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Research Article

A CLINICAL STUDY ON *ERANDAMULA KSHEERA BASTI* IN THE MANAGEMENT OF *VATAJA GRIDHRASI* W.S.R TO SCIATICA

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ABSTRACT

Now a day's large number of population are suffering from low backache because of lifestyle modification, irregular sitting posture and house hold works. Low backache is a common symptom involving the muscles, nerves and vertebral column. Sciatica refers to pain that radiates along the path of Sciatic nerve. It resembles disease *"Gridhrasi"* in Ayurveda. Radiating pain is the predominant symptom with stiffness, which will hamper the daily activity of an individual. The purpose of the study is to evaluate the efficacy of *Erandamula Ksheera Basti* in *Vataja Gridhrasi*. A total 10 patients of *Vataja Gridhrasi* were administered *Erandamula Ksheera Basti* in *Yoga Basti* pattern for 8 days. *Vataja Gridhrasi lakshanas* and SLR Positive were taken as assessment parameters, which showed significant results. Hence, *Erandamula Ksheera Basti* has better effect on patients of *Vataja Gridhrasi*.

KEYWORDS: Gridhrasi, Sciatica, Erandamula Ksheera Basti.

INTRODUCTION

Hip is the best evaluated part by observing patients gait and assessing the range of motion. The large no of patient reporting hip pain localizes their pain unilaterally to the posterior gluteal musculature. Such pain tends to radiate down the posterior lateral aspect of thigh and may or may not be associated with complaints of low backache. This presentation frequently results from degenerative arthritis of the Lumbosacral spine or disk and commonly follows a dermatomal distribution with the involvement of nerve roots between L4 to S1.^[1] A common cause of Low backache with radiculopathy is herniated disk with nerve root impingment, resulting in back pain with radiation down the leg.^[2] The importance of back pain is under scored by the following: 1) the cost of back pain in United states exceeds \$100 billion annually; approximately one - third of these cost are direct health care expenses and two - third are indirect costs resulting from loss of wages and productivity; 2) Back symptoms are the most common cause of disability in those < 45 years; 3) Low back pain is the second most common reason for visiting a physician in the United states; 4) 70% of person will have back pain at some point in their lives.^[3] The term "Sciatica" is used when the leg pain radiates posteriorly in a Sciatic or L4/S1 distibution. The prognosis of acute low back and leg pain with radiculopathy due to disc herniation is generally

favourable.^[4] The condition can be correlated to "Gridhrasi" in Ayurveda.

The word "Gridhrasi" has been evolved from the word "Gridhra" - Vulture, which specifies regarding the gait of the patient who has been suffering from long time from this disease. It is one among 80 types Nanatmaja Vatavvadhi.^[5] Gridhrasi is classified into 2 types Vataja and Vatakaphaja^[6] *Vataja Gridhrasi* is characterized by pain which starts from Kati pradesha radiates to Prushta (back), Uru (thigh), Janu (knee), Jangha (calf) and Pada (foot) in order, along with Stambha (stiffness), Toda (pricking pain), Spandana (twitching) and causes Sakthi Utkshepa nigraha (restricted movement of lifting of leg).^[7] Acharya charaka says the root cause of diseases is Vata dosha, which can cause disease in Sarva avayava. As none of treatment modalities are as effective as Basti chikitsa for mitigation of Vata dosha, Basti karma is prime line of Chikitsa for all Vatavadhi's and it is considered as Ardha chikitsa.^[8] Here an attempt is made to study the efficacy of Erandamula Ksheera Basti in the management of Vataja Gridhrasi.

Objectives of the Study

To evaluate the therapeutic efficacy of *Erandamula Ksheera Basti* in the management of *Vataja Gridhrasi w.s.r to* Sciatica.

MATERIALS AND METHODS

Source of data: 10 patients of *Vataja Gridhrasi w.s.r to Sciatica*, approaching OPD and IPD of SKAMCH and RC, Bangalore were selected for the study.

