

## STUDY THE EFFICACY OF PANCHMOOLI KASHAYA ALONG WITH AGNIKARMA IN THE MANAGEMENT OF GRUDHRASI

Rupesh Deelipkumar Bora<sup>1</sup>, Vivek Shrirampanth Chandurkar<sup>2</sup>

<sup>1</sup>PG Last Year, <sup>2</sup>Prof., HOD and Guide,  
Kayachikitsa Dept., S.G.R. Ayurved Mahavidyalaya, Solapur,  
Maharashtra, India

### ABSTRACT

‘*Grudhrasi*’ the word itself describes about the disease i.e. *Grudhra* (Vulture) like walking. It’s very important that one can do his daily activities (Walking, Sitting, Standing etc.) without any difficulty. *Grudhrasi* cripples the life of patient by causing radiating type of pain (*Sphik-Kati-Prishtha-Uru-Janu-Jangha-Pad Kramat Vedana*) in leg while walking or at rest as well. So a clinical trial was carried out in 30 patients of age 30-60 years presented with signs and symptoms of *Grudhrasi* irrespective of their sex, religion, Occupation and socio-economical status to see efficacy of ***Panchmooli Kashaya along with Agnikarma in acute stage of ‘Grudhrasi’***. In present Clinical trial *Panchmooli Kashaya* was given in dose of 15ml with *Eranda sneha prakshepa* of 10 ml after food b.i.d. for 16 days and *Agnikarma* 4 sittings in 16 days or as required to each subject. There was overall 53.97% relief in *Kramat vedana* (Acute radiating pain) symptom. Out of 30 patients in 16 i.e. 53.33% patients had got above 70% relief from signs and symptoms of *Grudhrasi* while 14 i.e. 46.67% patients in range of 30% - 70% relief from signs and symptoms of *Grudhrasi*. The patients had symptom of *Grudhrasi* since less than 180 days i.e. 6 months had got above 70% relief while had symptoms of *Grudhrasi* since more than 180 days to 365 days i.e. 6 months to 1 year had got 51.85% relief. Hence it is concluded that ***Panchmooli Kashaya along with Agnikarma*** is efficacious in management of acute pain of *Grudhrasi*.

**Keywords:** *Agnikarma, Grudhrasi, Panchmooli Kashaya.*

### INTRODUCTION

Today as we see many new diseases are emerging. Prevention and management of chronic and non-communicable diseases pose a global challenge to the medical fraternity and scientist. There are so many diseases till date science knows. The ‘*Grudhrasi*’ is one of them. ‘*Grudhrasi*’ as the term meaning indicates the typical gait that resembles a “*Grudhra*” or “Vulture”, which is often seen in ‘*Grudhrasi*’. This is a disease concerned with musculo-skeletal system of human body. As we know the Skeleton form the basic frame work of body i.e. *Dharan* of body,

the deformity in this frame work (*Asthidhatu*) makes person disable. ‘*Grudhrasi*’ is a *Rujapradhana Nanatmaja Vatavyadhi*, intervening with the functional ability of low back and lower limbs. The cardinal sign and symptoms of *Grudhrasi* are *Ruk* (Pain), *Toda* (Pricking pain), *Stambha* (Stiffness) and *Muhurmuhuspandana* in the *Sphika, Kati, Uru, Janu, Jangha* and *Pada* in order and *Sakthikshepana-nigraha* i.e. restriction in lifting leg. The symptoms seen in *Grudhrasi* can be well correlated with “*Sciatica*” in modern terminology. *Sciatica* is a very 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. It is particularly seen in most active period of life, involving working class people causing hindrance in routine life. Sciatica is a relatively common form of low back pain and leg pain. Low back problems affect virtually everyone at some time during their life. Surveys indicate a yearly prevalence of symptoms in 50 percent of working age adults; 15-20 % seeks medical care. Low back problems rank high among the reasons, for physician office visits. In fact, for persons under age 45, low back problems are the most common cause of disability.

Moreover, the modern treatment of sciatica is not satisfactory and includes use of analgesics and few surgical procedures which is often associated with many adverse effects. Because of such problems, it effects not only the social and economic position of an individual but also his family; it also leads to draining of national resource due to work hour loss, resulting into diminished production. Many researches

were conducted on this disease; still the complete cure of this is a mirage.

