A CLINICAL STUDY TO EVALUATE EFFICACY OF AABHADI CHURNA IN MANAGEMENT OF VATAKAPHAJA GRIDHRASI.

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Received on: 21/09/19; Revised on: 05/11/19; Accepted on: 06/11/19

ABSTRACT

Ayurveda is specialized system that relays on the diagnosis as per Dosha vitiation and constituents in Samprati (samprapti ghataka) in order to achieve in Doshas and break Samprapti process. Among Tridoshas, ‘Vata’ is responsible for all chestas (movements in the body) and all the diseases. Vata vyadhi are of two types Samanyaja and Nanatmaja group. In Gridhrasi commonly Margavarodhajanya samprapti is observed in initial stage, later on Dhatukshayajanya samprapti is observed. Gridhrasi resembles with Sciatica. Irritation of the fourth and fifth lumber and first sacral roots, which form the sciatic nerve, causes pain that extends mainly down the posterolateral aspects of leg and into the foot termed sciatica. Present study was carried out in 60 patients of Vatakaphaja Gridhrasi. 30 patients were treated with Abhadi Churna (Trial Group) while 30 patients were treated with Shadanga Guggulu (Control Group). Duration of treatment was 45 days and follow-up wise observations were noted at the interval of every 15 days. Sphikapurva Ruk, Toda, Stambha, Tandra, Aruchi, Gaurava and Spandana were subjective parameters. SLRT angle and Walking time were objective parameters. Statistical analysis showed that Abhadi churna is significantly effective than Shadanga Guggulu to reduce subjective as well as objective parameters (P<0.05).

Keywords: Gridhrasi, Sciatica, Abhadi Churna, Shadanga Guggulu.

1. INTRODUCTION

Ayurveda is the ‘Science of Life’ or Longevity. Its dictionary meaning is the science of life (Ayur means Life, Veda means Science). It was developed in India over last 3000 years. Ayurveda is one such system, which prevailed 5000 years ago, which has its chief objects – preservation of health and prevention of disease.1 Ayurveda is specialized system that re- lays on the diagnosis as per Dosha vitiation and constituents in Samprati (samprapti ghataka) in order to achieve in Doshas and break Samprapti process. Among Tridoshas, ‘Vata’ is responsible for all chestas (movements in the body) and all the diseases. Vata vyadhi are of two types Samanyaja and Nanatmaja group.2 ‘Gridhrasi’ is one out of 80 types of Nanatmaja Vata vyadhi.3 Gait of Gridhrasi patient during walking resembles with a ‘Gridhra’ (vulture) and hence the name given to it.4 It causes difficulty to walk and later on disability in few patients. Routine and overall life of patient may be severely disturbed by Gridhrasi. We can consider Samanya hetu of Vatavyadhi as Hetus for Gridhrasi.5 Vata gets vitiated by two ways viz. Dhatukshaya and Margavarodha.6 In Gridhrasi commonly Margavarodhajanya samprapti is observed in initial stage, later on Dhatukshayajanya samprapti is observed. In young adults Margavarodhajanya samprapti is observed in old age Dhatukshayajanya samprapti is observed While describing Gridhrasi, Acharyaa Charak has listed ruk, toda, stambhā and mūhusandana as the cardinal symptoms.7

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lakshanas of Gridhrasi under two subheads viz. Vataja and Vatakaphaja. Charaka has advised dravyas having Madhur-ama-lavana Rasa, Snigdha-ushna gunas and upakramas viz. snehana, swedana, asthapana basti, anuvasana basti, shirovirechana, snehan, swedan etc. Among all upakrama for Vata, Basti said to be best and half treatment. Vagbhata has narrated snehana, swedana, mruda shodhana upakramas and Madhur-ama-lavana rasatmaka dravyas. Vishishta chikitsa for Gridhrasi is siravedha (in between the kandara and gulfa), basti (anuvasana and niruha) and agnikarma.

