

# A Comparative Study on the effect of an Indigenous Compound Drug & Matra-Basti in the management of Gridhrasi

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**Abstract :** Gridhrasi is an intractable physical complaint, which carries little threat to life but it interferes greatly with living. People, who suffer from this affliction, can't stand or sit properly and the painful limb continuously draws his attention. A similar condition in modern parlance is Sciatic-syndrome or Sciatica. The chances of occurrence are expected to be increasing through the coming years due to the increasing tendency for computerization and also because of the hectic routines resulting in postural abnormalities, increasing body weight, mental stress, unwholesome diet etc., all of which lead to a fertile condition for the occurrence of Gridhrasi. As modern drugs have to be administered continuously for prolonged period, a need arises to search for safer drugs with similar efficacy. In this study, 34 patients received therapy were randomly divided into two groups. In group A -Oral capsule along with Local Abhyanga & Swedana, whereas in Group B Oral capsule & Matra Basti along with Local Abhyanga, Swedana were given. The result of the study shows that group B provided better relief as compared to group A in the management of the disease.

**Key words :** Gridhrasi, Sciatica, oral capsule, Abhyanga & Swedan, Matra Basti.

## INTRODUCTION

The word Gridhrasi refers to a disease with awful pain experienced by the patient and is similar to the pain experienced by a prey of vulture while being eaten up. This similarity itself suggests its gravity of distress. The cardinal sign and symptoms are Ruka (Pain), Toda (Pricking sensation), Stambha (Stiffness) and Muhurspandana in the Sphika, Kati, Uru, Janu, Jangha and Pada in order with Sakthikshepan-nigraha i.e. restricted lifting of the legs<sup>1</sup>. These symptoms can be well correlated with "Sciatica" in modern terminology. Sciatica is a very painful condition in which pain beings in lumbar region and radiates along the postero-lateral aspect of thigh and leg. Hence, movement of the affected leg is restricted and patient is not able to walk properly.

This problem has evidently a favourable natural history and it is remarkably disabling being a challenge to health care providers. Modern medical treatment has its own limitations in managing this type of disease. It can provide either conservative or surgical treatment and is highly symptomatic and with troublesome side effects<sup>2</sup>. Where as such type of conditions can be better treated by the management and procedures mentioned

in Ayurvedic classics. Sequential administration of the Snehana, Swedana, Basti, Siravedha and Agnikarma are lines of treatment of Gridhrasi as expounded in the Ayurvedic literature<sup>3</sup>. In this study, Oral capsule (Each capsule contains-Nirgundi Patra Churna, Shuddha Kupilu with Parijata Patra Kwatha Bhavna) along with Local Abhyanga, Swedana & Matra Basti of Prasarani Taila has been used. Apart from these procedures, the line of treatment and administration is very easy and also effective. So, this humble effort was aimed -

1. To assess the effect of indigenous drug with only Abhyanga & Swedana in the management of Gridhrasi.
2. To assess the efficacy of selected indigenous drugs begins with Abhyanga, Swedana and Matra Basti in the management of Gridhrasi.
3. To compare the effect of indigenous drug and Matrabasti in the management of Gridhrasi.

## MATERIAL & METHODS

*It includes :* Patients, Drug / Karma and Treatment & Groups. Patients of Gridhrasi attending the O.P.D. and I.P.D. of Kayachikitsa department of I.P.G.T. & R.A., Jamnagar (in between March, 2005 - December, 2005) were selected for the present study. Detailed history was taken and a special research proforma was prepared for the study incorporating all the relevant points from both Ayurvedic and Modern views.

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*Criteria of selection for the patients:*

Criteria for diagnosis was done on the basis of signs and symptoms available in the Ayurvedic and Modern texts as well as with the help of following parameters-

- ♦ Presence of Ruk, Toda, Stambha and Spandana in the Sphik, Kati, Uru, Janu, Jangha and Pada in order with Sakthikshepan-nigraha i.e. restricted lifting of the legs.
- ♦ Tenderness along the course of sciatic nerve, Popliteal compression test, Foot flexion test, Knee-jerks and ankle-jerks.
- ♦ S.L.R. test in affected leg as the objective measure for diagnosis as well as for improvement by the treatment.
- ♦ Patients between age group of 20 to 60 years were included.

*Exclusion Criteria :*

The patients suffering from following conditions were excluded from the study.

