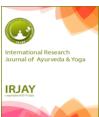
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A Study To Evaluate The Efficacy Of Agnikarma Along With Vishatinduka Vati In Gridhrasi

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ABSTRACT: -

Background: *Gridhrasi* is one among the disease, has been described in Ayurvedic classics, under 80 types of *Nanatmaja Vata vikaras*. Among the *Bahya Chikitsa*, *Agnikarma* is commonly practicing procedure in recent trend. The procedure of *Agnikarma* is very short and gives instant relief. So here *Agnikarma is tried with Vishatindukavati* also. Here both the treatments are done in the management of *Gridhrasi*.

Objectives of the study: To evaluate the effect of *Agnikarma* with *Vishatinduka vati* in *Gridhrasi*. **Materials and Methods:** A total of 30 patients were selected from O.P.D and I.P.D of Department of Shalya Tantra, Shri shiva yogeshwar rural Ayurvedic Medical College and Hospital, Inchal. After fulfilling the inclusion and exclusion criteria. The patients are grouped in one group and given *Agnikarma* along with *Vishatinduk Vati* orally. Assessment of results was done by considering the baseline data of subjective and objective parameters after treatment.

Results: The Percentage of Improvement on *Ruk* is 47.36%, *Toda* is 53.70%, *Stambha* is 46.87%, *Spandana* is 48.14%, *Aruchi* 47.36%, *Gaurav* 53.70%, SLR 46.87%, Walking Distance 48.14%. **Conclusion:** Result is appreciable as *Vishatindukadivati* has *Ampachaka* effect due to *Maricha and chincha and Agniverdhika* having *Ushna veerya* and *Agnikarma* pacifies *Vata* and *Kapha* and hence relieves the symptoms.

Key words: *Gridhrasi*, Sciatica, *Agnikarma*, *Vishatinduka Vati*.



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INTRODUCTION

Every human being desires a happy life. In today's electronic age, everyone is expecting miracle therapies for ailments. But these miracle therapies come at the cost of effecting otherbody parts with cure for the one for which it is given. So, this is where Ayurveda is needed. Ayurvedic approach towards the disease is holistic. Gridhrasi comes under 80 types of *Nanatmajavata* vyadhi [1]. This disease not only inflicts pain but also causes difficulty in walking. The disease is present in low back and leg, and also it disturbs the daily routine and overall life of the patients. The name itself indicates the way of gait shown by the patients due to extreme pain, just like a *Gridhra* (vulture). Diseases related to Vata are innumerable but presentation of there is limited in an area that isthe whole body. Even though there are large number of symptoms which suggest the abnormality of *vata*, the cardinal symptoms of vitiation of this dosha are pain which is known as *shola* in Sanskrit ^[2].

Features of *Gridhrasi* are *ruk* (pain), *toda* (pricking sensation), *stambha* (stiffness) and *muhur spandana* (involuntary movement) in the *Sphik, Kati, Uru, Janu, Jangha* and *Pada* in order and *Sakthnikshepanigraha* i.e. restricted lifting of the legs ^[3]. Acharya Sushruta has explained the methods of treatment of *Gridhrasi*, while dealing with general *Vata Vyadhi Chikitsa*.

Where as some other Acharyas have given some specific line of management for it. According to Acharya Charaka basti [4], siravedha [5]and agnikarma have been mentioned as line of treatment. Many oral preparations have been described in texts while Acharya Chakrapani has suggested Agnikarma along with Snehana, Svedana And Virechana [6], for the management of disease. Gridhrasi can be correlated to sciatica in modern parlance. The description narrated inthese classics exactly coincides to the description of Sciatica including the important diagnostic test SLR (Straight leg which is described rising), Sakthnikshepanigraha ^[7] by Sushruta acharya. Sciatica is a painful condition in which pain begins 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. Sciatica carries little threat to life, but interferes greatly with living [8]. In modern science, treatment of sciatica is not very satisfactory and includes analgesics and few surgical procedures which is often associated with many adverse effects.

Different types of treatment are mentioned in Ayurveda and their therapeutic effects are claimed to be impressive. *Agnikarma* is one among such treatment. It relieves the pain instantly which is the main symptom of *Gridhrasi*. It is the best para-surgical procedure

described by Acharya Sushruta ^[9]. Here heat is applied to the affected area by various *dravyas* in various ways. Acharya Charaka mentioned it as *Shahtraprani dhanachikitsa*. *Pippali and Shalaka* are used here for *Twak Dahanakarma* ^[10]. In this comparative clinical study, 30 patients of *Gridhrasi* have been treated by *Agnikarma* and by *Vishatindukavati*.

