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Research Article

AN OPEN RANDOMISED COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFECT OF *EKAVIMSHATIKA GUGGULU* AND *VISHWADI GUGGULU* WITH *AGNIKARMA* IN MANAGEMENT OF *GRIDHRASI*

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ABSTRACT

Gridhrasi is one of the eighty *Nanatmaja Vatavyadhis* described in *Ayurveda*. According to *Acharya Charaka,* it is characterized by *Stambha* (stiffness), *Ruka* (pain), *Toda* (pricking sensation), and *Spandana* (twitching) affecting the buttock, lower back, thigh, knee, calf, and foot. In *Vata-Kaphaja Gridhrasi*, symptoms such as *Gaurava* (heaviness), *Aruchi* (loss of appetite), and *Tandra* (drowsiness) are also present. It resembles sciatica and significantly affects daily activities. **Aim:** To evaluate comparative effect of *Ekavimshatika Guggulu* with *Agnikarma* and *Vishwadi Guggulu* with *Agnikarma* in subjects of *Gridhrasi*. **Methodology:** An open randomized comparative clinical study was conducted on 60 patients, divided into two groups of 30 each. Group A received *Vishwadi Guggulu* with *Agnikarma*, while Group B received *Ekavimshatika Guggulu* with *Agnikarma*. Clinical parameters were assessed before and after treatment and during follow-up. **Results:** Data were analyzed using Friedman's Test, Wilcoxon Signed Rank Test, and Mann-Whitney U Test. Statistical significance was considered at $p<0.05$. **Conclusion:** Both treatment protocols were effective in managing *Gridhrasi*. However, *Ekavimshatika Guggulu* with *Agnikarma* showed superior improvement in symptoms such as *Ruka, Stambha,* and *Toda,* making it comparatively more effective than *Vishwadi Guggulu* with *Agnikarma*.

INTRODUCTION

Changing lifestyle of modern human being has created several disharmonies in his biological system as the advancement of hectic professional and social life, improper sitting posture at workplaces, continuous and over exertion, sedentary lifestyle and lifting heavy objects with the wrong posture, jerky movements during travelling and sports may worsen the disease condition.[1] All these factors creates an undue pressure to the spinal cord and playing their part in producing neuralgic pain[2] i.e., producing lower backache and sciatica.

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Ayurveda, the ancient Indian system of medicine, is recognized as one of the oldest scientific medical traditions in the world. *Gridhrasi* is one among the *Vataja Nanatmaja Vikaras*[3]. The derivation of the word *Gridhrasi* has got various interpretations based on the gait of the patient or the pain felt by them. It is said that the pain is similar to that experienced by the prey when it gets pierced by a vulture. The *Gati* of the patient resembles to that of a *Gridhra* which can be related to the limping gait in sciatica.[4] *Gridhrasi* is a condition in which the patient experiences *Stambha, Ruka, Toda* and *Spandana* over the *Sphika, Kati, Prushta, Uru, Janu, Jangha* and *Pada* in an order as described by *Acharya Charaka* these are the symptoms of *Vataja Gridhrasi* but when disease is caused by *Vata* and *Kapha* it is associated with *Gaurava, Aruchi, Tandra*[5]. *Sushrutacharya* and *Vagbhatacharya* explains *Sakthiutkshepanigraha* as a clinical feature which means restricted leg raising[6]. The disorders affecting the locomotor system are increasing in present era. In modern parlance the above condition is

described in which pains experienced along the course and in the distribution of sciatic nerve[7]. Now a day's most common disorder which effects the movements of leg particular in middle age is low backache out of which 40% are radiating pain which comes under sciatica syndrome which effects daily routine work[8]. It is a very painful condition where the pain originates from the lumbar region and then radiates along the posterior lateral aspect of the thigh region, right down to the toes. It occurs because of spinal nerve irritation and characterized by pain in distribution of sciatic nerve. It can be unilateral or bilateral based on the severity of the condition. Not all lower back pain is sciatica, but if not managed in a proper and timely manner will surely lead to it.

