ISSN 2456-3110
Vol 4 · Issue 4
July-Aug 2019

Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences

Charaka Publications

Indexed

Journal of
Ayurveda and Integrated Medical Sciences
ISSN 2456-3110
ORIGINAL ARTICLE July-Aug 2019

The effect of *Asthapada Panchaloha Shalaka Agnikarma* in the pain management of *Gridhrasi* w.s.r. to Sciatica

Dr. Bhagyashree VG[1], Dr. Shridhar Rao SM[2]

[1]Post Graduate Scholar, [2]Professor & HOD, Dept. of Post Graduate Studies in Shalya Tantra, Govt Ayurvedic Medical College, Bengaluru, Karnataka, INDIA.

ABSTRACT

Gridhrasi is a disease explained by *Brihatrayees* in the context of *Vatavyadhi Adhyaya*. The earliest reference about the details of *Gridhrasi* is available from *Sushruta Samhita* (1500 BC). *Gridhrasi* is included in *Vatajna Natmaja Vyadhi* and also considered as *Mahagada* by *Acharya Charaka*. In all Ayurvedic literature, there is no direct reference regarding *Nidana*, but it is included in *Vataja Nanatmaja Vyadhi,* general *Vata Prakopaka Hetus* are to be considered. On the basis of symptoms, *Gridhrasi* can be correlated with the disease Sciatica in the modern parlance, which occurs because of spinal nerve irritation and characterized by its distinct nature of pain in distribution of sciatic nerve and often it is associated with lumbago. The *Gridhrasi* is commonly seen in society as a major problem which incapacitates patient to perform his daily routine activities because of severe pain from *Kati Pradesha* to *Padanguli*. In modern medicine in reference to sciatica treatment, there is no definite curative treatment other than symptomatic management. Objectives of the study was to evaluate the effect *of Asthapada Panchaloha Shalaka Agnikarma* in the pain management of *Gridhrasi* w.s.r. to Sciatica and to compare the effect of *Bindu Panchaloha Shalaka Agnikarma* in the pain management of *Gridhrasi*. In present study 40 patients with confirmed clinical diagnosis of *Gridhrasi*/Sciatica were selected randomly and divided into two groups of each 20 patients. Group A patients were treated with *Asthapada Panchaloha Shalaka Agnikarma* and Group B patients were treated with *Bindu Panchaloha Shalaka Agnikarma*. After the treatment it was observed that there was statistically significant results in the main signs and symptoms i.e. pain in lumbar region, numbness, SLR test. The study shows that the treatment is statistically significant in Group A when compared to Group B. Group A overall result is 87.29% and Group B overall result is 84.64%.

Key words: *Gridhrasi*, *Sciatica*, *Asthapada Panchaloha Shalaka, Bindu Panchaloha Shalaka, Agnikarma.*

INTRODUCTION

Gridhrasi is a condition mentioned by all *Brihatrayees*. The earliest reference about the details of *Gridhrasi* is available from *Sushruta Samhita* (1500 BC). [1] *Gridhrasi* is included in *Vataja Nanatmaja Vyadhi* and also considered as *Mahagada by Acharya Charaka*.[2] In all Ayurvedic literature, there is no direct reference regarding *Nidana*, but it is included in *Vataja Nanatmaja Vyadhi*, general *Vata Prakopaka Hetus* are to be considered. On the basis of symptom *Gridhrasi* can be correlated with the disease Sciatica in the modern parlance,[3] which occurs because of spinal nerve irritation and characterized by its distinct nature of pain in distribution of sciatic nerve and often it is associated with lumbago. The *Gridhrasi* is commonly seen in society as a major problem which incapacitates patient to perform his daily routine activities because of severe pain from *Kati Pradesha* to *Padanguli*. In modern medicine in reference to sciatica treatment, there is no definite curative treatment other than symptomatic management.

