

## International Research Journal of Ayurveda &amp; Yoga

Vol. 5 (6),15-23, June, 2022

ISSN: 2581-785X;<https://irjay.com/>DOI: [10.47223/IRJAY.2022.5602](https://doi.org/10.47223/IRJAY.2022.5602)

## Effect of *Dasamuladi Yog* and *Snigdha Agnikarma* in Management of *Gridhrasi*(Sciatica)

Pratibha Sarmah<sup>1</sup> , Bishnu Prasad Sarma<sup>2</sup>, Ranjan Kalita<sup>3</sup>

1. P.G. Scholar, Department of Kayachikitsa, Government Ayurvedic College and Hospital, Guwahati
2. Professor, Department of Kayachikitsa, Government Ayurvedic College and Hospital, Guwahati
3. Assistant Professor, Department of Kayachikitsa, Government Ayurvedic College and Hospital, Guwahati

### Article Info

#### Article history:

Received on: 27-04-2022

Accepted on: 19-06-2022

Available online: 30-06-2022

#### Corresponding author-

Pratibha Sarmah Research scholar,  
Department of Kayachikitsa Govt.  
Ayurvedic College and Hospital,  
Guwahati

Email:-

[Prativasarmah123.321@gmail.com](mailto:Prativasarmah123.321@gmail.com)

### ABSTRACT:

**Background:** *Gridhrasi* in ayurveda mentioned under *vataja nanatmaja vyadhi*, with pain, numbness and heaviness being the most common feature along the course of sciatic nerve distribution starting from *sphik,kati*, *prushtha*, *uru,janu*, *jangha* till *pada*, Sciatica lately has become a very troublesome disease to a mass people and seemed to be increasing irrespective of gender, due to unhealthy and haphazard lifestyle. Modern medicine and surgical intervention are yet to provide a promising result, while ayurveda has opted different treatment principles for the same.

**Aims and objectives:** Clinical study to rule out the efficacy of *dasamuladi yog* and *snigdha agrikarma* in management of *gridhrasi*(sciatica).

**Materials and methods:** a randomized clinical study was done on a total of 80 number of patients diagnosed with sciatica, attending Kayachikitsa Department, in Govt. Ayurvedic College and Hospital, Guwahati. Oral intervention with *Dasamuladi yog* and therapeutic intervention of *Snigdha agnikarma* for a period of 30 days, was provided with follow up of 15 days apart.

**Result:** Significant changes noted in 1<sup>st</sup> follow up, marked improvement in different symptoms were noted after completion of treatment.

**Conclusion:** the proposed therapy can be effective and adopted as an alternative approach to treat sciatica.

**Keywords:** *gridhrasi*, *Dasamuladi yoga*, *snigdha agnikarma*, sciatica,

## INTRODUCTION

Sciatica is a syndrome, where pain typically begins in low back that radiates to lower buttock and in a narrow band up to the leg in different locations depending on pathology involved in particular spinal nerve.<sup>1</sup> Sciatica occurs due to damage of the spinal nerves that form the sciatic nerve anywhere from cauda equina to their joining together in the

pelvis or anywhere before it divides into its branches above the knees<sup>2</sup>. The damage could be due to compression by prolapsed disc, bony overgrowth in osteoarthritis, spondylolisthesis; or due to compression by tumour, blood vessels, piriformis muscle, enlarged uterus in pregnancy or due to inflammation of the sciatic nerve itself.



IVDP (intervertebral disc prolapse) is the most common cause of sciatica<sup>3</sup> now a days seen with strenuous lifestyle, use of motor vehicles in uneven roads, wear and tear of the disc due to degenerative changes. Sciatica due to compression on nerve roots or spinal nerves if involves L4 spinal nerves (then pain occurs in front of thigh), L5 spinal nerve (then pain in outsides of thigh towards front of calf and into great toe) and if S1-S3 spinal nerves (then pain radiates down back of thigh to outside of the calf and into outside of the foot)<sup>4</sup>. Pain in sciatica due to IVDP results from activation of nerve endings in the outer ligament that surrounds the disc, or by compression of a spinal nerves. A theory proposes that if any nerve is compressed by any structure, then it should result motor or sensory deficit predominantly rather than pain. As such it was further studied that pain in sciatica resulted by an inflammatory response triggered by chemicals released from damaged bulging disc<sup>5</sup>. The inflammatory mediators in turn inflames the sciatic nerve resulting pain.

