

EFFICACY OF VEDANASTHAPANA MAHAKASHAYA NIRUHABASTI IN GRIDHRASI VIS-À-VIS SCIATICA: A SINGLE CASE STUDYSharanabasappa Police Patil¹, Vasudev A Chate², Shreevathsa BM³¹ Final year PG Scholar, PG Dept of Ayurveda Samhita and Siddhanta, GAMC Mysuru, Karnataka² Professor, PG Dept of Ayurveda Samhita and Siddhanta, GAMC Mysuru, Karnataka³ Professor & Head, PG Dept of Ayurveda Samhita and Siddhanta, GAMC Mysuru, KarnatakaCorresponding Author: sharanabasu1996@gmail.com<https://doi.org/10.46607/iamj2312092024>

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**ABSTRACT**

Sciatica is an excruciatingly painful ailment that affects one or both legs' sciatic nerves. It's a prevalent illness that impairs leg movement. It is frequently linked to low back discomfort. Because of its intensity, sciatica pain can occasionally interfere with a person's daily activities. It is defined by discomfort or pain along the sciatic nerve. The prevalence of sciatica varies considerably, ranging from 1.2% to 43% worldwide, mainly affecting persons aged 30-60 years. As per the Ayurveda system of medicine, it is named *Gridhrasi* (Sciatica) one of the most common disorders of *Vata*. Based on the clinical presentations, it is bifurcated as *Vataja* and *Vata-Kaphaja*. Regarding management, contemporary medicine has limitations in providing short-term relief from pain or surgical intervention with side effects. This case study aimed to assess the efficacy of *Ayurvedic* management, including *Shodhana* (purification therapies) and *Shamana Chikitsa* (pacifying therapies) in *Gridhrasi*. A 45-year-old man who was already diagnosed with Inter vertebral disc prolapsed in L4-L5, correlated with *Gridhrasi* of both legs two years approached GAMC & H, Mysore and was treated with *Panchakarma Chikitsa* including *Vedanasthapana Maha Kashaya Niruha Basti*, *Kati Basti*, and *Patra Pinda Pottali Sweda* along with *Shamana Chikitsa*. The treatment was continued for consecutive 15days. An asymptomatic assessment of the patient was carried out after 15 days, and it got satisfactory results, and the overall quality of life of the patient was significantly improved. For the management of *Gridhrasi*, the previously indicated therapy provides symptomatic alleviation.

Keywords: *Gridhrasi, Sciatica, Yoga Basti, Kati Basti, Shamana Chikitsa, Vedanasthapana.*

INTRODUCTION

Gridhrasi is one of the *Vataja Nanatmaja Vikāra*, considered a significant *Vata Vyadhi* (neurological disorder).^[1] The name *Gridhrasi* indicates the distinctive gait of the patient due to severe pain, resembling the walk of a vulture (*Gridhra*). This condition is characterised by the vitiation of *Vata*, affecting the *Kandara, Sira, and Snayu* of the lower limbs. *Gridhrasi* can be classified into two types based on symptoms: *Kevala Vataja* and *Vatakapha*.^[2] The symptoms of *Gridhrasi* (sciatica) include *Ruk* (snatching pain), *Stambha* (stiffness), *Spandana* (twitching), and *Toda* (pricking sensation), which initially affect the *Sphik* and gradually radiate towards *Kati, Prust, Uru, Janu, Jangha, and Pada* in that order, along with *Sakthikshepa Nigraha* (restricted leg lifting). In *Kaphanubandhata*, additional symptoms like *Tandra* (drowsiness), *Gaurava* (heaviness), *Arochaka* (loss of appetite), *Mukha Praseka* (salivation), and *Bhaktadvesha* (aversion to food) are present.^[3] These symptoms can be correlated with contemporary science, such as sciatica. The primary symptom of sciatica is lumbosacral radicular leg pain following a dermatomal pattern radiating below the knee to the foot and toes. Sciatica involves pain along the sciatic nerve distribution, starting from the buttock and radiating down the posterior thigh, calf, and outer foot. The most common cause is herniation or degenerative changes in the intervertebral disc. Often, there is a history of trauma, such as twisting the spine or lifting heavy objects. The lifetime incidence of sciatica varies from 1.2% to 43%, most common in people aged 30-60 years, with males more frequently affected than females. The best treatment for *Gridhrasi*, as mentioned in *Ayurvedic* texts, is *Basti*. *Basti* is the most important among *Panchakarma* therapies due to its multiple effects.^[4] *Vata* influences *Pitta* and *Kapha*'s functions, so they depend on it. In addition to being the most effective treatment for *Vata* diseases, *Basti* also works well to cure morbid *Pitta, Kapha, and Rakta*. *Charaka* considers *Basti* as *Ardhachikitsa* among all diseases, with some authors

viewing it as a complete remedy for all ailments.^[5] *Basti* is a unique procedure explained for managing *Vata Vyadhi*, and since *Gridhrasi* is predominantly a *Vata* disorder, *Basti* is widely used for its management.

