



Case Study

MANAGEMENT OF VATAKAPHAJA GRIDRASI WITH URDHWA SHODANA FOLLOWED BY BASTI- A CASE REPORT

Prasanna Venkatesh¹, Kavitha P.C^{2*}, Dayananda R.D³

¹Chief Physician, ²Research Scholar, ³Senior Research Officer, Sri Ranga Ayurveda Chikitsa, Mandira, Kuvempunagara, Mysuru, Karnataka, India.

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ABSTRACT

Gridrasi is one among the *Vataja Nanatmaja Vyadhi* with its one of the variant is *Vatakapaha*. It's *Prathyatma Lakshana* is *Shoola* radiating downwards from *Sphik Pradesha* upto *Pada*, which causes *Nigraha* of *Sakthi Prasarana* resulting in limping gait. *Vata Kaphaja* will present with *Aruchi, Gourava* along with above symptoms. Based on cardinal presentation it can be correlated to Sciatica, herniated lumbar disc being the most common cause with annual incidence of 0.5%-2%. In adults it is commonly seen in 3rd to 5th decade of life with male female ratio 2:1. The treatment protocol of *Gridrasi* includes *Snehana, Swedana, Basti, Siravyadha* and *Agnikarma*. *Chakradatta* emphasis on *Urdhwashodana* before administration of *Basti*. In this case *Vatakapaha Gridrasi* initially treated with *Snehana, Swedana* line of treatment with no reduction in symptoms, responded very well to *Basti* administered after *Urdhwa-shodana*. Patient had significant reduction in symptoms and was able to perform his daily activities without pain.

*Address for correspondence

Dr. Kavitha P.C

Research Scholar
Sri Ranga Ayurveda Chikitsa
Mandira, Kuvempunagara,
Mysuru, Karnataka.

drkavithashivaprasad@gmail.com

Contact No- 7829446955

INTRODUCTION

Nearly 80% of the population sustains an episode of low back pain (LBP) once during their lifetime due to its high prevalence and significant contribution to disability in long duration. The most common source is intervertebral degeneration leading to degenerative disc disease and lumbar disc herniation. A herniated disc in the spine is a condition during which a nucleus pulposus is displaced from intervertebral space. The most common cause of disc herniation is a degenerative process in which as humans age, the nucleus pulposus becomes less hydrated and weakens. This process will lead to progressive disc herniation that can cause symptoms. The second most common cause of disc herniation is trauma.

The primary signs and symptoms of lumbar disc herniation are radicular pain, sensory abnormalities, and weakness in the distribution of one or more lumbosacral nerve roots focal paresis, restricted trunk flexion, and increases in leg pain with straining, coughing, and sneezing are also indicative. Patients frequently report increased pain while sitting, which is known to increase disc

pressure by nearly 40%. The affect dermatome varies based on level of herniation as well as herniation type. In paracentral herniations, the transversing nerve root is affected versus in far lateral herniations, the exiting nerve root is effected^[1].

Gridrasi (Sciatica) is *Vatajananatmaja Vyadhi* with cardinal symptom of pain in *Sphik Pradesha* (buttock region) radiating to *Prishta* (low back) of *Uru* (thigh) *Janu* (knee joint), *Jangha* (Calf region) and *Pada* (foot) and added *Lakshanas* like *Sthamba* (stiffness), *Toda* (pricking sensation), *Spandana* are *Lakshanas* of *Vataja Gridrasi*. In *Vata Kaphaja Gridrasi Aruchi* (loss of taste), *Tandra* (drowsiness) and *Gaurava* (heaviness) *Lakshanas* are seen. Due to severe pain, patient will have restricted movement of thigh resulting in limping gait. On correlating the cardinal symptom this condition can be considered as Sciatica. *Snehana* (oleation therapy), *Swedana* (sudation therapy), *Basti* (enema therapy), *Siravyadha* (venesection) and *Agnikarma* (cauterization) are mentioned in line of treatment^[2]. *Acharya Chakradatta* emphasis

on *Urdhwa Shodana* (purification of stomach) before administration of *Basti*^[3]. Pain aggravated during morning hours, after rest and patient did not respond to initial line of treatment like *Snehana* and *Swedana* it was diagnosed as *Vata Kaphaja Gridrasi* and treated in those lines of treatment.