The signs and symptoms of sciatica are similar to those mentioned as *Gridhrasi* in ayurveda, *Gridhrasi* means walking like vulture i.e., patient has a typical gait due to pain that looks like a vulture, called a limping gait. In *gridhrasi* there is *ruk*(pain), *toda*(prickling pain), *muhuspandana*(tingling and throbbing pain), *stambhan*(stiffness) of *sphik*, *prishtha*, *kati,uru,janu,jangha* and *pada* in order<sup>6</sup> *sakthiutsephanigrāha*<sup>7</sup> (restricted upward lifting of leg. i.e., restricted SLR). if there is association of *tandra* (drowsiness), *gaurava* (heaviness), *anuchi* (anorexia) then association of *kapha* is considered<sup>8</sup>

In conventional medical therapy use of opioids, NSAID'S, muscle relaxant, physical therapy, acupuncture, epidural steroid injection and if required surgical laminectomy or discectomy are done<sup>9</sup>. But none seem to provide a promising result. So ayurveda with its holistic approach of *samana* and *sodhana chikitsa* can be tried. There are different treatment modalities advised in Ayurveda, Like *samana aushadhis*, *agnikarma*, *raktamokshana*, *snehana*, *swedana*, *basti karmas* for *gridhrasi*<sup>10</sup>. In this study however oral medication of *dasamuladi yog* and therapeutic procedure of *snigdha agnikarma* is tried.

## AIMS AND OBJECTIVES

Clinical study to rule out the effectiveness of *dasamuladi yog* and *snigdha agnikarma* in management of *gridhrasi*(sciatica).

## MATERIALS AND METHODS OF STUDY

Total numbers of 80 patients were registered for the open labelled interventional clinical trial from the OPD and IPD of Kayachikitsa Department Govt. Ayurvedic College and Hospital, Ghy-14, based on the exclusion and inclusion criteria after receiving ethical clearance certificate from institutional ethical committee of govt. ayurvedic college and hospital, Guwahati, assam (ref no. IEC/2020/222). The cases were recorded with detailed clinical history and investigations as required. Treatment was started after obtaining written consent.

### Diagnostic criteria

#### A. Clinical diagnosis

- 1- Classical symptoms of *gridhrasi*- pain in *sphik, kati, uru, janu, jangha* till *pada*.
- 2- POSITIVE SLR test
- 3- Positive Bragard's test
- 4- Numbness

#### B- Investigations

1. Radiological
  - plain X ray of lumbosacral region- AP and lateral view.
  - MRI whole spine
2. Hematological
  - Blood routine examination
  - ESR, CRP- to rule out any infectious etiology or inflammatory disease.
  - RBS- to rule out diabetes

#### Inclusion criteria

- Patient having Classical symptoms of *gridhrasi* that pain starting from hip radiating down to back of thigh, knee, leg and foot.
- Age group between 20 to 70 years.
- Positive SLR test
- positive Bragard's test

#### Exclusive criteria

- Diabetic patients
- Patient below 20 years and above 70 years age.
- Cases of spondylolisthesis, pregnancy
- Known case of tuberculoma, tumor or cyst compressing nerve root.
- Patient having multiple wounds, fracture vertebrae, destructed vertebral bodies.

For the study of “Effect of *Dasamuladi yog* and *snigdha agnikarma* in management of *gridhrasi*(sciatica)” the following therapeutic interventions were provided.

