



Research Article

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFECT OF AROHANA KRAMA AND SADHARANA KRAMA MATRA BASTI WITH VAJIGANDHADI TAILA IN THE MANAGEMENT OF GRIDHRASI

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ABSTRACT

Gridhrasi is a *Rujapradhana Nanatmaja Vata Vyadhi*, intervening with the functional ability of low back & lower limbs. Low back pain is the major cause of morbidity throughout the world affecting mainly the young adults. Life time incidence of low back pain is said to be 50-70% with the incidence of Sciatica more than 40%. Among various Ayurvedic treatments of *Gridhrasi*; *Basti* is a unique procedure which eliminates the aggravated *Doshas* from the body as such it was described *Ardhachikitsa* of all treatment. In present study effort is made to compare the effect of *Arohana Krama* and *Sadharana Krama Matra Basti* with *Vajigandhadi Taila* in the management of *Gridhrasi*. Minimum 40 patients who fulfilled the inclusion criteria, randomly distributed into 2 groups of 20 patients each. When both the groups were compared clinically for *Ruk*, *Toda*, *Stamba*, *Spandana* & SLR test, Both the groups show statistically significant effect with $p < 0.001$ as *Gridhrasi Chikitsa* but Group A proved to be better than Group B percentage wise. The present study proved that the remarkable results were achieved in Group A with *Vajigandhadi Taila Matra basti* in *Arohana Krama* compared to Group B where the *Matra basti* was administered in *Sadharana Krama*.

INTRODUCTION

Ayurveda "Science of life" not merely cures the disease but also aims at prevention and progression of health.^[1] Ayurveda gives importance to complete package of treatment modalities such as *Shodhana*, *Shamana* and *Rasayana chikitsa*. With the help of *Panchakarma*, Ayurvedic physician can treat the chronic ailments. Diseases get rid off from its root by *Shodhana Karma* having less chances of recurrence.^[2] About 7 million people in the world are temporarily out of work at any given time due to low back pain that often accompanies to leg pain and its most common cause of disability for persons under the age of 50 years.

This disease is known as *Gridhrasi* in Ayurveda. The word *Gridhrasi* is derived from the Sanskrit word "*Gridhra*" that means the name of a bird i.e., Vulture. The name given so is because the patient suffering from this disease walks like a vulture. It implies the gait of the patient, slightly tilted at affected side and affected leg in the flexed position where another leg being extended. *Gridhrasi* has been included in 80 types of *Nanatmaja vatavyadhi*. But according to modern science, it is a symptom, not a disease. The condition was first described by "Domenico Cotugno" in 1764. So the syndrome was called as "Cotugno Syndrome". He accurately differentiated sciatic nerve pain from arthritis of the hip with the precise description of clinical status and by indicating the relationship of pain to sciatic nerve. The terminology "Sciatica" came into use about beginning of 19th century.^[3] The disease is very painful and sometimes it hampers the routine life of an affected individual. Though it is a progressive disease but not fatal by nature. In upcoming years, due to sedentary lifestyle, the increased computerization, increased body weight,

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mental stress, hectic work schedule and transportation methods the chance of disease *Gridhrasi* is expected to increase. In modern medicine system there is no permanent medical treatment available for sciatica except some palliative measures. Even after surgery the recurrence chances are high. Since *Gridhrasi* is *Vata vyadhi*; *Basti* is preferred line of treatment^[4]. There are various types of *Basti*, among all; *Matra Basti* is simplest form of *Basti* used in the management of *Gridhrasi*.

Vajigandhadi Taila which has been mentioned by *Acharya Yogaratnakar* for *Gridhrasi* will be used for *Matra Basti*. Preferred *taila* contains *Vatahara* and *Vedana Sthapaka Dravyas* like *Eranda Taila*, *Ashwagandha*, *Bala*, *Bilva* and *Dashamoola*.^[5]

MATERIALS AND METHODS

Study Design: Randomized comparative clinical study.

Source of Data

- Literary source:** All the literatures regarding *Gridhrasi* will be reviewed from classical Ayurvedic and modern texts, medical journals and websites for study.
- Sample source:** Patients were diagnosed and selected from the OPD and IPD of department of PG studies in *Panchakarma* of *Dhanvantari Ayurveda Hospital*, medical camps and other referrals.
- Pharmaceutical source:** *Vajigandhadi Taila* will be freshly prepared as per classical method at *DA college pharmacy*.

Methods of Collection of Data

Sample size: Minimum of 40 patients between the age group of 20-60yrs was selected irrespective of sex, religion, occupation and economic status that fulfilled

Table 1: Basti Dravya matra in Group A

Days	1	2	3	4	5	6	7	8	9
Matra	24ml	30ml	36ml	42ml	48ml	54ml	60ml	66ml	72ml

Group B: *Vajigandhadi Taila Matra Basti* is given in *Sadharana Krama* (dose in fixed order), i.e., 1 *Pala* (48ml) everyday for 9 days.

Table 2: Basti Dravya matra in Group B

Days	1	2	3	4	5	6	7	8	9
Matra	48ml	48ml	48ml	48ml	48ml	48ml	48ml	48ml	48ml

Total quantity of *Matra Basti Dravya* utilised in both the groups are same i.e., 432ml.

Treatment Schedule

Purvakarma

Preparation of Patient- *Stanika Abhyanga* with *Murchhita Tila taila* followed by *Stanika sweda* by *Bashpa Sweda*. Patient is advised to take *Laghu ahara* followed by *Shatapad chankramana* and pass the urges if any.

Preparation of Drug- The above mentioned lukewarm oil is mixed with *Shatapushpa Churna* 2gm and *Saindhava Lavana* 2gm and kept ready in syringe.

Pradhanakarma

Basti karma performed in left lateral position by following all precautionary measures as mentioned in classics.

the inclusion criteria and distributed into 2 groups of 20 patients each.

Method of sampling: Lottery method.

Diagnostic Criteria

- Patients with *lakshana* like *Stambha*, *Ruk*, *Toda* and *Spandana* in *Sphik*, *Uru*, *Janu*, *Jangha*, *Pada* i.e., along the course of sciatic nerve.
- Tenderness and stiffness at lumbosacral region
- Positive straight leg raising test

Inclusion Criteria

- Age group between 20-60years.
- Presence of classical features of *Vataja Gridhrasi* i.e., *Ruk*, *Toda*, *Stambha*, *Spandana*.
- Straight leg raising test positive.
- Patients fit for *Matra Basti*.

Exclusion Criteria

- Patients with *Vata-Kaphaja Gridhrasi* having *Lakshana* like *Tandra*, *Gourava*, *Arochaka*.
- Patients with history of trauma resulting fracture.
- Patients with benign and malignant tumors of lumbar region.
- Patients not fit for *Matra Basti*.
- Pregnant and lactating woman.

Investigation: Any relevant investigations if needed.

Research Design: After diagnosis of *Gridhrasi* based on above parameter, the selected patients were subjected for the randomized comparative clinical trial as follows,

Group A: *Vajigandhadi Taila Matra Basti* is given in *Arohana Krama* (dose in ascending order), starting from ½ *Pala* (24ml) with daily increment of 1 *Karsh* (6ml) for 9days.

Paschatakarma

After administration of the *Basti*, the patient was advised to be in supine position for 100 *Matra kala* and both lower limbs were lifted for three times to prevent the back flow of medicine. Gluteal region was struck with palm and *Mardan* of soles and palms done for relaxation of local muscle

Observation period: 10th, 17th and 24th day of the treatment.

Total study Duration: 24 days

Assessment Criteria

Assessment will be done on basis of following subjective and objective parameters before and after treatment.

a) Subjective Parameters**Table 3: Grading of Subjective Parameters**

<i>Ruja - Pain.</i>	No pain	0
	Painful, walks without limping	1
	Painful, walks with limping but without support	2
	Painful, can walk only with support	3
	Painful, unable to walk	4
<i>Stamba</i>	No stiffness	0
	Mild stiffness	1
	Moderate stiffness	2
	Severe stiffness	3
<i>Spandana</i>	Absent	0
	Present	1
<i>Toda</i>	Absent	0
	Present	1

b) Objective Parameters**Table 4: Grading of Objective Parameters**

SLR Test	75-90°	0
	60-74°	1
	45-59°	2
	30-44°	3
	Up to 30°	4

Overall Assessment of Clinical Response

The overall effect of the clinical trial was assessed by considering all the parameters of assessment before and after treatment as follows;

