

**STUDY ON ROLE OF MATRA VASTI AND KATI VASTI IN GRIDHRASI W.S.R TO SCIATICA****Dr. Savita R. Magdum M.D. (Ayu)\*<sup>1</sup>, Dr. Vijaykumarswami G. Hiremath M.D (Ayu)<sup>2</sup> and Dr. G. S. Badrinath M.D. (Ayu)<sup>3</sup>**<sup>1</sup>Assistant Professor, Dept. of Pancakarma in Acharya Deshabhushan Ayurvedic Medical College and Hospital, Bedkihal.<sup>2</sup>Professor Dept. of P.G. Studies in b Pancakarma SVM Ayurvedic Medical College, Ilkal.<sup>3</sup>Professor and Hod Dept. of P.G. Studies in Pancakarma SVM Ayurvedic Medical College, Ilkal.**\*Corresponding Author: Dr. Savita R. Magdum M.D. (Ayu)**

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**ABSTRACT**

Gridhrasi is a ruja pradhana vatavyadhi and it is more prominence in clinical practice. Gradhrasi equated with the disease sciatica in Modern Science. Due to modern life style, food habits, physical stress, professional reasons, conditions of the roads, exposure to vibration from vehicles etc. Motivate a condition where in the locomotors system may be involved. Vasti karm is most effective Abhyantara snehana treatment in vatavyadhi and kati vasti is Bahya Snehan procedure which is main site of Pathology of Gridhrasi. This Study was conducted to evaluate the efficacy of Matra Vasti and Kati Vasti. patients suffering from Gridhrasi were selected d and randomly distributed to Matra Vasti and Kati Vasti group 20 patients in each group. In Group A, 0% patients were unchanged, 0% patients were gained mild response, 20% gained moderate response, and 80% patients were complete response. In Group B, 0.83% patients were unchanged, 0.83% patients were gained mild response, 38.33% gained moderate response, and 60% patients were complete response. No patient remains unchanged at the end of therapy in both the groups. Thus, both the therapies proved to be effective in combating the disease Gridhrasi. But on Comparison, Group A showed better results than in Group B.

**KEYWORDS:** Grdhrasi, Sciatica, Kativasti, Matra Vasti, Ashtakatvar Taila.**INTRODUCTION**

May all sentient beings be at peace may no one suffer from illness.

Ayurveda has been around for thousands of years, most ancient, yet most scientific medical science and was considered as one of the best way to treat diseases and lead a healthy lifestyle in ancient India.

Ayurveda blends our modern lifestyle and health oriented habits with the ancient wisdom of using natural substances, herbs, medicines, panchakarma treatments to help us for healthy, happy, stree free, disease free and peaceful life.

Now a day due to modern life style food habits, physical stress, professional reasons conditions of roads, exposure to vibration from vehicles, busy professionals, Social hectic, daily routine have created undue pressure on our vertebral column and motivate a condition where in the locomotor system may be involved and increased incidence of musculoskeletal disorders like sciatica, Gridhrasi is a ruja pradhan vatavyadhi. According to

Charak Gridhrasi starts from spik, gradually comes down to Kati, Prushta, Uru, Janu, Jangha, Pada and affects sapndan. All the symptoms are Vata Pradhan but when the diorder is caused by Vata and Kapha together then it will be associated by Tandra, Gaurava and Aruchi.<sup>[1]</sup>

Vasti Chikitsa is considered as Aradha Chikitsa or Sampurna Chikitsa also. It is most effective treatment in case of vitiation of Vata. Kativasti is a Bahiparimarjana Chikitsa having Bruhana properties helps in alleviating the Sthanika Vata. Kativasti increses the circulation in the region as the medicated oil gets deeply absorbed into the skin, nourishes, strengths muscles, bones and nerves.

Ashtakatvanr tail has been recommended in Charak Samhita<sup>8</sup> and Yogaratrakar<sup>9</sup> in the treatement of Gridhrasi and has reference in Ayurvediya Panchakarma Vidnyan.

As the name suggest- Ashtakatvar taila. Katvars is the main content of drug which have anti-inflammatory and anti rheumatic properties, which helps in reduction of symptoms of irritation of Sciatica Nerve.

Here study is conducted to know the efficacy of snehana by external route or through internal route. Here internal snehana is followed by Matra Vasti and external snehana is followed by Kati Vasti.

