EFFECT OF ERANDA MOOLADI BASTI ALONG WITH OTHER AYURVEDIC FORMULATION IN GRIDHRASI (SCIATICA): A CASE REPORT.

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Introduction

Sciatica is characterised by severe pain radiating from lower back to the leg caused by compression, irritation or inflammation of the sciatic nerve. Based upon the sign and symptoms it can be correlated with *Gridhrasi*, one of the *Vatavyadhi* described in *Ayurveda*. It is characterised with the Onset of *Ruk* (Pain), *Toda* (Pricking) and *Stambha* (Stiffness) initially in *Sphika* (Gluteal region) and then radiating distally to *Kati-Prishtha* (low back), *Janu* (knee), *Jangha* (thigh) till *Pada* (feet)¹. The main cause behind the irritation of sciatic nerve is degenerative pathology of inter vertebral disc like bulging, desiccation, prolapse of the intervertebral disc, reduction in the intervertebral space and sacralisation of vertebra and spinal canal stenosis.

The modern medicine mainly suggests the use of NSAID and surgical correction in this condition. Use of NSAID have temporary relief with severe adverse effects and surgical correction includes major surgery which is expensive and risky. In contrast *Ayurveda* advises the treatment to strengthen the local tissue, soothing the nerve and systemic correction of the pathology by applying radical treatment. *Gridhrasi* being *Vata vyadhi* the treatment principle includes *Snehana*, *Svedana*, *Mridu Shodhana* and *Basti*

karma. Hence in the present case the patient was treated with Kati Basti, Patrapinda Svedana, Erandaamuladi Niruha Basti and Dashmoolaa Taila Anuvasana Basti along with certain Ayurvedic medicines. This treatment provided marked improvement in clinical sign and symptoms of Gridhrasi.

Case report

A Hindu male aged 52 years, native of *Jangal Pradesh* (Bikaner, Rajasthan) admitted in IPD (registration no. 28006) in *Panchakarma* Department of National Institute of Ayurveda, Jaipur for the treatment of *Gridhrasi* (*Sciatica*) in the month of August 2012.

Patient had complain of low back pain radiating to the left lower limb along with numbness in whole limb and cramp in calf muscles since 2 months. Pain was increasing during walking, long standing and forward bending. He was not able to walk more than 100 meter without taking rest and had no previous history of any injury or diseases like Arthritis, Diabetes Mellitus, and Hypertension etc. He was farmer by profession, weighing 80 kg with BMI 28.68 kg/m².

Other details of the patient are as below:-

Prakriti - Vata kaphaja Vikriti -Vataj gridhrasi Sara - Madhyam Dosh -Vata - Asthi- Sandhi Samhanana - Madhyam Dushya Udbhaya sthana Satmya - Madhyam - Pakvashaya Satva - Madhyam Adhishthana- Pristha -Vansha(Asthi-Sandhi)

Vyayama shakti - Madhyam Srotodushti - Sanga

Investigation (Before Treatment)

(Date—10/Sep/2012)

Value	Haematological	Value
82.0 mg/dl	Haemoglobin	14.3 gm%
102.0 mg/dl	TLC	9800 th/ml
44.0 mg/dl	Neutrophil	50 %
1.3 mg/dl	Lymphocytes	44 %
193.0 mg/dl	Eosinophils	03 %
158.0 mg/dl	Monocytes	03 %
60.0 mg/dl	Basophils	00 %
101.4 mg/dl	ESR	03 mm/hr
31.6 mg/dl		
Negative	RAFactor	Negative
	82.0 mg/dl 102.0 mg/dl 44.0 mg/dl 1.3 mg/dl 193.0 mg/dl 158.0 mg/dl 60.0 mg/dl 101.4 mg/dl 31.6 mg/dl	82.0 mg/dl Haemoglobin 102.0 mg/dl TLC 44.0 mg/dl Neutrophil 1.3 mg/dl Lymphocytes 193.0 mg/dl Eosinophils 158.0 mg/dl Monocytes 60.0 mg/dl Basophils 101.4 mg/dl ESR 31.6 mg/dl

MRI Report 1

- Disc desiccation with diffuse annular disc bulge, posterior and posterior left paracentral disc protrusion and facet joint arthropathy seen at L4-L5 and L5-S1 level resulting in mark effacement of bilateral neural foramina(L>R),
- Marked left lateral recess stenosis and moderate canal stenosis with compression over thecal sac and exiting predominantly left L5, S1 nerve roots.
- Bilateral lateral recesses stenosis and mild canal stenosis with compression over thecal sac and exiting predominantly left L4, L5 nerve roots.

