

A SINGLE CASE STUDY ON POST DISCECTOMY IVDP(GRIDHARSI) BY ERANDAMoola KASHYAM BASTI AND SAHACHARDI ANUVASANA BASTI

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ABSTRACT

Gridhrasi is the most common disorders caused by *Vata* and is very difficult to manage in clinical practice. All the symptoms of *Gridhrasi* is almost same as described in various *Samhitas*. The present study was carried out to show the efficacy of *Erandamoola Kashyam Basti* and *Sahachardi Anuvasana Basti* in the case of sciatica. A male patient of age 39 years, with long history of severe pain and stiffness in low back along with pain in bilateral lower limbs (more in right leg then left leg) and restricted movement came for treatment. Patient was examined and diagnosed with *Gridhrasi* and was administered *Shamana* and *Shodhana* line of treatment. Following two courses of *Yoga Basti* scheduled over a period of 30 days subject was found to have got 80% relief in pain and associated symptoms .Treatment included *Kati Basti* along with *Yoga basti* and oral medication .This study has been chosen for presentation to elicit the efficacy of *Ayurveda* treatment in reliving most of the symptoms in spite of the patient having underwent laminectomy and discectomy of L₄-L₅ IVDP . After treatment patient was able to sit and walk without any difficulty.

Keywords: *Sciatica, Gridharsi, Erandamool Kashyam Basti, Sahachardi Anuvasana Basti*

INTRODUCTION

Exact data on the incidence and prevalence of Sciatica are lacking in India. In general, an estimated 5%-10% of patients attending OPD are diagnosed with low backache and have Sciatica. Whereas the reported lifetime prevalence of low back pain in general range from 49% to 70% and constitutes to DALY (Disabil-

ity Affected Living Years). Improper sitting postures, continuous and overexertion activities, jerky movements during traveling and sports with weightlifting etc. are all factors creating undue pressure over the spinal column and play an important role in producing low backache and Sciatica.^[1]

Gridhrasi is one amongst 80 types of *Nanatanja Vatvyadhi*. Signs and symptoms of *Gridharsi* are *Ruk* (pain), *Roda* (pricking sensation), *Stambha* (stiffness) and *Muhuspandana* (twitching) in the *Sphik, Kati, Uru, Janu, Jangha, Pada* i.e. gluteal region, pelvis, thighs, knees and legs respectively [2]. This is seen in a continuous radiating manner or localized more on a particular point. The most important symptom of *Sciatica* is lumbosacral radicular leg pain. In *Sciatica* there is pain along the distribution of Sciatic nerve which begins from buttock and radiates downward to the posterior aspect of thigh, calf and outer border of foot. Heriation or degenerative changes in intervertebral disc is most common cause. Conventionally depending on the nature of subject's symptoms palliative medicines are preferred although with severity surgical intervention is done.

Laminectomy-A laminectomy is a surgical procedure that removes a portion of the vertebral bone called the lamina. The back muscles are pushed aside rather than cut and the parts of the vertebra adjacent to the lamina are left intact. Recovery occurs within a few days. Laminectomy is often done to treat spinal stenosis. The procedure removes bones and damaged disks and makes more room for your spinal nerve and column.[3]

Prognosis -Laminectomy for spinal stenosis often provides full or some relief of symptoms.

Discectomy-A discectomy (also called open discectomy) is the surgical removal of herniated disc material that presses on a nerve root or the spinal cord. The procedure involves removing the central portion of an intervertebral disc, the nucleus pulposus, which causes pain by stressing the spinal cord or radiating nerves.[4]

Aim: To evaluate the effect of *Erandamooladi Kashyam Basti* and *Sahachardi Anuvasana Basti* in *Gridharsi*.

Objectives: To elicit the probable mode of action of the medicines utilized in *Erandamooladi Kashyam Basti* and *Sahachardi Anuvasana Basti*.

Materials and Methods

Materials – Literatures included *Ayurvedic* classics and modern available texts, magazines, journals, Re-

search Papers and internet were referred for the complete review of the literature.