Drug source: Drugs required for *Erandamula Ksheera Basti* were purchased in the pharmacy of SKAMCH and RC. *Basti* was prepared manually in *Panchakarma* theater and was administered to the patient.

Method of collection of data: Patients of Vataja *Gridhrasi* admitted in IPD were selected for the study.

Inclusion criteria

- Patients of either sex between the age group of 30 70 years.
- Patients presenting with *Lakshanas* of *Vataja Gridhrasi*.
- Patients presenting with signs and symptoms of Sciatica.
- Patients who are fit to undergo *Niruha Basti* and *Anuvasana Basti*.

Exclusion criteria

- Patients with systemic diseases that may interfere with the course of treatment.
- Surgical indication such as progressive neurological deficit.
- Benign or malignant tumour of the spine or tuberculosis of the vertebral column.

Duration of the study

• Total duration of the study - 8 days.

INTERVENTION

• 10 patients of *Vataja Gridhrasi* who fulfil the inclusion criteria were selected.

Erandamula Ksheera Basti

Poorva Karma

Sthanika abhyanga over Nabhi pradesha followed by Sthanika Nadisweda.

Pradhana Karma

Patient is asked to lie in left lateral position.

Anuvasana and *Niruha basti* are given alternately as per *Yoga Basti* pattern shown in table.

Table 1: Showing the pattern of Yoga Basti

Day	1 st	2 nd	3 rd	4th p://ijapr.in	5 th	6 th	7 th	8 th
Basti	А	N	A	N	A	N	А	А

1. Anuvasana Basti - Bala taila - 80 ml (After consuming Laghuahara)

2. Niruha basti - Erandamula ksheera basti. (On empty stomach at 7am)

Table 2: Showing Niruha Basti ingredients

- abre						
Madhu Napr War	30 ml					
Saindhava	6 gms					
Taila (Murchitha tila taila)	80 ml					
Shathapushpa kalka	20 gms					
Erandamula kwatha	300 ml					
Ksheera	200 ml					

Paschat Karma - Lifting of the legs, patting to the buttocks, anti - clockwise massage to abdomen for about a minute.

Assessment parameters

	Table 3: Showing assessment parameters and grading							
S.No	Assessment Criteria	0	1	2	3			
1.	Ruk	No pain	Mild pain	Moderate pain	Severe pain			
2.	Sthambha	No stiffness	Mild stiffness	Moderate stiffness	Severe stiffness			
3.	Supthata	Absent	Occasional	Intermittent	Continuous			
4.	SLR	Negative	60 degree and above	Between 30 – 60 degree	Less than 30 degree			

Observation and Results

The efficacy of *Erandamula ksheera basti* was studied in 10 patients suffering from *Vataja Gridrasi*. The other observations are as follows

Table 4. Showing distributions of patients of vataja diffutasi according to sex							
Male	7						
Female	3						
Table 5: Showing distributions of patients of Vataja Gridrasi according to age							
Age Group	No of Patients						
30 – 40 years	2						
40 – 50 years	3						
50 – 60 years	3						
60 – 70 years	2						
Table 6: Showing assessment pa	Table 6: Showing assessment parameters in patients before treatment						
Symptoms	No of patients						
Ruk	10						
Stambha	10						
Suptatha	08						

Table 4: Showing distributions of patients of Vataja Gridrasi according to sex

S.No	Assessment	Me	ean	Mean	SD	SE	t	Р	Remarks
	criteria	BT	AT	diff	1	1 Jarr	value	value	
1.	Ruk	1.8	0.7	1.1	0.67	0.15	6.9	< 0.001	S
2.	Stambha	2.1	1.4	0.7	0.47	0.10	6.6	< 0.001	S
3.	Supthata	1.1	0.7	0.4	0.50	0.11	3.5	< 0.001	S
4.	SLR	2.0	1.0	1.0	0.76	0.19	5.2	< 0.001	S

