A CLINICAL & COMPARATIVE STUDY OF VATGAJANKUSH RAS AND SALLAKI TABLET IN THE MANAGEMENT OF GRIDHRASI WITH SPECIAL REFERENCE TO SCIATICA

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ABSTRACT

Gridhrasi is a Vatavyadhi or Rujapradhana Nanatmaja Vatavyadhi. It is characterized by Stambh (Stiffness), Ruk (Pain), Toda (Pricking pain) and Spandana (Frequents switching). These symptoms initially affect Sphik (Buttock) as well as posterior aspect of Kati (Waist) and then gradually radiates to Posterior aspects of uru (Thigh), Janu(Knee), Jangha (Calf) and Pada (Foot) as described by all Acharyas. Vatagajankush ras & Sallaki Tablet both are effective medicines for Gridhrasi because of its Preventive, Promotive, Prophylactic and Rejuvenative properties as well as providing a radial cure. These two medicines are applicable in all the Vatavyadhis

Keywords: Gridhrasi, Sciatica, Vatgajankush ras, Sallaki.

INTRODUCTION

Gridhrasi is one of the most prevailing health problems in our day to day clinical practice. Modernization of life style of human being has created several disharmonies in his biological system. As the advancement of busy, professional and socioeconomic condition, improper sitting posture in offices, factories, continuous work and overexertion, jerking movements during traveling and sports – all these factors create undue pressure to the spinal cord and play an important role in producing Gridhrasi (low backache and sciatica). Likewise, progressive disorders affecting the pelvis and nearer structures are also precipitating this condition which indicates the way of gate shown by the patients due to extreme pain just like a Gidhha (vulture), due to this disease not only inflicts pain but also causes difficulty in walking which is very much frustrating and embracing to the patient. Though, the disease is present in leg, it disturbs the daily routine and overall life of the patient.
“Sciatic Syndrom” is a condition described in modern medicine resembles with Gridhrasi, as its sign & symptoms are same, in sciatica there is pain in the distribution of sciatic nerve which begins from buttock and radiates downwards to the posterior aspect of thigh, calf and to the outer border of foot. Herniation or degenerative changes in intervertebral disc is the most common cause. There is often history of trauma, as twisting of the spine, lifting heavy objects, exposure to cold or due to bad posture.

AIMS AND OBJECTIVES
- To assess the efficacy of Vatgajankush ras and Sallaki Tab in the Management of Gridhrasi.
- To find a simple, effective, and cheap drug that can be used for outpatient treatment of Gridhrasi.
- To assess any side effect during the course of treatment.

MATERIALS AND METHODS
The Study will be randomized Clinical Trial on total 60 patients. Patients will be randomly selected from OPD and IPD of P.G. department of Kayachikitsa, Panchakarma, of Shubhdeep Ayurved Medical College and Hospital Datoda, Indore (M.P.).

INCLUSION CRITERIA:
1. Patients should be willing to the trial and able to participate.
2. Presence of clinical features of Gridhrasi with back pain radiating to thigh, foot.
3. Age above 18 year and below 60 year. Irrespective of occupation and sex.

EXCLUSION CRITERIA
1. Patient age below 18 and above 60 years of age.
2. Patient with other systemic disorder and malignancy
3. Degenerative disorder with marked deformity.
4. Pregnant women and lactating mother.
5. History of major trauma causing fractures.
7. Patient suffering from major systemic illness necessitating long term drug treatment (rheumatoid arthritis, tuberculosis, psycho-neuro endocrinal disorder etc.) blood cancer, HIV, Hepatitis.

INVESTIGATIONS
Routine investigations were done in all cases included hemoglobin, total leukocyte count, differential leukocyte count, erythrocyte sedimentation rate, fasting blood sugar, and RA factor; routine examination, and Biochemical Investigations like R.B.S. were carried out to exclude the possibility of any other disease as well as to know the present condition of the patients. Radiological assessment, X-ray, L.S. spine, AP & lateral view was carried out in patients where necessary to ascertain the diagnosis as well as the differential diagnosis.
DRUG INTERVENTION:

VATAGAJANKUSH RAS (Bh.r. 26/115)
Self-prepared in Pharmacy of S.A.M.C. INDORE (M.P.)
Dose : 250mg

