Clinical Study

A Clinical Study of Matra Basti & Kati Basti In The Management of Gridhrasi W.S.R. To Sciatica

*Dr. Gyan Prakash Sharma  **Dr. O. P. Sharma  ***Dr. R. S. Sharma

ABSTRACT:

Gridhrasi (Sciatica) is Vataj Nanaatmaj vyadhi. Gridhrasi, also presents with a clear picture of shifting pain in lower limbs radiating from sphik, kati, prishtha and affecting uru, janu, jangha and pada in order. 'sakthiutkshepanigraha' is mentioned as a cardinal sign by Sushrut and Vagbhat. But certain other symptoms such as stambha, toda, sphurana, ruk etc. are also found in some other disease. Diseases like urustambha, khalli kalaykhanja, vatakantaka can make confusion with Gridhrasi.

Inspity of the spine's excellent form and function, back pain is a national, personal and clinical problem: national because it is experienced by most of the population at some time and is a drain on the nation's resources, personal because it can remain a major unresolved dilemma. Group A (Matra Basti) & Group B (Kati Basti) with Dashmool Oil was decided to manage the Gridhrasi. The Result was excellent in both Group. Haematological values were also improved.

Keywords: Naanatmaj vyadhi, Sakthikshepnigrah, Kati basti, SLR, Dashvidha Pareeksha

सारांश :

गुड़र्सी वाकिक नानात्मज व्याधि है। बात के शोधन एवं शमन के लिये अरम्भ: बस्ति एवं तैल को श्रेष्ठ बताया गया है। वर्ग अ में १५ रोगियों को दशमूल तैल की मात्रा बस्ति दी गई। वर्ग ब में १५ रोगियों को कटि बस्ति दशमूल तैल से दी गई। दोनों वर्गों में गुड़र्सी के लक्षणों में सुधार पाया गया। मात्रा बस्ति में हिमेटोलोजिकल एवं कटि बस्ति में कटि प्रदेश के रेड्योलोजिकल इमेज में सुधार मिला।

*M.D. Scholar, P. G. Deptt. of Panchkarma, N. I. A. Jaipur, **Asst. Prof. P. G. Deptt. of Panchkarma, N. I. A., Jaipur, ***Asso. Prof. P. G. Deptt. of Panchkarma. N. I. A. Jaipur
INTRODUCTION:

Ayurveda is a science with ageless concrete fundamentals and with a holistic approach. Some centuries ago, Ayurveda was the main stream pathy in the society.

Modern science describes ‘Sciatica’ as a benign syndrome characterized especially by pain beginning in the lumber region and spreading down the back of one lower limb to the ankle and sometimes the foot. The disorder apparently seems to be non-serious but it cripples the patient and results in apprehension of social responsibilities of the patient. It has been mentioned that ‘Though Sciatica and lumbago carry little threat to life, they interfere greatly with living’.

Our ancient acharyas had identified this problem long back and named it ‘Gridhrasi’. The word ‘Gridhrasi’ itself suggests the gait of the patient which is similar to Gridhra (vulture) due to pain. All the Ayurvedic classics including those written in medieval period have described the aetiopathogenesis and symptomatology of Gridhrasi in concise form. Surprisingly, the description narrated in these classics exactly coincides to the description of ‘Sciatica’ including the important diagnostic test SLR which is described as ‘Sakthinkshepanigraha’ by our acharyas.

The science of Ayurveda is based on the fundamental of tridosha. Vata, cause of Gridhrasi is the vitiated vata. Hence it is included in vata nanatmaja vyadhi. Sometimes kapha may be associated with vitiated vata. Various aetiological factors for the derangement of vata have been mentioned such as excessive walking, exercise, sleeping on an uncomfortable bed, withholding of natural urges, trauma to vital organs, excessive riding on fast moving, jerky vehicles, unwholesome dietary habits etc. All these factors are so easily accessible to today’s man that almost everybody is sized in their flow, leading to increasing incidence of diseases like Gridhrasi. The pitta and kapha are considered as chief factors responsible for health and disease. Vata dosha has the chief dominance among these three vital factors of the particular order in which pain starts from sphik and then radiates to pada along with stambha, toda etc.

Aims and objectives:

1) To study aetiopathogenesis, symptomatology and progress of Gridhrasi with special reference to ‘Sciatica’.
2) To assess the efficacy of MATRA BASTI & KATI BASTI in the management of Gridhrasi.
3) To compare the effects of both therapies clinically.
4) The find out quick, cheap, effective and safe remedy for this disease

Materials and Method:

The present study was carried out in two parts: Literary and clinical. For literary part, Text books of both fraternities of medicine were employed. The disease was visualized on the basis of Ayurvedic authentic texts and for modern aspect various textbooks on Neurology, back pain, reference books and various journals were referreered. For the clinical part of the present study, 30 patients suffering from Gridhrasi were randomly selected from OPD and IPD of N.I.A. HOSPITAL. These 30 patients were divided into two groups and were subjected to following therapeutic regimen.
**Group A:** In this group, course of MATRA BASTI of Dashmool oil (50ml) with the selected combination was given to the patients for 6 weeks.

