

# A Study on the Role of Parijata Vati in the Management of Gridhrasi w.s.r. to Sciatica

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**ABSTRACT :** 'Gridhrasi' is one among the 'Vataja Nanatmaja Vyadhi' described by Acharya Charaka. It is a painful neuro muscular disorder, posing serious threat to the quality of life of most productive group of population in today's India. It indicates typical gait that resembles with a 'Gridhra'. The cardinal signs and symptoms of Gridhrasi are Ruka (pain), Toda (pricking sensation), Stambha (stiffness) and Muhurspandan in the Sphika, Kati, Uru, Janu, Jangha and Pada in order and restricted lifting of the legs. In Kaphanubandha, Tandra, Gaurav, Arochaka are present. The signs and symptoms seen in 'Gridhrasi' have resemblance with that of disorder 'Sciatica' in modern science. It is a very painful condition in which pain begins in lumbar region and radiates along the postero-lateral aspect of thigh and leg. In the present study, total 45 patients of Gridhrasi were registered and divided into two groups. Patients of Group A were given Parijata Vati orally and in Group B, Parijata Vati was administered with Local Abhyanga and Nadi Swedana. Out of 45 patients, 36 completed the total course of treatment. Most of the patients responded favourably to the treatment in both groups, but better relief was observed in group B.

**Key words :** Parijata Vati, Abhyanga, Nadi Swedana, Gridhrasi, Sciatica.

## INTRODUCTION

The signs and symptoms of 'Gridhrasi' are similar to those of 'Sciatica' in modern medical science. It is a very painful condition in which pain begins in lumbar region and radiates along the postero-lateral aspects of thigh and leg, due to which the patient is unable to walk properly. The most common disorder affecting the movement of leg in most productive period of life is low back pain. In this nearly 40% of persons will have radicular pain, which comes under the umbrella of Sciatic syndrome. In sciatica there is pain in the region of distribution of Sciatic nerve, which ends to the outer border of foot. Herniation or degenerative changes in intervertebral disc are the most common causes. There is often history of trauma, as twisting of the spine, lifting heavy objects or exposure to cold. In the present study, an attempt has been made to find alternative treatment for the disease. Allopathic management is far away from the perfect treatment of Gridhrasi. Therefore in the present study, a new "Swarasbhavita Vati was selected by taking Churna of Parijata and giving 10 Bhavana in the Swarasa of Parijatapatra" for a better and stable result.

## MATERIAL AND METHODS

The patients suffering from Gridhrasi fulfilling the diagnostic criteria were selected from O.P.D. and

I.P.D. of Kayachikitsa and Panchakarma department of I.P.G.T. & R.A. irrespective of sex, religion or Prakriti. The following parameters were observed to diagnose & assess the effect of therapy:

- 1) Pain
- 2) Restricted movement (Graha)
- 3) Tingling and numbness (Chimchimayan).
- 4) Deviated to opposite side (Dehasya pravakrata).
- 5) Pain gets aggravated while walking and change in posture.
- 6) Straight Leg Rise test

Patients suffering from following diseases and conditions were excluded:

- ♦ Age below 20 years and above 60 years.
- ♦ Bone tumors, Carcinoma in spine, Tuberculosis of vertebral column, Fibrosis of sacro - ligaments.
- ♦ Pregnancy.

**Drug :** Parijata patra Swarasa Bhavita Parijata Churna was used in the form of tablet of 500 mg and administered twice a day. In other group, local abhyanga with Bala taila and Nadi Swedana with Dashmool Kwath on the affected area was done.

The selected patients were randomly divided into two groups viz.

**Group A :** Patients were given only Parijata Vati as Shamana drug.

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**Group B :** Patients were given Shamana drug with local abhyanga and nadi swedana for given for 21 days in three sittings. Each sitting comprised of one week followed by 3 days interval.

Follow up was done once in a week for a month to assess the stability of the obtained results or recurrence of the disease.

## OBSERVATIONS

Total 28 patients were registered in group A, among them 21 patients had completed the treatment and 7 patients were discontinued; whereas in Group B total 17 patients were registered, amongst them 15 patients completed the treatment and 2 patients were left against medical advice. Hence, out of total 45 patients registered, 36 patients completed treatment and remaining 9 patients were LAMA.

Maximum i.e.42.22% patients were belonging to 41-50 years of age group; maximum patients i.e.55.55% were male .Most of the patients i.e. 88.88% were married; maximum number of patients i.e. 33.33% were having secondary education; most of the patients i.e. 64.44% were from middle class. Gradual onset was found in 68.88% patients, while 37.77% patients were having 0-1 year chronicity. Maximum i.e.48.88% patients were having good appetite, maximum number of patients i.e. 51.11% were having Madhyama Koshtha. Maximum number of patients i.e. 31.11% were having the habit of Vishamasana followed by 20.00% were used to Alpashana and Adhyashana was found in 6.66% patients. Maximum number of patients i.e.82.22% were vegetarian. Maximum number of patients i.e. 73.33% were observed regular in time of diet, maximum numbers of patients i.e. 64.44% were having Kashaya Rasa dominance followed by 55.55% with Madhura Rasa dominance whereas 51.11% with Katu Rasa dominance in diet.

The 91.11% of patients reported about lack of exercise; 48.88% patients were having constipation; 86.66% patients were having normal micturation habit. Maximum number of patients i.e. 42.22% were suffering from disturbed sleep; Maximum i.e. 66.66% were suffering from various types of stress. In Aaharaja nidana, maximum number of patients i.e. 55.55% were having Katu Dravya ati sevana, while Ritu Viparita Ahara was seen in 48.88%. In Viharaja Nidana, history of Ritu Viparita Vihara was observed in 48.88% of the patients. The 31.11% patients were having Vishamashana as Nidana. Chinta was found in 40.00% of patients; history of Abhighata (trauma) was found in 22.22% of the patients as Agantuka Nidana.