SALLAKI TAB (Himalaya Pharmacy Bangalore)

Dose : 500 mg
For Both medicine
Dosage : 2 times a day, before meal
Route of Administration : Oral
Anupana : lahasun swaras 10 drops
Sahpana : madhu
Duration of therapy : 45 days

GROUPING & OBSERVATIONS
60 patients of Gridhrasi with irrespective age, sex, religion was included for the study & these patient was randomly divided into three groups viz. Vatagajankush Ras (20 Patients), Sallaki Tablet (20 Patients), And Vatagajankush Ras + Sallaki Tablet (20 Patients). In this study, subjective and objective parameters will be followed from OPD/IPD of shubhdeep ayurveda medical college and PG institute Indore (M.P.).

FOLLOW-UP
Drug was given befor meal for 45 days also the patients were kept under follow up period of 15 days, so that the total overall effect of treatment could be assessed.

CRITERIA FOR DIAGNOSIS

<table>
<thead>
<tr>
<th>A. SUBJECTIVE CRITERIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. STAMBHA (Stiffness)</td>
</tr>
<tr>
<td>Throughout the day</td>
</tr>
<tr>
<td>Sever 3</td>
</tr>
<tr>
<td>Very often</td>
</tr>
<tr>
<td>Moderate 2</td>
</tr>
<tr>
<td>Only in morning</td>
</tr>
<tr>
<td>Mild 1</td>
</tr>
<tr>
<td>No Stiffness</td>
</tr>
<tr>
<td>Normal 0</td>
</tr>
</tbody>
</table>

| 2. RUK (Pain)                      |
| Pain with sever difficulty in Walking |
| Sever 3                             |
| Pain & slight difficulty in walking |
| Moderate 2                          |
| Pain but no difficulty in walking   |
| Mild 1                             |
| No pain                            |
| Normal 0                           |

<p>| 3. TODA (Pricking sensation)       |
| Pricking sensation throughout the day |
| Sever 3                             |
| Pricking sensation very often       |
| Moderate 2                          |</p>
<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pricking sensation</td>
<td>on–off</td>
<td>+</td>
</tr>
<tr>
<td>No Pricking sensation</td>
<td>-</td>
<td>Normal</td>
</tr>
</tbody>
</table>

4. SPANDAN (Twitching)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily throughout the day</td>
<td>+ + +</td>
<td>Sever</td>
</tr>
<tr>
<td>Very often</td>
<td>+ +</td>
<td>Moderate</td>
</tr>
<tr>
<td>On-off</td>
<td>+</td>
<td>Mild</td>
</tr>
<tr>
<td>No Twitching</td>
<td>-</td>
<td>Normal</td>
</tr>
</tbody>
</table>

5. GAURAVA (Heaviness)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heaviness with severe difficulty in Walking</td>
<td>+ + +</td>
<td>Sever</td>
</tr>
<tr>
<td>Heaviness with slight difficulty in walking</td>
<td>+ +</td>
<td>Moderate</td>
</tr>
<tr>
<td>Mild Heaviness no difficulty in walking</td>
<td>+</td>
<td>Mild</td>
</tr>
<tr>
<td>No Heaviness</td>
<td>-</td>
<td>Normal</td>
</tr>
</tbody>
</table>

6. DAHA (Burning sensation)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Absent</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

7. SUPTATA (Numbness)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannot move the leg or foot</td>
<td>+ + +</td>
<td>Sever</td>
</tr>
<tr>
<td>Difficult in moving the leg or foot</td>
<td>+ +</td>
<td>Moderate</td>
</tr>
<tr>
<td>Mild numbness can easy move the leg</td>
<td>+</td>
<td>Mild</td>
</tr>
<tr>
<td>No Numbness</td>
<td>-</td>
<td>Normal</td>
</tr>
</tbody>
</table>

OBJECTIVE PARAMETERS

1. SLR TEST

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 30</td>
<td>–with pain</td>
<td>+ + +</td>
</tr>
<tr>
<td>More than 31 to 70</td>
<td>–with pain</td>
<td>+ +</td>
</tr>
<tr>
<td>More than 71</td>
<td>–with pain</td>
<td>+</td>
</tr>
<tr>
<td>More than 71°</td>
<td>–without pain</td>
<td>-</td>
</tr>
</tbody>
</table>

2. LASEGUE’S SIGN

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Present</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Absent</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
STATISTICAL ANALYSIS

As there were 3 groups in this study, ANOVA test was applied to prove the treatment was Statistically Significant or not.

