

CLINICAL ASSESSMENT OF DASHAMOOOL KWATH WITH HINGU AND PUSH-KARMOOL CHURNA IN THE MANAGEMENT OF JHINJHINI VATA WITH SPECIAL REFERENCE TO SCIATIC NEURALGIA.

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ABSTRACT

Introduction: *Chakradatta* has explained the use of *Dashamool kwath*, *Pushkarmool*, and *Hingu* in *Jhinjhini Vata*. The word *Jhinjhini* is the best example of onomatopoeia meaning the formation or use of words that indicate the sounds associated with the objects or actions they refer to. In Sanskrit, the word *Jhinjhini* is taken from the colloquial language that was in existence at the time of the writer. It is the influence of dialects which was commonly used at that time. This type of word is known as *Prakrut* (original) words without any specific *Nirukti*, which has been taken directly from colloquial language. Such words are being accepted in Sanskrit as they are. Therefore, we do not find its original root in any Sanskrit dictionary. So, we assumed that the word *Jhinjhini* resembled the tingling numbness in sciatic neuralgia. By this assumption, we have studied the effect of the said combination on *Jhinjhini Vata* w.r.t. tingling and numbness in Sciatic neuralgia. Sciatica is a set of symptoms that includes pain caused by general compression or irritation of one of five spinal nerve roots of each sciatic nerve or by compression or irritation of the left, right, or both sciatic nerves. There is often a history of trauma such as twisting of the spine, lifting heavy objects, or exposure to cold. Herniation or degenerative changes in the intervertebral disc is the most common cause. Symptoms include lower back pain, buttock pain, numbness or weak-

ness, and pain in various parts of the leg and foot. Other symptoms include a “pins and Needles” sensation or tingling and difficulty in moving the leg. Mostly, symptoms only manifest on one side of the body and pain may radiate below the knee, but not always. Sciatica is a set of symptoms where irritation of the root of the nerve is a cause of the pain. This disease is now becoming a major threat to the working population.

Methodology:

The study aimed to observe the effect of *Dashamool kwath*, *Pushkarmool*, and *Hingu* in *Jhijnhini Vata* with special reference to sciatic neuralgia. The subjective assessment of dependent variables such as *Sphikshula* (Buttock pain), *Katishula* (Low back pain), *Urushula* (Pain in the back of thigh), *Jamgha shula* (Pain in calf), *Pada shula* (Pain in the foot), *Graha* (Pulling pain), *Spandan* (Twitching), *Stambha* (Stiffness), *Supti* (Numbness), *Toda* (Pricking pain) was done. A total of 30 patients were studied. Appropriate statistical tests were applied to find out the significance of the treatment.

Results:

The Results showed that 2 patients got excellent results (> 75%), 25 patients got good relief (> 50%), and 3 patients got moderate relief (>25%) after treatment of 21 days.

The percentage of relief on symptoms score of *Sphikshula* was 57.33%, *Katishula* 53%, *Urushula* 50%, *Jamghashula* 51.11%, *Padashula* 64.13%, *Graha* 67.36%, *Stambha* 64.8%, *Supti* 61.61% and *Toda* 64.42% respectively. An average relief of 59.3% was observed for the above-said symptoms.

Conclusion:

This study revealed that the treatment of *Jhijnhini Vata* with *Dashamool kwath*, *Pushkarmool*, and *Hingu* as explained by *Chakradatta* is statistically significant, effective, and complication-free.

Keywords: *Jhijnhini Vata*, Neuralgia, Numbness, Sciatica, Tingling

INTRODUCTION

A changed lifestyle has given us “happiness and prosperity”, but it has gifted us some diseases too. Sciatica is one of them. The unstable standard of living of modern human being has created several conflicts in his biological system, As the advancement of busy, professional, and social life, Long-time seating positions, improper sitting posture in offices, and factories, continuous and overexertion, jerking movements during traveling and sports, carrying luggage on back, accident, bad eating habits etc. These factors create undue pressure on the spinal cord and play an important role in producing low backache and sciatica.

