

CLINICAL EFFICACY OF *MADHU GHRITADI YAPANA BASTI* (ENEMA) IN THE MANAGEMENT OF *VATAJA GRIDHRASI* (SCIATICA)

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ABSTRACT

Basti is mentioned as one of the main line of treatment for *Gridhrasi*. *Charaka* has mentioned *Madhu Ghrītadi Yapana Basti* in the management of *Gridhrasi*. The ingredients of *Madhu Ghrītadi Yapana Basti* are having *Vatahara* properties. Hence this study was undertaken to evaluate the effect of *Madhu Ghrītadi Yapana Basti* in the management of *Vataja Gridhrasi*. (Sciatica). **Result:** The study showed highly significant results were achieved in all the cardinal symptoms. 60 percent of patients showed major improvement 27 percent showed moderate improvement and 13 percent showed minor improvement. **Conclusion:** *Madhu Ghrītadi Yapana Basti* is proved to be an effective therapy in *Vataja Gridhrasi*. By combating *Vata Dosha* (the chief pathological factors), it lead to *Samprapti Vighatana* of *Gridhrasi*. **Keywords:** *Basti, Madhu Ghrītadi Yapana Basti, Vataja Gridhrasi, Sciatica.*

INTRODUCTION

The aim of Medical Science is to provide better health to every human being. So as to have a nice tomorrow, Different Medical Sciences with various principles and fundamentals are trying their best for one common goal i.e. Health for all. To achieve this goal all *pathy* should be able to eliminate the disease and that to be without any side effects.

Gridhrasi comes under 80 types of *Nanatmaja Vatavyadhi*¹. The cardinal signs and symptoms of *Gridhrasi* are *Ruk* (pain), *Toda* (pricking sensation), *Stambha* (stiffness) and *Spandana* (twitching) in the *Sphik, Kati, Uru, Janu, Jangha and Pada*² in order and *Sakthikshepa Nigraha* i.e. restricted lifting of the leg³.

Gridhrasi is correlated to Sciatica in modern science where low backache radiating to toes in the lateral aspect of the thigh associated with stiffness is the main complaint. Sciatica is relatively common condition with a lifetime incidence varying from 13- 40%. The common corresponding annual incidence of an episodes of sciatica ranges from 1.1- 6%. The prevalence of sciatica symptoms reported in literature varies considerably ranging from 1.6% in the general population to 43% in a selected working population⁴.

According to *Acharya Charaka*, *Gridhrasi* is caused predominantly due to the vitiation of *Vata* or *Vata-Kapha* and *Basti* is the best treatment for *VataVyadhi*. *Basti Karma* is a route of drug administration effective in almost all *Vatavyadhi*. It can also be used in *Kaphaja* and *Pittaja* disorders by using different ingredients.

Despite of the technological and pharmacological advancement in modern system of medicine, the management of Sciatica is still a medical problem where no permanent medical treatment is

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available except some palliative measures. Chances of recurrence are high even after surgery. To fulfill the expectations from the Ayurvedic field and to find out more effective and safe therapy for *Gridhrasi*, we selected the problem for the research work.

The ingredients of *Madhu Ghrithadi Yapana Basti*⁵ are having *Vatahara* properties and specially indicated in *Vataja Gridhrasi* conditions. Hence the study is planned to evaluate the efficacy of *Madhu Ghrithadi Yapana Basti* in the management of *Vataja Gridhrasi*.

Aims and objectives:

To evaluate the efficacy of *Madhu Ghrithadi Yapana Basti* in management of *Vataja Gridhrasi*

Materials & Methods:

Selection of the patients: 30 patient diagnosed with *Vataja Gridhrasi* were taken for study from IPD of S.D.M college of Ayurveda and Hospital, Hassan, Karnataka.

Source of Drugs: The required raw drug for the treatment was collected in SDM Ayurvedic pharmacy, Hassan.

Method of collection of data: The patients were selected randomly irrespective of caste, religion and locality. A special proforma was prepared with all points of history taking, symptom as quoted in Ayurvedic literatures. The selected patients were subjected to detail clinical history and complete physical examination before undergoing the clinical study.