Table 5: Overall Assessment of Clinical Response

Completely relieved	100% relief
Marked response	More than 60% relief
Moderate response	40 to 60% relief
Mild response	20-40% relief
No change	Below 20% relief

Statistics Analysis: Data was collected from sample before, after & post two follow ups while treatment. Statistically analyzed by using 't' test by consultation with bio statistician.

RESULT AND DISCUSSION

Discussion on the Disease: *Gridhrasi* is a painful condition in which the person can't sit and walk properly that hampers his normal activity. Almost all signs and symptoms of *Gridhrasi* resemble with the condition of sciatica described by the modern texts. Its detail symptomatology has been described in

Ayurvedic classics since ancient period, while this condition was known to modern medical science just two centuries ago. The *Nidana* and *Samprapti* of this disease are not given separately in classics but being one of the eighty *Nanatmaja vatavyadhis*, the same *Nidanas* are applicable in this disease. Clinically also it is observed that *Nidanas* of *Vatavyadhis* such as *Abhighata*, *Aticheshta*, *Vegavidharana*, *Vishtambhi*, *Ruksha*, *Alpa Ahara Atisevana*, *Dukhashayya*, *Dukhasana* are the most occurring causes of *Gridhrasi*. It refers to a disease with distressing pain experienced

by the patient and is similar to the pain experienced by a prey of vulture while being eaten up. This simile is sufficient enough to understand the nature of pain in this disease and suggests its gravity of distress. *Vata* is the main factor producing the disease *Gridhrasi*. Other *Doshas* may be involved. *Lakshanas* of *Gridhrasi Ruk, Stambha, Toda, Spandana* and *Grahana* are described as they start from *Sphik, Kati*, then *Uru, Janu, Jangha* upto *Pada*. Pain is involved in order, which clearly resembles with the affected course of sciatic nerve. The initiation of pathology at lumbo sacral (L4, L5, S1) joints and hip joint can be estimated by the word *Sphik purva* and *Kati purva* and the *Pristha* underlines that especially the back of the thigh, knee, leg is involved, which is the location of sciatic nerve and its branches. The *Lakshanas* like *Ruk, Toda, Stambha, Spandana* are indicative of pain. In *Vatakaphaja* type of *Gridhrasi* additional symptoms like *Tandra, Gaurava* and *Arochaka* are also found. Acharya Sushruta while describing *Gridhrasi* has more emphasized on the involvement of *Kandara* from *Parsni* to *Anguli* and has given one important sign that is *सक्युत्क्षेपम निगृह्*। is restricted forward movement popularly known as straight leg raising test in this time.

Discussion on Drug Used: *Vajigandhadi Taila* mentioned by Acharya Yogaratnakar for *Gridhrasi* is used for the study; which contains *Ashwagandha, Bala, Bilwa, Dashamoola, and Eranda Taila*. *Ashwagandha* has *Rasayana, Vedanasthapana, Balya* and *Vatakaphaghna Guna*, also *Bala* acts as *Balya* and *Vrishya*. *Dashamoola* acts as *Shothahara, Vedanasthapana* and *Tridosahara*. *Eranda taila* possess *Ushna, Guru, Sara, Teekshna, Sukshma, Picchilla* and *Visra Gunas*. It's having *Katu, Kashaya, Madhura, Tikta Rasa* and *Madhura Vipaka*. The *Karma* of *Eranda taila* is *Srotovishodhana, Lekhana, Deepana, Balya* and *Rasayana*. It has got *Vatashleshmahara* property and effective in conditions like *Jangha, Kati, Urushoola, Anaha* and *Vibandha*. Thus it is effective in management of *Gridhrasi*. Drug delivered at the upper part of the rectum is absorbed from the upper rectal mucosa and is carried by the Superior mesenteric vein into the portal circulation and the drug absorbed from the lower part of the rectum enters directly into systemic circulation via middle and inferior haemorrhoidal veins and hence the drug was available in the circulation for immediate action.

