

A CLINICAL STUDY TO EVALUATE THE EFFICACY OF RAKTAMOKSHANA AND ERANDAMOOLADI NIRUHA BASTI IN SCIATICA-A REVIEW

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ABSTRACT

In daily clinical practice, low backache alone or along with radiating pain in the lower limb is a common problem in society. This is due to disc herniation at L4-L5 or L5-S1 associated with irritation of a spinal nerve root. In ayurveda, on the basis of signs and symptoms, sciatica can be compared with *Vaat-Kaphaj Gridhrasi*. The word "Gridhrasi" refers to the gait exhibited by the patient due to extreme pain. This is similar to the gait of a *Gridha* (vulture). The gait is slightly tilted to the affected side, with the affected leg flexed and the other leg extended, described as similar to that of a vulture. According to *Acharya Charaka*, *Gridhrasi* is mentioned in eighty types of *Vataja Nanatmaja Vyadhi*. *Ruka* (pain), *Toda* (pricking feeling), *Muhuspandana* (tingling sensation), and *Stambha* (stiffness) are the primary manifestations of *Vataja Gridhrasi*, as a further sign of *Gridhrasi*. *Acharya Sushruta* also cited *Sakthishepana Nigrahanti* (limited movement of the lower limb). *Tandra* (drowsiness), *Gaurav* (heaviness), and *Aruchi* (anorexia) may also be present in *Vata-Kaphaj Gridhrasi*. *Panchakarma* treatment such as Bloodletting by cupping therapy and *Erandamooladi Niruha Basti* (herbal medicated enema) and *Anuvasan Basti* of *Kshirabala Tail* was used, as a *Kaal Basti*. These ayurvedic procedures are the easiest way to control the signs and symptoms of the patient. This article discusses the uses, preparation of method and probable mode of action of *Raktamokshana* and *Erandmooladi Niruha Basti*.

Keywords: Low-backache, Sciatica, *Gridhrasi*, *Raktamokshana*, Cupping therapy, *Erandmooladi Niruha Basti*

INTRODUCTION

Pain in the distribution of the lumbar or sacral roots is almost always due to disc protrusion. The onset may be sudden or gradual. Constant aching pain is felt in the lumbar region and may radiate to the buttock, thigh, calf and foot¹. Low back pain with a spinal origin may only affect the back or may spread to the limbs or buttocks. Upper lumbar spine conditions can cause pain in the upper lumbar region, the groin, or the anterior thighs. Diseases of lower lumbar spine refer pain to buttocks, posterior thighs, calves or feet. Examination: The straight leg raising sign (SLR sign) is elicited by passively flexing the patient's hip while they are supine. This manoeuvre stretches the L5/S1 nerve roots and the sciatic nerve that runs posterior to the hip. The SLR sign is positive if the manoeuvre causes the patient to experience discomfort. Laboratory evaluation-routine lab test and lumbar spine x-ray are rarely needed for nonspecific acute LBP (<3 months) but indicated when risk factors for serious diseases i.e prior history of cancer, history of trauma, history of chronic infection (especially lung, urinary tract, skin). In *Ayurveda*, *Acharya Charaka* explained *Gridhrasi* in *Vatavyadhi*² and it is also believed that any type of pain cannot be without presence *Vata*. This disease is a severely painful condition so, *Vata Pradhanya* in its pathogenesis is clear. In ayurvedic classics, our *Acharya* has given so many special therapeutic procedures of specific disease along with medicine. *Panchakarma* is a very unique therapeutic procedure because of its preventive promotive, prophylactic and rejuvenative properties as well as providing a radical cure. *Raktamokshana* by cupping therapy-the vitiated blood expels out and patient get relief. Among these *Panchakarma* procedure, *Basti Karma* best treatment for *Vata* disease³. According to *Sushruta* it can be used in *Kaphaj* and *Pittaj* disorders by using different ingredients. *Gridhrasi* involved in *Vataj Nanatmaj Vikar*⁴. According to *Acharya Charaka Basti Chikitsa* known as a *Ardhachikitsa*⁵ therefore, if *Vata* is treat by *Basti Chikitsa*, all of these elements are automatically regulated, and overall body homeostasis is attained.

MATERIAL AND METHOD-

Raktamokshana (bloodletting) by cupping therapy⁶. *Erand-Mooladi Niruha Basti* (drugs given through anal route)⁷.