Case Report

A 19 year old male patient, presented to OPD presenting with low back pain radiating to both lower limbs, pain was more on left side associated with heaviness and numbness since 3months. Patient gives history of fall from bike 2 months back, after that he developed pain in lower back, later radiating to both lower limbs. Pain was of gradual onset, continuous, pulling type, moderate to severe in nature. Pain, heaviness and numbness increases during morning hours and after rest. Patient was bedridden due to severe pain. 1month back patient had undergone *Katibasti* (retention of oil at lower back), *Parisheka* (pouring medicated decoction), *Patrapinda Sweda* (sudation with bolus of medicinal leaves) *Yoga Basti* (enema therapy), *Agnikarma* (cauterization) and internal medication

Treatments

After detailed examination of *Dashavidha Pariksha Bhava* following treatment was done.

Vamana

Table 1: Vamana procedure, its ingredients and duration

1	<i>Shodanga Snehapana</i> <i>Arohana Krama</i>	<i>Mahatiktaka Ghrita</i> <i>Indukanta Ghrita</i>	1 Day 2 Days
2	<i>Sarvanga Abhyanga</i> <i>Sarvanga Kashaya Seka</i>	<i>Balaashwagandhitaila</i> <i>Dashamoolakashaya</i>	1 Day
3	<i>Vamana Yoga</i>	<i>Madanapippali Choorna</i> -600mg <i>Pippali Choorna</i> - 500mg <i>Vachachoorna</i> - 300mg <i>Saindavalavana</i> - 600mg <i>Madhu</i> - 10ml <i>Drakshasava</i> 20ml with 180ml water	1 Day

Total quantity of *Snehapana* done was 165ml, patient had 3 *Vegas*, 3 days *Peyadisamsarjana Krama* (Therapeutic diet) was done.

Virechana

Virechana was done 9 days after *Vamana*.

Table 2: Virechana procedure and their ingredients and duration

1	<i>Shodanga Snehapana</i> <i>Arohana Krama</i>	<i>Indukanta Ghrita</i>	3 Days
2	<i>Sarvanga Abhyanga</i> and <i>Sarvanga Kashaya Seka</i>	<i>Dhanwantarataila</i> <i>Dashamoolakashaya</i>	3Days
3	<i>Virechana Yoga</i>	<i>Trivruth Lehya</i> - 40gm <i>Triphala Kashay</i> -60ml	1 Day

Total 175ml of *Snehapana* was done, patient had 10 *Vega* considered as *Avara*, 3 days *Peyadi Samsarjana Krama* was done.

in other hospital, but there was no reduction of symptoms.

Clinical Examination

Patient was of *Vatakaphaja prakruti*, *Vatakaphaja Vikruti*, *Vayatah Bala*, *Vyayama Shakti Avara*, *Ahara Shakti Avara*, *Sara*, *Samhanana*, *Satva*, *Pramana* were all *Madhyama*.

Patient was of mixed diet with loss of appetite having regular bowel habits and no addiction and had good sleep. Pulse was 78/min, blood pressure was 110/70 mm of Hg. Cardiovascular, Respiratory System, Per abdomen, Central nervous System examination revealed no abnormality.

Lumbar spine examination revealed tenderness at L3-S1vertebrae, SLR Test, Lassegue’s Test bilateral positive at 10*. Haematological parameters were normal, MRI Lumbosacral spine revealed diffuse bulge of L3-S1 intervertebral disc causing thecal sac indentation with bilateral foraminal narrowing.

Yoga Basti

Basti was started 15 days after Virechana.

Before administration of Basti.

Sarvanga Abhyanga was done with- Dhanwantara Taila + Kottamchukkadi Taila

Sarvanga Sweda- Parisheka-Dhanyamla + Dashamoola Kashaya was done.