As per signs and symptoms seen we can correlate Gridhrasi with Sciatica in the modern science. Due to changed lifestyle, improper standing, sitting and working postures, continuous and overexertion in factories, jerking movements during traveling and sports; extra pressure is created on intravertebral discs and nerve roots which further produces conditions like low backache and sciatica. The disease ‘Sciatica’ is named because of the involvement of sciatic nerve. Sciatica is a disease with neurological symptoms pertaining to sciatic nerve. Sciatica is a term used to describe low backache which radiates from low back to foot via hip, thigh and leg. Irritation of the fourth and fifth lumber and first sacral roots, which form the sciatic nerve, causes pain that extends mainly down the posterior and anterolateral aspects of leg and into the foot termed sciatica. Sciatica affects approximately 5 to 10 of every 1000 people on an annual basis. Prevalence rate of Gridhrasi (Sciatica) is 13 to 40 %. The sciatic nerve is the largest nerve of the body, measuring about three quarters of an inch in breadth. It derives its fibers from all the roots of the sacral plexus, namely L4, L5, S1, S2 and S3. Pressure or irritation in one of the above mentioned roots in the lumbar spine or pressure on the sciatic nerve causes sciatica. Although the condition occurs in men and women about equally, some studies have shown that sciatica often is more severe in women. PID, Intraspinal tumor, Osteoarthritis of spines, Osteomyelitis Narrowing of lumber canal, malformation of lumber root, Ankylosing spondylitis, Paget’s disease, Injury to nerve itself, Peripheral neuritis, post herpetic neuralgia, Nerve injury due to trauma or injection etc. are possible causes of Sciatica.

Sciatica is characterized by radiating type of pain from low back through lower part of buttock, thigh and calf muscles up to the foot. Pain, Tenderness, Numbness, Sensory impairment, Weakness, Scoliosis etc. are commonly observed symptoms.

Need for the Study

In modern science there is no particular treatment on sciatica, only analgesic and anti-inflammatory drugs are given, so it is not permanent treatment. Till to date Gridhrasi (Sciatica) is a challenging disease and is the number one cause of disability in industrialized countries. Though there is lots of advances in understanding this disease. Management of this disease is facing lots of problems. Now a whole scientific world has high hopes in Ayurveda, as capable to provide proper and safer methods of management in disorders where the efforts of modern medicine have failed to achieve the desired result. Already the efficacy of Ayurvedic drugs and techniques has gained global popularity in musculo-skeletal disorders. As per Ayurveda though Vata vyadh has been mentioned as Yapya (more troublesome to patients and very hard to treat). Gridhrasi, being a vatavyadhi, sadhyasadyata of Vatavyadhi is applicable to it. Sushruta and Vagbhata have included Vatavyadhi in the Mahagada which itself signifies that they are difficult to cure. Gridhrasi is also Vatavyadhi and hence Yapya. Presently available modern treatment and commonly used Ayurvedic preparations are costly. Considering the longer duration of therapy each and every patient surely can’t afford its cost. Hence herbal drug like Aabhadi Churna which is cost effective and easily available was tested here. Being Churna Kalpana it can be easily prepared at home also.

2. MATERIALS AND METHODS

2.1. Objectives
2.1.1. Primary Objective
- To study the efficacy of *Aabhadi Churna* and *Shadanga Guggul* in Management of *Vatakaphaja Gridhrasi*.

2.2.2. Secondary Objectives
- To study *Grudhrasi Vyadhi* from Ayurvedic textbooks in details.
- To study Sciatica from Modern textbooks in details.
- To study the *Karmukatva* of *Aabhadi churna* in details.
- To compare the efficacy of *Aabhadi churna* with *Shadanga Guggul* in *Grudhrasi*.

2.2. Study design
2.2.1. Study type
Randomized Controlled Clinical Trials.

2.2.2. Patients
60 patients suffering from *Vatakaphaja Gridhrasi* were included in the clinical trials.

2.2.3. Place of study
OPD and IPD, Kayachikitsa Department, of Sant Eknath Ayurved Hospital of PMT’s Ayurveda College Shevgaon. (Ethical Clearance No. PMT/AYU/IEC/Dess/Kaya-03)

2.2.4. Duration of the study
Total duration of the study was 16 to 18 months. Both the drugs were given to the patients of respected groups for 45 days. Every patient was called and examined at the 15th day.

2.3. Methodology
2.3.1. Phases of Study
Present study of worked out in three phases, viz. Recruitment Phase, Treatment Phase and Assessment Phase

A. Recruitment Phase
The patients came to OPD of Kayachikitsa were attended and examined carefully. Clinical symptoms, physical examination and lab investigation were done as per standard norms. The patients diagnosed as *Vatakaphaja Gridhrasi* were sorted out. Further among all those patients, 60 patients were randomly selected for clinical study.

