



Research Article

A COMPARATIVE CLINICAL STUDY OF *MATRABASTI* WITH *SAHACHARATAILA* AND *ASHTAKATWARA TAILA* IN THE MANAGEMENT OF *GRIDHRASI* WITH SPECIAL REFERENCE TO SCIATICA

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**ABSTRACT**

In present era, attentively engaged in professional and social life, eventually forgotten normal sit and lie postures. Hustles like Jerky movements during travelling, poor postures, bending and lifting awkward etc., creates extreme pressure on the spine which affects functional ability of lower limbs. Hence *Gridhrasi* is taken for present clinical study and is approximately correlated to sciatica. Sciatica is a set of symptoms including pain that may be caused by general compression or irritation of one of five nerve roots that give rise to the sciatic nerve. This can also happen by compression or irritation of the sciatic nerve itself. The pain is felt in the lower back, buttock, thigh, leg and foot. *Basti karma* is praised by all the Acharyas in the management of *Gridhrasi* to relieve from the pain, to improve functional disability and restore functional abilities & controls the condition. The study was conducted with the aim of comparing *Ashtakatwaratailamatrabasti* with *Sahacharatailamatrabasti* in the management of *Gridhrasi*. The clinical trial included 40 patients of *Gridhrasi* categorized into two groups. 20 patients received 75 ml of *Sahachara Taila Matrabasti* and 20 patients received 75 ml of *Ashtakatwara Taila Matrabasti* after *sthanika abhyanga* and *swedana* for 7 days. Both the groups are having similar effect on reducing the symptoms statistically. Among the subjective and objective parameters B group (*Ashtakatwara taila matrabasti*) showed better reduction% in *Ruk*, *Sthambha*, *Toda*, right lateral flexion, left lateral flexion and extension of lumbar movement, walking time, VAS, Oswesry disability index.

**KEYWORDS:** *Gridhrasi*, Sciatica, *Matrabasti*, *Sahacharataila*, *Ashtakatwarataila*.

**INTRODUCTION**

*Vata* is prime factor for all the functions of the body comprising *Gati* and *Cheshta*<sup>[1]</sup>. In routine life the movement of lower limbs play an important role to do the activities normally. The most common disorder which affects the movement of the legs is backache problem.

In evolution process human being only an animal, which stands in upright posture. Continuous upright position increases the vertebral column stress<sup>[2]</sup>. In the current situation, attentively engaged in professional and social life, sit and lie in poor postures, jerky movements during travelling etc, creates extreme pressure on the spine which affects the functional ability of the lower limb leads to *Gridhrasi*. Likewise, progressive disorder affecting the pelvis and nearer structures are also participating in this condition.

Low back pain is an extremely common problem that most people (70%) experiences at some point in their life. Pain is an unpleasant sensory and

emotional experience that arising from actual or potential damage. Sciatica is a common condition with a lifetime incidence varying from 13% to 40%. The common corresponding annual incidence of an episode of sciatica ranges from 1% to 6%<sup>[3]</sup>. This problem affects not only the social and economics positions of the individual and his family but it also influences on the national resources due to work hours lost, resulting into diminished production.

*Gridhrasi* the name itself indicates the way of gait shown by the patient due to extreme pain i.e., like *Gridhra* (vulture). It undoubtedly indicates that this disease not only cause difficulty in walking but also causes the pain and affecting on the daily routine activity of the patient.

The cardinal symptoms of *Gridhrasi* are '*Sphikpurva*, *Kati*, *Prushta*, *Uru*, *Janu*, *Jangha*, *Pada* – *Kramatvedana*, *Stambha*, *Toda*, *Muhurspandana*. *Kaphanubandha Gridhrasi* is associated with the symptoms *Tandra*, *Gourava*, and *Arochaka*.<sup>[4]</sup>

Sciatica is resembling with the Symptomatology of *Gridhrasi*. In Sciatica, the pain in the distribution of sciatic nerve which begins from the buttock and radiates downwards to posterior aspect of thigh, calf and to outer border of foot. Herniation and degenerative changes in intervertebral disc, often history of trauma, lifting of heavy weight or exposure to cold are most common causes.