RAKTAMOKSHANA PROCEDURE-

The procedure of incising the skin superficially, apply the cup over the affected area and thereby accomplishing the bloodletting is known as *Alabu*. This procedure is specially indicated to eliminate *Pindita Doshas*.

Poorva-Karma (Pre-operative)- routine pre-operative measures for *Raktamokshana* are to be followed.

Collection of necessary material: Proper place, gauze piece, swabs, bandages, tourniquet, sphygmomanometer etc. Sterilize the cups before applying over the area.

Preparation of patient: Routine blood investigation, blood group, blood sugar etc.

Pradhana Karma (Main procedure)-

The patient is lying in prone position to avoid faintness. The back part was cleaned with povidone iodine solution. The cups applied on the selected points on the skin and a negative pressure was created inside them by using the manual pump. As a result, the skin inside the cups developed a suction that persisted for three to five minutes. The cups were then released by pulling the valve on each one, leaving a circular, congested area on the skin to indicate where each cup had been placed. By a disposable surgical blade No. 24 shallow incision about 3-4 mm long and less than 0.1 mm deep made at the site of lower lumbo-sacral region and four *Angula* above the knee joint of affected leg.

Paschata Karma (Post operative)-

After ceasing of bleeding, clean that site properly with *Triphala Kwath* followed by dusting the *Haridra Churna*. Avoid water contact for 24 hours. Apply *Jatyadi Ghrita* locally.

Procedure may be repeated after 7 or 15 days.

After the procedure the patient should avoid the exercise, day sleep, grief, indigestion etc.

Modern view of Bloodletting therapy-

Normal body tissues are always under constant positive blood pressure towards the capillary walls inside body and opposite to the atmospheric pressure on the body and it is same in proportions. Inflammation occurs as a response to tissue injury in defence which further leads to accumulation of interstitial fluid in the local space of trauma. It increases pressure on the local tissue surroundings and capillary walls. After application of fibre cups, it creates negative pressure on applied surface and results in local vasodilation and improves blood circulation.

After pricking on demarcated area of cups and in the area of vasodilation, immediately oozing of blood starts which helps to escape out toxins, inflammatory tissue fluid and injured leucocytes etc. It decreases local tissue pressure and provides nutritional support by flushing normal blood flow to the demarcated site of cupping. Hence, the tissue of the affected area resumes its physiological phenomenon, and, in this way, localised pain disappears gradually.

ERAND-MOOLADI NIRUHA BASTI-

Method of Administration of *Basti*: *Basti Karma* can be classified into three phases- *Purvakarma*, *Pradhanakarma* and *Paschata Karma*. They can be explained as follows:

Purva Karma (Pre-operative procedure)-

Niruha Basti should be administered only in an empty stomach. On the day of *Niruha Basti*, prior to the process, *Abhyanga* with *Bala Tail* for local *Snehan* and *Dashmool Kwath Nadi Svedana* should be done on the waist region.

Pradhana Karma (The main procedure)

The patient should lie comfortably in the left lateral position. Keep the body straight and folded the left hand as pillow then flex the right leg and keeping the left leg straight (fully extended).

The anus of the patient should be lubricated, and the lubricated nozzle should be inserted into it up to the first ring (1/4 part from the top) slowly and straightly parallel to the vertebral column. Once we inserted it, we have to wait for a few seconds for the body to accommodate the nozzle before we squeeze the *Niruha Dravya*. According to the *Acharya Vagbhatta* time taken for squeezing is 30 *Matra*. Practically it takes ½ to 1 minutes.

Paschata Karma (Post operative procedure)-

Immediately after giving *Basti*, ask the patient to lie in a supine position. A pillow can be used. Patient is allowed to pass the stools, when there is an urge. After defecation a hot water body bath is given and eat some solid food along with *Mansa*, milk or *Yusha* in *Vata*, *Pitta* and *Kapha* predominant diseases respectively.

The maximum time for evacuation of *Niruha Basti* is one *Muhurta*, i.e., 48 minutes.