Hence the present study “A Comparative Clinical Study of evaluate the efficacy of Matravasti and Kativasti with Ashtakatvar Taila in Gridrasi W.S.R. to Sciatica.”

## OBJECTIVES

To evaluate the comparative efficacy of Matra Vasti and Kati vasti in Gridrasi (Sciatica).

## METHADODOLOGY

Gridhrasi means the pain experienced by the patient is identical to the pain felt when the vulture pierces its beak deep into the prey to feed. Sciatica pain is generally managed by using Anti-inflammatory drugs, Muscle-Relaxants & Traction. Ayurveda takes unique approach to the management of above symptoms with Panchakarma like Snehana, Swedhana, Basti etc.

Ashtakatvanr tail has been recommended in Charak Samhita<sup>8</sup> and Yogaratnakar<sup>9</sup> in the treatment of Gridhrasi and has reference in Ayurvediya Panchakarma Vidnyan. As the name suggest- Ashtakatvar taila. Katvars is the main content of drug which has anti-inflammatory and anti-rheumatic properties, which helps in reduction of symptoms of irritation of Sciatica Nerve.

Here study was designed to know the comparative efficacy of snehana by external route vs internal route. Here internal snehana is followed as Matra Vasti and external snehana is followed as Kati Vasti.

Before starting the study, the detailed procedure of treatment explained to patient and only after fully conscious consent from the patient, treatment is adopted.

## COMPOSITION OF THE TRIAL DRUG: “ASHTAKATVAR TAILA”

### INGREDIENTS

Pippalimula	- 1 Pala
Shunti	-1 Pala
Takra	-16 Pala
Sarshapa Taila	- 1 Prastha
Curd	-1 Prastha

### Preparation of the medicine

Ashtakatvar taila was freshly prepared as per classical recommended methods at S. V. M. Ayurvedic Pharmacy and is used in trials as per clinical consideration.

Duration of treatment: 8 days

Follow up period: 16 days (9th day, 16th day, 24th day)

Total duration of study - 24 days

Sample size- 40 Patients (20 patients each group)

It was an open labelled comparative clinical study to assess the efficacy of matra vasti and kati vasti with

Ashtakatvara taila in Gridrasi wrst Sciatica). In this study patient of either gender were included randomly. A minimum of 40 patients with 20 patients each in group of Matra vasti and Kati vasti, who were suffering from symptoms of Gridrasi and who were fulfilling the inclusion criteria are randomly selected.

### Inclusion criteria

Patients with lakshanas of Gridhrasi like Ruk (pain), Toda (pricking pain), Stambha (stiffness), Spandana (frequent tingling), over Sphik, Kati, Prushta, Uru, Janu, Jangha, Pada, Persons aged between 18 to 70 years and Patients fit for Matravasti & Kativasti were included in the study.

### Exclusion Criteria

Patient with history of trauma causing fracture, Pregnant and lactating woman, Patient with benign & malignant tumors of vertebra and Patient suffering with systemic disorders were excluded for the study.

## INTERVENTION

### Group A (Matra vasti)

Poorvakarma – After passing natural urges advised patient to have laghu and alpa ahara and asked the patient to lie down on table in supine position. The sthanik Abhyanga was done with Murcchita Sarshapa Taila and sthanik mrudu swedana carried out. Asked to patient to lie on left lateral position. (Rt. leg flexed at knee and left leg extended).

Pradhanakarma – After removing air bubbles from rubber catheter, 72 ml. of Ashtakatvar taila was injected through rectum. Then the patient was made to lie on supine position just for 5 to 10 min. and gentle tapping was made on his buttocks, legs were lifted up asked to lie down for 10 min.

Paschatkarma – Patient is advised to take laghu ahara and rest. Same procedure carried out for 8 days in 20 patients.

### Group B (Kati vasti)

Poorvakarma – 250 ml. of Ashtakatvar taila is made lukewarm by placing it in warm water bath, dough of mash flour is prepared.

Pradhanakarma – Patient is advised to lie down in prone position, circular ring of dough placed over kati pradesha (on tenderness part) properly fixed. Then lukewarm Ashtakatvar taila is filled inside the ring with the spoon, once temp. of oil decreases again warm taila filled. Same procedure was repeated for 45 min.

Paschatkarma – The oil was removed with the help of spoon and cotton. Dough ring was removed. Mild abhyanga was done on kati pradesha and mridu swedana was followed. Same procedure carried out for 8 days in 20 patients.