As the disease *Gridhrasi* is *Vatananatmaja Vyadhi*<sup>[5]</sup>, the disease will not manifest without the presence of *Vata*. In Ayurveda there are many treatment modalities for the *Vatavyadhi* along with internal medications. *Panchakarma* is very unique therapeutic procedure because of its preventive, promotive and rejuvenative properties as well as radical cure. Among the *Panchakarma*, *Basti Karma* is having the superior role to treat the *Vatavyadhi* and it is considered as *Ardhachikitsa*<sup>[6]</sup>. Therefore, once *Vata* is controlled by *Basti*, the body equilibrium can be achieved.

The utility of *Basti Chikitsa* is praised by Acharyas in the management of *Gridhrasi*. *Matrabasti* is a type of *Anuvasanabasti* where in the dose of *Sneha* is *Saardhapala* (1½ *Pala* i.e., approximately 72ml) <sup>[7]</sup>. It is always applicable to those who are emaciated due to over work, physical exercise, weight lifting, excessive journey and in *Vatarogi*. *Matrabasti* gives stability to feet, calves (*Jangha*), Thighs (*Uru*), Back (*Prusta*), Shoulder and lumbar region. <sup>[8]</sup>

*Sahacharataila*<sup>[9]</sup> has *Tilataila* base and it is having *Vataharaguna*. When *Gridhrasi* is manifested the use of *Sahacharataila* works excellent.<sup>[10]</sup> *Ashtakatwarataila*<sup>[11]</sup> has *Sarshapa Taila* base and it is having the property of *Vatahara* and *Shulahara*. Both *Sahacharataila* and *Ashtakatwarataila* [fig.1] are indicated in *Gridhrasi*.

#### Aims and objective of the study

- To evaluate the efficacy of *Matrabasti* with *Sahacharataila* in the management of *Gridhrasi*.
- To evaluate the efficacy of *Matrabasti* with *Ashtakatwarataila* in the management of *Gridhrasi*.
- To compare the efficacy of *Sahacharataila* and *Ashtakatwarataila Matrabasti* in the management of *Gridhrasi*.

#### Materials and methods

Composition of *Sahacharataila* are *Sahachara* (*Barleria prionitis* Linn.) [fig.2], *Tilataila* and water.

Composition of *Ashtakatwara Taila* [fig. 3] are *Sarshapataila*, *Pippalimula*, *Nagara*, *Katwara*, and *Dadhi*.

#### Method of collection of data

**Sample size:** 40 patients are selected after thorough history taking, clinical assessment and laboratory investigation.

#### Diagnostic criteria

- Radiating pain from *Sphikpurva*, *Kati*, *Prushta*, *Uru*, *Janu*, *Jangha*, *Pada*.
- *Toda*
- *Sthambha*
- Positive Straight leg raise test.

#### Inclusion criteria

- Patients between 30-70 yrs.
- No discrimination of sex
- Patient with *Pratyatmalakshana* (cardinal symptoms) of *Gridhrasi* i.e., *Sphikpurva*, *Kati*, *Prushta*, *Uru*, *Janu*, *Jangha*, *Pada* –*Kramatvedana*, *Stambha*, *Toda*.

#### Exclusion criteria

- Trauma of lumbar vertebra
- Fracture of spine
- Uncontrolled case of Diabetes Mellitus
- Patient having lumbar canal stenosis, 3<sup>rd</sup> and 4<sup>th</sup> degree disc prolapsed.
- Pregnant women.
- Any other systemic disorder which will interfere the treatment.

#### Study design

It is a simple prospective comparative clinical study and total 40 patients will be taken in 2 groups equally i.e. group A and group B. A comparative clinical study conducted by treating the patient with *Sahacharataila Matrabasti* and *Ashtakatwarataila Matrabasti* [fig.4] respectively.

#### Posology

**Group A:** 20 patients received 75ml of *Sahachara Taila Matrabasti* after *Sthanika Abhyanga* and *Swedana* for 7 days.

**Group B:** 20 patients received 75ml of *Ashtakatwara Taila Matrabasti* after *Sthanika Abhyanga* and *Swedana* for 7 days.

**Duration of treatment:** 7 days

**Follow up including *Parihara kala*:** 14 days

**Total duration of study:** 21days

Patients were assessed clinically on 0, 7<sup>th</sup>, 21<sup>st</sup> day. Pre and post data were used for final assessment.