DISCUSSION

Basti is introduced When into the Pakwashaya, the Veerya of Basti reaches all over the body, collects the accumulated Doshas and Shakrut from Nabhi, Kati, Parshwa and Kukshi pradesha, causes *Snehana* to the body and expels out the *Dosha* along with *Pureesha*.^[9] *Pakwashaya*, which is the seat of Vata dosha, can be correlated to Pureeshadharakala. According to Dalhana, Pureeshadara kala itself is Astidharakala.^[10] This establishes a relationship between the large intestine and bones. *Basti* is having 2 actions; Veerya of Dravya should get absorbed to have its systemic action. Second major action is related with the facilitation of excretion of morbid Doshas responsible for disease into colon from where they are evacuated. All these actions can be well explained on the basis of physiological and pharmacological actions.

SLR

Effect from *Anuvasana basti*: *Anuvasana basti* will retain the oil for a specific period without causing any adverse effect. It protects *Pureeshadhara kala by*

giving Snehana effect. Tila Taila having Ushna veerya and Guru, Snigdha guna^[11] combats Ruksha and Laghu guna of Vata,^[12] which inturn does Vata shamana.

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Effect from Niruha basti: Madhu having Yogavahi and *Sukshma marga anusarita*^[13] property acts as catalyst and penetrates into the Sukshma srotas. Saindhava lavana having Laghu and Tridosha Shamaka guna^[14] was added to it. Sneha dravya, Taila having Ushna veerya, Snigdha guna^[15] combats Ruksha and Laghu guna of Vata,^[16] which inturn causes Vata shamana. Kalka is the main drug, which gives potency to the whole combination. It helps to disintegrate the Malas. Kwatha does Anulomana and Nirharana of Doshas. Erandamula niruha basti is Vataghna and is indicated in Jangha, Uru pada, Prushta Shula hara.^[17] Eranda being main ingredient, has Snigdha, Sukhsma and Teekshna properties does Srotoshodhana and thus acts as Vatahara, Balya and *Vedhanasthapana*.^[18] *Ksheera,* having *Sniqdha* and *Guruguna* gives *Bruhamana* effect.^[19] Hence considering the properties of all the ingredients, *Erandamula ksheera basti* is effective in treating *Vataja Gridrasi.*

Discussion of observation on results Discussion of observation on *Ruk*

Out of 10 patients, 4 patients showed mild reduction in the intensity of pain from 3rd day of *Basti* and remaining 6 patient's pain reduced after 5th day significantly. As *Guna* of *Taila* is opposite to *Gunas* of *Vata* and *Basti* given on2ndday acts on *Mula anila (i.e Pakvashaya sthitha apana vayu).* It was observed mild reduction in the intensity of pain. *Eranda* being *Vatahara and Vedhnasthapaka,* administered in the form of *Niruha basti* has reduced pain significantly from 5th day. Patient was able to stand and walk for a distance without pain and there was noticeable change in their gait.

Discussion of observation on Supthata

Out of 10 patients, 3 patients had significant improvement by 5th day, 5 patients had moderate improvement by 7th day and 2 patients were not having *Supthata*. *Supthata* is due to involvement of vitiated *Vata dosha* throughout the root of nerves. *Eranda* being main ingredient of *Erandamula ksheera basti*, has *Snigdha*, *Sukshma* and *Teekshna* properties does *Srotoshodhana*, thus does *Vata shamana*.

Out of 10 patients, 3 patients completely relieved of *Sthambha*, 7 patients had moderate improvement. As the retention period of *Anuvasana basti* was increasing, patient had improvement in both stiffness and *Ruk* and was able to rise from bed without difficulty. The *Ushna veerya* of *Taila* and *Snigdha guna* combats *Gunas* of *Vata thus causes Vata shamana.* Hence there was a significant improvement in *Sthambha.*

Discussion of observation on SLR

Out of 10 patients, 3 patients had good improvement (able to rise above 60 degree), 6 patients had moderate improvement (able to rise < 30 degree - > 60 degree) and 1 patients SLR was negative. Due to *Vata shamana* and *Bruhmana* effect of *Basti*, there was significant effect on all *Lakshana* like *Ruk and Sthambha*. Hence SLR showed significant improvement.

