

**TO EVALUATE THE EFFICACY OF LASHUNA KSHEERPAKA AND SAHACHARADI  
KASHAYAM AFTER AGNIKARMA IN THE MANAGEMENT OF VATA-KAPHAJA  
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**ABSTRACT**

Gridhrasi is described in Ayurveda as a Vata Nanatmaja Vyadhi and is clinically comparable to sciatica in modern medicine. It is characterized by radiating pain from the lumbar region to the lower limb associated with stiffness, twitching, tingling sensation and restricted movements.<sup>[2]</sup> Due to sedentary lifestyle, faulty posture and occupational stress, the prevalence of this condition is increasing. Conventional treatment provides symptomatic relief but is associated with recurrence and adverse effects. **Aim:** To evaluate and compare the efficacy of Lashuna Ksheerapaka and Sahacharadi Kashayam after Agnikarma in the management of Vata-Kaphaja Gridhrasi. **Materials and Methods:** A randomized comparative clinical study was conducted on 40 patients divided into two groups. Group A received Lashuna Ksheerapaka after Agnikarma and Group B received Sahacharadi Kashayam after Agnikarma. Assessment was done based on pain, stiffness, twitching, tingling sensation and overall functional ability. **Results:** Both groups showed statistically significant improvement ( $p < 0.05$ ). Group B showed comparatively better results. **Conclusion:** Both treatment modalities were effective; Sahacharadi Kashayam showed marginally superior efficacy.

**KEYWORDS:** Gridhrasi, Sciatica, Agnikarma, Lashuna Ksheerapaka, Sahacharadi Kashayam.**INTRODUCTION**

low backache is a common condition that affects as many as 80-90% of people during their lifetime. True sciatica occurs in about 5% of cases.<sup>[1]</sup>

Ayurveda, the ancient science of life, explains diseases on the basis of Tridosha theory and their involvement in *Dhatus and Srotas*. Among the *Vata Vyadhis*, *Gridhrasi* is one of the most distressing and commonly encountered neurological disorders, significantly impairing daily activities and quality of life. The term *Gridhrasi* is derived from “*Gridhra*” (vulture), as the patient’s gait resembles that of a vulture due to severe radiating pain and restricted movement. Classical texts describe *Gridhrasi* as a *Ruja-pradhana Vata Nanatmaja Vyadhi* characterized by *Ruk* (pain), *Stambha* (stiffness), *Toda* (pricking pain), *Spandana* (twitching) and radiating pain from *Sphik* (buttock) to *Pada* (foot).<sup>[2]</sup> In *Vata-Kaphaja*

*Gridhrasi*, additional features like *Gaurava* (heaviness) and *Arochaka* (loss of appetite) occur due to *Kapha dosha*.<sup>[3]</sup> The description narrated in the classics exactly coincides to the description of Sciatica including the important diagnostic test SLR (Straight leg rising), which is described as *sakthnikshepa nigraha* by *Sushruta acharya*.<sup>[4]</sup> *Nidana* and *Samprapti* of *Gridhrasi* has been described in *Astanga Hrudaya*.<sup>[5]</sup> *Lashuna Ksheerapaka*, described by Acharya Charaka in *Vatavyadhi Chikitsa*, *Sahacharadi Kashaya*, mentioned in *Sahasrayoga* and *Ashtanga Hridaya (Vatavyadhi Chikitsa 21/57)*<sup>[6]</sup>, *Agnikarma*, a para-surgical procedure described by *Acharya Sushruta*, also mentioned in the management of *sira, snayu, sandhi, asthi samprapti* and *Gridhrasi* is formed by all these involved structures.<sup>[7]</sup>

## AIM AND OBJECTIVES

**Aim:** To evaluate the efficacy of Lashuna Ksheerapaka and Sahacharadi Kashayam after Agnikarma in the management of Vata-Kaphaja Gridhrasi.

### Objectives

1. To study Gridhrasi in details.
2. To evaluate the effect of Lashuna Ksheerapaka after Agnikarma.
3. To evaluate the effect of Sahacharadi Kashayam after Agnikarma.
4. To compare Lashuna Ksheerapaka over Sahacharadi Kashayam.

## MATERIALS AND METHODS

A randomized comparative clinical trial was conducted on 40 patients with established cases of Vata-Kaphaj Gridhrasi. They were divided into two groups with 20 patients in each of them. The patients were selected from the out-patient and in-patient department of Shalya tantra in Sri Shivayogeeshwar Rural Ayurveda Medical College and Hospital, Inchal, Savadatti taluk, Belagavi.

Grouping.

- Group A- (n=20)- Lashuna ksheerapaka after Agnikarma.  
Group B- (n=20)- Sahacharadi Kashayam after Agnikarma.

Assessment will be established by clinical examination and sign and symptoms of Vata- Kaphaj Gridhrasi as follows.<sup>[8-9]</sup>

1. Ruka, Toda, Stambha
2. Spandana in Sphika, Kati, Uru, Janu, Jangha and Pada.
3. Tandra, Gaurava, Arochaka.

## INVESTIGATION

CBC, RBS, X-RAY LS Spine AP and Lateral view.  
Any other relevant investigation as required during the course of study.

### Procedure for Group A and Group B

In both Group A and Group B, Agnikarma was performed on the 1st, 7th, and 14th days.

After obtaining informed consent, Purva Karma included Sthanika Snehana and Swedana over the affected limb<sup>[10-11]</sup> During Pradhana Karma, a red-hot Pancha Loha Shalaka was applied in Bindu Dagha form over the Gridhrasi Nadi, approximately four Angula above the Gulpha Sandhi, achieving Samyak Dagdha Lakshana, In Paschat Karma, Ghrita and Madhu were applied followed by Yashtimadhu Churna dusting to promote healing<sup>[12]</sup>, Post-procedure Pathya-Apathya was advised.

After Agnikarma in Group A, patients additionally received Lashuna Ksheerapaka 48 ml twice daily with warm water for 14 days.

After Agnikarma in Group B patient is advised to take freshly prepared Sahacharadi Kashaya in dose of 15ml, twice daily before food, with anupana of ushna jala for 14 days.

Statistical analysis was performed and  $p < 0.05$  was considered statistically significant.

## RESULTS

The Mean Score of Group A before treatment was 4.1 and after treatment 0.8.

The Mean Score of Group B before treatment was 3.8 and after treatment 0.7.

The mean difference was slightly higher in Group A (3.3) compared to Group B (3.125), indicating a marginally better result with Lashuna Ksheerapaka followed by Agnikarma.

Both groups showed statistically significant improvement in all clinical parameters. Group B demonstrated comparatively better improvement in pain relief and functional ability.

## DISCUSSION

Agnikarma alleviates localized Vata and Kapha by its ushna and tikshna properties, resulting in immediate pain relief. Lashuna Ksheerapaka pacifies Vata-Kapha and nourishes neuromuscular tissues. Sahacharadi Kashayam possesses potent shoolahara and vatanulomana properties, explaining its superior results.

## CONCLUSION

The present study showed both Group-A (received Lashuna Ksheerapaka) and Group-B (received Sahacharadi Kashayam) after Agnikarma achieved improvement in pain, stiffness, and functional movement, indicating beneficial effects of both combinations on Vata-Kaphaja Gridhrasi.

Statistical analysis revealed that the difference between the sample mean improvements of Group-A and Group-B was not large enough to be statistically significant, though Group-B demonstrated slightly better results, probably due to the synergistic action of internal Kaphavatahara therapy and local Agnikarma.

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