



Research Article

CLINICAL EVALUATION OF *VRISHADI VASTI* IN *GRIDHRASI*

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ABSTRACT

*Gridhrasi* comes under 80 types of *Nanatmaja* (different) *Vatavyadhis* (disorders due to *Vata*) and frequently encountered in clinical practice. In this condition the patient become incapable to do his daily routine works because of severe pain from *Kati Pradesa* (Lumbar region) to *Padanguli* (foot). No definite choice of treatment available in modern medicine except symptomatic treatment and surgery.

The present study was designed to study *Vrishadi Vasti* in *Gridhrasi* in *Yoga vasti* protocol, comprising 3 days *Kashaya Vasti (Nirooha)* with *Vrishadi Vasti* and 5 days *Anuvastana Vasti* with *Sahacharadi Tailam Chikkana Pakam*. A total of 30 patients in the age group of 20-70 years of either sex were selected for the study. Before commencing *Yogavasti*, all patients were subjected to *Rooksha Sweda* with *Kolakulathadi Choorna*, *Gandharvahastadi Kashaya* and *Vaiswanara Choorna* for *Deepana* and *Pachana* followed by *Patrapotali Sweda*. The demographic data and data related to cardinal symptoms of *Gridhrasi* were analysed by using the most appropriate statistical tests. The patients were assessed before treatment, after treatment, and after 15 & 30 days of follow up period. *Vrishadi Vasti* along with other *Agnideepana*, *Anulomana* drugs, *Rooksha Sweda* and *Patrapotali Sweda* was found to be significantly effective in reducing the signs and symptoms of *Gridhrasi* like *Ruk*, *Toda*, *Stambha* and *Gourava*. After treatment there was marked improvement in straight leg rising, but it was found to be statistically insignificant in twitching (*Spandana*). There was marked improvement in all patients after the second follow up, shows the long term effect of *Vasti*.

**KEYWORDS:** *Gridhrasi*, *Vrishadi Vasti*, *Yoga vasti*.

INTRODUCTION

In *Gridhrasi* the patient's gait become altered as his legs become tense and slightly curved due to pain resembling walk of vulture, hence the name *Gridhrasi* to this pain dominant disease<sup>[1]</sup>. As per data available 80% of population in society experience back pain at some time during their life, fortunately some of these subside within a month. But unfortunately 70% of these pains recur, out of these many of them converts into sciatica patients as time passes. Compression of nerve root is one of the most common causes of sciatica; herniated disc compressing the root in 90% of cases. Other possible causes of sciatica pain include lumbar spinal stenosis, piriformis syndrome, obturator internus syndrome, cauda equine syndrome, degenerative disc diseases, spondylolisthesis, sacroiliac joint arthritis etc.

Pain starting from *Sphik* (gluteal region), *Kati Prushta* (low back region), *Uru* (thigh), *Janu* (knee), *Jangha* (foreleg) and *Pada* (foot) in successive order is the cardinal symptoms of *Gridhrasi*. In *Gridhrasi Sthana-samsraya* (localisation) takes place in *Sphik* (gluteal region), *Kati* and *Prushta* (low back region), affecting the *Kandara* (tendon) of leg. Symptoms like *Tandra*, *Gourava* (heaviness) etc. are seen in *Vatakaphaja* type of *Gridhrasi*<sup>[2]</sup>.

In modern medicine for management of sciatica conservative management, epidural steroid injection, periradicular infiltrations etc. are indicated. All these are having their side effects and complications. On the other hand, particularly in developing countries like India, all these managements are not affordable for the poor.

*Gridhrasi* is a *Vatika* disorder and *Vasti* (medicated enema) is the prime treatment for controlling *Vata*<sup>[3]</sup>. Innumerable *Vasti* (medicated enema) can be formulated using various drugs in different proportions for various diseases and for different patients. *Vrishadi*<sup>[4]</sup> *Vasti* (medicated enema) is such a *Vasti* (medicated enema) described by Sushruta<sup>[5]</sup>, indicated for *Gridhrasi*.

AIMS AND OBJECTIVES

1. Scientific study of preparation, administration, observation and probable mode of action of *Vrishadi Vasti*.
2. To study *Vrishadi Vasti* in reducing the signs and symptoms of *Gridhrasi*.

**MATERIALS AND METHODS**

A total of 30 patients in the age group of 20-70 years of either sex, diagnosed as *Gridhrasi* from OPD and IPD of *Panchakarma* Department, Government *Ayurveda* College Trivandrum, were selected for the study after getting their consent.

