A Comparative Clinical Study to Evaluate the Efficacy of Adityapaka Guggulu Vataka and Trayodashanga Guggulu In Ghridhrasi (Sciatica)

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Abstract

Grudhrasi is one of the most common disorder of Vata, In this intense shooting pain characteristically radiates from Sphika (glutial region) to Pada (foot). Ghridhrasi can be equated with sciatic, where pain, weakness, numbness and other discomforts along the path of sciatic nerve often complains low back pain. Lifetime incidence of low back pain is 50 - 70% with incidence of Sciatica more than 40%. Contemporary medicine has limitation with short term pain relief or surgical interventions which are sometime more costly to afford and also long term pain medication will have side effects. Ayurvedic treatment has good scope in managing Gridhrasi with Panchakarma with oral medication. levels hence, research in ayurveda is the need of hour & here in this study, we will be studying comparison between Adityapaka Guggulu Vataka and Trayodashanga Guggulu to assess the effect on Ghridhrasi.

Keywords – Ghridhrasi, Adityapaka Guggulu Vataka, Trayodashanga Guggulu.

Introduction:

Ayurveda is oldest health science which based on concepts of vata pitta kapha doshas which called as tridosha among these vata is main dosha. All diseases in avurveda are related one of these but large number of diseases are due to main role of vata that called as 'Vatananatmaj vyadhii'.

There are 80 Vatananatmaja vyadhi describe in Charaka Samhita among them Gridhrasi is one of the common *Vatnanatmaja vyadhi.*2.

In this 21st century, world of modernization, human beings are neglecting their health for achieving various goals and worldly pleasures. Over exertion, improper standing and sitting postures in work place,

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jerky movements while traveling etc. invariably affects the spinal column leading to low back ache and its related problems like sciatica3. Ayurvedic texts describe one such disease in the name Gridhrasi. It is characterised as referred pain (Toda) from lower back to toe with twitching sensation (Spandana), pricking sensation (Ruk) and stiffness (stambha) with occasional anorexia (Aruchi), drowsiness (Tandra), heaviness (Gaurav)4.

Lifetime incidence of low back pain is 50-70% with incidence of Sciatica more than 40%. The prevalence of Sciatic symptoms reported in the literature varies considerably ranging from 1.6% in general population to 43%in selected working population. This disease not only inflicts pain, but also causes difficulty in walking. It disturbs daily routine and overall life of patients because of continuous and stretching type

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of pains.

Now a day due to change in life style, lack of exercise, more travelling, long working in offices, heavy weight lifting and improper diet, obesity all these causes herniation of intervertebral disc and also due to degenerative changes in spine increases the chances of occurrence of sciatica. low back is common most reason for all physician visit. In the Modern medicine, administration of muscle relaxants, NSAIDS, corticosteroids, physiotherapy etc. gives temporary relief from pain and at the end the last option left is surgery, which is quite expensive, needs long hospital stay, has several complications and may even cause permanent loss of working capabilities. So, there is a need of a research for safer drugs and some cost effective, non-invasive procedures having better efficacy. Hence there is need to do research in field of Ayurveda. To fulfil the above needs, a study on comparative management Gridhrasi was done in this clinical study with Adityapaka guggulu vataka mentioned in Chakradatta Vatavyadhiadhikar4 and Trayodashang guggulu and their efficacy was also be assessed.

Aims & Objectives of The Study

- 1] To evaluate the efficacy of Adityapaka uggulu Vataka in Gridhrasi (Sciatica).
- 2] To evaluate the efficacy of Trayodashanga Guggulu in Gridhrasi (Sciatica).
- 3] To compare the efficacy of Adityapaka Guggulu Vataka and Trayodashanga Guggulu In Gridhrasi (Sciatica).

Method of Collection Of Data: (A) Sample Size -

A minimum of 30 patients in each group fulfilling the inclusion criteria of Gridhrasi (Sciatica) was selected for the study irrespective of sex, religion, occupation and economic status.