Overall assessment of the treatment
All the Subjective or Objective values were applied to proper Statistical Methods to produce Result

Table no.1

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Percentage Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group A</td>
</tr>
<tr>
<td>Stambh</td>
<td>70.00%</td>
</tr>
<tr>
<td>Ruk</td>
<td>56.00%</td>
</tr>
<tr>
<td>Toda</td>
<td>89.47%</td>
</tr>
<tr>
<td>Spandan</td>
<td>87.50%</td>
</tr>
<tr>
<td>Gourav</td>
<td>68.96%</td>
</tr>
<tr>
<td>Daha</td>
<td>85.71%</td>
</tr>
<tr>
<td>Suptate</td>
<td>80.00%</td>
</tr>
</tbody>
</table>

Table 2: Overall Effect of Therapy

<table>
<thead>
<tr>
<th>% Relief</th>
<th>Group (A)</th>
<th>Group (B)</th>
<th>Group (C)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of patients</td>
<td>No. of patients</td>
<td>No. of patients</td>
</tr>
<tr>
<td>75 to 100</td>
<td>9</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>50 to 75</td>
<td>11</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>25 to 50</td>
<td>0</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>0 to 25</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

Graph No. 1
RESULT

Stambha, Ruka, Toda, Spandan, Gourav, Daha, and Suptate are proved to be significant in all the three groups but Group C is proved to be more significant than Group A and Group B.

Group C is also proved to be statistically more effective for Objective parameter such as SLR test & Laségual’s sign than other two Groups.

DISCUSSION

We try to think to treat this disease some different angles & To find a simple, effective, and cheap drug that can be used for outpatient treatment of Gridhrasi. That’s why we make various Sampapti according to Nidan, Dosh, Dushya Samurchhana.

VATAGAJANKUSH RAS & SALLAKI TABLET both are effective medicine for Gridhrasi because of its Preventive, Promotive, Prophylactic and Rejuvenative properties as well as providing a radical cure. These two medicine is applicable in all type of Vatavyadhis with different Anupan

The disease Gridhrasi as being a Vatavyadhi and Vata is also controller and regulator of other two Dosha, Dhatu and Ma-la. Vata is controlled by Vatagajankush ras & Sallaki tablet is also work on Vata- Kaphaja doshas and Aam pachak. Mainly Sallaki tablet is good for Srotorodhajanya Vatavyadhi and Vatagajankush Ras is for Vatyadyadh.

It is evident that Vatagajankush Ras is well known and proven that it works for all type of Vatavyadhy’s as Vata shamak chikitsa or Neuro-muscular diseases. (ÖS-j- 26) and Sallaki tablet is works as Kapha-Pitta shamak dosh karmata and also works as Rasyana. So, after the combination of both the medicines works as Vata pradhan Tridosh shamak.

Hence, I have selects this drugs singly and comparatively study to evaluate its efficacy or manage in Gridhrasi (sciatica) in a well manners.

PROBABLE MODE OF ACTION OF MEDICINE

Its Pathogenesis is depending on factors of MARGAVRODHJANYA & DHATUKSHAYAJANYA along with Vataj or Vatakaphaj Gridhrasi.

DOSH GUNA

Vata Guna: Raksha, Sheet, Laghu ,sukshma, Chal, Vishad , Khara (ch.su.1/59)
Pitta Guna: Sasneha, Ushna, Tikshna, Draw, Amla, Sara, Katu (ch.su.1/60)
Kapha Guna: Guru,Sheeta, Mradu, Snigdh, Madhur, Sthira, Pichhil (ch.su.1/61)

Table a: Dosh Prakop & Shaman (Ch.Su.1/65)