**Inclusion criteria**

- Patients with *Gridhrasi* in the age group of 20-70 years of either sex.
- Low back pain radiating along the course and distribution of sciatic nerve.
- Patients fit for *Vasti*.
- Patients with written consent.
- SLR test positive.

**Exclusion criteria:** Diagnosed cases of following diseases with treatment records.

- Low back pain due to congenital or developmental anomaly.
- Low back pain due to fracture or traumatic history.
- Referred pain into low back region due to abdominal or urological or gynaecological problem.
- Low back pain associated with any type of malignancy or neoplasm.
- Patients contraindicated for *Vasti*.

**ASSESSMENT**

**Pain:** By using Visual Analogue Scale

0 1 2 3 4 5 6 7 8 9 10

**Table 1: Assessment chart with scoring pattern**

Parameters	Severity of signs and symptoms	Scores
<i>Toda</i> (Pricking pain)	No pricking sensation	0
	Occasional pricking sensation	1
	Mild pricking sensation	2
	Moderate pricking sensation	3
	Severe pricking sensation	4
<i>Stambha</i> (Stiffness)	No stiffness	0
	Sometimes for 5-10 minutes	1
	Daily for 10-30 minutes	2
	Daily for 30-60 minutes	3
	Daily more than 1 hour	4
<i>Spandana</i> (Twitching)	No twitching	0
	Sometimes for 5-10 minutes	1
	Daily for 10-30 minutes	2
	Daily for 30-60 minutes	3
	Daily more than 1 hour	4
<i>Gaurava</i> (Heaviness)	No heaviness	0
	Mild heaviness	1
	Moderate heaviness	2
	Severe heaviness	3
SLR test	> 90 degree	0
	71 - 90 degree	1
	51 - 70 degree	2
	31 - 50 degree	3
	Up to 30 degree	4

**Treatment Protocol**

After admitting the patients, base line clinical data was collected and the patients were subjected to conservative treatment in the following way. Initially all patients were subjected to *Rooksha Sweda* with *Kolakulathadi Choorna* for 3-5 days according to the condition of the patient. During this period

*Gandharvahastadi Kashaya* (96ml.) and *Vaiswanara Choorna* (5g) as *Deepana* and *Pachana* were given twice daily internally. After proper *Rookshana*, *Snigdha Sweda* was done as *Patrapotali Sweda* for 7 days. *Snigdha Sweda* was followed by *Yogavasti* comprising 3 days *Kashaya Vasti (Nirooha)* with *Vrishadi Vasti* and 5 days

Anuvasana Vasti with Sahacharadi Tailam Chikkana Pakam. The results were assessed with regards to improvements in clinical findings. The patients were assessed before treatment, after treatment, and after 15 & 30 days of follow up period. Assessment is planned at baseline, on completion of treatment, after treatment, after 15 days and 30 days after treatment.

**Table: 2 Yoga Vasti Schedule**

Day	1	2	3	4	5	6	7	8
Vasti	A*	N**	A	N	A	N	A	A

\*Anuvasana Vasti

\*\*Nirooha Vasti

#### Gandharvahastadi Kashaya<sup>[6]</sup>

This Kwatha preparation has got action on Koshta. It brings about Anulomana to Vayu and vitalizes Agni. It is mentioned in 'Sahasrayoga'. It is prepared as per Kwathavidhi and administered along with Saindava and Jaggery.

#### Vaiswanara Choorna<sup>[7]</sup>

It is mentioned in Ashtangahridaya Gulma Chikitsa. It is famous for its Anulomana and Agnideepana properties. Its main ingredient is Hareetaki which is famous for its Anulomana action. It is given along with hot water.

#### Kolakulathadi Choorna<sup>[8]</sup>

It is described in Charaka Samhita Sutrastana in the contest of Pradehas. Due to its Rooksha Guna and Vata Samaka properties it is used for Rooksha Sweda.

#### Patrapotali Sweda with Vatahara leaves<sup>[9]</sup>

It is a common type of Swedana procedure used for treating Vata Vyadhis. It is a type of Sankara Sweda, where Vatahara leaves are used. Fresh clean leaves of Arka, Eranda, Nirgundi, Sigrum, Karanja, Datura were fried in sesame oil along with grated coconut kernels and small pieces of lemon, made into Pottalis and used.

