

**A COMPARATIVE CLINICAL STUDY TO EVALUATE THE ADDED EFFECT OF
ERANDATAILA WITH PANCHAMOO LI KASHAYA IN THE PAIN MANAGEMENT OF
GRIDHRASI VIS - A-VIS SCIATICA****Jeenu Ann Benny^{1*}, Archana C. P.²**¹Final Year PG Scholar, Department of PG Studies in Kayachikitsa, Ramakrishna Ayurvedic Medical College, Hospital and Research Centre, Bangalore.²Professor and HOD, Department of PG Studies in Kayachikitsa, Ramakrishna Ayurvedic Medical College, Hospital and Research Centre, Bangalore.³Ramakrishna Ayurvedic Medical College, Hospital and Research Centre, Bangalore.***Corresponding Author: Jeenu Ann Benny**Final Year PG Scholar, Department of PG Studies in Kayachikitsa, Ramakrishna Ayurvedic Medical College, Hospital and Research Centre, Bangalore. DOI: <https://doi.org/10.5281/zenodo.18437981>**How to cite this Article:** Jeenu Ann Benny^{1*}, Archana C. P.². (2026). A Comparative Clinical Study To Evaluate The Added Effect of Erandataila With Panchamooli Kashaya In The Pain Management Of Gridhrasi Vis - A-Vis Sciatica. World Journal of Pharmaceutical and Medical Research, 12(2), 361–366.

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ABSTRACT

Gridhrasi, one among the *Rujapradhana nanatmaja vata vikara*, is characterised by *shoola* starting from *Spik pradesha* radiating to *Kati, Prishtha, Uru, Janu, Jangha* and *Pada*. *Gridhrasi* can be correlated to Sciatica, which is characterized by lowback ache radiating to the posterior aspect of lower limbs along with restricted movements of spine. Among the various *Ayurvedic* therapeutic interventions explained for *vata vyadhi*, *Panchamooli Kashaya* mentioned in *Gridhrasi* was taken for this comparative clinical trial as it is *Shoolahara & Shophahara*. This study was planned mainly for reducing low back pain along with stiffness, heaviness and tenderness. 40 patients diagnosed with *Gridhrasi* were divided into two Groups and were administered with *Panchamooli Kashaya* with *Trivrit churna* in one group and *Panchamooli kashaya* with *Trivrit churna & Erandataila* in second group for 15 days and assessment was done based on subjective & objective parameters and results were subjected to statistical analysis. After study, Statistically significant results were observed in both the groups with reduction in subjective parameters like *Ruk, Toda, Stambha, Gourava* and *Spandana* alongwith objective parameters like SLRT, Bregards & VAS. Although both the groups showed improvement, second group showed significant results.

KEYWORDS: *Gridhrasi, Sciatica, Shoola, Panchamooli kashaya, Erandataila.***INTRODUCTION**

Gridhrasi is a *shoola pradhana vatavyadhi* mentioned by *Brihatrayis* and *Laghutrayis*. *Acharya Charaka* included it as one among the 80 types of *Nanatmaja vatavyadhi*.^[1] As the gait of the person resembles to vulture (*Gridhra*) due to pain, this disease is named as *Gridhrasi*.^[2] *Gridhrasi* is characterized by pain starting from *Sphik* and radiate downwards to *Kati, Prista, Uru, Janu, Jangha, Padam*. It is of two types *Vataja Gridhrasi* and *Vatakaphaja Gridhrasi*.^[3] *Acharya Sushruta* and *Acharya Vagbhata* describe *Sakthi utkshepanigraha* –which means restricted leg elevation, as a characteristic clinical feature.^[4,5]

According to contemporary science, *Gridhrasi* can be correlated with Sciatica, caused due to the irritation or

compression of the sciatic nerve. Sciatica, is a painful condition which manifests as unilateral neuropathic pain starting from the lumbar region and radiates along posterolateral aspect to the buttock, thigh, calf and foot.^[6] It is generally caused by the compression of L3,L4,L5 or S1,S2, or S3 or by the compression of lumbar nerve itself which occur due to lumbar disc prolapse or any injury to the vertebral column. Hence movement of the affected leg is restricted and patient is not able to walk properly.