Table 3: Yoga Basti their ingredients and duration

Anuvasana Basti	Dhanwantara Taila-70ml Sahacharadi Taila- 30ml
Niruha Basti	Madhu- 75ml Saindavalavana- 5gms Sneha-Dhanwantara Taila-100ml Kalka Dravya- Madanaphalachoorna- 600mg Hinguvachadi Choorna-2gms Shatapushpa Choorna- 5gms Yashtimadhu Choorna- 8gms Kashaya- Sahacharadi Kashaya- 400ml

First Anuvasana Basti was given after that one day gap was given, during gap period Sarvanga Abhyanga and Parisheka was done with above said drug, to facilitate the Dosha Vilayana. On 3rd day Niruha Basti followed by Anuvasana Basti was given. Once in 3 days Niruha Basti was administered.

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12
AB	-	NB	AB	-	NB	AB	-	NB	AB	-	AB

No Shamanoushadis were given till completions of Basti Chikitsa later following Shamanoushadis were given.

Shamanoushadi

Table 4: Description of oral medicine after Panchakarma procedure and during follow up with dosage and duration

1	Sahacharadi Kashaya- 10ml with 40ml boiled and cooled water- after food	20 Days
2	T.Ostean-D.2-0-2 after food with Sahacharadi Kashayaas Anupana	20 Days
3	T. Shallaki plus 1-0-1	20 Days
4	Arthrorub liniment- External Application	20 Days

Table 5: Description of oral medicine after Panchakarma procedure and during follow up with dosage and duration

1	Cap. Lumbaton 1-0-1 After Food	3 months
2	Cap. Palsineuron 1-0-1 After food Anupana- Jeera + Dhaniya Kashaya-30ml	3 months
3	Dhanwantara Taila- External Application	3 months

OBSERVATION AND RESULTS

Total 3 Vega occurred in Vamana and 10 Vega in Virechana both considered as Avara Shuddi, Peyadi Samarjanakrama for 3 days after each Shodana.

During the process of Vamana patient had Pitta Vriddi at Pittasthana and had difficulty in Vamana so Drakshasava was given to facilitate the Vamana.

After Vamana and Samsarjana Krama there was considerable reduction in severity of pain and numbness in calf muscles and left lateral thigh. Patient was able to sit without support for longer time with no pain.

After Virechana patient was feeling much better, stand for longer duration upto 20 min without pain, and was able to climb stairs easily. 15 days after Virechana patient was given with Sahacharadi Kashaya Basti of Shad Prasaruta Pramana in Yoga Basti pattern. After Basti patient was relieved of pain completely and was able to perform routine works like walking, standing squatting with no pain at all. After completion of Basti,

then only *Shamanoushadis* were prescribed, patient came for two follow up, every time *Shamanoushadis* changed according to need of the patient.

Table no 6: Patient assessment before and during Panchakarma therapies

Tests	Before treatment	After Vamana	After Virechana	After Basti
Bilateral SLR Test	+ve, 10*	+ve, 30*	-ve	-ve
Bilatera Lasegue's Test	+ve, 10*	+ve, 30*	-ve	-ve
Bilateral Crossed SLR Test	+ve, 10*	+ve, 30*	-ve	-ve
Bragard's Test	+ve	-ve	-ve	-ve

Overall patient was approached as per the context of *Chakradatta*, without doing *Urdhwa Shodana Basti* should not be administered. Hence *Basti* was administered after *Vamana* and *Virechana*.

DISCUSSION

In Sciatica caused by disc prolapse conservative treatment with analgesia and early mobilisation is first line of treatment. Back strengthening exercises are advised. Surgery can be considered if there is no response to conservative treatment and progressive motor symptoms^[4].

In *Vatakaphaja Gridrasi* with predominant *Lakshana* of *Gaurava*, *Aruchi* along with *Shoola* signifies the involvement of *Kapha Dosha*. *Vamana* and *Virechana* which does *Shodana* of *Amashayastha Kapha*, *Pittavruddi* at *Pittasthana*, thus clearing the *Srotas* and facilitating the action of *Basti* in the process of *Vata Shamana*.