### Oral drug: *Dasamuladi yog*<sup>11</sup>

The fine powders of equal quantities of *dasamula*, *rasna*, *sunthi*, *guduci* and *bala* were mixed properly and sealed in air tight containers of 200gm sized. The *eranda taila* was provided separately. **TABLE NO 1. Contents of *dasamuladi yog***

**Dose of *dasamuladi yog*:** 5 grams *churna*+ 5ml *eranda taila* once daily in empty stomach

Duration of study: 1 month

Follow up: 15 days.

### Therapeutic intervention- *snigdha agnikarma*

1. Saindhavadi taila
2. Eranda Patra
3. Heating pan
4. Heat source

### Procedure of *snigdha agnikarma*

#### *Purva karma*

- Patient should clear his bowel property before coming to therapy room
- Patient should take bath before the therapy
- Patient should consume meal atleast 1 hour before the therapy.
- Patient should be warned about burning sensation in the procedure.

#### *Pradhan karma*

- Asking the patient to lie down in supine position.
- Then maximum tender points are examined from low back region till the feet.
- In a heat source, a pan is kept.
- Saindhavadi taila is poured into the pan and heated till hot fumes come.
- Then a pottali(ball) made by wrapping eranda Patra is dipped onto the heating pan and immediately applied over the tender points of the legs in *vilaya* and *pratisharana* pattern.
- The process is repeated for 2-3 times as required depending on the pain intensity.

#### *Paschat karma.*

- Lying down in bed for 10 mins after the procedure.
- Patient is asked to not come in contact with direct air or in air-conditioned room after the therapy.

- Patient should not wash or come in contact with water immediately after therapy. Better to wait atleast for half an hour. Then gently wipe away the applied oil in body with cloth drenched in warm water.

#### Duration of therapy

- Daily for initial 7 days
- After 7 days, once weekly for next 3 weeks.
- Total days of therapy received per person is 10 days.
- Therapy completed within 30 days.

#### Parameters of study

##### *Subjective parameters*

- Radiating pain (Pain in low back and radiating down to back of thigh knee leg and foot)
  - Numbness
- ##### *Objective parameters*
- SLR test
  - Bragard's test
  - Modified sciatica questionnaire disability score<sup>12</sup> (Table 2)

#### Data analysis

The data obtained before and after treatment were analyzed using arithmetic mean, standard deviation and paired t-test.

## OBSERVATION AND RESULTS

TABLE NO. 3: Effect of treatment on radiating pain

TABLE NO. 4: Effect of treatment on Numbness

TABLE NO. 5: Effect of treatment on SLR Test/lasegue's test

TABLE NO. 6: Effect of treatment on bragard's test

TABLE NO. 7: Effect of treatment on modified Roland sciatica questionnaire

At last, the overall assessment of improvement on 80 patients of *gridhrasi* was calculated by modified Roland sciatica questionnaire disability score.

The modified Roland sciatica questionnaire disability score is calculated by following way-

There are 23 sets of questions put forwarded to patients. According to symptoms and sufferings the patient had, he/she would answer the questions in the form of yes or no. Number of total yeses were calculated and divided by total score (23) which is finally multiplied to 100 to obtain disability score.

e.g., modified Roland SCIATICA questionnaire disability score- obtained score (no. of yes)/total score (23) ×100

it was seen that disability score after treatment was reduced comparatively. Reduction in disability score suggests improvement in patients. Later assessment was done that if disability score is  $\leq 25$  then it was considered marked improvement ( $>75\%$  improvement), disability score 26-50 was considered moderate improvement (51-75% improvement), disability score 51-75 was considered mild improvement (26-50% improvement) and disability score more than 75 was considered no improvement ( $\leq 25\%$  improvement).

**TABLE NO. 8: Overall Assessment Of Result After Treatment**

## DISCUSSION

A statistically highly significant result was observed in all the parameters of the study after the treatment.