<table>
<thead>
<tr>
<th>Si.No</th>
<th>Dosa</th>
<th>Prakopak Rasa</th>
<th>Shamak Rasa</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Vata</td>
<td>Katu, Tikta, Kashaya</td>
<td>Lavan, Amla, Madhur</td>
</tr>
<tr>
<td>2.</td>
<td>Pitta</td>
<td>Katu, Amla, Lavan</td>
<td>Tikta, Madhur, Kashaya</td>
</tr>
<tr>
<td>3.</td>
<td>Kapha</td>
<td>Madhur, Amla, Lavan</td>
<td>Katu, Tikta, Kashaya</td>
</tr>
</tbody>
</table>

Table b: Action of Vatagajankush Rasa on Gridhrasi

<table>
<thead>
<tr>
<th>Si.No</th>
<th>Guna</th>
<th>Dosa Praphava</th>
<th>Upshayatmak Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ushna + Laghu, Ruksha, Tikshna</td>
<td>Kapha Shamak</td>
<td>Aam Pachak, Margavrodha</td>
</tr>
<tr>
<td>2.</td>
<td>Guru, Snigdha, Sheeta</td>
<td>Vata+Pitta Shamak</td>
<td>Shoola prashaman, Dahashamak</td>
</tr>
</tbody>
</table>
### Table c: Action of Sallaki on Gridhrasi

<table>
<thead>
<tr>
<th>Si. No.</th>
<th>Guna</th>
<th>Dosha Praphava</th>
<th>Upshayatmak Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ushna+ Lagh, Rukha, Katu, Tikta, Kashaya Rasa</td>
<td>Kapha Shamak</td>
<td>Aam Pachak, Margavrodha Shoolapi prashaman, Nadi Dourbalya, DhatuKshaya, Asayan, Brimhaniaya</td>
</tr>
<tr>
<td>2.</td>
<td>Madhur+ Snigdha</td>
<td>Vata+Pitta Shamak</td>
<td>Dahashamak, Shoolapi Shamak</td>
</tr>
</tbody>
</table>

### Table d: Mode of Action of Drug Drug Review

<table>
<thead>
<tr>
<th>Si. No</th>
<th>Name</th>
<th>Botanical Name</th>
<th>Rasa</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Guna</th>
<th>Doshghnata</th>
<th>Karama &amp; Rogghanta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hartaki</td>
<td>Terminalia chebula</td>
<td>Punch Rasa Kashaya Pradhan</td>
<td>Ushna</td>
<td>Madhur</td>
<td>Laghu, Ruksh</td>
<td>Tridosha hara</td>
<td>Vatanaulomak, Bal-ya, Vatatashamaka, Vedana sihapaka,</td>
</tr>
<tr>
<td>2</td>
<td>Marich</td>
<td>Piper nigrum</td>
<td>Katu</td>
<td>Ushna</td>
<td>Katu</td>
<td>Laghu, Tikshna</td>
<td>Kapha, Vata Hara</td>
<td>Deepan, Pachan, Krimighana</td>
</tr>
<tr>
<td>3</td>
<td>Pippali</td>
<td>Piper Longum</td>
<td>Katu</td>
<td>Anushna Sheet</td>
<td>Madhur</td>
<td>Laghu, Snigdha</td>
<td>Kapha, Vata Hara</td>
<td>Deepan, Vatanaulomak, Balya, Rasayan</td>
</tr>
<tr>
<td>4</td>
<td>Shunthi</td>
<td>Zingiber Officinale</td>
<td>Katu</td>
<td>Ushna</td>
<td>Madhur</td>
<td>Laghu, Snigdha, Guru</td>
<td>Kapha, Vata Hara</td>
<td>RaktaShodhak, Srotak Vinishodhaka</td>
</tr>
<tr>
<td>5</td>
<td>Agnimantha</td>
<td>Premna Integrifolia</td>
<td>Tikta, Katu Kashaya Madhur</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kapha, Vata Laghu</td>
<td>Vatahara, Shotha hara, Deepan, Pachan</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Nirgundi</td>
<td>Vitex Negundo</td>
<td>Katu, Tikta</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kapha, Vata Laghu</td>
<td>Kapha, Vata Shamak</td>
<td>Vedna Sthapaka, Shothahara</td>
</tr>
<tr>
<td>7</td>
<td>Gorakhmundi</td>
<td>Sphaeranthus Indicus</td>
<td>Tikta, Katu Madhur</td>
<td>Ushna</td>
<td>Madhur</td>
<td>Kapha, Laghur, Tridosha Shamak</td>
<td>Vatahama</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Karkat Shrungi</td>
<td>Pistacia Chinensis</td>
<td>Kashaya, Tikta</td>
<td>Ushna</td>
<td>Katu</td>
<td>Kapha, Laghu</td>
<td>Medhya</td>
<td>Vataghna, Kaphaghna</td>
</tr>
<tr>
<td>9</td>
<td>Vatsanabha</td>
<td>Aconitum ferix</td>
<td>Katu, Tikta, Kashaya</td>
<td>Sheet</td>
<td>Madhur</td>
<td>Ushna, Kapha, Tridosha Shamak</td>
<td>Vata- Kapha, Swedal, Pitta Sthapta hara, Deepan, Balya, Brumhana</td>
<td></td>
</tr>
</tbody>
</table>
### Table e: Rasa - Bhasma