#### Assessment criteria

The data presented as general observation viz. age, sex, religion, *Nidana*, *Lakshana* etc. the result of the therapy was evaluated on the basis of improvement in subjective and objective parameters on various grading scales. For statistical analysis,

calculated means, standard deviation, standard errors and percentages. Student's t test was used for assessing. The obtained results were interpreted as: non-significant:  $p > .05$ , significant:  $p < .001$  and highly significant:  $p < .0001$ .

The total effect of therapy was assessed taking into consideration the overall improvement in signs and symptoms and was calculated by the formula:

Total BT - Total AT x 100 / Total BT

The obtained results were classified as:

**Good response:** 76 - 100% improvement

**Moderate response:** 51-75% improvement

**Mild response:** 26 - 50% improvement

**No response:** < 25% improvement

### Investigations

Necessary routine investigations done before therapy included Hb%, TC, DC, ESR, RBS and X- ray lumbosacral spine AP view, LAT view (Diagnostic purpose only).

### Subjective parameters and Gradations

#### Ruk (pain)

No pain	:	0
Trivial pain	:	1
Mild pain	:	2
Moderate pain	:	3
Severe pain	:	4

#### Sthambha (stiffness)

No stiffness	:	0
With up to 25% impairment in the range of movement of joints. Patient can perform daily routine work without any difficulty.	:	1
With up to 25% impairment in the range of movement of joints. Patient can perform daily routine work with difficulty.	:	2
With 50-75% impairment in the range of movement of joints. Patient has moderate to severe difficulty in performing daily routine.	:	3
With more than 75% impairment in the range of movements of the joints patient totally unable to perform daily routine.	:	4

### Toda

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

### Objective parameters

#### Walking time - to cover 21 meters

##### Walking time

up to 20 sec	:	0
up to 21-30 sec.	:	1
up to 31-40 sec	:	2
up to 41-50 sec	:	3
up to 51-60 sec	:	4

#### SLR Test: Active SLR test & passive Active SLR test

61-75 degree.	:	1
46-60 degree	:	2
31-45 degree	:	3
0-15 degree	:	4

**Movements of lumbar spine:** Forward Flexion, Rt. Lat flexion, Left Lat flexion, Extension Assessed by measuring the distance between the tip of middle finger and floor in centimetres.

#### Grading of movement of Lumbar spine

10- 19 cms	:	1
20- 29 cms	:	2
30- 39 cms	:	3
40- 49 cms	:	4
50- 59 cms	:	5
60- 69 cm	:	6

#### Visual Analogue Scale

1-2	:	1
3-4	:	2
5-6	:	3
7-8	:	4
9-10	:	5

#### Oswestry Disability Index (ODI)

0% - 20% (Minimal disability)	:	0
21% - 40% (Moderate disability)	:	1
41% - 60% (severe disability)	:	2
61% - 80% (Crippled)	:	3
81% - 100% (Bed bound / Exaggerating the symptoms)	:	4

## Analysed Result

Table 1: Showing the statistical analysis of Group A

	Mean		MD	Reduction	SD	SE	t	P	Remarks
	BT	AT							
<i>Ruk</i>	3.00	1.35	1.65	55%	0.81	0.18	9.07	0.0001	H.S
<i>Sthambha</i>	2.25	0.80	1.45	64.44%	0.60	0.13	10.72	0.0001	H.S
<i>Toda</i>	1.60	0.40	1.20	75%	0.83	0.18	6.44	0.0001	H.S
Active SLR right limb	1.95	0.60	1.35	69.23%	1.30	0.29	4.61	0.0001	H.S
Active SLR left limb	1.45	0.30	1.15	79.31%	0.93	0.20	5.51	0.0001	H.S
Passive SLR right limb	1.95	0.60	1.35	69.23%	1.30	0.29	4.61	0.0001	H.S
Passive SLR left limb	1.45	0.30	1.15	79.31%	0.93	0.20	5.51	0.0001	H.S
Lumbar movement Forward flexion	1.05	0.35 4	0.70	66.66%	0.47	0.1	6.65	0.0001	H.S
Lumbar movement Right Lateral flexion	4.30	4.25	0.05	01.16%	0.22	0.05	1.00	>0.05	N.S
Lumbar movement Left Lateral flexion	4.40	4.15	0.25	5.68%	0.44	0.09	2.51	0.021	S
Lumbar movement Extension	5.50	5.05	0.45	8.18%	0.51	0.11	3.943	0.001	S
Walking Time	2.05	0.85	1.2	58.53%	0.61	0.14	8.71	0.0001	H.S
Visual Analogue Scale	4.15	1.30	2.80	68.67%	0.93	0.20	13.65	0.0001	H.S
Osswestry Disability Index	2.55	1.30	1.25	49.01%	0.55	0.12	10.16	0.0001	H.S