So considering all above points this is a humble effort made in this regard, to evaluate the efficacy of *Panchmooli Kashaya*<sup>1</sup> along with *Agnikarma*<sup>2</sup> as special procedure in acute pain management of *Grudhrasi*.

### OBJECTIVES

1. Primary objective- To study the effect of *Panchmooli Kashaya* along with *Agnikarma* in acute radiating pain of *Grudhrasi*.
2. To determine the correct indications of the *Panchmooli Kashaya with Agnikarma* in *Grudhrasi*.

### MATERIALS AND METHOD

Total 30 patients of age group 30-60 of both sexes, irrespective of religion, occupation and socio-economical status, represented with classical signs and symptoms of “*Grudhrasi*” due to prolapsed lumbar intervertebral disc were selected from OPD and IPD of S.S.N.J. Ayurved Rugnalaya, Solapur. Prior to the study permission from the Institutional Ethics Committee was obtained.

### Materials

#### Contents of Panchmooli Kashaya: (Bruhat Panchmool)

- |  |                            |
|--|----------------------------|
| 1. Bilwa Mool ( <i>Aegle marmelos</i> )            | } All In Equal<br>Quantity |
| 2. Gambhari Mool ( <i>Gmelina arborea</i> )        |                            |
| 3. Patala Mool ( <i>Stereospermum sauveolens</i> ) |                            |
| 4. Shyonak Mool ( <i>Oroxylum Indicum</i> )        |                            |
| 5. Agnimanth Mool ( <i>Premna mucronata</i> )      |                            |

#### Method of Preparation of Kwatha

Method of preparation of *kwatha* was adopted from *Sharangdhara Samhita*. In *Sharangdhara Samhita* mainly 5 types of dosage forms are mentioned as *Swarasa*, *Kalka*, *Kwatha*, *Hima* and *Fanta*. *Kwatha* is nothing but the aqueous extract of the

herb being used. To prepare *kwatha* Sharangdhara explained three methods, however the method in which water is taken 8 times than coarse herbal powder and then boiled till ¼<sup>th</sup> quantity of total remain was adopted<sup>3</sup>.

<b>Dose</b>	:15 ml (Twice a Day)
<b>Prakshepa</b>	: <i>Eranda Sneha</i> (10 ml)
<b>Aushadhi Sevan Kala</b>	: <i>Adhobhakt</i> (After Meal)

**Route of Administration :Oral**

The Coarse powder of *Bruhat Panchmooli Kashaya dravyas* was provided to patient and explained the procedure of preparation of *Kwatha* to take it at home in decided dose and advised to consult if any adverse effect occurs. Before providing the Coarse powder of *Bruhat Panchmooli Kashaya* to patient, *kwatha* was prepared with aforementioned method and send to laboratory for phytochemical analysis and quality as-

surance and after reporting it was used for study.

**Special Procedure:** *Agnikarma* (4 Sittings or as require)

**Agnikarma Sthan:** *Antarakandaragulpha<sup>2</sup>*

**Upakarana:** *Lohashalaka*

**Type of agnikarma:** *Bindu shape* and *Tvakagata*

**Duration of Therapy:** 16 Days

**Follow up:** After every 4 days

**Fig. No. 1.Agnikarma procedure pictorial representation**



**Criteria for the assessment of results**

The efficacy of therapy was assessed on the basis of Subjective parameters and Objective Parameters before and after treatment. To describe the result objectively and for statistical analysis of subjective parameters **multidimensional scoring**

**system** was adopted. Score was given for subjective parameters as follows.

**Specific Symptom’s Score**

**A) Subjective Parameters**

**1. Pad Kramat Vedana (Radiating Pain)**

<b>No Pain</b>	<b>0</b>
<b>Pain produced more than average activity</b>	<b>1</b>
<b>Pain produced by ordinary activity Like Walking</b>	<b>2</b>
<b>Patient is unable to walk</b>	<b>3</b>

**Table No.1** shows gradation of symptom *Pad Kramat Vedana* (Radiating Pain)

**2. Deha Pravakrata (Bending)**

<b>No Bending</b>	<b>0</b>
<b>Present</b>	<b>1</b>

**Table No.2** shows gradation of symptom *Deha Pravakrata* (Bending)

**3. Pad Suptata (Numbness) and Chumuchumayana (Tingling)**

<b>No Numbness/Tingling</b>	<b>0</b>
<b>Numbness/Tingling limited to 1 region (Toes/ Medi-</b>	<b>1</b>

al region of calf/ Lateral region of calf)	
Numbness/Tingling limited to>1 region (Toes/ Medial region of calf/ Lateral region of calf)	2
Numbness/Tingling of whole involved leg	3