B. Interventional Phase
Patients of Trial Group (Group A) were treated by *Abhadi Churna*. Patients of Control Group (Group B) were treated by *Shadanga Guggul*. Both the drugs were given to the patients of respective groups for stipulated time period i.e. 45 days each. All required subjective and objective parameters were observed and findings were noted in CRF before treatment, at every follow up and after treatment.

C. Assessment Phase
All collected data (subjective and objective parameters) were used to prepared Master Charts after proper classification. Further those data were presented in the form of tables and graphs. Finally, statistical analysis was done to draw the conclusion.

2.2. Sample Size
2.2.1. Sample Size calculation
Sample size was calculated by the online calculator using the prevalence rate of the disease. Prevalence rate of *Gridhrasi* (Sciatica) is 13 to 40 %. Sample size calculated was 24. It was approximated to 30. So total 60 patients were included in two groups.

2.2.2. Grouping and Randomization
Those 60 patients were further divided randomly in two equal groups named Group A and Group B respectively. Group A was Trial group while Group B was Control group.

2.3. Methods of Selection of patients
2.3.1. Inclusion Criteria
- Patient between 16-60 years of age
- Patient showing classic sign and symptoms of *Vatakaphaja Gridhrasi*.
- Patient willing to participate in the clinical trial.

2.3.2. Exclusion Criteria
- Patient below 16 years and above 60 years of age.
Known patient with major systemic diseases were excluded from trial. E.g.
- Rheumatoid arthritis
- Osteoarthritis
- Tuberculosis
- Diabetes mellitus
- HIV
- Hepatitis
- Compression fracture and previous of spinal injury

2.3.3. Criteria for Withdrawal
The patients were withdrawn from the trial in following cases -
- Occurrence of serious adverse events.
- The investigator felt that the protocol had been violated
- When patient become un-cooperative.
- The patient not willing to continue the trial / to follow the treatment schedule.

2.4. Drug Review
2.4.1. Drug Preparation
Abhadi Churna was prepared as per Churna Kalpana mentioned in Sharangadhara Samhita. Shadanga Guggul was purchased from GMP certified Ayurveda Pharmacy. Detailed drug review is displayed in Table No 1.

2.4.2. Drug Administration
Drug administration details are shown in Table No 2.

2.5. Assessment Criteria
Criteria of assessment are shown in Table No 3.

3. RESULTS & DISCUSSION
3.1. Demography
Total 60 patients were included. Maximum patients (46, i.e. 76.67%) were from age group 46 to 60 years. It clearly indicates that prevalence of Gridhrasi is maximum since 5th decade of life. 36 (56.67%) patients were female and 24 (43.33%) patients were male. Some studies also shown that sciatica is found more severe in females than in male. Housewives (33.33%), Farmers (21.67%) and Labors (11.67%) were found more prone to Gridhrasi. It suggests that hard work and continuous work in bending position is one of the common causes. Among all prakruti, Vata-Kapha prakruti patients (35%) and Kapha-Vata prakruti patients (33.33) were maximum. It means people having Kapha and Vata dominance in prakruti are more prone to Vatakaphaja Gridhrasi. Vishamagni and Krura koshtha patients were found most incident.

3.2. Changes in parameters
3.2.1. Subjective parameters
Scores of all symptoms viz. Sphikpurva ruk, Stambha, Toda, Arochaka, Gaurava, Tandra and Spandana were decreased more in Group A (Trial Group) as compared to Group B (Control Group). It is clear that Abhadi Churna was found more effective than Shadanga Guggulu to reduce subjective parameters in Vatakaphaja Gridhrasi. Details are shown in Table No 4.

3.2.2. Objective parameters
Mean increase in angle of SLRT was 36.5 degree in Trial Group, while mean increase in angle of SLRT was 29.33 degree in Control Group. Mean increase in Walking time was 29.33 seconds in Trial Group, while mean increase in Walking time was 16.93 seconds in Control Group. It is clear that Abhadi Churna was found more effective than Shadanga Guggulu to increase SLRT angle and Walking time in Vatakaphaja Gridhrasi.

3.3. Statistical analysis
3.3.1. Subjective parameters
Mann-Whitney’s U test was applied as test of significance to compare effect of both trial and Control drugs on subjective parameters. Value of p was found less than 0.05 in Sphikpurva ruk, Stambha, Toda, Gaurava, and Spandana symptoms. Details are shown in Table No 5.