Table 2: Showing the statistical analysis of Group B

	Mean		MD	Reduction	SD	SE	t	p	Remarks
	BT	AT							
<i>Ruk</i>	3.05	1.25	1.80	59.01%	0.69	0.15	11.56	0.0001	H.S
<i>Sthambha</i>	2.30	0.75	1.55	67.39%	0.60	0.13	11.46	0.0001	H.S
<i>Toda</i>	1.95	0/4	1.55	79.48%	1.05	0.23	6.60	0.0001	H.S
Active SLR right limb	1.25	0.75	0.50	40.00%	0.68	0.15	3.249	0.004	S
Active SLR left limb	2.35	0.80	1.55	65.95%	1.09	0.24	6.30	0.0001	H.S
Passive SLR right limb	1.25	0.75	0.80	40.00%	0.68	0.15	3.24	0.004	S
Passive SLR left limb	2.35	0.80	1.55	65.95%	1.09	0.24	6.30	0.0001	H.S
Lumbar movement Forward flexion	1.40	0.60	0.80	57.14%	0.61	0.13	5.81	0.001	S
Lumbar movement Right Lateral flexion	4.50	4.20	0.30	6.66%	0.47	0.10	2.85	0.01	S
Lumbar movement Left Lateral flexion	4.50	4.15	0.35	7.77%	0.49	0.11	3.199	0.005	S
Lumbar movement Extension	5.55	5.00	0.55	9.90%	0.51	0.11	4.81	0.0001	H.S
Walking Time	2.25	0.80	1.45	64.44%	0.68	0.15	9.44	0.0001	H.S
Visual Analogue Scale	4.20	1.30	2.90	69.04%	0.85	0.19	15.21	0.0001	H.S
Osswestry Disability Index	2.6	1.30	1.30	50.00%	0.47	0.10	12.36	0.0001	H.S

## Discussion on Drug

*Gridhrasi* is associated with *Doshavata* and *Vatakapha* produces the *Vataja Gridhrasi* and *Vatakaphaja Gridhrasi* respectively. So, the drugs having *Vatahara*, *Kaphahara*, *Shulaharaguna* may have significance in relieving the symptoms of *Gridhrasi*.

*Sahachara Taila* is described in the *Bhela Samhita* which is mentioned best for the *Gridhrasi*. *Sahacharataila* contains the drug *Sahachara* and *Tilataila*. *Sahachara* is having the *Vatakaphahara Guna* which is *Usha virya* in nature. *Tilataila* is possesses the *Vatahaphashamakaguna* which is needed for the disease *Gridhrasi*. As the *Basti* is *Vatahara Chikitsa* the *Sahacharataila* is selected for the *Matrabasti*.

*Ashtaktwara Taila* is described in *Urustambhadikara* by the *Brihatrayi* which is also having indication of the *Gridhrasi*. The *Katwra (Takra)* should be taken 8 parts of that *Sarshapataila*. Hence the name is given as *Ashtakatwara Taila*. In this yoga there are 5 ingredients viz., *Pippalimula*, *Shunti*, *Katwara*, *Dadhi* and *SarshapaTaila*. The ingredients having the *Shulahara* and *Vatka-phaharaguna* as well as having the role in correction of *Agni*. So, this yoga has been selected for the *Matrabasti* in *Gridhrasi*.