Snehapana

Snehapana with *Mahatiktaka Ghrita* and *Indukanta Ghrita Arohana Krama*.

As *Sneha* is *Vishyanda*, *Mardavakara* it does *Dosha Utklesha* and breaks down the *Dosha Sanga*, they were made to ready for *Vilyana* at the time of *Swedana*.

Initially *Mahatiktaka Ghrita* was administered during *Purvakarma* of *Vamana* after *Samyak Deepana* and *Pachana* for deeper reachability of *Sneha* but on the first day of *Snehapana* patient had difficulty in digesting given dose of *Sneha* so from second day onward *Indukantha Ghrita* was selected for *Snehapana* as it is *Agnideepaka*, *Pachaka*, *Srotoshodaka* due to *Katu*, *Tikta Rasa*, *Ushna Veerya* and *Vatahara*, *Agnivardana Guna*. *Panchakola* and *Kshara* in the *Ghrita* will control the *Kapha Dosha Vriddhi*^[5]. As *Ghrita* is the base and administered *Matra* and *Kala* were as per *Shodananga Snehapana* it does *Samyak Snehana* of the *Shareera*. *Snehapana* before *Virechana* was with *Indukantha Ghrita* for all 3 days.

Swedana

Sagni, *Snigdha Parisheka* type of *Swedana* was done as *Purvakarma* for *Vamana* and *Virechana*.

Sarvanga Abhyanga with *Balashwagandhadi Taila*^[6] it is *Vatapitta Shamana* and *Rakta Prasadana*, *Bala* is *Madhura* in *Rasa* and *Vipaka*, *Sheeta Veerya*, *Laghu Snigdha Picchila Guna*, *Ashwagandha* is *Tikta*, *Madhura Rasa*, *Ushna Veerya*, *Laghu*, *Snigdha* in *Guna*, both drugs are *Vatahara*, *Balya* by this property it does *Vata Shamana* thereby reducing pain and stiffness.

Sarvanga Dashamoola Kashaya Parisheka, *Dashamoola*^[7] is *Vata Kaphahara Shothahara*, and *Pachana*. *Swedana Gunas* like *Ushna* and *Teekshna* reduces the *Kapha Dosha* and its *Avarana* and helping *Vatadoshashamana* which results in reduction of pain and stiffness. *Snigdha Sweda* does *Vilayana* of *Klinna* and *Leena Doshas* from *Srotas* and helps in *Koshtagamana* of *Doshas* from *Shaka*.

Vamana and Virechana

On assessing patient with *Nidana* and *Nadi* where *Kaphavarana* at *Vata Nadi* and *Kaphasthanagatadosha*, *Vamana* was planned.

Acharya Chakrapanidatta emphasis on *Urdhwa Shodana* and *Pradiptaagni* before administration of *Basti*, otherwise given *Basti* is not useful.

Vamana was administered with *Madanapippali Yoga* after *Akanta Ksheerapana*.

In this *Vata Kaphaja* variety of *Gridrasi* and patient having predominance of pain, stiffness and heaviness *Vrudda Kaphadosha* by its *Guru*, *Picchila* and *Manda Guna* causing *Avaroda* to *Vata Gati* leading to above said symptoms.

As *Kapha Dosha* is removed through *Vamana*, *Avaroda* is removed there by facilitating *Vata Gati* which resulted reduction in Pain and Heaviness in the patient.

After *Vamana Kaphasthanagata dosha* reduced, *Pittasthanagata Kaphanubanda Pitta* was observed in *Nadi* so *Virechana* was planned. As *Agni*

deepti was there after Samsarjana Karma so Snehapana started on 5th day after Vamana and Shuntipaneeya was given as Anupana for Snehapana. Virechana does Adhobhaga Doshaharana and Vatanulomana, thus reduces pain and stiffness.

Thus both Vamana and Virechana are Shodana procedures which helped in Deepana of Agni and helps for proper action of Basti.

