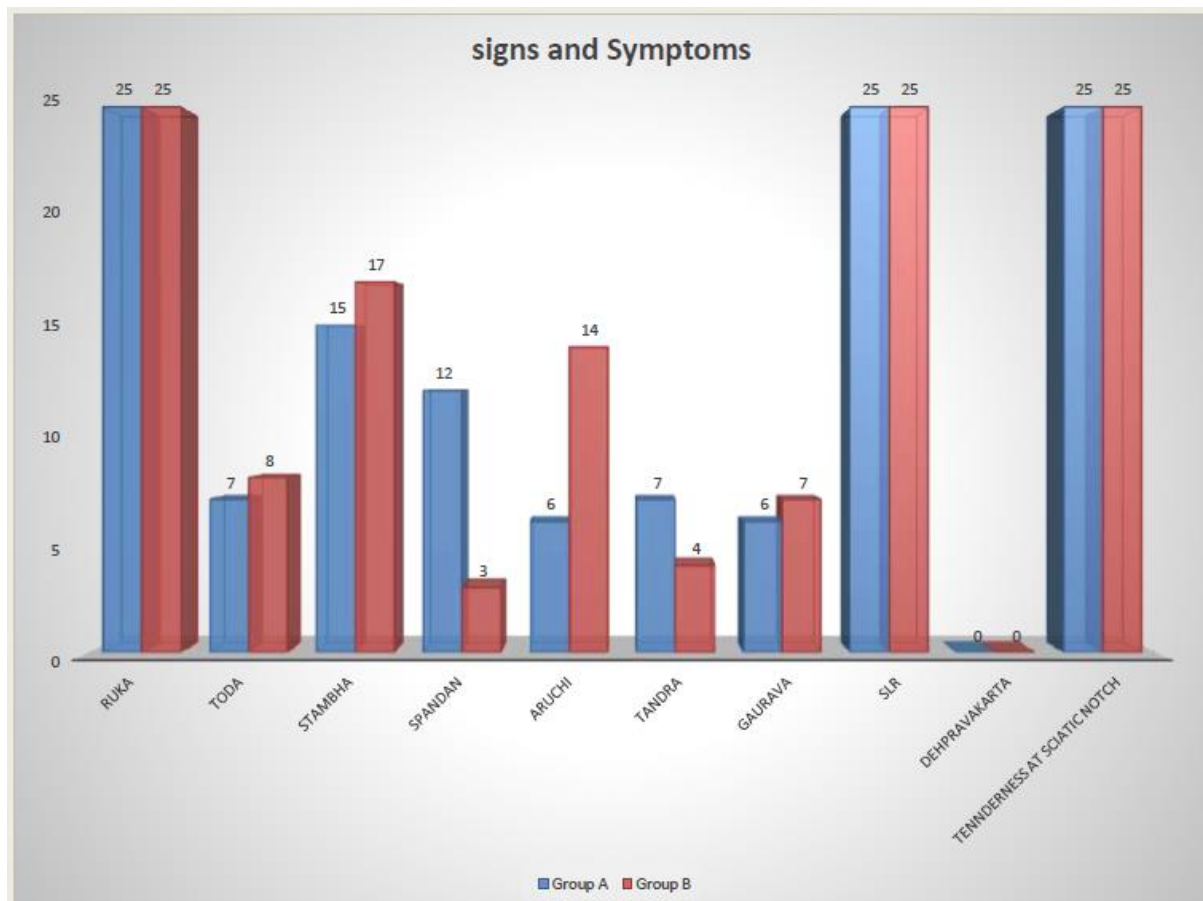
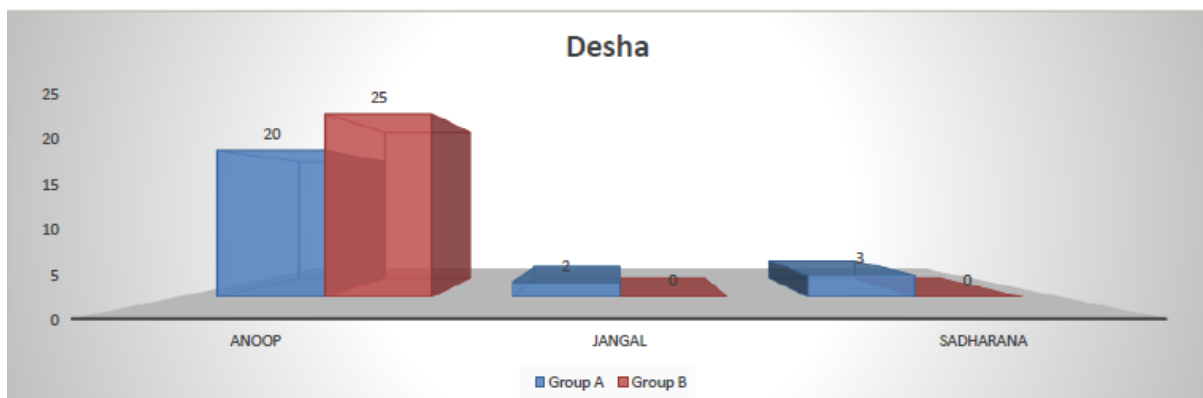