The prevalence of low back pain in Indian population has been found to vary between 6.2% (in general population) to 92% (In construction workers). Sciatica is a relatively common Condition with a lifetime incidence varying from 13 to 40% while the annual incidence of episode of sciatica ranges between 1-4%[9]. In the Ayurvedic classics, numerous formulations have been prescribed for the management of *Gridhrasi* and various procedures like, *Snehana, Swedana, Basti, Agnikarma* are also done. Among them, *Ekavimshatika Guggulu* and *Vishwadi Guggulu* have been selected. *Ekavimshatika Guggulu*, mentioned in *Bhavprakasha*[10], is a herbal preparation known for its *Vedanasthapana* and *Vatashamana* properties. *Vishwadi Guggulu,*described in *Bharat Bhaisajya Ratnakar*[11], is widely used for its *Vatakaphahara* and *Vedanasthapana* properties and amongst the procedures *Agnikarma* is selected as it is more effective in treatment of *Gridhrasi* as mentioned in *Charaka Samhita.*

AIM

To evaluate comparative effect of *Ekavimshatika Guggulu* with *Agnikarma* and *Vishwadi Guggulu with Agnikarma* in subjects of *Gridhrasi.*

OBJECTIVES

1. To Study the efficacy of *Ekavimshatika Guggulu* with *Agnikarma* in subjects of *Gridhrasi*.
2. To Study the efficacy of *Vishwadi Guggulu* with *Agnikarma* in subjects of *Gridhrasi*.
3. To compare the efficacy of *Ekavimshatika Guggulu* with *Agnikarma* and *Vishwadi Guggulu* with *Agnikarma* in subjects of *Gridhrasi*.

MATERIALS AND METHOD

Source of Data

Sample source

Subjects presenting with signs and symptoms of *Gridhrasi* and fulfilling the inclusion criteria and who consented to participate in study were randomly selected from OPD and IPD of Kayachikitsa Department of Karnataka Ayurveda Medical College and Hospital. Subjects were also been collected from special camps conducted for purpose of study.

Literary source

The literary review for the present study was carried out from various Ayurvedic classical texts, contemporary Ayurvedic literature, modern medical textbooks, journals, research articles, internet sources and authentic websites related to *Gridhrasi*, sciatica, *Ekavimshatika Guggulu*, *Vishwadi Guggulu* and *Agnikarma*. The collected information was critically analyzed and documented for the conceptual and clinical understanding of the disease and treatment procedures.

Source of Drug

The raw drug identified for required formulation was procured and prepared specifically for the purpose of study from a GMP certified Ayurveda Pharmacy.

Method of Preparation of Drugs

Vishwadi Guggulu (Control Drug)

Ingredients of *Vishwadi Guggulu* from *Shunthi* to *Vatsanabha* were powdered and were Authenticated at Sheetal Laboratory (Report No.A.M.-378/01-A-25) and weighed separately. Purified *Guggulu* added with fine powder of other ingredients and pounded well till it forms semisolid consistency. Castor oil is added at regular intervals to facilitate smooth pounding. When required consistency is obtained it is rolled into pills of uniform size of 500mg, dried and packed in a tightly closed container.

Ekavimshatika Guggulu (Trial Drug)

Ekavimshatika Guggulu was prepared as per *Bhavprakasha*. The drug contains 21 drugs including *Guggulu*. Drugs like *Shunti, Maricha, Pippali, Triphala, Devdaru* etc and other drugs as mentioned above in drug review were taken in equal quantity. *Shuddha Guggulu* is added an amount equivalent to sum of powder of all the drugs and pounded in to homogenous compound. Ghee is added to homogenous compound and then rolled into form of tablets of uniform size of 500mg and then dried and packed in a tightly closed container.

Method of Collection of Data

Study Design

Randomized Clinical Trial (RCT) sample size: 60

Sampling technique: By Computer generated randomization chart.

Sample area: Karnataka Ayurveda Medical College Attached Hospital.

Duration of study: 18 months

Duration of treatment: 30 days

Assessment days: 0th, 10th, 20th, 30th day

This clinical study is registered under CTRI/2025/10/095621.

Sample Size: Minimum of 60 subjects was taken for the study made into two groups each having 30 subjects.

Group A- 30 subjects was administrated with *Vishwadi Guggulu* with *Agnikarma.*

Group B- 30 subjects was administrated with *Ekavimshatika Guggulu* with *Agnikarma.*

Diagnostic Criteria

Subjects with following symptoms of *Gridhrasi* vis-ã-vis sciatica was taken for the study.

