



EFFECT OF *ERANDA TAILA PRAYOGA* AND *DASHAMULADI NIRUHA BASTI* IN *GRIDHRASI*

Rao Veena G¹

Kamat Shrilatha T²

Patil Deepa C³

¹Professor, Dept of PG studies in Panchakarma, JSS Ayurveda Medical College, Mysuru.

²Professor, Dept of PG studies in Kayachikitsa & Manasaroga, SDM College of Ayurveda, Udupi.

³Reader, Dept of Kayachikitsa, JSS Ayurveda Medical College, Mysuru.

ABSTRACT

Sciatica is a painful syndrome of lower back associated with disability ranging from dependency to a limit of permanent handicap. Sciatica syndrome of varied pathology can be effectively paralleled with *Gridhrasi* which presents with radiation of pain from low back to the lower limbs on the posterior aspect. *Gridhrasi* indicates the typical gait that resembles of a bird "*Gridhra*" i.e, vulture, which is often seen in patients of *Gridhrasi Roga*. This is a single blind clinical study where in *eranda taila prayoga* was done for first 3 days and *yoga basti* for next 8 days in 30 patients of *Gridhrasi*. The signs and symptoms were assessed before and after treatment. Based on the grading, data obtained were analysed for the statistical significance using paired- t- test. This assessment revealed that the majority of the patients 20(66.66%) had best improvement, 6(20%) patients got moderate improvement, and 4(13.33%) patients got mild improvement. So can be effectively administered in patients of *Gridhrasi*. Repeated courses of this treatment may prove to be highly beneficial in *Gridhrasi* to the extent of its *samprapti vighatana*.

Keywords: *Gridhrasi*, Sciatica, *Basti*, *Eranda taila*, *Yogabasti*.

INTRODUCTION: A normal daily life without moving the limbs is almost impossible for any human being, from the time immemorial to ultramodern life. The most common disorder which affects the movements of the leg with the typical gait that resembles of a bird "*Gridhra*" i.e, vulture, which is often seen in patients of *Gridhrasi Roga*¹, the incidence of which ranges from 60-70%, where as incidence of sciatica ranges from 13-40%². The sciatica is now becoming a significant threat to the working population. Hence, the treatment which relieves the pain, improves the functional ability & controls the condition sciatica with cost effectiveness is the need of the present time. *Gridhrasi* is a *nanaatmaja Vatavyadhi* characterized by pain primarily in the *sphik pradesha* which

radiates to the leg through the *prishtha bhaga*(posterior aspect) of *uru*, *janu*, *jangha* and *pada*. The symptoms are *stambha*, *ruk*, *toda* and *spandana* in *Vataja Gridhrasi*. In association with the above symptoms additional features like *aruchi*, *tandra* and *gaurava* are seen in *Kaphanubandha Vataja Gridhrasi*³. This condition can be correlated to Sciatica in contemporary sciences. By the radicular pain & *sakthikshepa nigraha* i.e, restricted lifting of the leg of the affected side, the involvement of the *vata* in the pathogenesis is evident. Line of treatment of *gridhrasi* is *snehana*, *swedana*, *basti siravyadha*⁴ and *agnikarma*⁵. *Basti* is one among the best line of treatment for *gridhrasi* as it is choice treatment for *vata*. So, the efficacy of *dashamuladi niruha basti* is studied.

AIM AND OBJECTIVES: To study the efficacy of *Eranda taila prayoga* & *Dashamuladi niruha basti* in *Gridhrasi*.

MATERIALS AND METHODS:

Source of data: Patients suffering from *Gridhrasi* fulfilling the diagnostic criteria were selected for the study from OPD and IPD of JSSAMC and Hospital, Mysuru.

Diagnostic Criteria:

1. Radiating pain along the course of Sciatic Nerve, unilateral or bilateral with or without other clinical features of *vataja* & *vata kaphaja gridhrasi*.
2. SLR (Straight Leg Raising) test being positive.
3. Presence of IVDP/ lumbar spondylosis confirmed by X-ray/MRI of lumbosacral spine

Inclusion criteria:

1. Age between 20-70 years of all genders
2. Radiating pain along the course of Sciatic Nerve, unilateral or bilateral.
3. SLR (Straight Leg Raising) test being positive.
4. Patients with IVDP/ Lumbar spondylosis.
5. Patients fit for *basti karma*.