Ayurvedic approach is helpful in *Gridhrasi* patients and for certain extent, by administering the *Ayurvedic* treatment, surgical intervention can be avoided. While going through *Gridhrasi chikitsa*, sequential administration of *Snehana, Swedana, Basti, Siravedha*

and *Agnikarma* are lines of treatment explained Apart from these, certain *Shamana yogas* are also explained.

The interventional medicine *Panchamooli kashaya* mentioned under *vata vyadhi adhikara* by *Yogarathmakara* is specifically mentioned as *Sadhyo Shoolahara* in *Gridhrasi Chikitsa*.^[7] where he specifically mentions *Laghu Panchamoola*. Also, *Vangasena* mentioned *Panchamooli kashaya* along with *Trivrit churna* & *Eranda taila* is mentioned as *Sadhyo Shoolahara* in *Gridhrasi chikitsa*.^[8] *Laghu Panchamoola dravyas* are *sarvadoshajith*^[9], *Anilapaham*^[10] *Shoolahara* and *Sophahara*.^[11] *Trivrit* is *kapha pithahara* and when added with *vatahara dravya*, it cures *vataja vikaras*.^[12]

Eranda is *kapha vata hara*^[13] & is specifically indicated in *Gridhrasi*.^[14] By considering classical references and *guna karma* of these *dravyas*, this study has been undertaken to bring out a treatment modality for this globally prevalent disease without side effects.

AIMS AND OBJECTIVES OF THE STUDY

- To clinically evaluate the efficacy of *Panchamooli kashaya* with *Trivrit churna* in *Gridhrasi*.
- To clinically evaluate the added effect of *Erandataila* with *Panchamooli kashaya* and *Trivrit churna* in the pain management of *Gridhrasi*.

DRUG REVIEW

Panchamooli Kashaya

DRUG	BOTANICAL NAME	RASA	GUNA	VEERYA	VIPAKA
<i>Shalaparni</i>	<i>Desmodium gangeticum</i>	<i>Thikta, madhura</i>	<i>Guru</i>	<i>Ushna</i>	<i>Madhura</i>
<i>Prashniparni</i>	<i>Urarida picta</i>	<i>Thiktha madhura</i>	<i>Laghu Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>
<i>Brihati</i>	<i>Solanum indicum</i>	<i>Katu Thiktha</i>	<i>Ruksha laghu</i>	<i>Ushna</i>	<i>Katu</i>
<i>Kantakari</i>	<i>Solanum xanthocarpum</i>	<i>Katu Thiktha</i>	<i>Laghu ruksha</i>	<i>Ushna</i>	<i>Katu</i>
<i>Gokshura</i>	<i>Tribulus terrestris</i>	<i>Madhura</i>	<i>Snigdha</i>	<i>Sheetha</i>	<i>Madhura</i>
<i>Trivrit</i>	<i>Operculina terpeethum</i>	<i>Thiktha Katu</i>	<i>Laghu Ruksha, Thikshna</i>	<i>Ushna</i>	<i>Katu</i>
<i>Eranda</i>	<i>Ricinus communis</i>	<i>Madhura Thiktha Katu</i>	<i>Guru, sara, snigdha, sara, Thikshna, sukshma</i>	<i>Ushna</i>	<i>Madhura</i>

MATERIALS AND METHODS

Sample Source

Patients were randomly selected with classical signs and symptoms of *Gridhrasi* as well as *Sciatica* from OPD, IPD and camps of *Kayachikitsa* Department of *Ramakrishna Ayurveda Medical College and Hospital Research Centre*, *Bengaluru* & referrals were also considered.

Study Design: A randomized, prospective, interventional controlled clinical two arm study.

