

## A CLINICAL REVIEW OF TILA TAIL MATRA BASTI IN THE MANAGEMENT OF GRIDHRASI W.S.R TO SCIATICA

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### ABSTRACT

*Gridhrasi*(Sciatica) is *Vataj Nanatmajvyadhi*, having shifting pain in lower limb radiating from *Sphik*, *Prushtha* and affecting *Uru*, *Janu*, *Jangha* and *Pada* in order. *Gridhrasi* is of two types 1) *Vataj*: characterized by severe pain 2) *Vata-Kaphaja*: has symptoms *Tandra*, *Gaurav* and *Aruchi*. *Basti* is most common among *Panchakarma* due to its multiple effects. *Pitta* and *Kapha* are dependent on *Vata* as it governs their functions. *Basti* is not only best for *Vata* disorders, but also equally effective in correcting the morbid *Pitta*, *Kapha* and *Vata*. *Charaka Acharya* has considered *Basti* therapy as half of the treatment of all disease. *Matrabasti* is subtype of *Anuvasan Basti*. It is administered in very small amount and hence is very convenient in present day life. All *acharya* has explained about *Matrabasti* and considered safe and useful in many conditions where other varieties of *Basti* are contraindicated. It is specially used to treat various *Vataja* disorders. Signs and symptoms of *Ghridrasi* are relieved when treated with *Tila Tail Matra Basti*.

**Keyword:** *Gridhrasi*, *Matrabasti*, *Sciatica*, *Nanatmaj Vyadhi*, *Anuvasanbasti*, *Vataja disorders*, *Tila Tail*.

## INTRODUCTION

*Gridhrasi* is the most obstinate and Prominent one amongst the 80 types of *Nanatmaja* disorders<sup>[1]</sup>. All most all signs and symptoms of *Gridhrasi* resemble with the condition of sciatica, As described by modern texts. Sciatic nerve is formed from the L4 to S3 segments of Sacral plexus. Sciatic neuralgia is defined as pain in the distribution of Sciatic nerve due to pathology of nerve itself (ex herniation of one or more lumbar intervertebral discs, Spinal tumors and infections that may compress sciatic nerve)<sup>[2]</sup> In case of *Gridhrasi* specific *Nidana* has not been mentioned. Since *Gridhrasi* is considered as *Nanatmaja Vata* diseases, so causative factors producing *Vatavyadhis* are considered as *nidana* of *Gridhrasi*. Factors that provoke *Vatadosha* are causative factors for *Vata* diseases. In addition to this, in *Charakasmahita*, *Astangasangraha* and *Ashtanga hridaya*, the specific causes of *vatavyadhi* i.e. *Dhatukshaya* and *Avarana* have been also mentioned<sup>[3]</sup> As *Gridhrasi* is one of the 80 types of *Vatavyadhi*, the minor symptoms present before the manifestations of the disease may be taken as the *purvarupa*<sup>[4]</sup> Ruk (pain), *Toda* (pricking pain), *Stambha* (stiffness), *Spandana* (Twiching). *Sakhikshepananigranti: Shushruta* has mentioned this symptoms *Dalhana* says that *Kandara* that forbids the movement of the limb is called *Gridhrasi*. This is an additional manifestation of limited mobility of the affected leg. The word *Kshepa* means *Prasarana* are the extension in which patient has to keep the leg in flexed position which increases the pain. *Vagabhata* says this *Lakshana* in a different way by using the word “*Utshepana*: in the place of “*Kshepa*” which means that the patient is unable to lift the leg. *Arunadutta* very clearly defines it by using the word “*pada udharane Ashakti*” it means the patient is unable to elevate or lift the leg. *Dehasyapipravakrta: Madhava* described the symptom on account of pain that means the lateral and forward bending of body. The patient of *Gridhrasi* keeps the leg in flexed position and tries to walk without much extending the leg. Thus, the whole body is tilted on the affected side and gives

him a bending posture or limping. The gait is also typical.

*Rupa of Vatakaphaja Gridhrasi: Tandra* (Lethargy), *Gaurava* (Feeling of heaviness of the body), *Arochaka* (Anorexia), *Agnimandhya*, *Mukhapraseka*, *Bhaktadweshha* (Lack of desire to eat), *Staimitya*.