1. Pain radiating from *Sphika, Kati, Prushta, Uru, Janu, Jangha* and *Pada.*
2. SLR Test- Positive
3. Bragard's Sign- Positive
4. Radiological Investigation- X-ray LS spine AP- LAT

Inclusion Criteria

1. Subjects with signs and symptoms of *Gridhrasi* vis-ã-vis sciatica between the age group of 20-60 irrespective of gender was selected for study.
2. Both freshly detected and treated cases of *Gridhrasi* vis-ã-vis sciatica (with a flush out period of 7 days) was taken for study.
   - Fresh cases include freshly detected and untreated cases of *Gridhrasi* vis-ã-vis sciatica was included.
   - Treated cases include already diagnosed as *Gridhrasi* vis-ã-vis sciatica, who had voluntarily discontinued previous treatment with flush out period of 7 days.

Exclusion Criteria

1. Subjects with history of recent fracture (<1 year) of lumbar spine was excluded.
2. Neoplastic condition of spine.
3. Infections of spine.
4. Pregnant and lactating women.
5. Subjects with known case of diabetes mellitus, hypertension etc. was excluded.
6. Subjects are suffering from any systemic disorder like TB, cancer etc.

Withdrawal Criteria

1. Severe illness during study.
2. If participant miss any of follow up.
3. If participant experience adverse events.
4. The investigator decides that continuing participant participation could be harmful.
5. Participant need treatment not allowed in the study.
6. Other administrative reasons.

Intervention

A total of 60 patients diagnosed with *Gridhrasi* were randomly divided into two groups consisting of 30 patients each. Both groups received internal medication and *Agnikarma.*

Group	Group-A (Control Group)	Group-B (Trial Group)
Name of drug	*Vishwadi Guggulu*	*Ekavimshatika Guggulu*
Dose	3 gm/TDS	3gm/TDS
Kala	*Paschat Bhakta*	*Paschat Bhakta*
Anupana	*Koshna Jala*	*Koshna Jala*
Study duration	30 days	30 days
No. of subjects	30	30
Follow up	10th, 20th, 30th day	10th, 20th, 30th day

On 0th, 10th, 20th and 30th day subjects of either group will be given *Agnikarma*.

Pathya Apathya Ahara and *Vihara* will be advised to all the patients during the course of treatment.

Standard Operating Procedure of *Agnikarma* for Both Groups

1. *Purva karma*: Informed written consent of the participant was taken.
2. *Pradhan karma*: At the site of *Antara-Kandara-Gulpha-Madhya*, *5-6 Bindu* (*Bindu* type) of *Samyak Dagdha Vrana* was made. ½ *Angul* (approx. 1cm) space between two *Samyak Dagdhas* was maintained.
3. *Pachat karma*: Aloe-Vera gel was applied *on Samyak Dagdha Vrana* to get rid of instant burning sensation.

Follow Up Schedule: On 10th, 20th, 30th days.

Assessment Criteria

Assessment of the patients was carried out before treatment, during treatment and after treatment based on subjective and objective parameters.

Subjective Parameters

***Ruka* (Pain)**

Grade	Description
0	No pain
1	Occasional pain.
2	Mild pain but no difficulty in walking.
3	Moderate pain and slight difficulty in walking
4	Severe pain with severe difficulty in walking

***Stambha* (Stiffness)**

Grade	Description
0	No stiffness
1	Mild stiffness
2	Moderate stiffness
3	Severe stiffness

***Toda* (Pricking type of pain)**

Grade	Description
0	No pricking sensation
1	Occasional pricking sensation
2	Moderate pricking sensation
3	Severe pricking sensation

***Spandana* (Twitching)**

Grade	Description
0	No twitching
1	Sometimes for 5-10 min
2	Daily for 10-30 min
3	Daily for 30-60 min
4	Daily for more than 1 hour

***Gaurava* (Heaviness)**

Grade	Description
0	No *Gaurava*
1	Mild *Gaurava*
2	Moderate *Gaurava*
3	Severe *Gaurava*

***Aruchi* (Anorexia)**

Grade	Description
0	No *Aruchi*
1	Mild *Aruchi*
2	Moderate *Aruchi*
3	Severe *Aruchi*

***Tandra* (Drowsiness)**

Grade	Description
0	No *Tandra*
1	Mild *Tandra*
2	Moderate *Tandra*
3	Severe *Tandra*