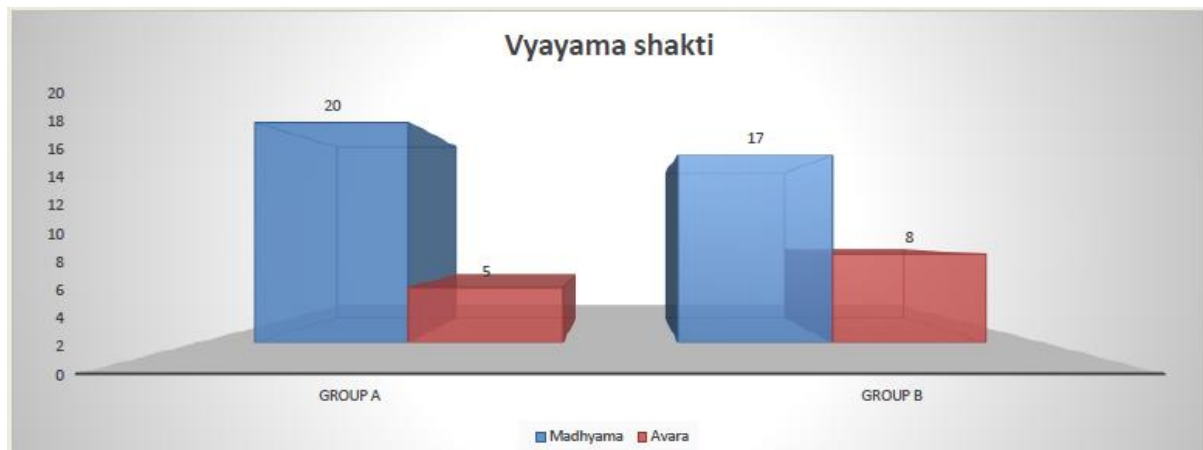