CONCLUSION

Present study *Erandamula ksheera basti* proved to be effective in reducing *Lakshanas* of *Vataja Gridrasi* and has shown good results in all assessment parameters taken into consideration. The study suggests *Erandamula ksheera basti* can be taken as better choice of treatment in the management of *Vataja Gridrasi* w.s.r to Sciatica. The study can be taken up for further study on large sample.

REFERENCE

- 1. Harrison's principle of internal medicine; Approach to regional rheumatic complaints; 19th edition, Volume II, Pg no 2222.
- Harrison's principle of internal medicine; Approach to the patient Back pain; 19th edition, Volume I, Pg no 120.
- 3. Harrison's principle of internal medicine; Back and Neck pain; 19th edition, Volume I,Pg no 111.
- 4. Harrison's principle of internal medicine; Approach to the patient Back pain; 19th edition, Volume I, Pg no 120.
- Agnivesha, Charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, edited by; Vaidya yadavji Trikamji Acharya, Chaukhambha Surabharati prakashan orientalla, Varanasi, Reprint 2015, Sutra sthana, 20th chapter, Shloka 11.
- Madhavakara, Madhava nidana, Madhukosha commentary, revised and edited by: Prof.Yadunandana upadhyaya, Chaukhambha prakashan, Reprint 2017, Vatavyadhi adyaya, Shloka 54.
- 7. Madhavakara, Madhava nidana, Madhukosha commentary, revised and edited by: Prof.Yadunandana upadhyaya, Chaukhambha prakashan, Reprint 2017, Vatavyadhi adyaya, Shloka 55.
- 8. Agnivesha, Charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, edited by; Vaidya yadavji Trikamji Acharya, Chaukhambha Surabharati prakashan orientalla, Varanasi, Reprint 2015, Sidhi sthana, 1st chapter, shloka 38,39.
- 9. Agnivesha, Charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, edited by; Vaidya yadavji Trikamji Acharya, Chaukhambha Surabharati prakashan orientalla, Varanasi, Reprint 2015, Sidhi sthana, 1st chapter, Shloka 40.
- 10. Sushrutha, Sushrutha samhitha with Nibandha sangraha commentary of sri Dalhanacharya and Nyayachandrikapanjika, edited by; Vaidya Yadavaji Trikamji Acharya, Chaukhamba Surabharati Prakashan Orientalla, Varanasi, Reprint 2015, Kalpa sthana, 4th chapter, Shloka 40.
- 11. Agnivesha, Charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, edited by; Vaidya yadavji Trikamji Acharya, Chaukhambha Surabharati prakashan orientalla, Varanasi,

Reprint 2015, Sutra sthana, 27th chapter, shloka 286.

