



Case study

IMPACT OF ORAL ADMINISTRATION OF MAHAVATAVIDHWANSAN RASA ALONG WITH MAHANARAYAN TAILA KATIBASTI IN GRIDHRASI: A CASE REPORT

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ABSTRACT

Gridhrasi is one of the commonest disorders found in clinical practice. *Gridhrasi* can be correlated with that of sciatica. *Gridhrasi* being a *Vatavyadhi* the general line for treatment of *Vatavyadhi* can be applied to it. *Basti* is considered as the treatment of choice in *Vatavyadhi* in *Ayurvedic samhitas*. Several oral medicinal preparations are also mentioned in the classics for the treatment of *Gridhrasi*. The disease ranges from simple backache to severe complications like deformities and ultimately cripples the patient. The allopathic system of medicine has conducted extensive studies on non-steroidal anti-inflammatory drugs, analgesics and other physiotherapies but could not find a suitable medication or technique which is safe and effective for *Gridhrasi*. In the present case study, *Gridhrasi* has been treated with oral administration of *Mahavatavidhwansan rasa* for thirty days along with *Mahanarayan taila katibasti* for 15 days. The clinical trial revealed that this Ayurvedic combination therapy significantly improved the *Gridhrasi* condition of the patient.

KEYWORDS: *Gridhrasi*, Sciatica, *Katibasti*, *Vatavyadhi*, *Mahavatavidhwansan rasa*, *Mahanarayan taila*.

INTRODUCTION

People affected with a set of symptoms including pain caused by irritation or compression of one of the five spinal nerve roots of each of the left or right or both sciatic nerves is termed as sciatica, sciatic neuralgia^[1] or lumbar radiculopathy. This symptom is mostly observed in people between the ages of 30 to 50.^[2] The pain begins in the lumbo sacral region, spreading to the lower limb through buttock, thigh, calf upto the foot.

A set of painful condition that afflicts the lower limbs characterized by *Stambha* (stiffness), *Ruk* (pain), *Toda* (pricking pain) and *Spandan* (gripping and pulsation), *Gauravam* (heaviness) and *Shithilta* (freezing sensation or numbness) of the affected leg is mentioned as *Gridhrasi* in Ayurvedic treatise. The symptoms initially start in the *Sphik* (waist), gradually encroaches the posterior aspect of *Kati* (lumbosacral region) and radiates to posterior aspect of *Uru* (thighs), *Janu* (knee), *Jangha* (calf region) and *Pada* (foot).^[3] The cardinal feature of *Gridhrasi* is radiating pain in the affected leg and restricted upward lifting of the affected lower limb i. e. *Sakthiutkshepanigraha*.^[4]

Gridhrasi is explained among 80 *Vatananatmaja vikaras*^[5] and it has been explained in the *Brihatrayis*. *Vatananatmajavyadhi* can be correlated to neurological or neuro-muscular disorders. The causative factors and specific pathogenesis of *Gridhrasi* is not described in any of the classics. Being a *Vatavyadhi* the causes and pathogenesis of *Vatavyadhis* in general are the exclusive cause and pathogenesis of *Gridhrasi*. *Charak Samhita*, *Astanga Samgraha*, *Sushruta Samhita* mentions the root cause of *Vatavyadhi* as either *Dhatukshaya* (degeneration) or *Margaavarana* (obstruction).^[6]

Exposure to mild but continuous trauma to the *Sphik/Kati* region due to improper posture of sitting or lying down, forward bending, lifting heavy weight, travelling in jerky vehicles, carrying heavy loads, digging etc. Sometimes suppression of urges of urine or defecation, improperly treated pelvic disease, fall or injury can be responsible for *Sthanavaigunya* (accumulation) of *Vata* at the *Kati* region. *Acharya Charak* states that the *Prakupitvata* settles in *Riktanisrotamsi* (*Srotas* depleted of