**Group B:** In this group KATI BASTI of dashmool oil was given. The total duration of course was 6 weeks.

**Diet:** Patients of both groups were advised to stick to the dietary regimen of vata.

**Dashmoola**

Gana: Ch: Shwayathuhara, Asthapanopaga, Anuvasanopaga  
Su: Dashmoola  
Rasa: Tikta, Katu, Kashaya, Madhur  
Vipaka: Madhur  
Virya: Ushna  
Guna: Guru, Snigdha, Tikshna, Ushna  
Doshaghnata: Tridoshaghna  
Karma: Shoolaghna, Shothaghna, Pachan  
Rogaghnata: Jvara, Shwasa, Tandra, Aruchi, Kasa, Parshwashoola

**Action and uses**

Dashmoola is having well known anti-inflammatory and analgesic action. It is used for inflammations and for its calming effect on the mind and nervous system. It is considered as one of the primary Ayurvedic herbs for positive health. It is traditionally used as detoxifier of the entire body, as a tonic for the liver and kidneys, a hormone balancer for gynecological problems. Dashmoola is the most highly prized Ayurvedic formula for fatigue. It aids cellular regeneration to hasten removal of dead or weak cells and replace them with fresh ones. OIL has also vatasamak guna.

**Probable Mode of Action of Basti**

Basti is a purificatory process by which all the three vitiated doshas are expelled from the anal canal and especially vata is pacified. As a result of excretion of vitiated dosha the physiological equilibrium in three doshas is maintained and lasting results are produced after the therapy in the form of sound health. Basti therapy is a complex process in which several factors take active part for completing the action of basti.

Instead of pinpointing to one type of mechanism it is presumed that various factors work in collaboration with each other to produce the beneficial effect of basti therapy. Here an attempt has been made to explain the probable mode of action of basti in the samprapti vighatana of Gridhrasi.

**Criteria for Diagnosis**

Patients were diagnosed on the basis of classical signs and symptoms of the disease as per Ayurvedic classics.

According to modern texts necessary tests such as SLR, politeal compression etc. were done along with neurological examination. Before administration of the therapy, a detailed proforma, where in complete history, signs and symptoms, Dashavidha pariksha, Ashtavidha pariksha, Nidan Panchak etc. were compiled together, was filled for each patient. Vitals like Blood pressure, Pulse, Respiratory rate, Temperature etc. were also monitored to assess the general condition of the patient.

In addition to these routine investigations such as Hb%, Total leucocytes count, Differential leucocytes count, E.S.R. were carried out prior to and post therapy periods to assess the efficacy of the regimen with multi fold parameters. Radiological assessment of the lumbar spine was carried out in patients where necessary (and possible) to ascertain the diagnosis as well as for differential diagnosis.

**Criteria for Assessment**

**Severity of pain (Ruk):** On the basis of severity, score of each site having the pain was noted and mean was calculated.

- No pain 0
- Mild pain 1
- Moderate pain 2
- Severe pain 3

**Stiffness (stambha):** No stiffness or stiffness lasting for 5 Min.

- 5 min. to one hour 1
- One hour to two hours 2
Two hour to four hours 3
More than four hours 4

Pricking pain (Toda)
Absent 0
Mild occasional 1
Moderate after movement
Frequent but not persistent 2
Severe persistent 3

S.L.R. (Sakthikshepanigrah)
More than 90° 0
71° – 90° 1
51° – 70° 2
31° – 50° 3
Up to 30° 4

Tenderness (Spars asaha)
No Tenderness 0
Subjective Experience of tenderness 1
Wincing of face on pressure 2

CRITERIA OF INCLUSION:
Age limit: 18-50 Years
Sex: no restriction

EXCLUSION CRITERIA:
Severe Accidental cases

CRITERIA FOR ASSESSMENT OF TOTAL EFFECT OF THERAPY.
Considering the overall improvement shown by the patients in signs and symptoms and clinical parameters, the total effect of therapy was assessed in terms of cured, markedly improved, improved and unchanged.

Cured: The patients, showing complete relief in the main symptoms like no pain along the sciatic nerve distribution with negative SLR test and ability to raise the leg completely without pain were recorded as cured.

Markedly Improved: More than 75% relief in signs and symptoms were recorded as markedly improved.

Moderate Improvement: Improvement between 50 to 75% was recorded as moderate.

Mild improvement: Improvement between 25 to 50% was taken as mild improvement.

Unchanged: If no change or less than 25% improvement was seen, it was recorded as unchanged.