Discussion on the Procedure: Matra Basti- From the previous mentioned concepts, it is very much clear that *Vata* and sometimes *Vata* along with *Kapha* makes *Asthimajjavaha Srotodushti*, all these are the basic factors in the *Samprapti* of *Gridhrasi*. *Basti* is the therapy advocated for *Gridhrasi* by almost all *Acharyas*. *Basti* has been glorified as the definitive therapy to

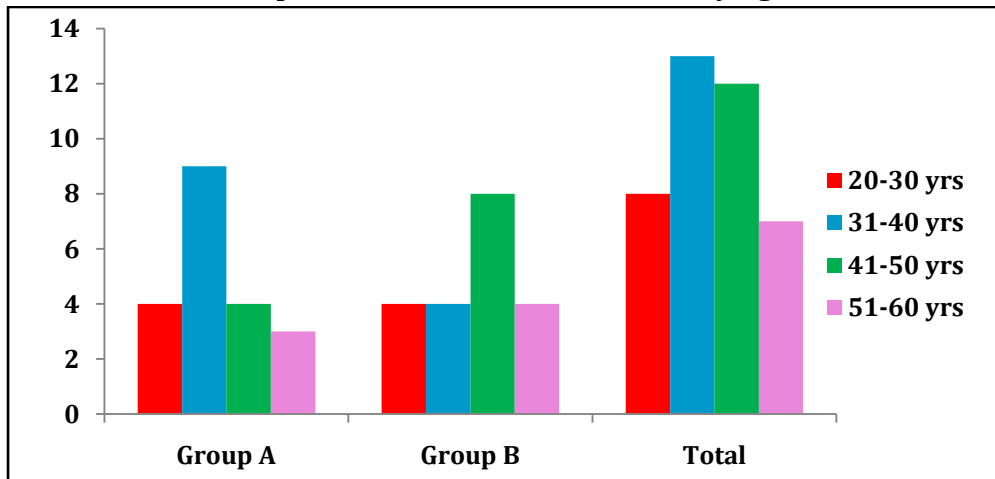
pacify the aggravated *Vata* and *Vata Pradhana Vyadhi*. With the aid of various drugs incorporated in the *Basti Dravya*, it does *Samshodhana, Samshamana* and *Sangrahana* of *Doshas*. Therefore, it has been labelled to be the best among *Tantra* and supreme among all the *Karmas*. *Basti* was selected as it is *Parama Vatahara* and simultaneously performs the *Shodhana Karma*. It is useful in *Pitta, Kapha, Rakta, Samsarga* and *Sannipata*. *Basti* is advocated in *Shakhagata Vyadhi* and in patients having *Stambha, Sankocha*. It also works on fractures, pain, and severe constipation. *Gridhrasi* is a *Shakhagata Vyadhi* and all the above mentioned symptoms are observed in it. *Basti* stays at *Pakwashya*, but due to its *Virya*, acts on the *Doshas* from head to toe and scrapes off the *Doshas* from *Kati, Prishtha, Kostha* and removes them through *Gudamarga*. *Matra Basti* strengthens *Pada, Jangha, Uru, Kati, Prishtha*. These are the *Sthanas* where *Sthanasanshraya* takes place in *Gridhrasi*. *Basti Karma* is effective on *Asthi* and *Majjavaha Srotogata Vyadhi*. *Asthi* and *Majja* is the seat of *Vata* and *Basti Karma* is the best procedure for *Asthi -Majjagata Vata*. Another advantage of *Basti* is that it can be administered in any age group. In short, *Basti* touches all the *Samprapti ghatakas* of *Gridhrasi*. Hence, it was selected for the present study. In the context of *Sneha Basti*, Acharya Sushruta opined that it takes 9 *Bastis* to reach *Asthi majja dhatu* so considering all points in this study *Arohana Krama Matra Basti*; *Adhamalla's* opinion on 3 doses of *Matra Basti* in *Sharangadhar Samhita* is adopted compared with *Sadharana Krama Matra Basti*.

