

**Role of Shinshpatvak yoga in the management of Gridhrasi**  
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**Abstract**

Human being is a successful creature in the world because he thinks and can use his limbs accordingly. Lower extremities have importance due to easy means of locomotion for the body. If lower extremity gets affected daily life gets affected. Extra energy spent or help of other people is needed on affection of lower limbs for daily work. The major reason behind disability of lower limbs is low backache with pain in lower limbs. Today's sedentary life style, jerky movements and faulty dietary habits, shift duties, leads to vata vitiation and produce various types of pain at lumbar region and lower limbs. Radiating pain from low back to back of thigh, knee and lateral side of foot is a typical type of pain named as Gridhrasi. This is included in eighty types of nanatmaja vatavyadhi. In types of gridhrasi vataja and vatakaphaja were found. As Gridhrasi is vatavyadhi, all hetu and treatment for vatavyadhi are recommended for this disease. The Ayurvedic Panchkarma is very essential for treatment of vatavyadhi. Basti is said to be ardha chikitsa for vatavyadhi and eventually for Gridhrasi also. Shamana chikitsa should be given which will be more effective after shodhana or with shodhana chikitsa. This all procedure takes lot of time and money consuming. People want fast results in fast life of today's era. Hence the various shamana aushadhi were tried out for Gridhrasi. In present study shinshipa twak yoga is used with milk and found encouraging results in the treatment of Gridhrasi.

**Keywords-** Vata, Vatavyadhi, Gridhrasi, Panchkarma, Basti, Shodhana, Shamana

**Introduction**

A normal daily life without moving limbs is impossible for any human being. It is an integral part of routine since man learnt walking. As lower limbs are important for locomotion, these are vulnerable to many diseases. If lower extremity gets affected daily life gets affected. Person become dependent on other people or Extra energy spent for daily work on affection of lower limbs. Most common cause which affects locomotion is low back pain with lower limb pain, out of which 40% of person will have ridiculer pain which comes under Sciatica syndrome. Such presentation called as Gridhrasi in Ayurvedic text. Gridhra means a bird vulture. The patient

suffering from Gridhrasi is said to be walk like vulture. Due to severe pain in one extremity patient give maximum strain on other extremity which affects the normal gait of patient.

In Gridhrasi pain starts from low back and travel to the back of thigh, knee and laterally of foot. In modern era due to busy life style causes improper and irregular dietary habits, shift duties there is vitiation of vata and agni. Lack of exercises, faulty sitting habits, and jerky movements during travelling causes khavyaigunya at lumbar region. When vitiated vata makes its place at khavyaigunya which afterwards turns into low back pain and pain in lower limbs.

Charakacharya has counted Gridhrasi in eighty nanatmaja vatavyadhi. He mentioned that avyakta lakshana is a purvaroop of vatavyadhi, being vatavyadhi purvaroop of gridhrasi are also avyakta. Charakacharya have given roopa of disease as following<sup>[1]</sup>,

- Sphikpurva, kati prushtha uru janu jangha padam kramat ruk
- Stambha
- Toda
- Spandate muhu

Above are for vataja Gridhrasi, in vatakaphaja gridhrasi following additional lakshana are mentioned,

- Tandra
- Gaurava
- Arochaka

Sushrutacharya<sup>[2]</sup> and vagbhatacharya<sup>[3]</sup> said that Gridhrasi is a kandara sthit vyadhi and saktihaha kshepam nigrahanyat is the lakshana in vyadhi Gridhrasi.

Seperate samprapti of Gridhrasi is not mentioned in the samhita. Dosha involved in this disease are mainly vata and kapha in vatakaphaja type of disease. Dushya involved are rasa, rakta, mamsa, meda, asthi, majja, sira, kandara, snayu. Rasavaha, raktavaha masavaha, medovaha, asthivaha, majjavaha strotasa are found to be involved in samprapti. Types of samprapti are sanga and margavarodha. Pakwashaya is the udbhavasthana of disease. Sanchara sthana of disease is apanakshetra. Adhishthana of disease is kandara of parshni and pratyanguli, sphika, kati, uru, janu, jangha and pada.