Method Of Collection Of Data

A total of 40 patients diagnosed with *Gridhrasi* were selected for the study as per the inclusion and exclusion criteria & was divided into 2 Groups, Group A & Group B with 20 patients in each group.

Diagnostic Criteria

Subjects presenting with the *Lakshanas* of *Gridhrasi* as well as signs and symptoms of *sciatica*.

- *Ruk* (pain) on *Sphik, Kati, Prishtha, Uru, Janu, Jangha* and *Pada*
- *Toda* (Pricking type of pain)
- *Sthambha* (Stiffness)
- *Gourava* (Heaviness)
- *Spandana* (Twitching sensation)

- Positive SLR test in the affected lower limb
- Positive Bragard's sign in affected limb

Inclusion Criteria

- Subjects who are ready to participate and sign the informed consent form.
- Subjects of age group between 20 – 60 years of age irrespective of gender, religion, occupation presenting with *Lakshanas* of *Gridhrasi* or *Sciatica*

Exclusion Criteria

- Congenital deformity of spine, Neoplastic or Dislocation conditions of spine
- Spinal fracture, Fractures of pelvis and femur
- Uncontrolled Diabetes, and Hypertension
- Pregnant woman and lactating mother.

Interventions

40 patients satisfying the diagnostic criteria were selected after a detailed clinical assessment. Explanation regarding the study was given to the participants and were recruited after obtaining written consent from them. Patients were randomly distributed into 2 groups- Group A & Group B & 20 patients were allotted in each group. Group A – 20 patients were given:

1) *Panchamooli Kashaya with Trivrit Churna*

Dosage : 25 ml Morning and night before food^[15]

Anupana : 3 g *Trivrit churna*^[16]
 Duration : 15 days
 Total duration of study : 30 days
 Group B – 20 patients were given

2) *Panchamooli Kashaya with Trivrit Churna and Erandataila*

Dosage : 25ml morning and night before food
 Anupana : 3 g *Trivrit churna* and 2.5 ml eranda taila
 Duration : 15 days
 Total duration of study : 30 days

Method of Preparation *Panchamooli Kashaya*

The drugs for *Panchamooli Kashaya* procured from authorized dealers were cleaned well and dried under shade and were pounded into coarse powder. This kwatha choorna measuring 25 grams were packed in air tight polythene covers with labeling. Patients were

advised to prepare *Panchamooli Kashaya* with 25 grams of *Kashaya Choorna* boiled with 16 times water (400 ml) and reduced to 1/8 part (50 ml)^[17], and take the prepared kashaya in 2 divided doses of 25 ml with 3gm *Trivrit churna* morning and evening half hour before food. The *Anupana Trivrit Churna* was distributed in separate packet measuring 90 grams. 15 packets of *Kashaya Churna* and a packet containing *Trivrit churna* were dispensed to each participant.

In another group, patients were advised to add 2.5 ml *Erandataila* along with above mentioned *Panchamooli kashaya*.

Evaluation of participants was done on 0th, 15th & 30th day. The result thus obtained were statistically analysed.



Fig. 1: *Panchamooli kashaya with Trivrit Churna*.



Fig. 2: *Panchamooli kashaya with Trivrit Churna & Erandataila*.

Duration of Study

Interventional period : 15 days
 Follow up : 15th & 30th day
 Total duration of study : 30 days

ASSESSMENT CRITERIA

Subjective Parameters

Clinical features of *Gridhrasi* such as

- *Ruk* (Pain)
- *Toda* (Pricking pain)
- *Sthambha* (Stiffness)
- *Gourava* (Heaviness)
- *Spandana* (Twitching sensation)

Objective Parameters

- SLR test
- Bregard's sign
- Visual Analogue Scale (VAS) for pain

Statistical Analysis

The recorded data obtained in the both groups were presented in tables & charts and was statistically

analysed. Paired t test, Fischer Exact Test & Chi-square tests were used for statistical analysis. Mann Whitney U test was used for between group and Wilcoxon Signed rank test for within group analysis. The corresponding p value was noted and obtained results were interpreted as

Interpretation as statistically non – significant for p value > 0.05.