**Assessment criteria**

The following parameters were taken as subjective and objective for the study for assessment.

Ruk (Pain), Sthambha (Stiffness), Spandana (Tingling sensation), Toda (Pricking pain), Toda (Pricking pain), Toda (Pricking pain), SLR Test and Tenderness.

**RESULTS**

**Table: Comparison of different time points with Ruk (Pain) in group A and group B by Wilcoxon matched pairs test.**

Groups	Time	% of change	Z-value	P-value
Group A	BT-1st FU	76.47	3.9199	0.0001*
	BT-2nd FU	90.20	3.9199	0.0001*
	BT-3rd FU	90.20	3.9199	0.0001*
Group B	BT-1st FU	43.14	3.6214	0.0003*
	BT-2nd FU	60.78	3.8230	0.0001*
	BT-3rd FU	78.43	3.9199	0.0001*

\*p<0.05

In group A, the mean score was 0.25 & in group B, the mean score as 0.55 on 23rd day follow-up. However,

group A shows more percentage of relief compared to group B.

**Table: Comparison of different time points with Toda (Pricking pain) in group A and group B by Wilcoxon matched pairs test.**

Groups	Time	% of change	Z-value	P-value
Group A	BT-1st FU	74.51	3.9199	0.0001
	BT-2nd FU	92.16	3.9199	0.0001*
	BT-3rd FU	94.12	3.9199	0.0001*
Group B	BT-1st FU	54.17	3.5162	0.0004*
	BT-2nd FU	81.25	3.9199	0.0001*
	BT-3rd FU	85.42	3.9199	0.0001*

\*p<0.05

In group A, the mean score was 0.15 & in group B, the mean score was 0.35 On 23rd day follow-up. However,

group A shows more percentage of relief compared to group B.

**Table: Comparison of different time points with Sthambha in group A and group B by Wilcoxon matched pairs test.**

Groups	Time	% of change	Z-value	P-value
Group A	BT-1st FU	77.78	3.9199	0.0001*
	BT-2nd FU	87.04	3.9199	0.0001*
	BT-3rd FU	90.74	3.9199	0.0001*
Group B	BT-1st FU	52.27	3.5162	0.0004*
	BT-2nd FU	70.45	3.9199	0.0001*
	BT-3rd FU	81.82	3.9199	0.0001*

\*p<0.05

In group A, the mean score was 0.25 & in group B, the mean score was 0.40 on 23th day of treatment. However,

group B shows more percentage of relief on sthambha (Stiffness) in comparison to group B.

**Table: Comparison of different time points with Spandana (Twitching) group A and group B by Wilcoxon matched pairs test.**

Groups	Time	% of change	Z-value	P-value
Group A	BT-1st FU	82.98	3.9199	0.0001*
	BT-2nd FU	93.62	3.9199	0.0001*
	BT-3rd FU	93.62	3.9199	0.0001*
Group B	BT-1st FU	54.29	3.2958	0.0010*
	BT-2nd FU	65.71	3.6214	0.0003*
	BT-3rd FU	80.00	3.8230	0.0001*

\*p<0.05

In group A, the mean score was 0.15, in group B, the mean score was 0.35 on 23rd day of follow-up. Group A shows more percentage of relief compared to group B.

**Table: Comparison of different time points with SLR test scores in group A and group B by Wilcoxon matched pairs test.**

Groups	Time	% of change	Z-value	P-value
Group A	BT-1st FU	70.21	3.9199	0.0001*
	BT-2nd FU	82.98	3.9199	0.0001*
	BT-3rd FU	89.36	3.9199	0.0001*
Group B	BT-1st FU	47.37	3.4078	0.0007*
	BT-2nd FU	68.42	3.6214	0.0003*
	BT-3rd FU	76.32	3.7236	0.0002*

\*p<0.05

In group A, the mean score was 0.25, in group B, the mean score was 0.45 on 23rd day of follow-up. However, group A shows more percentage of relief compared to group B.

**Table: Comparison of different time points with Tenderness scores in group A and group B by Wilcoxon matched pairs test.**

Groups	Time	% of change	Z-value	P-value
Group A	BT-1st FU	82.00	3.9199	0.0001*
	BT-2nd FU	94.00	3.9199	0.0001*
	BT-3rd FU	94.00	3.9199	0.0001*
Group B	BT-1st FU	52.38	3.4078	0.0007*
	BT-2nd FU	66.67	3.6214	0.0003*
	BT-3rd FU	76.19	3.7236	0.0002*

\*p<0.05

In group A, the mean score was 0.15 & in group B, the mean score was 0.50 on 23rd day of follow-up. This shows group A more relief in tenderness as compared to group B.