nutrients) and produces *Sarvanga* and *Ekangarogas*. They may not produce symptoms immediately but after acquiring some *Vyanjakhetu* (aggravating factors) the symptoms of *Vatavyadhi* may manifest.^[7] *Apan Vayu* that resides in *Kati* and *Vasti* region gets vitiated due to the reasons mentioned above and cause *Vatasanchaya* leading to *Sthanasamshraya* of *Vata* in *Kati/Pristha/Janu/Pada* producing *Stambhan*, *Shithilata* in the lower limbs. Additionally the external factors like *Abhighat* or injury leads to *Dhatukshaya* directly which provoke *Vata*. The provoked *Vata* may directly intermingle with *Asthi*, *Majjadhatu* to produce the symptoms of *Gridhrasi*. Sometimes *Kapha* gets involved with *Vata* producing symptoms of indigestion, drowsiness, nausea, anorexia, heaviness of the leg and freezing sensation of the affected lower limb. Here *Kapha* is the *Anubandhidosha*. So based on *Dosha* imbalance *Gridhrasi* is of two types: 1). *Vatajagridhrasi*, 2). *Vatakaphaja gridhrasi*.^[3]

The Ayurvedic therapeutic approach in *Gridhrasi*, as it is a *Vatavyadhi* is avoidance of all *Vataprakopa hetus* including *Vataprakopak ahar* and *Vihar*. *Charak Samhita* mentions recommendation of *Upakrama* like *Snehan*, *Swedan* and *Bastikarma* against *Vataviyadhi*. It has also mentioned *Dravyas* having *Amla*, *Lavan*, *Snigdha*, *Ushna* properties to treat *Vataviyadhi*.^[8]

In *Sushrutasamhita*, *Snehabhyanga*, *Upanahswed*, *Mardan* and *Raktamokshana* is mentioned in *Vatavyadhichikitsa*. In *Pakwashayagatavayu*, *Sushruta* has mentioned *Snehavirechan* and *Bastichikitsa*.^[9] *Sushruta* has mentioned *Siravyedh* specifically for *Gridhrasi* treatment.^[10] *Vagabhatta* has also mentioned *Siravyedh* for treating *Gridhrasi*.^[11]

Additionally several oral medicinal preparation like *Trayodashanga guggulu*, *Maharasnadi kwath*, *Rasnasapta kwath*, *Yograjguggulu*, *Vatavidhwansan ras*, *Narayan taila* have also been mentioned in the treatment of *Gridhrasi* in Ayurvedic texts.

Mahavatvidhwansan ras has been recommended in *Rasatantrasara*, *Siddhayog Sangraha* (*kharaliyarasayan*) for managing *Vatavyadhi*. *Mahanarayan taila* has been mentioned in *Bhaisajyaratnavalli*, *Vatavyadhirogaadhikar* and *Sarangadhar samhita* for treatment of *Vatavyadhi*. *Katibasti* is a *Snigdhasweda* and possess both *Snehan* and *Swedan* effect. It is a *Bahirparimarjanchikitsa*

that helps in alleviating *Sthanikvata* and produces *Brighan* properties locally i. e. the *Kati* region, which is the place of pathology (lumbosacral region).

In the present case of *Gridhrasi* a combination of oral administration of *Mahavatvidhwansan ras* along with *Katibasti* of *Mahanarayanataila* has been advised for a period of 15 days. After the fifteenth day only the oral administration of *Mahavatavidhwansan ras* was continued for another 15 days with local application of *Mahanarayana taila*.

Case report

A fifty years old female patient with Grade 4 low back pain radiating to the buttocks, thighs, calf upto the ankle of the right foot visited the OPD of Mahadeosal Mini PHC in Nagaon district of Assam, India on 4th July 2011 with OPD No. 9002. The patient showed *Dehavakrata*^[12] a typical gait symbolic of *Gridhrasi* with difficulty in walking, sitting or lying down and standing up on her own. The patient revealed pain over *Sphik* radiating through *Kati*, *Uru*, back of *Janu*, *Jangha* extending up to the *Pada* associated with *Stambha*, *Toda*, *Spandan*, *Gauravam* and *Shithilta* of the affected leg.

On physical examination, the patient presented a positive straight leg raising test between 15° to 30°, a cardinal feature of *Gridhrasi*. X-ray investigations suggest features of lumbar disc prolapse with reduction in intervertebral disc space (L4-L5). The patient was on regular anti-inflammatory and muscle relaxant for temporary relief from the pain before coming to the health centre.