Venue-Pandit Clinic, Bangalore

Method -Attending OPD in Pandit Clinic. A written informed consent was taken, and subject was explained about medications.

Diagnostic Criteria

- Patient having pain in the course of Sciatic nerve
- Pain usually radiates down to the legs.
- Difficulty in walking.
- Positive Straight Leg Raising test.

Inclusion Criteria

- Patient diagnosed with *Gridhrasi* after clinical evaluation.
- Fulfilling the above-mentioned diagnostic criteria.
- Not willing for further surgical intervention.

Exclusion Criteria

- Acute illness
- Systemic illness such as –Diabetes Mellitus, Hypertension, Thyroid dysfunction, Kidney and Heart disorders
- Cerebral issues and severe infection
- Dermatological issues
- Severe neurological and sensory dysfunction causing inability to appreciate hot and cold temperatures.

Case History

A Hinduwell-built male patient by the name Mr. XYZ aged 39 years.

Occupation – Own Business, Body builder

Chief complaint-

Pain in the lower back for 5 years

Restricted movements of lower limbs for 2 years

Pain in Both legs (more in Right than Left) for 4 months

Associated Complaint

Disturbed sleep

History-

Not a known case of DM/HTN/Thyroid issues/Kidney and heart ailments/Cerebral dysfunction

H/O- L₄-L₅IVDP, L₄-L₅ discectomy done in 2010 under GA.

H/O Present Illness

Patient was said to be asymptomatic 5 years back. Owing to nature of activities which involved lifting heavy weights and transporting goods with strenuous exercises he gradually noticed pain in the lower back region with mild stiffness. After few months the pain aggravated, and he found difficulty in movements with severe stiffness. Patient underwent L4-L5 discectomy in 2010 under GA along with oral medications and found slight relief. After few years the condition worsened, and similar symptoms were noticed in lower back and mainly radiating along the right leg. For further relief patient was explained the prognosis and recommended oral medication and Panchakarma treatment.

Family History

All the family members are said to be healthy.

Surgical History

L4-L5 discectomy done in 2010 under GA.

Personal History

Diet: Non- vegetarian, preferred heavy and spicy food

Time and frequency of intake: Regular

Appetite: Good

3.Range of Movements

Sleep: Disturbed (because of pain)

Addiction: Alcoholic –occasional

Micturition: 4-5 times per day

Bowel: Irregular (occasionally constipated)

Nature of work: Strenuous

General Examination

Pallor/Icterus/ Clubbing/ Cyanosis /Oedema /Lymphadenopathy – Absent

Vitals

Pulse – 80/min

Respiratory Rate – 18/min

B.P. – 120/80 mm of Hg.

Systemic Examination

Locomotor system

1. Inspection

Curvature of Spine – straightening of lumbar spine

Deformities – no bulging of spine in lumbar region

Previous surgical scar mark

2. Palpation

Temperature – nil

Tenderness – In L4-S1 Lumbo-Sacral region, Ilio-tibial tract -Right pronounced

Table 1: Assessment done on supine posture

Parts	Flexion	Extension	Abduction	Adduction	Rotation
Right Hip	R/ U.C	U.C./R	R/U C	U.C./R	R/U.C.
Left Hip	U.R./C	U.C./U.R.	C/U.R.	C/U.R.	C/ UR
Lumbosacral	R/U.C.	R/U.C.	R/U.C.	R/U.C.	R/U.C.
Right leg (KJ)	R /U.C.	C/R	-	-	C/R
Left leg (KJ)	U.R/C	U.R/C	-	-	U.R/C

Restricted –R, Un Restricted –U.R, Uncomplete –U.C, Complete -C

Lumbar

Measured using Goniometer

Lateral Movements –Present, restricted right/left – only 10 degrees from median

Backward bending – restricted

Forward bending – 50 degrees with restriction

Tests

SLR Test –30 degree positive (Right, un-assisted), 70 degree positive (Left, un-assisted)

Investigations

X-ray C-S spine (21/5/13)-s/o Lumbar spondylotic changes seen.

MRI Lumbar spine (6/11/12)-s/o Diffuse annular disc bulge at L4-L5 underlying the anterior thecal sac.

Routine Hematological, Urine and Radiographic investigations were carried out.

Modern Diagnosis

Patient was diagnosed as case of Sciatica.

Ayurvedic Diagnosis-Gridharsi

Line of Treatment

Patient was advised a combination of *Shamanoushadi* and *Shodhana*.

Shodhana

SOP of *Basti* procedure and preparation was followed as per *Ashtanga Hridayam*.

AnuvasanaBasti – *SahachardiTaila* 60 ml

Niruha Basti

Niruhabasti was given with *Erandamooladi Kwatha*

Ingredients for Niruha Basti

Saidhava lavana-10gm

Makashik -80 ml

Sukumar Gharita-160 ml

Kalka dravya-Shatpushpa (Anthem sowa)-10gm

Pippali (Piper longum)-2gm

Aswagandha (Withaniasomnifera)-5gm

Rasana (Pluchelanceolata)-5gm

Jatamansi (NardostachysJatamansi)-5gm

Guduchi (Tinosporacordifolia)-5gm

Kasayadravya-

Kwatha - 600ml

Erandamoola, Palasa, Pancamulam, Rasana, Bala,

Guduci, Asvagantha, Punarnava, Aragvadha, Devda-

ru, Madanaphalam. Raw materials were purchased

directly from authenticated pharmaceuticals. The

drugs were checked for the authenticity. *Basti* was

prepared by standard method given in

Asthagahriudyam Samhita

Table 2: Treatment Given

Day	Treatment Given	Observation
Day 1 – Day 5	Medications advised- 1. <i>Gandhrav Haritaki Choorna</i> 1tsf (HS) 2. <i>Spynovin</i> 2 BD 3. <i>Dhanwantram</i> cap 2 BD	Patient was feeling mild relief in pain after having oral medications.
Day 6	Sadyovirechna 1. <i>Trikatu Choorna</i> (1/4 tsp TDS before food) for <i>Deepana Pachana</i> of <i>Doshas</i> - 3 days 2. <i>Sukumar Gharita</i> (60 ml with warm water before food) on Day 9 for <i>Sneha Pana</i> followed by <i>Yava-gu Pana</i> 3. <i>GandhravHastadi</i> Castor Oil (75ml mix with 100 ml milk empty stomach morning) on day 10 for <i>Sadyovirechna</i>	Patient passed 6-7 <i>Vega</i> of motions after <i>Sadyovirechna</i> and lost 2 kg weight along with that 30% relief in pain.
Day 11	<i>Yoga Basti</i> x 8 days AB with <i>Sahachardi Tail</i> NB with <i>Eranda Moola Kashyam Basti</i> Along with this <i>Katibasti</i> with <i>Pinda</i> and <i>SahachardiTaila</i> + <i>Sthanika NadiSweda</i> for 8days	After <i>Yoga Basti</i> with <i>Kati Basti</i> completion pain, stiffness reduced to 70%. Patient was able to do movement with any difficulty.
Day 19	Oral medications 1. <i>Yograj Guggulu</i> 2 BD 2. <i>Spynovin</i> 1BD, x for 30 days	Patient responded very well with medications. He was capable to do daily routine work comfortably
Day 50	Oral medications Continue the same medications for 30 days	Responded well to treatment
Day 90	Advised <i>Yoga Basti</i> x 8days AB with <i>Sahachardi Tail</i> NB with <i>Erandamoola Kashyam Basti</i> Along with this <i>Katibasti</i> with <i>Pinda</i> and <i>SahachardiTaila</i> + <i>Sthanika NadiSweden</i> for 8days	Patient respond well with second sitting of <i>Yoga Basti</i> , got relief upto 8 % with treatment.