Sciatica is a set of symptoms including pain caused by general compression or irritation of one of five spinal nerve roots of each sciatic nerve or by compression or irritation of the left

or right or both sciatic nerves. There is often a history of trauma, such as twisting of the spine, lifting heavy objects, or exposure to cold. Herniation or degenerative changes in the intervertebral disc is the most common cause. Symptoms include lower back pain, buttock pain, numbness or weakness, and pain in various parts of the leg and foot. Other symptoms include a “pins and Needles” sensation, tingling, and difficulty moving the leg. Mostly, symptoms only manifest on one side of the body and pain may radiate below the knee, but not always. Sciatica is a set of symptoms where irritation of the root of the nerve is a cause of the pain. In this way, this disease is now becoming a major threat to the working population. Neuralgia is a stabbing, burning, and often quite severe pain that occurs along a damaged nerve. The damaged nerve may be an-

ywhere in the body but is most common in the face and neck. The cause of a damaged nerve may be a disease like diabetes or multiple sclerosis, an infection like shingles, or the result of old age. Treatment for the pain of neuralgia depends on the cause. We come to know that knowledge of sciatica disease in modern medical science is just two centuries old while this condition has been known to Ayurveda for the last five thousand years. The definition of sciatica is made as a syndrome characterized by pain radiating from the back into the buttock and lower extremity along the posterior or lateral aspect and most commonly caused by prolapse of the intervertebral disc, the term is also used to pain anywhere along the course of the sciatica nerve[1]. *Chakradatta* in the *Vata-Vyadhi* Chapter has explained the use of *Dashamool kwath*, *Pushkarmool*, and *Hingu* in *Jhijnhini Vata*[2]. *Purvaroop*, *roop*, and *lakshan* of *Jhijnhini vata* are not described anywhere in Ayurvedic literature. *Jhijnhini Vata* as a separate disease is not defined in *Charaka*, *Sushruta*, and *Vagbhata*. To know about *Jhijnhini vata*, diseases described before the above reference namely *Padaharsh* will be helpful. Regarding *Padaharsh*, *Madava Nidan* has described as vitiated *Vata* and *Kapha Dosha* together creating *Harsh* or *Suptata* in the lower extremities[3]. *Ayurved Shabdakosh* defines a sign of *Harsha* as *Sinsinika*[4]. *Sinsinika* is a synonymous word for *Jhijnhinika* as described by *Ayurved Dipika Tika*[5]. While commenting on the word *Padaharsh*, *Acharya Vijayrakshit* in his *Madhukosh Tika* explained the meaning of *Padaharsh* as *Jhijniniwat Vedana* happens due to *Kaphavata pradhanta*[3]. According to him, *Jhijnhini* is a specific type of pain. The duration of this pain is transient. This type of pain comes and goes very frequently. Generally, patients describe it as an electric shock-like pain. According

to *Acharya Vakbhat Ruksha*, *Laghu*, *Shita*, *Khara*, *Sukshma*, and *Chala* are specific properties of *Vata Dosha*. An increase or decrease in any of these properties is a cause of disease specifically in *Vataj vyadhi*. Vitiating of *Vata* mainly due to an increase in *Ruksha*, *Shita*, and *Laghu guna* is a cause of *Jhijnhini vata*[6]. *Kati* and *Sakthi* are the main sites of *Vata* and hence vitiated *vata* creates *Jhijnhini vata* in these regions. The appearance of *Grudhrasi vyadhi* is at *Kati & Pada Sthan*. As mentioned in *Ayurveda Samhita* Signs and symptoms & region of manifestation of *Grudhrasi* [7] are similar to *Jhijnhini Vata*. Therefore, I have correlated *Jhijnhini vata* with *Ghrudhrasi*. According to modern medicine, such symptoms are present in sciatic neuralgia.

Aim of the study: To assess the efficacy and effectivity of *Dashmool Kwatha* with *Pushkarmool* and *Hingu Churna* in the management of *Jhijnhini vata* as explained by *Chkradatta*.

Plan of Study:

Type of Study: Open uncontrolled clinical study.

Place of study: Ayurved Mahavidyalaya & Sheth R.V. Ayurvedic Hospital (OPD/IPD), Sion, Mumbai 400022.