Arohana Krama Matrabasti

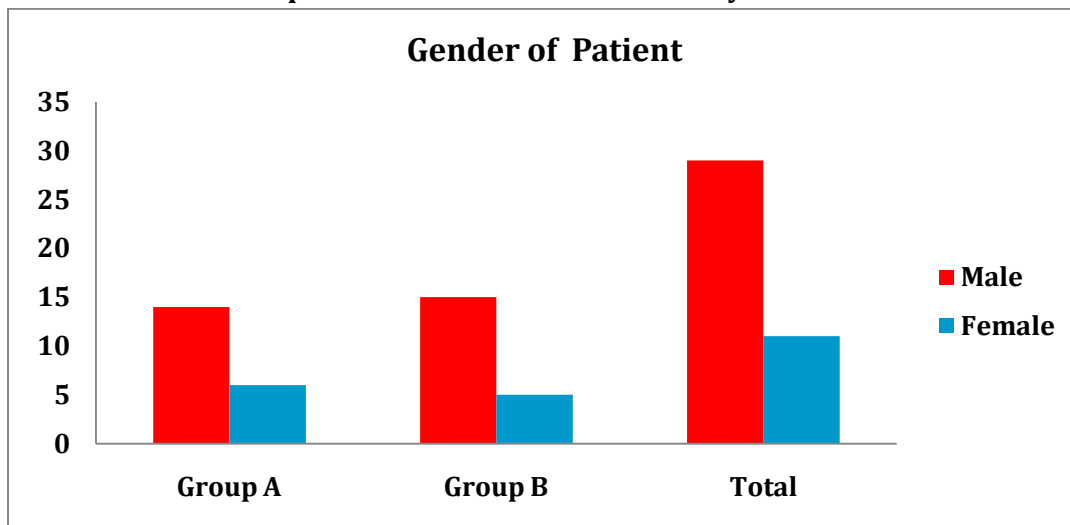
Acharya Adamalla in his commentary on *Sharangadhara Samhita*, explained the *Arohana krama* of *Matra Basti*^[6]. Dose of *Matra Basti* according to *Arohana Krama* In *Chakradatta*^[7] and in *Vangasena Samhita*^[8] three doses are described for *Anuvasana Basti*. 6 *Pala* is considered as the *Jyeshtha Matra*, 3 *Pala* is *Madhyama Matra* and 1½ *Pala* as *Kaneeyasi Matra*. In *Jyeshtha Matra 2 Pala* (96ml) is administered in the beginning and then increased by ½ *Pala* (24ml) everyday and it becomes 6 *Pala* on the 9th day, in *Madhyama Matra* starting dose is 1 *Pala* (48ml) increased by ¼ (12ml) everyday and it will reach to 3 *Pala* on the 9th day and in the *Kaneeyasi Matra* initial dose is ½ *Pala* (24ml) and increased by 6ml everyday and on the 9th day it becomes 1½ *Pala*.

Discussion on Observation During the Study

Age: Among the whole clinical study, about 32.5% of patients were of 31 to 40 yrs followed by 30.0% patients were between 41 to 50 yrs, 20% patients were of 20 to 30 yrs, 17.5% patients were between 51 to 60 yrs. It is known incidence of disease is common in third and fourth decades of life.

Graph no. 1 Distribution of Patient by Age

Gender: The male and female ratio was 72.5% and 27.5% respectively. Though male patients are more prone to the disease where improper diet, heavy physical work, jerky travelling are triggering factors. In this study the dominance of males may be due to professional exposure to excessive physical work or may be due to greater number of patients were male in screening.

Graph no. 2 Distribution of Patient by Gender

Socio-Economic Status: The socio-economic status of patients in the study showed most of the patients belonged to lower income grade (67.5%) and lower middle income grade (30%), which may be due to the involvement of people in physically strained activities who are from lower income grade.

Diet: 65% patients were following mixed diet and 35% patients were vegetarian. Here the *Guru ahara* may be considered as etiological factor for the disease.

Agni: Most of the patients having *Vishmagni* (52.5%), which occurs due to *Vata prakopa*. *Vata prakopa* is the main etiology of *Gridhrasi* which increases the chance of occurrence.

