



A Comparative Study of *Saindhavadi Taila Kati Basti* and *Ekangveer Rasa* in The Management of *Gridhrasi* (Sciatica)

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ABSTRACT

The modern day lifestyle has lead to increasing number of locomotor disorders and Sciatica is one of them. *Ayurvedic* classics have described this disease in the name of *Gridhrasi*. This study was done on 40 patients of *Gridhrasi* so as to evaluate and compare the efficacy of a herbomineral compound, *Ekang veer rasa* and the therapeutic procedure of *Kati basti* with *Saindhavadi taila*. Both the therapies were effective in combating the disease, however on comparing overall effect of both the therapies, *Kati basti* proved to be more effective than the *Shamana* therapy with *Ekang veer rasa*.

Key words: *Ekangveer Rasa, Gridhrasi, Kati Basti, Saindhavadi Taila, Sciatica*

INTRODUCTION

The modern day lifestyle has lead to increased incidences of disorder affecting the locomotor system. These conditions considerably reduce the human activity in the term of social and professional life. Among such disorders, *Ayurvedic* classics have described a severe debilitating disease in the name of *Gridhrasi*. The name itself indicates the way of gait shown by the patient due to extreme pain, i.e., just like a *Gridhra* (vulture).^[1] In *Ayurveda*, *Gridhrasi* is considered as one of 80 *Nanatmaja Vatavyadhis*, i.e. it is caused because of vitiated *Vata* only. Hence, symptoms of *Vata prakopaa* like *Shoola, Supti, Stambha* etc. are found as the cardinal symptoms of this disease.^[2] In modern parlance, the above condition is described in the name of Sciatica, in which the pain is experienced along the course and in the distribution of Sciatic nerve. In an overall assessment, the major number of patients presenting to the hospital have some symptoms related with pain on low back and legs.^[3]

The advancements of busy professional and social life, improper sitting posture in office, factories, etc create undo pressure to the spinal cord. Also, continuous and over exertion, jerking movements during travelling and sports are also playing their part in producing such kind of neuralgic pain. Likewise, progressive disorder affecting the pelvic and nearer structures are also precipitating this condition. Sciatica not only inflicts pain, but also causes difficulty in walking. In this way, this disease has now become a significant threat to the

working population. The prevalence of sciatica varies considerably ranging from 3.8% in the working population to 7.9% in non-working population.^[4]

The management in contemporary medicine for this condition is either conservative or surgical in nature.^[5] Whereas the *Ayurvedic* treatment principle mainly comprises of *Shodhana* with *Snigdha mridu virechana* followed by *Vasti* is the line of treatment of *Vata* situated in *Adhobhaga*.^[6]

Aim of study

- To evaluate the efficacy of *Ekang veer rasa* in *Gridhrasi*.
- To evaluate the efficacy of *Kati basti* with *Saindhavadi taila*.
- To compare the effect of both the drugs.
- To review the literature of *Gridhrasi*.

MATERIALS AND METHODS

Sources of data

40 patients of *Gridhrasi* disease were registered and informed consent was obtained. They were randomly divided into two groups-

Group A- 20 patients treated by *Ekangveer rasa* orally.

Group B- 20 patients treated by *Saindhavadi taila Kati Basti*.

Inclusion criteria

1. Presence of clinical features of *Gridhrasi*.
2. Patient with back pain radiating to thigh, foot.

Exclusion criteria

1. Patient below 18 and above 60 years of age.
2. Patient with other systemic disorder and malignancy.
3. Degenerative disorder with marked deformity.
4. Pregnant women and lactating mother.

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5. History of major trauma causing fractures.
6. Patient of Cauda Equina syndrome and other surgical emergencies.

Management

- i. *Ekangveer Rasa* taken orally- 125 mg tid, after meals. Taken with (*Anupana*) warm water.
- ii. *Kati Basti* with *Saindhavadi Taila*, one hour after breakfast.

Duration of study

- Medicine was given orally for 30 days and patients were followed up for the following 30 days after withdrawal of the drug.
- *Kati Basti* was given for 14 days and patients were followed up for 30 days after the withdrawal of therapy.

Proper guidelines were given to all patients regarding posture etc., along with strengthening exercises for the spine.

Assessment of response (method of assessment and grading)

I. Assessment of individual parameters

1. Subjective parameters-

A-Ruk (Pain)-

- Grade 0-** No pain
- Grade1-** Trivial pain- Mild, annoying pain
- Grade2-** Mild pain-Nagging, uncomfot, troublesome
- Grade 3-** Moderate pain- Distressing, miserable pain
- Grade 4-** Severe pain- Intense, dreadful, horrible pain

B-Stambha (Stiffness)

- Grade0 -** No stiffness
- Grade1-** With up to 25% impairment in the range of movement of joint. Patient can perform daily routine work without any difficult.
- Grade 2-** With 25 to 50% impairment in the range of movement of joints. Patient has moderate to severe difficulty in performing daily routine.
- Grade 3-** With 50-75% impairment in the range of movement of joints. Patient has moderate to severe difficult in performing daily routine .
- Grade 4-** > 75% impairment the range of movement of joints. Patient totally unable to perform daily routine.

