

EVALUATION OF THE EFFICACY OF TREATMENT PROTOCOL AS PER CLASSICAL GUIDELINES IN GRIDHRASI - A COMPARATIVE CLINICAL TRIAL

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ABSTRACT

Low back pain due to lumbar disc problem is the major cause of morbidity throughout the world affecting mainly the young adults. Gridhrasi can be correlated with sciatica of the contemporary system of medicine with similar clinical presentation that is pain along the course of sciatic nerve. There are various treatment modalities being practiced in Ayurveda for Sciatica. However, there is a need of a standard treatment protocol for this disease to increase efficacy and uniformity of the treatment.

KEYWORDS: Gridhrasi, Nitya Virechana, Sciatica, Yoga Basti.

INTRODUCTION

Sciatica is an affliction, which interferes in daily routine by its consistent pain. The patient may or may not be able to walk, stand or sit comfortably due to his constant attention to the painful limb. The incidence rate of this disease is significant as more than three quarters of the world's population experience low back pain at some or the other time during their course of life and it is the most common cause of sickness which results in absence from work.^[1]

Prevalence in 5% of the cases of low back pain which is affecting as many as 80 – 90% of the people during their lifetime. In India, annual incidence of sciatica ranges from 1% to 6%.^[2]

Sciatica can be compared with *Gridhrasi* in Ayurveda. Presently, various treatment modalities like *Niruha Basti*, *Anuvasana Basti*, *Kati Basti*, *Sthanika Abhyanga*, *Upanaha* etc

are being practiced for the treatment of *Gridhrasi*. Due to this diversity, no uniformity is seen in the effectiveness of the treatment. In classical texts, it has been mentioned that *basti* treatment following *deepan paachana* and *koshtha shodhan* is the best treatment for *Gridhrasi*. Therefore sincere effort was made to evaluate efficacy of treatment according to classical guidelines so that uniformity in the effectiveness of treatment is obtained.

MATERIALS AND METHODS

30 Patients diagnosed of *Gridhrasi* based on classical symptoms selected from OPD and IPD of KLE's BMK Ayurvedic Hospital and Research Centre Shahapur Belagavi were randomised into group A (control) and Group B (trial), 15 patients in each group. Patients between the age of 20 to 60 and having SLR positive between 30 to 70 degrees unilaterally or bilaterally were selected with no restrictions of sex, caste or religion.

Group A was given *Yoga Basti* consisting of *Erandamooladi Niruha* and *Sahacharadi Taila Anuvasana Bastis*.

Group B subjects were divided into B1 (*vataja gridhrasi*) and B2 (*Vatakaphaja gridhrasi*). All the patients of this group were initially given *deepan paachana* with *chitrakadi vati* 1 tid. Further, Group B1 was given *Yoga Basti* consisting of *Erandamooladi Niruha* and *Sahacharadi Taila Anuvasana Bastis*. Group B2 was given *Nitya Virechana* with *Gandharvahastadi Eranda Taila + dugdha* till *aama nirharana*, followed by *Yoga Basti* consisting of *Erandamooladi Niruha* and *Sahacharadi Taila Anuvasana Bastis*.

Assessment for SLR, Tenderness grade and VAS scale was done on first and last day of *Yoga Basti* in Control Group and on Day 0 of treatment and last day of *Yoga basti* in trial group.

Assessment for *Agni deepan* and *aama paachana* was done daily during *deepana paachana* and *Nitya Virechana* given to patients until *Agni* was *Pravara* and *niramata* was obtained. Statistical Analysis was done.

Duration of the study: 18 months

AIMS AND OBJECTIVES: The study aimed at evaluation and comparison of effectiveness of classical treatment protocol with existing pattern in *Gridhrasi*.

Type of Study: A controlled comparative clinical trial.

Study Centre: KLE's BMK Ayurvedic Hospital and Research Centre Shahapur Belagavi, Karnataka.