Intervention:

Erandataila prayoga

All 30 patients depending upon their *koshta* were administered 15-40ml of *Gandharvahastadi eranda taila* with 10ml of milk at night before food for first 3days, so that they have 3-5 *virechana vegas* next day morning.

Anuvasana basti: Immediately after intake of food 75ml of *sahacharaditaila*⁷ was administered as *anuvasana basti* after the patient was subjected to local *abhyanga* with *sahacharadi taila* especially to

Materials: The *Eranda taila*⁶ and *Dashamuladi niruha basti* ingredients required for the whole course of treatment was procured from JSS Ayurveda pharmacy.

Exclusion criteria:

1. Traumatic, infective, neoplastic, congenital conditions of spine.
2. Any systemic disorders which interfere with the course of treatment.
3. Pregnant women & lactating mother.

Investigations:

1. X ray of Lumbo-sacral spine in antero-posterior and lateral view.
2. MRI scan- L.S Spine- if necessary.

Study design: It is a single blind clinical study with pre-test and post-test design.

1. *Eranda taila prayoga* for first 3 days
2. *Yoga basti* for next 8 days.

Follow up: 27th day(16 days after treatment.)

Total duration of study: 27 days.

lowback, lower abdomen, buttocks followed by *nadi sweda*.

Niruha basti:

Ingredients of niruha basti are *Madhu* honey)- 70ml.

Saindhava lavana- 6grms.

*Guggulutiktaka ghrita*⁸-70ml

*Ashwagandha bala lakshadi taila*⁹-70ml

Shatapushpa kalka- 15grms.

Dashamula+ *Balamula*+ *Erandamula*+ *Amrita kashaya*= 270ml.

Milk – 100ml

These ingredients were mixed one after the other in the above mentioned order as per the classics. A total of 600ml of was prepared, filtered and made lukewarm by *niruha basti dravya* keeping it over the hot water bath. Then it was administered on empty stomach after subjecting the patient to local *abhyanga* with *sahacharadi taila* especially to low back, lower abdomen, buttocks followed by *nadi sweda*. Patients were advised to take food soon after *basti pratyagamana* (after passing bowels). These *bastis* were administered in *yoga*

basti pattern for 8 days. In which 3 *Niruha basti*'s were administered on 2nd, 4th & 6th day and 5 *anuvasana basti*'s on 1st, 3rd, 5th, 7th and 8th day.

Assessment criteria: Assessments were done based on detailed Performa adopting standard scoring methods of subjective & objective parameters as shown below. Data were collected before treatment, 3rd day of treatment (i.e, after *nityavirechana*), on 11th day (i.e, after *yoga basti*), 27th day i.e, day of follow up(16 days after completion of treatment).

Subjective parameters scoring

1. *Stambha* (Stiffness):

i	No stiffness	0
ii	Mild stiffness	1
iii	Moderate stiffness	2
iv	Severe stiffness	3

2. *Ruk* (Pain):

i	No pain	0
ii	Painful, walks without limping	1
iii	Painful, walks with limping but without support	2
iv	ainful, can walk only with support	3
v	Painful, unable to walk	4

3. *Toda* (Pricking Sensation):

i	No pricking sensation	0
ii	Mild pricking sensation	1
iii	Moderate pricking sensation	2
iv	Severe pricking sensation	3

4. *Spandana* (Twitchings):

i	No twitching	0
ii	Mild twitching	1
iii	Moderate twitching	2
iv	Severe twitching	3

5. *Gaurava* (Heaviness):

i	No heaviness	0
ii	Mild heaviness	1
iii	Moderate heaviness	2
iv	Severe heaviness	3

Objective parameter scoring

Straight Leg Raise Test ;

I	More than 90 degree	0
II	71 – 90 degree	1
III	51 –70 degree	2
IV	31 – 50 degree	3
V	Up to 30 degree	4

Criteria for overall assessment:

1.	Cured	100% relief in sign and symptoms
2.	Best Improvement	>75% and <100% relief in signs and symptoms

3.	Moderate Improvement	>50% and <75% relief in signs and symptoms
4.	Mild improvement	>25% and <50% relief in signs and symptoms
5.	Unchanged	< 25% relief in signs and symptoms

STATISTICAL ANALYSIS : Data regarding all the above said parameters were collected on 3rd day, 11th day (after *basti*) and 27th day (16 days after completion of treatment). To calculate the test for significance before treatment, after treatment and follow-ups, in the present clinical study Wilcoxon Signed Rank test was used. Statistical analysis was done based on “R-Software”.

