

**Case Study****UNDERSTANDING THE ACTION OF VAITARANABASTI IN GRDHRASI – A CASE STUDY**Nicy Wilson W<sup>1\*</sup>, Prashasth MJ<sup>2</sup>, Muralidhara<sup>3</sup><sup>1</sup>PG Scholar, <sup>2</sup>Co-Guide & Lecturer, <sup>3</sup>Guide, Professor & HOD, Dept., of PG studies in Kayachikitsa, SKAMCH & RC, Vijayanagar, Bengaluru, India.**KEYWORDS:** *Grdhrasi*, Sciatica, *Vaitarana Basti*.**ABSTRACT**

In the context of *Vata Vyadhi Acharyas* explain about a painful condition afflicting the lower limbs called '*Grdhrasi*', Where in the pain from low back gradually radiating towards the regions of the posterior aspect of *Kati*, *Uru*, *Jaanu*, *Jangha* and *Pada* is the opinion of *Acharya Caraka*, but *Acharya Sushruta* and *Acharya Vagbata* opines that there are two *Kandara* in the leg that gets afflicted (Tendons of the feet getting vitiated) by *Vata* which causes pain radiating towards the ankles or toes is called as *Grdhrasi*. These two *Kandara* when gets afflicted with the *Vata Dosha* limits the extension of the leg. This condition is similar with sciatica which refers to the Radiating pain from low back to lower limb as the typical characteristic feature of this illness. A case report with the presenting complaints of shooting type of pain from low back pain radiating to both the lower limbs posteriorly till the toes (more towards the right lower limb) since six months. As a treatment measure, *Vaitarana Basti* was selected which showed good result and helped to relieve the impairment of the patient in her daily activities. This article explains about the action of *Vaitarana Basti* in *Grdhrasi*.

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**INTRODUCTION**

The term "Sciatica" describes a symptom with pain along the sciatic nerve pathway rather than a specific condition, illness, or disease. It also mean any pain starting in the lower back and going down the leg. Radicular pain in the distribution of the sciatic nerve, resulting from herniation of one or more lumbar intervertebral discs, is a frequent and often debilitating event. The lifetime incidence of this condition is estimated to be between 13% and 40%. Depending on how it is defined, 2% to 40% of people have sciatica at some point in time. It is most common during people's 40s and 50s. In approximately 90% of the cases, sciatica is caused by a herniated disc involving nerve root compression. However, lumbar canal stenosis or foramina stenosis and (less often) tumors or cysts are other possible causes.

The *Ayurvedic* Classics in the context of *Vata Vyadhi* explain a painful condition afflicting the lower limbs called '*Grdhrasi*'. This occurs due to the vitiation of *Vata*. But when *Kapha* gets involved with *Vata* then stupor, heaviness of the limb and

anorexia are also associated with the above said complaints<sup>1</sup>.

The pain worsens with coughing; patients may report sensory symptoms, limited forward flexion of the lumbar spine, gait deformity and unilateral spasm of the paraspinal muscles<sup>2</sup>. The pain is characteristically of a shooting type, quickly travelling along the course of the nerve.

Treatment in *Ayurveda* is aimed at restoring the equilibrium through correction of the underlying functional derangement. Ayurvedic treatment for *Grdhrasi*, concentrate on bringing back the aggravated *Vata* or *Vata Kapha* to the state of equilibrium and thereby to the state of health.

Various treatment modalities are done as per the necessity and condition. These therapies are directed towards relieving the inflammatory changes and underlying causes of Sciatica, releasing the spasms and nerve compressions in the affected area, strengthening and nourishing entire spine & supporting tissues.

## Case Report

A 54 year old female patient presented with the complaints of low back pain radiating to both the lower limbs posteriorly till the toes (more towards the right lower limb) since six months.

History of the patient is revealed that gradual onset of low back pain before three years slowly patient noticed the pain from low back was radiating to (B/L) lower limbs thereby she was unable to do her daily household activities. So she consulted an Orthopedic Doctor and underwent treatment, through which she was able to carry out her routine activities. She had no further complaints for about two and half years from the previous treatment.