RESULTS

VAS

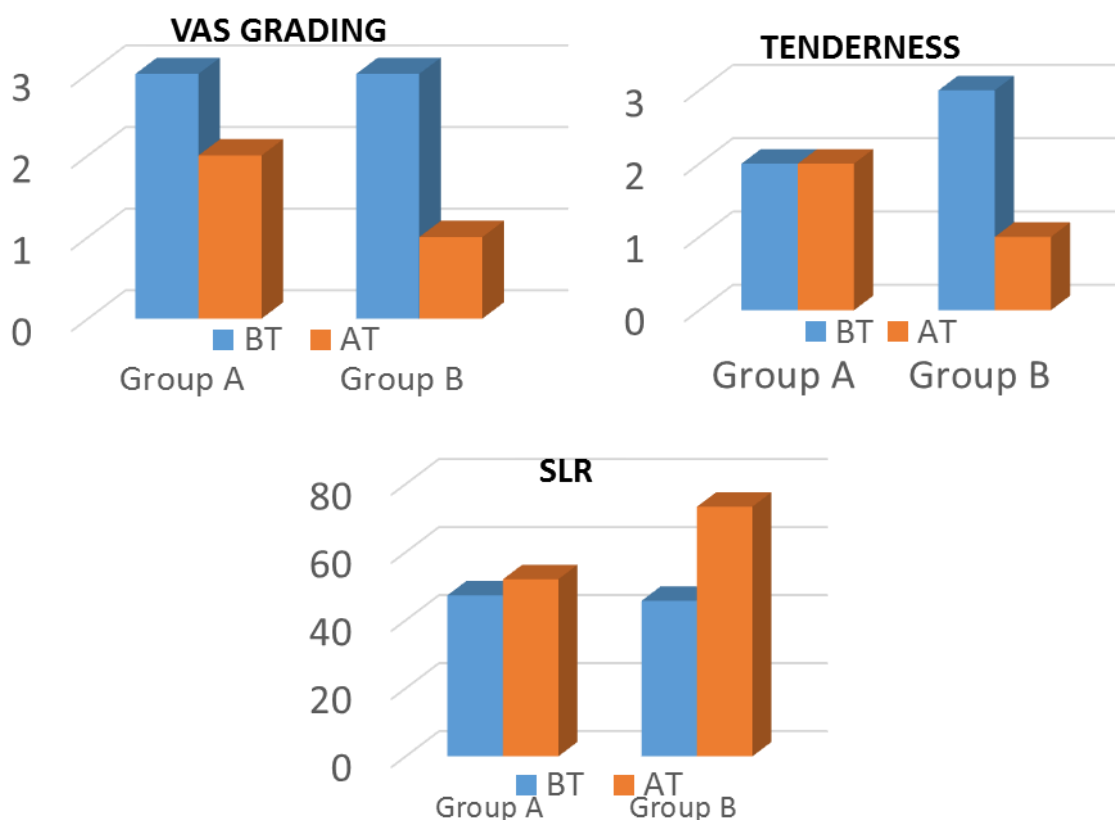
- Group A showed 15.7% results (P value 0.054)
- Group B showed 74.43% results (<0.0001)
- There was a significant difference between the groups with P value <0.0001

TENDERNESS

- Group A showed 8.33% results (P value 0.082)
- Group B showed 78.4% results (<0.0001)
- There was a significant difference between the groups with P value 0.0005

SLR

- Group A showed 9.9% results (P value 0.0021)
- Group B showed 60% results (<0.0001)
- There is a significant difference between the groups with (P value <0.0001)



DISCUSSION

The classical treatment protocol has shown better results. This may be because, trial group received *deepana paachana* with *chitrakadi vati* which is *ushna*, *tikshna*, *katu*, *laghu* and *ruksha* and hence *Agni* and *vayu mahabhoota* are dominant that cause *dosha vilayana* and separate the morbid *doshas* from the *dushya*.^[3,4] *Nitya Virechana* will treat the *aama* condition and correct the *Agni*.^[5] and mainly it does *shodhana* of the *koshtha* which facilitates easy absorption of *basti* which is given thereafter.

Nitya Virechana with *Gandharvahastadi taila* helps in *vata kapha shaman* without increasing the *aama* or *kapha*.^[6] Morbid *doshas* are separated from the *dushya* in the course of *Agni deepana* and flushed out through *Nitya Virechana*. *Paachana* at the *dhatu* level and complete *Nirama avastha* of the disease is achieved.

Erandamooladi Niruha Basti thus given after obtaining *Nirama avastha* acts over *vata dosha*. Due to *shuddha koshttha* there is better absorption.

Erandamooladi Niruha Basti is indicated in *vedana* at *trika sandhi*, *uru*, *jangha* and *paada*.^[7] *Sahacharadi Taila* mainly has contents which are *ushna* and *kaphavata shamaka*. It is indicated in disorders of lower limb causing altered gait.^[8]

Basti may have a role in maintenance or regeneration of nerves which improves the functioning of neural system and therefore shows good effects in disorders involving *vata*.^[9]

Control group did not receive *deepana paachana* and *Nitya Virechana* therefore without the achievement of *aama paachana* and *Agni deepana*, administration of *basti* showed less efficacy as compared to the trial group. Therefore no significant results were seen in control group for VAS and Tenderness.

However, significant results within the control group were seen for SLR. This may be because the *Erandamooladi Niruha Basti* itself has properties of *Jatharagni vridhhi*, removing *kaphavarana* and *lekhana* to some extent. But the results did not match the significance level of the trial group.

CONCLUSION

Treatment according to the classical guidelines has proved to be more effective in *Gridhrasi* as compared to the existing pattern.

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