Overall results of the Therapies:
The overall effect of each therapy was assessed at the end of completion of 6 weeks of therapy. In Group A (Matra Basti) moderate improved. In severity of pain relief was 66.6%, in stiffness relief was 80%, in pricking pain relief was also 80%, in SLR test relief was 73.3%, & 70% relief was in Tenderness. In Group B (Kati Basti) improvement was markedly. 100% relief in severity of pain. 80.3% relief in stiffness. 66.6% relief in pricking pain. 86.6% relief in SLR. & in Tenderness relief was 62.5%. Haematological & Radiological images Values were also improved.

OBSERVATIONS

GROUP A (MATRA BASTI) TABLE 1

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No of patients B.T.</th>
<th>Grade</th>
<th>No of patients A.T.</th>
<th>Grade</th>
<th>Benefit</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruk</td>
<td>15</td>
<td>2</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>66.6%</td>
</tr>
<tr>
<td>Satambha</td>
<td>10</td>
<td>2</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Tod</td>
<td>15</td>
<td>3</td>
<td>12</td>
<td>0</td>
<td>12</td>
<td>80%</td>
</tr>
<tr>
<td>S.L.R.</td>
<td>15</td>
<td>3</td>
<td>11</td>
<td>1</td>
<td>11</td>
<td>73.3%</td>
</tr>
<tr>
<td>Spars asaha</td>
<td>10</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>7</td>
<td>70%</td>
</tr>
</tbody>
</table>
GROUP B (KATI BASTI) TABLE 2

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>No of patients (B.T.)</th>
<th>Grade</th>
<th>No of patients (A.T.)</th>
<th>Grade</th>
<th>Benefit</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruk</td>
<td>15</td>
<td>2</td>
<td>15</td>
<td>0</td>
<td>15</td>
<td>100%</td>
</tr>
<tr>
<td>Stambh</td>
<td>12</td>
<td>2</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>80.3%</td>
</tr>
<tr>
<td>Tod</td>
<td>15</td>
<td>3</td>
<td>10</td>
<td>0</td>
<td>10</td>
<td>66.6%</td>
</tr>
<tr>
<td>S.L.R.</td>
<td>15</td>
<td>3</td>
<td>13</td>
<td>0</td>
<td>13</td>
<td>86.6%</td>
</tr>
<tr>
<td>Spars asahta</td>
<td>8</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>62.5%</td>
</tr>
</tbody>
</table>

TABLE 3 GROUP A (MATRA BASTI)

<table>
<thead>
<tr>
<th>Haematological value</th>
<th>B.T. Average</th>
<th>A.T. Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb%</td>
<td>11.2%</td>
<td>13.2%</td>
</tr>
<tr>
<td>ESR</td>
<td>20</td>
<td>07</td>
</tr>
<tr>
<td>L4-L5 IVD</td>
<td>Moderate Bulge</td>
<td>Mild Bulge</td>
</tr>
</tbody>
</table>

TABLE 4 GROUP B (KATI BASTI)

<table>
<thead>
<tr>
<th>Haematological Value</th>
<th>B.T. Average</th>
<th>A.T. Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb%</td>
<td>11%</td>
<td>12%</td>
</tr>
<tr>
<td>ESR</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>L4-L5 IVD</td>
<td>Moderate Bulge</td>
<td>Mild Bulge</td>
</tr>
</tbody>
</table>

CONCLUSION

Both groups get benefit in the management of sciatica. Kati Basti & Matra Basti with Dashmool Oil has special potency to cure Gridhrasi. Haematological (Hb%, TLC, ESR.) value was significant & Radiological images of lumber region was also improved. Prevention is better than cure.

DISCUSSION

Following discussions can be drawn on the basis of observations made, results achieved and thorough discussions in the present context.

- Our classics have described vata dosha as the main culprit in the disease Gridhrasi. Sometimes kapha is the anubandhi dosha. This is supported clinically as maximum no. of the patients showed vataprakopaka hetus as the cause.
- Physical as well as mental stress were observed as the common causes along with trauma. Also symptoms aggravated in Shishir and Varsha ritu. Some patients also showed exaggeration of pain at night. During these periods, there is physiological aggravation of vata dosha.
- Majority of the patients had dwandwaj prakruti i.e. vatapitta or vatakapha. Also majority of patients had vishamagni and krura koshtha. All these finding support the dominance of vata dosha.
- On the basis of Ayurvedic fundamentals we can explain it as dhatukshaya leading to vataprakopa and Gridhrasi.
- In the present study both the therapies were effective in combating the disease. Major improvement was observed on all signs and symptoms as well as on SLR in both the groups.
- The results were assessed according to the type of Gridhrasi. Matra Basti therapy showed equally good results on both the types of Gridhrasi while Kati Basti therapy proved to be more effective on vatakaphaj Gridhrasi & vataj Gridhrasi.
- No major adverse or side effects were encountered during this treatment period.
- Preventive aspect and patient's education play an important role in the management of Gridhrasi. Proper guidelines about posture etc along with exercises strengthening the spine are helpful for effective management.

REFERENCES

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