(B) Design of Study

A clinical study with where minimum of 60 patients suffering from Gridhrasi (Sciatica) of either sex aged between 20-65 aged was selected for the study. The signs and symptoms was

observed before and after treatment.

Group A – to give *Adityapaka Guggulu Vataka* 500 mg thrice a day with lukewarm water after food for 30 days.

Group B – to give *Trayodashanga Guggulu* 500 mg thrice a day with lukewarm water after food for 30 days.

(C) Inclusion Criteria -

- 1. Age 20-65 years
- 2. Either sex
- 3. Patients with *pratyatmak lakshna* of *Gridhrasi* i.e., Ruk, Toda, Sthambha Spandana in the sphik, kati, uru, janu, jangha, pada regions.

(D) Exclusion Criteria -

- 1. Age < 20 and > 65
- 2. Patients with other systemic disorders like Diabetes, Hypertension, Diabetic neuropathy, CA spine, Caries spine.
- 3. Patients with history of any direct or indirect trauma to lumbar spine or lower limb.
- 4. Patients having severe Lumbar canal stenosis, 3rd & 4th degree disc prolapse.
- 5. Pregnancy and PNC.
- 6. Any known spinal congenital deformities.
- 7. Patient on any other medication for sciatica.

(F) Subjective Parameter -

- ➤ Ruk Toda
- Sthambha Spandana

(G) Objective Parameter -

- Straight Leg Raising Test Bragard's Sign
- Muscle power Walking time

Interpretation & Conclusion –

Effect of Adityapaka Guggulu Vatak (Group A) on symptoms observed in Ghridhrasi (sciatica) are statistically significant on Subjective and Objective parameters. Effect of Trayodashanga Guggulu (Group B) on symptoms observed in Ghridhrasi (sciatica) are statistically significant on Subjective and Objective parameters. There is no significance difference observed between Effect of Adityapaka Guggulu Vataka (Group A) and Trayodashanga Guggulu (Group B).

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Results

Effect of Adityapaka Guggulu Vatak (Group A) on symptoms observed in *Ghridhrasi* (sciatica) are statistically significant on Subjective and Objective parameters. Effect of Travodashanga Guggulu (Group B) on symptoms observed in *Ghridhrasi* (sciatica) are statistically significant on Subjective and Objective parameters. There is no significance difference observed between Effect of Adityapaka Guggulu Vataka (Group A) and Trayodashanga Guggulu (Group B).

Discussion:

There are 80 Vatananatmaja vyadhidescribed in Charaka Samhitaamong them Ghridhrasiis one of the common Vatnanatmaja vyadhi. The word Ghridhrasiis derived from the sanskritaword gridhrathat means the name of bird i.e. vultur. The name given so is because patient suffering from this disease walk like vulture. It implies the typical gait of patient, slightly tilted at the affected side and affected leg in the flexed position and another leg being extended. In modern science Ghridhrasiis nearly correlated with sciatica above condition described in which onset of pain may be sudden or gradual alternatively, repeated episode of low back pain may precede sciatica by month or year. Constant aching pain felt in lumbar region and may radiate to buttock, thigh, calf and foot, pain is exacerbated by coughing or straining may be relieved by lying flat. Experiencing along the course and distribution of sciatic nerve. Now a day due to change in life style, lack of exercise, more travelling, long working in offices, heavy weight lifting and improper diet, obesity all these causes herniation of intervertebral disc and also due to degenerative changes in spine increases the chances of occurrence of sciatica. low back is common most reason for all physician visit.

Ghridhrasi[Sciatica] is associated mainly with Vata Dosha and also with Kapha Dosha. Here in this study, Adityapaka Guggulu Vataka and Trayodashanga Guggulu are compared to assess the effect Ghridhrasi.

