

Efficacy of Erandamuladi Niruhabasti in Gridhasi: A Case Study

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ABSTRACT

Diseases can be classified in many ways based on causes, presentation, involvement of Doshas. In Vatajavikaras there are many such diseases which are caused due to their lifestyle. Viharajanidanas includes both Shrama and Vishram. One such disease is Gidhrasi, where patient has Ruk, Toda, Sthambain *Sphik, Kati, Prishtha, Ooru, Janu, Jangha* and *Pada*. If there is involvement of kaphadosha the symptoms include tandra, gourava, aruchi. The prevalence rate of disease varies in population vividly, less than 1% to 40% of people have sciatica at some point in time. It is most common between the ages of 40-59 and men are more frequently affected than women. In Ayurveda, the treatment for Gridhrasi is Siravyadhana, Bastikarma and Agnikarma. The present study is a case report, a 51yr old female patient complaining of low back ache radiating to bilateral lower limbs since 8yrs with heaviness of legs and hyperacidity. She was treated with Sarvangabhyanga, patrapottalisweda, Kati Basti, Erandamuladi Niruha Basti and Dhanvantarataila matra Basti. Erandamula has been used widely in many Vatavikaras which are associated with Kaphadosha. The present study shows its efficacy in treating the Vata-Kaphaja Gridhrasi via Basti Chikitsa.

KEYWORDS: *Gridhrasi, sciatica, Erandmuladi Basti*

INTRODUCTION

In today's lifestyle, there are many new diseases which are arised due to positional discomfort like excessive sitting, lifting heavy weights which leads to undue pressure on spine. One amongst these is Sciatica where the patient has low back pain radiating to lowerlimbs unable to sit straight, flex the thigh & painful walk which enables patient to do their day today routines and thus is fifth most common cause of hospitalisation amongst many other diseases.

In Ayurveda it is correlated with condition called as Gridhrasi which one amongst Vatajananatmaja vikaras¹ presents as Ruk, Toda, Sthambain *Sphik, Kati, Prishtha, Ooru, Janu, Jangha* and *Pada*². If there is involvement of kaphadosha the symptoms include tandra, gourava, aruchi³. The prevalence rate of disease varies in population vividly, less than 1% to 40% of people have sciatica at some point in time. It is most common between the ages of 40-59⁴ and men are more frequently affected than women⁵. The Straight leg raising test is helpful in diagnosing the condition at bedsides which is explained as Saktiutkshepanigraha in classics⁶.

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The present study is a case report, a 51yr old female patient complaining of low back ache radiating to bilateral lower limbs since 8yrs with heaviness of legs and hyperacidity. Her MRI report showed E/o-disc dessication s/o spondylosis, disc bulge at L3/L4/L5/S1, circumferential disc herniation at L4/L5 with thecal compression and bilateral neural foramen narrowing. She was treated with Sarvanga abhyanga, patrapottali sweda, Kati Basti, Erandamuladi Niruha Basti and Dhanvantarataila matra Basti. Erandamula has been used widely in many Vatavikaras which are associated with Kaphadosha. The present study shows its efficacy in treating the Vata-Kaphaja Gidhrasi via Basti Chikitsa.

OBJECTIVES

1. To evaluate the effectiveness of *Erandamuladi niruha Basti* in *Gridhrasi*.

MATERIAL AND METHODS

This is a case study. Informed consent was taken from the patient in her mother tongue.

History of present illness

The patient had gradual onset of low back ache radiating to both lower limbs since 8yrs later patient observed heaviness in legs tingling sensation occasionally and hypeacidity on and often. Patient took ayurvedic treatment for the same but only Bahyasnehana and swedana with Kati Basti and got relief in pain 25% but other complaints were there was no relief. Later patient approached department of Panchakama,RPKAYurvedic hospital-ilkal.

| | |
|------------------------------|--------------------|
| Name | XYZ |
| Age | 51yrs |
| Gender | Female |
| Address | Ilkal |
| OPD | 2227991 |
| Marital Status | Married |
| Occupation | Teacher |
| Socio-economic status | Upper middle class |

| | |
|------------------------|-----------------|
| Blood pressure | 120/70 mm of Hg |
| Pulse | 72 b/m |
| Respiatory rate | 16 /m |

| | |
|----------------|---------------|
| Nadi | 72b/m |
| Mutra | 4-5times/day |
| Mala | 1-2 times/day |
| Jihwa | Alpasama |
| Shabda | Prakrit |
| Sparsha | Prakrit |
| Drik | Prakrit |
| Akruti | Madhyama |

| | |
|-------------------|---|
| Inspection | Limping gait |
| Palpation | Tenderness at lumbo-sacral region |
| SLR Test | Rt- 45 ⁰ Lt-30 ⁰ |

Past History:

K/C/O-Hypertension since 3yrs (on antihypertensive medications)

N/h/o-diabetes mellitus, asthma etc

No history of trauma or fall.

Family History:

No specific history found.

Medication History

The patient was consuming the following medicines for low backache: NSAIDs.

Later took Ayurveda treatment for same-
Bahirpaimarjanachikitsa

Personal History

Food habits: Vegetarian.

Appetite: Normal

Sleep: Normal

Bowel: normal (1-2 times/day)

micturation: normal(4-5times/day)

Menopause: 6yrs ago

NidanaPanchaka

Hetu (Aetiology or Causative factors):

1. *Ahara: Katu, Rookshaahara*, upavas, skipping the meals,.
2. *Vihara*: Standing and sitting for long duration.