3.3.2. Objective parameters
Student’s t test for Unpaired data was applied as test of significance to compare effect of both trial and Control drugs on objective parameters. Value of p was found less than 0.05 in SLRT and Walking time. Details
are shown in Table No 6.

3.4. Overall effect of therapy

In Trial Group, 6 patients got excellent relief and 24 patients got good relief, while 2 symptoms showed excellent relief and 5 symptoms showed good relief. In Control Group, 2 patients got excellent relief and 23 patients got good relief, while all 7 symptoms showed good relief. Average % relief in Trial Group (Group A) was 70.49% and average % relief in Control Group (Group B) was 58.86%. It was observed that, Abhadi Churna was found effective than Shadang Guggulu. (Table No 7, Figure No 1, Figure No 2)

3.5. Mode of action

3.5.1. Samprapti of Vatakaphaja Gridhrasi

Vata is vitiated by two main causes. They are dhaturkshaya and margavaro.6 Same nidanas may produce different Vatavyadhies only because of difference in samprapti. Different presentations of the diseases are due to different places of Sthanasanshraya.27,28 In Gridhrasi, jurrk, pressure or trauma over lumbar sacral region because of working in forward bended position, over travelling, lifting heavy weights, farming job etc. or injury to spinal cord due to various reasons results in sthanav-agunya. This dhaturkshaya results into the aggravation of Vata and this vitiated vata fills up the empty srotasas ultimately causing Vatavyadhi.29 The second type of Samprapti takes place by Santarpana causing margavarodha. Here Kapha is found as anubandhi dosha along with Vata. Atibhojan, diwaswapa etc are the factors responsible for this kind of Samprapti. Deranged Jatharagni leads to formation of Ama. Ama produces obstruction to the normal gati of Vata. To overcome the resistance Vata attempts to function hyper-dynamically. This leads to Vataprakopa (vitiation of Vata). Also, when the Ama samshrista Vayu resides at kati, prishtha etc. Gridhrasi may be produced.30 Asthidhatu and Vata dosha are interrelated which is termed as Ashraya-ashrayi sambandha. Asthikshaya deals with Vataprakopa and vice-versa. Also, Vataprakopaka ahara sevan is the leading causative factor of Asthivaha srotodushti.31

3.5.2. Samprapti Ghataka in Vatakaphaja Gridhrasi


3.5.3. How to break Samprapti

Any disease must be treated considering Samprapti ghatakas.32 Considering above samprapti ghatakas we should use drug possessing Vatakaphaja haratva, Dipana, Pachana, Srotoshuddhikar, Vibandhahara, Anuloman, Shothaghna etc. kramas. While treating first Kapha should be treated with Ruksha, Tikshna and Pachan chikitsa to remove obstruction and then Brihan, Guru, Snigdha chikitsa should be done to treat Vata and to nourish the impaired dhatus. Charaka has advised dravyas having Madhur-amlavana Rasa, Snigdha-ushna guns and upakramas viz. snehana, swedana, asthapana basti, anuvasana basti, shirovirechana, snehan, swedan etc. Among all upakrama for Vata, Basti said to be best and half treatment.9 Vagbhata has narrated snehana, swedana, mruda shodhana upakramas and Madhur-amlavana rasatmaka dravyas.10 Vishishtha chikitsa for Gridhrasi is siravedha (in between the kandara and gulfa), basti (anuvasana and niruha) and agnikarma.11

3.5.4. Abhadi Churna in Vatakaphaja Gridhrasi

Contents of Abhadi Churna (as shown in Table 1) possesses all above said Guna-karmas and hence is effective in Vatakaphaja Gridhrasi.

3.6. Scope and limitations

Study was carried out in very less subjects. Larger studies on sample drawn from different populations may give different results. Panchakarma (Shodhan) was not included in study.
Further researchers may extend study including Shodhan upkrama on large sample.

4. CONCLUSION

- Vatakaphaja Gridhrasi in early age is commonly due to Margavarodha samprapti and in late age is due to Dhatukshayajanya samprapti.
- Abhadi Churna is significantly effective to reduce symptoms of Vatakaphaja Gridhrasi.
- Abhadi Churna is significantly effective to improve SLRT angle and Walking time in Vatakaphaja Gridhrasi.
- Abhadi Churna is significantly effective than Shadanga Guggulu in the management of Vatakaphaja Gridhrasi.

