



Clinical Study of Agnikarma in Ghridhrasi with special reference to Sciatica

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ABSTRACT:

Gridhrusi is correlated with sciatica in modern science. Management of sciatica in modern science is through medication such as analgesic, anti-inflammatory & spinal injection. Prolonged use of this causes unnecessary side effects. So in Ayurveda radical T/t for this disease & provide longer term lasting relief. Agnikarma is main line of T/t for Gridhrusi as mentioned by Charaka. 50pt. of Gridhrusi selected from O.P.D of **Dhanwantari Ayurved Medical College & Hospital, Udgir, Dist: Latur (M.H.)** having pain & stiffness in back, numbness, difficulty in walking, changing in posture etc. The assessment was made on the basis of degree of remission of sign & symptoms. At the end of Agnikarma 1) Samyakadagdhakshna (No any agnivyapad) was observed. 2) Relieving pain – Toda (Lancting pain), Stambha (stiffness), Sparshashtva (tenderness), improvement in stiffness & numbness and walking time increased. On the basis of study significant results were obtained & proved that Agnikarma can be best treatment in management of Gridhrusi.

KEYWORD: Gridhrusi, Sciatica, Lohashalaka, Ghruta.

INTRODUCTION:

Sciatica (Gridhrasi) is musculoskeletal disorder, which affects the movement of leg. Gridhrasi can be equated with Sciatica, where pain, numbness, tingling sensation, weakness and other discomfort along the path of Sciatica nerve. Sciatica is a kind of Neurolgia characterised by intense pain and tenderness along the course of sciatica nerve extending from back to thigh down calf region then down towards foot & toes. The pain is associated with numbness, burning sensation and tingling sensation. Main causes of sciatica are herniated disc, spinal stenosis, piriformis syndrome etc. Gridhrasi is Nanatmaja Vatavyadhi, an entity enumerated by Shula. According to Charaka, Stambha, Ruka, Toda and Spandan are signs & symptoms of Vataj Gridhrasi. Aruchi, Tandra and Gaurav are symptoms of Kaphaj Gridhrasi. Gridhrasi Hetu are vatprakopak. In the pathogenesis of sciatica, there is irritation of 4th & 5th lumbar root and 1st sacral root. S.L.R. (Straight Leg Raising) is used for diagnosis and for assignment of progress of treatment. Treatment of Gridhrasi is so simple, safe, effective. Charaka explained in Chikitsa Sthana that Agnikarma is line of treatment for Gridhrasi. Sciatica is Nanatmajavikar of vatvyadhi. As explained by Charaka, Agnikarma is safe & effective and has no any complication.

Hence Agnikarma were selected for present study. Total 50 patients included in study. Result shows that Agnikarma had an effect on Gridhrasi. The Loh Shalaka used for Agnikarma.

Aims and objectives

To assess the efficacy of Agnikarma in the management of gridhrasi.

To assess any side effect during the course of treatment.

To find simple, cheap and effective treatment in management of Gridhrasi for O.P.D patients.

Material & Methods

- Total 50 patients for Gridhrasi from among the out patients of Kayachikitsa & Rognidan Department of Dhanvantari Ayurved Medical College & Hospital Udgir (M.S.) were selected for the study.

Inclusion Criteria

Subjective Parameters-

- Patients age group 20-50yr.
- Presence of Ruk, Tod, Stambha and Spandan in sphika, kati, uru and pada.
- Tenderness along the sciatica nerve.

Objective Criteria

- Special case paper will be prepared incorporating all signs and symptoms of Gridhrasi (Sciatica)
- SLR test in affected leg as objective measure for diagnosis and assignment of improvement in treatment
- Visual analog scale (VAS).
- Oxford pain chart prepared and assessed before, during and after treatment.

Criteria of Assessment

- Investigation X-Ray L-S Spine.

Score



Lakshan	1	2	3	4
Shool				
Stambha				
Toda				
Graha&Spandana				

SLR Test

G0 = 81 - 90°

G1 = 51 - 80°

G2 = 31 - 50°

G3 = < 30°

Oxford Pain chart

- Severe- +++i.e pt. unable to do any movement.
- Moderate - ++ continues pain during movement.
- Mild-Pain precipitated time to time or heavy movement.

VAS(Visual Analog Scale)

Observation	Visit 1	Visit 7	Visit 14	Visit 21	Visit 30
Vas score					

VAS in 100mm scale.

0mm-----100mm

Walking time

- Walking time of pt. for a distance of 25mm will be recorded on 1,7,14,21 and 30days visits of patients.

Study Flow chart

Sr. No.	Visits Test	1 st Day	7 th Day	14 th Day	21 st Day	30 th Day

1	Complete history	√				
2	Inform consent	√				
3	Physical examination	√				
4	SLR recording	√	√	√	√	
5	Oxford pain chart	√	√	√	√	√
6	VAS scale	√	√	√	√	√
7	Walking time	√	√	√	√	√
8	Walking pattern	√	√	√	√	√

Exclusion Criteria

-Cardiovascular disease, Nephroticdisease, Pregnancy and Uncontrolled Diabetes.

-Benign & Malignant tumour of spine or T.B of vertebral column and Trauma.