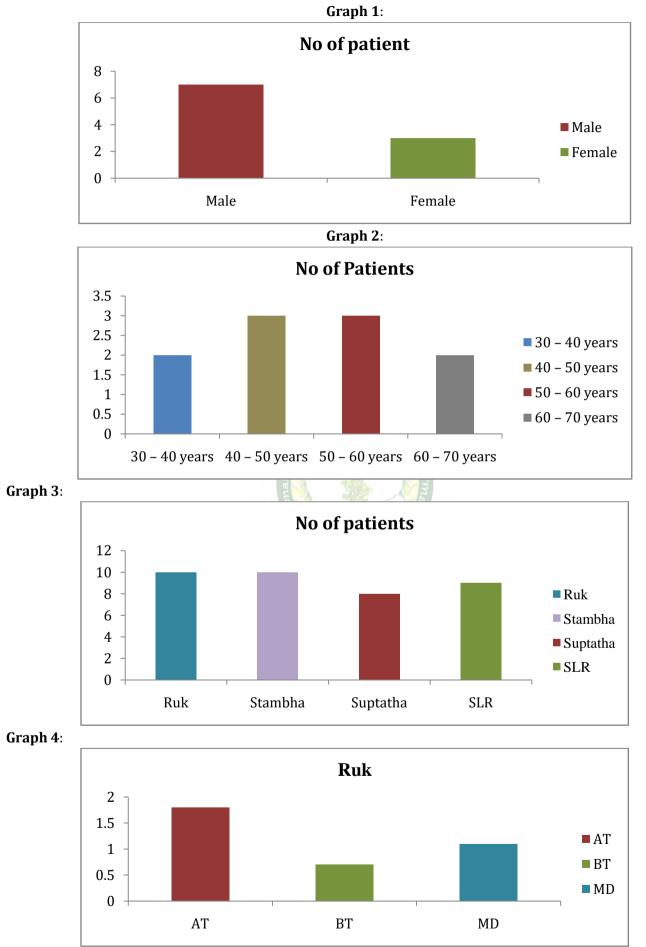
- 12. Vagbhata, Astanga sangraha with the sanskrit commentarie Sasilekha by Indhu, edited by; Dr. Shivprasad Sharma, chaukhambha Sanskrit series office, Varanasi, Sutra sthana, 6th chapter, shloka 92.
- 13. Astanga sangraha with the commentaries of Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, edited by; Pandit. Bhishgacharya Harishastri Paradkar Vaidya, chaukhambha orientalla, Varanasi, Reprint 2015, Sutra sthana, 6thchapter, Shloka 92.
- 14. Agnivesha, Charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, edited by; Vaidya yadavji Trikamji Acharya, Chaukhambha Surabharati prakashan orientalla, Varanasi, Reprint 2015, Sidhi sthana, 27th chapter, shloka 300.
- 15. Agnivesha, Charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, edited by; Vaidya yadavji Trikamji Acharya, Chaukhambha Surabharati prakashan orientalla, Varanasi, Reprint 2015, Sutra sthana, 27th chapter, shloka 286.

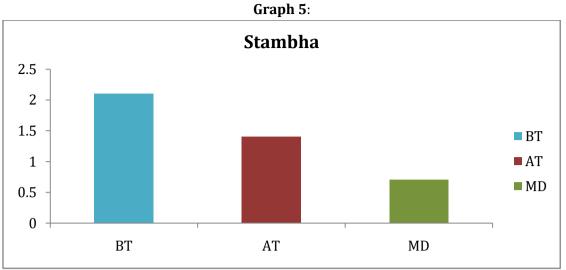
- 16. Vagbhata, Astanga sangraha with the commentaries of sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, edited by; Pandit. Bhishgacharya Harishastri Paradkar Vaidya chaukhambha orientalla, Varanasi, Reprint 2015, Sutra sthana, 1st chapter, shloka 10.
- 17. Agnivesha, Charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, edited by; Vaidya yadavji Trikamji Acharya, Chaukhambha Surabharati prakashan orientalla, Varanasi, Reprint 2015, Sidhi sthana, 1st chapter, shloka 40.
- Agnivesha, Charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, edited by; Vaidya yadavji Trikamji Acharya, Chaukhambha Surabharati prakashan orientalla, Varanasi, Reprint 2015, Sidhi sthana, 27th chapter, shloka 297.
- Agnivesha, Charaka samhitha, Ayurveda Dipika commentary of Chakrapanidatta, edited by; Vaidya yadavji Trikamji Acharya, Chaukhambha Surabharati prakashan orientalla, Varanasi, Reprint 2015, Sidhi sthana, 27th chapter, shloka 297.

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Graph 6:

