

## A COMPARATIVE CLINICAL STUDY ON MATRA BASTI WITH SAHACHARADI TAILA AND VYOSADI TAILA IN GRIDHRASI W.S.R TO SCIATICA

Vasudev R<sup>1</sup>, Swathi S Deshpande<sup>2</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Professor & HOD,

Department of P.G Studies in Panchakarma, Karnataka Ayurveda Medical College and Hospital, Mangalore, D.K District, Karnataka, India

Corresponding Author: [vasudev0@gmail.com](mailto:vasudev0@gmail.com)

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## ABSTRACT

*Gridhrasi* is one among *Vatajananatmaja Vikara* characterized by *Sthabdhata*, *Ruk*, *Toda* which radiates from buttock region, lumbar region, thigh, knee, calf muscles and legs. *Gridhrasi* is of two types viz *Vataja* and *Vata Kaphaja Gridhrasi*. *Vataja Gridhrasi* is characterized by severe pain and *Vata Kaphaja Gridhrasi* has symptoms viz *Tandra*, *Gaurava* and *Aruchi*. The signs and symptoms of *Gridhrasi* can be correlated to sciatica of modern medicine. Sciatica is characterized by constant aching pain felt in lumbar region which may radiate to the buttock, thigh, calf and foot and pain is experienced along the sciatic nerve pathway. It is a common condition with life-time incidence varying from 13% to 40%. *Matra Basti* is indicated in diseases caused by vitiated *Vata Doshas* and thus considered as one of the treatments for *Gridhrasi*. It was a comparative clinical study with a pre and post design in 40 patients who were diagnosed with *Gridhrasi*, were assigned into 2 groups of 20 patients each randomly. After examination *MatraBasti* had given for group A with *Vyoshadi Taila* and group B with *Sahacharadi Taila* after *Sthanika Abhyanga* and *Nadisweda* with respective oil for 7 days. The assessment criteria were noted before and after treatment and on followup. Among the subjective and objective parameters, Group A showed better reduction 51.47% in *Ruk*, *Sthambha*, *Toda*, *Gaurava*, active and passive SLR test, Bragard's test and Lumbar movements. Group B does not have statistically significant over *Gaurava*, left lateral flexion and rotation to

leave. Showed reduction 40.49% in Ruk, Sthambha, Toda active and passive SLR test and lumbar movement. Hence it can be concluded that MatraBasti with Vyosadi Tailam is having more effect on symptoms of Gridhrasi and shows long lasting result.

**Keywords:** Gridhrasi, MatraBasti, Sahacharadi Taila, Sciatica, Vyoshadi Taila.

## INTRODUCTION

*Ayurveda* is the most ancient system of medicine which originated thousands of years back, is the only discipline that proposed with the dual objects of keeping each and every person healthy as well as to root out disease.

*Basti* therapy is said to be the best therapy for pacifying aggravated *Vata Dosha*. Hence, it is considered as *Ardha Chikitsa*. By administration of medicine through rectal route, it reaches *Nabhi* (umbilical region), *Kati* (lumbar region), *Parshwa* (flanks) and *Kukshi* (abdominal region) and does the *Vilodana* of *Dosha* and *Snehana* of body, thus morbid *Dosha* are eliminated along with faeces<sup>1</sup>. *Anuvasana Basti* is a type of *Basti* where, *Sneha Dravya* are administered through ano rectal route. *Anuvasana Basti* believed to nourish the body and increases *Bala* (strength) and *Varna* (complexion)<sup>2</sup>. *Matra Basti* is a type of *Anuvasana Basti* in which the *Sneha* is administered in lowest dosage i.e. Quarter (1/4th) quantity of *Sneha-Basti*<sup>3</sup>. The dose is equal to the dose of *Hrisva Snehapana*. It is indicated in people debilitated due to heavy work, exercise, lifting heavy weight and in persons afflicted by diseases due to *Vata Dosha*. It increases *Bala*, helps in easy and comfortable evacuation of Mala and pacifies *Vata Dosha*<sup>4</sup>.

*Gridhrasi* is one among *Vataja Nanatmaja Vikara*<sup>5</sup> characterized by *Sthabdhata* (stiffness), *Vedana* (pain), *Toda* (pricking sensation) which radiates from buttock region, lumbar region, thigh, knee, calf muscles and legs. *Gridhrasi* is of two types viz *Vataja* and *Vata Kaphaja Gridhrasi*. *Vataja Gridhrasi* is characterized by severe pain and *Vata Kaphaja Gridhrasi* has symptoms viz *Tandra* (drowsiness), *Gaurava* (heaviness of body) and *Aruchi* (anorexia)<sup>6</sup>. *Sciatica* is characterized by constant aching pain felt in lumbar region which may radiate to the buttock, thigh, calf and foot<sup>7</sup> and pain is experienced along the sciatic

nerve pathway. This term is more specifically used to denote nerve dysfunction caused by compression of one or more lumbar or sacral nerve roots from a spinal disc herniation. The pain is characteristically of a shooting type quickly travelling along a course of the nerve<sup>8</sup>. Thus, *Sciatica* may be readily correlated to *Gridhrasi* of *Ayurveda* parlance. *Basti Karma*, *Agni Karma* and *Siravyadha* are considered as the choices of treatment in managing *Gridhrasi*<sup>9</sup>. *Basti Karma* plays a vital role in pacifying the aggravated *Vata Dosha* in *Gridhrasi* and thus yield good relief from the symptoms of it. *Matra Basti* is indicated in diseases caused by vitiated *Vata Doshas* and thus may be considered as one of the treatments for *Gridhrasi*.

Ingredients of *Sahacharadi Taila*<sup>10</sup> are *Sahachara*, *Ksheera* and *Tila Taila*. due to *Snigdha* and *Ushna Guna* it acts as *Vata* and *Kapha Dosha hara*. And it is very effective in *Adha Kaya Vata Rogas*.

The ingredients in *Vyosadi Taila*<sup>11</sup> are *Vyosa*, *Pippalimoola*, *Rasna*, *Vastimadhu*, *Saindhava*, *Devadaru*, *Amrta*, *Kusta*, *Vajigandha*, *Vaca*, and *Sati* and it is indicated in *Gridhrasi*. This oil is prescribed in the form of intake, enema, and *abhyanga*.

Hence, a comparative study is undertaken among two groups of *Matra Basti*, where one group is treated with *Sahacharadi Taila* and other with *Vyosadi Taila* to ascertain the effect of either of the treatment modality in management of *Gridhrasi*

### Aim and Objectives

1. To evaluate the effect of *Sahacharadi Taila Matra Basti* in the management of *Gridhrasi* (sciatica).
2. To evaluate the effect of *Vyoshadi Taila Matra Basti* in the management of *Gridhrasi* (sciatica).
3. To compare the effect of *Sahacharadi Taila* and *Vyoshadi Taila Matra Basti* in the management of *Gridhrasi* (sciatica).

## Methodology

### Method of Collection of Data

**Sample Size** – 40 patients fulfilling the diagnostic and inclusion criteria of *Gridhrasi* (sciatica) for the study and randomly assigned into 2 equal groups *Vyosadi Tailam Matra Basti* (group A) *Sahacharadi Taila Matra Basti* (group B).

### Diagnostic Criteria

- *Ruk* (Pain) on *Sphik*, *Kati*, *Prishta*, *Uru*, *Janu*, *Jangha* and *Padaparyanta vedana*
- *Toda* (Pricking pain)
- *Stambha* (Stiffness)
- *Gourava* (Heaviness)
- Positive SLR test

### Inclusion Criteria

- Patients with symptoms of radiating pain from *Sphik* (buttock) and *Kati* (lumbar region) to *Prishta* (back), *Uru* (Thigh), *Janu* (knee), *Janga* (calf region) and *Pada* (feet).
- Patients between age group 20-60 years irrespective of gender and socio-economic status
- Patients who are fit for *Sneha Basti Karma*.

### Exclusion Criteria

- Traumatic, Infective, Neoplastic, Degenerative Conditions of Spine.
- Congenital Spinal Anomalies.
- Pregnancy and Lactating Women.
- Patient with chronic systemic diseases.

### Study Design

- Patients were assigned into two groups consisting minimum of twenty patients each group fulfilling the inclusion criteria.

### Posology

- **Group A** (*Vyosadi Tailam Matra Basti*) - Patients of this group were administered *Matra Basti* with *Vyosadi Taila* in dose of 72 ml for 7 days
- **Group B** (*Sahacharadi Tailam Matra Basti*) Patients of this group were administered *Matra Basti* with *Sahacharadi Taila* in dose of 72 ml for 7 days.

### Intervention: Treatment procedure of *Matra Basti*.

**Poorva Karma:** *Abhyanga* is done with *Vyosadi Taila* for Group A and *Sahacharadi Tailam* for Group B followed by *Nadi Sweda*. Patient is advised to have Light

Diet, Patient is asked to evacuate bowel and bladder, Patient is made to lie in the left lateral position with the right leg flexed.

**Pradhana Karma:** The Tip of the catheter is smeared with oil. The anal orifice is lubricated with oil. The catheter is then introduced into the anal canal till 4- 6 inches. When all the oil is pushed into the rectum, the catheter is gently pulled out.

**Paschath Karma:** *Sphik Thadana* is done. Patient is made to lie on supine position. Patient is made to rise the legs by flexing the hip 3-4 times.

### Study Duration:

- 1-7<sup>th</sup> day: *Mathra Basti* is given
- 7 days followed by *Parihara Kala* of 14 days
- Follow up after 21 days

### Assessment Criteria

Group A – Patients were assessed before treatment and after treatment and on the day of follow up.

Group B – Patients were assessed before treatment and after treatment and on the day of follow up.

### Subjective Parameters

- *Ruk* (Radiating pain)
- *Stamba* (Stiffness)
- *Toda* (Pricking sensation)
- *Gaurava* (Heaviness)

### Objective Parameters

- Straight Leg Raising Test
- Bragard's test

### Investigations

Blood Routine Examination (Complete Blood Count, S. Creatinine, S. Uric acid, RA factor, Random Blood Sugar).

### Statistical Analysis

For the statistical analysis, the data obtained in both the groups were recorded, presented in tables, diagrams and graphs. The following statistical tests are used for assessment of parameters:

- Assessment of parameters within the group (after treatment and after follow up) – Wilcoxon sign rank test.
- Assessment of parameters between the groups – Mann-Whitney U test.

The corresponding p value was noted and obtained results were interpreted as follows:

- For p value > 0.05 – interpreted as no significant.
- For p value < 0.05 – interpreted as significant.

**Observations and Results**

The observations give a detail descriptive statistical analysis about all the 40 patients suffering from

Gridhrasi according to their Age, Sex, Religion, Education, Socioeconomic status, Marital status, Occupation, Vyayama, Duration of illness, Mode of action, Course of disease, Ahara, Prakrithi, Lakshanas.