***Samprapti Ghataka:***<sup>[5]</sup>

- ***Nidana:*** *vataprapakopakar vihara*
- ***Dosha:*** *vata (Vyana and Apana), Kapha*
- ***Dushya:*** *Rasa, Rakta, Asthi, Majja, Sira, Kanadar, Snayu.*
- ***Agni:*** *Jatharagni and dhatawagni*
- ***Ama:*** *Jatharagnijanya and dhatawagnijanya*
- ***Udbhavasthan:*** *Pakawashaya*
- ***Sancharasthan:*** *Rasayanies*
- ***Adhithana:*** *Pristha, Kati, Sphik*
- ***Strotas:*** *Rasa, Rakta, mansa, medo, Asthi and Majjavahastrotas*
- ***Vyakta:*** *Adhosakthi-uru, jane jagha and pada.*
- ***Swabhava:*** *Aashukari / Chirkari*

***Sadhyasadyatva:***<sup>[6]</sup>

*Naveen- Krichsadhya. Asadhya- Gridhrasi is avatavyadhi* and all the *Vatavyadhi* becomes *Asadhya* (incurable) or *Durroopakrama* (complicated) if neglected after a certain period.

***Pathya:***<sup>[7]</sup> *Raktashali, Purana shashtikashali, Kulatha, Maasha, Godhum, navintila, Lavana, Dugdha, Ghrita, Dadhi, Matsyandika, Dadhikurchika, Patola, Shigru, Vartaka, Lashuna, tambula, jalkrida, samvaha, parisheka* etc.

***Apathya:*** *Chanaka, Shyamak, Nivarkangu, Mudga, rajamashak, Kattilaka, Bimbi, Kasheruka, Tadag, Viruddha anna Dravyas having Kashaya Katu, Tikta Rasa, Chinta, Ratrijagaran, Vegavidharana, Shrama, Nidradhikya* etc.

**Management:**

All *acharyas* have appreciated *basti* is unique form of treatment modality. It is incomparable elimination therapy than the others because; it expels the vitiated *Doshas* rapidly as well as it nourishes the body. *Basti* has its effect in colon, through its power it pulls all impurities out from head to toe, just as the sun that stands high in the sky dries up all rivulets. *Matrabasti*

contains individually prescribed oils that target specific situations, while at the same time it nourishes the physiology. The *Anuvasanbasti* assure that the toxins that have been loosened by various oil massages make their way out of the body<sup>[8]</sup>.

*Vagbhatta* says the *Virya of Basti* is conveyed to *Apana* and then to *Samanavata*, which may regulate the function of *Agni*. It then goes to *Udana*, *Vyana* and *Prana*, thus providing its efficacy all over the body. At the same time *Basti* by pacifying *Vata*, restores the disturbed *Kapha* and *Pitta* at their original seat and thus helps in breaking the pathogenesis. Thus, according to *Ayurveda*, the *Veerya* (active principle) of the Oil used in the *Basti* get absorbed and then through the general circulation, reaches at the site of the lesion and relieves the disease.<sup>[9]</sup>

Pharmacokinetics studies have also proved that drug administered via rectum can achieve higher blood levels of the drug than oral route due to partial avoidance of hepatic first –pass metabolism. The rectum has a rich blood and lymph supply, and drugs can cross the rectal mucosa as they can other lipid membranes thus un-ionized, and lipid soluble substances are readily absorbed from the rectum. The portion absorbed from the upper rectal mucus is carried by the superior hemorrhoidal vein into the portal circulation, whereas that absorbed from the lower rectum enters directly into the systemic circulation via the middle and inferior hemorrhoidal veins thus an administration of *Anuvasana Basti* has faster absorption and provides quicker result. The rectal wall contains neuroreceptors and pressure receptors which are stimulated by various *Basti*. Stimulation results in increase in conduction of sodium ions. The inward rush of sodium ions through the membrane of the unmyelinated terminal is responsible for generating the action potential. Generally, the action potential is initiated by increase in permeability of sodium ions. The *Basti* immediately after entering *Pakwashaya* (intestine), strike at the very root of vitiated *vata*. By virtue of their permeability the *Basti* may increase the normal bacteria flora of the colon and they're by modulate

the rate of endogenous synthesis of vitamin B1 and B12 as well as Vitamin K.<sup>[10]</sup>

