

Efficacy of *Vajigandhadi Taila* and *Tila Taila Matra Basti* in the management of *Gridhrasi*



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Abstract:

Vatavyadhi (diseases caused by vitiation of *Vata*) are one of the most prevailing health problems and *Gridhrasi* (disease in which person walk like Vulture) is one among them. It is one of the painful conditions, where pain from the *Sphik* (Lumbar region) is radiates up to the *Pada* (Foot) through the posterior aspect of *Kati* (back), *Prusta* (thoracic region), *Janu* (knee) and *Jangha* (calf region) region. *Gridhrasi* can be correlated with *Sciatica* based on symptoms. *Basti* (enema) is considered as an *Ardhachikitsa* (Half line of treatment) in *Ayurveda* treatment modalities; in present study *Matra Basti* is selected. *Vajigandhadi Taila* mentioned by *Yogratnakara* was used for the *Basti karma* which contains *Erandataila* (oil extracted from *Ricinus communis*), *Ashwagandha* (*Withania somnifera*), *Bala* (*Sida Cordifolia*), *Bilva* (*Aegle Marmelos*) and *Dashmoola* which exert *Vatahara* and *Vedanasthapaka* (pain killer) action. *Ashwagandha* acts as *Rasayana* (rejuvenator) and also causes defensive action on pain. *Tila tail* (sesame oil) when processed with drugs (*Murchita Tila Taila*) acts as *Sarvarogapaham* (Useful in all diseases). 30 patients of *Gridhrasi* were randomly divided in to two groups. In Group A, patients received nine days treatment of *Vajigandhadi Taila Matra Basti* while in Group B, patients were treated with *Moorchita Tila Taila Matra Basti* for nine days. In present study both groups showed statistically significant result in subjective parameters like *Ruk* (Pain), *Toda* (Pricking Sensation), *Stambha* (Stiffness), *Spandana* (Muscle Twitcing/Fasciculation) as $P < 0.0001$ and objective parameters Straight Leg Raising test and Bragards Test $P < 0.001$ except Knee Jerk and Ankle Jerk as $p=1$. Group A (*Vajigandhadi Taila Matrabasti*) clinically showed slightly better response than group B (*Tila Taila Matra basti*) without much statistical significance.

Key Words: *Gridhrasi*, *Matra Basti*, *Vajigandhadi Taila*, *Moorchita Tila Taila*.

Introduction:

Gridhrasi manifest due to vitiation of *Vata*, and *Vata Kapha* and it is explained in both *Vataj Nanatmaja Vyadhis* (diseases cause to vitiation of *Vata* only) and *Samanayja Vyadhis* (diseases cause to vitiation of more than one *Dosha* i.e. *Vata*, *Pitta* and *Kapha*). *Gridhrasi* can be correlated with *Sciatica* as there is close resemblance in the manifestation of both the conditions. *Sciatica* is the radicular pain relating to the sciatic nerve trunk.

Among *Panchakarma*, *Basti* (enema) has been told as *Ardhachikitsa* / *Sarvachikitsa* [1] by all *Acharyas* and *Basti chikitsa* is

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mainly useful in disorders related to *Vata Dosha*[2]. *Matra Basti* is a type of *Sneha Basti* which can be given in all seasons without any strict regimen of *Ahara-Vihara* (diet regimen)[3]. It has preventive, promotive and potent rejuvenative action; also it is *Brumhana* (health promoter) and *Vatashamaka* (relives *Vata*) in nature [4]. *Basti* is advised as first line treatment for *Gridhrasi* [5].

Thus the present study was designed to evaluate the efficacy of *Matra Basti* using two different medicated oil preparations with the hypothesis that *Basti* of *Vajigandhadi Taila* [6] and *Moorchita Tila Taila* may prove beneficial in treating the disease pathogenesis by *Brumhana* and *Vatahara* property. Two medicated oil preparations are used in study to determine *Matra Basti* variation and *Samyaka Anuvasit Lakshans* (symptoms appear after proper oil enema therapy) differentiation in both groups. *Tila Taila* is used for comparison of *Matra Basti* effect.

Material and Methods:

Source of data:

Patients attending the OPD and IPD were being screened for this study. Patients between age group 18 -70 years with classical signs and symptoms of *Gridhrasi* such as *Ruk, Toda, Stambha, Spandana* in *Kati, Prushta, Janu, Jangha* and *Pada* and fit for *Basti* karma were selected for the study. Patients with other systemic disorders and serious illness like Diabetes Mellitus, history of trauma causing fracture, patients with herniated disc, lumbar canal stenosis and Carcinoma of spine were excluded from this study.