Objective Parameters

Straight Leg Raise Test

S.L.R Test	Grade
>90	0
>71-90	1
>51-70	2
>31-50	3
Up to 30	4

VAS Pain Scale

Description	Grade
No pain 0	0
Mild pain (1-3)	1
Moderate pain (4-6)	2
Severe pain (7-9)	3
Worst pain (10)	4

Bragard's Sign

Before treatment- Positive/Negative

After treatment-Positive/Negative

OBSERVATIONS AND RESULTS

Statistical Analysis

In this study 60 patients were enrolled, 30 in Group A and 30 in Group B. Demographic data is presented in the form of frequency and percentage along with graphical representation. Variables on ordinal scale (gradations) were analyzed using Friedman's Test for follow up wise changes. Wilcoxon Signed Rank Test is carried out for pre-post analysis. Comparison between two groups is performed using Mann Whitney U Test. P-Value less than 0.05 considered significant and P-Value greater than 0.05 considered not significant.

Statistical analysis is performed using SPSS 20.0 software.

Distribution of subjects according to demographic data:

Age (in years)

Age Group	Group A		Group B		Total	
	N	%	N	%	N	%
20-30 years	6	20.00%	0	0.00%	6	10.00%
31-40 years	10	33.33%	7	23.33%	17	28.33%
41-50 years	7	23.33%	14	46.67%	21	35.00%
51-60 years	7	23.33%	9	30.00%	16	26.67%
Total	30	100.00%	30	100.00%	60	100.00%

Gender

Gender	Group A		Group B		Total	
	N	%	N	%	N	%
Female	14	46.67%	10	33.33%	24	40.00%
Male	16	53.33%	20	66.67%	36	60.00%
Total	30	100.00%	30	100.00%	60	100.00%

Marital Status

Marital Status	Group A		Group B		Total	
	N	%	N	%	N	%
Married	25	83.33%	27	90.00%	25	83.33%
Unmarried	5	16.67%	3	10.00%	5	16.67%
Total	30	100.00%	30	100.00%	30	100.00%

Religion

Religion	Group A		Group B		Total	
	N	%	N	%	N	%
Hindu	28	93.33%	28	93.33%	56	93.33%
Muslim	2	6.67%	2	6.67%	4	6.67%
Total	30	100.00%	30	100.00%	100	100.00%

Education

Education	Group A		Group B		Total	
	N	%	N	%	N	%
Educated	22	73.33%	20	66.67%	42	70.00%
Uneducated	8	26.67%	10	33.33%	18	30.00%
TOTAL	30	100.00%	30	100.00%	60	100.00%

Occupation

Occupation	Group A		Group B		Total	
	N	%	N	%	N	%
Business	6	20.00%	6	20.00%	12	20.00%
Farmer	4	13.33%	3	10.00%	7	11.67%
Govt. Job	2	6.67%	2	6.67%	4	6.67%
Housewife	8	26.67%	6	20.00%	14	23.33%
Service	7	23.33%	9	30.00%	16	26.67%
Teacher	3	10.00%	4	13.33%	7	11.67%
Total	30	100.00%	30	100.00%	60	100.00%

Socio-Economic status

Socio Economic Status	Group A		Group B		Total	
	N	%	N	%	N	%
Higher class	7	23.33%	7	23.33%	14	23.33%
Lower class	4	13.33%	5	16.67%	9	15.00%
Middle class	19	63.33%	18	60.00%	37	61.67%
Total	30	100.00%	30	100.00%	60	100.00%

Diet

Diet	Group A		Group B		Total	
	N	%	N	%	N	%
Mixed	19	63.33%	N	70.00%	40	66.67%
Veg	11	36.67%	21	30.00%	20	33.33%
Total	30	100.00%	9	100.00%	60	100.00%

Diwaswap

Diwaswap	Group A		Group B		Total	
	N	%	N	%	N	%
No	19	63.33%	21	70.00%	40	66.67%
Yes	11	36.67%	9	30.00%	20	33.33%
Total	30	100.00%	30	100.00%	60	100.00%

Agni

Agni	Group A		Group B		Total	
	N	%	N	%	N	%
Mandya	8	26.67%	7	23.33%	15	25.00%
Samagni	8	26.67%	9	30.00%	17	28.33%
Tikshna	7	23.33%	7	23.33%	14	23.33%
Visham	7	23.33%	7	23.33%	14	23.33%
Total	30	100.00%	30	100.00%	60	100.00%