## Discussion on Purvakarma

- 1. Abhyanga:** The disease is caused by *Vata* exclusively, and if no any *Avarana* has occurred, then the *Snehana karma* is helpful in the disease. In the present study *Sthanika abhyanga* with *Sahacharataila* (for Group A) and *Ahtakatwara taila* (for Group B) is adopted prior to give the *Matrabasti*. *Abhyanga* is *Vatahara* in nature.
- 2. Swedana:** The *Swedana* must always preceded by *Abhyanga* with the *Vataharataila*. The *Sthanika (Nadisweda) Swedana* is adopted in the present study. The *Snehana* and *Swedana* are adopted in the proper manner will help in the following modes in *Gridhrasi*:
  - The origin of *Vata* i.e., *Pakwashaya* will get *Mrudutwa* by *Sneha* and *Swedana* which will facilitate the alleviation of *Vata* disorder in the body.
  - The alleviation of clinical features of *vata* pertaining to *Ruk*, *Toda*, *Stabdha* when *Snehana* and *Swedana* are adopted properly. The *Cheshta* of the limb will be increases i.e. as a dry wood can be slowly bent, as desired by the application of *Snehana* and *Sweda* similarly even curved or stiffed limb can bring back into normalcy by the administration of *Snehana* and *Swedana*.

## Discussion on Basti Procedure

As the *Basti* is one of the *Chikitsasutra* for the *Gridhrasi*, the *Matrabasti* improves *Varna* and *Bala*, which is indicated for *Bala*, *Vruddha* and *Alpagni* person. *Guda* is the main root of the body and having blood vessels in it, if we administer the *Basti* in anus it nourishes all the limbs and organs of the body. [12]

## Probable mode of action of Basti

The action of *Basti* is taken place in two ways i.e. action through the vascular route and through nervous route.

If we place *Sneha* in a container, close the lid and invert it, the *Sneha* dribbles from the junction of the lid and vessel or from the pores of the lid and escapes. This is called as *Anu pravanaguna* or percolation. Similarly, the *basti* medicine can percolate and cross the barrier of ileo-caecal valve which is a door between (lid) the end of ileum (last part of small intestine, where it enters the large intestine) and caecum (first part of colon or large intestine). The *Bastidravya* reaches to the level of stomach, duodenum and ileum (parts of small intestine) wherein the active principles of the *Bastidravya* are absorbed and made use of. Even modern studies have shown the action of *Basti* vis-à-vis enema beyond the level of colon (large intestine).

Pharmacokinetic studies have also proved that drug administered via rectum can achieve higher blood levels of the drug than oral route due to partial avoidance of hepatic first-pass metabolism. The rectum has a rich blood and lymph supply and drugs can cross the rectal mucosa as they can other lipid membranes. Thus, un-ionized and lipid-soluble substances are readily absorbed from the rectum. The portion absorbed from the upper rectal mucosa is carried by the superior haemorrhoidal vein into the portal circulation, whereas that absorbed from the lower rectum enters directly into the systemic circulation via the middle and inferior haemorrhoidal veins. Thus, administration of drugs in the *Basti* form has faster absorption and provides quicker results. The rectal wall contains neuroreceptors and pressure receptors which are stimulated by various *Bastidravyas*. Stimulation results in increase in conduction of sodium ions. The inward rush of sodium ions through the membrane of the unmyelinated terminal is responsible for generating the action potential, influx of ion there by generating action potential. The drugs, immediately after entering into the *Pakwashaya* (intestines), strike at the very root of vitiated *Vata*. By virtue of their permeability the drugs may increase the normal bacterial flora of the colon and there by modulate the rate of endogenous synthesis of vitamin B<sub>1</sub> and B<sub>12</sub> as

well as vitamin K, which are normally manufactured by bacterial flora. Vitamin B<sub>12</sub> may have a role to play in the regeneration and maintenance of nerves cells. *Basti karma* also reverses the effects of degeneration by enhancing immunity. [13]