CASE PRESENTATION

A 45 male patient came to GAMC &H, Mysore, on November 7, 2023. Following are the details of the patient:

Patient name: XYZ

Age/sex:45 yrs. /male

OPD No: 4265

Date Of Admission: 08/11/2023

Date Of Discharge: 22/11/2023

Occupation: Agriculture

Address: H D Kote

Chief complaints: The chief complaint is chronic pain in the lower back region with radiation to bilateral lower limbs, numbness in both feet, persisting for the last two years and worsening over the past 15 days.

History of present illness

A 45-year-old male patient was apparently normal two years back, gradually developed radiating pain in the lower back region, accompanied by numbness in both feet, making walking and sitting difficult. These symptoms persisted for 15 days. The patient sought treatment at an allopathic hospital, where he received medication that provided temporary relief, but the symptoms recurred. Despite consulting multiple doctors, satisfactory results were not achieved; hence, the patient approached GAMC Mysore.

Personal history -The patient reported a history of regularly engaging in heavy lifting and strenuous work, as well as frequent consumption of spicy foods and meat products since the age of 30.

Clinical findings on examination:

The locomotory system examination included Inspection, Palpation and Range of Movement of the spine. On Inspection, the gait was an Antalgic gait. On palpation, tenderness was elicited at L₄, L₅ and S₁. On

examining the range of movement of the spine, the forward flexion was limited to 20cm above ground, right lateral flexion was limited to 30 with pain, Left lateral flexion was limited to 30 with pain, Extension

was limited to 10 with pain, and Schober’s Test was less than 10cm of distance.

Special Test: Table 1 depicts the special tests carried out in the present case study

Table 1: Special tests carried out in the present case study

Test	Right leg	Left leg
SLR Test	Positive at 40°	Positive at 30°
Bragard’s Test	Positive	Positive
Faber’s test	Positive	Positive
FNST	Positive	Positive
Doorbell sign	Positive	Positive

Investigation

MRI Report Date: 18 /6/2023

At the L4 and L5 levels, a diffuse disc bulge results in anterior thecal indentation and significant bilateral neural foraminal narrowing, leading to compression of the exiting nerve root on the right side more than the left. Additionally, bilateral lateral recess stenosis causes impingement of the nerve roots as they traverse the area.

At the L5-S1 level, there is a broad-based left foraminal disc bulge, resulting in the anterior thecal indentation and bilateral neural foraminal narrowing, with the left side being more affected than the right. This leads to compression of the left L5 exiting nerve root.

Nidana Panchaka:

Nidana: Ahara: Ruksha and Katurasa ahara

Vihara: Ativyayama, Atichankramana etc.

Poorvarupa: Kati shula

Rupa: pain in the Kati gradually radiates towards Prust, Uru, Janu, Jangha, and Pada.

Upasaya: Treatment and rest.

Therapeutic Intervention: In the present case study, *Kati basti* (therapeutic retention of oil over lumbosacral region) was advised with *Ksheerabala taila* for seven days, *Sarvanga abhyanga* with *Ksheerabala Taila* for seven days, *Sthanika Patra Pinda Sweda* for seven days, and *Niruha basti* with *Vedanasthapana Kashaya* and *Anuvasana basti* with *Brihat Saindhavadi taila* in *Yoga basti* pattern. These treatment modalities are summarised in Table 2. Table 3 lists the Ingredients of *Niruha basti*.