- ♦ CA of spine, Tumor of cauda equina and lumbosacral plexus.
- ♦ Uncontrolled Diabetes mellitus, cardiovascular disease, Tuberculosis of Vertebral column & Pregnancy.

Following pathological and biochemical investigations were carried out to exclude the possibility of any other disease as well as to know the present condition and diagnosis of the patients.

- ♦ Hematological analysis - T. C., D. C., E. S. R., Hb%, Routine and microscopic examination of urine and stool, X-ray of Lumbo-sacral region ( AP & L View).
- ♦ Bio-chemical examinations- Blood sugar, (F.B.S. & P.P.B.S.), S. Cholesterol, Alkaline phosphatase.

*Drugs :*

- 1) Indigenous Compound Drug (Oral Drug) in the form of capsule, Each capsule (500mg) contains-  
Nirgundi Patra Churna - 440 mg  
Shuddha Kupilu - 60mg  
Parijata Patra Kwatha - Used as a Bhavana Dravya for 3 times.
- 2) Prasarani Taila - For Matra Basti and local Abhyanga.

*Management of Patients :*

The selected patients were randomly placed and studied under following two groups :

*Group A : Oral Capsule Group :*

Drug - Oral drug along with Abhyanga and Swedana.

Dose & Duration- 2 capsules twice daily after meal for 30 days with Luke warm water.

Local Abhyanga & Swedana - For 21 days in three sittings, each sitting comprises of a week followed by 3 days interval.

*Group B : Oral Capsule + Matra Basti Group :*

Drug - Oral drug along with Abhyanga, Swedana and Matra Basti.

Dose & Duration- 2 capsules twice daily after meal for 30 days with Luke warm water.

Matra Basti - Given with 60 ml of Prasarani Taila (daily).

Local Abhyanga, Swedana & Matra-Basti - For 21 days in three sittings, each sitting comprises of a week followed by 3 days interval.

*Method of Administration of Matra Basti :*

The procedure of administration of Basti in general can be divided into three stages.

*Purva Karma :* The patients were instructed to come after taking light diet (neither too Snigdha nor too Ruksha) and after elimination of stool and urine. The patients were also advised not to take diet more than 3/4<sup>th</sup> of routine quantity. The patients were mainly subjected for local Abhyanga and Mridu Swedana prior to the administration of Matra Basti.

*Abhyanga :* The local Abhyanga over abdomen, buttock and thighs for 5-10 minutes was done with lukewarm Prasarani taila.

*Swedana :* After Snehana, the patients were subjected for local Mridu Sweda, by using Nadi Sweda. Swedana was done on abdomen, buttocks and on thighs for 5 - 10 minutes.

*Pradhana Karma :* After Purva Karma, the patient was advised to lie down on left lateral position on the Basti (enema) table with left lower extremity straight and right lower extremity flexed on knee and hip joint. The patient was asked to keep his left hand below the head. Prasarani Taila was applied to anus in small amount. 60ml of lukewarm Prasarani Taila was taken in enema syringe. Rubber catheter oiled with Prasarani Taila was attached to enema syringe. After removing the air from enema syringe, rubber catheter was administered into the anus of the patients up to the length of 4 inches.

The patient was asked to take deep breath and not to shake his body while introducing the catheter and the drug. The total Taila was not administered in order to avoid entrance of Vayu into the Pakwashaya.

*Pashchat Karma* : After the administration of Basti, the patient was advised to lie in supine position with hand and legs freely spread over the table. Thereafter patient's both legs were raised for few minutes so as to raise the waist and gently tapped over the hips. Simultaneously taps were also given on his soles, over elbow and palms, so that the Matra Basti may spread throughout the body and may be retained for the required period. After sometime, patient was advised to get up from the table and take rest in his bed and also not to take day sleep. Basti Pratyagamana Kala was noted in each case.

*Diet and Restrictions* : In both the groups, any special diet was not recommended. Patients were kept on their routine diet in home and in routine hospital light diet when they get admitted. They were advised to avoid spicy meal as possible for them. They were also advised to restrict any pain killer modern drug.