### Discussion on observation during the study

1. **Age:** Maximum numbers of patients in this study with incidence of 47.5% were in between the age group 30-39 years. 30% of patients in between the age group of 40-49. 1% patients under the age group of 50-59 years and 7.5% of the patient under the age group of 60-69 years. 3<sup>rd</sup> and 4<sup>th</sup> decade having the maximum patients. The mode of works of the patients may lead into the early changes in spine.
2. **Sex incidence:** There is a ratio of female greater than male because female working in and out of the house. But in this study, we got maximum male patient i.e. 55% and female patient incident is 45% because of active occupation.
3. **Religion incidence:** The majority of the patients i.e., 87.5% were found to be Hindu community followed by Muslim community 12.5%. The religion does not seem to have any influence on the disease *Gridhrasi*. So geographical proportion of Hindus more in the city may be the reason for higher incidence of *Gridhrasi* in Hindu.
4. **Occupational incidence:** In the present study, 12.5% patients are Labour, 85% patients are having active occupation, and 2.5% of sedentary. The maximum patients are fall under the active occupation. The active occupation is assessed by the five types of physical activity i.e., dynamic strength, explosive strength, time spent walking or running, stamina, trunk strength. This corresponds to the opinion that, patients were mostly in 3<sup>rd</sup> and 4<sup>th</sup> decade of life having more stamina and strength which tends to work more. This causes the *Vataprakopa* as well as undue pressure over the spine.
5. **Economical incidence:** incidence in poor class people were observed more with 52.5% followed by middle class with 45%, it is due to active life style.
6. **Chronicity incidence:** Among 40 patients, 14 patients i.e. 35% were 0-6month chronicity and 13 patients i.e. 32.5% were under 7-12 months chronicity, 00 patients i.e.00% were under 13-18 months chronicity, 05 patients i.e.12.5% were under 18-24 months chronicity, 08 patients i.e.20% were above 24 months chronicity. May the health awareness of the patient or crippling pain made them to consult early.
7. **Addiction wise incidence:** Among 40 patients, 01

patients i.e. 2.5% patient had the habit of Smoking, 05 patients i.e. 12.5% patients had the habit of using Tobacco, 06 patient i.e., 15% patients had the habit of Alcohol, 18 patients i.e., 45% patients had the habit of tea/coffee and 11 patients i.e., 27.5% patients were devoid of any habits. Maximum no. of patients having the habit of drinking tea/coffee very frequently which is having *Kashaya* and *Tikta rasa* that is *Nidana* for the *Vataprakopa*.

8. **Diet wise incidence:** Among 40 patients, 15 patients i.e., 37.5% were Vegetarian, 25 patients i.e., 62.5% were Non-vegetarian. Due to improper intake of more *Gurugunayuktamamsaahara* leading into *Ama* which is the prime cause for the disease.
9. **Agni wise incidence:** Among 40 patients, 5 patients had *Mandagni* i.e. 12.5%, 00 patients had *Tikshnagni* i.e. 00%, 08 patients were having *Vishmagni*, i.e. 20%, 27 patients were having *Samagni*, i.e. 67.5%. The role of Agni is important in manifestation of the disease *Gridhrasi*.

### Discussion on Result of clinical study:

**Ruk:** In the present Clinical study observation made that, Group A and Group B having statistically significance in reducing the symptom of *Ruk*. Statistical value shows that treatment response for *Ruk* is equal in both the groups, but in reduction percentage Group B is better than Group A.

**Sthambha:** Group A and Group B having statistically highly significance in reducing the symptom of *Sthambha*. Statistical value shows that treatment response for *Sthambha* is equal in both the groups. In reduction percentage Group A showed more reduction percentage than the Group B after the treatment but after follow up Group B showed better reduction percentage than Group A.

**Toda:** Group A and Group B having statistically highly significance in reducing the symptom of *Toda*. Statistical value shows that treatment response for *Toda* is equal in both the groups. In reduction percentage Group A showed more reduction percentage than the Group B after the treatment but after follow up Group B showed better reduction percentage than Group A.

### SLR test

**Active SLR test (right leg):** Group A and Group B having statistically highly significance to increase the degree of SLR test. Treatment response for SLR test statistical value shows that there is a difference between Group A and Group B, in reduction percentage Group A is better than Group B.

**Active SLR test (left leg):** Group A and Group B having statistically highly significance to increase the

degree of SLR test. Statistical value shows that treatment response for active SLR test (left leg) is equal in both the groups. In reduction percentage Group A is better than Group B.

**Passive SLR test (right leg):** Group A and Group B having statistically highly significance to increase the degree of SLR test. Treatment response for SLR test statistical value shows that there is a difference between Group A and Group B, in reduction percentage Group A is better than Group B.