Interpretation as statistically significant for p value < 0.05.

Interpretation as statistically highly significant for p value < 0.001.

OBSERVATIONS AND RESULTS

Effect of treatment was assessed on the basis of changes found in the symptoms and overall parameters before treatment, after treatment and during the follow up periods. As the assessment parameters include a mixture of qualitative and quantitative data, two groups are compared for pre and post values using following statistical analysis.

Variables	Group A	Group B	Total	Z Value	P Value
RUK					
• BT	1.95±0.76	2.05±0.6	2±0.68	-0.465	0.642
• AT	1.2±0.62	1.05±0.6	1.13±0.61	-0.787	0.431
• FUP	0.6±0.5	0.25±0.44	0.43±0.5	-2.211	0.027*
P Value	<0.001**	<0.001**	<0.001**	-	-
TODA					
• BT	1.6±0.68	1.55±0.6	1.58±0.64	-0.151	0.880
• AT	0.9±0.31	0.95±0.51	0.93±0.42	-0.327	0.743
• FUP	0.5±0.51	0.25±0.44	0.38±0.49	-1.612	0.107
P Value	<0.001**	<0.001**	<0.001**	-	-
STHAMBHA					
• BT	1.45±0.69	1.2±0.52	1.33±0.62	-1.265	0.206
• AT	0.8±0.62	0.8±0.41	0.8±0.52	-0.135	0.893
• FUP	0.45±0.51	0.45±0.51	0.45±0.5	0.000	1.000
P Value	<0.001**	<0.001**	<0.001**	-	-
GOURAVA					
• BT	1.3±0.73	1.1±0.31	1.2±0.56	-1.142	0.254
• AT	0.75±0.44	0.85±0.49	0.8±0.46	-0.629	0.530
• FUP	0.3±0.47	0.3±0.47	0.3±0.46	0.000	1.000
P Value	<0.001**	<0.001**	<0.001**	-	-
SPANDANA					
• BT	1.1±0.45	1±0	1.05±0.32	-1.040	0.298
• AT	0.8±0.41	0.85±0.37	0.83±0.38	-0.411	0.681
• FUP	0.2±0.41	0.15±0.37	0.18±0.38	-0.411	0.681
P Value	<0.001**	<0.001**	<0.001**	-	-
SLR					
• BT	1.65±0.75	1.95±0.69	1.8±0.72	-1.393	0.164
• AT	1.15±0.49	1.15±0.49	1.15±0.48	0.000	1.000
• FUP	0.4±0.5	0.3±0.47	0.35±0.48	-0.655	0.513
P Value	<0.001**	<0.001**	<0.001**	-	-
BREGARDS					
Before Treatment	0.95±0.22	1±0	0.98±0.16	-1.000	0.317
• AT	0.35±0.49	0.7±0.47	0.53±0.51	-2.188	0.029*
• FUP	0.2±0.41	0.25±0.44	0.23±0.42	-0.374	0.708
P Value	<0.001**	<0.001**	<0.001**	-	-
VAS SCALE					
• BT	1.8±0.7	2.15±0.59	1.98±0.66	-1.688	0.091+
• AT	1.05±0.51	1.2±0.52	1.13±0.52	-0.917	0.359
FUP	0.45±0.51	0.3±0.47	0.38±0.49	-0.967	0.333
P Value	<0.001**	<0.001**	<0.001**	-	-

Overall assessment of the intervention in two groups

Overall	Group A	Group B	Total	P Value
Before Treatment				
• 0	4(20%)	1(5%)	5(12.5%)	0.013*
• 1	10(50%)	14(70%)	24(60%)	
• 2	6(30%)	5(25%)	11(27.5%)	
After Treatment				
• 0	0(0%)	1(5%)	1(2.5%)	0.959
• 1	13(65%)	14(70%)	27(67.5%)	
• 2	7(35%)	5(25%)	12(30%)	
Follow up				
• 0	5 (25%)	6 (30%)	11(27.5%)	1.000
• 1	15 (75%)	14(70%)	29(72.5%)	
• 2	7 (35%)	0 (0%)	12(30%)	
Total	20(100%)	20(100%)	40(100%)	

0 = No pain, 1 = Mild pain, 2 = Moderate pain.