Diagnostic Criteria: Patients with classical features of *Vataja Gridhrasi* having the *Lakshanas* like

1. Ruk on *Sphik Poorva, Kati, Prishtha, Uru, Janu, Jangha and Pada Paryanta Vedana*²(Pain radiates from low back and radiates down to the legs)
2. *Toda*²
3. *Stambha*²
4. *Spandana*²
5. Positive Straight Leg Raising test.
6. Standing time
7. Walking time
8. Bragards sign

9. Lasegue's test

Inclusion Criteria: The following subjective symptoms and objective observations were taken up as inclusion criteria

1. *Basti Arha*⁶
2. Patients of age group 20-60 year of either sex
3. Positive SLR test
4. Chronicity less than 2 years without any deformity.

Exclusion Criteria

1. *Basti Anarha*⁷
2. Patients with T B, malignancy and other infective disorders
3. Surgical indication such as progressive neurological deficit
4. Fractures of pelvis and femur

Method of Preparation of *Niruha Basti*

To prepare *Niruha Basti*, the contents of it are mixed in a particular fashion as mentioned in classics i.e. initially honey and *Saindhava Lavana* are taken in a *Khalva Yantra* and mixed homogeneously, after that *Sneha Dravya* is taken and is mixed to form uniform mixture, hereafter *Kalka* is added to above mixture. Finally *Avapa* are added as there is no mention of *Kwath Dravyas* and mixed thoroughly to form a homogenous mixture and tested for *Suyojita Niruha Lakshana's*⁸. Now the whole of the *Basti Drava* is filtered and it is administered after making it luke warm indirectly by heating in the vessel of water. The particular pattern of mixing the *Basti Dravya* is followed so that all the contents are mixed properly and finally a uniform mixture is obtained⁹.

Design of the study

It will be a single group clinical study with Pre-test and Post-test design wherein 30 patients suffering from *Vataja Gridhrasi* were selected irrespective of their gender, caste or creed. The parameter of sign and symptoms were analyzed statistically. 30 patients suffering from *Vataja Gridhrasi* will be selected from IPD of SDM college of Ayurved and Hospital Hassan. All subjects were administered *Madhu Ghrithadi Yapana Basti* in modified *Kala Basti* schedule as follows.

Table 1: Design of Basti

1 st day	2 nd day	3 rd day	4 th day	5 th day	6 th day	7 th day	8 th day	9 th day
A	N	N	N	N	N	N	A	A
	A	A	A	A	A	A		

NOTE:-

- A: Anuvasanabasti
- N: Niruhabasti

Duration of the study

- 1ST day Anuvasana Basti

- 6 days both Niruha and Anuvasana Basti.

- 8th and 9th day only Anuvasana Basti

- Parihara kala 18 days.

- Total Duration of study: 27 days

Anuvasana basti with Moorchita Ghritha -100ml

Table 2: Ingredients of Niruha Basti. The Basti Dravyas will be taken in according to Matra as follows:

Ingredients	In Pala	In ml/gms
1. Madhu	4 Pala	200 ml
2. Saindhavalavana	1 Karsha	12 gm
3. Moorchita Gritha	4 Pala	200ml
4. Kalka	1/2 Pala	25 gm
5. Aja Mamsa Rasa	8 Pala	400ml
		830 ml

Method of administration of Basti

The procedure of administration of Basti was divided into 3 stages.

Niruha Basti

- **Poorva Karma:** After Vega Pravritti, Sthanika Abhyanga with Murchita Tila Taila and Nadi Sweda with Ushana Jala done on the lower abdomen, back and thighs of the patient¹⁰.
- **Pradhana Karma:** Patient is made to lie in the left lateral position by keeping left leg straight and right leg flexed at the knee joint. The tip of the rubber catheter was lubricated by oil. The Guda was also lubricated by the same. The rubber catheter was inserted into the rectum keeping parallel to vertebral column, up to 4 fingers i.e. 3-4 inches. Then enema can was kept at the height of 3- 4 feet from the bed of the patient so that by the gravitational force the drug of 830 ml quantity of prepared Niruha Basti was administered. During administration of the Basti patient was asked to take deep breath with mouth opened, so that drug easily gets entered into the large intestine. When some liquid was left in the syringe/enema cane, the rubber catheter was slowly removed from the rectum so that air may not enter¹¹.
- **Paschat Karma:** Patients were advised to turn to supine position and lie down for 5 minutes

and advised to pass the bowel after getting the urge. The patient allowed to go for a bath and after taking a bath with warm water, the patient was allowed to take the food¹².