Table 2: It shows the Management Schedule (Shodhana & Shamana)

Date	Treatment schedule	
9/11/2023 - 16/11/2023	<i>Kati Basti</i>	<i>Ksheerabala taila</i>
	<i>Sarvanga Abhyanga</i>	<i>Ksheerabala taila</i>
	<i>Sthanika Sweda</i>	<i>Patra pinda sweda</i> [6]
	<i>Yoga Basti</i>	<i>Niruha basti - Vedanasthapana niruha basti</i> [7] <i>Anuvasana basti- Brihat Saindhavadi taila(60ml)</i> [8]
17/11/2023 – 22/11/2023	<i>Shamana Aushadi</i>	1. <i>Vedanasthapana Dashamani Kashaya</i> –25ml BD After food with warm water
23/11/2023 – 12/12/2023	Follow up Medication	1. <i>Dashamoolaristha</i> –3tsf BD Before food with warm water 2. <i>Murivenna taila</i> for –External application

Table 3: Ingredients of Niruha Basti

SL.no	Ingredients	Dose
1.	<i>Makshika</i> (Honey)	50ml
2.	<i>Saindava lavana</i> (Rock salt)	6gm
3.	<i>Brihatasaindava taila</i>	60 ml
4.	<i>Kalka - Asthishrunkala churna + Rasna churna + Guduchi churna</i>	20gm+20gm+10gm
5.	<i>Vedanasthapana Kwatha</i> (Decoction)	350ml
6.	<i>Go-mutra</i> (Cow urine)	50+ 30ml water
	Total quantity	540ml

Assessment criteria

The assessment was done using subjective and objective parameters pre-and post-treatment. Subjective parameters encompassed the evaluation of radiating pain from the lumbar region to the right leg and changes in appetite and sleep, as mentioned in Table 4(a). Objective parameters included the assessment of pain during walking and sitting, along with specific clinical tests such as the Straight Leg Raise (SLR) Test, Bragard’s test, forward flexion, left lateral flexion, right lateral flexion, extension, and Schober’s test mentioned in Table 4(b).

Table 4(a): Subjective Criteria Before and After the Treatment and during Follow-up

S.NO	Criteria	Before Treatment	After Treatment (After 15 days)	Follow-up (After 30 days)
1.	Radiating pain from lumbar region to Right leg.	Sever pain (VAS Scale–8)	Moderate pain (VAS Scale - 4)	Mild pain (VAS Scale -1)
2.	Appetite	Reduced	Improved	Improved
3.	Sleep	Disturbed	Good	Good

0= No Pain: 1to3 =Mild Pain: 4 to 6=Moderate Pain, 7 to 9=Severe Pain, 10=Worit Possible Pain

Table 4(b): Objective Criteria Before and After the Treatment and during Follow-up

S.NO	Criteria	Before Treatment	After Treatment (After 15 days)	Followup (After 30 days)
1.	Pain while walk and sitting	Sever pain (VAS Scale 8+)	After 15 days Moderate pain (VAS Scale 4+)	After 30 days Mild pain (VAS Scale 1+)
2.	SLR TEST a) Right leg b) Left leg	a) Positive at40° b) Positive at35°	a) Positive at 70° b) Positive at 60°	a) Negative b) Negative
3.	Bragard’s Test a) Right leg b) Left leg	a) Positive at 45° b) Positive at 35°	a) Positive at 65° b) Positive at 60°	a) Negative b) Negative
4.	Forward flexion	Limited 25cm above ground with pain	Limited to 15cm above ground with mild pain	Limited to 10cm above ground without pain
5.	Left lateral flexion	30°with pain	20°with Mild pain	20°without pain
6.	Right lateral flexion	30°with pain	20°with Mild pain	20°without pain
7.	Extension	30°with pain	20°with Mild pain	20°without pain
8.	Schober’s Test	<10cm of distance with pain	>10cm of distance with Mild pain	>10cm without pain

OBSERVATION AND RESULT

After undergoing 15 days of Ayurvedic therapy consisting of *Shodhana* and *Shamana*, the patient experienced considerable relief in lumbar pain and increased range of movement in the spine and reduced numbness in both feet. The patient also noted an improvement in gait. Patient assessment was conducted using specific subjective and objective criteria outlined in Tables 4(a) and 4(b). According to the patient, they can walk without significant difficulty, sit on a flat surface without experiencing much pain, and perform all daily activities without pain.