But six months before when the patient was about the stand up from the floor, she felt a sudden jerky sound and severe pain in the low back area following that. As the pain was unbearable she was taken to the nearby clinic and managed through certain temporary measures. And the pain subsided, thus the patient was discharged. Later back to her routine works, she started noticing pain which was radiating in nature, that radiated to bilateral lower limbs but severe on her right lower limb, she tried various treatment modalities but as she found the severity of the pain was increasing and also she started feeling numbness on her right leg. So she came to our hospital for further management.

### Summary of her complaints

- Nature of Pain : Constant, Unremitting low back pain, Shooting type into the right leg from buttock to heel.
- Aggravated on work, prolonged standing, climbing stairs.
- No history of fever, no pins and needles sensations, no significant loss of strength, no sudden unexplained weight loss, no alterations to bladder and bowel functions.
- Not a known case of Diabetic / hypertensive

General examination found to be well built, well – nourished, afebrile along with all other parameters such as Blood pressure, pallor, cyanosis, edema, lymphadenopathy, nails to be normal.

**Low back examination** revealed; its range of movements,

- Forward Bending - Painful & restricted
- Backward Extension - Painful
- Lateral Bending - Painful on both sides

Test Name	Right	Left
SLR	+ive 25 <sup>0</sup>	+ive 40 <sup>0</sup>
Lasegue's	+ive	+ive
Bowstrings	+ive	+ive

### INVESTIGATION

MRI of Lumbo-Sacral spine was done with following Impression,

- Minimal bulge of L3-L4 disc indenting thecal sac.
- Diffuse bulge with small posterior central protrusion of L4-L5 disc impinging on thecal sac and mild compromising both neural foramina.

### DIAGNOSIS

Based on all the above mentioned history and reports from the patient – the disease has been diagnosed as *Grdhrasi* as it fulfils the *Pratyatmaka Lakshana* like

- *Ruk, Thodha, Sthamba, Muhur Spandana* in *Sphik Pradesha* radiating towards *Kati, Prsta, Uru, Janu, Janga, Pada*.<sup>3</sup>
- *Sakthanahkshepa Nigrahayat*<sup>4</sup>

### INTERVENTION

Externally

- *Kati Basti* with *Maha Vishagarbha Taila*
- *Vaitarana Basti* (as *Yoga Basti*)

Internally

- *Maha Rasnadi Kada* - Twice daily before food
- *Tab Trayodasanga Guggulu* - 2 tab twice daily after food
- *Cap Ksheera Bala 101* - Twice daily; after food.

**Vaitarana Basti** administered here includes following ingredients with its proportion.

- *Guda* - 25gms
- *Saindhava Lavana* - 10 gms
- *Dhanwantara Taila* - 80 ml
- *Chincha Rasa* - 50 ml
- *Gomootra* - 100 ml
- *Erandamoola Kwatha* - 200 ml

For the purpose of *Anuvasana*, *Dhanwantara Taila* – 80 ml was given.

### OBSERVATION

By fourth day after the treatment, patient felt reduction in pain by 40% and SLR of her right leg got improved by 10 degrees. Considering the walking time was improved from five minutes to 12 minutes (continuous walking). By the eighth day of treatment, range of movement forward bending possible & improved by 20 degrees, SLR got

improved by 25 degrees, walking time by 15 minutes continuously without pain. Patient also feels lightness of body, no disturbance in *Agni* and feels improvement in the *Adho Saka Bala*.

## DISCUSSION

*Ativyayama* is considered as one among the *Nidana* for *Vata Prakopa* leading to *Vata Vyadhi* like *Grdhrasi*. *Basti* is considered as the *Ardhachikitsa* for *Vata Vyadhi* as the *Shodhana* of *Vata* is through *Basti*. *Grdhrasi* being one among 80 *Nanathmaja Vata Vyadhi*<sup>5</sup>, treatments considered for *Vata Vyadhi* is considered in *Grdhrasi* too. Here the most important *Pratyatmaka Lakshana* to be noted is "Ruk" and even *Grdhrasi* is considered as *Shula Pradhana Vata Vyadhi*. *Acharya Vagbhata* opines that *Snehadi Prayoga* to be followed in *Vata Vyadhi* after considering the *Sthana, Dooshya*, etc. Based on all these concepts, *Basti* was selected as main line of treatment and has shown good results too.