### Probable mode of action of *dasamuladi yog*

*Dasamula* is known to have *Vata kapha hara* properties. It is *balya*, *amanashak*, *deepana*, *pachana*, *rasayani* and *anulomana*, *sothahara*. So, it can reduce the *margavarodha samprapti* by virtue of *deepana pachana* and reduce aggravated *vayu* by virtue of *anulomana* and *vatahara* properties.<sup>13</sup> **Sunthi** has *usna guna*. it is *kapha hari* and has *soshan guna* that digests the excess *ama* or *kapha*. It has *deepana*, *sopha hara* (anti-Inflammatory), *sulajit* (relieves pain), *bhedini* (relieves constipation) properties. so these qualities helps to curb the excess *kapha* and aggravated *vayu* associated in *gridhrasi*<sup>14</sup>

**Bala** is *snigdha, guru, sita virya* drug. It is *tridoshanut* specially *vata dosa*. it is *kshatahara*. so it has the anti-inflammatory properties<sup>15</sup> **Rasna** is *guru* but *usna virya*, it is *kapha vata samak*, *amapachani*, *sopha hara*, *sulahara*.<sup>16</sup> **Guduci** is *laghu snigdha* and *usna virya*, *tridosha hara*. It is *deepana*, *amahara*, *dahahara*, *vivandha hara*, *rasayani*, *balya*. Thus, it is *kapha vata hara*<sup>17</sup> **Eranda** is mentioned as *param vatahara* by *charak*. *Eranda taila* has *usna*, *tikshna*, *sukshma*, *picchila*, *guru* and *sara* qualities. It has *srota vishodhana*, *vatakaphahara*, *adhovagadoshahara* properties. it is indicated in *katigraha soth* (inflammation due to IVDP).<sup>18</sup>

Thus, it is seen that all the contents in *dasamuladi yog* mainly has *deepana*, *sothahara*, *vata kapha hara*, *anulomana* properties. Which acts on the *samprapti vighatana* of *gridhrasi* and helps reducing the aggravated *vata dosa* directly or indirectly.

### Mode Of Action Of *Snigdha Agnikarma*

Sushruta in *agnikarma adhyaya* has mentioned different

*dahana upakaranas* in diseases according to their location. He mentioned to use *snigdha dravyas* like *madhu*, *guda*, *taila* for *vyadhis* of *sira*, *snayu*, *santhi* and *asthi*<sup>19</sup>. Sciatica is a disease afflicting the **sciatic nerve** (*vatahara sira*<sup>20</sup> and *kandara*<sup>21</sup> according to Sushrut; *snayu*<sup>22</sup> according to Vagbat), and its cause is mainly due to IVDP or degenerative joints ( site of *santhi* and *asthi*). As such in this study *snigdha dravya (taila)* was used for *agnikarma*. It is found that *snigdha agnikarma* pacifies *Vata* and *Kapha Dosh*, may be by virtue of the properties that *Agni* possesses viz. *Ushna*, *Tikshna*, *Sukshma*, *Ashukari Guna*. Here the heat is transferred through *Twak Dhātu* and removes the obstruction in the *Srotas*, increases the blood circulation to the affected site. More blood circulation flushes away the inflammatory mediators and patient gets relief from symptoms.

The therapeutic heat also increases the *Dhatvagni*, which cause local *Ama pachana*, as *Sneha* is said to have the *sukshma guna*, that helps penetrate into *Sukshma marga (srotas)* and hence can reduce inflammation due to sciatic nerve injury.

*Agnikarma* using *Snigdha dravyas* is considered to retain heat for a longer duration resulting in deeper heat penetration through *Sukshma Sira* into structures like *sira*, *snayu*, *asthi* and *sandhi*. Thus, reducing the aggravated *kapha* and *vata* in the pathology.

It has been seen that collagen melts at temperatures above 50-degree Celcius. Heat increases the extensibility of collagen tissue and reduces the stiffness<sup>23</sup>. *Snigdha agnikarma* increases elasticity and nourishes the collagen tissue thus reduces numbness and stiffness. Heat stimulates the sensory receptors of the skin. Afferent nerves stimulated by heat in *agnikarma* may have an analgesic effect by acting on the gate control mechanism.<sup>24</sup> The resistance to flow in a blood vessel depends directly on the viscosity of the fluid. Heating the *taila*, lowers its viscosity<sup>25</sup>. Thus increases the rate of absorption of the heated oil, and increase of its circulation and thereby acts as anti-inflammatory in chronic lesion.