MATERIALS AND METHODS

For the present study, the materials used are *Mahanarayan taila*, *Mahavatavidhwansan rasa*, one wooden table, vessels, spatula, gas stove, *Masha* flour (black gram powder), cotton wool and water.

Methods

In the present study the patient was advised to stop anti-inflammatory and muscle relaxants and advised to start with *Mahavatavidhwansan rasa* (orally) 125mg BD (twice daily) mixed with honey and followed by warm water along with *Katibasti* of *Mahanarayantaila* for 15 days from 5th July 2011 to 19th July 2011. The patient was asked to avoid *Vataprakopak* diet and regimen. The patient was

advised to take light breakfast 2hrs before the procedure of *Katibasti*. The patient was examined on 20th of July for the studied signs and symptoms of *Gridhrasi*. From 20th July 2011 to 3rd of August 2011 the patient was advised to continue with *Mahavatavidhwansan rasa* (orally) 125mg BD (twice daily) mixed with honey and followed by warm water with local application of *Mahanarayana taila* on the affected area. The patient was reviewed on 4th August 2011.

For *Katibasti* a small vessel with *Mahanarayana taila* was kept in a large vessel of hot water to make it warm and the patient was given *Sarvangasnehan* with it. The patient was then asked to lie on prone position on a wooden table. Sufficient quantity of *Masha* (black gram powder) flour was taken and made into dough by mixing required quantity of water. The dough was made into a circular ring and placed over the area corresponding to the area of tenderness as observed through the X-ray finding of the lumbosacral region. The inner and outer wall of the circular *Masha* ring was properly sealed over the skin, so as to prevent the leakage of the oil. Heated *Mahanarayana taila* is poured in little amount to check the tolerance of the heat by the patient followed by filling of the circular ring with the help of a spatula. The temperature of the oil inside the ring was checked by frequently rotating the oil by the finger. Once the temperature of the oil decreases, the oil is replaced with warm oil again.

Katibasti procedure was continued upto 30 minutes on the first day and increasing the time upto 45minutes over 3 days, then maintaining 45 minutes for another 3days. After that the time is gradually decreased to 30 minutes within the next 3 days and then maintained for 30 minutes for another 5 days.

Each day after completion of the *Katibasti*, the oil was removed completely from

the *Masha* dough ring with the help of a spatula and cotton wool. The dough ring was removed and mild *Abhyanga* (massage) of the *Katipradesh* (area) was done every day. The patient was then advised to take rest for 15to 20 minutes and then take bath with warm water.

RESULTS AND DISCUSSION

Results

Duration of treatment: 4weeks (5th July 2011 to 3rdAugust 2011).

Parameters of assessment: The signs and symptoms were graded under seven heads, namely, i) radiating pain, ii) stiffness and pricking pain, iii) heaviness of the affected part, iv) freezing sensation/numbness, v) tenderness, vi) difficulty in walking and vii) straight leg raising (SLR) test and interpreted at the end of the treatment.

At the beginning the patient had Grade 4 low back pain radiating through thighs, posterior aspect of the knee, extending upto the ankle of the right leg before the treatment. It was observed that after administration of combination of *Mahavatavidhwansan rasa* and *Mahanarayan taila Katibasti* the patient got significant relief from the radiating pain just after 7 days of the treatment. The patient was able to stand up from sitting position and walk on her own though with little difficulty just after 7 days of administering this combination therapy. Associated symptoms of stiffness, pricking pain, heaviness of the affected part, numbness of the leg showed gradual relief with the progress of the treatment. Walking time increased with improvement in gait of the patient (*Dehavakrata* reduced) after 15 days of treatment.

The gradation of signs and symptoms and its interpretation after treatment is provided in table1.