Investigation

Routine investigation were done in all cases including CBC, ESR, BSL, RA factor and X-ray of Lumbosacral spine (AP & Lat. View)

Posology

Loh-Shalaka

-Patients were randomly selected.

Criteria of Assisment

The data presented as general observation viz.Age, sex, religion etc.

Nidana&Lakshana.The result of therapies was evaluated on the basis of improvement in subjective and objective parameters on various rating scale & charts. For statistical analysis, we calculated means, Std Deviation, standard errors and percentage.

The total effect of therapy was assisted taking into the overall was improvement in sign & symptoms and calculated.

Obtained results were classified-

- A) Marked improvement – 70-100% relief
- B) Moderate improvement – 51-75% relief
- C) Mild – 26-50% relief
- D) Unchange - < 25% relief

Observation & Results

-Total 50 patients were included in study.

Gender: Male – 22; Female – 28;

Age – 21-30 years = 06

31– 40 years = 20

41-50years = 24

Occupation- Housewife = 18

Office work = 22

Labour=06

Other= 04

Religion: Hindu = 30

Muslim = 08

Buddhist = 12

Area - Urban = 36

Rural = 14

Dosha-Dushti - Vataj = 18

Vat-Kaphaj= 32

Affected Site - Right Leg = 38

Left Leg = 08

Both Leg = 04

Observation & result

Criteria	Number of patients	
Gender	Male	22
	Female	28
Age	21-30	06
	31-40	20
	41-50	24
Occupation	Housewife	18
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	Other	04
Religion	Hindu	30
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Affectedsite	Right leg	38
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	Both Leg	04



Observation

Observation	Visits 1	Visits 7	Visit 14	Visit 21	Visit 30
Oxford pain chart					
VAS					
Walking time & pain pattern					

Nidana -

- 1) Mithya-Ahara
- 2) RutuviparitaAahara
- 3) Katurassevan
- 4) Chinta
- 5) Krodh

Symptoms - Ruk ,Tod& SLR (100%)
in all patients

- Tandra-46.32
- Aaruchi -76.4%
- Gaurav -25.12
- Spandan -29.45%

Discussion

Among the study , subjects , 16% were in the age of 21-30 ; 40% of 31-40 and 44% of 41-50yr.In 41-50 age group there is initial stage of Vat-prakopa. Accordingly modern science, there is progressive decrease in the degree of hydration intervertebral disc with Age, leading to the cycle of degeneration. Hence, the prevalence of Sciatica is high in middle aged people. This study is supported by the present study. Most of the patients (72%) were from the urban areas, this is because of fast lifestyles & hazards, Associated with industrialization. A large portion of the patients (44%) were officer,Office works involves working in abnormal posture for long periods and there us too much wear& tear of spine.

Bad posture, standing work, long walking, constant sitting, were aggravating factors in 80% of patients. A high proportion of patients 50% had Vat-Pittaj and 20% had Pitta-Kaphajp, while remaining 30% had Vat-Kaphajprakruti. This suggest that Vataplays major role in Nidana ; 80% had katurasatmakAaharsevan, ingestion of

food which are Ruksh, Sheet, Laghu, Ratrijagran, Vegvidharan& all such factors are precipitate Vat prakop which is important etiological factor in Gridhrasi. Vegdharan found in 20% and Vishamacheshta in 80% were main etiological factor that precipitatingGridhrasi because they cause strain on the spine. As much as 40% patients hadmansik factor such as Atichinta, which effects the role of tension in Vata-prakopa.

Among the female subject 45% had reaches Menopause, indicating that degenerative changes occur earlier in relation to male. 30 % of the women were obese, excessive pressure is exerted on the weight bearing joints such as lumbosacral joints and nerve originating from this area were affected. In X-ray finding 30% has spondylosis, 40% had osteoporosis 10% had spondylolithiasis at L5-S1, and 00 % had lumbar canal stenosis, where spinal canal narrows and compressed sciatic nerve root.

Effect of therapy

Improvement of pain and Toda because pain is produced mainly due to vataprakopa and Agnikarma is the best treatment for Vata . Ushnaguna of Agnikarma also reduced pain in sciatica.

Toda :- This shows that nearly half of the patients who have disturbed Nidra by Toda as night is Vataprakopakala ,So Tod might be aggravated during this kala showed better improvement in Toda (80%).

SLR Test

Sakthikshepanigraha was measured by SLR test, With Agnikarma, all patients were able to lift the leg higher due to

reduction in muscular spasm. Walking time were relieved 80% and numbness (75%) due to Ushna properties of Agnikarma, Ushnaguna decreases Sheetaguna of Vata and Kapha. Agnikarma helps in controlling both Vata and Kapha.

Effect of therapy on dosha involvement

Vataj-Kaphajgridhrasi results are highly significant with relief of 90%. This was due to only vatahar –kaphahar effect of Agnikarma.

Mode of action of Agnikarma.

Vata and Kapha are main etiological factors for Gridhrasi which gets reduced by Agnikarma which play major role in reducing Vata and Kapha due to Ushnaguna.

Conclusion

Agnikarma have effect on Gridhrasi showed good results. Agnikarma is cheap, easily available and very effective in Neurological disorder.

The selected treatment does not work only to relieve symptoms, but it works to minimize the chances of recurrence of disease.

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