<table>
<thead>
<tr>
<th>Si. No</th>
<th>Name</th>
<th>Rasa</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Guna</th>
<th>Doshghnata</th>
<th>Karama &amp; Rogghanta</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Rasa Sin- doora</td>
<td>Red sulphat</td>
<td>Shada Rasa</td>
<td>Ushna</td>
<td>Madhur</td>
<td>Guru, Snigdha</td>
<td>Kaphavata Shamaka</td>
</tr>
<tr>
<td>12</td>
<td>Shudhha Gandha-ka</td>
<td>Sulphur</td>
<td>Kashay, Madhur, Katu, Tikta</td>
<td>Ushna</td>
<td>Katu</td>
<td>Ushna, Snigdh, Sara</td>
<td>Tridosha Shamaka</td>
</tr>
<tr>
<td>13</td>
<td>Shudhha Hartala</td>
<td>Yellow Arsenic</td>
<td>Katu</td>
<td>Ushna</td>
<td>Katu</td>
<td>Snigdh, Ushna</td>
<td>Kapha, Shamak</td>
</tr>
<tr>
<td>14</td>
<td>Makshik Bhas- ma</td>
<td>Copper/ Iron Pyrite</td>
<td>Madhur, Tikta, Kashaya</td>
<td>Sheet</td>
<td>Madhur,</td>
<td>Laghu</td>
<td>Kapha, Pitta Shamak</td>
</tr>
<tr>
<td>15</td>
<td>Tankan Bhas- ma</td>
<td>Borax</td>
<td>Katu, Lavan</td>
<td>Ushna</td>
<td>Katu</td>
<td>Ruksha, Laghu, Tikshna</td>
<td>Kapha, Vata Shamak</td>
</tr>
</tbody>
</table>

### Table f: Shallaki Tablet

<table>
<thead>
<tr>
<th>Si.No</th>
<th>Name</th>
<th>Botanical Name</th>
<th>Rasa</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Guna</th>
<th>Doshghnata</th>
<th>Karama &amp; Rogghanta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tab Shallaki</td>
<td>Boswelliya serrata</td>
<td>Kashay, Tikta, Madhura</td>
<td>Ushna</td>
<td>Katu</td>
<td>Laghu, Ruksha</td>
<td>Kaphapitta shamak</td>
<td>Shothahara, Vedana Sthapan</td>
</tr>
</tbody>
</table>

### Table g: Anupan – Lahasun Swarasas

<table>
<thead>
<tr>
<th>Si No.</th>
<th>Name</th>
<th>Botanical Name</th>
<th>Rasa</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Guna</th>
<th>Doshghnata</th>
<th>Karama &amp; Rogghanta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rason</td>
<td>Allium Sativum</td>
<td>Madhur, Lavan, Kau, Tikta, Kashay</td>
<td>Ushna</td>
<td>Katu</td>
<td>Snigdha, Guru, Tikshna</td>
<td>VataKaph Shamak, Pitta Vardhak</td>
<td>Rasayan</td>
</tr>
</tbody>
</table>

### Table h: Sahapana – Madhu

<table>
<thead>
<tr>
<th>Si. No.</th>
<th>Name</th>
<th>Rasa</th>
<th>Anu Rasa</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Guna</th>
<th>Doshghnata</th>
<th>Karama &amp; Rogghanta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Madhu</td>
<td>Madhur</td>
<td>Kashaya</td>
<td>Ushna</td>
<td>Madhur</td>
<td>Laghu, Vishal, Ruksha</td>
<td>Kaphapitta shamak</td>
<td>Uttam Yogvahi</td>
</tr>
</tbody>
</table>
THE BETTER RESULT OF VATAGAJANKUSH RAS ALONG WITH SALLAKI TABLET THAN SINGLE VATAGAJANKUSH RAS & SINGLE SALLAKI TABLET.