## CONCLUSION

*Dasamuladi yog* is a contribution drug from *chakradutta* in *gridhrasi*, while *agnikarma* by use of *snigdha dravya* in diseases of *sira*, *snayu*, *asthi* and *sandhi* is the concept of Acharya Sushruta. This study was mainly done with an aim to see the effectiveness of the combined therapy in management of *gridhrasi*. Most cases responded very well to the treatment with exceptions of only few. Marked

improvements were noted in different parameters after the treatment. Thus, an inference can be drawn that *dasamuladi yog* and *snigdha agnikarma* has a promising result in the management of *gridhrasi*. Comparatively, against the slow action of oral drug *dasamuladi yog* in *samprapti vighatana*, therapeutic intervention of *snigdha agnikarma* starts to show results from the 1<sup>st</sup> day onwards of the clinical trial. Thus, the combined therapy is a very effective treatment protocol in managing *gridhrasi*. However, further study should be conducted in large sample size and for a longer treatment duration to note treatment results.

### ACKNOWLEDGEMENT

I would like to thank Dr. Bishnu Prasad sarma sir, Dr. Ramakanta Sarma Sir, Dr Ranjan kalita Sir for helping me in completion of this research work.

### Conflict of Interest – None

### Source of Finance & Support - Nil

### ORCID

Pratibha Sarmah , <https://orcid.org/0000-0001-9752-6137>

### REFERENCES

1. Baloh RW, Sciatica and Chronic Pain Springer International Publishing AG, part of Springer Nature 2019. Pp-23
2. Baloh RW, Sciatica and Chronic Pain Springer International Publishing AG, part of Springer Nature 2019. Pp-23
3. Walker B, Colledge N, Ralston S, Penman I, editors. Davidson's Principles and Practice of Medicine. 22nd ed. Chapter 25. New York: Churchill Livingstone; 2014. p. 1072-3
4. Baloh RW, Sciatica and Chronic Pain Springer International Publishing AG, part of Springer Nature 2019, pp-25
5. Kelly M, Pain due to pressure on nerves. Spinal tumours and the intervertebral disc Neurology, 6 (1956), pp. 32-36) E Kotilainen, P Sonninen, P Kotilainen Spinal epidural abscess: an unusual cause of sciatica Eur Spine J, 5 (1996), pp. 1-3) (2DB Allan, G Waddell an historical perspective on low back pain and disability Acta Orthop Scand, 60 (suppl.) (1989), pp. 1-23)
6. SARMA P, The charak Samhita of agnivesa, Vatavyadhi chikitsa adhaya. CHA/CHI/28/56 published by chaukambha Sanskrit sansthan Varanasi. 2009.pp. 700
7. SHASTRI AD, Susrutasamhita of maharsi susruta edited with ayurveda tattwa sandipika . vatavyadhi nidhan adhyay. SUS/NI/1/74 published by chaukambha sanskrit sansthan varanasi. Pp. 303
8. SARMA P, The charak Samhita of agnivesa, Vatavyadhi chikitsa adhaya. CHA/CHI/28/56 published by chaukambha Sanskrit sansthan Varanasi. 2009.pp. 700
9. Baloh RW, Sciatica and Chronic Pain Springer International Publishing AG, part of Springer Nature 2019, .pp 35,36,37,39,40,58,62
10. SARMA P, The charak Samhita of agnivesa, Vatavyadhi chikitsa adhaya. CHA/CHI/28/56 published by chaukambha Sanskrit sansthan Varanasi. 2009. pp. 708
11. Dwivedi Ramanath, Chakradatta of sri chakrapanidatta vatavyadhi chikitsa 40 sloka Published by chaukambha sansrit bhawan, Varanasi. 2013.
12. Patrick DL, Deyo RA, Atlas SJ, Singer DE, Chapin A, Keller RB. Assessing health-related quality of life in patients with sciatica. Spine (Phila Pa 1976). 1995 Sep 1;20(17):1899-908; discussion 1909. doi: 10.1097/00007632-199509000-00011. PMID: 8560339.
13. Shastri L, Yogaratnakara, paribhashika adhyaya, dashamula, shloka 4 chaukambha prakashan, 2006.
14. Sastry J. L. N, Dravyaguna Vijnana, published by Chaukambha Orientalia, vol II, pp-871
15. Sastry J. L. N, Dravyaguna Vijnana, published by Chaukambha Orientalia, vol II, pp- 87
16. Sastry J. L. N, Dravyaguna Vijnana, published by Chaukambha Orientalia, vol II,, pp-821
17. Sastry J. L. N, Dravyaguna Vijnana, published by Chaukambha Orientalia, vol II,, pp-33
18. Sastry J. L. N, Dravyaguna Vijnana, published by Chaukambha Orientalia, vol II, pp-483
19. SHASTRI AD, Susrutasamhita of maharsi susruta edited with ayurveda tattwa sandipika . Part 1 sutra sthan, .Agnikarma vidhi adhyay. Sus/su/12/4 published by chaukambha sanskrit sansthan varanasi. 2008. Pp. 51
20. Shastri ad, susrutasamhita of maharsi susruta edited with ayurveda tattwa sandipika . Part 1 sutra sthan, .Agnikarma vidhi adhyay. Sus/su/12/4 published by chaukambha sanskrit sansthan varanasi. 2008. Pp. 51
21. SHASTRI AD, Susrutasamhita of maharsi susruta edited with ayurveda tattwa sandipika nidhan sthan, vatavyadhi nidhan adhaya 1 (Su.Ni. 1/74) published by chaukambha sanskrit sansthan varanasi. 2008. Pp. 51

22. Tripathi B, Astanga hridayam of srimadvagbhata , edited nidan sthan, vatavyadhi nidana adhyaya sloka 13. (A.H./Ni/15/13) CHAUKAMBHA SANSKRIT SANSTHAN VARANASI. 2008. Pp. 50
23. Bleakley CM, Costello JT. Do thermal agents affect range of movement and mechanical properties in soft tissues? A systematic review. Arch Phys Med Rehabil. 2013;94(1):149-163. doi: 10.1016/j.apmr.2012.07.023
24. Petrofsky. J, Berk L, Bains G, et al. Moist heat or dry heat for delayed onset muscle soreness. J Clin Med Res. 2013;5(6):416-425. doi:10.4021/jocmr1521w
25. Burton A.C.Opitz R.,The effect of changes in temperature upon the viscosity of the living blood.J. Exper. Med. 1906; 8: 59

**How to cite this article:** Sarmah P, Sarma BP, Kalita R “*Effect Of Dasamuladi Yog And Snigdha Agnikarma In Management Of Gridhrasi (Sciatica)*” ”  
IRJAY.[online]2022;5(6);15-23.  
Available from: <https://irjay.com>  
DOI link- <https://doi.org/10.47223/IRJAY.2022.5602>

**TABLE NO 1. Contents of dasamuladi yog**

Sl. No	Contents	Botanical name	Part used
1	<b><i>Dashamula churna</i></b> <i>Bilwa</i> <i>Agnimantha</i> <i>Syonak</i> <i>Gambhari</i> <i>Patala</i> <i>Brihati</i> <i>Kantakari</i> <i>Prishniparni</i> <i>Shalparni</i> <i>gokshur</i>	<i>Aegle marmelos</i> <i>Clerodendrum phlomidis</i> <i>Oroxylum indicum</i> <i>Gmelina arborea</i> <i>Stereospermum suaveolens</i> <i>Solanum indicum</i> <i>Solanum xanthocarpum</i> <i>Uraria picta</i> <i>Desmodium gangeticum</i> <i>Tribulus terrestris</i>	Roots
2	<b><i>Rasna Churna</i></b>	<i>Pluchea lanceolata</i>	Rhizome
3	<b><i>Sunthi Churna</i></b>	<i>Zingiber officinale</i>	Rhizome
4	<b><i>Guduci Churna</i></b>	<i>Tinospora cordifolia</i>	Stem
5	<b><i>Bala Churna</i></b>	<i>Sida cordifolia</i>	Root
6	<b><i>Eranda taila</i></b>	<i>Ricinus communis</i>	oil