Sample size: 30 patients

Name of the drug: *Dashmool Kwath*, *Pushkarmool Churn* and *Hingu Churna*

Dosage & time: The drug was given in the dose of 40ml *Kwath* with *Pushkarmool Churna* and *Hingu Churna* thrice a day after meal for 21 days.

Follow-up - taken after every 7 days.

Inclusion Criteria:

Patients of age group 20 to 70 years, both sexes, having a duration of illness less than 2 years, fulfilling the diagnostic criteria of Radiating pain, starting from the gluteal region, Tenderness of sciatic Nerve, severe pain on squatting, sensory changes, Non-Involvement of the urinary bladder and rectum, Positive straight leg raising sign.

Exclusion Criteria: Patients with a duration of disease of more than 2 yr., Monoplegia, Paraple-

gia, Hip joint arthritis, Pott's spine, Scoliosis, Kyphosis, Ankylosing Spondylosis, Rheumatoid Arthritis, Traumatic Intervertebral disc prolapsed, Vertebral fracture.

Criteria of Diagnosis: Diagnosis of *Jhijnjhini Vata* was done based on classical signs and symptoms mentioned in *Ayurvedic* text and the diagnostic criteria of Sciatic Neuralgia as shown

in the modern review.

Investigations:

Hematological investigation – Complete Blood Count, Erythrocyte Sedimentation Rate, Blood Sugar Level (F & PP), RA Factor test, and Uric Acid test were done.

X-Ray of Lumbar-Sacral Spine (AP & LAT.)

Drug Profile:

Drug ingredients:

Table 1: showing ingredients and proportions:

Ingredients	Quantity
Patala	2 gm
Agnimantha	2 gm
Syonyak	2 gm
Bilva	2 gm
Kasmarya	2 gm
Kantakari	2 gm
Brihati	2 gm
Saliparni	2 gm
Prishniparni	2 gm
Gokshur	2 gm
Pushkarmool Churna	0.5gm
Hingu Churna	0.5gm

20 gm of *Dashmoola* coarse powder was boiled in 320 ml of water and reduced to 40 ml of *Kwath*. It was prepared fresh every time of consumption.

Parameters and gradation for assessment of results:

Table 2: Showing parameters and gradation criterion.

Parameter	Gradation				
	0	+	++	+++	++++
Sphikshula (Pain in buttock region)	no pain	pain on going up or downstairs	pain on walking on a flat surface	Pain on standing	pain on even sitting or lying down
Katishula (Low back pain)	no pain	pain on going up or downstairs	pain on walking on a flat surface	Pain on standing	pain on even sitting or lying down
Urushula (pain on the back of thigh)	no pain	pain on going up or downstairs	pain on walking on a flat surface	Pain on standing	pain on even sitting or lying down
Jamghashula (pain in calf)	no pain	pain on going up or downstairs	pain on walking on a flat surface	Pain on standing	pain on even sitting or lying down
Padashula (pain in	no pain	pain on going up or	pain on walking	Pain on stand-	pain on even

foot)		downstairs	on a flat surface	ing	sitting or lying down
Graha (pulling pain)	no pain	Pulling pain on going up or downstairs	Pulling pain on walking on a flat surface	Pulling Pain on standing	Pulling pain even on sitting or lying down
Spandana (Twitching)	Present			Absent	
Stambha (Stiffness)	no stiffness	stiffness decreases after movement/exercise.	stiffness in the morning decreases after movements.	Stiffness is higher in the morning and gradually decreases in the afternoon.	stiffness more in the morning & remains for a whole day
Supti (Numbness)	no Numbness	Numbness on going up or downstairs	Numbness on walking on flat surface	Numbness on standing	Numbness even on sitting or lying down
Toda (Pricking pain)	no pain	Pricking pain on going up or downstairs	Pricking pain on walking on flat surface	Pricking Pain on standing	Pricking pain even on sitting or lying down

Assessment of drug response:

Table 3: Showing assessment of drug response.