Anuvasana Basti

- **Poorva Karma:** In Anuvasana Basti, after Sthanika Abhyanga and Nadi Sweda, patient was asked to take hot water bath and food. Immediately after the intake of food, Anuvasana Basti was administered to the patient.¹³ 100 ml of Murchita Gritha is mixed well in Khalva Yantra.
- **Pradhana karma:** Patient is made to lie in the left lateral position by keeping left leg straight and right leg flexed at the knee joint. Anus was anointed by using cotton swab dipped in oil and 100 ml Murchita Gritha were administered using rubber catheter attached to metal syringe¹⁴.
- **Paschat Karma:** Patient will be advised to lie down in supine position, and gentle tapping over the buttocks will be done followed by lifting of legs 3 times. Patient will be advised to pass the bowel after getting the urge.¹⁵ Patient was educated regarding taking Pathya for 18 days (double the days it took for Basti)¹⁶

Follow-up: All the patients were followed up after 18 days of completion of Basti Chikitsa.

Pathyapathya

All the patients were strictly advised to follow the *Pathya* as mentioned in the context of *Gridhrasi* in *Ayurveda* classics.

Statistical Test:

Numerical data analysed with Paired t test, Ordinal data analysed with Wilcoxon's matched pair signed rank test.

Observations

Maximum numbers of patients were from age group 31-40 years (51.62 %). Maximum number of subjects were male (58.70 %) and are working agriculture (41.5%) majority of patients were from Lower middle (29.1%). Majority of the patients (48.4%) were having chronicity in between 1 to 2 years.

58.7% patients in the study were of *Vatapitta Prakruti* the subjects taking foods are *Kashaya* (77.4%), *Katu* (80.6%), *Tikta* (64.5%) dominant rasa in diet.

Pain was aggravated by standing in 64.5%, walking in 29% and sitting in 6.5% each. : In 30 patients of clinical study showed (80.6%) patients had Progressive course of disease; 9.6% patients were Relapsing course of disease, 6.5% patients were Receding course of disease and 3.2% patients were Stationary course of disease. 45.2% of the patient had both the legs affected. 64.5% patients had limping gait. Moderate intensity of pain was observed in majority of patients i.e. 48.4% Mild intensity in 29% patients and severe intensity in 22.6% patient

38.7% patients with affected right leg while 16.2 % with affected left leg and 45.2% of the patient had both the legs affected. Among 30 patients of *Vataja Gridhrasi* 100% had *Ruk*, 80% had *Stambha*, 61.3% had *Toda*, and 54.3% had *Spandana*.

Table 3: Distribution of 30 patients of gridhrasi as per cardinal symptoms

Symptoms	No of Patients	%
<i>Ruk</i>	30	100
<i>Toda</i>	19	61.3
<i>Stambha</i>	25	80.6
<i>Spandana</i>	17	54.3

Results

Table 4: Effect of Madhu Ghrítadi Yapana Basti on Ruk

Descrtive Statistics	N	Minimum	Maximum	Mean	% Change
Before Treatment	30	2	4	2.9	
On 3rd day		2	4	2.7	6.9
On 6th day		0	3	1.9	34.5
After Treatment		0	3	1.5	48.3
After Follow Up		0	3	1.3	54.1

Table 5: Effect of Madhu Ghrítadi Yapana Basti on Toda

Descriptive Statistics	N	Minimum	Maximum	Mean	% Change
Before Treatment	30	0	4	1.2	
On 3rd day		0	4	1.13	5.5
On 6th day		0	2	0.7	41.6
After Treatment		0	2	0.36	69.4
After Follow Up		0	1	0.16	86.1

Table 6: Effect of Madhu Ghrithadi Yapana Basti on Spandana

Descriptive Statistics	N	Minimum	Maximum	Mean	% Change
Before Treatment	60	30	100	69.33	
On 3rd day		30	100	71	2.4
On 6th day		40	100	79.41	14.5
After Treatment		50	100	83.66	20.7
After Follow Up		50	100	85.83	23.8

Table 7 : Effect of Madhu Ghrithadi Yapana Basti on SLR

Descriptive Statistics	N	Minimum	Maximum	Mean	% Change
Before Treatment	60	0	1	0.66	
On 3rd day		0	1	0.66	0
On 6th day		0	1	0.5	25.0
After Treatment		0	1	0.28	57.5
After Follow Up		0	1	0.16	74.9

Table 8 : Effect of Madhu Ghrithadi Yapana Basti on Laseque Test

Descriptive Statistics	N	Minimum	Maximum	Mean	% Change
Before Treatment	60	0	1	0.2	
On 3rd day		0	1	0.2	0
On 6th day		0	1	0.15	25
After treatment		0	1	0.03	83.35
After follow up		0	0	0	100