Table No.3 shows gradation of symptom *Pad Suptata* (Numbness) and *Chumuchumayana* (Tingling)

### B) Objective Parameter

#### *Sakthikshepana-nigraha*<sup>4</sup> (Straight Leg Raising Test)

Negative	0
Positive at 60 degree or above	1
Positive at 45 degree or above	2
Positive at 30 degree or less	3

Table No.4 shows gradation of sign *Sakthikshepana-nigraha* (SLR Test)

The obtained data was statistically analyzed with Wilcoxon signed rank test. The P value less than 0.01 was considered statistically significant.

### OBSERVATIONS

Pain type	<i>Kramat Vedana</i> (Radiating Pain)				
	1 <sup>st</sup> day	5 <sup>th</sup> day	9 <sup>th</sup> day	13 <sup>th</sup> day	17 <sup>th</sup> day
Severe	4	1	0	0	0
Moderate	25	23	11	6	3
Mild	1	6	18	22	23
No any	0	0	1	2	4
Total	30	30	30	30	30
Wilcoxon signed rank test	P<0.01				

Table No.5 shows relief observed at follow up of different time interval in *Kramat Vedana* symptom by *Panchmooli kashaya* along with *Agnikarma*

Pain type	<i>Deha-pravakrata</i> (Bending)				
	1 <sup>st</sup> day	5 <sup>th</sup> day	9 <sup>th</sup> day	13 <sup>th</sup> day	17 <sup>th</sup> day
Present	29	26	10	3	0
Absent	1	4	20	27	30
Total	30	30	30	30	30
Wilcoxon signed rank test	P<0.01				

Table No.6 relief observed at follow up of different time interval in

*Deha-pravakrata* symptom by *Panchmooli kashaya* along with *Agnikarma*

Pain type	<i>Padsuptata and Chumuchumayan</i> (Numbness and Tingling)				
	1 <sup>st</sup> day	5 <sup>th</sup> day	9 <sup>th</sup> day	13 <sup>th</sup> day	17 <sup>th</sup> day
Severe	3	3	0	0	0

<b>Moderate</b>	23	21	10	6	3
<b>Mild</b>	3	5	16	17	17
<b>No any</b>	1	1	4	7	10
<b>Total</b>	30	30	30	30	30
<b>Wilcoxon signed rank test</b>	P<0.01				

**Table No.7** shows relief observed at follow up of different time interval in *Padisuptata* symptom by *Panchmooli kashaya* along with *Agnikarma*

Pain type	<b>Sakthikshepana-nigraha (Straight Leg Raising Test)</b>				
	1 <sup>st</sup> day	5 <sup>th</sup> day	9 <sup>th</sup> day	13 <sup>th</sup> day	17 <sup>th</sup> day
<b>Severe</b>	3	1	0	0	0
<b>Moderate</b>	10	11	6	1	1
<b>Mild</b>	17	18	22	19	13
<b>No any</b>	0	0	2	10	16
<b>Total</b>	30	30	30	30	30
<b>Wilcoxon signed rank test</b>	P<0.01				

**Table No.8** Relief observed at follow up of different time interval in *Sakthikshepana-nigraha* (SLR Test) by *Panchmooli kashaya* along with *Agnikarma*

## RESULTS

Results showed that there was significant relief in acute radiating pain of *Grudhrasi*. There was overall 53.97% relief in *Kramat vedana* (Acute radiating pain) symptom. Out of 30 patients in 16 i.e. 53.33% patients had got above 70% relief from signs and symptoms of *Grudhrasi* while 14 i.e. 46.67% patients in range of 30% - 70% relief from signs and symptoms of *Grudhrasi*. In all patients 1-2 loose motions per day symptom was there. Only two patients had more than 6 loose motions per day with weakness.