Kostha: In this clinical study, most of the patients have *Krura kostha* (67.5%) and *Madhyama kostha* (32.5%). *Krura kostha* and *Madhyama kostha* has dominancy of *Vata* and *Kapha* respectively these *Doshas* are the main contributory factors for the disease.

Prakriti: Most of the patients were of *Vatakaptha Prakriti* (80%), followed by *Vatapittaja Prakriti* (12.5%) and *Pittakapha Prakriti* (7.5%). The entire patients in this study belonged to *Dwandaja* type of *Prakriti*. It shows the prevalence of disease is more in *Vata pradhana prakriti* persons as well as *Vata* association with *Kapha*. Even though this observation was made from the present study, it is not possible to justify this principal as the sample size was too small.

Habits: Most of the patients (55%) have addiction in which smoking (25%), alcohol (17.5%) and tobacco chewing (17.5%) are more common. The habits lead to *Kshayaja vata prakopa* which is major cause of disease.

Occupation: The majority of the patients were farmers (37.5%), labours, (32.5%), housewives (22.5%), in service (5%) and students (2.5%). As majority of patients were involved in long hours of working in field, heavy weight lifting, standing for long time and

travelling hence in turn produces *Vata prakopa* resulting *Gridhrasi*.

Chronicity of disease: Maximum patient i.e., 37.5% complained of the disease since 3 month. The early onset shows *Aavarana janya vata prakopa* which can be correlated to sciatic nerve compression.

Aharaja Nidana: 100% patient involve in *Ruksha ahara (Satata or Ati) Sevana* while 82.5%, 72.5%, 65%, 60%, 20% *Katu, Tikta, Kashaya, Sheeta, Laghu, Alpa, Upavasa* respectively. This shows the *Vataja ahara* involved in the pathology of disease.

Viharaja Nidana: In present study majority of patient involve in *Vata prakopak viharas* including *Vishamasana (87.5%), Vega sandharana (80%), Ati vyayama (80%), Ati chesta (70%), Vishamashayya (70%), Ati prajagarana (67.5%), Ati vyavaya (65%), Ati yana (42.5%), Ratrijaagarana (27.5%), Ati adhva (22.5%), Ati langhana (20%)*.

Most of the patients in this study were involved in *vataja viharas* which in turn contributes to pathogenesis of *Gridhrasi*.

Manasik Nidana: Present data shows that *Chinta* and *Krodha* (plays) significant role in the development of *Vataprakopa*. Hence they may contribute in this disease

RESULTS

Effect of Treatment of Group A - The initial mean score of the treatment was 0 which remained the same after 5 days of the treatment. Then it reduced to 2.0 showing 18.2% of improvement after 6 days of the treatment. Then it reduced to 4.66 showing 42.4% of improvement after 7 days. Then it reduced to 6.0

showing 54.5% improvement after 8 days. Then it reduced to 9.33 showing 84.8% of improvement after completion of 9 days of treatment.

Effect of Treatment of Group B- The mean score of treatment initially was 0 which remained same after 3 days of treatment then it reduced to 1.93 showing 17.5% of improvement after 5 days of treatment. Then it reduced to 2.33 showing 21.7% of improvement after 6 days of treatment. Then it reduced to 5.13 showing 46.6% of improvement after 7 days of treatment. Then it reduced to 6.93 showing 63.0% improvement after 8 days of treatment. Then it reduced to 9.06 showing 82.4% improvement after 9 days of treatment

Effect on Ruk: *Ruk* or *Ruja* is the cardinal symptom of *Gridhrasi*. All the 40 patients presented with *Ruja*. Significant reduction was seen in both the groups. Group A was 72.2% and Group B was 61.6%.

Effect on Stambha: In present study significant reduction in *Stambha* was seen in both the groups. In which procedure adopted for Group B was 68% more effective to reduce *Stambha* than Group A 63.6%.

Effect on Spandana: with respect to *Spandana* there is no significant difference between two groups i.e., Group B is 57.4% and Group A is 54.3%.