Investigation (After Treatment)

(Date—28/Sep/2012)

Bio-Chemical	Value	
FBS	91.0 mg/dl	
PPBS	110.0 mg/dl	
B Urea	38.0 mg/dl	
S Creatinine	1.1 mg/dl	
S Cholesterol	$163.0\mathrm{mg/dl}$	
S Triglyceride	$170.0\mathrm{mg/dl}$	
HDL	57.0 mg/dl	
LDL	72.0 mg/dl	
VLDL	34.0 mg/dl	

Treatment:

The treatment was carried out with following *Panchakarma* procedures along with other supporting medicines for 16 days.

Panchakarma Procedure includes

- 1. Kati Basti with Dashmoolaa Taila and Bala-Ashvagandha Lakshadi Taila
- 2. Nirgundi Patra pinda Sveda with Dashmoolaa Taila
- 3. Basti (Kala Basti Schedule)
 - Niruha Basti by Erandaa mooladi Kvatha and guggulu tiktaka ghrita
 - Anuvasna Basti by Dashmoola Taila

Kala Basti schedule consisting of 16 number of *Basti* in which first *Basti* was *Anuvasana Basti* (oil enema) followed by alternate administration of six *Anuvasana Basti* and six *Niruha Basti* (decoction enema) and lastly three *Anuvasana Basti* were administered¹.

Day	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th	14 th	15 th	16 th
Type of Basti	Anuvasana Basti	Anuvasana Basti	Niruha Basti	Anuvasana Basti	Niruha Basti	Anuvasana Basti	Anuvasana Basti	Anuvasana Basti								

Supportive Treatment (Medicines)

S.no	Medicine	Dose	Anupana	Schedule
1.	Aswagandha churna	2 gm		
	Guduchi churna	1 gm	Warm water	Trice daily
	Shunthi churna	500 mg		
	Pippalimool churna	500 mg		
	Chopachini churna	500 mg		
2.	Ajmodadi churna ¹	3 gm	Warm water	Twice daily
	Shankh Bhasm	500 mg		
3.	Amritadi gugulu ²	1 gm	Warm water	Trice daily

Content of Eranda Mooladi Niruha Basti:

	Kvatha Dravya							
1.	Eranda mool (Riccinus communis root)	10. Laghu Panchamool (Root of 5 drug)						
2.	Rashna (Pluchea lanceolata)	• Kantakari badi(solanum indicum)						
3.	Ashvagandha (withania somnifera)	• Kantakari chhoti (solanum						
4.	Atibala (abutilon indicom)	xanthocarpum)						
5.	Guduchi(Tinospora ccardifolia)	• Salparni(desmodium gangeticum)						
6.	Punarnava(Boerhaavia diffusa)	• Prisnaparni(uraria picta)						
7.	Aragvadha(Cassia fistula)	• Gokshru (tribulus terrestris)						
8.	Devadaru(Cedrus deodara)	Gonshi ii (tirotius terrestris)						
9.	Madana phala(Randia dumetorum)							

Preparation of Eranda Mooladi Niruha Basti:

Eranda Mooladi Niruha Basti contain following ingredients in different proportion as shown below:

- Kvatha(Decoction of above mention Kvatha Dravya)
 320 ml
- 2. *Kalka* (Paste of above mention *Kalka Dravya*) 20 gm
- 3. Sneha (Guggulu tiktaka ghrita) 120 ml
- 4. Madhu (Honey)

80 ml

5. Saindhava (Rock salt)

5 gm

6. Gomutra

20 ml

Honey and rock salt were mixed together in the beginning followed by addition of warm ghee and thoroughly triturated. The finely wet grinded paste of *Kalka dravya* was then added, lastly decoction was added to it. The mixture was then again triturated thoroughly. Mixture is than filtered through sieve. The filtrate so obtained was used as *Basti dravya*.