Table 9: Effect of Madhu Ghrithadi Yapana Basti on Bowstring Test

Descriptive Statistics	N	Minimum	Maximum	Mean	% of Change
Right Leg Before Treatment	60	0	1	0.75	
Right Leg on 3rd day		0	1	0.75	0
Right Leg on 6th day		0	1	0.56	24.4
Right Leg after treatment		0	1	0.26	64.4
Right Leg on after follow up		0	1	0.1	86.6

13 percent of patients showed minor improvement 27 percent showed moderate improvement and 60 percentage of patients showed marked improvement. None of the patients showed complete remission and no one remained unimproved

Table 10: Overall effect of Madhu Ghrithadi Yapana Basti

Total Effect	No. of patients	%
Complete remission	0	0
Marked improvement	18	60
Moderate improvement	8	26.6
Mild improvement	4	13.4
Unchanged	0	0

DISCUSSION

As per age-wise distribution, maximum numbers of patients were from age group 31-40 years (51.62 %). Maximum number of subjects were male (58.70 %) in male who are at hard

physical works and in particular frequent lifting and postural stress are known to increase the risk of Sciatica. 87% patient's showed gradual mode of onset. Majority of the patients in this study were in the age group of 31-40 years. According to modern science there is progressive decrease in degree

of hydration of the intervertebral disc with age that leads to the cycle of degeneration resulting in disc problems and causing *Gridhrasi*. Majority of the patients (48.4%) were having chronicity in between 1 to 2 years, 45.2% of patients were having 6month –1 years whereas 6.4% were having more than > 6month. The reason may be the present clinical study is restricted to chronicity less than two year and it is found that acute cases responded to the treatment better than chronic one. 38.7% patients with affected right leg while 16.2 % with affected left leg and 45.2% of the patient had both the legs affected. Its definite relation with *Gridhrasi* is not easy to prove. In Gait wise distribution, majority of the patients 35.5% patients had Non Limping gait and 64.5% patients had limping gait. It is suggestive that Limping is not a cardinal symptom for the diagnosis of *Gridhrasi*.

Probable mode of action of Basti

Madhu Ghritadi Yapana Basti mentioned in *Charaka* contains 1 drug. *Musth Kalka* is *Sheeta Veerya Kaphpittahta Shamaka*. The drugs are having *Guru Snigdha Gunas* and *Katu, Tiktha and Kashaya Rasa* and also *Avapa Dravya Mamsa Rasa*.

Sneha (MurchitaGritha) mentioned in *Madhu Ghritadi Yapana Basti* having the property of *Katu, Tiktha and Kashaya Rasa, Ushna Veerya*. It is having *Vatahara, Brihmana, Balya* property. So by action it can tackles *Vata Dosha* and thereby beneficial for *Vataja Gridhrasi*.

Basti Karma is invariably the most preferred modality of management of *Gridhrasi*. However, in selection of *Basti* the constitution of the drugs used in preparation of *Basti* also plays an important role. The ingredients of *Madhu Ghritadi Yapana Basti* are having *Vatahara* properties. So by the virtue of their action they help in dissolving the *Samprapti* of *Gridhrasi* as it is a *Vata-Pradhana* disease condition and hence, it can be indicated in *Vataja Ghridrasi*

In addition to *Basti Karma* preventive aspect and educating the patient about the disease play a major role in the management of *Gridhrasi*. Proper guidelines about posture etc along with exercises strengthening the spine are helpful for effective management.

Sixty percent of the patients showed major improvement twenty percent moderate improvement and thirteen percentages of patients showed

minor improvement. *Gridhrasi* is a *Kricchrasadhya Vyadhi* and also the duration of treatment was shorter. This could be the probable reason that none of the patients showed complete remission.

CONCLUSION

Madhu Ghritadi Yapana Basti is proved to be an ineffective therapy in *Vataja Gridhrasi*. By combating *Vata Dosha* (the chief pathological factors), it lead to *Samprapti Vighatana* of *Gridhrasi* and hence, highly significant results were achieved in all the cardinal symptoms. Sixty percent of patients showed major improvement 27 percent showed moderate improvement and thirteen percent showed minor improvement. Due to limitation of number of cases and duration of the trial, there is a need to conduct further study in this regard on larger sample and for a longer duration to improve this preliminary study.

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