AIMS & OBJECTIVES

- 1) A clinical study of Gridhrasi.
- 2) To assess the effect of Agnikarma in Gridhrasi.
- 3) To evaluate the effect of Agnikarma along with Vishatindukavati in Gridhrasi.

MATERIAL AND METHODS

Source of data: 30 patients suffering from sign and symptoms of *Gridhrasi* according to ayurvedic classic was selected from OPD and IPD of Shri shiva yogeshwar rural Ayurvedic Medical college and Hospital, Inchal and medical camps conducted by the college after satisfying the inclusion and exclusion criteria.

Therapy- Vishatindukavati^[11] 2 tablet (250mg) each orally after meals with luke warm water and Agnikarma was conducted, as explained for Gridhrasi.

Method of collection of data-

Study design- A simple randomized clinical prospective trial.

Sample size- 30 patients was taken in a group.

Inclusion criteria-

- Patients suffering from classical signs and symptoms of sciatica like Stambha, Ruka, Toda, And Spandana, Aruchi, Tandra And Gaurava.
- 2. Tenderness along the course of sciatica nerve
- 3. Patients between age group of 30 to 60 years of age.
- 4. No discrimination of sex and chronicity.
- 5. Patient fit for agnikarma and take medicines orally

Exclusion criteria-

- 1. Patients below 16 years and above 60 years of age was excluded
- 2. Pregnant women
- 3. Benign and malignant tumor of the spine or tuberculosis of vertebral column.
- 4. Uncontrolled diabetes mellitus and cardiovascular disease (metabolic disorder)
- 5. Symptomatic trochanteric bursitis
- 6. Acute joint trauma
- 7. Complete disc prolapse and disc bulge
- 8. Significant bleeding disorder
- 9. Patient with history of compression fracture ,lumbar canal stenosis, 3rd and 4th degree disc prolapsed.
- 10. Agnikarmaanarha.

Diagnostic criteria-

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

Subjective parameters-

- 1. Ruka
- 2. Toda
- 3. Stambha
- 4. Spandana
- 5. Gauray
- 6. Aruchi

Objective parameters- SLR test used as diagnosis as well as for improvement of treatment and walking distance is measured.

Investigations-

X-ray, L.S. Spine, A.P. and lateral view

• Routine hematological, urine and biochemical investigations like R.B.S. were carried out to exclude possibilities of any other disease as well as to know the present condition of the patients.

AGNIKARMA PROCEDURE: First of all the procedure of *Agnikarma* was explained to the patient in details before conducting the treatment and patient was mentally prepared by giving assurance. As a pre operative measure, patient was advised to consume *Snigdha and Piecchila* food before treatment on the day of procedure.

Purvakarma: (Preoperative)

- Patient's consent to undergo *Agnikarma* treatment was taken.
- Routine blood investigations like CBC, Blood sugar etc.. done.
- Injection T.T 0.5ml over deltoid region given to patient.

Position: Patient was made to lie in prone position, with leg extended on minor O T table. Patient was instructed to relax.

Precaution : Under aseptic precaution

• Selected site was cleaned with *Triphala kwath* and draping done.

Pradhankarma: (Main Procedure) Site for the point of tenderness was chosen, Points at which Agnikarma would be done marked with marker. At a distance of about 4 fingers Bindu dagdhas were made by red hot Panchaloha Shalaka. No. of Bindu dagdhas made depends on the path and intensity of the pain. During each dagdhas that much pressure was used which gives the samyak lakshans. Bindu dagdhas at lambo sacral region and at ankle region along the Achilles tendon were made. After Agnikarma pulp of aloe vera was applied over treated part and then powder of Haridra was sprinkled on wound.

<u>Paschatkarma</u>: (Post -operative)

- The patient was advised to keep away the part from water for 24hours and not to take curd, peas, rice and cold water.
- Advice apply *Madhu and Ghrita* from next day.
- The same procedure was adopted at 15days intervals for 2times.

Posology- Agnikarma once in 15days for 2times along with Vishathindukadi vati- 2 tablets (250 mg each) after meals with luke warm water for 30days.

Study duration- 30 days Treatment

Follow up -15 days

Total study duration 45 days

Assessment of result-

The patient was examined for their subjective, as well as objective improvement, before and after treatment. The improvement was assessed mainly on the basis of relief in the cardinal and

associated symptoms of the disease . special scoring pattern was prepared to assess subjective symptoms .

The percentage of improvement on the Ruk Is 47.36%, Toda Is 53.70%, Stambha Is 46.87%, Spandana Is 48.14%, Aruchi 47.36%, Gaurav 53.70%, Slr 46.87%, Walking Distance 48.14%.