Ayurvedic chikitsa for vatavyadhi includes snehana, swedana, vamana, virechana, basti, and raktmokshana, agnikarma and so same for gridhrasi too. Basti is effective in Gridhrasi because it is said to be ardhachikitsa for vatavyadhi. Today's life style is very fast. People don't have time and money to spend for all panchkarma chikitsa. So we need the medicine which relieves the pain and restore the ability to do normal work, also cost effective so shamana chikitsa is the best option. According to Acharya Vangsena Shinshpatwak yoga is param aushadhi for disease Gridhrasi. So the trail was conducted on the patients having signs and symptoms of Gridhrasi to observe the effects of Shinshpatwaka yoga.

Shinshipa means Dalbergia sissoo Roxb. Is include in Vatadi Varg by Bhavaprakash Nighantu<sup>[4]</sup>. Shinshipa is katu,tikta,kashaya in rasa, having ushna veerya and katu vipaka and ruksha, tikshna,

guru by guna. Its bark is useful in vatavikara. Raktashodhana, Raktaprasadana, shothahara, nadibalya are said as karma of shinshipatwak. Pharmacological actions of shinshapa are anti inflammatory, anti pyretic, analgesic and oestrogen like activity. In present study shinshipa twak yoga is used with milk as anupana and found encouraging results in the treatment of Gridhrasi. The clinical study is discussed in the article.

### **Aim and Objectives**

To assess the role of 'Shinshipatwak yoga' in the management of Gridhrasi.

### **Materials and Methods**

Although the whole study was conducted under three levels as conceptual study i.e. literature review, standardization and quality control of drug and clinical study, the current article is emphasizing clinical study having Gridhrasi. Formation of shinshipatwak yoga was done by reference of Vangsenā vatavyadhi nidana<sup>[5]</sup>

शिशिपात्वक् तुलां क्षुण्णां जलद्रोणव्दये पचेत्।  
अष्टभागावशिष्टञ्च पूतं लेहश्च कारयेत्॥  
पायसं सहविष्यान्नं तत्कर्षेण च मिश्रितम्।  
भक्षयेदेकविंशहं गृध्रसीनाशनं परम्॥ (वंगसेन वातव्याधी निदान ६०८-६०९)

Only change was ghanavati formed instead of leha kalpana in pharmacy of the institute.

### **Study design**

30 patients were selected having lakshana of Gridhrasi from Kaychikitsa OPD and IPD at Ayurved Rugnalay and Sterling Multispeciality Hospital, Bhelchauka, Nigdi. An informed written consent of all patients included in the study was taken after explaining the risk. Open study with Shinshpatwak ghanavati 500 mg BD with milk as anupana for 21 days, follow-up at every 7 days was carried out.

Gradation used for assessment of criteria

#### **1. Dehasyapi Pravakrata (Gait)**

- 0 –No alteration in body gait
- 1- Mild alteration in body gait
- 2- Moderate alteration in body gait
- 3- Severe alteration in body gait

#### **2. Straight Leg Raising Test (S.L.R.T.)**

- 0- above 60°
- 1- 45° to 60°
- 2- 30° to 45°

3- 0° to 30°

3. Pain

0- No pain

1- Pain on exertion

2- Pain on mild movements

3- Pain at rest

4. Stiffness

0- No stiffness

1- Mild stiffness < 10 minute

2- Moderate stiffness up to 10 to 15 minute

3- Severe stiffness more than 15 minute

5. Gaurav

0- No heaviness

1- Mild heaviness

2- Moderate heaviness

3- Severe heaviness

6. Pipilikagamanvat vedana (Tingling numbness)

0- No tingling numbness

1- Mild tingling numbness

2- Moderate tingling numbness

3- Severe tingling numbness

Following chart was used for follow up of every patient.