### Case Report:

#### Chief complaints with duration

1. pain in lower back which is radiating to posterior aspect of left leg for 1 month. Pain has increased for 1 week.
2. Dragging type of pain, difficulty in sitting, standing and unable to walk properly for 1 week.
3. Pulling type of pain in left calf and thigh region
4. Associated with patient also c/o *Tandra* and *Gauravta* for 1 week

#### History of personal illness

A male patient aged 40 years presented with the complaints of back pain and then gradually radiates to posterior aspect of *Uru*, *Janu*, *Jangha* and *pada* of left side for 1 month. Also complaining of dragging type of pain, difficulty in sitting, standing for 1 week, associated with patient also complaining of *Tandra* and *gauravta* for 1 week. Hence patient consulted a local doctor and was advised some oral medication and rest. but patient was not relieved and from 1 week there was increased in the severity of symptoms. H/O heavy weightlifting hence patient came to our hospital for further management.

#### Purvavyadhivrittantant:

No/H/O- HTN/ DM/ T.B/ASTHAMA/ other systemic illness.

No surgical history

**Family history:** Nothing significant.

#### Personal history:

- *Ahar*: Mixed diet. Morning at 7 am drinks 3 glass of *shitta Ambupana*, nonveg once a week
- *Vihar*: shopkeeper, he sits in the same position for almost 5-9hrs since 30 yrs, control his thirst and urge to micturate.
- *Appetite*: Decreased appetite but takes food regularly.
- *Bowel*: for 4 months hard, straining.
- *Micturition*: Normal
- *Sleep*: Disturbed since 3 yrs., Due to pain
- *Habits*: nil

### Astastana Pariksha

- Nadi- 88/min
- Mala- Baddhata (constipated)
- Mutra- 4-5 times a day, 1 time in the night
- Jiwha-Alpa-saam (coated)
- Shabda-Normal
- Sparsha-Slight tenderness present over the lumbar region
- Druk-Normal
- Akruti- lean built.
- B.P- 120/80 mm/hg

### Dashvidhpariksha

1. Prakriti: Vata-Pitta

2. Vikriti:

- Hetu- Long hours of sitting, Lifting heavy weights, Vegadharana, Nidrahaani.
- Dosha- Vata
- Doosha- Asthi, Sandhi, Mamsa
- Prakriti-Mridu
- Desha-Bhumi: Annupsadharana

Atura-Kati, Vamasakthi

- Kala-Ritu: Varsharitikriyakaala-Vyaktaavastha
- Bala-Rogi: Avara, Roga: Madhyama
- 3. Sara: Madhyama
- 4. Samhanana: Madhyama
- 5. Satva: Madhyama

6. Satmya: Madhyama

7. Ahara shakti: Abhyavaharana Shakti- Madhyama, Jarana Shakti-Madhyama

8. Vyayamashakti: Avara

9. Vayah: Madhyama

10. Pramana: Madhyama

### Locomotor system:

- Gait: Limping with support
- Upper limb: Normal
- Lower limb: Stiffness in the calf and thigh region, Redness, weakness, swelling present. Local temp raised.

### Deformity- Absent

- Examination of spine-
  1. Inspection: No visible deformity
  2. Palpation: Tenderness in L5 S1 S2
  3. Movements: Cervical/Thoracic: NAD, Lumbar: Flexion Restricted, Lateral Flexion Lt- Not possible Rt- Restricted, Extension- Restricted

SLR test: positive at 45degree left leg.