Effect on Toda: There is 66.6% reduction in Group A while 59% reduction in Group B in *Toda*

Effect on Straight leg raising test: There was significant improvement seen after the treatment across the two groups. Both the groups showed highly significant improvement after treatment whereas Group A was 78.8% and Group B was 43.4%

Table 6: Individual study of the Parameters in Group A

Symptoms	Mean Score		% of Reduction	S.D (±)	S.E (±)	't' Value	P Value
	B.T	A.T					
<i>Ruk</i>	2.75	0.75	72.7	0.64	0.14	13.7	<0.001
<i>Stambha</i>	2.20	0.80	63.6	0.82	0.18	7.62	<0.001
<i>Spandana</i>	2.85	1.30	54.3	0.88	0.19	7.81	<0.001
<i>Toda</i>	2.40	0.80	66.6	0.50	0.11	14.23	<0.001
SLR	1.65	0.35	78.8	0.92	0.20	6.29	<0.001

Table 7: Individual study of the parameters in Group B

Symptoms	Mean Score		% of Reduction	S.D (±)	S.E (±)	't' Value	P Value
	B.T	A.T					
<i>Ruk</i>	3.00	1.15	61.6	0.67	0.153	12.33	<0.001
<i>Stambha</i>	1.25	0.40	68	1.08	0.24	3.48	<0.001
<i>Spandana</i>	2.35	1.00	57.4	0.98	0.22	6.110	<0.001
<i>Toda</i>	2.20	0.90	59.0	0.80	0.17	7.255	<0.001
SLR	1.15	0.65	43.4	1.14	0.24	2.023	<0.05

Discussion on Overall Response of Patients

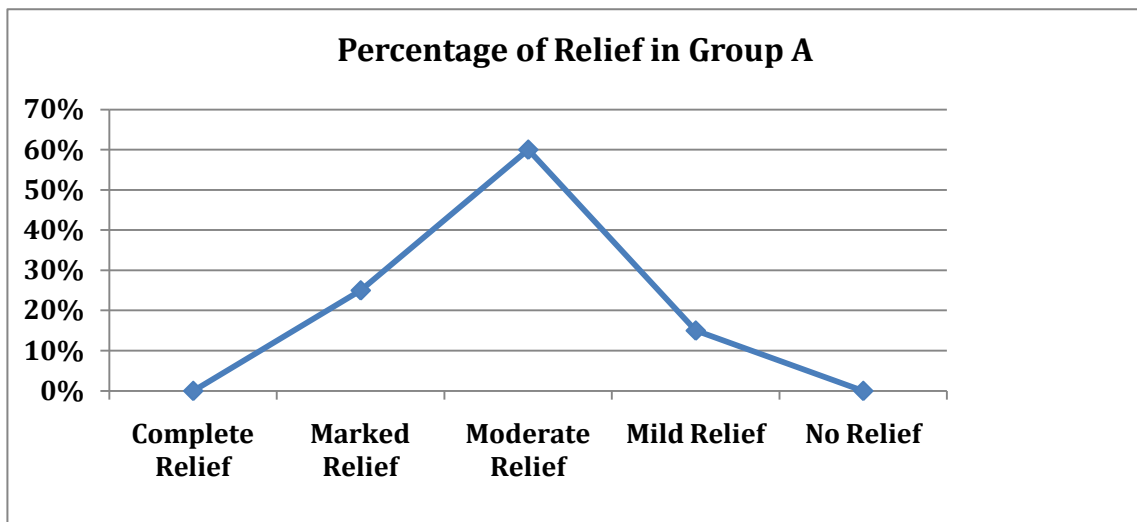
In Group A, consideration of the overall effects of *Arohana Krama Matra Basti* with *Vajigandhadi Taila* showed in this group 5 patients (25%) patients had marked improvement, 12 patients (60%) had moderate improvement and 03 patients (15%) had mild improvement.

In Group B, consideration of the overall effects of *Sadharana Krama Matra Basti* with *Vajigandhadi Taila* showed in this group, 08 patients (40%) had marked improvement, 08 patients (40.0%) had moderate improvement, 03 patients (15%) had mild improvement and 1 patient (5%) had no improvement.