Table 3: Basti Chart: During First Sitting

Day	D1	D2	D3	D4	D5	D	D7	D8
AB	50ml	60ml		60ml		60ml		60ml
NB			600ml		800ml		800ml	
RT	3 hrs	5hrs	100MK	6hrs	200MK	6hrs	300MK	8hrs

Range of Movements After First Sitting

Table 4: Assessment done on supine posture

Parts	Flexion		Abduction	Adduction	Rotation
Right Hip	UR/ U.C	U.C./UR	UR/U C	U.C./UR	UR/U.C.
Left Hip	U.R./C	U.C./U.R.	C/U.R.	C/U.R.	C/ UR
Lumbosacral	UR/U.C.	UR/U.C.	UR/U.C.	UR/U.C.	R/U.C.
Right leg (KJ)	R /U.C.	C/ UR	-	-	C/ UR
Left leg (KJ)	U.R/C	U.R/C	-	-	U.R/C

Restricted –R, Un Restricted –U.R, Uncomplete –U.C, Complete -C

Table 5: During Second Sitting

Day	D 1	D2	D3	D4	D5	D6	D7	D8
AB	60ml	80ml		80ml		80ml		80ml
NB			800ml		1000ml		1000ml	
RT	3 hrs	6hrs	100MK	6 1/2hrs	200MK	7hrs	300MK	9hrs

Range of Movements After Second Sitting

Table 6: Assessment done on supine posture

Parts	Flexion	Extension	Abduction	Adduction	Rotation
Right Hip	UR/ U.C	C./UR	UR/ C	C./UR	UR/U.C.
Left Hip	U.R./C	U.C./U.R.	C/U.R.	C/U.R.	C/ UR
Lumbosacral	UR/C.	UR/C	UR/C	UR/C	UR/U.C.
Right leg (KJ)	UC /U.C.	C/ UR	-	-	C/ UR
Left leg (KJ)	U.R/C	U.R/C	-	-	U.R/C

Restricted –R, Un Restricted –U. R, Uncomplete –U.C, Complete -C

DISCUSSION

Basti is the best treatment which is applied directly to the main seat of Vata. Acharya Charaka and Vagbhata have described Basti as Ardhachikitisa. Large intestine is the main seat of Vata. Vata is the main which controls all neurological activities. It controls dormant Pitta and Kapha and makes them active. Anabolism and catabolism depend upon the normal physiological activities of Vata. Kashyap Samhita also described Basti as Ardha Chikitisa for Vatavyadhis among all other treatments.

Patient was examined and diagnosed with Gridhrasi and was administered Shamana and Shodhana line of

treatment. Following two courses of Yoga Basti scheduled over a period of 30 days subject was found to have got 80% relief in pain and associated symptoms. Treatment included Kati Basti along with Yoga basti and oral medication.

Basti is administered in Pakavasya it has action throughout the body. A properly given Basti remain in the Pakavasya, Sroni and below Nabhi and through the Srotases, the Virya of Basti Dravya is spread to the entire body. Similarly, though Basti remains in the body only for a short time and it is excreted along with Mala by the action of Apana Vayu due to Virya, then it spread respectively to Vyana Vayu, Udana Va-

yu, Prana Vayu. The Prabhava of Basti Dravya spreads in Tiryaka Pradesha due to Vyana Vayu, Adho Pradesha due to Apana Vayu, Urdha due to Prana Vayu, similarly the potency of Basti Dravya spreads through the whole body by the help of Vata. The aggravated Doshas situated from the head to foot are also forcibly thrown out of the body. The active principles of Basti drugs may also be absorbed because they are mainly water-soluble.^[5]

Erandamooladi Niruha Basti which contain 34 drugs among them maximum number Dravys belongs to Ushna Veerya, having the Laghu, Rukshna Guanas, mainly does Deepana and Lekhana. Which is indicated in Shoola and in kapha Avrutha conditions. Saha-chardi Taila is used for Anuvasana Basti having Ushna Veerya and Kapha Vatashamaka properties.

CONCLUSION

Yoga Basti provided good relief in the symptoms of Toda, Stambha and Spandana. It also provided comparatively better relief in SLR test - standing time and walking distance. Overall effects provided by 2 sitting of Yoga basti were 80 % to patient. This study has been chosen for presentation to elicit the efficacy of Ayurveda treatment in reliving most of the symptoms despite the patient having underwent laminectomy and discectomy of L₄-L₅ IVDP.

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