Koshtha

Koshtha	Group A		Group B		Total	
	N	%	N	%	N	%
Krur	7	23.33%	8	26.67%	15	25.00%
Madhyam	10	33.33%	9	30.00%	19	31.67%
Mrudu	13	43.33%	13	43.33%	26	43.33%
Total	30	100.00%	30	100.00%	60	100.00%

Nidra

Nidra	Group A		Group B		Total	
	N	%	N	%	N	%
Alpa	8	26.67%	6	20.00%	14	23.33%
Khandita	6	20.00%	6	20.00%	12	20.00%
Samyaka	16	53.33%	18	60.00%	34	56.67%
Total	30	100.00%	30	100.00%	60	100.00%

Prakruti

Prakruti	Group A		Group B		Total	
	N	%	N	%	N	%
KP	9	30.00%	7	23.33%	16	26.67%
KV	4	13.33%	6	20.00%	10	16.67%
PK	7	23.33%	4	13.33%	11	18.33%
PV	3	10.00%	3	10.00%	6	10.00%
VK	2	6.67%	2	6.67%	4	6.67%
VP	5	16.67%	8	26.67%	13	21.67%
Total	30	100.00%	30	100.00%	60	100.00%

Vyayam

Vyayam	Group A		Group B		Total	
	N	%	N	%	N	%
No	19	63.33%	23	76.67%	42	70.00%
Yes	11	36.67%	7	23.33%	18	30.00%
Total	30	100.00%	30	100.00%	60	100.00%

Type of Disease

Type of Disease	Group A		Group B		Total	
	N	%	N	%	N	%
V	23	76.67%	23	76.67%	46	76.67%
VK	7	23.33%	7	23.33%	14	23.33%
Total	30	100.00%	30	100.00%	60	100.00%

Between Group Comparison Using Mann Whitney U Test (Subjective Parameters)

Variable	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value	Result
Ruka	Group A	30	27.90	837.00	238.000	0.008	Sig
	Group B	30	33.10	993.00			
	Total	60					
Stambha	Group A	30	26.57	797.00	192.000	0.003	Sig
	Group B	30	34.43	1033.00			
	Total	60					
Toda	Group A	30	27.57	827.00	218.000	0.006	Sig
	Group B	30	33.43	1003.00			
	Total	60					
Spandana	Group A	30	26.88	806.50	201.500	0.004	Sig
	Group B	30	34.12	1023.50			
	Total	60					
Gaurava	Group A	30	28.22	846.50	241.500	0.009	Sig
	Group B	30	32.78	983.50			
	Total	60					
Aruchi	Group A	30	28.78	863.50	241.500	0.009	Sig
	Group B	30	32.22	966.50			
	Total	60					
Tandra	Group A	30	27.17	815.00	230.000	0.007	Sig
	Group B	30	33.83	1015.00			
	Total	60					

Interpretation

For *Ruka*, the mean rank was higher in Group B (33.10) compared to Group A (27.90). The difference between the groups was statistically significant (U = 238.000, P = 0.008), indicating that Group B provided significantly better relief in *Ruka* than Group A.

For *Stambha*, the mean rank was higher in Group B (34.43) than in Group A (26.57). The observed difference was statistically significant (U = 192.000, P = 0.003), suggesting that Group B was significantly more effective in reducing *Stambha*.

For *Toda*, Group B exhibited a higher mean rank (33.43) compared to Group A (27.57). The difference was statistically significant (U = 218.000, P = 0.006), indicating superior improvement in *Toda* in Group B.

For *Spandana*, the mean rank was higher in Group B (34.12) than in Group A (26.88). The difference was statistically significant (U = 201.500, P = 0.004), demonstrating significantly better relief in *Spandana* in Group B.

For *Gaurava*, Group B showed a higher mean rank (32.78) compared to Group A (28.22). The difference was statistically significant (U = 241.500, P = 0.009), indicating that Group B was more effective in alleviating *Gaurava.*

For *Aruchi*, the mean rank was higher in Group B (32.22) than in Group A (28.78). The difference was statistically significant (U=241.500, P=0.009), suggesting significantly greater improvement in *Aruchi* in Group B.