*Criteria for Assessment* : The improvement in the patients was assessed mainly on the basis of relief in the cardinal symptoms of the disease. To assess the effect of therapy objectively, all the sign and symptoms were given scoring pattern depending upon their severity as below :

*Ruka (Pain) :*

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

*Toda (Pricking Sensation)*

- No pricking sensation - 0
- Occasionally pricking sensation - 1
- Mild pricking sensation - 2
- Moderate pricking sensation - 3
- Severe pricking sensation - 4

*Stambha (Stiffness) :*

- No stiffness - 0
- Sometimes for 5 - 10 minutes - 1
- Daily for 10 - 30 minutes - 2
- Daily for 30 - 60 minutes - 3
- Daily more than 1 hour - 4

*Spandana (Twitching) :*

- No Twitching - 0
- Sometimes for 5-10 minutes - 1
- Daily for 10-30 minutes - 2
- Daily for 30-60 minutes - 3
- Daily more than 1 hour - 4

*Aruchi (Anorexia) :*

- No anorexia - 0
- Mild anorexia - 1
- Moderate anorexia - 2
- Severe anorexia - 3

*Tandra (Drowsiness) :*

- No Tandra - 0
- Mild Tandra - 1
- Moderate Tandra - 2
- Severe Tandra - 3

*Gaurava (Heaviness) :*

- No heaviness - 0
- Mild heaviness - 1
- Moderate heaviness - 2
- Severe heaviness - 3

*S.L.R. Test :*

- More than 90° - 0
- 71° - 90° - 1
- 51° - 70° - 2
- 31° - 50° - 3
- Up to 30° - 4

*Reflex :*

- Normal - 0
- Just normal (diminished) - 1
- Exaggerated - 2
- Absent - 3

*Muscle Power :*

- No contraction present - 0
- Flicker of movement which can be seen and felt - 1
- Muscle contraction with gravity eliminated - 2
- Muscle contraction against gravity - 3
- Muscle contraction against gravity and resistance- 4
- Normal muscle contraction - 5

**Other symptoms :**

- Symptom present - 2
- Markedly reduced - 1
- Absent - 0
- No remarkable improvement - 2

**Statistical analysis :**

Mean, percentage,  $\pm$ S.D.,  $\pm$ S.E., 't' and p value were calculated. Paired 't' test was used for calculating the 't' value.

**Criteria for assessing the total effect :**

Considering the overall improvement had shown by the patient in sign and symptoms, the total effect of the therapy has been assessed as below.

1. Complete remission :- > 75% relief in signs and symptoms
2. Marked Improvement :- 51% to 75% relief in signs and symptoms
3. Moderate Improvement :- 25 to 50% relief in signs and symptoms
4. Unchanged :- Below 25% relief in signs and symptoms

**OBSERVATIONS**

In the present study, total 43 patients were registered out of which 34 patients were completed the treatment (17 patients in each group) findings of all the vital data are as shown below :

Category	Number of Patients		Total
	Group A	Group B	
Registered	22	21	43
Completed	17	17	34
Discontinued	05	04	09

Maximum no. of patients i.e. 27.90% were belonging to age of 31-40 years and same in the 41-50 years of age group, 93.02% patients married whereas 67.44% patients were belonging to middle class, 62.79% patients female in which 55.81% were householder, 60.47% patients from urban area, 88.37% patients Hindu and Maximum i.e. 67.44% patients were vegetarian.

Majority of the patients i.e. 62.79% were having constipation, 51.16% patients having Krura Koshta, 62.79% having tension in emotion, 48.84% having above 2 years of chronicity, 51.16% patients having Vata-Kaphaja type of Gridhrasi, 39.53% patients having Vata-Kapha Prakriti, 76.75% patients of Madhyama Sara,

67.44% of Madhyama Samhanana, 41.86% of Madhyama Satva, 60.47% of Madhyama Satmya, and 65.10% patients were of Madhyama Vyayama Shakti.

Evaluation of Nidana factors revealed that 74.41% patients were having Mithya Ahara Sevana followed by 51.16% patients having Ati Katu Rasa Sevana as Nidana. Shuska Shaka Sevana and Alpashana were found in 34.88% patients. Dhatu-Kshayakara Ahara Sevana was reported in 32.55% patients while Satmaya Viprita Ahara Sevana in 30.23% patients. Abhighata was found in 37.20% patients & traumatic history was reported in 41.86% patients.

