

## ROLE OF BASTI AND SHAMAN CHIKITSA IN THE MANAGEMENT OF GRIDHRASI (SCIATICA) - A CASE STUDY

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### ABSTRACT

In present era the disorders pertaining to locomotor system are observed in an increasing pattern as a result of various factors such as faulty posture during work in offices, long standing and jerky movements during travel and sports. All these factors either alone or in conjunction may lead to low backache and sciatica due to undue pressure on spine. In present scenario the lifetime incidences of lower backache pain is estimated to be 50-70% out of which more than 40% incidences are due to sciatica. In parlance with sciatica, a severe debilitating disease named *Gridhrasi* has been mentioned in *Ayurvedic* classics. *Ayurveda* treats it by *Shodhan* and *Shaman Chikitsa* which could be safe, effective, economically affordable and free from any

untoward effects. In this case study patient suffering from *Gridhrasi* Was treated with *Shodhan* and *Shaman Chikitsa* for one month in kayachikitsa IPD of pt. Khushilal Sharma ayurveda college and hospital, Bhopal (M.P.). Treatment given-*Kala Basti (Niruha Basti-Dhasmooladi Kwatha* and *Asthapan Basti-Sahachar Tail)* for 16 days. *Kati Basti* and *Adharang Abhyanga* with *Vatshamak Tail* and *Adhrang Nadi Swedan*. *Vatari guggulu* 500mg, *Rasnasaptaka kwatha* 20 ml and *Rasraj Ras* 1 tablet (125mg) given twice daily.

**KEYWORD:** Sciatica, *Gridhrasi*, *Ayurveda*, *Basti*, *Shaman chikitsa*.

### INTRODUCTION

In present era the disorders pertaining to locomotor system are observed in an increasing pattern as a result of various factors such as faulty posture during work in offices, long standing and jerky movements during travel and sports. All these factors either alone or in conjunction may lead to low backache and sciatica due to undue pressure on spine.

Lumber disc prolapse resulting in low backache is considered as one of the prime cause of musculo-skeletal morbidity worldwide. In present scenario the lifetime incidences of lower backache pain is estimated to be 50-70% out of which more than 40% incidences are due to sciatica. As per contemporary literatures the prevalence of sciatic symptoms vary considerably ranging from 1.6% in the general population to 43% in the selected working population.<sup>[1]</sup>

In parlance with sciatica, a severe debilitating disease named *Gridhrasi* has been mentioned in *Ayurvedic* classics which has also been included in “80 types of *Nanatmaj Vatavyadhi*” by *Acharya Charak*.<sup>[2]</sup> The term *Gridhrasi* gets its origin from Sanskrit word *Gridhra* meaning a bird Vulture, due to the typical gait of the patient suffering from the disease.<sup>[3]</sup>

The sign and symptomatology of *Gridhrasi* as mentioned in *Ayurvedic* classics include *ruka*(pain), *toda*(pricking sensation), *stambha*(stiffness) and *muhur spandana*(pulsation) in the *sphika*, *kati*, *urah*, *janu*, *jangha* and *pada* in order which resemble the classical symptoms of sciatica<sup>[4]</sup>. As per modern medicine sciatica is considered as a condition in which onset of pain is from lumber region with its radiation along the postero-lateral aspect of the thigh and legs (pain along the course/distribution of sciatica nerve) as a result of spinal nerve irritation.

Lower back pain specifically Sciatic pain is the most common presentation of locomotor system in present era. Approximately 50% of overall population suffers from low back pain out of which nearly 20% are of sciatic origin.

As far as treatment regimen is concerned the management of Sciatica in modern medicine is usually through conservative management which includes use of analgesics and physiotherapy, epidural steroid injections and in extreme cases intervention of surgical procedures at the cost of their own limitations and complications. In *Ayurveda* various treatment modalities such as *Basti karma*, *Shaman chikitsa*, *Siravedha* and *Agnikarma*<sup>[5]</sup> have been advocated in the management of *Gridhrasi*.

## CASE STUDY

A 40 year old male patient admitted in kayachikitsa IPD of pt. khusilal Sharma ayurveda college and hospital, Bhopal (M.P.) on date-04/03/2021 with the following complaints-pain in lumber region radiating to left lower limb, stiffness in lumber region, tingling and numbness in left leg along with difficulty in walking and sitting (squatting position) since 8

months.

According to the patient he was asymptomatic 8 month ago and gradually developed symptoms like pain in lumber region radiating to posterior aspect of left leg. Pain was intolerable in nature, associated with tingling and numbness and restricted movements. It got aggravated by prolong standing, walking and changing posture. He consulted a general physician who prescribed him pain relieving medication and rest. The treatment gave him temporary relief, but pain recurred which was continuous in nature and used to aggravate after strenuous work. Then the patient got admitted in the hospital for further ayurvedic treatment.