**Results**

**Statistical analysis of Subjective and Objective parameters**

Group	Mean score				%	S.D (±)	S.E (±)	Wilcoxon Z Value	p value
	BT			BT-AT					
Group A on Ruk	6.95	AT	3.45	3.50	50.36	1.051	0.241	3.92	<0.05
		AF	2.90	4.05	58.27	0.945	0.217	3.92	<0.05
Group B on Ruk	6.95	AT	3.70	3.25	46.76	0.851	0.195	3.91	<0.05
		AF	3.45	3.50	50.36	0.946	0.217	3.92	<0.05
Group A on Stamba	1.85	AT	0.95	0.90	48.65	0.447	0.103	3.62	<0.05
		AF	0.85	1.00	54.05	0.562	0.129	3.62	<0.05
Group B on Stamba	1.80	AT	1.20	0.60	33.33	0.681	0.156	2.80	<0.05
		AF	1.20	0.60	33.33	0.681	0.156	2.80	<0.05
Group A on Toda	2.05	AT	1.15	0.90	43.90	0.788	0.181	3.18	<0.05
		AF	1.10	0.95	46.34	0.826	0.189	3.18	<0.05
Group B on Toda	2.35	AT	1.50	0.85	36.17	0.587	0.135	3.40	<0.05
		AF	1.50	0.85	36.17	0.587	0.135	3.40	<0.05
Group A on Gaurava	1.45	AT	0.75	0.70	48.28	0.470	0.108	3.29	<0.05
		AF	0.60	0.85	58.62	0.671	0.154	3.29	<0.05
Group B on Gaurava	1.10	AT	0.90	0.20	18.18	0.410	0.094	2.00	>0.05
		AF	0.85	0.25	22.73	0.550	0.126	2.00	>0.05
Group A on SLR Active Right Leg	1.70	AT	1.10	0.60	35.29	0.503	0.115	3.05	<0.05
		AF	1.05	0.65	38.24	0.587	0.135	3.06	<0.05
Group B on SLR Active Right Leg	1.75	AT	1.10	0.65	37.14	0.671	0.154	2.93	<0.05
		AF	1.10	0.65	37.14	0.671	0.154	2.93	<0.05
Group A on SLR Active Left Leg	2.00	AT	1.05	0.95	47.50	0.605	0.139	3.51	<0.05
		AF	0.95	1.05	52.50	0.686	0.157	3.52	<0.05
Group B on SLR Active Left Leg	2.15	AT	1.30	0.85	39.53	0.671	0.154	3.29	<0.05
		AF	1.30	0.85	39.53	0.671	0.154	3.29	<0.05
Group A on SLR Passive Right Leg	1.10	AT	0.80	0.30	27.27	0.470	0.108	2.2	0.80
		AF	0.65	0.45	40.91	0.510	0.117	2.66	0.65
Group B on SLR Passive Right Leg	1.25	AT	0.90	0.35	28.00	0.489	0.112	2.36	<0.05
		AF	0.90	0.35	28.00	0.489	0.112	2.36	<0.05
Group A on SLR Passive Left Leg	1.35	AT	0.80	0.55	40.74	0.510	0.117	2.93	<0.05
		AF	0.80	0.55	40.74	0.510	0.117	2.93	<0.05
Group B on SLR Passive Left Leg	1.35	AT	0.90	0.45	33.33	0.510	0.117	2.66	<0.05
		AF	0.90	0.45	33.33	0.510	0.117	2.66	<0.05
Group A on Bragard’s Right Leg	0.90	AT	0.40	0.50	55.56	0.513	0.118	2.80	<0.05
		AF	0.35	0.55	61.11	0.510	0.117	2.93	<0.05
Group B on Bragard’s Right Leg	0.70	AT	0.40	0.30	42.86	0.470	0.108	2.20	<0.05
		AF	0.40	0.30	42.86	0.470	0.108	2.20	<0.05
Group A on Bragard’s Left Leg	0.90	AT	0.45	0.45	50.00	0.510	0.117	2.66	<0.05
		AF	0.45	0.45	50.00	0.510	0.117	2.66	<0.05
Group B on Bragard’s Left Leg	1.35	AT	0.75	0.60	44.44	0.503	0.115	3.05	<0.05
		AF	0.75	0.60	44.44	0.503	0.115	3.05	<0.05