Ruka and Sakthikshepa Nigraha were found in all the patients, 51.16% patients having complaint of Toda. Stambha was present in 76.74% patients whereas Spandana was present in 48.84% patients. Aruchi, Tandra and Gaurava were present in 20.93%, 13.95% and 34.88% of patients respectively. Dehasyapi Pravakrta and Mukhapraseka were noticed in 25.58% of the patients. Involvement of Kandara-Sira-Snayu as Dushya was found in maximum i.e. 88.37% of patients. Normal knee jerk was found in 86.04% of patients and 76.75% shows normal ankle jerk, 100% patients were having tenderness at root of sciatic nerve. Positive Popliteal compression test was found in 93.02% patients and Foot flexion test was positive in 74.41% patients. Muscle weakness was found in 27.91% patients while 13.95% patients were having hyperaesthesia and 11.62% patients were having muscle wasting. Space reduced between L5-S1 was found in 48.84% patients whereas space between L4-L5 was diminished in 6.98% patients and 16.28% patients were having diminished space in both the regions. Presence of Osteophytes was found in 51.16% patients and Spondylosis was found in 39.53% patients in L4 & L5 region. Lumbar lordosis and scoliosis were found in 4.65% of patients.

**RESULTS**

The effect of therapy in Oral capsule group showed that this therapy provided highly significant relief in the symptoms of Ruk (57.41%), Stambha (91.87%), Spandana (92.85%), Toda (83.33%) and SLR test (47.00%). The therapy also provided significant relief in the symptom of Gaurava (77.77%) whereas Tandra was relieved by 100%. While Oral capsule with Matra Basti group i.e. Group B, provided highly significant relief in the symptoms of Ruk (68.08%), Toda (93.78%), Stambha (80.14%), Spandana (100%) and SLR test (50%). The significant relief was noted in case of Gaurava with 56.89% whereas 100% relief was found in the symptom of Tandra (Table no.1).

In assessing overall effect of therapy it was seen that - In Oral capsule group (GroupA) maximum 35.29% patients was got complete remission, & 47.06% got markedly improvement. While in Oral capsule with Matra-Basti group (GroupB), complete remission was found 35.29% patients & 58.83% got markedly improvement. None of the patient was found unchanged in both the groups (Table no.2).

*Recurrence of symptoms during Follow-up (One month) :* Maximum 70.58% reported no recurrence of symptoms during the period of follow-up of one month. This shows that drugs act on the root cause of the disease.

Results of therapy in 34 patients are described under :

**TABLE NO. 1 : COMPARATIVE STUDY OF RESULTS IN BOTH THE GROUPS :**

Cardinal Sign & Symptoms	Result in percentage	
	Group A	Group B
Ruka	57.41	68.08
Toda	83.33	93.78
Stambha	91.87	80.14
Spandana	92.85	100.00
Aruchi	66.66	75.18
Tandra	100.00	100.00
Gaurava	77.77	56.89
SLR test	47.0	50.00
Scoliosis	67.00	75.00

**TABLE NO. 2 : OVERALL EFFECT OF THERAPY :**

Effect of Therapy	No. of Patients			
	Group A		Group B	
	No.	%	No.	%
Unchanged	00	00	00	00
Moderate Improvement	03	17.65	01	5.88
Marked Improvement	08	47.06	10	58.83
Complete Remission	06	35.29	06	35.29

## DISCUSSION

When we go through the age wise observation of the patients, data shows that 27.90% belonged to 31-40 years and same in 41-50 years of age group, which was followed by age group 51-60 years. Higher incidence of Gridhrasi was reported in age group of 41-50 years that is 4<sup>th</sup> decade of life. This is Vata Prakopaka Kala and according to modern science, there is progressive decrease in degree of hydration of the intervertebral disc with age that leads to the cycle of degeneration resulting in disc problems and causing Gridhrasi.

Highest incidence was observed in female (62.79%) out of which 55.81% patients were housewives because female tend to do more physical work. They have to lift many and varied weights and have to stand or work in unusual postures for long periods. Various surveys suggest that physical workers have relatively high prevalence of sciatica because they have to sustain higher work load. The 48.84% patients were having more than 2 years of chronic. More chronic patients were found because they might have seen by doctors of other systems of medicine.

Ruk (pain in sciatica nerve distribution) and SLR test positive were found in all the patients i.e. 100%. Maximum 51.16% patients were having complaint of Toda. Stambha was present in 76.74% patients whereas Spandana was present in 48.84% patients. Aruchi, Tandra and Gaurava were present in 20.93%, 13.95% and 34.88% of patients respectively. Dehasyapi Pravakrata (scoliosis) were noticed in 25.58% of the patients.