#### Vasti

Vrishadi Vasti is mentioned in Sushruta Samhita Chikitsa Stana 38<sup>th</sup> chapter. It is indicated for Gridhrasi, Sarkara, Ashteela, Gulma etc.<sup>[10]</sup>

**Table 3: Kashaya vasti - Ingredients**

Saindhava	1 Karsha (12g)
Madhu	2 Prasrita (200ml)
Sahacharadi Taila Chikkana Pakam	3 Prasrita (300ml)
Kwatha	4 Prasrita (400ml)
Kalka dravya	1 Prasrita (100g)
Avapa (milk)	2 Prasrita (200ml)

#### Saindhava<sup>[11]</sup>

Rasa	Lavana, Madhura
Guna	Sookshma, Snigdham, Teekshnam
Veerya	Seetha
Vipaka	Madhura
Karma	Tridoshagna, Vishyandi, Srishtamala, Agnideepana

#### Madhu<sup>[12]</sup>

Yoga Vahitva (catalytic action) and Sookshma Marganusaritwa (potency to penetrate into minute channels) of the body helps Madhu to play an important role in the actions carried out by Nirooha. Honey helps to produce Doshotklesha and expels Doshas immediately. Saindhava along with honey is having a major role in producing emulsion form of Vasti Dravya.

#### Sahacharadi Taila<sup>[13]</sup>

Sahacharadi Taila mentioned in Vata Vyadhi Chikitsa Prakarana of Ashtanga Hridaya. Main ingredient is Sahachara. It is indicated for Vata Rogas. This Yoga is said to having Stanika Prabhava in lower limbs.

#### Milk (Avapa Dravya)<sup>[14]</sup>

Cow's milk is selected as Avapa Dravya. Its properties are similar to Ojus. It is very useful in conditions where Soumya Bhavas of the body are in Kshayavastha. Cow's milk possesses all elementary nutrients for the growth of the body. It is rich in minerals like calcium, which is most important substance for the formation of bone cells.

**Kwatha Dravya for Vasti:**<sup>[15]</sup> 8.5 g each of the following drugs were taken. It is added with 16 times (3500ml) water and is reduced to 1/8 i.e. approx. 400ml.

Drug	Botanical name
Vrisha	Adathoda vasica
Asmabheda	Rotula aquatica
Varshabhu	Boerhavia diffusa
Dhanyaka	Coriandrum sativum
Gandharvahasta	Ricinus communis
Saliparni	Desmodium gangeticum
Prisniparni	Uraria picta
Brihati	Solanum indicum
Kantakari	Solanum xanthocarpum
Gokshura	Tribulus terrestris
Vilwa	Aegele marmelos
Kashmarya	Gmelina arborea
Bharngi	Clerodendrum serratum

<i>Patala</i>	<i>Stereospermum colais</i>
<i>Dunduka</i>	<i>Oroxylum indicum</i>
<i>Bala</i>	<i>Sida cordifolia</i>
<i>Moorva</i>	<i>Chonemorpha fragrance</i>
<i>Yava</i>	<i>Hordeum vulgare</i>
<i>Kola</i>	<i>Ziziphus mauritiana</i>
<i>Nisaschada</i>	<i>Kaempferia galanga</i>
<i>Kulatha</i>	<i>Macrotyloma uniflorum</i>
<i>Bhoonimba</i>	<i>Andrographis paniculata</i>

**Kalka Dravya:**<sup>[16]</sup> The fine powders of below said drugs are triturated in hot water to form a fine paste. Approximately 4.5 g of the powder can make 100 g of *Kalka* when triturated with water.

Sanskrit name	Botanical name
<i>Madana</i>	<i>Randia dumetorum</i>
<i>Yashtimadhu</i>	<i>Glycyrrhiza glabra</i>
<i>Shadgrantha</i>	<i>Acorus calamus</i>
<i>Amara</i>	<i>Lablab purpureus</i>
<i>Sarshapa</i>	<i>Brassica juncea</i>
<i>Pippalimoola</i>	<i>Piper longum</i>
<i>Yavani</i>	<i>Cuminum cyminum</i>
<i>Misi</i>	<i>Anethum sowa</i>
<i>Vatsaka</i>	<i>Holarrhoena antidysentrica</i>