PoorvaRoopa: pain in lumbar region.

Roopa: Pain in the lower back region radiating to bilateral lower limbs, heaviness & tingling sensation in the legs.

Aggravating factors (Anupashaya): Standing, walking.

Relieving factors (Upashaya): nothing specific

Samprapti: Initially, *NidanaSevanaleads to Vata Dosha Prakopa*. Over some time, *Sroto-Dushti* within the *Rasa-VahaSrotas, Asthi-VahaSrotasandMajja-VahaSrotasensue*. Flowing along the *KharaSrotas, VataDoshastarts to settle in the lumbar region (Sthana-Samshraya)*. This leads to low back pain and pain along the left lower limb.

SampraptiGhataka

Dosha: *Vata, Kapha*

Dushya: *Rasa, Rakta, Asthi, Majja, Kandara, Sira, Snayu*

Srotas: *Rasa-Vaha, Rakta-Vaha, Asthi-VahaandMajja-Vaha*

Sroto-dushti: *Sanga*

Agni: *Vishama-agni*

Roga-marga: *Madhyama*

Adhishtana: *Kati, Prishta, Ooru, Jangha, Pada*

UdbhavaSthana: *Pakvashaya*

VyaktaSthana: *Sphik, Kati, Prishta, Ooru, Janu, JanghaandPada*

INVESTIGATIONS**MRI lumbar spine:**

- Paraspinal spasm
- disc dessication with marginal osteophytes,

- Circumferential disc bulge at L 3 – L 4 and L 5 – S 1
- Circumferential disc herniation at L 4 – L 5 with the cal compression and neural foramen narrowing.

Blood Investigations:

- Hb – 9.3gm%
- ESR – 93mm/hr
- RBS – 209mg/dl

Urine routine: normal

Diagnosis:

Vata-KaphajaGhridrasi

TREATMENT:

1. When patient approached first hyperacidity was there so treatment given for 7days,
 - a. Kamaduga rasa 2TID B/F
 - b. Amlapittamishrana 4tsp BD
2. After a course of shaman aushadhi, shodhana procedure was given
 - a. Sarvangaabhyanga with M Mtaila(8days)
 - b. PatraPottaliSweda (8days)
 - c. Kati basti with murvinnataila(8days)
 - d. Bastichikitsa(kaalabasti)

| Day | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------------|----|----|----|----|----|----|----|----|
| Basti (morning) | | NB |
| (afternoon) | MB |

NB-Erandamuladiniruhabasti

- Madhu – 70ml
- Saindhava – 5gm
- Dhanvantaritaila – 60ml
- Gokshura + Shatapushpakalka – 40gm
- Erandamulakashaya – 300ml

MB-Matrabasti with Dhanvantaritaila 60ml

3. After shodhana procedure shamanachikitsa for 15days,
 - a. Erandamulakwata 50ml (morning empty stomach)
 - b. Cap K B T 101 1BD A/F
 - c. Tryodashangaguggulu 2BD A/F

RESULTS:

| | Before Treatment | During Treatment | After Treatment |
|------------|--|---|--|
| Tenderness | Present | Present (mild) | Absent |
| Slr Test | Rt-45 ⁰ Lt-30 ⁰ | Rt-70 ⁰ Lt->50 ⁰ | Rt-90 ⁰ Lt-90 ⁰ |

DISCUSSION:

- Sciatica being one amongst the complex disease as it is caused to wear and tear of spine by undue pressure leading to nerve compression⁷.

- There are multiple causes for this either disc degeneration, dessication, bulge or prolapse⁸.
- Gridhrasi in which Vata-kaphadosha does sthanasamsraya in katipadesha causes srotosanga or avarodha thus leads to pain in lowback radiating to lower limbs, tingling sensation heaviness is also seen.
- Sarvangabhyanga with MM oil which majorly contains manjishta, lashuna helpful in relieving both vata and kapha.
- Patapottaliseda being rukshasnigdhasweda thus both snehana and swedana helps to relive paraspinal spasm, heaviness of legs and also analgesic effect is seen.
- Kati basti even though it is sthanikachikitsa but very effective in reversing many disc pathologies. On the other hand muivenna taila is found to be effective in healing and anti-inflammatory properties thus helpful in serving the pupose of katibasti with target action.
- Erandamula has been praised as lion of the forest by the acharyas in cases of vata associated kapha or aam. So it is much more beneficial in treating the vata-kaphajagridhrasi via basti karma.

➤ It is also explained as srotoshodhak thus helpful in relieving the sanga(compression or narrowing of foramen) and doing complete sampraptivighatana thus serving the purpose of basti as shodhanaupakrama by avoiding the recurrence .

Conclusion:

- As said by acharyasbasti is helpful in treating the vyadhis of koshtaashrit, shakhaashrit, marmaasthisandhigata etc⁹.
- Here sciatica being disease which includes complex structure as spine and nerves arising from it with various pathologies still the bastichikitsa treats this condition without any surgical interventions.
- Due to its multiple action of karshayati, brihmayati, prakritisthapayati¹⁰ basti is best to treat this sciatica arised due to pathology.
- Hence in this case where imaging reports s/o multiple pathologies contadictory to each other as disc bulge, herniation, dessication, presence of osteophytes and narrowing of foramen are reduced or relieved to some extent by showing the improved range of SLRT.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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