**TABLE NO. 2 -Scoring criteria for different parameters**

<b><u>Radiating pain</u></b>	
0	no radiation pain
1	Pain radiation to hip and back of thigh
2	Pain radiation to knee
3	Pain radiation to foot
<b><u>Numbness</u></b>	
0	No numbness
1	Mild (once in a day)
2	Moderate (2-3times/day)
3	Continuous
<b><u>SLR test or lasegue’s test</u></b>	
0	negative
1	>60°
2	30° to 60°
3	<30°
<b><u>Bragard’s test</u></b>	
0	absent
1	Present
<b><u>Modified roland sciatica questionnaire disability score</u></b> {obtained score ÷ total score (23)} ×100	

**TABLE NO. 3: Effect of treatment on radiating pain**

N=80	parameter	B.T MEAN±S.D	MEAN ± S. D		df (n-1)	t value	P value	remarks
	RADIATING PAIN		2.39±0.63	1 <sup>ST</sup> F. U	1.65±0.71	79	14.02	<0.0001
2 <sup>ND</sup> F. U				1.13±0.75	79	20.7	<0.0001	Highly significant

**TABLE NO. 4: Effect of treatment on Numbness**

N=80	parameter	B.T MEAN±S.D	MEAN ± S. D		df (n-1)	t value	P value	remarks
	NUMBNESS		1.56±0.59	1 <sup>ST</sup> F. U	0.96±0.60	79	10.35	<0.0001
2 <sup>ND</sup> F. U				0.39±0.49	79	21.12	<0.0001	Highly significant

**TABLE NO. 5: Effect of treatment on SLR Test/lasegue’s test**

N=80	parameter	B.T MEAN±S.D	MEAN ± S. D		df (n-1)	t value	P value	remarks
	SLR TEST		2.17±0.52	1 <sup>ST</sup> F. U	1.29±0.59	79	15.04	<0.0001
2 <sup>ND</sup> F. U				0.55±0.63	79	25.96	<0.0001	Highly significant

**TABLE NO. 6: Effect of treatment on bragard’s test**

N=80	parameter	B.T MEAN±S.D	MEAN ± S. D		df (n-1)	t value	P value	remarks
	BRAGARD'S TEST		0.925±0.26	1 <sup>ST</sup> F. U	0.66±0.47	79	5.3	<0.0001
2 <sup>ND</sup> F. U				0.32±0.47	79	10.88	<0.0001	Highly significant



**TABLE NO. 7: Effect of treatment on modified Roland sciatica questionnaire**

N=80	parameter	B.T MEAN±S.D	MEAN± S. D		df (n-1)	t value	P value	remarks
	MODIFIED ROLAND SCIATICA QUESTIONNARE DISABILITY SCORE	92.9±5.35	1 <sup>ST</sup> F. U	57.18±15.67	79	24.26	<0.0001	Highly significant
			2 <sup>ND</sup> F. U	32.95±19.97	79	31.51	<0.0001	Highly significant

**TABLE NO. 8: OVERALL ASSESSMENT OF RESULT AFTER TREATMENT**

ASSESSMENT	DISABILITY SCORE	TOTAL PATIENT	PERCENTAGE OF TOTAL PATIENT
ABOVE 75% IMPROVEMENT	<=25	28	35%
51-75% IMPROVEMENT	26-50	35	43.75%
26-50% IMPROVEMENT	51-75	14	17.5%
<=25% IMPROVEMENT	>75	3	3.75%