DISCUSSION

The treatment protocol for *Gridhrasi* involves both *Shodhana Chikitsa* with *Basti karma* and *Shamana Chikitsa*, focusing on *Vedanasthapana Chikitsa* for analgesia, *Shothahara* for anti-inflammatory effects, and *Vata Dosha* pacifying treatment, along with strengthening and nutritional therapy for muscles and structures in the lumbar region and lower extremities. These therapies' probable mode of action lies in their ability to alleviate pain, reduce inflammation, balance *Vata Dosha*, and provide nourishment and strength to affected areas, thus effectively managing the condition. The mode of action of these *Chikitsa* can be explored as follows:

1. *Kati Basti* with *Murivenna taila* and *Nirgundi taila* followed by *Patrapindapottali Sweda*

Kati Basti, a form of *Bahya Snehakarma* (pouring warm medicated oil into the targeted *Kati region*) to alleviate pain, stiffness, and inflammation in the low back area. The absorbed *Sneha* is metabolised by *Bhrajaka pitta*, reducing aggravated *Vata Dosha*, thus strengthening the lower back, increasing *Asthidhatu* (bone tissue), and soothing the nerves.^[9] This treatment enhances blood flow, nourishing and strengthening the affected area, which is particularly beneficial for *Vatavyadhi*. Addressing the degeneration of intervertebral discs and impaired lubrication of *Shleshak Kapha* effectively lubricates local musculature and tissues. At the same time, *Murivenna taila* and *Nirgundi taila*, known for their *Shoolahara*, *Shotha-*

hara, and *Vata Shamana* properties, are utilised. Moreover, *Patrapinda Pottali Sweda*, containing medicated leaves with oil, pacifies *Vata* without aggravating *Kapha*, inducing a *Swedana* effect without worsening *Aam* conditions. This component offers soothing effects, relaxing nerves and muscles, thereby reducing compression of nerve roots and alleviating pain and numbness. Primarily used for relieving pain, inflammation, swelling, and stiffness in musculoskeletal conditions, *Patra Pinda Sweda* proves beneficial in cases of *Gridhrasi*, where the combined effects of *Snehana* and *Swedana*, due to their *Vata Shamaka* and *Dhatuposhaka* properties, alleviate symptoms. With its comprehensive approach, *Kati Basti* addresses various issues related to the lower back, providing relief and promoting overall well-being.

2. *Vedanasthapana Niruha Basti* followed by *Brihat Saindhavadi taila Anuvasana Basti*

Vedanasthapana Kashaya contains ten herbs and has properties that balance *Kapha* and *Vata Doshas*. It acts as an *Shulagnha* (analgesic), *Sothagna* (anti-inflammatory), and *Vedanasthapana* (pain reliever) and is effective in treating *Adhobhagarogahara* (lower body disorders). As *Basti* is the primary treatment for *Gridhrasi* (sciatica), *Vedanasthapana Niruha Basti* significantly alleviates its symptoms. *Basti* is considered the best treatment for *Vata Dosha*, according to *Acharyas*.^[10] It has a systemic action as the active ingredients from the *Basti* preparation are absorbed through the *Pakwashaya* (colon), spread through various channels of the body, and reach the site of the lesion, induce systemic effects, and relieve the disease. *Basti* helps remove *Kapha* obstructions over *Vata*, addresses *Vata Dosha* in the colon, alleviates constipation, and helps reduce oedema, inflammation, and necrosis due to its *Srotoshodhana* (channel-clearing) properties. *Vedanasthapana Maha-kashaya* drugs have a *Tridosahara* property, mainly *Vatahara*, due to their *Ushna* (hot) qualities, which stimulate the *Dhatvagni* through their *Tikta* (bitter) and *Kashaya* (astringent). *Anuvasana Basti* with *Brihat Saindhavadi Taila*, containing *Erandataila*,

Shatapushpa, Rasna, Shunti, Maricha, and other herbs, has Ushna, Tikshna, and Sukshma properties, which alleviate Vata and Kapha Doshas. Vedanasthapana Kashaya is utilised in Basti and, as Shamanaushadi, targets aggravated Vata and Kapha Doshas, relieving pain and discomfort associated with Gridhrasi (sciatica). This dual approach balances the doshas and provides significant relief from the symptoms, enhancing overall treatment efficacy.

CONCLUSION

The comprehensive management protocol for Gridhrasi (sciatica), combining Shodhana Chikitsa with Basti Karma and Shamana Chikitsa with specific Shamana Aushadha, effectively manages the present case. The therapies like **Kati Basti with Murivenna** and **Nirgundi taila**, followed by **Patrapindapottali Sweda**, and **Vedanasthapana Niruha Basti**, followed by **Brihat Saindhavadi Taila for Anuvasana Basti**, act synergistically to alleviate pain, reduce inflammation, and balance Vata and Kapha Doshas. These treatments also strengthen and nourish the lumbar region and lower extremities, addressing root causes and providing significant symptomatic relief, enhancing overall treatment efficacy for managing Gridhrasi.

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