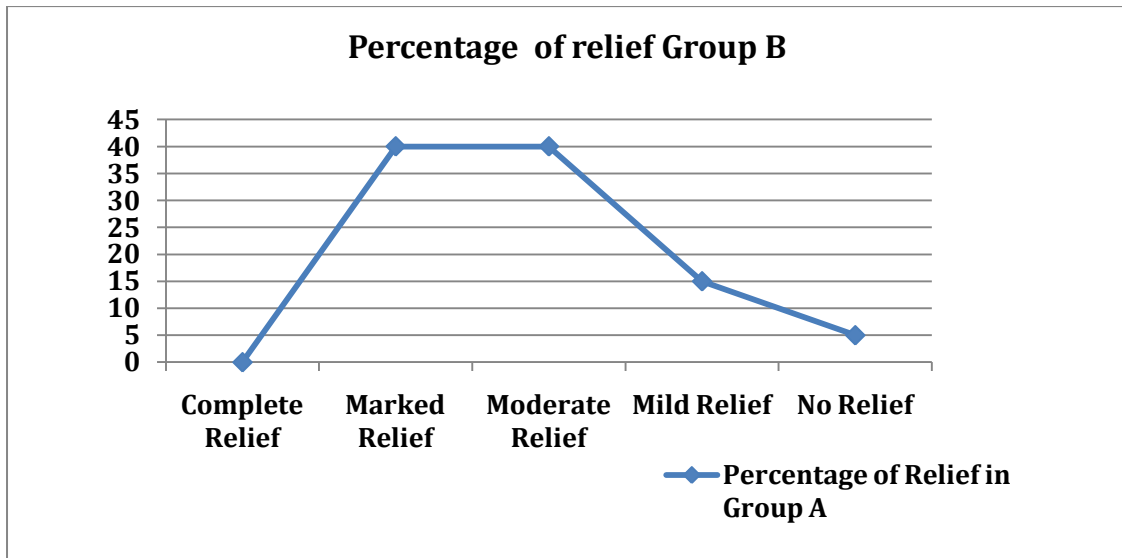
Table 8: Overall response of the treatment

Group	Overall Response									
	Cured		Marked Relief		Moderate Relief		Mild Relief		No Change	
	No. of patients	%	No. of patients	%	No. of patients	%	No. of patients	%	No. of patients	%
A	00	00	05	25	12	60	03	15	00	00
B	00	00	08	40	08	40	03	15	01	05

Graph No.3 Percentage of Relief in Group A



Graph No. 4 Percentage of Relief in Group B



Comparing mean scores of treatment of both groups

Group A showed reduction to mean 9.33 i.e., 84.8% improvement after completion of 9 days of treatment while Group B showed reduction of mean 9.06 i.e., 82.4% improvement after completion of 9 days of treatment. Hence we can say that both groups showed significant results though Group A showed 2.4% better result than Group B.

CONCLUSION

Gridhrasi is one of the crippling disorders commonly seen now-a-days and affecting a large group of the society. It can be correlated with sciatica described in modern medical science. The modern medical science has very limited remedies for its treatment and surgery has greater chances of having complications and recurrences. *Basti* is considered as the best line of treatment for *Vatavyadhis*. *Vajigandhadi taila* described by *Acharya Yogaratnakara* in the form of *Sneha* was selected for this study. This formulation has proved to be very effective in *Basti* form for *Gridhrasi*. The symptoms like *Ruk*, *Toda*, *Stambha* and *Spandana* derived statistically significant results in both the groups but Group A i.e., *Arohana Krama Matra Basti* with *Vajigandhadi Taila* shows more percentage relief than Group B i.e., *Sadharana Krama Matra Basti* with *Vajigandhadi Taila*. In this study, patients did not develop any adverse symptoms or any side effects during the course of treatment. These medicaments in therapeutic doses are very safe. Today is the world where people are busy due to mechanical life style, hence it is very difficult to undergo *Shodana* therapies like *Virechana*, *Niruha Basti* etc and also very difficult to follow the

strict diet and regimen, *Matra Basti* is the best line of treatment in which there is no restrictions to the daily activities and devoid of complications.

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