Excellent result	More than 75 % relief in signs & symptoms was considered as Excellent cured.
Good Result	Signs & symptoms relieved between 50 % to 75% was considered a good result.
Moderate result	Signs & symptoms relieved in between 25 % to 50 % was considered as Moderate result.
No result	No change or less than 25% improvement in signs & symptoms was considered as no result.

Statistical Analysis:

Table 4: Showing Statistical Analysis (by Wilcoxon signed ranks test)

Sr. No	Symptoms		B.T.	A.T.	Diff	Sum of all Signed Ranks [W]	No.of Pairs	Z value	P Value
1	Sphikshula	Mean	3.200	1.367	1.833	465	30	4.78	<0.0001 Extremely Significant
		SD	0.6103	0.4901	0.7466				
		SE	0.1114	0.0894	0.1363				
2	Katishula	Mean	3.333	1.567	1.767	406	28	4.62	<0.0001 Extremely Significant
		SD	0.5467	0.6261	0.8976				
		SE	0.0998	0.1143	0.1639				
3	Urushula	Mean	3.000	1.500	1.500	325	25	4.37	<0.0001 Extremely Significant
		SD	0.7878	0.6297	0.9377				
		SE	0.1438	0.1150	0.1712				
4	Jamghashula	Mean	3.000	1.467	1.533	351	26	4.45	<0.0001 Extremely Significant
		SD	0.7428	0.6814	0.9371				
		SE	0.1256	0.1244	0.1711				
5	Padashula	Mean	3.067	1.100	1.967	406	28	4.62	<0.0001 Extremely Significant
		SD	0.7849	0.6618	0.8899				
		SE	0.1433	0.1208	0.1625				
6	Graha	Mean	3.167	1.033	2.133	435	29	4.7	<0.0001

		SD	0.6989	0.6149	0.8193				Extremely Significant
		SE	0.1276	0.1123	0.1496				
7	Stambha	Mean	3.133	1.100	2.033	406	28	4.62	<0.0001
		SD	0.7761	0.7589	0.9643				Extremely Significant
		SE	0.1417	0.1385	0.1761				
8	Supti	Mean	3.300	1.267	2.033	465	30	4.78	<0.0001
		SD	0.6513	0.9072	0.8899				Extremely Significant
		SE	0.1189	0.1656	0.1625				
9	Toda	Mean	3.467	1.233	2.233	465	30	4.78	<0.0001
		SD	0.6288	0.7739	0.8584				Extremely Significant
		SE	0.1148	0.1413	0.1567				

Improvement in signs and symptoms:

Table 5: Showing improvement in signs and symptoms:

Results	Range	No. of patients	%
No Results	0 – 25 %	0	0
Moderate Result	25 – 50 %	3	10
Good Result	50 – 75 %	25	83.33
Excellent Result	75 – 100 %	2	6.66

Observation and result:

The use of *Dashmool Kwatha*, *Pushkarmool churna*, and *Hingu Churna* proved efficacious in the management of *Jhinhini Vata* (Sciatic neuralgia) with a 'p' value less than 0.0001. The percentage of relief on symptoms score of *Sphikshula* (Pain in buttock region) was 57.33%, *Katishula* (Low back pain) 53%, *Urushula* (Pain in thigh region) 50%, *Jamghashula* (Pain in calf) 51.11%, *Padashula* (Pain in foot) 64.13%, *Graha* (Pulling pain) 67.36%, *Stambha* (Stiffness) 64.8%, *Supti* (Numbness) 61.61% and *Toda* (Pricking pain) 64.42% respectively. The average percentage of relief was 59.3%.