MRI scan of Lumbosacral spine reports: Dessicated L4-5 shows diffuse posterior bulge with central and right paracentral protrusion and indenting ventral thecal sac with spinal cord narrowing. There is bilateral recess narrowing compressing bilateral traversing nerve roots [right>left] and bilateral foraminal narrowing compressing bilateral exiting nerve roots. There is complete cut off in myelogram at the same level. After the examination this patient was diagnosed as *Gridhrasi* (sciatica). He was treated with *Kala Basti* (*Niruha Basti-Dhasmooladi Kwatha*<sup>[6]</sup> and *Ashthapan Basti-Sahachar Tail*<sup>[7]</sup>) for 16 days. *Kati Basti* and *Adharang Abhyanga* with *Vatshamak Tail* and *Adhrang Nadi Swedan*. *Vatari guggulu* 500mg, *Rasnasaptaka kwatha* 20 mland *Rasraj Ras* 1 tablet (125mg) given twice daily.

## ON EXAMINATION

Antalgic gait, short stepped, spinal and hip movements restricted.

S.No.	Symptoms	Severity	Grade	BT	AT
1.	Pain	<ul style="list-style-type: none"> <li>No pain</li> <li>Occasional pain 1-3 times in 24hrs.</li> <li>Frequent Pain with slight difficulty in walking</li> <li>Severe pain with marked difficulty in walking</li> </ul>	0 1 2 3	3	1
2.	Walking time	<ul style="list-style-type: none"> <li>Walk upto 1 km without pain</li> <li>Walk upto 500m without pain</li> <li>Patient feels pain on standing</li> <li>Patient cannot stand</li> </ul>	0 1 2 3	2	1
3.	SLRT	<ul style="list-style-type: none"> <li>&gt;90°</li> <li>71-90°</li> <li>51-70°</li> <li>31-50°/ below &lt;30°</li> </ul>	0 1 2 3	3	1
4.	Tenderness	<input type="checkbox"/> No tenderness <input type="checkbox"/> Tenderness on pressure <input type="checkbox"/> Tenderness on touching <input type="checkbox"/> Patient winces and not allow to touch	0 1 2 3	2	1

## OBSERVATION AND RESULT

After treatment there was significant relief in Ruka, tenderness, improvement in walking time and straight leg raising test was observed.

## DISCUSSION

The Sciatic nerve is the thickest nerve in the lower limb. It begins in the pelvis and terminates at the superior angle of the popliteal fossa by dividing into tibial and common peroneal nerves. The Sciatic nerve provides the connection to the nervous system for nearly the whole of the skin of the leg, the muscles of the back of the thigh, and those of the leg and foot. It is derived from spinal nerve L<sub>4</sub> to S<sub>3</sub>. It contains fibres from both the anterior and posterior division of the lumbosacral plexus. The lumbosacral plexus provide the nerve supply to the pelvis and lower limb, in addition to part of the autonomic supply to the pelvic viscera. The sciatica nerve originates from lumbosacral plexus. Its root value is L<sub>4</sub>, L<sub>5</sub>, S<sub>1</sub>, S<sub>2</sub>, S<sub>3</sub>. Its made up of the two parts, tibial part and the peroneal part.

The disease *Gridhrasi* (sciatica) is a *Vataja Nanatmaja Vyadhi*. This disease results from irritation of the greater sciatic nerve commonly due to prolapsed intra vertebral disc, other changes may be osteophytes, secondary fibrosis, tumor, or due to injury. Improper sitting posture, jerking movement during travelling and sports may worsen the disease condition; hence, it becomes a significant threat to working population. Whereas contemporary conservative management may provide temporary symptomatic relief, however use of *Vata Shamak Dravya* and *Basti karma* is supposed to provide better relief since *Gridhrasi* is a *Vata* predominant disease and *Basti karma* is considered as the main line of treatment in all *Vata* dominant disorders.

## CONCLUSION

In this case study *Basti* along with Shaman *chikitsa* provided a significant effect on symptoms. Symptoms like pain, numbness, tingling sensation and tenderness initially affect lower back region then gradually radiates to posterior aspects of thigh, knee, calf and foot are the cardinal features of *Gridhrasi* and they are similar to that of Sciatica. SLR test was reduced remarkably and showed clinically significant result in reduction of all the symptoms. Through this case study we may undermine safe, effective management of *Gridhrasi* which is easy to intervene and can provide an effective management protocol for the same.

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