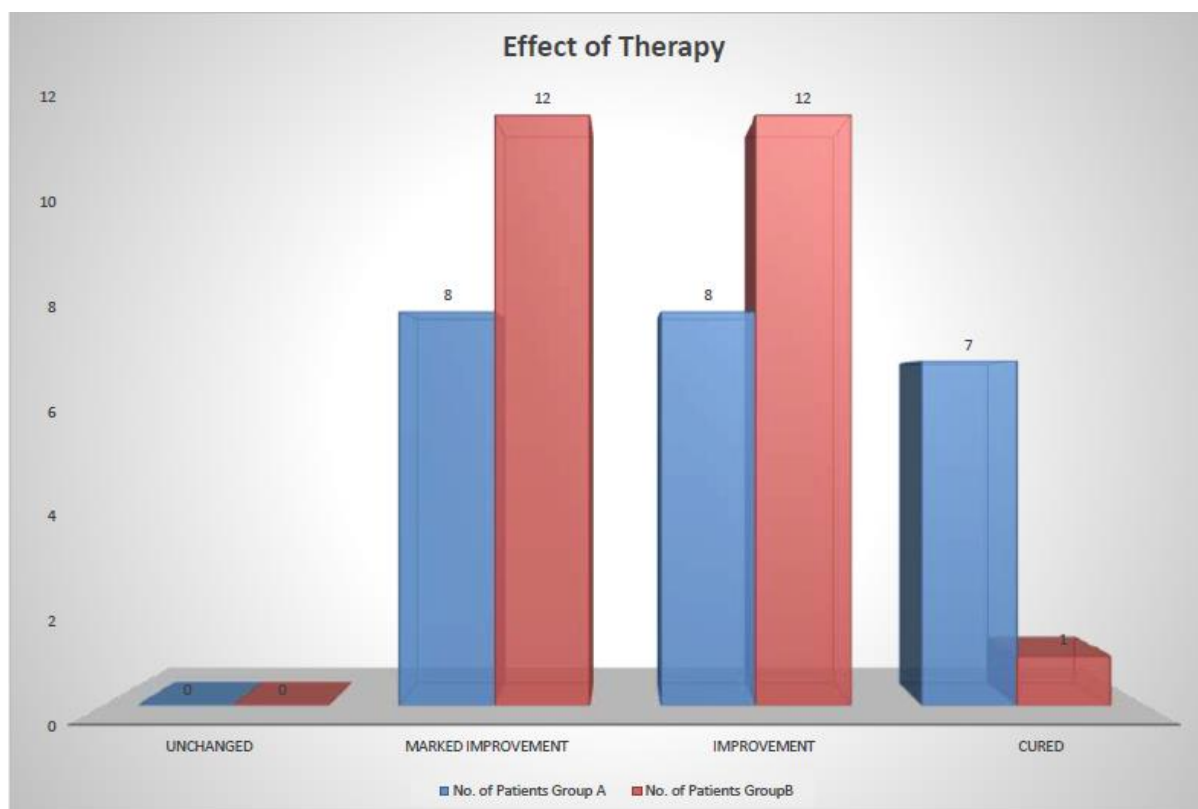
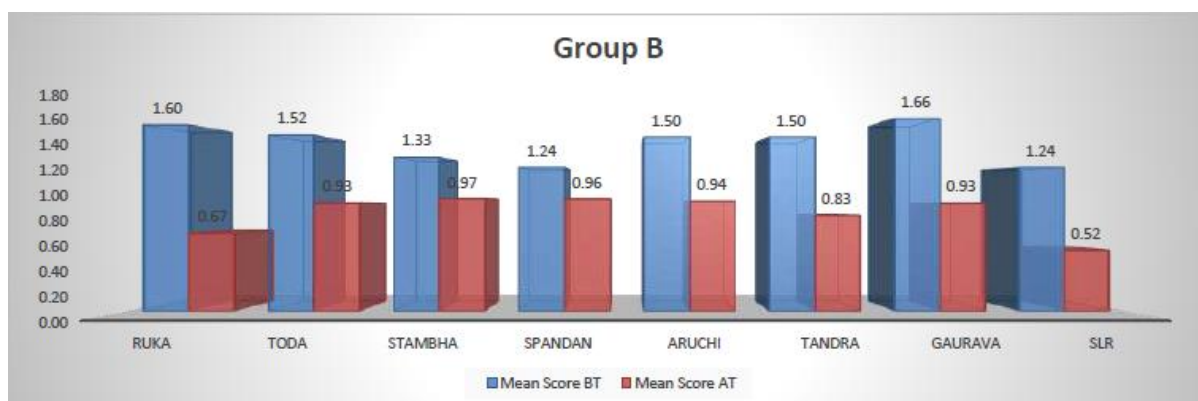
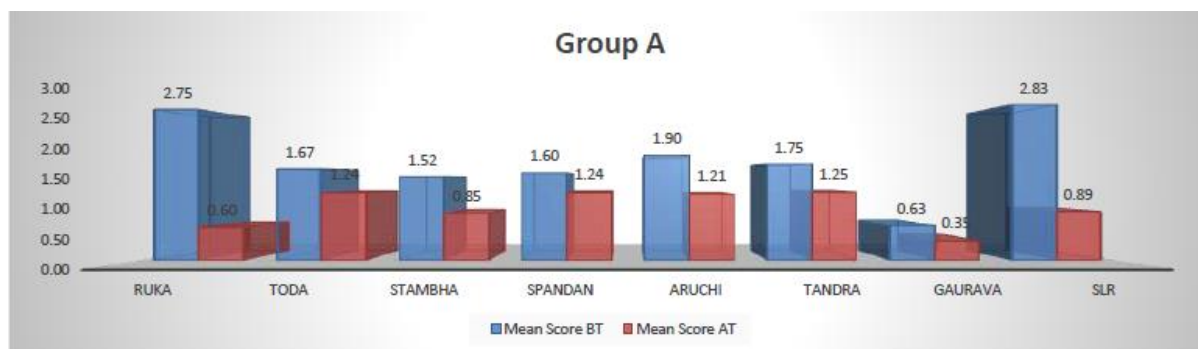