5. REFERENCES

10. Dr Ganesh Krishna Garde Editor(s), (Reprint ed.). Ashtang Hrudaya of Vagbhata, Sutrasthana; Doshopakramaniya Adhyaya: Chapter 13, Verse 1-3. Pune: Anmol Prakashana, 1999; p. 60.
21. Sciatica / Cardinal Symptom of Sciatica,
A clinical study to evaluate efficacy of Aabhadi Churna in management of Vatakaphaja Gridhrasi.


22. Anant Ram Sharma Editor(s), (Reprint ed.). Sushruta Samhita (Vol 1) of Sushruta, Nidanasthana; Vatavyadhinidana Adyaya: Chapter 1, Verse 74. Varanasi: Chaukhamba Sanskrit Pratishthana, 2008; p. 468.

23. Ibidem 10, Nidanasthana; Atisaragrahaniroga Nidan Adhyaya: Chapter 8, Verse 30. p. 188.


27. Ibidem 1, Purvardha, Sutrasthana; Trishothiyadhyaya: Chapter 18, Verse 45. p. 281.


33. G. S. Pandey Editor(s), (Reprint ed.). Hindi Commentary of Krishnachandra Chunekar, on Bhavaprakasha Nighantu of Bhavamishra, Vatadi Varga; Babhul: Chapter 19, Verse 36-37. Varanasi: Chaukhamba Bharati Academy, 2006; p. 528-29.

34. Ibidem 33, Haritakyadi Varga; Rasna: Chapter 50, Verse 162-64. p. 79.

35. Ibidem 33, Guduchyadi Varga; Guduchi: Chapter 1, Verse 1-10. p. 269-70.


42. Ibidem 33, Haritakyadi Varga; Ajamoda: Chapter 15, Verse 77-79. p. 27.

43. Ibidem 33, Haritakyadi Varga; Yavani: Chapter 14, Verse 75-77. p. 25.

6. TABLES AND FIGURES

<table>
<thead>
<tr>
<th>SN</th>
<th>Dravya</th>
<th>Rasa</th>
<th>Virya</th>
<th>Vipaka</th>
<th>Guna</th>
<th>Doshaghnata</th>
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<tbody>
<tr>
<td>1</td>
<td>Aabha[^33]</td>
<td>Kashay</td>
<td>Shita</td>
<td>Katu</td>
<td>Guru Ruksha</td>
<td>Kapha, Pitta</td>
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<tr>
<td>2</td>
<td>Rasana[^34]</td>
<td>Tikta</td>
<td>Ushna</td>
<td>Katu</td>
<td>Guru</td>
<td>Vata, Kapha</td>
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Gite YA, Gite AJ - A clinical study to evaluate efficacy of Aabhadi Churna in management of Vatakaphaja Gridhrasi.

### Table No 1 Drug Review

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Subject</th>
<th>Group A</th>
<th>Group B</th>
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<tbody>
<tr>
<td>3</td>
<td>Guduchi*</td>
<td>Tikta Ka-tu kashay</td>
<td>Ushna</td>
</tr>
<tr>
<td>4</td>
<td>Shatavari*</td>
<td>Madhur Tikta</td>
<td>Shita</td>
</tr>
<tr>
<td>5</td>
<td>Shunthi*</td>
<td>Katu</td>
<td>Ushna</td>
</tr>
<tr>
<td>6</td>
<td>Shatpushpa*</td>
<td>Katu</td>
<td>Ushna</td>
</tr>
<tr>
<td>7</td>
<td>Ashwagandha</td>
<td>Madhur Tikta Kashay</td>
<td>Ushna</td>
</tr>
<tr>
<td>8</td>
<td>Hapusha</td>
<td>Katu Tikta</td>
<td>Ushna</td>
</tr>
<tr>
<td>9</td>
<td>Vrudhhadarak</td>
<td>Katu Tikta Kashay</td>
<td>Ushna</td>
</tr>
<tr>
<td>10</td>
<td>Ajmoda</td>
<td>Katu Tikta</td>
<td>Ushna</td>
</tr>
<tr>
<td>11</td>
<td>Yavani</td>
<td>Katu Tikta</td>
<td>Ushna</td>
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Table No 2 Shows Method of drug Administration

