

Clinical Evaluation of Yapan Basti and Patrapinda**Pottali Swedan in Vataj Ghridhrasi.****Sayram Shrigire¹ Rajendra H. Dhate^{*2} Namdev Bansode³**

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Abstract:

Sciatica (Gridhrasi) is musculoskeletal disorder, which affect the movement of leg. Sciatica is kind of Neurulgia characterised by intense pain and tenderness along the course of sciatica nerve extending from back to thigh down calf region then down towards foot & toes. The pain is associated with numbness, burning sensation and tingling sensation. Main causes of sciatica is herniated disc, spinalstenosis, piriformis syndrome etc. Gradhrusi is NanatmajaVatavyadhi, an entity enumerated by shula. According to charaka, Stambha, Ruka, Toda and Spandan are sign& symptoms of VatajGridhrasi. Aruchi, Tandra and Gaurav are symptoms of Kaphaj Gridhrasi. Gridhrasihetu are vatprakopak. In the pathogenesis of sciatica, there is irritation of 4th & 5th lumbar root and 1st sacral root. S.L.R.(Straight Leg Raising) is used for diagnosis and for assignment of progress of treatment . Treatment of Gridhrasi is so simple, safe, and effective. Snehan,

Swedan and Mrudu Shodhan as explained in Vatvyadhi. Charak explained in Siddhi Sthana that madhughrutadiyapanbasti for vatvyadhi. Sciatica is Nanatmajavikar of vatvyadhi. Yapanbasti is safe & effective and no any complication.

Keywords: *Yapan Basti, Patrapinda Pottali Swedan, Vataj Ghridhrasi*

Introduction

Sciatica (Gridhrasi) is musculoskeletal disorder, which affect the movement of leg. Sciatica is kind of Neurulgia characterised by intense pain and tenderness along the course of sciatica nerve extending from back to thigh down calf region then down towards foot & toes. The pain is associated with numbness, burning sensation and tingling sensation. Main causes of sciatica is herniated disc, spinalstenosis, piriformis syndrome etc. Gradhrusi is NanatmajaVatavyadhi, an entity enumerated by shula. According to charaka, Stambha, Ruka, Toda and Spandan are sign& symptoms of

VatajGridhrasi. Aruchi, Tandra and Gaurav are symptoms of Kaphaj Gridhrasi. Gridhrasihetu are vatprakopak. In the pathogenesis of sciatica, there is irritation of 4th & 5th lumbar root and 1st sacral root. S.L.R.(Straight Leg Raising) is used for diagnosis and for assignment of progress of treatment. Treatment of Gridhrasi is so simple, safe, and effective. Snehan, Swedan and Mrudu Shodhan as explained in Vatvyadhi. Charak explained in Siddhi Sthana that madhu-ghrutadiyapanbasti for vatvyadhi. Sciatica is Nanatmajavikar of vatvyadhi. Yapanbasti is safe & effective and no any complication.

Hence madhu-ghrutadiyapanbasti and patra panda pottaliswedan were selected for present study.

Aims and objectives

- To assess the efficacy of madhu-ghrutadiyapanbasti and patra pindpottali swedan in the management of gridhrasi.
- To assess any side effect during the course of treatment.
- To find simple, cheap and effective treatment in management of gridhrasi.

Inclusion Criteria

- Patients age group 20-50yr.
- Presence of Ruk, Tod, Stambha and Spandan in sphika, kati, uru and pada.

Objective Criteria

- SLR test in affected leg as objective measure for diagnosis

and assignment of improvement in treatment

- Visual analog scale.
- Oxford pain chart prepared and assisted before, during and after treatment.

Exclusion Criteria

- Cardiovascular disease, Nephrotic disease, Pregnancy and Uncontrolled Diabetes.
- Benign & malignant tumour of spine or T.B of vertebral column and Trauma.

Investigation

Routine investigation were done in all cases including CBC, ESR, BSL, RA factor and X-ray of Lumbosacral spine (AP & Lat. View)

Posology

Drug-

1) Madhu-Ghrutadiyapanbasti

2) PatrapindpottaliSwedan

- Patients were randomly selected.
- Total 16 basti, daily one.
- Duration 16days
- Local Abhyanga&Swedan.

Criteria of Assisment

The data presented as general observation viz.Age, sex, religion etc. Nidana&Lakshana.The result of therapies was evaluated on the basis of improvement in subjective and objective parameters on various rating scale & charts. For statistical analysis, we

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calculated means, Std Deviation, standard errors an percentage.

The total effect of therapy was assisted taking into the overall was improvement in sign & symptoms and calculated.