RESULTS

❑ TABLE NO-1 EFFECT OF THERAPY ACCORDING TO SIGN AND SYMPTOMS IN PATIENTS OF GROUP- A.

Symptoms	n	Mean Score		%	SD	SE	T	P	Results
		BT	AT	Relief					
<i>Ruka</i>	25	2.75	0.60	78.18%	0.64	0.22	4.164	0.00034809	HS
<i>Toda</i>	7	1.67	1.24	25.60%	0.5	0.25	1.525	0.17801311	NS
<i>Stambha</i>	15	1.52	0.85	43.96%	0.57	0.33	1.694	0.11231116	NS
<i>Spandan</i>	12	1.60	1.24	22.50%	0.81	0.44	1.280	0.22702931	NS
<i>Aruchi</i>	6	1.90	1.21	36.32%	0.7	0.5	0.319	0.7622931	NS
<i>Tandra</i>	7	1.75	1.25	28.57%	0.7	0.5	1.916	0.10381884	NS
<i>Gaurava</i>	6	0.63	0.35	44.74%	0.5	0.25	5.975	0.00188068	Sig
SLR	25	2.83	0.89	68.59%	0.48	0.18	4.601	0.00011446	HS

❑ TABLE NO: 2 EFFECT OF THERAPY ACCORDING TO SIGN AND SYMPTOMS IN PATIENTS OF GROUP- B.

Symptoms	n	Mean Score		%	SD	SE	T	P	Result
		BT	AT	Relief					
<i>Ruka</i>	25	1.60	0.67	58.06%	0.86	0.17	3.845	0.001	HS
<i>Toda</i>	8	1.52	0.93	38.64%	0.66	0.23	1.535	0.169	NS
<i>Stambha</i>	17	1.33	0.97	27.27%	0.71	0.17	1.611	0.127	NS
<i>Spandan</i>	3	1.24	0.96	22.50%	0.66	0.38	1.100	0.386	NS
<i>Aruchi</i>	14	1.50	0.94	37.01%	0.64	0.17	1.109	0.287	NS
<i>Tandra</i>	4	1.50	0.83	44.83%	0.50	0.25	1.685	0.191	NS
<i>Gaurava</i>	7	1.66	0.93	43.98%	0.57	0.22	0.887	0.409	NS
SLR	25	1.24	0.52	58.06%	0.54	0.11	3.378	0.002	Sig

Effect of Therapy	No. of Patients	
	Group A	Group B
Unchanged	00 (00.00%)	00 (00.00%)
Marked Improvement	08 (32.00%)	12 (48%)
Improvement	08 (32.00%)	12 (48%)
Cured	(28.00%)	1 (4.00%)

- Comparative Result of two Shalakas on cardinal signs and symptoms.