OBSERVATION: Among the 30 patients, maximum number of patients belonged to the age group 41 to 50 years i.e, 60%. In this study the male and female incidence was 30% and 70% respectively. The married patients were more compared to the unmarried. Most of the patients were Hindus. 50% patients were from middle class, 36.66% were graduates, 50% were house wives, 20% were service and business people, 70% were vegetarians, 46.66% were *vata-kaphaprakruthi*, 33.33% were *vata-pitta prakruthi* and 20% were *pitta-kaphaprakruthi*, majority of patients

had *madhyama samhanana, sara, satwa, ahara shakti*. 60% of patients had sudden onset of pain & 40% had insidious onset. In 66.66% of patients right lower limb was involved and in rest left lower limb was involved. More than 1 year of duration of illness was observed in 36.60% of patients. Course of pain was continuous in 70% of patients. Sleep disturbed due to pain in 90% of patients. 80% patients had *vataja* and 20% had *vata-kaphajagridhrasi*.

RESULTS: Results are interpreted after statistically analysing the gradings given for the signs and symptoms mentioned in assessment criteria before and after treatment. Finally overall assessment was also done based upon the results. From the statistical analysis of the recorded data it is evident that reduction in the symptoms (ie *ruk, sthamba, toda, spandana, gourava, SLR*) were highly significant with P value less than 0.001 (<0.001) after the treatment and on first follow up.

Table showing the statistical analysis of features before and after 3 days of treatment

Sl No	Features	BT Mean	AT Mean	V Value	P Value	Significance
1	<i>Ruk</i> (pain)	2.46667	1.96667	120	0.0001227	HS
2	<i>Sthambha</i> (stiffness)	2.1	1.9	21	0.01966	NS
3	<i>Toda</i> (pricking Sensation)	1.866667	1.6	36	0.005962	S
4	<i>Spandana</i> (Twitching)	1.8	1.6	21	0.01966	NS
5	<i>Gourava</i> (heaviness)	2.233333	1.833333	78	0.0006269	S
6	SLR	2.933333	2.3	190	1.451e-05	HS

After administration of *Gandharva hastadi eranda taila* for first 3 days the reduction in the ‘*Ruk*’ & improvement in ‘SLR’ test were highly significant.

Table showing the statistical analysis of features before treatment and on 11th day (after Basti)

Sl no	Features	BT Mean	After basti Mean	V value	P Value	Significance
1	Ruk(pain)	2.466667	1	465	8.573e-07	HS
2	Sthamba(stiffness)	2.1	0.966667	465	2.083e-07	HS
3	Toda(pricking Sensation)	1.866667	0.6	465	5.043e-07	HS
4	Spandana(twitching)	1.8	0.6	465	3.453e-07	HS
5	Gourava (heaviness)	2.233333	0.9	465	6.611e-07	HS
6	SLR		1.266667	465	6.611e-07	HS

Table Showing the statistical analysis of features before treatment and on 27th day (1st follow up)

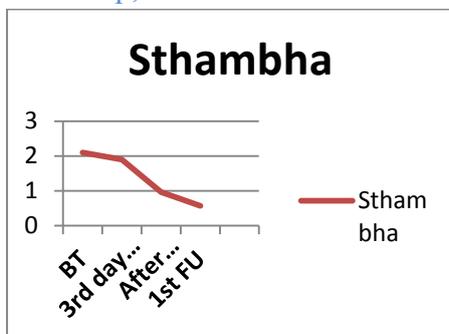
Sl no	Features	BT Mean	3 rd FUP Mean	V- Value	P-Value	Significance
1	Ruk(pain)	2.466667	0.733333	465	6.833e-07	HS
2	Sthamba (stiffness)	2.1	0.566667	465	9.328e-07	HS
3	Toda(pricking Sensation)	1.866667	0.333333	465	9.019e-07	HS
4	Spandana (twitching)	1.8	0.366667	465	7.837e-07	HS
5	Gourava (heaviness)	2.233333	0.5	465	6.833e-07	HS
6	SLR	2.933333	0.9	465	4.376e-07	HS

Statistical analysis of before & after the *basti*, before treatment & on first follow up shows that there is highly significant reduction in all subjective parameters & improvement in SLR.