For *Tandra*, Group B demonstrated a higher mean rank (33.83) compared to Group A (27.17). The difference was statistically significant (U = 230.000, P = 0.007), indicating that Group B produced significantly better relief in *Tandra* than Group A.

Between Group Comparison Using Mann Whitney U Test (Objective Parameters)

	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P- Value	Result
SLRT	Group A	30	28.30	849.00	244.000	0.009	Sig
	Group B	30	32.70	981.00			
	Total	60					
VAS Scale	Group A	30	26.97	809.00	116.000	0.000	Sig
	Group B	30	34.03	1021.00			
	Total	60					

Interpretation

For **SLRT (Straight Leg Raising Test)**, the mean rank was higher in Group B (32.70) compared to Group A (28.30). The difference between the groups was statistically significant (U = 244.000, P = 0.009), indicating that Group B produced significantly better improvement in SLRT than Group A.

For **VAS Scale**, the mean rank was higher in Group B (34.03) than in Group A (26.97). The difference was highly statistically significant (U = 116.000, P = 0.000), suggesting that Group B was significantly more effective in reducing pain intensity as assessed by the VAS Scale.

Bragard's Sign

Bragard's Sign	Group A				Group B			
	BT		AT		BT		AT	
	N	%	N	%	N	%	N	%
Negative	0	0.00%	30	100.00%	0	0.00%	30	100.00%
Positive	30	100.00%	0	0.00%	30	100.00%	0	0.00%
Total	30	100.00%	30	100.00%	30	100.00%	30	100.00%

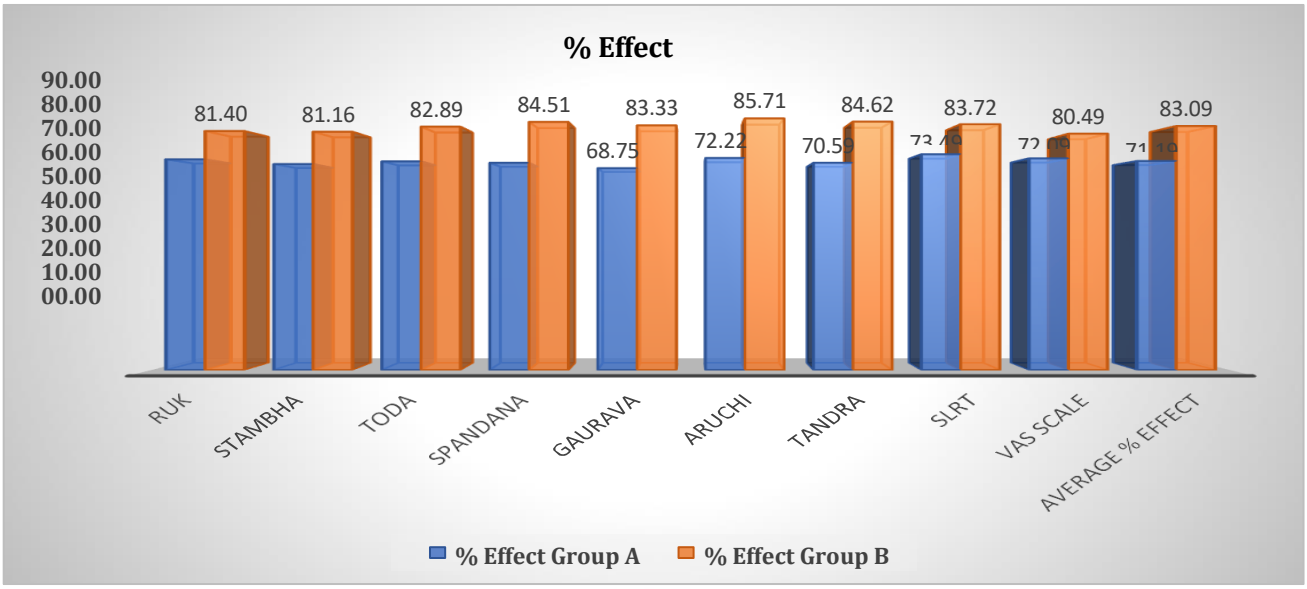
Interpretation

These findings indicate complete relief in Bragard's Sign in both Group A and Group B after treatment, suggesting marked improvement in sciatic nerve irritation and associated symptoms in all patients.