Above data shows that maximum presence of Vataja type of symptoms and followed by Vata-Kaphaja type of symptoms. Here, predominance of Vata Dosha is being proved in present study. SLR test was used as objective parameter in diagnosis of severity of disease and also as parameter for assessment of effect of therapy.

In this study, maximum number of patients i.e. 51.16% patients were having Vata-Kaphaja type of Gridhrasi whereas 48.84% patients were having Vataja type of Gridhrasi. This shows the association of Kapha with Vata in many patients.

Diminished knee jerk was present in 11.63% of the patients and 18.60% of the patients were having diminished ankle jerk. This observation shows involvement of 3rd and 4th lumbar root and involvement of 5th lumbar and 1st sacral root respectively in diminished knee jerk and ankle jerk. All the patients were having tenderness at root of sciatica nerve. Positive Popliteal compression test was found in 93.02% patients whereas Foot flexion test was positive in 74.41% patients. Muscle weakness of 4th grade was found in 27.91% patients while 13.95% patients were having hyperesthesia and 11.62% patients were having muscle wasting. Hypoesthesia was present in 9.30% patients whereas only 2.33% patients were having loss of sensation in different dermatose in affected limbs. This data suggests the involvement of Sciatic nerve in the disease Gridhrasi.

In X-ray report space reduced between L5-S1 was found in 48.84% patients whereas space between L4-

L5 was diminished in 6.98% patients and 16.28% patients were having diminished space in both the regions. Presence of Osteophytes was found in 51.16% patients and Spondylolysis was found in total 39.53% patients in L4 & L5 region. Osteoporosis, loss of Lumbar lordosis and Spondylolisthesis, each was found in 23.26% of patients. Where as increased Lumbar lordosis and scoliosis were found in 4.65% of patients. This suggests involvement of lumbosacral spine in producing the symptoms of Sciatica syndrome.

Total 9 patients were dropouts, 5 in group A and 4 in group B. The 5 patients of group A did not get relief and therefore left the treatment whereas 4 patients in group B were unwilling to continue Basti therapy.

The effect of therapy in both the groups in each sign and symptom shows that Oral capsule group showed that this therapy provided highly significant relief in the symptoms of Ruk (57.41%), Stambha(91.87%), Spandana(92.85%), Toda (83.33%) and SLR test(47.00%). The therapy also provided significant relief in the symptom of Gaurava (77.77%) whereas Tandra was relieved by 100%. While Oral capsule with Matra Basti group i.e. Group B. provided highly significant relief in the symptoms of Ruk (68.08%), Toda (93.78%), Stambha (80.14%), Spandana (100%) and SLR test (50%). The significant relief was noted in case of Gaurava with 56.89% whereas 100% relief was found in the symptom of Tandra. This is clear from the above discussion that both the therapies have reduced the pain in the patients of Gridhrasi, but it was more in Group B in comparison to Group A. Pain is produced mainly by Vata Prakopa and the Basti is the best treatment for Vata. So this may be one of the reasons that better relief has been found in oral capsule & Matra Basti group in comparison to only oral capsule group. Toda is also one of the important symptom produced by vitiation of Vata. Therefore oral capsule with Matra Basti group (Group B) have shown better improvement in this symptom by considering percentage relief. Stambha is the symptom mainly attributed to Ama. Shamana drug posses Deepana-Pachana, Ushna Virya and Amahara properties, thus by correcting vitiated Ama and by improving Agni of the patients, it might have provided relief in Stambha symptom and shown Stambhahara action in the patients of Gridhrasi.

In assessing overall effect of therapy it was seen that - In Oral capsule group (GroupA) 17 patients were treated out of which, complete remission was found in 6 patients (35.29%), 8 patients (47.06%) got markedly improvement and 3 patients (17.65%) got moderate improvement. In Oral capsule group with Matra-Basti

group (GroupB), out of 17 patients, complete remission was reported in 6 patients (35.29%) while 10 patients (58.83%) got markedly improvement and moderate improvement was found in only 1 patient (5.88%). None of the patient was found unchanged in both the groups.