<table>
<thead>
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<th>Sr. No.</th>
<th>Subjective Parameter</th>
<th>Group A</th>
<th>Group B</th>
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<tbody>
<tr>
<td>1</td>
<td>Sphikpurva Ruk</td>
<td>2.933</td>
<td>0.966</td>
</tr>
</tbody>
</table>

*S.N.* indicates serial number, *Group A* and *Group B* represent the trial group and control group, respectively. *Matra* refers to dosage, *Kala* to timing, and *Anupana* to the type of drink, with *F/U* indicating follow-up frequency.
Table No 4 Shows changes in Subjective parameters

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Symptom</th>
<th>U</th>
<th>P</th>
<th>Significance</th>
<th>Efficacy</th>
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<tbody>
<tr>
<td>1</td>
<td>Sphikpurva Ruk</td>
<td>296.5</td>
<td>0.0213</td>
<td>Significant</td>
<td>A &gt; B</td>
</tr>
<tr>
<td>2</td>
<td>Stambha</td>
<td>300</td>
<td>0.0242</td>
<td>Significant</td>
<td>A &gt; B</td>
</tr>
<tr>
<td>3</td>
<td>Toda</td>
<td>300</td>
<td>0.0232</td>
<td>Significant</td>
<td>A &gt; B</td>
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<tr>
<td>4</td>
<td>Arochaka</td>
<td>426.5</td>
<td>0.7291</td>
<td>Not significant</td>
<td>A ≈ B</td>
</tr>
<tr>
<td>5</td>
<td>Gaurava</td>
<td>300</td>
<td>0.0248</td>
<td>Significant</td>
<td>A &gt; B</td>
</tr>
<tr>
<td>6</td>
<td>Tandra</td>
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<td>0.6570</td>
<td>Not significant</td>
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<tr>
<td>7</td>
<td>Spandana</td>
<td>305</td>
<td>0.0298</td>
<td>Significant</td>
<td>A &gt; B</td>
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Table No 5 Shows Mann-Whitney’s U test (≈ means statistically equal & not exact equal)

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<th>S. N.</th>
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<th>Description</th>
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<tr>
<td>1</td>
<td>Sphikpurva Ruk (Pain)</td>
<td>No pain</td>
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<tr>
<td>2</td>
<td>Stambha (Stiffness)</td>
<td>Intermittent pain on walking and subsides on its own (no specific time)</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Pain at rest especially at morning after awakening, and evening and subsides without any treatment</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>Persistent pain at rest aggravated in morning after awakening and evening subsides by local treatment (mruduswedan and peedan)</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Severe pain throughout the day and not relieved by Local treatment (mruduswedan and peedan), Patient becomes restless</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>No stiffness</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>Occasionally restricted movements of legs but can-do usual work</td>
<td>1</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Continuously restricted movements of legs which hamper usual work</td>
<td>2</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Unable to walk due to restricted movements of legs</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Unable to do any movements of legs</td>
<td>4</td>
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Table No 3 Shows Gradation of Subjective parameters

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Parameters</th>
<th>Criteria</th>
<th>No. of patients</th>
<th>No. of Symptoms</th>
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<tbody>
<tr>
<td>1</td>
<td>Excellent</td>
<td>76% - 100%</td>
<td>06</td>
<td>02</td>
</tr>
<tr>
<td>2</td>
<td>Good</td>
<td>50% - 75%</td>
<td>24</td>
<td>23</td>
</tr>
<tr>
<td>3</td>
<td>Mild</td>
<td>25% - 49%</td>
<td>00</td>
<td>05</td>
</tr>
<tr>
<td>4</td>
<td>Poor</td>
<td>00% - 24%</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

Table No 6 Shows Student’s t test for Unpaired data

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Parameters</th>
<th>t</th>
<th>P</th>
<th>Significance</th>
<th>Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SLRT</td>
<td>3.409</td>
<td>0.0012</td>
<td>Significant</td>
<td>A &gt; B</td>
</tr>
<tr>
<td>2</td>
<td>Walking time</td>
<td>6.233</td>
<td>&lt;0.000</td>
<td>Significant</td>
<td>A &gt; B</td>
</tr>
</tbody>
</table>

Table No 7 Shows Overall effect of therapy
Gite YA, Gite AJ - A clinical study to evaluate efficacy of Aabhadi Churna in management of Vatakaphaja Gridhrasi.

Cite this article as:

Source of Support: Nil; Conflict of Interest: None declared.