Basti

After assessing Sthanagata doshas in the Nadi, after Shodana of Kapha and Pitta dosha Sthana, Vyadhi Lakshanas being at Apanasthana Basti was planned.

In this Vatakaphaja Gridrasi due to Kapha Samshrushta Vata and Vata was not Balavan Yoga Basti was given. Anuvasana Basti given with Dhanwantara Taila^[8] which is Madhura in Rasa and Vipaka, Sheeta Veerya, Vatanubandapitta Shamana, Guru Snigdha Guna is indicated in Sarva Vata Vikara. Kottamchukkadi Taila^[9] used for Abhyanga which is Vatakapha shamana mainly indicated in Shleshmanubanda Vata condition.

Niruha basti administered with Sahacharadi Kashaya which specially mentioned in Adhonabhogata Vikaras^[10].

Madhu which is Kashaya Madhura Rasa, Rooksha Guna and Yogavahi nature along with Saindava Lavana which is Snigdha, Laghu and Anushna these qualities help the Basti Dravya better absorption and to reach the specific tissue.

The Dhanwantara Taila used as Sneha Dravya which is Shudha Vatahara. The Kalka used was Madanapala, Hinguvachadi, Shatapushpa Choornas which are Katu, Ushna, mainly Vata Kaphahara and Agnideepana, Yashtimadhu which is Guru, Sheetha overcomes the Teekshanata of other Kalka Dravyas. Sahacharadi Kashaya which is Tikta, Madhura Rasa, Laghu, Snigdha Guna, Ushna Veerya and Katu Vipaka effective in Vata Kaphanubanda Vata Vikaras. Over all this Basti yoga helps in Samprapti Vighatana and improving the patient condition.

Palsineuron^[11] is proprietary medicine Mahavatavidwamsa Rasa, Sameerapannaga Rasa Ekangaveera Rasa and Soothashekara Rasa these are specially mentioned for Vatavyadhi in Kaphanubandana condition and as Rasayana, Hyoscyamus niger seed powder Vedanahara and Avasadaka, Mimosa pudica plant powder has Tikta rasa, Sheeta Veerya and Kaphapittahara. By these qualities it strengthens the nerve and reduces the symptoms.

Lumbatone^[12] capsule contains Tila Taila, Eranda Taila Dashamoola, Guggulu Ksheera as main ingredients which is Ushna, Kaphavatahara, Vatanulomana which helps in reducing symptoms like Shoola, Gaurava and Sthamba.

Ostoen D^[13] contains Guduchi Satva which is Rasayaan, Pittahara, Shukthika Bhasma Katu Rasa, Madhura Vipaka, Snigdha Guna, Shanka Bhasma-Kashaya, Katu Rasa, Laghu, Kshareeya Guna, Sheeta Veerya and Tridoshagna, Suvarna Makshika Bhasma –Tikta, Madhura Rasa, Katu Vipaka, Laghu, Sheeta Veerya, Balya and Rasayana by this qualities it strengthens the vertebral body.

Shallaki Plus^[14] tablet contains Shallaki (Boswellia serrata extract) it is Teekshna, Ushna, Tikta Katuka, Shothahara, which act as muscle relaxant and helps in relieving nerve root compression caused by prolapsed disc and Nirgundi (Vitex negundo) is Deepana, Vedanasthapana, Vatakaphahara reduces the Shoola.

In the Vata Kaphaja Gridrasi in Kaphapradhana Avastha Vamana followed by Virechana and Basti had resulted in significant reduction of symptoms which was not seen when only Snehana, Swedana, Basti and Agnikarma was done.

CONCLUSION

In treating Vata kaphaja Gridrasi Pradhana Anubanda Dosha has to be treated first irrespective of the Nidana. Shodana to Kaphasthanagata Dosha was done by Vamana, Pittasthanagata Dosha by Virechana, Basti administered after Kramatah Shodana of Doshas had resulted in better absorption of Basti Dravya and elimination of Doshas which resulted in significant reduction of symptoms. Thus Urdhwa Shodana before administration of Basti also reduces the symptoms and it clears channels for proper action of Basti.

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