Address for correspondence:
Dr. Bhagyashree VG
Post Graduate Scholar, Dept. of Post Graduate Studies in Shalya Tantra, Govt Ayurvedic Medical College, Bengaluru, Karnataka, India.
E-mail: bvgoudar123@gmail.com

Submission Date: 27/06/2019 Accepted Date: 10/08/2019

Access this article online

Quick Response Code

Website: www.jaims.in

DOI: 10.21760/jaims.4.4.1

ISSN: 2456-3110 ORIGINAL ARTICLE July-Aug 2019

In modern medicine for the management of sciatica various modalities are available such as;

Conservative treatment - Muscle relaxants, NSAID's, opioid analgesics and corticosteroids which gives temporary relief and their long term use can lead to adverse effects such as opioid analgesics leads to develop dependence and NSAID's affects almost all system of our body.

1. Epidural steroid injection.
2. Peri-radicular infiltration.[4]

On the other hand, all these management tools are not affordable for the poor, particularly in developing countries.

In various *Samhitas* of Ayurveda, there are references regarding *Gridhrasi* and it is elaborated as a separate disease with specific management.

Various methods of treatment in Ayurveda namely,[5]

- *Agnikarma*
- *Siravyadha*
- *Basti karma*
- *Snehana*
- *Swedana*
- *Shamanoushadhis*

Stambha and Ruk are the predominant symptoms of *Gridhrasi* which disturbs the normal routine of the patient are effectively relieved by the *Agnikarma*.

References show that the diseases treated with *Agnikarma* do not recur. By conducting the procedure of *Agnikarma*, there is no fear of putrification, bleeding and with minimal scarring. It also yields quick relief.[6]

Bindu Agnikarma to *Padakanistika, Antarkandargulpha* and *Katipradesha* has been taken in previous dissertation works.[7] Here the study was planned with sincere effort to evaluate the efficacy of *Asthapada Panchaloha Shalaka Agnikarma* at *Katipradesha* comparing it with *Bindu Panchaloha Shalaka Agnikarma at Katipradesha* (which has been taken up in previous dissertation works) because of following reasons.

According to *Acharya Sushruta*, in general indication of *Agnikarma* emphasized that *Agnikarma* indicated in *Atyugraruja* and in *Gridhrasi Atyugraruja* starting from the *Katipradesha* i.e. *Sphik Poorva.*[8]

1. *Agnikarma* is effective.
2. Safe and economical.
3. Avoids drug load to the body.

Strong stimulus by *Agnikarma* brings vascular, neurological and endocrinal adaptations.

Agnikarma can be performed as an OPD procedure without any hospitalization.

Aims and Objectives

- To evaluate the effect of *Astha Pada Panchaloha Shalaka Agnikarma* in *Gridhrasi.*
- To evaluate the effect of *Bindu Panchaloha Shalaka Agnikarma* in *Gridhrasi.*
- To compare the effect of both group A & B.

Materials and Methods

The patients suffering from classical features of Sciatica randomly selected from OPD and IPD of Sri Jayachamarajendra Institute of Indian Medicine Hospital, Bangalore.

Method of collection of data

Patient with signs and symptoms of *Gridhrasi* are taken for the study like;

- Presence of *Ruk, Toda, Stambha* and *Spandana* in the *Sphik, Kati, Uru, Janu, Jangha* and *Pada* or pain at least in two of these sites.
- Positive SLR test.
- Positive Lasegue's sign.

Inclusion Criteria

- Patient with features of *Gridhrasi* namely *Ruk* (continuous pain), *Toda* (intermittent pain), *Stambha* (stiffness), *Spandana* (twitching) over

ISSN: 2456-3110 ORIGINAL ARTICLE July-Aug 2019

Sphik, Kati, Prishta, Uru, Janu, Jangha extending upto *Pada.*

- Positive SLR test.
- Positive Lasegue's sign.
- Patient with chronicity upto 3 years**.**
- Patient aged between 18 years - 60 years.

Exclusion Criteria

- Patient with uncontrolled diabetes mellitus and serious illness.
- Patient with traumatic paraplegia, quadriplegia, paraplegia, hemiplegia, IVDP, bowel and bladder incontinence.
- *Agnikarma Anarha* like *Pitta Prakriti, Binnakosta, Garbhini, Shalya Durbala, Baala, Vriddha, Vrana Pidita, Aswedya* and contraindicated in *Sharadh* and *Greeshma Ritu*.
- Pregnant ladies and lactating mother.

Study Design

After the diagnosis of *Gridhrasi*, based on the above criteria, the selected patients were subjected for clinical study as follows.

Sample Size and Grouping

A total number of 40 patients who fulfilled the above criteria were selected for the clinical study. These 40 patients were divided randomly into 2 groups. A and B consisting of 20 patients in each.

Group A:

Patients under group A were subjected to *Agnikarma using Asthapada Panchaloha Shalaka* on the affected part over the most tender area, 3 such sittings were done with an interval of 7 days.

Group B:

Patients under group B were subjected to *Agnikarma* using *Bindu Panchaloha Shalaka* on the affected part over the most tender area, 3 such sittings were done with an interval of 7 days.

Materials required for the study

- Stove - 1
- Lighter - 1
- *Asthapada Panchaloha Shalaka* - 1
- *Bindu Panchaloha Shalaka* - 1
- Bowl - 1
- Marker pen - 1
- Kidney tray - 1
- *Triphala Kashaya* - Sufficient quantity
- *Madhu* and *Sarpi* - Sufficient quantity
- Cotton gauze - Sufficient quantity

Table 1: Details of *Panchaloha Shalaka*

Material used	Propotion
Tamra	40%
Loha	30%
Yashada	10%
Rajatha	10%
Vanga	10%

- Total length of *Panchaloha Shalaka* : 8cms
- Diameter of the tip of *the Bindu Shalaka* : 1mm
- Total length of the handle : 24.5cms
- Weight of *Shalaka* : 225gms

Details of *Asthapada Panchaloha Shalaka*

- Total length of *Asthapada Panchaloha Shalaka* : 8cms
- Diameter of the tip of the *Asthapada Panchaloha Shalaka* : 5mm
- Total length of the handle : 24.5cms
- Weight of *Shalaka* : 200 gms

ISSN: 2456-3110 ORIGINAL ARTICLE July-Aug 2019

Procedure

Whole procedure was under three steps, *Purva, Pradhana* and *Paschat Karma*

Purva Karma

- The patients were explained about the management procedure.
- Written consent was taken from every patient before hand.
- Advised to take *Snigdha and Pichhila Aahara* prior to the procedure.
- Patients were made to lie in prone position over the minor OT table.
- Lumbar region was cleaned with *Triphala Kashaya* and dried with sterilized gauze piece.
- The most tender point marked with a marker in the lumbar region.

Pradhana Karma

- The *Ashtapada Panchaloha Shalaka* is heated till red hot.
- *Ashtapada* type *Agnikarma* is going to be made on marked point in such a way that *Samyak Dagda Lakshanas (Shabda Pradurbhava, Durgandhata, Twaksankocha*) is achieved.
- During procedure, a swab soaked in pulp of the *Kumari* is applied just after making *Dahana* over the point.
- Total 3 sittings of treatment given at 7 days interval each.

Pashchat Karma

- Immediately after *Pradhana Karma*, pulp of the *Kumari* is wiped out over the area of *Agnikarma* by using sterilized gauze pieces.
- *Madhu* and *Sarpi* was applied over the *Samyak Dagdha Vrana*.
- Patients are allowed to go home with advice not to cover the area of *Agnikarma* with cloth or bandage. He is advised not to use water over that part for at least 24 hours. He is advised to avoid *Vatakara Ahara* and *Vihara*.

Number of sittings: Three such sittings of *Agnikarma* was carried out on 1st day, 8th day, 15thday with a gap of 7 days each and observations were recorded in a proforma prepared before treatment (BT) 1st day, on the 8th day, 15th day and 22ndday.

Follow up: In cases where total relief was obtained during the study period and duration of next 30 days were fixed to observe the possibility of recurrence.

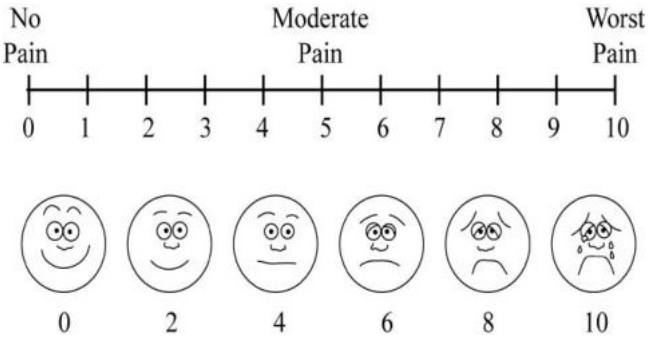
Assessment Criteria

Subjective and objective parameters were assessed looking at the clinical response in both the groups. The patients were assessed on 1st day (before starting the treatment), 8th day (before 2nd sitting), 15th day (before 3rd sitting) and on the 21st day (after completion of treatment). The effect of 1st day treatment was assessed on 8th day before 2nd sitting, 2nd sitting effect was assessed on 15th day and effect of 3rd sitting on 21st day.

SUBJECTIVE PARAMETERS

Assessment Scale - Visual Analogue Scale

Pain was graded on the basis of Visual Analogue Scale (VAS).



- 0 is scored as 0 = No pain
- 1-3 is scored as 1 = Mild Pain
- 4-6 is scored as 2 = Moderate Pain
- 7-9 is scored as 3 =Severe Pain
- 10 is scored as Worst Pain

ISSN: 2456-3110 **ORIGINAL ARTICLE** July-Aug 2019

Toda

- 0 - No intermittent pain
- 1 - Sometimes for 5-10 mins
- 2 - Daily for 10-30 mins
- 3 - Daily for 30-60 mins
- 4 - Daily more than 1hr

Stambha

- 0 - Absent
- 1 - Present

Spandana in Sphik, Kati, Uru, Janu, Jangha and *Pada*

- 0 - Absent
- 1 - Present

OBJECTIVE PARAMETERS

Straight Leg Raising Test (30 - 70 Degree)

- 0 - Above 70 degree
- 1 - 60 - 70 degree
- 2 - 50 - 60 degree
- 3 - 40 - 50 degree
- 4 - 30 - 40 degree

Lasegue's test

- 0 - Absent
- 1 - Present

Overall assessement of clinical response

The overall effect of the clinical trial was assessed by considering all the parameters of assessment before and after treatment as follows;

Relief Grading

- <25% Poor Response
- 25 - 49 % Moderate Response
- 50 - 74% Good Response
- 75 - 100 % Excellent response

OBSERVATIONS AND RESULTS

Age: Out of total 40 patients in group A and group B, maximum patients were in age Group 50-59 (32.50%). Group wise division: They were 30% and 35% respectively in A and B Group.

Sex: Out of 40 patients in group A and Group B, 20 patients were made. They were 65% and 35% respectively in A and B group.

Religion: Out of total 40 patients in group A and Group B, maximum patients were of Hindu religion (92.50%). Group wise division: In Group A they were 95% of Hindus, while in group B they were 90% of Hindus.

Occupation: Out of total 40 patients in Group A and Group B, maximum patients were found housewife. They were 22 (55%). Group wise division: In, Group A, they were 65% and Group B they were 45%.

Economic status: Out of total 40 patients in group A and Group B, maximum patients were Middle class (67.50%). Group wise division: In, Group A, Middle class are 65% and Lower are 25%. In, Group B, Middle class are 70% and Lower are 30%.

Affected side: In the study as a total 40 patients, 23 patients Affected Side were Right (57.50%) Among the 12 patients in group A is 60% and 11 patients in group B is 55%.

Results on subjective parameters

Table 2: Effect of Group - A and B on *Ruk* of (*Gridhrasi*)

Group A								
Mean score				%	S.D (±)	S.E (±)	t value	p value
BT	Day	AT	BT-AT					
2.85	8th	1.55	1.30	45.61	0.571	0.128	4.38	<0.05
	20th	0.65	2.20	77.19	0.768	0.172	7.95	<0.05
	AT	0.30	2.55	89.47	0.826	0.185	9.99	<0.05

ISSN: 2456-3110 ORIGINAL ARTICLE July-Aug 2019

Group B								
2.75	8th	1.95	0.80	29.09	0.523	0.117	4.77	<0.05
	20th	1.05	1.70	61.82	0.571	0.128	11.24	<0.05
	AT	0.45	2.30	83.64	0.571	0.128	15.20	<0.05

Effect on *Ruk*

In this work of 20 patients studied in *Gridhrasi* with Group - A, *Ruk* revealed are given in detail in Table No. 2. Statistical analysis showed that the mean score which was 2.85 before the treatment was reduced to 0.30 after the treatment with 89.47% improvement and there is a statistically significant. (P<0.05).

In this work of 20 patients studied in (*Gridhrasi*) with Group-B, *Ruk* revealed are given in detail in Table No. 2. Statistical analysis showed that the mean score which was 2.75 before the treatment was reduced to 0.45 after the treatment with 83.64% improvement and there is a statistically significant. (P<0.05).

Table 3: Effect of Group - A and B on *Toda* of (*Gridhrasi*)

Group A								
Mean score				**%**	**S.D (±)**	**S.E (±)**	**t value**	**p value**
BT	**Day**	**AT**	**BT-AT**					
3.50	8th	2.10	1.40	40.00	0.681	0.152	6.66	<0.05
	20th	1.40	2.10	60.00	1.119	0.250	8.39	<0.05
	AT	1.10	2.40	68.57	1.392	0.311	8.17	<0.05
Group B								
3.25	8th	2.30	0.95	29.23	0.394	0.088	3.64	<0.05
	20th	1.25	2.00	61.54	0.649	0.145	7.72	<0.05
	AT	0.50	2.75	84.62	0.786	0.176	11.77	<0.05

Effect on *Toda*

In this work of 20 patients studied in *Gridhrasi* with Group-A, *Toda* revealed are given in detail in Table No.3. Statistical analysis showed that the mean score which was 3.50 before the treatment was reduced to 1.10 after the treatment with 68.57% improvement and there is a statistically significant. (P<0.05).

In this work of 20 patients studied in *Gridhrasi* with Group-B, *Toda* revealed are given in detail in Table No.3. Statistical analysis showed that the mean score which was 3.25 before the treatment was reduced to 0.50 after the treatment with 84.62% improvement and there is a statistically significant. (P<0.05).

Table 4: Effect of Group - A and B on *Sthamba* of *Gridhrasi*

Group A								
Mean score				**%**	**S.D (±)**	**S.E (±)**	**t value**	**p value**
BT	**Day**	**AT**	**BT-AT**					
1.00	8th	0.55	0.45	45.00	0.510	0.114	3.94	<0.05
	20th	0.05	0.95	95.00	0.224	0.050	19.00	<0.05
	AT	0.05	0.95	95.00	0.224	0.050	19.00	<0.05
Group B								
1.00	8th	1.00	0.00	0.00	0.000	0.000	0.00	>0.05
	20th	0.70	0.30	30.00	0.470	0.105	2.85	<0.05
	AT	0.30	0.70	70.00	0.470	0.105	6.66	<0.05

Effect on *Sthamba*

In this work of 20 patients studied in *Gridhrasi* with Group-A, *Sthamba* revealed are given in detail in Table No.4. Statistical analysis showed that the mean score which was 1.00 before the treatment was not reduced to 0.05 after the treatment with 95% improvement and there is a statistically significant (P<0.05).

ISSN: 2456-3110 ORIGINAL ARTICLE July-Aug 2019

In this work of 20 patients studied in *Gridhrasi* with Group-B, *Sthamba* revealed are given in detail in Table No.4. Statistical analysis showed that the mean score which was 1.00 before the treatment was not reduced to 0.30 after the treatment with 70% improvement and there is a statistically significant (P<0.05).

Table 5: Effect of Group - A and B on *Spandana* of *Gridhrasi*

Group A								
Mean score				%	S.D (±)	S.E (±)	t value	p value
BT	Day	AT	BT-AT					
1.15	8th	0.55	0.60	52.17	0.598	0.134	3.79	<0.05
	20th	0.10	1.05	91.30	0.605	0.135	8.12	<0.05
	AT	0.00	1.15	100.00	0.489	0.109	10.51	<0.05
Group B								
1.00	8th	1.00	0.00	0.00	0.000	0.000	0.00	<0.05
	20th	0.70	0.30	30.00	0.470	0.105	2.85	<0.05
	AT	0.25	0.75	75.00	0.444	0.099	7.55	<0.05

Effect on *Spandana*

In this work of 20 patients studied in *Gridhrasi* with Group-A, *Spandana* revealed are given in detail in Table No.5. Statistical analysis showed that the mean score which was 1.15 before the treatment was reduced to 0.00 after the treatment with 100% improvement and there is a statistically significant.

In this work of 20 patients studied in *Gridhrasi* with Group-B, *Spandana* revealed are given in detail in Table No.5. Statistical analysis showed that the mean score which was 1.00 before the treatment was reduced to 0.25 after the treatment with 75% improvement and there is a statistically significant.

Results on Objective parameters

Table 6: Effect of Group-A and B on SLR of *Gridhrasi.*

Group A								
Mean score				%	S.D (±)	S.E (±)	t value	p value
BT	Day	AT	BT-AT					
3.15	8th	1.40	1.75	55.56	0.639	0.143	7.76	<0.05
	20th	0.70	2.45	77.78	0.759	0.170	11.67	<0.05
	AT	0.20	2.95	93.65	0.945	0.211	14.49	<0.05
Group B								
3.05	8th	2.05	1.00	32.79	0.324	0.073	4.61	<0.05
	20th	1.05	2.00	65.57	0.324	0.073	9.21	<0.05
	AT	0.50	2.55	83.61	0.605	0.135	12.45	<0.05

Effect on SLR

In this work of 20 patients studied in *Gridhrasi* with Group-A, SLR revealed are given in detail in Table No.6. Statistical analysis showed that the mean score which was 3.15 before the treatment was reduced to 0.20 after the treatment with 93.65% changes and there is a statistically significant.

In this work of 20 patients studied in *Gridhrasi* with Group-B, SLR revealed are given in detail in Table No.6. Statistical analysis showed that the mean score which was 3.05 before the treatment was reduced to 0.50 after the treatment with 83.61% changes and there is a statistically significant

Table 7: Effect of Group - A and B on Lasegue's Sign of *Gridhrasi*

Group A								
Mean score				%	S.D (±)	S.E (±)	t value	p value
BT	Day	AT	BT-AT					
1.00	8th	0.40	0.60	60.00	0.503	0.112	5.34	<0.05
	20th	0.10	0.90	90.00	0.308	0.069	13.08	<0.05

ISSN: 2456-3110 ORIGINAL ARTICLE July-Aug 2019

	AT	0.00	1.00	100.00	0.000	0.000	19.00	<0.05
Group B								
1.00	8th	1.00	0.00	0.00	0.000	0.000	0.00	>0.05
	20th	0.80	0.20	20.00	0.410	0.092	2.18	<0.05
	AT	0.45	0.55	55.00	0.510	0.114	4.82	<0.05

Effect on Lasegue's Sign

In this work of 20 patients studied in *Gridhrasi* with Group-A, Lasegue's Sign revealed are given in detail in Table No.7. Statistical analysis showed that the mean score which was 1.00 before the treatment was reduced to 0.00 after the treatment with 100% changes and there is a statistically significant.

In this work of 20 patients studied in *Gridhrasi* with Group-B, Lasegue's Sign revealed are given in detail in Table No.7. Statistical analysis showed that the mean score which was 1.00 before the treatment was reduced to 0.45 after the treatment with 55% changes and there is a statistically significant

Assessment of total effect of therapy

Table 8: Overall effect of Group-A

Effect of treatment in Group - A		
Class	**Grading**	**No of patients**
0-25%	No improvement	0
26–50 %	Mild improvement	1
51 – 75%	Moderate improvement	2
76 – 100 %	Marked improvement	17

Table 9: Overall effect of Group-B

Effect of treatment in Group - B		
Class	**Grading**	**No of patients**
0-25%	No improvement	0
26–50 %	Mild improvement	2
51 – 75%	Moderate improvement	5

Discussion

Agnikarma is an important therapeutic measure in Ayurvedic system of medicine, which has got worldwide popularity because of its simple administration and its efficacy in variety of disorders. It is unique form of therapy performed using *Agni* which has been described to be superior than *Ksharakarma*, as disease treated by it will not relapse and moreover those incurable by *Bheshaja, Shastra* and *Kshara Karma* yield to it. This is subtype of *Anushastra Karma*. In *Chikitsa* of *Gridhrasi* role of *Agnikarma* is been emphasized. While describing the general indications of *Agnikarma Aacharya Sushruta* has explained that, *Agnikarma* can be adopted in managing *Ugraruja*. And also, there is reference that, the disease which are not amneable to drugs, surgical instruments and caustic alkali, can be successfully treated by *Agnikarma* and there will be no recurrence. Another explanation is *Ushna Guna* of *Agni* improves *Dhatvagni* that pacifies *Amadosha* and reduces the pain by these means as *Vataprashamana* occurs, pain subsides spontaneously.

It is hypothetically stated that after *Samyak Dagdha*, some local antibodies or non-specific immune-globins may act as a disease modifying agents. It is also hypothetically stated that when *Agnikarma* is done it stimulates piezo electricity there by releasing electrical signals and then cause oriental deposits in lesions, this resists deformity and prevents further damage, thus may help to bring back normalcy.

Conclusion

On comparing over all effect of the therapy, Group A was better than Group B. *Asthapada Panchaloha Shalaka Agnikarma* was more effective in managing the pain than *Bindu Panchaloha Shalaka Agnikarma.* As comparing to *Bindu Shalaka*, the number of *Agnikarma* required per sitting is considerably less in *Asthapada Panchaloha Shalaka.* Statistically both groups showed significant changes making SLR and Lasegue's sign negative better in Group A. In Group A out of 20 patients after the completion of treatment 8 patients were completely improved, 5 patients were markedly improved and 6 patients were moderately

ISSN: 2456-3110 **ORIGINAL ARTICLE** July-Aug 2019

improved 1 patient was mildly improved. None of the patients were found unchanged. In Group B out of 20 patients after the completion of 5 patients were completely improved, 4 patients were markedly improved, 10 patients were markedly improved 1 patient was mildly improved. None of the patients were unchanged. The patients who had got complete relief had a follow up period of 30 days and was observed that 2 patients from Group A and 3 patients of Group B had recurrence. The test shows that the treatment is statistically not significant in Group B when compared to Group A. Group A overall result is 86.87% and Group B overall result is 80.86%.

REFERENCES

1. Sushruta, Sushruta Samhita, with Nibandha Samgraha commentary by Dalhana and Nyayachandrika panjika by Gayadasa Edited by 'Vaidya Yadavji Trikamji Acharya' and 'Narayan Ram Acharya' Nidanasthana, Chaukambha Sankrit Sansthan, Varansi,UP, Edition-2008, Sutrasthana. Chapter 1/74 pp 268.
2. Sharma RK, Bhagwan Das, Charaka Samhita, Text with English Translation and Critical Exposition, Varanasi, Choukhambha Sanskrit Series office. 2009 sutrasthana. Chapter 20/11 pp 113.
3. www.en.wikipedia.org/wik/Enteric-nervous-system.
4. https://insights.ovid.com/pubmed?pmid=11337625
5. Sushruta, Sushruta Samhita, with Nibandha Samgraha commentary by Dalhana and Nyayachandrika panjika by Gayadasa Edited by 'Vaidya Yadavji Trikamji Acharya' and 'Narayan Ram Acharya' Nidanasthana, Chaukambha Sankrit Sansthan, Varansi,UP, Edition-2008 chikitsasthana. Chapter 5/23 pp 428.
6. Sushruta, Sushruta Samhita, with Nibandha Samgraha commentary by Dalhana and Nyayachandrika panjikaby Gayadasa Edited by 'Vaidya Yadavji Trikamji Acharya' and 'Narayan Ram Acharya' Nidanasthana, Chaukambha Sankrit Sansthan, Varansi,UP, Edition-2008 sutrasthana. Chapter 12/3 pp 51.
7. Vagbhata. Ashtanga Hridaya- (Text, English Translation, Notes, appendix Indices) Translated by KR Srikanthamurthy. 4 th ed. Varanasi: Chowkhambha Krishnadas Academy; Reprint 2013. Vol. I
8. Sharma RK, Bhagwan Das, Charaka Samhita, Text with English Translation and Critical Exposition, Varanasi, Choukhambha Sanskrit Series office. 2009 chikitsasthana.Chapter 28/56 pp 618.

How to cite this article: Dr. Bhagyashree VG, Dr. Shridhar Rao SM. The effect of Asthapada Panchaloha Shalaka Agnikarma in the pain management of Gridhrasi w.s.r. to Sciatica. J Ayurveda Integr Med Sci 2019;4:1-9.
http://dx.doi.org/10.21760/jaims.4.4.1

Source of Support: Nil, **Conflict of Interest:** None declared.

****