Discussion on Clinical study -

For this study, open Randomized Comparative

Clinical Trial was used. Randomly selected 60 diagnosed patients of Ghridhrasifrom the age group of 30 to 60 years were divided into 2 groups;

A. Adityapaka Guggulu Vatak - Group A

B. Trayodashanga Guggulu – Group B

Subjective parameters were documented for Group A on 0th, 10th, 21th, 30thdays and for Group B 0th, 10th, 20th, 30thdays. Objective parameters were done before and after treatment. The results obtained from both the groups were statistically analysed to obtain the effect of the therapies.

Discussion on Observations -

Observations made on 60 patients of *Ghridhrasi*are discussed as follows;

1. Padshoola -

Mean Difference of Group A (0.87) is less than that of Group B (1.60) and value p is more than level of significance level of alpha =0.05 hence there is no significant difference between groups.

2. Katishoola -

Mean Difference of Group A (0.11) is less than that of Group B (1.05) and value p is more than level of significance level of alpha =0.05 hence there is no significant difference between groups.

3. Stambha -

Mean Difference of Group A (1.00) is less than that of Group B (2.79) and value p is morethan level of significance level of alpha =0.05 hence there is no significant difference between groups.

4. Toda -

Mean Difference of Group A (1.59) is more than that of Group B (0.64) and value p is more than level of significance level of alpha =0.05 hence there is no significant difference between groups.

5. Spandana -

Mean Difference of Group A (1.62) is more than that of Group B (1.30) and value p is more than level of significance level of alpha =0.05 hence there is no significant difference between groups.

6. Gait -

Mean Difference of Group A (1.32) is more

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than that of Group B (1.31) and value p is more than level of significance level of alpha =0.05 hence there is no significant difference between groups.

1. Straigth Leg Rising Test -

Mean Difference of Group A (1.53) is more than of Group B (1.37) and value p is more than level of significance level of alpha =0.05 hence there is no significant difference between groups.

2. Bragard's Sign -

Mean Difference of Group A (1.53) is more than of Group B (1.37) and value p is more than level of significance level of alpha =0.05 hence there is no significant difference between groups.

3. Walking Test -

Mean Difference of Group A (1.71) is more than of Group B (0.58) and value p is more than level of significance level of alpha =0.05 hence there is no significant difference between groups.

4. Muscle Power -

Mean Difference of Group A (1.00) is equal to that of Group B (1.00) and value p is more than level of significance level of alpha =0.05 hence there is no significant difference between groups.

Discussion on overall effect of therapy -

In Group A patients 17 patients (56.67 %) shown Moderate Improvement (50-75%). While 7 patients (23.33 %) shown Mild Improvement (25-50%) and there were 6 patients (20%) showing Good Improvement (75 -100%). Further in Group B out of 30 patients 14 (46.67 %) patients shown Moderate Improvement (50-75%), 7 (23.33 %) patients shown Good Improvement (75 -100%) and 9 (30%) patients shown Mild Improvement (25-50%).

Conclusion

On the basis of present clinical study, the following conclusion were made are as follows -

In the present study, according to collected data, it is observed that both drug i.e Adityapaka Guggulu Vatak and Trayodashanga Guggulu shows significant effectiveness in all the

symptoms of Ghridhrasi. Effect of Adityapaka Guggulu Vatak (Group A) on symptoms observed in *Ghridhrasi* (sciatica) are statistically significant on Subjective and Objective parameters. Effect of Trayodashanga Guggulu (Group B) on symptoms observed in Ghridhrasi (sciatica) are statistically significant on Subjective and Objective parameters There is no significance difference observed between Effect of Adityapaka Guggulu Vatak (Group A) and Trayodashanga Guggulu (Group B).

This Comparative Study can be concluded that the drug Adityapaka Guggulu Vatak could help to reduce the symptoms by normalizing the Vata dosha, balancing the Kapha dosha and by breaking the Samprapti of Ghridhrasi. There is no any adverse effects were observed during the study.

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