Table 1: Graded clinical sign and symptoms and its interpretation after treatment

S. No.	Patient signs and symptoms	Before Treatment (4 th Jul 2011)	After 15 days of <i>Katibasti</i> treatment (20 th July 2011)	After completion of treatment (4 th August 2011)
1.	Radiating pain	Grade 4	Grade 1	Grade 0
2.	Stiffness and pricking pain	Grade 4	Grade 2	Grade 0
3.	Heaviness of the affected part	Grade 4	Grade 2	Grade 1
4.	Freezing sensation / Numbness	Grade 4	Grade 2	Grade 0
5.	Tenderness	Grade 4	Grade 1	Grade 0
6.	Difficulty in walking	Grade 4	Grade 2	Grade 0
7.	SLR test	30°	30 to 70°	70 to 90°

Tenderness was tested by digital pressure over the interspinous ligament along the course of sciatic nerve. It showed significant improvement after 15 days of treatment and after completion of the treatment.

SLR showed significant result after 15 days of treatment and after completion of the treatment. The patient was followed up after 30 days. The results showed that the effect of the treatment lasted upto one month after stoppage of the treatment. It clearly reveals the effectiveness of a combination of *Mahavataavidhwansan ras* and *Mahanarayana taila* in the management of *Gridhrasi*.

However, the radiological finding was not altered. X- ray investigation suggest feature of lumbar disc prolapse with reduction in intervertebral disk space (L4-L5) still present after treatment.

DISCUSSION

Gridhrasi is a painful disease which makes the affected person unable to walk and also hampers his or her daily activities. The disease being one among the 80 types of *Nanatmajavatavyadhi* has no specific *Nidansamprpti* mentioned. So, *Nidan* or *Samprapti*, *Sadhyaasadyata* and *Pathyaapathya* of *Vatavyadhi* can be considered. This disease is a *Chirakari* (chronic) type of disease. So, the *Nidanparimarjan* is the best option. All the *Vataprakopak* diet and regimen should be avoided.

Katibasti is a *Bahirparimarjanchikitsa* which helps in alleviating *Sthanikvata* and produces the *Bruhan* properties at the *Kati* region. There is no direct reference for *Katibasti* in classical texts and it is one of the supportive therapy. *Katibasti* is a specialized technique of *kereliya panchakarma*. Even though *Katibasti* is not introduced inside the body, they are still called *Basti* because the medicated substances are retained over a particular area of the body for a period of prescribed time. *Katibasti* is useful in *Kati* and *Adhahsakhagatavikars* (disorders of lower limb). This form of external *Basti* particularly benefits muscle spasm, rigidity of the lower spine and strengthens the bone tissue in that area.

Mahanarayan taila is a well-known *Vata* balancing herbal oil formula used in Ayurvedic medicine for centuries. It is a rich combination of antiarthritic Ayurvedic herbs, produce no irritation on skin and arrest further progress of

chronic arthritic changes of joints, pain, stiffness, restricted movement, distortion and restores normal joint function. In the present case, *Katibasti* with *Mahanarayana taila* improved the condition of the patient. Perhaps it enhances the blood flow over low back area and helps it to get the nutrients and pain relieving bio-chemicals to the affected area. Additionally the process of local *Snehan* might help to restore the local damage of ligaments, tendons, muscles, bones and intervertebral discs and disc spaces. The *Sthanikswedan* might support to increase the vasodilatation of the body and it facilitates elimination of the biotoxins and waste materials and pain producing biochemical from the affected area.

Mahavataavidhwansan rasa is an Ayurvedic medicine in tablet form used in the treatment of *Vatavyadhis*. This is a herbo mineral preparation containing heavy metals hence it should be taken under strict medical supervision. The ingredients of *Mahavataavidhwansan rasa* have properties of *Vatakaphahara*, *Vedanasthapan*, *Shoolprashama*, *Tarpan*, *Balya*, *Rasayan*, *Srotoshodhan* and these drugs helps in improving the qualities of *Asthidhatu* and reformation of tissue. The patient showed a significant symptomatic relief with this combination treatment.

CONCLUSION

A combination treatment of *Katibasti* with *Mahnarayantaila* and oral administration of *Mahavataavidhwansan rasa* completely relieves the symptoms of *Gridhrasi*. Although it does not show any changes in the radiological findings of lumbar vertebrae (L4-L5), but it definitely helps in preventing further deterioration of the tissues.

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