Sign & symptom	Group A	Group B
<i>Ruka</i>	78.18%	58.06%
<i>Toda</i>	25.60%	38.64%
<i>Stambha</i>	43.96%	27.27%
<i>Spandan</i>	22.50%	22.50%
<i>Aruchi</i>	36.32%	37.01%
<i>Tandra</i>	28.57%	44.83%
<i>Gaurava</i>	44.74%	43.98%
SLR	68.59%	58.06%

DISCUSSIONS

□ Probable Mode of Action of AGNIKARMA

- *Gridhrashi* is produced by vitiated *Vata Dosa* with *Anubandha* of *Kapha*. So Agnikarma is considered as best therapy to pacify these Dosas because Agni possesses *Ushna*, *Tikshna*, *Sukshma*, *Aashukari Gunas*, which are anti *Vataja* and anti *Kaphaja* properties. Agnikarma was done by red hot *Shalaka*. The character of Physical heat of red hot *Shalaka* transferred as therapeutic heat to *Twak Dhatu* by producing *Samyak Dagdha Vrana*. From *Twak Dhatu* this therapeutic heat acts in three ways- i.e.
- Due to *Ushna*, *Tikshna*, *Sukshma*, *Ashukari Guna* it removes the *Srotavarodha* and pacify the vitiated *Vata* and *Kapha Dosa* and maintain equilibrium. It increases the *Rasa Rakta Samvahana* (Blood circulation) to affected site. More blood circulation flushes away the pain producing substances and patient gets relief from symptoms.
- Therapeutic heat increase the *Dhatwagni*, so metabolism of *Dhatu* becomes proper and digest the *Ama Dosa* from the affected site and promotes proper nutrition from *Purva Dhatu* and in this way, *Asthi* and *Majja Dhatu* become more stable. Thus result precipitated in the form of relief from all symptom.
- Further it can be endorsed that the therapeutic heat goes to the deeper tissue like *Mamsa Dhatu* and neutralizes the *Sheeta Guna* of *Vata* and *Kapha Dosa* and in this way Vitiated *Dosas* come to the phase of equilibrium and patients get relief from the symptoms.
- *Gridhrasi* has been considered as a major problem to the physicians since long time.
- The chance of occurrence is expected to be increasing through the coming years.
- *Gridhrasi* comes under 80 types of *Nanatmaja Vatavyadhi*.
- *Vyana Vayu* is an essential factor for manifestation of the disease *Gridhrasi*.
- There is no direct reference available regarding

Nidana and *Samprapti* of the disease.

- Mainly general *Chikitsa* for *Vatavyadhi* has been advocated in *Gridhrasi*.
- *Gridhrasi* can be equated with sciatica or sciatic syndrome in modern parlance.
- Modern treatment of Sciatica is not much satisfactory and is often associated with serious adverse effects.
- From this study, it is concluded that non-compliance of the code and conducts of healthy diet and living style plays a major role in causation of disease.
- Hence, we can conclude that code and conduct of healthy eating and living must be followed to achieve early and better results of the treatment.

- *Acharya Sushruta* has advocated five *Upakarma* for the management of *Sira Snayu* & *Sandhigata Vata*, out of them *Agnikarma* is the best one.
- *Agnikarma* therapy is result oriented to local *Vatika* and *Kaphaja* disorders. It is an ambulatory treatment modality and affordable to the common man.
- Complete history of the patient with temperature, pulse, respiration, blood pressure and personal history should be taken, before going for *Agnikarma*.
- The atmosphere of the room where the procedure is to be done must be pleasant.
- It is advisable for the patient to come with his / her relative.
- Always take informed written consent before going for procedure.
- Thickness of *Shalaka* plays an important role to maintain constant and optimum temperature.
- To maintain the constant temperature, all *Shalakas* were bearing 100 gms. wt. were used for *Agnikarma Chikitsa*.
- Tip of the *Shalaka* should be pointed enough to create *Bindu Dahana Vishesa*.
- Several numbers of sitting are required and depend upon chronicity and severity of the disease.
- Although patients were given six sitting of *Agnikarma* in this study at the interval of seven days yet more number of sittings may be required depending upon chronicity and severity of disease.
- To achieve better result *Samyak Dagdha Vrana* must be created and it should not be made on the same point until previous *Vrana* is healed properly.
- Scar was completely healed within two weeks maximum. But color of the scar did not become normal with surrounding tissue within one month of follow up period. This observation was same for all *Shalakas*.
- *Pathyapathya* was advised after *Agnikarma Chikitsa* to avoid complication of *Dustavrana*.
- *Trividha Karma* is equally important in *Agnikarma Chikitsa*. If any *Karma* is not performed properly, result would not be satisfactory and name & fame will be under the question.
- Result is depends upon the chronicity and severity of the disease as well as on *Chatushpada* of the *Chikitsa*.
- Therefore, it can be said that *Agnikarma* gives quick relief to the patient and it is a reliable therapy for the management of sciatica / *Gridhrasi*.
- Maximum patients (54.00%) were observed male.