*Pakwasaya* is considered as the main seat of *Vata*<sup>6</sup>. *Basti* is administered to the *Pakwashaya* and the action of the drug administered is on the site of the vitiated *Dosha*. In *Grdhrasi*, as *Asthi* is the *Dushya* mainly affected, the drugs administered acting upon *Pureeshadhara Kala* will certainly have its action over *Asthi*, as *Acharya Dalhana* opines *Pureeshadhara Kala* and *Asthidhara Kala* are same<sup>7</sup>. Also, *Basti Dravya* reaches *Nabhi, Kati Pradesha, Kukshi* thereby the nutrients get absorbed thus *Vata Shamana* is achieved and it not only nourishes the *Asthi* but also strengthens the adjacent structures like *Sandhi, Snayu, Sira*, etc.

One among the type of *Basti* named *Vaitarana Basti* is selected particularly as it helps to expel out the morbid *Doshas* from the body and thereby giving relief from the disease. The term *Vaitarana* has been derived from the word "Vitaranam", which literally means 'to donate', 'go across', 'to leave', that which helps to expel out the *Doshas*.

*Vaitarana Basti* is explained in *Samhitas* like *Vangasena (Bastikarma Adhikara)* and *Cakradatta (Niruha Basti Adhikara)*. *Vangasena* has directly indicated the *Vaitarana Basti* for '*Ghora Vatavyadhi's*'.

Understanding the action of drugs administered through anal region through four mechanism<sup>8</sup>

- By Absorption Mechanism
- By System Biology Mechanism
- By Neural Stimulation Mechanism
- Excretory Mechanism

## Details of Each as Follows

### • Absorption mechanism

Hyper Osmosis takes place which means a condition in which the total amount of solutes (both permeable and impermeable) in a solution is greater than that of another solution typically higher than the physiological level, that which is characterized by an increased osmotic pressure. So that they move from colon cell to lumen where absorption of endotoxins occurs in turn leads to the irritation of large intestine due to the irritant property followed by elimination.

### • By system biology mechanism

Drug is administered through anal region and those which are lipid soluble through passive diffusion and water soluble through active diffusion gets absorbed in intestinal mucosa. Atoms and small molecules can move across a cell membrane by this diffusion mechanism. By these diffusion mechanism *Basti Dravyas* goes to epithelial cells through capillaries, cells reaches molecules.

### • By neural stimulation mechanism

Drug administers now stimulates the enteric nervous system which is a mesh-like system of neurons that governs the function of the gastrointestinal tract. The neurons of the ENS excites the two types of ganglia namely myenteric (Auerbach's) and submucosal (Meissner's) plexuses<sup>9</sup>. Through intestinal muscles, the motor neurons control peristalsis and churning of intestinal contents. It normally communicates with the central nervous system through the parasympathetic and sympathetic nervous systems.

### • Excretory mechanism

Nerve impulses from the spinal cord travel via parasympathetic nerves to the descending colon, sigmoid colon, rectum and anus. Increased pressure within the rectum together with stimulation from the parasympathetic nervous system relaxes the internal sphincter surrounding the anal canal, opening the internal sphincter the external sphincter muscle surrounding the anal canal is voluntarily relaxed the defecation process occurs.

*Vaitarana Basti* ingredients like *Saindhava* having *Sukshma, Tikshna Guna* helps to pass the drug molecule in systemic circulation through mucosa thus *Basti Dravya* reaches molecular level. *Guda* along with other *Basti Dravyas* makes a homogenous mixture, to form a solution has the property of permeability. *Chincha* is having *Vata Kapha Samana, Rukshana, Ushna Guna* subsides

*Ama. Gomutra* has *Lekhana* property does *Srotovishodhana, Pachana, Agni Dipana. Vaitarana Basti* can be considered as *Mrdhu Kshara Basti* too. Thus the *Basti Dravya Reaches* upto micro and macro level by its *Virya*. Thereby brings the morbid matter towards *Pakwashaya* for the elimination in turn helps in purificative as well as curative effects.

Also *Balya, Brmhana, Snehana* of *Anuvasana Basti* helps in the nourishment of *Dhatu*s, thereby pacifies *Vata Dosha* which in turn helps in the reduction of *Lakshanas* in the patient.

### CONCLUSION

The action of *Basti* is mainly due to the *Veerya*. Here the administration of *Vaitarana Basti*, through its specific properties spreads in the entire body, draws the vitiated *Doshas* to *Pakwashaya* and eliminates the morbid *Doshas* from the body in turn made the patient feel better.

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