Statistically these results can not be proved as results obtained in both the groups are approximately similar. But on the basis of percentage relief on sign and symptoms of the disease found in both the groups and after comparing them, it is obvious that overall effect of Oral capsule with Matra-Basti (Group B) was better on the patients of Gridhrasi in comparison to only Oral capsule group (Group A).

Maximum 70.58%, reported no recurrence of symptoms during the period of follow-up of one month. The reason behind this may be that selected treatment doesn't work only at symptoms level, while it works at the level of Samprapti and minimize the chances of recurrence of the disease.

#### *Probable Mode of action of Drugs :*

Coming to management of the Gridhrasi, all the drugs chosen for the study 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 disease or sometimes Kapha is in association with Vata. All the drugs were having anti-inflammatory and analgesic properties as well. Therefore helps in relieving the pain and inflammation of nerve, if any.

Nirgundi is being traditionally used effectively in "Adhokayagata Vatika disorders". It is specifically indicated in Gridhrasi due to its "Vedanasthapaka" and "Vata-Kapha Shamaka" properties<sup>4</sup>. The Deepana and Amapachana effect of Nirgundi is overall beneficial for body systems. While Kupilu is a drug of choice in cases of neuralgia. Its Vata-Kapha Shamaka and Vedanasthapana properties will add to those of Nirgundi. Kupilu is also Balya and a nerve-stimulant<sup>5</sup>. Both the drugs are having Rasayana properties as well. The action of Parijata on Gridhrasi is well established. The Patra Kwatha of Parijata has been highlighted as a single drug of choice which acts wonderfully in the management of Gridhrasi<sup>6,7</sup>. Therefore above three drugs were used in combined form (oral capsule) to get a better and stable result.

As far as Basti goes, it is thought to be an ultimate solution for eradication of Vata Dosha and Vata vitiation is the main cause of Gridhrasi. Therefore a course of Matra-Basti with Prasarani Taila was given in a group

along with the oral capsule. Local Abhyanga and Swedana were distributed evenly in both the groups. For the purpose of Matra-Basti, Prasarani Taila was selected. Efficacy of it in Vata-Vyadhi including Gridhrasi has been already proved. Moreover, the contents of Prasarani Taila are Eranda-Taila and Gandhprasarani, which were having Vata-Kapha Shamaka, Vedanasthapaka and Nadibalya properties. They possess Vataanulomaka and Saraka properties as well and they also balance the Agni. When such Taila was introduced in the body in the form of Matra-Basti, its added properties were providing more potency to Basti, thereby bringing the patient to a physiological harmony.

*Probable Mode of action of Matra-Basti :*

Matra Basti is a type of Sneha Basti described by all Acharya. It is termed so because of the dose of Sneha used in it is very less as compared to the dose of Sneha Basti<sup>8</sup>. Matra Basti is always useful for persons initiated by Karma (playing with ball, etc.), Vyayama (practicing archery, etc.) carrying heavy load, long way - faring, riding vehicles or indulging in sexual intercourse with women and for persons who are weak and affected with Vatika diseases<sup>9</sup>.

Basti Chikitsa is the prime treatment modality of Ayurveda, because it not only does the purification but it is also helpful for curative as well as preventive purpose. Basti Dravyas can act as Vatahara, Shulahara, Shothahara, Srotoshodhaka, Yogavahi, Agnideepaka and Rasayana. There are three important factors to be considered here viz.-

*A) Route of administration of Matra Basti i.e. rectum:*

Our Acharyas have considered Guda as a Mula of Sharira. As a tree irrigated in its root attains green branches with beautiful tender leaves, flowers and fruits in time and big stature so becomes the man with unctuous enema given through rectum<sup>10</sup>. While dealing with the action of Basti the Virya of Basti being conveyed to Apana and then to Samana Vata which may regulate the function of Agni then to Udana, Vyana and Apana, thus providing its efficacy all over the body. At the same time this effect of Basti by specifying Vata, restores the displaced Kapha and Pitta at their original seats. The control gained over Vata leads to the Vighatana of Samprapti Ghataka of disease Gridhrasi. Thus, according to Ayurveda the Veerya of ingredients used in the Basti, gets absorbed and then through general circulation reaches at the site of lesion and relieves the disease<sup>11</sup>.