† ON THE BASIS OF AYURVEDA CONCEPT

VATAGAJANKUSH RAS
This medicine is prepared in Pharmacy of Shubhdeep Ayurved medical college Indore (M.P.)
Vatagajankush Ras is combination of Sonth, Marich, Pippali works as deepan & Aam pachan, improves digestion. Vatsnabh has property of vikasi, vyavayi, yogvahi which makes it easy to digest along with all the drugs present in Vatagajankush ras. It opens all the microchennals and easy to reached on cellular level. Hritaki, Agnimanth, Karkatshrangi also works as Deepan, Vatanulomak, Kapha nissaraka, Vatashamak. All Ras-Bhasma’s increases Agni viz. Jatharagni, Dhatwagni, Bhutagni. Works as Balya, Rasayan, Vata pradhan Tridosh Shamak.

Hence it is proving that we can use this Vatagajankush ras in specially Vata pradhan Vyadhi along with Kapha or Pitta Dosh Prakop. It is Vata Pradhan Tridosh Shamak, Aam pachak, Dhatupushitikarak, Baly Rasyana, Brimhan.

SALLAKI TABLET
The Doshkarma is Aampachak & Kaphapitta Shamak. According to classics Sallaki has potent Vata Kaphahara properties.

Hence, it is proving that according to classics it is Kapha pitta shamak. But due to its overall Guna dharma also works on Vata Dosh. So, we can use it in all disorder those are Kaphapitta pradhan Vata Dosh prokopak. It is Vatashamak, balya, Rasayan, Dhatupush-tikark etc. So, there is combination of both the drugs has a great result and Works as Tridosha Shamak. Comparatively single Drugs act on Specific Doshas like only Pitta-Kapha shamak Or Vata Shamak.

† ON THE BASIS OF EXPERIMENTAL STUDY
On the basis of observation and clinical finding described in clinical study, Vatagajankush Rasa along with Sallaki tablet is comparatively better medicine than single medicine of Vatagajankush ras or single medicine of Sallaki Tablet. As it has shown more relief in symptoms considered for present study.

CONCLUSION
The Conclusion thus drawn from the observations are presented as below:

ON THE BASIS OF OBSERVATION
- Patients having Vatakaphaj & vatapittaj prakriti are more affected by this disease than other prakriti.
- Patients of 40- 60 age group are more affected by this disease than other age group.
- Male Patients are more affected by having Mandagni in this disease.
- Service (Felid work job) and Businessmen are more affected by this disease.
- The maximum 33.33 % patients were having Nidan as a Santarpana, followed by 25 % patients were having Nidan as an Apatarpana, 15 % patients were having Nidan as a Santarpana and Anya, 13.33 % patients were having Nidan as an Apatarpana and Anya, 8.33 % patients were having Nidan as a Santarpana, Apatarpana & Anya,
and 1.67 % patients were having Anya Ni-dan.

ON THE BASIS OF RESULTS

Vatagajankusha ras along with Sallaki tablet has shown more significant in Management of Gridhrasi. Which affecting the lumbar region and lower limbs. It is identified by radiating pain all through the limb and dys-function of that limb.

This Ayurvedic remedy has its advantage over modern analgesics because analgesics may occasionally cause allergic reaction gastrointestinal disturbance such as nausea, vomiting, dyspepsia and heart burn etc. whereas this ayurvedic preparation is totally free from all the above side effects.

This is to conclude that it can be said that Vatagajankusha ras along with sallaki tablet is more effective than singal Vatagajankusha ras or singal sallaki tablet for the treatment of Ghridhrasi. But still more scientific work is to be done to generalize the outcome. I hope this study will show the way of further study.

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