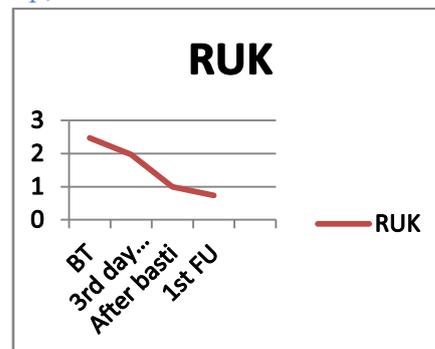
Overall assessment: Overall assessment of effect of *Dashamuladi niruha basti* in patients of *Gridhrasi* taken for the clinical study were done based on the criteria mentioned for the same in the materials and methods

Graph Showing improvement in Sthambha

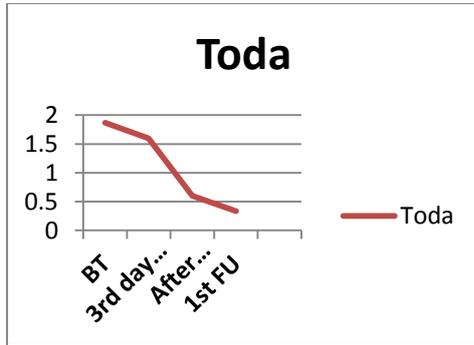
BT , 3rd day of treatment, After *basti*, 1st follow up, Y -axis : mean value



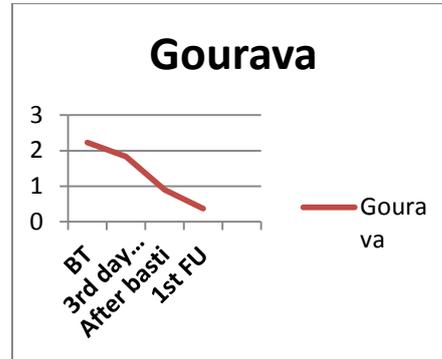
Graph Showing improvement in Ruk BT , 3rd day of treatment, After *basti*, 1st follow up, Y -axis : mean values



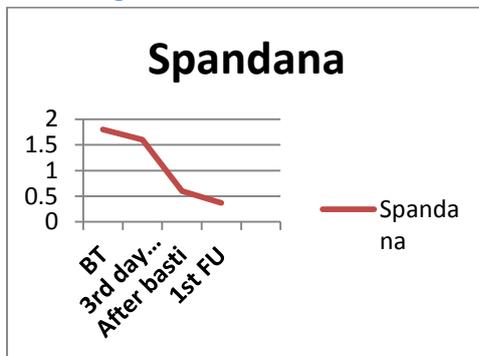
Graph Showing improvement in *Toda* BT , 3rd day of treatment, After *basti*, 1st follow up, Y -axis : mean values



Graph Showing improvement in *Gourava* BT , 3rd day of treatment, After *basti*, 1st follow up, Y -axis : mean values



Graph Showing improvement in *Spandana* BT , 3rd day of treatment, After *basti*, 1st follow up, Y -axis : mean values



Graph Showing improvement in *SLR* BT , 3rd day of treatment, After *basti*, 1st follow up, Y -axis : mean values

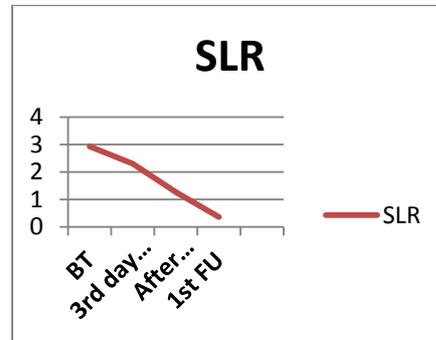


Table no : Showing the overall assessment

Sl.No	Overall assessment	No.of Patients	Percentage
1.	Cured	0	0
2.	Best Improvement	20	66.66
3.	Moderate Improvement	6	20
4.	Mild improvement	4	13.33
5.	Unchanged	0	0

This assessment revealed that the majority of the patients 20(66.66%) had best improvement, 6(20%) patients got moderate improvement, and 4(13.33%) patients got mild improvement.