#### Procedure of Nirooha Vasti

Patient was advised to take light food early in the morning on the day of *Nirooha*. At around 10.30 am, the patient was anointed over the regions of low back, abdomen, buttocks and good fomentation (*Bashpa Sweda*) was given. The *Vasti* ingredients in the mentioned quantities were mixed well in the order of *Saindhava*, *Makshika*, *Taila*, *Kalka*, *Kashaya* and milk. It is well filtered through a double layered cotton cloth, heated over a water bath to luke warm condition and was churned with the help of a churner for few minutes this mixture was put into a clean and sterile plastic cover (*Vasti Putaka*) which was tied to *Vasti Netra*/nozzle and tip of *Vasti Netra* was plugged with cotton. The patient was then made into left lateral

#### Effectiveness of treatment at different stages

Table 4.1: Pain

Pain		Count	Percentage
BT	Mild	0	0.0
	Moderate	2	6.7
	Severe	28	93.3
AT	Mild	24	80.0

position. The nozzle was well anointed with oil. Per rectal examination was done with a gloved finger anointed with oil to rule out any obstructions in the passage. Holding the nozzle in the left hand, *Vasti Netra* was unplugged and its tip was closed with left index finger after evacuating the air. The nozzle was introduced into the anus slowly. The *Vasti Putaka* containing the medicine was squeezed slowly and steadily with the right hand. Patient was asked to count up to 30 and breathe deeply through the mouth during introduction. *Vasti Netra* was withdrawn with a little amount of *Vasti Dravya* remained in the *Putaka*. Patient was asked to lie in supine position till the urge of defecation occurs. After evacuation of the drug along with the stool, the patient was made to take bath in luke warm water and was allowed to take rice with *Yusha*. Blood pressure, pulse rate, time of evacuation, number of evacuations and discomforts were observed. Patient was asked to take rest and light food was given at night. The regime was followed for all *Niroohas*.

#### Procedure of Anuvasana Vasti

*Sahacharadi Taila* was added with fine powder of *Satapushpa Choorna* 6 g and *Saindava* 6 g each, and stirred properly. It was filtered through a clean cloth and filled in *Vasti Putaka*. The mode of administration was same as that of *Nirooha*. Other regimens described in the context of *Anuvasana Vasti* were followed.

**Diet:** On the day of *Nirooha* patient was advised to take rice with *Mudga Yusha* after *Vasti*. During the course of *Vasti*, strict vegetarian diet with limited use of fats and oils was advised. Curd, pulses, and grains (except green gram) were avoided.

**Life style:** patients were advised to follow the regimes of *Snehapana*.

#### OBSERVATION AND RESULTS

Out of total 30 patients, maximum 56.7% were female which shows the involvement of posture i.e. prolonged standing, sedentary life styles, weight gain etc. as these are mainly seen in females. 26.7% belongs to age group more than 50 years, shows degenerative changes which occurs usually after 50 years of age and it is one of the predisposing factor for low back ache, 30 % were labourers, shows weight lifting of heavy objects is a predisposing factor for *Gridhrasi*, 53.3% belongs to *Vatha Kapha Prakriti*, 33.3% belongs to *Vatha Pitha Prakriti*, 13.3% belongs to *Pitha Kapha Prakriti*, 80% having *Kroora Koshta* shows involvement of *Apana Vayu*.

	Moderate	6	20.0
	Severe	0	0.0
AFU1	Mild	29	96.7
	Moderate	1	3.3
	Severe	0	0.0
AFU2	Mild	30	100
	Moderate	0	0.0
	Severe	0	0.0

Before treatment 93.3% of patients had severe pain, after treatment 80% had mild pain, after follow up 1, 96.7% had mild pain and after follow up 2, all the patients had only mild pain, showing the long term effect of *Vasti*.

**Table: 4.2**

Stage	Mean	SD	N	Group	Mean difference	Paired 't'	p
BT	7.3	0.9	30	-	-	-	-
AT	3.2	0.9	30	BT Vs AT	4.1	29.17**	0.000
AFU1	1.9	0.6	30	BT Vs AFU1	5.4	38.41**	0.000
AFU2	1.8	0.6	30	BT Vs AFU2	5.6	33.97**	0.000

\*\*:-Significant at 0.001 level

**Table: 4.3**

Pricking pain	Mean $\pm$ SD	Pair	Z#	p
BT	0.67 $\pm$ 0.8	-	-	-
AT	0.2 $\pm$ 0.41	BT Vs AT	2.89**	0.004
AFU1	0.13 $\pm$ 0.35	BT Vs AFU1	3.18**	0.001
AFU2	0.13 $\pm$ 0.35	BT Vs AFU2	3.18**	0.001