Avoid the following eight factors after therapy-

- Ucchair bhashya*- loud speech
- Ratha*- *Kshobha*- too much travelling.
- Ati-Chankramana*-excess walking
- Ati-Asana*- constant sitting
- Ajirna*- Indigestion
- Ahita-Bhojana*-intake of unwholesome food
- Diva Swapna*-sleep during daytime
- Maithuna*-sexual relationship

CONTENTS OF ERAND-MOOLADI NIRUHA BASTI-

<i>Dravya</i>	Quantity
<i>Makshika</i> (Honey)	100 ml
<i>Saindhav lavana</i>	12 gm
<i>Sneha-Kshirabala Tail</i>	100 ml
<i>Kalka Dravya</i> - <i>Shatahva</i> , <i>Hapush</i> , <i>Priyangu</i> , <i>Pippali</i> , <i>Madhuka</i> , <i>Bala</i> , <i>Rasanjana</i> , <i>Vatsaka bija</i> , <i>Musta</i>	48 gm
<i>Kwath Dravya</i> - <i>Erandamula</i> -3 Pala, <i>Palasha</i> , <i>Laghupanchamoola</i> , <i>Rasna</i> , <i>Ashwagandha</i> , <i>Atibala</i> , <i>Guduchi</i> , <i>Punarnava</i> , <i>Aragvadha</i> , <i>Devadaru</i> -1 Pala each <i>Madanaphala</i> -8	400 ml

Jala (Water) -2 Adhaka	
Addatives-Cow's Urine	100 ml
Total quantity	900 ml

DISCUSSION

All of the body's functions, including *Gati* i.e movement and *Gandhan* i.e sensation. are controlled by *Vata*⁸. These two functions are performed by all parts of the body, but legs utilize these functions to a maximum extent particularly the voluntary moments. Among *Ekadash-indriyani* described in Ayurvedic classics, 'Padendriya Karmahani' occurs in *Gridhrasi*, leading to *Gridha* (Vulture) like gait and *Vatanubadhi* symptoms like *Stambha*, *Ruk*, *Toda*, *Graha* and *Spanda* in *Sphika*, *Kati*, *Uru*, *Janu*, *Jangha*, and *Pada* in ascending order and *Sakthikshepa Nigraha*⁹ i.e., restricted lifting of leg and in *Kaphanubandhi* symptoms like *Arochaka*, *Tandra* and *Gaurav* are found. In this disease excessive walking, swimming, exercise etc. produce *Rukshata* in the body by which *Shosha* occurs. With the help of *Niruha basti*, *Vata dosha* destroyed which is the main cause of pain. *Vata dosha*, the root cause of all ailments, has its primary residence in the colon, where *Basti* enters and eliminates it. By subsiding the *Vata*, all diseases located in the other parts of the body also become pacified just as by cutting the roots of a plant, the stem, branches, sprouts, fruits, leaves etc. also vanish. The given *Basti* when enters the colon by its potency/active principle draws the morbid biohumour lodged in the entire body from foot to the head, just as the sun situated in the sky absorbs the moisture from the earth. According to *Acharya Charaka Erandmoola* is the best drug for *Vata* disorder¹⁰. In *Chikitsa*, *Acharya Sushruta* has quoted the benefits of the *Raktamokshana* that it not only purifies the *Srotas*, but also other parts of the body become free from diseases, and it provides instant relief from painful misery. *Acharya Sushruta* also said that those diseases which are not relieved quickly by *Snehana*, *Lepanadi* therapeutics measures. *Raktamokshana* should be instituted to achieve definite results. Probable mode of action of *Raktamokshana* by cupping therapy method- In *Dhatukshaya Janya*

Samrapti, application of cupping helps to remove *Vata* vitiated blood, pain producing agents and toxins from the affected part. It helps to enhance fresh blood supply to the affected lumbo-sacral and leg region. It promotes detoxification, purification of nutrition pathway by removing *Doshas*, those are lodged in affected inter-vertebral joint spaces. In this way, the *Raktamokshana* cupping process helps to regain normal function in degenerative joint disorders causing nerve compression. In *Margavarajanya Samrapti*, *Raktamokshana* removes *Avarana* of *Kapha Dosha* over *Vyana Vayu* which helps to re-establish *Prakrut Rasa- Rakta* etc. and provides nutritional support to the affected parts. This process might have reduced the inflammatory pathology by flushing out the inflammatory chemicals mediators and ultimately provides relief from pain to the patient.

CONCLUSION

Gridhrasi is the most common and certainly the most annoying problem confronting the panchakarma practice. In contemporary medicine, conservative treatment is only for pain management which includes analgesics or NSAID. Surgical management of these cases is expensive. This article showed *Raktamokshana* and *Erandmuladi Niruha Basti* is safe and effective in the management of sciatica.

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