DISCUSSION

Discussion On Disease

Gridhrasi is manifested as radiating pain originating from *Sphik pradasha*, extending along nerve pathways through *Kati, Prishtha, Uru, Janu, Jangha, and Pada*. The condition is categorized into *Vataja*, and *Vatakaphaja*. Key clinical features include pain, stiffness, and restricted limb movements. The pathogenesis involves *Dhatukshaya* and *Margavarodha*. Management principles emphasize balancing *Vata* using therapies such as *Sneha, Sweda*, and mild *Shodhana* procedures, including *Basti, Nasya*, and *Abhyanga*, along with *shamanaushadhis*, complemented by dietary modifications favoring *Madhura, Amla, Lavana Rasa*, and *Snigdha, Ushnagunas*. The symptomatology of *Gridhrasi* closely resembles that of *Sciatica* in contemporary medicine.

Sciatica is a neurological syndrome characterized by radicular pain, sensory deficits, and motor weakness resulting from nerve root compression or injury. Etiology involves mechanical nerve root compression often triggered by trauma, heavy lifting, or abrupt movements causing disc herniation. In *Sciatica*, there is a pain in the distribution of *Sciatica* nerve which begins in the lower back and radiates through the posterior aspect of the thigh and calf and to the outer border of foot. Treatment strategies involve conservative management and surgical correction. Modern medical treatment is either conservative or surgical.

Probable Mode of Action of Panchamooli Kashaya

In the *Samprapti*, there is *Vata* and *Kapha* derangement with varying intensity and also there is the involvement of *Agni Dusti* and *Ama*. Most of the drugs have *Agni Deepana, Amapachana, kapha vatashamaka* properties. *LaghuPanchamoola* dravyas are *sarvadoshajith, anilapaham, shoolahara* and *sophahara*. *Trivrit* is *kapha pithahara* and when added with *vatahara* dravya, it cures *Vataja vikaras*. Also Acharya Caraka mentioned *Laghu Panchamoola* dravyas in *Shvayathuhara Maha kashaya*.^[18] As *LaghuPanchamooli kashayadravyas processes Kashaya, Thiktha, Madhura rasa* which are having *Vataghna, Brimhana karma*, it acts as *Shoolahara* and *Sophahara* to a great extent. According to *Vangasena*, administration of *Panchamooli kashaya* along with *Trivrit churna & Eranda taila* is mentioned as *Sadhyo Shoolahara* in *Gridhrasi chikitsa*. *Eranda* is *kaphavata hara* & is specifically indicated in *Gridhrasi*.

DISCUSSION ON OBSERVATIONS

This study mainly focused on the pain management in *Gridhrasi* patients. It showed that study was statistically significant in both the groups with p value <0.001 & was mainly focused to evaluate added effect of *Erandataila* in pain management in *Gridhrasi*. Group B showed better result than Group A. During follow up, some patients experienced with mild pain but majority got relief from pain. The drugs involved were *Vata kaphahara, Shoolahara & Shothahara*, complemented

by analgesic & anti-inflammatory effects attributable to their *Ushna Virya* and specifically *Erandataila* is mentioned for *shoolaharana* in *Gridhrasi*.

CONCLUSION

The study showed highly significant results for both Groups, with more result in Group B during and after the treatment but on applying the test of significance no much difference could be made out between two medicines. The study drug *Panchamooli Kashaya* was effective in reducing symptoms such as *Ruk, Toda, Sthambha, Spandana* and *Gourava*. The results indicate that *Panchamooli Kashaya* with *Trivrit churna & Erandataila* is more effective suggesting that *Erandataila* adds a supportive & synergistic effect in pain management.

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