OBSERVATIONS AND RESULTS

Table No.1 Showing the result on Ruka

Symptom Mean score				%	S.D(-+)		S.E(-+)	t value	p value	
	BT	AT	FU	BT-AT		5.15 (1)				
Ruk	1.9	1	0.9	0.9	47.36	ВТ	0.608	0.111	93.70	<0.0001
				600		AT	0.658	0.120	45.57	<0.0001

Statistical analysis of showed that the mean score of Ruk - which was 1.9 before the treatment was reduced to 1 after treatment with

47.36% improvement p value s <0.001, it is statistically significant.

Table No.2 Showing the result - on *Toda*

Mean	score	•	1	<mark>%</mark>	S.D(-+)		S.E(-+)	t value	p value
BT	AT	FU	BT-AT				TOY		
1.8	0.83	0.7	0.96	53.70	ВТ	0 <mark>.637</mark>	<mark>0.116</mark>	84.67	<0.0001
ļ !			****		AT	0.521	0.095	47.91	<0.0001
	ВТ	BT AT		BT AT FU BT-AT	BT AT FU BT-AT 1.8 0.83 0.7 0.96 53.70	BT AT FU BT-AT 1.8 0.83 0.7 0.96 53.70 BT	BT AT FU BT-AT 1.8 0.83 0.7 0.96 53.70 BT 0.637	BT AT FU BT-AT 1.8 0.83 0.7 0.96 53.70 BT 0.637 0.116	BT AT FU BT-AT 1.8 0.83 0.7 0.96 53.70 BT 0.637 0.116 84.67

Statistical analysis showed that the mean score of **Toda** - which was 1.8 before thetreatment was reduced to 0.83 after treatment with

53.70% improvement. P value is <0.001, it is statistically significant.

Table No 3 Showing the result on Stambha

Symptom	Mear	n scor	·e		%	S.D(-+)	S.E(-	t value	p value
								+)		
	BT	AT	FU	BT-AT						
Stambha	1.06	0.56	0.3	0.5	46.87	ВТ	0.825	0.150	38.74	<0.0001
						AT	0.608	0.111	27.94	<0.0001

Statistical analysis of showed that the mean score of *Stambha* -which was 1.06before the treatment was reduced to 0.56 after treatment

with 46.87% improvement p value is <0.001, it is statistically significant.

Table No.4 Showing the result on Spandana

Symptom	Symptom Mean score			%	% S.D(-+)			S.E(- t value p value		
	BT	AT	FU	BT-AT				T)		
Spandana	0.9	0.46	0.2	0.43	48.14	ВТ	0.978	0.178	<mark>2</mark> 7.60	<0.0001
					P 4	AT	0.669	0.122	20.89	<0.0001

Statistical analysis of showed that the mean score of *Spandana* - which was 0.9 before the treatment was reduced to 0.46 after treatment

with 48.14% improvement .p value is <0.001, it is statistically significant.

Table No.5 Showing the result on *Aruchi*

Symptom	Mear	ı scor	e		%	S.D(-+))	S.E(-	t value	p value
								+)		
	BT	AT	FU	BT-AT				,		
Aruchi	1.9	1	0.9	0.9	47.36	BT	0.608	0.111	93.70	<0.0001
						AT	0.658	0.120	45.57	<0.0001

Statistical analysis of showed that the mean score of Aruchi - which was 1.9 before the treatment was reduced to 1 after treatment with 47.36%

improvement . p value is <0.001, it is statistically significant

Table No.6 Showing the result - on Gaurav

Sympton	Symptom Mean score						S.D (-+)		t value	p value
								+)		
	BT	AT	FU	BT-AT						
Gaurav	1.8	0.83	0.7	0.96	53.70	BT	0.637	0.116	84.67	<0.0001
						AT	0.521	0.095	47.91	< 0.0001

Statistical analysis showed that the mean score of *Gaurav* - which was 1.8 before thetreatment was reduced to 0.83 after treatment with

53.70% improvement. P value is <0.001, it is statistically significant.

Table No 7 Showing the result on SLR

Symptom	Mean	score	7		%	S.D(- +)	S.E(-+)	t value	p value
	ВТ	AT	FU	BT-AT						
SLR	1.06	0.56	0.3	0.5	46.87	ВТ	0.825	0.150	38.74	<0.0001
						AT	0.608	0.111	27.94	< 0.0001

Statistical analysis of showed that the mean score of **SLR** - which was 1.06 before the treatment was reduced to 0.56 after treatment with

46.87% improvement p value is <0.001, it is statistically significant.

Table No.8 Showing the result on Walking Distance

Symptom	Mea	n scor	e	٠.,	%	S.D(-	+)	S. E(-+)	t value	p value
	BT	AT	FU	BT-						
				AT						
Walking	0.9	0.46	0.2	0.43	48.14	BT	0.978	0.178	27.60	<0.0001
Distance						AT	0.669	0.122	20.89	<0.0001

Statistical analysis of showed that the mean score of **Walking distance**- which was 0.9 before the treatment was reduced to 0.46 after

treatment with 48.14% improvement. p value is <0.001, it is statistically significant.