C- Toda (Pricking pain)

- Grade 0-** Absent
- Grade 1-** Mild, occasionally in a day
- Grade 2-** Moderate, after movement, daily frequent not persistent.
- Grade 3-** Moderate, after movement, daily frequent and persistent.
- Grade 4-** Severe, persistent.

D-Spandana (Twitching)-

- Grade 0-** Absent.
- Grade 1-** Present.

E-Suptata (Numbness)-

- Grade 0-** Absent.
- Grade1-** Present.

F-Gourava (Heaviness)

- Grade 0-** Absent.
- Grade 1-** Present.

G-Daha (Burning sensation)

- Grade 0-** Absent.
- Grade1-** Present.

2. Objective parameters grading

A-SLR Test-

- Grade 0** – Equal to or more than 60 degree without pain.
- Grade 1** – Equal to or more than 60 degree with pain.
- Grade 2** – More than 30 degrees and less than 60 degree with pain.
- Grade 3** – Less than or equal to 30 degrees with pain.

B-S.N.S.T- It will be assessed as positive or negative.

- Positive response was interpreted as P or 1.
- Negative response was interpreted as A or 0.

C-Walking time- to cover 21 meters.

- Grade 0-** up to 20 sec.
- Grade 1-** up to 21-30 sec.
- Grade2-** up to 31-40 sec.
- Grade 3-** up to 41-50 sec.
- Grade 4-** more than 50 sec.

II. Overall Assessment of response to therapy

- **Good relief-** Approximately 100% relief.
- **Marked response-** more than 75% relief in signs and symptoms.
- **Moderate response-** 50-75% relief in signs and symptoms.
- **Mild response-** Below 50% relief in signs and symptoms.
- **No relief-** No relief seen

OBSERVATIONS AND RESULTS

I. Assessment of individual parameters

Table 1: Statistical analysis of the objective parameters within the group A and B

i) Group A

S.No.	Parameter	Mean	S.D	S.E	t-Value	P-Value	Remarks
1	SLR	0.6	0.6	0.13	4.62	P<0.001	HS
2	Walking time	0.85	0.360	0.08	10.63	P<0.001	HS
3	S.N.S.T	7.25	3.796	0.85	8.53	P<0.001	HS

ii) Group B

S.No.	Parameter	Mean	S.D	S.E	t-Value	P-Value	Remarks
1	SLR	1.2	0.831	0.19	6.32	P<0.001	HS
2	Walking time	1.4	0.2526	5.649	0.30	P>0.05	NS
3	S.N.S.T	19.75	9.385	2.10	9.40	P<0.001	HS

Table 2: Statistical analysis of the subjective parameters within the group A and B

i) Group A

S. No.	Parameter	Mean	SD	SE	t-Value	P-Value	Remarks
1	<i>Ruk</i>	0.85	0.489	0.109	7.759	P<0.001	HS
2	<i>Stambha</i>	0.5	0.6082	0.1360	3.675	P<0.01	S
3	<i>Toda</i>	0.9	0.307	2.118	0.424	P>0.05	NS
4	<i>Spandana</i>	0.65	0.4899	0.10955	5.933	P<0.001	HS
5	<i>Gourava</i>	0.6	0.5	0.11	5.45	P<0.001	HS
6	<i>Suptata</i>	0.7	0.469	0.10	7	P<0.01	HS
7	<i>Daha</i>	0.8	0.4123	0.09	8.89	P<0.001	HS

ii) Group B

S. No.	Parameter	Mean	SD	SE	t-Value	P-Value	Remarks
1	<i>Ruk</i>	1.4	0.678	0.15	9.33	P<0.001	HS
2	<i>Stambha</i>	1	0.761	0.17	5.88	P<.001	HS
3	<i>Toda</i>	1.2	0.519	0.12	10.00	P<.001	HS
4	<i>Spandana</i>	0.95	0.224	0.05	19	P<0.001	HS
5	<i>Gourava</i>	0.8	0.4123	0.09	8.89	P<0.001	HS
6	<i>Suptata</i>	0.8	0.4123	0.09	8.89	P<0.001	HS
7	<i>Daha</i>	0.95	0.224	0.05	19	P<0.001	HS

Table 3: Statistical analysis among the group A and B for subjective parameters. (After treatment)

S. No.	Parameter	Gp.	Mean	SD	SE	PSE	t-Value	P value	Remarks
1	<i>Ruk</i>	A	0.85	0.489	0.109	0.173	3.18	P<0.01	S
		B	1.4	0.678	0.15				
2	<i>Stambha</i>	A	0.5	0.6082	0.1360	0.224	2.23	P<0.01	S
		B	1	0.761	0.17				
3	<i>Toda</i>	A	0.9	0.307	2.118	2.12	0.14	P>0.05	NS
		B	1.2	0.519	0.12				
4	<i>Spandana</i>	A	0.65	0.4899	0.10955	0.114	2.63	P<0.01	S
		B	0.95	0.224	0.05				
5	<i>Gourava</i>	A	0.6	0.5	0.11	0.141	1.42	P>0.05	NS
		B	0.8	0.4123	0.09				
6	<i>Suptata</i>	A	0.7	0.469	0.10	0.141	43.26	P<0.001	HS
		B	0.8	0.4123	0.09				
7	<i>Daha</i>	A	0.8	0.4123	0.09	0.1095	7.95	P<0.001	HS
		B	0.95	0.224	0.05				