DISCUSSION:

Gridhrasi is one among the *nanatmaja vatavyadhi*¹⁰. It is caused by the vitiated *vata* afflicting the *snayu* and *kandara*¹¹ producing pain in the lowback & lower limbs resulting in difficulty in walking and also restricted movements of the spine. In some patients there can be *anubandha*

(association) of *kapha* with the *vata* producing *Kaphanubandha Gridhrasi*.

Gridhrasi can be related to Sciatica in contemporary science where the patient experiences pain in the lumbosacral region and also in the course of Sciatic nerve. This radiculopathy may be associated with sensory neuropathic features like tingling sensation or numbness in the leg. If patient

develops myelopathy due to spinal cord compression by lumbo sacral IVDP (Inter Vertebral Disc Prolapse), it can make the patient even bedridden due to loss of muscle power of lower limbs along with the pain. Various treatment modalities like *snehana*, *swedana*, *virechana*, *basti* etc are mentioned for *vata vyadhi* in general and *basti*, *siravyadha* and *agnikarma* are mentioned for *Gridhrasi* in specific. The *Gandharva hastadi eranda taila* which was given for the first 3 days, does *vata anulomana*, *mala shodhana* & *agni deepana*. These three actions reduces the pain to some extent in *gridhrasi* & prepares the patient for *basti* therapy. In *chakradatta* it is told that, *agni deepana* by *shodhana* is essential prior to *basti* therapy in patients of *Gridhrasi*¹².

The *sahacharadi taila* used in *anuvasana basti*, is the choice of *taila* in *adhonabhigata vata vyadhi*. The *guggulu* in *guggulu tikta ghritha* (GTG) which is used in *niruha basti* is *vatahara*, *shothahara*, *shulahara*. The *ruksha*, *khara guna* of *tikta dravyas* of GTG & the *laksha* of *ashwagandha bala lakshadi taila* (ABL taila) nourishes the *asthi dhatu*. *Ashwagandha* & *bala* are *balya* & *vatahara*. *Taila* & *ghrita* are respectively *vatapitta hara*, thereby arrests the degeneration of bones. So GTG & ABL oil was used in *niruha basti*. *Dashamula* & *Erandamula* are *vatahara*, *shothahara* and *shulahara*. *Balamula* is *brimhana* and *Amrita* corrects the *dhatwagni* & nourishes *asthi* as it is *tikta*. Therefore *kashaya* of *dashamula*, *balamula*, *erandamula* & *amrita* was used in *niruha basti*. Milk should be the *avapa dravya* in *niruha basti* as it is degenerative bone disease¹³.

Niruha Basti being *Shodana* & the presence of *madhu* (honey) helps to reduce the *Kapha*. Hence resulted in better relief of

Stambha. *Spandana* due to increased *Chala* and *Laghu Guna* of *Vata* was checked by the *Sneha* administered in *Basti*. In total, first 3 days of *Eranda taila prayoga* & next 8 days of *yoga basti* helped good number of patients (20) in relieving the signs and symptoms significantly.

CONCLUSION: *Gridhrasi* is a *Vatavyadhi* characterized by pain primarily in the *sphik pradesha* which radiates to the leg through the *prishtha bhaga* (posterior aspect) of *uru*, *janu*, *jangha* and *pada*. The symptoms are *stambha*, *ruk*, *toda* and *spandana* in *Vataja Gridhrasi*. In association with the above symptoms additional features like *aruchi*, *tandra* and *gaurava* are seen in *Kaphanubandha Vataja Gridhrasi*. This condition can be correlated to *Sciatica* in contemporary sciences. *Agni deepana* by *shodhana* is essential prior to *basti* therapy in patients of *Gridhrasi*. The *Gandharva hastadi eranda taila* which was given for the first 3 days, does *vata anulomana*, *mala shodhana* & *agni deepana*. *Basti dravyas* used in the present study have *vatahara*, *shothahara*, *shulahara*, *brimhana* properties, hence best suited in the condition of *Gridhrasi*. In total, first 3 days of *Eranda taila prayoga* & next 8 days of *yoga basti* helped good number of patients (20) in relieving the signs and symptoms significantly. As there is *gambheera dhatugata avastha*, the repeated courses of this *basti chikitsa* may work to the extent of absolute *samprapthi vighatana*

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Corresponding Author: Dr.Veena G Rao, Professor, Dept of PG studies in Panchakarma, JSS Ayurveda Medical College, Mysuru.
Email: drveenagrao@yahoo.in

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