Study design:

Selected patients were divided into two groups for comparative clinical trial which is as given below (Table no 1)

Study Design Table no 1:	
GROUP A	GROUP B
<i>Matra Basti</i> with <i>Vajigandhadi Taila</i> 72ml	<i>Matra Basti</i> with <i>Moorchita Tila Taila</i> 72 ml
Duration	09 days
Follow up days	18 days
Total Study Duration	27days

Assessment criteria:

Subjective Parameters:-

Pain was graded on the basis of Visual Analogue Scale (VAS). For this, a 20 cm long line was drawn, one end of which indicates no pain and another side indicates the pain as bad it can be. The patient is asked to mark their pain levels on the line (VAS) against the number corresponding to severity of pain felt by the patient. The scores thus obtained were given grading as depicted in table -2.

Subjective parameters and objective parameters were used to assess the clinical response in both the groups. The patients were assessed on 1st day (before starting the treatment), 9th day (after completion of treatment) and finally

Subjective and Objective Parameters table no 2	
Ruk (pain)	
No pain	Scale reading 0
Trivial pain	Scale reading 0-5
Mild pain	Scale reading 5.1-10
Moderate pain	Scale reading 10.1-15
Severe pain	Scale reading 15.1 -20
Toda (Pricking type of pain sensation)	
No Pricking Sensation	0
Occasional pricking sensation-	1
Mild pricking sensation	2
Moderate pricking sensation	3
Severe pricking sensation	4
Straight leg raising test	
>90°	0
61° to 90°	1
31° to 60°	2
Up to 30°	3
Spandana (involuntary movements/twitching)	
No Involuntary Movement	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
Reflex	
Normal	0
Diminished	1
Exaggerated	2
Bragards Test	
Absent	0
Present	1

on 27th day (the last day of follow up period). The overall effect of the clinical trial was assessed by considering all the parameters as given in table 3

Observation and results:

Analysis of Subjective parameters in Group A shows that mean score before treatment was very high ex. *Ruk* (Mean score 3.8) reduced to 0.267 after *Basti* which was 0.4 during follow up. There was 92.89% and 89.47% of improvement in the symptom after *Basti* and during follow up with “t” value 21.03 and 16.43 respectively thus result was statistically highly significant as (p<0.0001). Same result was observed with other parameters and no improvement was seen in Knee Jerk and ankle jerk as (P=1) table no 4

Analysis of subjective parameters in Group B showed that mean score before treatment was very high ex. *Ruk* (Mean score 3.53) which reduced to 0.667 after *Basti*, it was 0.53 during follow up, there was 81.1% and 84.98% of improvement after *Basti* and during follow up in the symptom, with t value 17.64 and 21.73 respectively. Thus result was statistically highly significant as is p<0.0001. Same results were observed with other parameters and no improvement was seen in Knee Jerk and ankle jerk as (P=1) table 5.

Comparison effect of *Matra Basti* on subjective and Objective Parameters in “Group A” and “Group B”. Table no 6

Comparative analysis of effect of treatment on subjective and objective parameters between Group A and B, showed that significant result was observed in *Spandana* symptoms as “t” value is 2.369 and p< 0.05, other symptoms Comparative analysis was statistically insignificant (p>0.10)

Discussion:

Gridhrasi is such a disease having its origin in *Pakwashaya* (Large Intestine) and seat in *Sphika* and *Kati* i.e. lumbar spine *Acharya Sushruta* has emphasized the involvement of *Kandara* (Ligament) from *Parshni* (Calcaneal Bone) to *Anguli* (Fingers) in producing the disease *Gridhrasi* ; he also added an important sign *Sakthikshepanigraha* i.e. restriction in lifting the affected leg [7]. Now days, this sign known as S.L.R. (Straight Leg Raising) test. It plays a major role in diagnosis of the disease and assessment of effect of therapy as an objective parameter. There was highly significant change observed in all subjective and objective parameters except Knee jerk and ankle jerk in both the groups as (p<0.0001). In Group A, in many of the patients retention of *Basti* was comparatively more because the consistency of *Vajigandhadi Taila* is thicker than the *Moorchita Tila Taila*. Absorption of medicine is said to increase if the time of retention of oil in the rectum increases. Also in group A, patients *Agni Deepti* and *Swapnanuvritti* (Sound sleep) seen in more number of patients compared to

Overall assessment of clinical response table no 3

Completely relieved	100 % relief
Marked response	More than 75% relief
Moderate response	50 to 75 % relief
Mild response	25-49 % relief
No change	Below 25 % relief