For Dashmoola Taila Anuvasana Basti

Dashmoola Taila

60 ml

Shatapushpa (Anethum sova)

03 gm

Saindhava (Rock salt)

01 gm

Diet and code of conduct of *Basti karma* and diet were advised to the patient as per textual guideline.

Observation:

First week-

Patient got moderate relief in pain, numbness and stiffness. He was able to walk for half km without taking rest.

Second week-

Marked improvement was observed, patient was able to walk for 2 km without rest and radiating pain, stiffness and numbness in left lower leg was markedly relived.

At the time of discharge patient was completely relieved from the pain, stiffness and numbness.

At the time of Discharge:

Follow up oral Medications: for one month

S.No	Medicine	Dose	Anupana	Schedule
1.	Kshirbala taila 101 times	10 drops	Milk	Twice daily (empty stomach)
2.	Yograj guggulu	2 tab(each 500 mg)	Warm water	Trice daily
3.	Rasna saptak Kvatha	40 ml	-	Twice daily

Advice: To take proper Rest.

Snigdha, *Drava*, *Laghu Ahara* (unctuous, liquid and light diet) including rice, roti, green gram etc. with Milk and ghee as *Rasayana*.

Avoid: Complex and heavy food for digestion.

Discussion:

Gridhrasi (sciatica) is disease caused by vitiation of Vata in Asthi and Sandhi or due to compression, irritation or inflammation of the sciatic nerve in the greater sciatic notch or lumbo-sacral region that result in radiating or pricking pain, stiffness, and numbness to lower limb, for the treatment of this ailment one must plan the treatment that strengthen the local tissue, soothing the nerve and correct the systemic pathology.

Kati Basti by Dashmoola Taila and Bala-ashvagandha Lakshadi Taila is unique combination of Snehana and Svedana which increase local blood flow that help to drain out the inflamed exudates etc. Apart from this it gives good nourishment and strengthen the local tissue and corrects the aggravated Vata Dosha at the site of lesion.

Nirgundi patra pinda Sveda to the affected region provide soothing effect to the nerve and muscles relaxation may result in reduction of compression of nerve root that also reduce radiating pain and numbness. Nirgundi is considered as one of the best anti Vata drug further when it is medicated with oil and applied in the form of bolus fomentation it is much more effective to overcome Vata dosha in turns relieves the complain of Vata like pain etc.

Basti is such a unique treatment which can correct local as well as systemic pathology and the best treatment for the

correction of *Vata* and the diseases of *Asthi Sandhi* and *Marma*, check the disease progress. *Erandamooladi Niruha Basti* is specialy indicated for condition like pain in low back, thigh, and feet as well as for correction of vitiatiated *Vata*. The *guggulu tiktaka ghrita* used as *Sneha* in *Basti* preparation is specifically indicated for *Asthi majja gata vyadhi* and particularly use of *Tiktaka ghrita* in the form of *Basti* is indicated for *Asthi ashrita vyadhi*.

The medicines which were used along with *Panchakarma* therapy are having *Vatah-ara*, *Shothahara*, *Agnideepana*, *Anulomana* and *Rasayana* properties, which supported the *Panchakarma* treatment for the correction of basic pathology.

Basti as a best line of treatment for *Vata dosha* and *Vata* is the cause for *Sankocha* and spinal canal stenosis may be considered as one of the *Sankocha* presentation.

Disc bulge is due to degenerative changes which is indica-

tive of *Vata Prakopa* hence *Basti* may be considered as best therapy.

Facet joint arthropathy is indicative of *Sandhi Vata* type of pathology where *Shulahara* and *Shothahara* treatment like use of *Rasna Saptak Kvatha* and *yoga raja guggulu* may be considered as best medicines.

Conclusions:

According to sign symptoms *Gridhrasi* can be equated with Sciatica in modern parlance.

Combined therapy of *kati Basti* with *Dashmoola Taila* and *Bala-Ashvagandha Lakshadi Taila*, *Nirgundi Patra Pinda Sveda*, *Erandamooladi Niruha* and *Dashmoola Taila Anuvasna Basti* in *Kala Basti* schedule result in complete relief and provide excellent improvement in clinical sign and symptoms of *Gridhrasi*.

Conflict of Interest: None Declared Source of Support: None

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