### Comparative results of Signs and Symptoms of Group-A and Group-B.

Signs and Symptoms	Group A (Mean Score)	Group B (Mean Score)	Z-Value of Mann Whitney	U Value	P Value
Ruk	4.43	4.70	0.87	167.00	>0.05
Sthamba	1.22	1.40	1.16	156.50	>0.05
Toda	1.43	1.78	2.10	121.50	<0.05
Gaurava	0.93	0.95	0.29	188.50	>0.05
SLR Active Right Leg	1.28	1.32	0.04	198.00	>0.05
SLR Active Left Leg	1.33	1.58	1.16	156.50	>0.05
SLR Passive Right Leg	0.85	1.02	1.17	173.00	>0.05
SLR Passive Left Leg	0.98	1.05	0.12	195.00	>0.05
Bragard's Right Leg	0.55	0.50	0.33	187.00	>0.05
Bragard's Left Leg	0.60	0.95	1.59	140.50	>0.05

Comparative analysis of the overall effect of the treatments in both the groups was done by statistically with Mann Whitney test. The test shows that the

treatment is significant in Group A when compared to Group B. Group A overall result is 51.47% and Group B overall result is 40.49%.

### Comparative results of Group A and Group B

Group A	Group B	Mean Difference	SE (±)	Z-Value of Mann Whitney	U Value	P value
51.47	40.49	10.98	3.67	2.85	94.00	<0.05

## DISCUSSION

**Discussion on Disease:** In the modern era due to the sedentary lifestyle more people are become victims of *Vataja* diseases which effect directly or indirectly to the loco motor system. *Gridhrasi* is one among the 80 types of *Vata Vyadhis*. *Gridhrasi* is characterized by shola starting from *Sphik* and radiates through *Kati*, *Prista*, *Uru*, *Janu*, *Janga* and *Pada*. Associated with *Sthamba*, *Ruk*, *Toda* and *Spandana*. And if it is associated with *Kapha*, it shows the symptoms like *Tandra*, *Gaurava* and *Arochaka*. Due to the *Nidanas Vata* get obstructed by *Kapha*, *Ama* etc. which leads to *Margavarana Janya Samprapthi* of *Gridhrasi*. *Agantuja* factors are considered as an important cause of *Gridhrasi*. These vitiated *Dosha* effects on *Kandaras* of lower limb on which the movements on affected leg depends. When this *Kandara* is affected there will be pain through its root. The signs and symptoms of *Gridhrasi* can be correlated to sciatica of modern medicine. Sciatica is caused due to the compression or irritation of sciatic nerve, the injury to the sciatic nerve and its branches results in sciatica.

**Discussion on Karma:** *Matra Basti* is a type of *Sneha Basti* in which the drug administration is minimal in

quantity and can be administered irrespective of *Pathya* and *Apathya*. *Guda* is the *moola* of *Sharira* and is rich in *Siras*, which provides nutrition to whole body. Drugs in the *Pakvashaya* will absorb through these *Siras* and circulates all over the body and act wherever required. *Basti* is administered through *Guda* and which enters in *Pakvashaya* and pacifies the *Vata Dosha* in its main *Sthana* and expels *Kapha*, *Pitta*, *Mutra* and *Mala*. With its potency it reaches all over the body to perform its action. Even though *Basti* pacifies *Vata Dosha* it has an effect over pitta and *Kapha* also, and in *Vata* it mainly acts on *Apana* and *Samana Vayu*. In *Ayurvedic* texts, there are different methods for treatment of *Gridhrasi* has been explained some of them are effective, safe, simple, affordable, and can be done in OPD bases.

**Discussion on Drug: Vyoshadi Taila:** *Vyoshadi Taila* is explained in *Vatavyadhi Chikitsa* of *Vrindamadhava* where there is a direct indication for *Gridhrasi*. The drugs used in this *Taila* are *Vyosh*, *Pippalimoola*, *Rasna*, *Madhuka*, *Saindhava Lavana*, *Devadaru*, *Amrta*, *Kustavajigandha*, *Vacha*, and *Shati*, where most of them are *Vata Kaphahara* in nature.