DISCUSSION

In the 21st Century, lifestyle disorders are one of the major challenges in front of Medical Science. *Ayurved* may have an answer for it. There are 80 types of *Vata vyadhi* mentioned in *Charak Samhita*. Changing lifestyle is a major cause for all *Vata Vyadhi*. Busy and stressful life, improper sitting posture in offices, and factories, over-exertion, traveling – jerking movements during traveling, sports, improper eating habits, no schedule of lunch & dinner, and lack of proper sleep are the factors that create undue pressure on the spinal column and play a major

role in developing lower back disorders. *Jhinhini vata* mentioned in *Chakradatta* shows symptoms like *Grudhrasi vyadhi* described in *Charak Samhita*. It has tingling and numbness like sciatica neuralgia. Sciatica affects a large number of middle-aged and elderly people. Patients suffering from sciatica are now hopefully looking to *Ayurvedic* management for relief. The Treatment of *Jhinhini Vata* is empirically directed towards relief of symptoms. Modern drug therapy has drawbacks in terms of several side effects and is unable to give a complete cure for it. Comparatively *Ayurvedic* treatment can give more curative results without undue side effects. So, it was thought to study *Jhinhini vata* and tried to draw out relief with *Ayurvedic* formulations like *Dashamool Kwath* and *Hingu – Pushkarmool churna*.

Vata Dosha has properties like *Ruksha*, *Laghu*, *Sheeta*, *Chala*, etc. *Hetu sevana* aggravates these *gunas* and develops symptoms like *Shoola*, *Sthambha*, *Supti*, etc. [8,9,10] These symptoms have similarities with sciatic neuralgia. *Chakradatta* described *Jhinhini vata* in *vata vyadhi chikitsa adhyay*. There he mentioned *Dashamool Kwath* with *Hingu – Pushkarmool churna* as treatment. *Dashmool kwath* has properties like *Vataghna*, *Shoolaghna*, *Shothahar*, *Kaphahar*, etc., and *Hingu – Pushkarmool churna* has qualities of *Ushna*, *Shoolaghna*, and *Vata-*

kaphahar [11,12]. Therefore, Dashamool Kwath with Hingu-pushkarmool churna was considered in this study.

Probable Mechanism of Action of Drug:

The overall effect of Dashmool Kwath & Hingu-Pushkarmool Churna in Jhinhini vata is good. Dashamool Kwath is Katu, Madhur, Ushna Veerya & Katu Vipak as well as Guru and Snigdha in Nature therefore it is Vatashamak. Hingu-Pushkarmool Churna is Katu rasa, Ushna Veerya, and Katu Vipak and hence it acts against Sheeta & Ruksha Gunas of vata, also it is Vatanulomak. To elevate vitiated Vata dosha at Kati, Pada region Dashmool Kwath & Hingu-Pushkamool Churna are beneficial because of its Guru, Snigdha properties, and Ushna Veerya.

CONCLUSION

The study entitled Clinical Assessment of Dashmool Kwath with Hingu - pushkarmool churna in the management of Jhinhinivata w.s.r. to Sciatica Neuralgia was undertaken.

It was found that people in the age group 31 - 50 years were more prone to Jhinhinivata. The present study showed that the Jhinhinivata is predominant in males. People belonging to the middle and lower economic strata of society were subjected more to Jhinhinivata. Prevalence of the disease is common in Household women. The majority of patients were taking a mixed diet. The prevalence is higher in patients with Vishamagni and Madhyam Koshtha. Prevalence was common in Vatapradhan prakriti mostly Vata-Kaphaja prakriti people. The majority of patients suffered from 0 – 1 year of duration. Symptoms like Graha, Stambha, and Supti showed good improvement in percentages of 67.36%, 64.89%, and 61.61% respectively. No adverse effect was found during or after treatment. The present study showed that the majority of patients (59.41%) got good results by relieving their symptoms. No changes were observed in

structural bony deformities of the joint. It was observed that Kwath (decoction) mixed with Churna is less palatable, so to increase the palatability and efficacy, the drug can be administered in Tablet or capsule form. This clinical study concluded that it worked significantly on symptoms of Jhinhini vata. Dashmool Kwath and Hingu – Pushkarmool Churna combination worked as Vatashamak and Shoolaghna. Ruksha, Laghu, and Sheeta Gunas of Vata subside due to Ushna, Snigdha, and Guru Gunas of this combination. Tikta, Katu rasa and Ushna Veerya also helped in Sthanik pachan, Vatanuloman, and Sroto-shodhan. In this study, the drug was given orally only for 21 days. Considering the Samprati of Jhinhini vata in different patients, it should be administered for a prolonged period in repeated cycles, so that more beneficial results may be achieved.

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