Table 4: Statistical analysis among the group A and B for objective parameters. (After treatment)

S. No.	Parameter	Group	Mean	SD	SE	PSE	t value	P value	Remarks
1	SLR	A	0.6	0.6	0.13	0.245	2.45	P<0.01	S
		B	1.2	0.831	0.19				
2	Walking time	A	0.85	0.360	0.08	5.65	0.10	P>0.05	NS
		B	1.4	0.253	5.64				
3	SNST	A	7.25	3.796	0.85	2.265	5.52	P<0.001	HS
		B	19.75	9.385	2.10				

II. Overall assessment

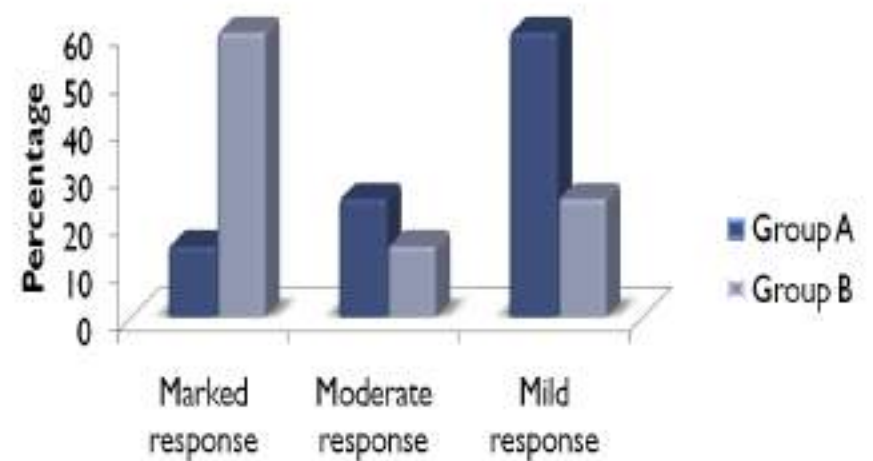


Fig. 1: Overall response to therapy

The above data suggests that in Group B maximum patients got marked relief, i.e. 60% whereas 15% got moderate relief in comparison to Group A where 15% got marked relief and 25% moderate response.

DISCUSSION

Ekangveer rasa described by *vaidya pandit Hariprappana ji* in *Rasayogasagar* has been selected for the *Shamana* in the study. It consider as a herbo-mineral product containing *Vanga, Naga, Trama, Abhraka* and *Loha*. The property of *Tamra* is *shool/shoth hara*, *Loha* is *kostashodhak* and *rasayana*, *Vanga* is used in *nadi dourbalya* which acts on the vitiated *Gridhrasi nadi*. *Loha* is *kosta shodhak* which means that it maintains the digestive system which is a root of *vayu*. *Naga* is consider as a *balya*, i.e. it gives strength to our body and the *Gridhrasi nadi* as well. *Abhraka* is considered as *rasayana*. In the herbal part, *Haritaki* is one of the best *vatanulomaka* which removes vitiated *vayu*, whereas *Nirgundi, Kupilu, Sahijana* is *vedana shamaka* (relieves pain). Others, i.e. *Maricha, Amlaki, Kooth, Aak*, etc possess *vata kapha hara, shool hara* properties as well as anti-inflammatory,

analgesic, muscle relaxant properties and even regenerative properties which gives relief from the disease. So combination of this herbs and minerals is very effective in *Gridhrasi roga*.

Saindhavadi taila has been described by Acharya Chakradutta in *Gridhrasi roga*. It mainly contains mainly *Til taila*, *Shunthi*, *Chitraka*, *Pippali*, *Bhallataka*, *Saindhava* and *Kanji*. The properties of these drugs are *Vata Kapha hara*. The property of *Saindhava* is *Tridosahara*; because of its *Sukshma guna* it enters the affected part, along with *Til taila*, ingredients as *Shunthi* it act as a *Vedana shamaka*, *Bhallataka* acts on the *Nadi sansthana (Gridhrasi nadi)* and gives strength of this *nadi*; *Pippali* act as *Vedana shamaka*, *Chitraka* act on *nadi sansathana* and *Kanji* is *Kapha Vata Shamaka*. So all the ingredients contain the properties of *Vedana shamaka*, *Vata kapha hara* and *Balya*, whereas due to local *snehana* and *swedana* effect, it relieves *Stambha*, *Gaurava*, *Sheeta* which reduces the intensity of pain.

CONCLUSION

After systematic clinical trials to assess the efficacy of *Ekangveer rasa* and *Saindhavadi taila kati basti* in the management of *Gridhrasi* it was observed that both the therapies were effective in combating the disease. However on comparing the overall effect of the therapies, *Kati basti* proved to be more effective than the *Shamana* therapy. But to affirm the results, a study on larger samples is required.

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