#Wilcoxon Signed Rank Test \*\*Significant at 0.001 level

**Table: 4.4**

Stiffness	Mean $\pm$ SD	Pair	Z#	p
BT	1.6 $\pm$ 0.89	-	-	-
AT	0.07 $\pm$ 0.25	BT Vs AT	4.72**	0.000
AFU1	0.07 $\pm$ 0.25	BT Vs AFU1	4.74**	0.000
AFU2	0.07 $\pm$ 0.25	BT Vs AFU2	4.74**	0.000

#Wilcoxon Signed Rank Test \*\*Significant at 0.001 level

**Table: 4.5**

Twitching	Mean $\pm$ SD	Pair	Z#	p
BT	0.33 $\pm$ 1.03	-	-	-
AT	0.07 $\pm$ 0.25	BT Vs AT	1.86	0.063
AFU1	0.1 $\pm$ 0.31	BT Vs AFU1	1.63	0.102
AFU2	0.07 $\pm$ 0.25	BT Vs AFU2	1.6	0.109

#Wilcoxon Signed Rank Test, p>.01 (shows study is statistically insignificant in reducing twitching)

**Table: 4.6**

Heaviness	Mean $\pm$ SD	Pair	Z#	p
BT	0.73 $\pm$ 0.69	-	-	-
AT	0 $\pm$ 0	BT Vs AT	3.95**	0.000
AFU1	0 $\pm$ 0	BT Vs AFU1	3.95**	0.000
AFU2	0 $\pm$ 0	BT Vs AFU2	3.95**	0.000

#Wilcoxon Signed Rank Test \*\*Significant at 0.001 level

**Table: 4.7**

SLR - Rt Leg	Mean $\pm$ SD	Pair	Z#	p
BT	2.13 $\pm$ 1.33	-	-	-
AT	0.9 $\pm$ 0.66	BT Vs AT	4.28**	0.000
AFU1	0.87 $\pm$ 0.68	BT Vs AFU1	4.29**	0.000
AFU2	0.77 $\pm$ 0.63	BT Vs AFU2	4.27**	0.000

#Wilcoxon Signed Rank Test \*\*Significant at 0.001 level

**Table: 4.8**

SLR-Lt Leg	Mean $\pm$ SD	Pair	Z#	p
BT	0.87 $\pm$ 1.48	-	-	-
AT	0.4 $\pm$ 0.72	BT Vs AT	2.64**	0.008
AFU1	0.37 $\pm$ 0.67	BT Vs AFU1	2.59**	0.010
AFU2	0.23 $\pm$ 0.5	BT Vs AFU2	2.56*	0.011

#Wilcoxon Signed Rank Test , \*\*Significant at 0.01 level,\*Significant at 0.05 level

(BT-before treatment, AT-after treatment, AFU1-after follow up 1, AFU2-after follow up)

- The average retention time of *Sneha Vasti* was observed to be 5.61 hours and that of *Kashaya Vasti* was 1.66 minutes.
- Retention time of *Kashaya Vasti* was comparatively less on first day and that of *Sneha Vasti* was more on first day.
- Average number of *Vegas* in *Sneha Vasti* was found to be 2.22 within 6 hours of administration of *Sneha Dravya* and that of *Kashaya Vasti* was 4.75 within half hour of administration.

## DISCUSSION

*Gridhrasi* comes under 80 types of *Nanatmaja Vatavyadhis*. In Ayurveda it is said that "*Rogah Sarve Api Mandhe Agnou*" i.e. the treatment principle is *Amapachana* followed by disease specific management. For correcting *Agni*, *Deepana Pachana* is needed. *Gandharvahastadi Kashaya* and *Vaiswanara Choorna* given internally will help to correct *Agni* and brings *Vatanulomatva*. *Rooksha Sweda* helps to remove *Amanubandha* externally and helps to clear *Srotases*, removes *Tandra*, *Gourava* and *Arochaka* ("*Neete Niramataam Same Sweda Langhana Pachanai Rookshaichalepa Sekadyai: Kuryat Kevala Vatanut*"). After proper *Rookshana Vatavyadhi Chikitsa* i.e., *Sneha Sveda* and *Samsodhana* was given.