*B) Form of administration of Matra Basti i.e. oil (Prasarani Taila) :*

We know that nothing is superior to oleation particularly in the management of Vatika-disorders. Oil or unctuous enema destroys roughness, lightness and coldness of Vayu by its unctuous, heaviness and hotness properties respectively and provides quickly clarity of mind, energy, strength, complexion and corpulence<sup>12</sup>. It is further mentioned that if the unctuous enema is properly administered, the oil comes back unadhered along with faeces and there is clarity of Rakta etc. (Dhatus) and sense organs, good sleep, lightness, strength and elimination of urges<sup>13</sup>. Therefore Basti given with oil helps in Samprapti-Vighatana of Gridhrasi as it is mainly a Vatika-disorder.

*C) Administered drugs of Matra Basti i.e. contents of Prasarani Taila :*

As a whole the effect of Basti can be summarized as encolonial (action on tissue of colon), endocolonic (action inside colon), and diacolonial (for systemic action). Thus Basti Dravya after reaching to large and small intestine get absorbed from intestine and reaches into systemic circulation. In the present study, Prasarani Taila was used for Matra-Basti which contains Eranda Taila and Gandhprasarani which are basically Ushna, Vata-Kaphahara, Shothhara, Shodhaka and Deepaka and by such properties of Basti Dravya<sup>14</sup>, it breaks the obstructions and expels out the morbid material from all over the body, thus helps in breaking down the pathogenesis of disease<sup>15</sup>.

**CONCLUSION**

Gridhrasi has been considered as a major problem to the physicians since long. The chance of occurrence is expected to be increasing through the coming years. Ayurvedic treatment need clinical trials to evaluate certain new treatment regimen. Therefore the present study was aimed to establish clinically the effect of a new combination drug alone as well as with Matra-Basti in the management of Gridhrasi. A new "Combination oral capsule was selected by taking Churna of Nirgundipatra and Shuddha Kupilu given three Bhavana in the Kwatha of Parijatapatra" for a better and stable result. All the drugs chosen for the study are having Ushna Virya, Deepana and Kapha-Vata Shamaka properties. So by their virtue, they help in dissolving the Samprapti of Gridhrasi.

In the present study, total 43 patients were registered out of which 34 patients were completed the treatment (17 patients in each group). Data shows that better result was found in Group B in most of cardinal

symptoms in comparison to Group A. As a matter of fact, Shamana therapy doesn't appear to be solely responsible for the end result. Therefore Matra-Basti and Shamana drug - both might be contributing together simultaneously to different extents in the over all recovery of the patient. In this study 70.58%, no recurrence of symptoms was reported during the period of follow-up of one month, whereas recurrence of symptoms was found in only 29.42% of patients. In the study recurrence was found more in Group A in comparison to Group B. Present study reveals that the selected management have potential effect on Gridhrasi with the added advantage of being free from side effects.

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## हिन्दी सारांश

### गृध्रसी रोग की चिकित्सा में एक अनुभूत योग एवं मात्राबस्ति का तुलनात्मक अध्ययन

अनामिका कुमारी, राजा राम महतो, अलंकृता दवे एवं वी. डी. शुक्ला

गृध्रसी एक शारीरिक व्याधि है, जो रोज के कामकाज में बाधा उत्पन्न करती है। जो व्यक्ति इस व्याधि से पीड़ित होता है वह दर्द के कारण ठीक से खड़ा या बैठ नहीं सकता है। इस रोग में स्फिग्, कटि, उरु, जानु, जंघा तथा पाद में रूक्, तोद, स्तम्भ तरह की पीड़ा होती है। आज के परिवेश में कम्प्यूटर के अधिक प्रयोग होने से तथा गलत आहार विहार, मानसिक तनाव, मोटापा, आदि के कारण यह रोग अधिक लोगों में देखा जा रहा है। इस अध्ययन में ३४ रुग्णों पर अनुभूत योग (निगुण्डी पत्र, शुद्ध कुपीलु तथा पारिजात पत्र क्रमशः) के साथ प्रसारिणी तैल अभ्यंग एवं नाड़ी स्वेद तथा अनुभूत योग, प्रसारिणी तैल मात्राबस्ति के साथ प्रसारिणी तैल अभ्यंग एवं नाड़ी स्वेद का प्रयोग कर देखा गया जिसमें पाया गया कि अनुभूत योग के साथ मात्राबस्ति तथा अभ्यंग-स्वेदन से रुग्णों को अधिक लाभ प्राप्त हुआ।