#### Overall effect on subjective Parameters

Parameters	Group A		Group B	
	Mean score	%	Mean score	%
Ruk (Pain)	0.25	90.00	2.30	78.43
Toda (Pricking pain)	0.15	94.12	0.35	85.42
Sthambha	0.25	90.74	0.40	81.82
Spandana (Twitching)	0.15	93.62	0.35	80.00

#### Overall effect on objective Parameters

Parameters	Group A		Group B	
	Mean score	%	Mean score	%
S.L.R. Test	0.25	89.36	0.45	76.32
Tenderness	0.15	94	0.50	76.19

#### DISCUSSION

From the previous mentioned concepts, it is very much clear that Vata and sometime vata along with kapha makes Asthimajjavaha Srotodushti, all these are the basic factors in the Samprapti of Gridhrasi. Basti is the therapy advocated for Gridhrasi by near about all Acharyas. Basti has been glorified as the definitive therapy to pacify the aggravated Vata and Vata Pradhana Vyadhi. With the aid of various drugs incorporated, in the Basti Dravya, it does Samshodhana, Samshamana and Sangrahana of Doshas. Therefore, it has been labeled to be the best among Tantra and supreme among all the Karmas.

Basti touches all the Samprapti ghatakas of Gridhrasi.

Hence, it was selected for the present study. At the same time Basti by pacifying Vata, restores the disturbed Kapha and Pitta at their original seats and thus helps in breaking the pathogenesis. Modern pharmacokinetic studies have also proved that drug administration via the rectum can achieve higher blood levels of the drug than administration through the oral route due to partial avoidance of hepatic first-pass metabolism. Administration of drugs in the Basti form has faster absorption and provides quicker results.

The laghu, ushna, snigdha, tikshna gunas & ushna veerya along with madhur vipak of Ashtakatvar taila, all together acts as kapha-vata hara. All these factors

correct the vata-kapha dushti, regulates the function of apana vayu which breaks the samprapti & cures the disease Gridhrasi. In this way it cures both vataja & vata-kaphaja Gridhrasi. As oil is retained for longer duration that too directly at the site of location of vyadhi. It effects or acts more on locally and then systemically, giving better results. Also due to its vikasi and vyavahi guna it gets absorbs quickly and starts its action soon.

Overall rasa, virya, vipaka, guna of drugs are mainly acting on vata and kapha. Sciatica affecting mainly sciatic nerve their needs strength and nourishment to mainly sciatic nerve also to the other organs involved in this disease.

These drugs are having rasayana, agni dipaka, along with vata kapha shamaka it supplies nourishment and strength to nerves, bones, ligaments and muscles. In this study there is significantly marked relief in stambha, spandana, tenderness, which are directly related to nerves. It is more effective as nurvine tonic.

#### Absorption of Taila compared between two Groups

When effect of Matra basti compared with Kati basti rate of absorption through rectum is rich action is fast. Matra basti has no restrictions of Ahara, Vihar. It can be given in all time and in all seasons, it has no Upadrava or complications. The quantity is too small.

Kati vasti acts on the root of mamsavaha srotas i.e. Snayu twak and rakta vahini. It may nourish the superficial and deep muscle and make the joint stable, improving strength of muscles.

Matra vasti acts on Khavaygunamaya Pradesha and acts on whole the body also. Through systemic circulation.

#### CONCLUSION

The symptoms of gridhrasi like Ruk, Toda, Stambha and Spandana derived statistically Significant results in both the groups but Group A i.e. Matra Basti with Ashatakatvar taila shows more percentage relief than Group B i.e. Kati Basti with Ashtakatvar taila. Both the formulations are effective, simple, cheap and safe for the patients having Gridhrasi. But Matra basti with Ashtakatvar taila is more effective in treating the cardinal symptoms of Gridhrasi. Today is the world where people are busy due to mechanical life style, hence it is very difficult to undergo shodana therapies like virechana, asthapana basti, bahya chikitsa like kati basti etc, and also very difficult to follow the strict diet & regimen, matra basti is the best line of treatment in which there is no restrictions to the daily activities & devoid of complications.

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