## DISCUSSION

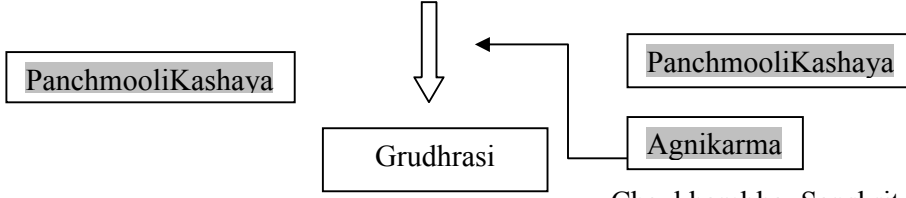
*Grudhrasi* is one of the *Nanat-maja Vatavyadhi* and occasionally *Kapha* is also associated with the *Vata Dosha* and produce *Vata-kaphaja* type of *Grudhrasi*, in which *Snayu* (Tendon) of one leg is affected due to vitiated *Vata Dosha*. The vitiation of *Vata Dosha* is occurred in two way i.e. *Dhatukshayajanya*

and/or *Margavarana*. The *Hetu* (Causative factor) like *Atishrama*, *Dhatu viguna dravya sevan*, *Avipaka*, *Ruksha anna Sevan*, *Ati Chankraman* (Excess of walking) etc. causes *dhatukshaya* while *Agni-mandya*, *Aamotpatti*, *Sthaulya*, *Divas-wapa*, *Abhishyandi aahar* like Curd causes vitiation of *kapha Dosha* and also *Pitta Dosha*, producing *Aam* which leads to *Margavarodha* in *srotasa* (Natural channels) which ultimately leads to abnormal *dhatu poshana* (Body tissue production) and further more *Dhatukshaya* (Tissue degeneration) and finally *Vata prakopa*.

If we consider the modern pathogenesis parallel to Ayurvedic principle, one can easily understand the *samprapti* of *Grudhrasi* and mode of action of *Panchmooli kashaya* along with *Agnikarma*. The vitiation of *Vata* and its *sthan-sanshraya* (lodging) at *katigata snayu* (Inter vertebral Disc), *padagata Kandara* (tendons) leads to weakness of outer core of I-V disc (*pruthu snayu*) causes protrusion of nucleosa pulposus through fibrosus annulus (*Sransa*, *Vyasa* i.e. change of shape and size with protrusion) which in turn causes nerve root compression and







## CONCLUSION

Through this study it was concluded that *Panchmooli Kashaya* along with *Agnikarma* is significant in acute pain management of *Grudhrasi*. But there is need of further study whether recurrence of disease occurs afterwards and if so, then need to use other drug therapy which will give strength to *srotodushti sthan* (i.e. Protruding Inter vertebral Disc) and act as *apunarbhavakar chikitsa*.

## REFERENCES

1. Chakradatta of Chakrapanidatta, edited with Vaidyaprabha hindi commentary by Indradev Tripathi, Chaukhamba Sanskrit Bhavan Varanasi, reprint 2012, verse no. 22/42, page no. 136
2. Charak samhita, edited with Ayurved Dipika's Ayushi hindi commentary by Vd. Harish Singh Kushwaha, Chaukhamba Orientalia publication Varanasi, reprint 2012, part II Chikitsa sthan, verse no. 28/101 page no. 750
3. Sharangdhar samhita, edited with Jiwanprada hindi commentary by Vd. Smt. Shailaja Shrivastava, Chaukhamba Orientalia publication Varanasi, reprint 2009, Madhyamkhanda, Verse no. 2/1-2, Page no. 135
4. Sushrut Samhita, hindi commentary by Dr. Anantram Sharma, Chaukhamba Surbharati publication, reprint 2006, Nidansthan, Verse no. 1/74, Page no. 468
5. Bhavprakash, edited with Vidyotini hindi commentary by Shri Brahmashankar Mishra and Shri Ruplalji Vaishya,

Chaukhamba Sanskrit Sansthan Varanasi, Nighantu part, Guduchyadi Varga verse no. 29-30, page no. 285

6. Sushrut Samhita, hindi commentary by Dr. Anantram Sharma, Chaukhamba Surbharati publication, reprint 2006, Sutasthan, Verse no. 12/3, Page no. 85
7. Charak samhita, edited with Ayurved Dipika's Ayushi hindi commentary by Vd. Harish Singh Kushwaha, Chaukhamba Orientalia publication Varanasi, reprint 2011, part I Sutra sthan, verse no. 30/28, page no. 499

## CORRESPONDING AUTHOR

**Dr. Rupesh Deelipkumar Bora**

PG Boys Hostel, SSNJ Ayurved Hospital, 118/119, Shukravar Peth, Near Old Faujdar Chavadi, Solapur, Maharashtra, India

**Email:** rdb108@gmail.com

Source of support: Nil

Conflict of interest: None Declared