In case of signe and symptome , Ruka was found in all patients. Positive SLR test was observed in 97.77% patients. The 75.55% patients were having complaints of Toda. Stambha was seen in 71.11% and Spandana was present in 31.11% patients. Gaurav, Aruchi and Tandra were present in 62.22%, 46.66% and 26.66% respectively. Scoliosis was noticed in 6.66% of patients. In this study, all the patients (100%) were having Vata Dosha Vriddhi, followed by Vata Prakopa in 68.88%, Kapha Vriddhi in 57.77% and Kapha Kshaya in 31.11%. Involvement of Rasa was found in maximum i.e.86.66% of patients, and involvement of Snayu was found in 77.77% of patients.

## Effect of therapies :

Total 21 patients of Gridhrasi treated in Group A with Parijata Vati showed that this therapy provided highly significant relief in the symptoms of Ruka (40.00%), Toda(38.47%), Stambha(63.63%), Aruchi(47.05%), Tandra(41.17%), Gaurava(52.00%) and SLR test (39.68%). The therapy also provided significant relief in the symptoms like Spandana (42.85%), Sitting test (42.85%) and tenderness (41.17%); whereas Statistically insignificant relief was observed in the symptoms Dehasya Pravakrata and also in X-ray investigation.

In group B, 15 patients were treated with Parijata Vati with local abhyanga and nadi swedana This therapy has provided highly significant relief in the symptoms of Ruka (54.00%), ,Toda (59.25%), Stambha(70.00%), Spandana(60.00%),Gaurava (61.11%) and SLR test (44.44%). Significant relief was noted in Aruchi(50.00%), sitting test(50.00%) and tenderness(50.00%). Statistically insignificant result was found in the symptoms of Dehasya Pravakrata and X -ray investigation. Improvement on the symptoms of Dushti of Dhatus was also found better in Group B.

On assessing overall effect of therapy, moderate improvement was found in 23.80% patients of Group A and 66.66% patients of Group B. Mild improvement was observed in 76.19% of Group A and in 33.33% of Group B. Neither any patients remain unchanged nor markedly improved in both the groups..

## DISCUSSION

Gridhrasi is a Vataja Nanatmaja Vyadhi described by Acharya Charaka.<sup>1</sup> The drugs chosen for the trial are having Ushna Virya and Kapha-Vata Shamaka properties. So by their virtue, they help in dissolving the Samprapti of Gridhrasi as it is a Vata-Pradhana and Kapha-Vata pradhana disease<sup>2</sup>. The drugs also possess anti-inflammatory and analgesic properties. Therefore help

in relieving the pain and inflammation of nerve. Shamana drug Parijata vati has properties like Vedanasthapana, Kaphaghna, Shothahara, Deepana, Anulomana etc. Its pharmacological activities include Anti inflammatory, Analgesic, Anti oxidant, Immunostimulant etc.

Abhyanga reduces Kharatva of Mamsa, Snayu and Asthi, and improves their strength. It mainly acts on Rasa, Mamsa and Meda. Overall, it keeps the continuity of Sneha (Dhatu Sneha Parampara) and hence promotes Dhatus. Taila Abhyanga removes Doshas accumulated in Micro channels by virtue of its Sukshma, Ushna, Vyavayi Guna and Kashaya Rasa of Taila. This effect of Abhyanga promotes Agni, Medha (intellect) and Bala. Massage renders Vyana and Udana to normal functional state and thus, all srotas fill with the applied sneha, which nourishes the body. Abhyanga, which is purposefully performed on Marma region, can help to cure disease.

Swedana is the best therapy for the smoothness of the body. It pacifies the Vata, which causes rigidity and contractures due to its Ruksha and Shita Guna. It immediately alleviates tingling sensation, pains,

contractures, edema, stiffness, spasticity etc. It also increases Agni, thus digesting Ama and clearing the path for excretion of Dosha. Swedana drugs also possess Drava and Sara properties that add in mobility of adhered Dosha. The qualities of Swedana drugs are Ushna, Tikshna, Sara, Snigdha, Ruksha, Sukshma, Drava, Sthira and Guru.

## CONCLUSION

From the present study, it can be concluded that Parijata Vati also gives good results in Gridhrasi, but this drug along with Local Abhyanga and Nadi Swedana provides better relief in the amelioration of signs and symptoms. Present study reveals that the selected management has potential effect on Gridhrasi with the added advantage of being free from side effects.

## REFERENCES

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2. Ibid, Chikitsasthana, Adhyaya 28/56-57.

## हिन्दी सारांश

### गृध्रसी कि चिकित्सा में पारिजात वटी के प्रभाव का अध्ययन

भरत मुंगरा, ए. आर. दवे, वी.डी. शुक्ला एवं एन.एन. भट्ट

गृध्रसी चरकाचार्य द्वारा वर्णित एक नानात्मज वात व्याधि है। प्रस्तुत अध्ययन में गृध्रसी के कुल ३६ रूग्णों को दो समूहों में बाँटा गया। प्रथम समूह में केवल पारिजात वटी दी गयी तथा द्वितीय समूह में पारिजात वटी के साथ स्थानिक अभ्यंग एवं नाडीस्वेद दिया गया। द्वितीय समूह में गृध्रसी के सामान्य लक्षणों पर अच्छा सुधार पाया गया।

गुजरात आयुर्वेद युनिवर्सिटी