### Probable mode of action of *Vasti*

*Vasti* is the superior *Sodhana* procedure for *Vata*. In the *Samprapti* of *Gridhrasi*, *Vata* especially *Apana* and *Vyana Dushti* along with *Kapha Dushti* is present. *Vrishadi Vasti* which contains drugs like *Asmabheda*, *Kulatha* etc having *Lekhana* action helps to pacify *Kapha*, drugs like *Dasamoola*, *Bala* etc brings *Vatanulomana*. *Vasti* stays at *Pakwasaya* and starts its action from there. *Pakwasaya* is the natural abode of *Vayu*. *Vasti* conquers the vitiated *Vata* in its *Prakrutha Stana* by which *Vata* dwelling in other parts of the body is automatically conquered. *Vasti* removes

*Malasanghata* and thus maintains the *Anuloma Gati* of *Apana Vayu*. This further helps in the regulation of *Samana Vayu* and *Vyana Vayu*. *Vata* is vitiated by *Gunas* like *Rooksha*, *Laghu*, *Seetha* etc. *Vasti* with *Snigdha Guna* destroy *Rookshata* (here *Sneha Dravya* in *Kashaya Vasti* and *Sneha Vasti* will help to remove *Rookshata* of *Vayu*), with *Guru Guna Laguthwa* and with *Ushna Guna Seethava* of *Vata*. Specifically *Doshas* clinging at *Kati*, *Prushta* and *Koshta*, where *Stana Samsraya* takes place in *Gridhrasi* are scrapped off and diverted to the exterior. The *Adhishtana* of *Vasti* is *Pureeshadhara Kala*. *Dalhana* states that *Pureshadhara Kala* is *Asthidhara Kala*, also *Asthi* and *Vata* have *Ashraya Asrayi Sambandha*. Hence *Vasti Dravyas* with their *Madhura*, *Thikta Rasa* and *Ushna Verrya* pacify *Vata* and act on *Asthivaha Srotas*. According to *Kasyapa*, *Majja* is the habitat of *Vata*, also *Pithadhara Kala* is *Majjadhara Kala*. *Vasti Dravya* comes in contact with *Grahani* where *Pithadhara Kala* lies. So they directly act on *Majjadhara Kala*, nourishing *Majja Dhatu*. *Sneha Dravya* given at *Guda* which is considered as the *Moola* of body reaches the whole body and nourishes all *Dhatus* upto *Sukra*. Also *Sneha Vasti* will give strength to *Kati*, *Prushta* and *Pada* etc. Thus *Vasti* nourishes and replenishes all the *Dhatus* there by combating *Dhatukshaya*. *Vasti* is known to potentiate *Agni*. *Vasti* rectifies *Agnimandhya* and prevent the formation of *Ama*. *Vasti* also aid in accomplishing the task of *Srotosodhana*. It scavenges *Doshas* and *Malas* from the body and purifies the channels. *Ushna Teekshna* and *Rooksha Gunas* of *Vasti* bring *Amapachana*, *Kapha Visoshana* and *Srotovisodhana*. *Madhu* added in *Vasti* scrapes out *Doshas* which producing *Upalepatva* in the *Srotases* by its *Lekhana Karma*. *Saindhava* with its *Sookshma Guna* carries the drug to minute channels and destroys *Avarodha*, *Kalka* helps in *Dosha Sravava* and the *Sneha* used in *Vasti* alleviates *Vata*. Thus all the therapy removes the *Srothorodha* and brings *Vatha*

*Kaphasamanatva*. *Vasti* is also seen to act upon the main *Lakshana* of the disease i.e. pain which is produced by *Vata*, *Vasti* mitigating *Vata* relieves the symptoms. Also it acts on other symptoms as it is specifically indicated in patients having *Stambha*, *Toda*, *Vatakrita Soola* etc. Thus *Vasti* acts on the *Dosha*, *Dushya* and *Srotases* involved in *Gridhrasi*. This undoubtedly proves the efficacy of *Vrishadi Vasti* in the management of *Gridhrasi*.

#### CONCLUSION

- *Vrishadi Vasti* along with other *Agnideepana*, *Anulomana* drugs, *Rooksha Sweda* and *Patrapotali Sweda* was significantly effective in improving the signs and symptoms of *Gridhrasi* like *Ruk*, *Toda*, *Stambha* and *Gourava*.
- After treatment there was marked improvement in straight leg rising, but it was found to be insignificant in twitching (*Spandana*).
- There was marked improvement after the second follow up shows the long term effect of *Vasti*.
- Since it is administered in large quantity, the retention time of *Nirooha* was less.
- Only milk was used as *Avapa Dravya*, which can be replaced by other *Dravyas* like *Dhanyamla*.

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