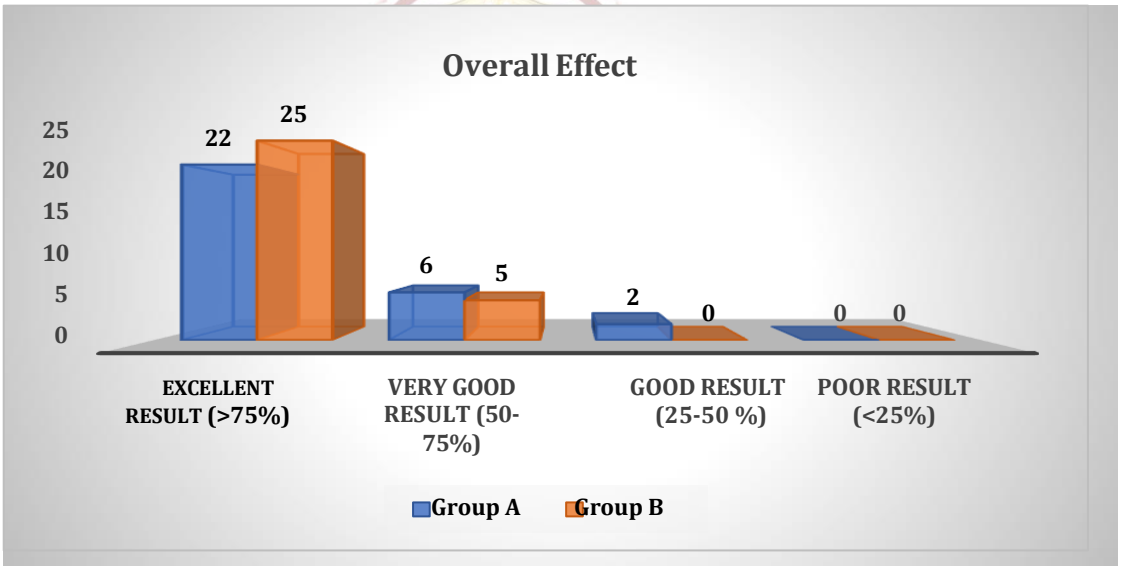
Percentage Effect

Parameter	% Effect	
	Group A	Group B
Ruka	71.76	81.40
Stambha	70.15	81.16
Toda	71.08	82.89
Spandana	70.59	84.51
Gaurava	68.75	83.33
Aruchi	72.22	85.71

Tandra	70.59	84.62
SLRT	73.49	83.72
VAS Scale	72.09	80.49
Average % effect	71.19	83.09



Overall Effect



DISCUSSION

Study Overview: This open randomized comparative clinical study evaluated the effect of *Vishwadi Guggulu* with *Agnikarma* (Group A) and *Ekavimshatika Guggulu* with *Agnikarma* (Group B) in 60 patients of *Gridhrasi*. Patients were assessed over 30 days using subjective and objective parameters.

Discussion on Demographic Data

Most patients belonged to the 41–50 years age group, indicating higher prevalence of *Gridhrasi* during middle age due to occupational stress, degenerative changes, and increasing *Vata* predominance. Males constituted the majority of cases, likely because of greater exposure to physical strain, prolonged travel, lifting of weights, and occupational stress. Most participants were married, educated, and from the middle socioeconomic class.

Service employees, housewives, and business persons formed the largest occupational groups, suggesting that prolonged sitting, standing, repetitive activities, and improper posture contribute to disease

occurrence. Mixed dietary habits were more common than vegetarian diets.

Mrudu Koshtha was predominant, while *Kapha-Pitta Prakruti* was the most common constitution. Most subjects did not perform regular exercise, indicating a sedentary lifestyle as a possible risk factor. *Vataja Gridhrasi* was more common than *Vata-Kaphaja Gridhrasi,* supporting the classical Ayurvedic view that *Vata* is the principal *Dosha* involved.

Discussion on Subjective and Objective criteria and on that basis outcome of treatment

Both treatment groups showed statistically highly significant improvement in all subjective and objective parameters. Relief was observed in *Ruka*(pain), *Stambha* (stiffness), *Toda* (pricking pain), *Spandana* (twitching), *Gaurava* (heaviness), *Aruchi*, and *Tandra*. Improvement was also seen in SLRT, VAS score, and Bragard's sign.