Individual study of subjective and Objective parameters in Group A. table no 4

Si. No.	Parameter	Average			P value		Remark
		BT	AT	AF	AT	AF	
1	<i>Ruk</i>	3.8	0.267	0.4	<0.0001	<0.0001	HS
2	<i>Toda</i>	3.46	0.267	0.4	<0.0001	<0.0001	HS
3	<i>Stambha</i>	2.46	0.4	0.2	<0.0001	<0.0001	HS
4	<i>Spandana</i>	2.34	0.34	0.13	<0.0001	<0.0001	HS
5	SLR Test	2.46	1.34	1.13	<0.001	<0.001	HS
6	Bragards Test	1.26	0.6	0.267	<0.001	<0.001	HS
7	Knee Jerk	0.53	0.53	0.53	P=1	P=1	NS
8	Ankle Jerk	0.53	0.53	0.53	P=1	P=1	NS

group B. This suggests that *Vajigandhadi Taila Matra Basti* has helped in correction of the vitiated *Vata* thus giving better results compared to *Moorchita Tila Taila Matra Basti* group. Charaka speaks *basti* is best line of treatment for *vatarogi* patient [8] and Kashyapa says oleation therapy is best among all treatment for *Vata rogi* patient and oil therapy is best for all *vata roga*. [9] It means *Basti* when administered with appropriate *Taila* will surely help in the *Vata* disorder.

Vajigandhadi Taila mentioned by *Yogratnakara* contains *Ashvagandha*, *Bala*, *Bilva*, *Dashmoola* and *Eranda Taila*. *Ashvagandha* has property of *Rasayana* (Rejuvenative), *Vedanasthapana* (Pain relieving action), *Balya* (strengthening) and *Vatakaphaghna* also. *Bala* act as a *Balya* and *Vrushya* (Aphrodisiac). *Dashmoola* is act as *Shothohara*, (Anti inflammatory) *Tridoshara* (Abpity to pacify all three doshas, vata pitta and

Individual study of subjective and Objective parameters in Group B. table no 5:							
Si. No.	Parameter	Average		P value		Remark	
		BT	AT	AF	AT	AF	AF
1	<i>Ruk</i>	3.53	0.667	0.53	<0.0001	<0.0001	HS
2	<i>Toda</i>	3.13	0.6	0.6	<0.0001	<0.0001	HS
3	<i>Stambha</i>	2.6	0.6	0.53	<0.0001	<0.0001	HS
4	<i>Spandana</i>	2.06	0.6	0.53	<0.0001	<0.0001	HS
5	SLR Test	2.4	1.46	1.0	<0.001	<0.001	HS
6	Bragards Test	1.26	0.467	0.4	<0.001	<0.001	HS
7	Knee Jerk	0.53	0.53	0.53	P=1	P=1	NS
8	Ankle Jerk	0.53	0.53	0.53	P=1	P=1	NS

Comparison effect of MatraBasti on subjective and Objective Parameters in "Group A" and "Group B". Table no 6					
Parameter	Group	Mean	T-Value	P-Value	Remarks
<i>Ruka</i>	A	3.4	1.468	0.1534	NS
	B	3			
<i>Toda</i>	A	3.067	1.571	0.1274	NS
	B	2.6			
<i>Stambha</i>	A	2.334	0.8712	0.3910	NS
	B	2.134			
<i>Spandana</i>	A	2.134	2.369	0.0249	S
	B	1.533			
SLR Test	A	1.334	0.2017	0.8416	NS
	B	1.4			
Bragards Test	A	1	0.4871	0.6300	NS
	B	0.867			
Knee Jerk	A	0.533	T=0	P=1	NS
	B	0.533			
Ankle Jerk	A	0.533	T=0	P=1	NS
	B	0.533			

Overall Response Table no 7										
Group	Cured		Marked improvement		Moderate improvement		Mild improvement		No Change	
	No. of patients	%	No. of patients	%	No. of patients	%	No. of patients	%	No. of patients	%
Group A	2	13.34	7	46.66	4	26.66	2	13.33	0	00
Group B	4	26.66	3	20.00	5	33.34	3	20.00	0	00

kapha) and *Vedanasthapana*. *Erandataila* possesses *Ushna, Guru, Sara, Teekshna, Sukshma, Picchila* and *Visragunas*. It is having *Katu, Kashaya, Madhura* and *Tikta Rasa* and *Madhura Vipaka*. The action of *Eranda Taila* is *Srotovishodhana* (Clearing all channels), *Lekhana, Deepana, Balya* and *Rasayana*. It has *Vatashleshmihara* effect and effective in conditions like *Jangha, Kati, Urushoola, Anaha* and *Vibandha*. [10] Thus it is effective in the management of *Gridhrasi*. Drug delivered at the upper part of the rectum is absorbed from the upper rectal mucosa and is carried by the Superior mesenteric vein into the portal circulation, and the drug absorbed from the lower part of the rectum enters directly into systemic circulation via middle and inferior hemorrhoid veins and hence the drug is available in the circulation for immediate action. [11]

Conclusion:

In the present study both groups showed statistically significant result in subjective and objective parameters except Knee Jerk and Ankle Jerk and both group showed good procedural response i.e. *Samyaka Anuvasit Lakshanas*. Overall the group A (*Vajigandhadi Taila Matrabasti*) clinically showed slightly better response than group B (*Tila Taila Matra basti*) but statistically there was no difference. *Vajigandhadi Taila Matra Basti* can be practiced safely without any complications.

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