**Passive SLR test (left leg):** Group A and Group B having statistically highly significance to increase the degree of SLR test. Statistical value shows that treatment response for passive SLR test (left leg) is equal in both the groups. In reduction percentage Group A is better than Group B.

### Lumbar Movements

**Forward Flexion:** Group A is having and Group B having statistically significance to increase the forward flexion. Statistical value shows that treatment response for forward Flexion is equal in both the groups. In reduction percentage Group A is better than Group B.

**Right Lateral Flexion:** Group A is not having statistically significance to increase the Right Lateral flexion of lumbar spine. Group B is also not having statistically significance to increase the Right Lateral flexion of lumbar spine after treatment, but it is statistically significance after follow up. Treatment response for Right Lateral Flexion statistical value shows that there is a difference between Group A and Group B. In reduction percentage Group B is better than Group A.

**Left Lateral Flexion:** Group A is not having statistically significance to increase the Left Lateral flexion of lumbar spine. Group B is having statistically significance to increase the left Lateral flexion of lumbar spine. Treatment response for left lateral flexion statistical value shows that there is no difference between Group A and Group B. In reduction percentage Group B is better than Group A.

**Extension:** Group A is having statistically significance to increase the extension of lumbar spine. Group B is having statistically highly significance to increase the left Lateral flexion of lumbar spine. Treatment response for left lateral flexion statistical value shows that there is no difference between Group A and Group B. In reduction percentage Group A is better than Group B after treatment, but after follow up Group B showed better reduction percentage than Group A.

**Walking time:** Group A and Group B are having statistically highly significance to increase the Walking Time. Statistical value shows that treatment

response for walking time is equal in both the groups. In reduction percentage Group A is better than Group B after treatment, but after follow up Group B showed better reduction percentage than Group A.

**Visual Analogue Scale:** Group A and Group B having statistically highly significance to reduce the pain intensity. Statistical value shows that treatment response for VAS is equal in both the groups. In reduction percentage Group A is better than Group B after treatment, but after follow up Group B showed better reduction percentage than Group A.

**Oswestry Disability Index:** Group A and Group B having statistically highly significance on Oswestry Disability Index. Statistical value shows that treatment response for VAS is equal in both the groups. In reduction percentage Group A is better than Group B after treatment, but after follow up Group B showed better reduction percentage than Group A.

### Discussion on overall assessment of treatment

After observing the above subjective and objective parameter, the effect of the therapy has been classified as good responded, moderate responded, mild responded and not responded. From the clinical data out of 40 patients 97.5% patients showed response and 2.5% patient was not responded to treatment (i.e. 1 patient from group A). 47.5% (19 patients i.e. 9 patients from group A and 10 patients from group B) showed mild response, 45% (18 patients i.e. 10 patients from group A and 8 patients from group B) showed moderate response and 5% (2 patients from group B) showed good response.

### CONCLUSION

- *Gridhrasi* is one among the *Vatananatmajavyadhi* having involvement of *Vata* and *vatakaphadosha*. This disease can be equated to sciatica on the basis of symptomatology.
- Drugs in *Sahcharataila* and *Ashtaktwarataila* are mainly *Ushnavirya*, *Katuvipaka*, *Kaphavatahara* in nature; by virtue of these properties it reduces *Vatadushti* as well as *Kaphadushti*.
- In the present clinical study maximum number of patients registered are under the age group of 30 to 50 years and found more incidence in male are having active occupation as well as belongs to poor economic status.
- Both the groups are having similar effect on reducing the symptoms statistically. Among the subjective and objective parameters B group showed better reduction percentage in *Ruk*, *Sthambha*, *Toda*, right lateral flexion, left lateral flexion and extension of lumbar movement, walking time, VAS, Oswesry disability index. Group

A showed better reduction percentage in active and passive SLR test and forward flexion of the lumbar movement.

- *Sahachara Tail Matrabasti* is having more effect on acute condition. *Matrabasti* with *Ashtakatwara taila* is having more effect on chronic condition, in *Vatakaphaja Gridhrasi* and shows long lasting good result than *Sahacharataila matrabasti*.

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