Although both interventions were effective, Group B (*Ekavimshatika Guggulu* with *Agnikarma*) consistently demonstrated greater percentage improvement than

Group A (*Vishwadi Guggulu* with *Agnikarma*) in most parameters. Pain reduction, improvement in stiffness, nerve irritation, mobility, and overall functional status were comparatively better in Group B.

Bragard's sign became negative in all patients after treatment, indicating marked improvement in sciatic nerve irritation and clinical recovery.

Discussion on Probable mode of action of drugs and *Samprapti Vighatana*

Vishwadi Guggulu acts through *Vata-Kapha Shamana, Deepana-Pachana, Ama Pachana, Srotoshodhana, Vedanasthapana,* and *Shothahara* actions. It reduces pain, stiffness, inflammation, and nerve irritation while restoring normal *Vata* movement.

Ekavimshatika Guggulu acts through *Deepana-Pachana, Vata Shamana, Vatanulomana, Kapha Avarana* removal*, Srotoshodhana,* and *Rasayana* effects. Its phytoconstituents possess anti-inflammatory, analgesic, antioxidant, and neuroprotective properties, helping to reduce pain, improve nerve function, and support tissue repair.

Agnikarma provides therapeutic heat that pacifies *Vata* and *Kapha*, improves circulation, removes *Srotorodha*, enhances metabolism, and relieves pain. From a modern perspective, its effect may be explained by gate control theory, counter-irritation, muscle relaxation, improved blood flow, and modulation of inflammatory processes.

CONCLUSION

The present randomized comparative clinical study was conducted on 60 patients of *Gridhrasi*, with 30 patients each in Group A and Group B, to evaluate the efficacy of *Vishwadi Guggulu* with *Agnikarma* and *Ekavimshatika Guggulu* with *Agnikarma*. The study findings revealed that *Gridhrasi* is predominantly a *Vata-pradhana Vatavyadhi*, sometimes associated with *Kapha*, often aggravated by factors such as improper posture, prolonged sitting, excessive physical exertion, sedentary lifestyle, and lifting heavy weights. Both treatment modalities produced statistically significant improvement in subjective parameters such as *Ruka* (pain), *Stambha* (stiffness), *Toda* (pricking pain), *Spandana* (twitching), *Gaurava* (heaviness), *Aruchi* (anorexia), and *Tandra* (drowsiness), as well as objective parameters including SLRT, VAS score and complete relief in Bragard's sign. However, Group B demonstrated comparatively superior results, with 83.33% of patients achieving excellent improvement compared to 73.33% in Group A. Intergroup analysis showed statistically significant differences favouring Group B, indicating that *Ekavimshatika Guggulu* with *Agnikarma* was more effective in alleviating the signs and symptoms of *Gridhrasi*. No adverse effects were reported during the study, confirming the safety and tolerability of both interventions. The study further highlights the importance of *Agnikarma*, *Nidana Parivarjana*, and *Pathya-Apathya* in achieving better therapeutic outcomes. Therefore, it can be concluded that both treatment regimens are effective in the management of *Gridhrasi*, but *Ekavimshatika Guggulu* with *Agnikarma* provides significantly greater and more comprehensive clinical improvement.

Further scope for research activity

1. Future studies should involve larger sample sizes across multiple centers with extended follow-up periods to enhance the generalizability of findings.
2. Comparative clinical trials evaluating different Shamana *Aushadhis* in combination with *Agnikarma* are recommended to determine the most effective therapeutic approach.
3. Additional research may assess the therapeutic efficacy of various *Dhatu Shalakas* and their influence on treatment outcomes.
4. Integrated treatment protocols incorporating *Panchakarma*, Yoga, and physiotherapy should be explored to achieve comprehensive patient management.
5. Standard operating procedures for *Agnikarma*, including thermal parameters, dosage, and application techniques, need to be established.

6. The use of advanced diagnostic and imaging modalities may help validate Ayurvedic outcomes through objective assessment.

Limitations of the Study

1. The study was conducted with a relatively small sample size and a limited follow-up duration.
2. Reliance on subjective assessment criteria may have introduced observer related bias.
3. Advanced diagnostic investigations were not consistently utilized for all participants.
4. Dietary habits and lifestyle factors could not be completely standardized throughout the study period.
5. The absence of blinding and placebo controls may have affected the study outcomes.
6. As the research was conducted at a single center using limited formulations, the findings may have restricted external applicability.

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