Table No.9 SYMPTOMS EXPLAINED WITH GRADING - Showing the overall effect

EFFECT (EFFECT OF TREATMENT										
CLASS	GRADING	NO. OF PATIENTS									
0 - 25%	No improvement	03									
26 - 50%	Mild improvement	15									
51 - 75%	Moderate improvement	11									
76 - 99%	Marked improvement	00									
100%	Completely cured	01									

Out of total 30 patients, 3 patients have no improvement, 15 patients have mild improvement, 11 patients have Moderate

improvement, 0 patients have Marked improvement and 1 patient is completely cured.

Table No.10 Showing the result -

Characteristics	Group		- C
Signs and Symptoms	Mean s	score AT	Percentage of relief
Ruk	1.9	1	47.36%
Toda	1.8	0.83	53.70%
Stambha	1.06	0.56	46.87%
Spandana	0.9	0.46	48.14%
Aruchi	1.9	1	47.36%
Gaurav	1.8	0.83	53.70%
SLR	1.06	0.56	46.87%
Walking distance	0.9	0.46	48.14%

DISCUSSION

Discussion on Disease:

In classics *Gridhrasi* is included under 80 types of Nanatmaja Vata vikaras and is characterized by Toda, Stambha and a distinct type of pain emerging in the back form Kati and radiating to Sphika, Uru, Janu, Jangha and Pada. The involvement of Kapha Dosha As Anubhanda, results in the occurrence of additional symptoms like Aruchi , Tandra , Gaurava and is named as Vatakaphaja Gridrasi . The General Vata Vyadhi Nidanas and Samprapti can be considered for Gridhrasi as it is not mentioned separately. Acharya Sushruta has emphasized involvement of Kandara from Parshni to Anguli in producing the disease *Gridhrasi*. [11] He also added an important sign Sakthiuthkshepanigraha i.e. restriction in lifting the affected leg straight. Nowadays, this sign is known as S.L.R. test. It plays a major role in diagnosis of the disease and assessment of effect of therapy as an objective parameter.

Discussion on Vishatindukadivati and agnikarma:

Pain the predominant symptom of *Gridhrasi*, which disturbs the normal routine of the patient, is mainly caused due to *Vata Dosha*. It is effectively relieved by the *Ushna Guna of Vishatindukadivati*. Similarly *Kaphaja* disorder also gets cured by *the Ushna* i.e hot potency of *Vishatindukavati*.

- a) *Vishatindukadivati* is a simple and easily available preparation.
- b) *Agnikarma* is a easy procedure or non pharmacological, OPD procedure which require minimum equipment's.
- c) Vishatindukavati and Agnikarma both are cost effective treatments. Probable mode of action of agnikarma; After Agnikarma the ushna guna of

Agni pacifies the sheeta guna of vayu and reduces the pain of gridhrasi. Acharya charak has described that agni helps to removes aavarna effectively and stabilizes the movement of vata which provide relief from shoola. As per the modern medicine, therapeutic heat increases the blood circulation help to flush away pain producing substances from affected site and ultimately reduce local inflammation.

Discussion on Vishatindukadivati:

Vishatindukavati is a good remedy for Gridhrasi. Vishatinduka vati contains fine powder of drugs uniformly mixed. its ingredient are having very good anti inflammatory, analgesic effect which helps in relieving Gridhrasi.

Probable mode of action of Vishatindukadivati:

Vishatindukavati is a drug for reducing pain due to its Ushna Veerya. All the ingredients of Vishatindukavati are Vata Kapha hara and useful in reducing Vata prakopa and are used in Vata Vyadhis.

Gridhrasi a Shoola Pradhana Nanatmaja Vata Vyadhi^[13] manifests owing to multiple factors related with changing lifestyle, which is commonly seen as a prominent problem. Gridhrasi can be equated with sciatica in modern parlance. Modern treatment of Sciatica has its own limitations.

CONCLUSION

Vishatindukadi vati with Agnikarma is effective, simple, cheap and safe for thepatient having *Gridhrasi*. *Gridhrasi* mainly affects the middle class and maximum numbers of the cases were strenuous workers. Patients showed better improvement in symptomatology. Patient satisfaction was also more. Therefore, it can be

said that *Vishatindukadi vati* with *Agnikarma* gives quickrelief to the patient and it is a reliable therapy for the management of *Gridhrasi*. Fear of complications are less in the study. Current study ruled out its efficacy &proven the Results.

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