Lasegues sign: Positive

### Investigation

Hb- 13 gm%, ESR-24mm/hr, RBS-109 mg/dl, Urine sugar: Absent, MRI- mild diffuse bulge at L4, L5 level

### Treatment protocol

<b>Poorvakarma</b>	Deepana and Pachana Patient is asked to evacuate bowel bladder, made to lie in the left lateral position with the Right leg flexed. Sarvang Abhyanga with Tilataila and Dashmoola Nadi Sweda
<b>Pradhanakarma</b>	The tip of the catheter is smeared with oil. The anal orifice is lubricated with oil. The catheter is then introduced into the anal canal till 4-6 inches and TilaTaila Matrabasti is given by Tila Taila is pushed into the Rectum, the catheter is gently pulled out.
<b>Panchakarma</b>	Sphikthadana is done. Patient is made to lie on supine position. Patient is made to rise the legs by Flexing the hip 3-4 times. Patient is advised to take rest after Sukhspurvaka Pratyagamana of Basti Sukhoshnajalasnana Advised to take Supachyalaghuahar

### Study Duration:

- 1-7<sup>th</sup> day: Tilataila Matrabasti is given
- 7 days followed by Parihara kala of 14 days.
- Follow up after 21 days.

### Observation and Result

The result observed after the treatment, improvement in signs and symptoms of the patient. Relief was found in symptoms of back pain, numbness and

tingling sensation. Gait has improved. The patient has complete relief so she can sit comfortably.

**Table 1:** Showing effect of therapy on Subjective parameters.

Subjective Parameters	Before Treatment	After Treatment	After Follow up
Ruk	Moderate painful walk with limping without support	Relief was found in back pain (70-80%)	Relief was found in back pain
Sthamba	Mild stiffness (1-10 min) – up to 25% impairment Patient can perform daily work	Relief was found in stiffness	Relief was found in stiffness

**Table 2:** Showing effect of therapy on Objective Parameters.

Objective Parameters	Before Treatment	After Treatment	After Follow up
SLR (Right leg)	45 degrees with pain	70 degrees without pain	70 degrees without pain

## DISCUSSION

*Gridhrasi* is such a disease having its origin in *Pakwashaya* (large intestine) and seat in *Sphika* and *Kati* i.e. Lumbat spine. *Acharya Sushruta* has emphasized the involvement of *Kandara* (ligament) from *Parshni* (calcaneal bone) to *Anguli* (fingers) in producing the disease *Gridhrasi*; he also added an important sign *Sakthishhepanigraha* i.e., rest) The signs and symptoms of *Gridhrasi* can be correlated to sciatica of modern medicine. Sciatica is caused due to compression or irritation of sciatic nerve, the injury to sciatic nerve and its branches results in Sciatica. S.L.R test, it plays a major role in diagnosis of the disease and assessment of effect of therapy as an objective parameter. In *Charaksamhita Bastikarma* (*Niruhu and Anuvasan*), *Siravedha and Agnikarma*.<sup>[11]</sup> *Sushruta acharya* has advised *Siravedha* at *Janu* after flexion.<sup>[12]</sup> *Astangasangraha and Astanga Hridaya* have also advised *Siravedha* four *Angula* above *janu*. *Chakradutta* has given the treatment of *Ghridrasi* in details. He has stressed that *Basti* should be administered after proper *Agnidipan*, *Pachan* and *Urdhvasodhana*. Also mentioned *Siravedha* four *Angula* below *Indrabasti Marma*, if not relived by this treatment, then *Agnikarma* at *Kanishthika Anguli* of *pada* has been suggested<sup>[13]</sup>. *Yogratnakar* has advised *Siravedhain* the area of four *Angula* around *Basti* and *Mutrendriya*, if this fails *Agnikarma* in the little finger of the leg is advised in the management of *Gridhras*<sup>[14]</sup>. So according to

*Charaka acharya* suggest that *Anuvasana Basti* therapy not only produced symptomatic relief but also control the disease process and may case long lasting effect<sup>[15]</sup>.

## CONCLUSION

*Basti* is one of the most practiced therapeutic procedure that can be done on OPD basis. In *Ayurveda Basti* therapy is considered as *Ardhachikitsa*. *Matrabasti* is the type of *Anuvasana Basti* in which *Sneha* is administered in lowest dosage i.e., Quarter (1/4<sup>th</sup>) quantity of *Sneha*, this dose is equal to the dose of *HrisvaSnehapan*. It is indicated in people debilitated due to heavy work, Exercise, lifting heavy weight and in persons afflicted by disease due to *Vata Dosha*. It increases *Bala*, helps in easy and comfortable evacuation of *Mala* and pacifies *Vata Dosha*. *Tila Tail* is easily available and affordable, *Tila Tail Matrabasti* was given for seven days, and significant improvement was observed.

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