Obtained results were classified-

A) Marked improvement – 75-100% relief , B) Moderate improvement – 51-75% relief
C) Mild – 26-50% relief\

D) Unchange - < 25% relief

ObservationS & result -

Criteria	Number of patients	
Gender	Male	08
	Female	12
Age	21-30	02
	31-40	04
	41-50	14
Occupation	Housewife	12
	Office work	04
	Labor	02
	Other	02
Religion	Hindu	12
	Muslim	04
	Budhist	04
Area	Urban	14
	Rural	06
Doshadushti	Vataj	03
	Vat-kaphaj	07

Nidana - 1) Mithya-Ahara , 2) RutuviparitaAahara, 3) Katurassevan , 4) Chint, 5) Krodh

Symptoms - Ruk , Tod & SLR (100%) in all patients

- Tandra-46.32
- Aaruchi -76.4%
- Gaurav -25.12
- Spandan -29.45%

Discussion

Among the study , subjects , 10% were in the age of 21-30 ; 20% 31-40 and 70% of 41-50yr.In 41-50 age group there is initial stage of Vat-prakopa. Accordingly modern science, there is progressive decrease in the degree of hydration intervertebral disc with Age, leading to the cycle of degeneration. Hence, the prevalence of Sciatica is high in middle aged people. This study is supported by the present study. Most of the patients (70%) were from the urban areas, this is because of fast lifestyles & hazards, Associated with industrialization. A large portion of the patients (60%) were housewives, Household works involves working in abnormal posture for long periods and there us too much wear& tear of spine.

Bad posture, standing work, long walking, constant sitting, were aggravating factors in 80% of patients. A high proportion of patients 50% had Vat-Pittaj and 20% had Pitta-Kaphajp, while remaining 30% had Vat-Kaphajprakruti. This suggest that Vataplays major role in Nidana ; 80% had katurasatmakAaharsevan, ingestion of food which are Ruksh, Sheet, Laghu, Ratrijagran, Vegvidharan& all such factors are precipitate Vat prakop which is important etiological factor in Gridhrasi. Vegdharan found in 20% and Vishamacheshta in 80% were main etiological factor that precipitating Gridhrasi because they cause strain on

the spine. As much as 40% patients had mansk factor such as Atichinta, which effects the role of tension in Vata-prakopa.

Among the female subject 45% had reaches Menopause, indicating that degenerative changes occur earlier in relation to male. 30 % of the women were obese, excessive pressure is exerted on the weight bearing joints such as lumbosacral joints and nerve originating from this area were affected. In X-ray finding 30% has spondylosis, 40% had osteoporosis 10% had spondylolithiasis at L5-S1, and 00 % had lumbar canal stenosis, where spinal canal narrows and compressed sciatic nerve root.

Effect of therapy

Improvement of pain and Toda because pain is produced mainly due to vataprakopa and basti is the best treatment for Vata . Ushnaguna of swedan also reduced pain in sciatica.

Toda :- This shows that nearly half of the patients who have disturbed Nidra by Toda as night is Vataprakopakala ,So Tod might be aggravated during this kala showed better improvement in Toda (80%). Yapanbasti is type of Niruhabasti act as Vatanulomana& relaxes the spinal muscle controlling Apana-VayuSpandan occurs due to Vata and is better relieved by Yapanbasti.

SLR Test

Sakthikshepanigraha was measured by SLR test, With Yapanbasti, all patients were able to lift the leg higher due to reduction in muscular spasm. Walking time were relieved 80% and numbness (75%) due to Vata shamak properties of

basti and swedan, snigdha decreases Rukshaguna of Vata and Ushnaguna decreases Sheetaguna of Vata. Basti&Swedan breakupsanga and margavrodha. Yapanbasti&Patrapindpottali swedan helps in controlling both Vata and Kapha and breaking Samprapti.

Effect of therapy on dosha involvement

Vatajgridhrasi results are highly significant with relief of 90% . This was due to only vatahar effect of yapanbasti and Swedan.

Mode of action of Madhu-Ghrutadi Yapanbasti&Patrapindpottali swedan

Vata and Kapha are main etiological factors for Gridhrasi which gets reduced by yapanbasti and swedan because these two treatment play major role in reducing Vata and Kapha.

Conclusion

Both treatment have effect on Gridhrasi ,MadhuGhrutadi Yapanbasti showed good results. MadhuGhrutaare cheap, easily available and very effective in joints disorder.

Basti clears the strotas by removing mala and Avarana, conquers the Ruksha of vayu with snigdha guna and also normalize Apanavayu which is the main culprit. The selected treatment does not work only to relieve symptoms but it works at the level of samprapti and minimizes the chances of recurrence of disease.

References:

1. Charak Samhita , Shastri SN. Varanasi: Chaukhambha Academy;1998. Vidyotnini hindi commentary; pp. 54-6.
2. Sushrut Samhita. Shastri AD. 11th ed. Varanasi : Chaukhambha academy;1997.
3. Braunwald E. 15thed. New york: McGraw-Hileical publishing Division; 2001. Harrison: Principals of Internal medicines; p. 73.
4. Maheshwari J. Essential Orthopaedics. 2006:228-41.
5. Rao TB. Methods of Biostatistics. 2004-127.
6. Agnivesha, charak, dridhbal. CharakSamhita, Siddhi Sthana, utterbasti- Siddhi 12/16. 2nd edition Vol 6. Varanasi: chaukhambha Sanskrit series office; 2002. Text with English translation and critical exposition on Chakrapani Dattas Ayurved Dipika Commentary by R K Sharma and Bhagwandas; pp .409-11.
7. Frymoyer JW, Backpain and Sciatica. NEngl J Med. 1988;318:291-300 [PubMed]

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