This oil is prescribed for using in the form of *Paana*, *Basti*, and *Abhyanga*.

**Sahacharadi Taila:** *Sahachara Taila* is mentioned in *Ashtanga Hrudaya*. It has *Ushna Virya* and it act as *Vata* and *Kapha Dosha hara*. It is very effective in *Adha Kaya Vatarogas*. The drugs used in this *Taila* are *Sahachara*, *Ksheera* and *Tila Taila*.

**Discussion on Results:** The effect of treatment is based on the basis of statistical evaluation of the subjective and objective criteria like *Ruk*, *Toda*, *Sthamba*, *Gaurava*, SLR test, and Bragard's test on BT (0 days), AT (7th day) and AF (21st day) of treatment in both groups as well as comparatively were computed by grading and finally, the overall effect of the treatment was statistically analysed from the data available for significance. The obtained results were considered as insignificant if  $P > 0.05$ , significant if  $P < 0.05$ .

**Discussion on Probable Mode of Action:** The *Moolasthanana* of *Vata* i.e. *Pakwashaya* will get *Mrudutwa* by *Snehana* and *Swedana* which will facilitate the alleviation of *Vata* disorder in the body, and it also help for the better retention of *Basti Dravya*. The alleviation of clinical features of *Vata* pretending to *Ruk*, *Toda* etc. when *Snehana* and *Swedana* are adopted properly. The movement of the limb will increase i.e. as a dry wood can be slowly bent as desired by the application of *Snehana* and *Swedana* similarly even curved or stiffed limb can bring back into normalcy by the administration of *Snehana* and *Swedana*. The *Basti* medicine can percolate and cross the barrier of an ileo-caecal valve which is a door between the end of the ileum (last part of the small intestine, where it enters the large intestine) and caecum (first part of the colon or large intestine). The *Basti Dravya* reaches the level of the stomach, duodenum and ileum (parts of the small intestine) wherein the active principles of the *Basti Dravya* are absorbed and made use of. The *Veerya* of *Basti* is conveyed to *Apana* and then *Samana Vata* which may regulate the function of *Agni* it then goes to *Udana*, *Vyana*, and *Prana*, thus providing its efficacy all over the body, at the same time *Basti* by pacifying *Vata* restores the disturbed *Kapha* and *pitta* at their *Moolasthanana* and thus helps in the *Samprapthi Vikhatana*. Pharmacokinetic studies have also

proved that drugs administrated 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, the administration of drugs in the *Basti* form has faster absorption and provides quicker results. The rectal wall contains neuron receptors and pressure receptors which are stimulated by various *Basti Dravyas*. Stimulation results in an increase in the conduction of sodium ions. The inward rush of sodium ions through the membrane of the unmyelinated terminal is responsible for generating the action potential, an influx of ion thereby generating an action potential. The drugs, immediately after entering into the *Pakwashaya* (intestines), strike at the very root of vitiated *Vata*.

## CONCLUSION

At the end of the study both the groups are having effect on reducing the symptoms statistically. Among the subjective and objective parameters, Group A showed better reduction 51.47% in *Ruk*, *Sthambha*, *Toda*, *Gaurava*, active and passive SLR test, Bragard's test and Lumbar movements. Group B does not have statistically significant over *Gaurava*, left lateral flexion and rotation to leave. Showed reduction 40.49% in *Ruk*, *Sthambha*, *Toda* active and passive SLR test and lumbar movement. *Matra Basti* with *Vyosadi Tailam* is having more effect on symptoms of *Gridhrasi* and shows long lasting result. Thus, the alternate hypothesis H<sub>2</sub> is accepted i.e there is significant effect of *Vyoshadi Taila Matra Basti* over *Sahacharadi Taila Matra Basti* in the management of *Gridhrasi* (sciatica).

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