Sr. no.	Criteria for assessment	Day 0 (BT score)	Day 7	Day 15	Day 21 (AT score)
1.	Dehasyapi pravakrata (gait)				
2.	S.L.R.T.				
3.	Pain				
4.	Stiffness				
5.	Gaurav				
6.	Pipilikagamanvat vedana				

Criteria for assessment- oxford pain chart was used for the assessment of pain, gait (dehasyapipravakrata), stiffness (stambha), SLRT, heaviness (gaurava), tingling numbness (pipilikagamanavat vedana) were assessed before treatment, every follow up, and post treatment by grading. Observational and analytical study done on data collected.

### Observations and Results

Patient from criteria of age group 41-50 years, house wives, mixed diet, vatapitta prakruti, vishamagni, madhyama koshttha were found more in numbers. In over all marked improvement was observed after treatment in trail patients.

Upshaya (overall relief in patient)	No. of patient	percentage
No relief	1	3.33
Mild relief	2	6.67
Moderate relief	5	16.67
Marked improvement	10	33.33
Complete relief	12	40
Total	30	100

The results were drawn with paired t test. A 'p' value less than 0.001 was considered as statistically significant. Effect of Shinshipatwak yoga with milk was found significant in pain, gait (dehasyapipravakrata), stiffness (stambha), SLRT, heaviness (gaurava), tingling numbness (pipilikagamanavat vedana).

Criteria for assessment	Number of patient	BT mean	AT mean	Standard deviation	p value
Gait	30	0.967	0.300	0.535	<0.001
S.L.R.T.	30	0.733	0.133	0.346	<0.001
Pain	30	1.900	0.467	0.571	<0.001
Stiffness	30	0.733	0.100	0.305	<0.001
Gaurav	30	0.833	0.167	0.379	<0.001
Pipilikagamanavat vedana	30	1.300	0.167	0.461	<0.001
Total score	30	6.467	1.333	1.583	<0.001

### Discussion

Shinshipa is mainly agni and vayu mahabhutatmaka druva, due to katu, tikta, kashaya rasa, ushna virya, laghu ruksha guna katu vipaka it is mainly kaphavata shamaka, shinshipa have affinity towards rakta and meda dhatu. As kandara originated from meda and rakta dhatu and shinshipa have properties like raktashodhaka, medovishoshana, lekshana it improves the dushti of kandara and relieves pain. It also improves jatharagni and dhatwagni. Nadi balya and garbhashaya sankochaka etc. karma are suggestive of its action on nadi. It reduces pipilika gamanavata

vedana Shoolaghna and vataghna properties like ushna virya by pacifying kaphavarana shinshipa retrived the pain in Gridhrasi. Improves agni by correcting vitiated kapha and ama, and reduce stambha, gaurava.

### **Conclusion**

Shinshipatwaka yoga is effective in management of Gridhrasi, it found very effective in case of kaphanubandhi samprapti.

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### **References**

1. Dr. Tripathi B., Caraka Samhita of Agnivesa (vol.1 &vol.2) elaborated by Caraka and Drdhabala edited with Caraka Chandrika Hindi commentary along with special deliberation and appendices etc., Chaukhamba Surbharati Prakashan, Varanasi (2009).
2. Yadavji T. and Narayanram , Susrut Samhita of Susruta with Nibandhasangraha commentary of sri Dalhanacharya and Nyayachandrika Panjika of sri Gayadasacharya on Nidanasthana, Chaukhambha Orientalia, Varanasi, (2002)
3. Kunte A. M. and Navre K.R., Astangahrdaya of Vagbhata with the Commentaries Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, Chaukhamba Sanskrit Sansthan, Varanasi, (2009).
4. Chunekar K. C., Pandey G.S., Bhavaprakash Nighantu (Indian materia medica) of sri Bhavamisra, Chaukhambha Bharati Academy, Varanasi, (Reprint 2009).
5. Tripathi H., Vangasena Samhita with Hari Hindi vyakhya, Chowkhamba Sanskrit Series Office, Varanasi, (2016)