- Maximum i.e. 90.00% patients were Hindu.
- Maximum i.e. 78.00% patients were educated.
- Maximum i.e. 60.00% patients were housewives.
- Maximum 86.00% patients were married.
- Maximum patients i.e. 82.00% were of urban area.
- Maximum i.e. 78.00% patients were having vegetarian diet.
- Maximum of the patients i.e. 84.00% had sound sleep.
- Maximum number of the patients were having 2 or more than 2 years of chronicity.
- Maximum patients were of *Vata Kapha Prakriti*.
- Majority of the patients i.e. 78.00% were having good appetite.
- Maximum i.e. 78.00% patients were having *Madhyam Kostha*.
- Maximum i.e. 96.00% patients were of *Madhyama Samhanana*.
- Maximum number of patients i.e. 56.00% belonged to age group of 40 – 60 years.
- Maximum patients i.e. 96.00% were of *Madhyam Satmya*.
- Maximum 70.00% patients were of *Madhyama Satva*.
- Maximum 90.00% patients were of *Madhyama Abhyavarana Shakti*.
- Maximum 74.00% patients were of *Madhyama Vyayama Shakti*.
- Maximum patients were of *Aanoop Desh* i.e. 90.00%.
- Evaluation of *Nidana* factors wise distribution reveals maximum number of patients i.e. 82.00% were having *Katu Dravyatisevana*.
- *Diwaswapna* was found in 84.00% patients.
- Maximum patients were suffering from *Chinta* i.e. 44.00%.
- History of *Abhighata* (trauma) was found in 10.00% of the patients only.
- Multiple pregnancy was present along with *Gridhrasi* in 32.00 % of the patients.
- *Ruka* (pain in sciatica nerve distribution), SLR test positive and Tenderness at sciatic notch were found in all the patients i.e. 100%.

CONCLUSIONS

- On the basis of their clinical manifestations *Gridhrasi Roga* can be correlated with the disease entity *Sciatica*, as described in modern medical science.
- On the basis of various observations and results obtained after the completion of the current research project, it can be concluded that
 - *Panchdhatu Shalaka* has given better result in combating the symptom *Ruka*.
 - In both group A and B, almost similar results were found but *Tamra dhatu Shalaka* has

given better result in overcoming the Toda symptom.

- *Tamradhatu Shalaka* has shown better result in symptom *Stambha*.
- *Panchdhatu Shalaka* is shown better result than *Tamra dhatu Shalaka* in symptom *Spandana* because fewer patients complain for *Spandana* in *Tamradhatu Shalaka* Group.
- Complete remission was found in *Tamradhatu Shalaka* Group in symptom of *Aruchi*.
- *Panchdhatu Shalaka* is proven better than *Tamradhatu Shalaka* in symptom *Tandra* because fewer patients complain for *Tandra* in *Tamradhatu Shalaka* Group.
- *Panchdhatu Shalaka* has shown better result in the symptom of *Gaurava*.
- Percentage wise relief in objective parameter i.e. S.L.R. test in Group A is found better and it may be due to more relief in *Ruka* symptom by *Panchdhatu Shalaka*.

SUGGESTIONS FOR FURTHER RESEARCHES

In this study due to limitation of time, and small sample size, the obtained result cannot be made generalized. A larger sample size may produce a varying result and would be more authentic.

Therefore, an extended clinical study on larger sample is essential before drawing the final conclusion about the effectiveness as well as mode of action of two *Shalakas*. Never the less, it can not be ignored here that the *Panch Dhatu Shalaka* is found better in comparison to *Tamra dhatu Shalaka*.

Thank You