EFFECT OF KATI BASTI, PATRA PINDA SVEDA AND BASTI KARMA IN THE MANAGEMENT OF GRIDHRASI (W.S.R. TO DEGENERATIVE DISC DISEASE) - A CASE STUDY

Dr. S. Sangeeta Sharma¹ Dr. Santoshkumar Bhatted²

1. P. G. Scholar, P.G.Department Of Panchakarma, National Institute OF Ayurveda, Jaipur
2. Associate Prof. & Head, National Institute Of Ayurveda, Jaipur.

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Abstract

Degenerative Disc Disease (DDD) is one of the commonest clinical conditions in Ayurvedic clinical practice. Earlier the disc degeneration happens to be a matter of concern in the fifth decade of life. Now as early as third decade onwards only degeneration of the disc is noted in MRI findings, which is a matter of great concern as it badly hampers the quality of life in general and work efficiency in particular. As far as treatment is concerned only replacement of disc or surgical correction like discectomy is the choice of treatment both of which are costly and serious affair. The commonest presentation of Degenerative Disc Disease is pain in low back which often worsens by forward bending and radiating pain and numbness in the lower limb depending upon the site of degeneration and pressure on the underlying nerve. This condition can be correlated to the disease Gridhrasi described in Ayurveda which is one of the Vata Vyadhi. Ayurveda provides a range of treatments, specially from Panchakarma, like external application of Snehana and Svedana in the form of Kati Basti, Patrapinda Sveda and internal administration like Basti Karma to correct the Vata Dosha and to nourish the Asthi Dhatu. Keeping this in view a female patient-presenting with clinical features of sciatica and MRI findings suggesting of disc bulge and prolapse at the level of lumbar vertebrae was given Panchakarma treatment. The patient was treated with classical treatments like Kati Basti, Patrapinda Sveda and Erandmuladi Kala Basti with certain conventional oral medication. The results of the study are highly encouraging.

Key words: - Gridhrasi, Erandmuladi Kala Basti, Patra Pinda Sveda, Degenerative disc disease.

Introduction

Low back ache is a common health problem worldwide and a major cause of disability affecting performance at work resulting into financial loss too. The 2010 Global burden of disease study estimated that low back pain is among the top ten diseases and injuries that account for the highest number of DALYs (Disability Adjusted Life Year) worldwide. Prevalence increases and peaks between the ages of 35 and 55[1]. The commonest cause for low backache is DDD (degenerative disc disease).

Degeneration is more predominant in lumbar and cervical region. In lumbar region it leads to sciatic nerve compression, which gives rise to symptoms like low back pain, buttock pain and pain numbness or weakness in various parts of the leg and
foot. Other symptoms include pins and needles sensation or tingling and difficulty moving or controlling the leg.\[2\]

This condition can be clinically correlated to Gridhrami described in Ayurveda. It is described as one of the Vata Vyadhi characterised with radiating pain from hip to thigh, knee, calf and feet in order, associated with stiffness and difficulty in movement and numbness.

The present day management includes administration of anti inflammatory analgesics, surgical correction and physiotherapy each of them is having its own limitations. On the other side Ayurveda looks into the correction of basic pathology particularly through Panchakarma, like external application of Snehana and Svedana in the form of Kati Basti, Patrapinda Sveda and internal administration like Basti Karma to correct the Vata Dosha and to nourish the Asthi Dhatu.

CASE REPORT

A female patient aged 62 years presented with the complaint of low back ache with dragging pain radiating to left limb associated with numbness and tingling sensation since 3 years.

Patient had similar type of history of pain from the year 1978, it was a sudden onset, she took the treatment and got relief and later in the year 1995 developed similar pain, she took Ayurvedic treatment and got relief. Now again she is suffering with same complains since 3 years. Patient has five children and has history of three abortions. This history of the patient reveals the chronicity of the disease.

OBSERVATIONS

- **Signs**: Tenderness in lumbosacral area. SLR test was positive. Lasique’s sign was positive.

- **Symptoms**: Dragging type of pain radiating from lower back region to left limb, associated with numbness, tingling sensation and heaviness of the limb.

- **MRI report**: Dated 21/09/2011-
  i. Less than Grade-1 anterior listhesis of L5 over S1 due to bilateral isthmic defect in pars interarticularies. Straightening of lumbar curvature with severe degenerative changes at L5-S1.
  ii. Pseudo protrusion of central, para central and lateral hard disc at L5-S1 causing mild reduction of central canal dimension and foraminal impingement upon exiting both L5 nerve root.
  iii. Degenerative focal soft tissue canal stenosis at L3-4 and L4-5.
  iv. Mild facetual hypertrophy added with small symmetric para central disc bulge at L2-3 and right para
central hard disc protrusion at L1-2 causing mild indentation upon right half of ventral thecal sac.

- Gait: Slow, dragging slight twisting the left foot.
- Prakriti: Vata-Pitta.
- Vaya: Vruddha
- Bala: Madhyama
- Agni: Madhyama
- Koshta: Madhyama

Treatment given

**Kati Basti** (Topical application of medicated oil): The procedure of applying heat to the sacral or lumbar region by retaining warm medicated oil with in a specially formed frame on this area is known as Kati Basti. It is indicated in painful condition of low back region.[3]

The procedure was done with Bala Ashwagandha Tailam for 30 minutes for duration of 21 days.

**Patra Pinda Pottali Sveda** (Herbal bolus fomentation): Application of heat and there by inducing perspiration by using heated pack of specified herbal leaves is known as Patra Pinda Sveda. It is efficacious in painful clinical condition where vitiation of Vata Dosha is predominant.[4]

The procedure was done with leaves of Nirgundi (Vitex Nigundo) and Eranda (Ricinus Communis) along with Ajamoda 50gms, Rasona(Garlic) 10-15 pieces, Saindhava Lavana (Rock salt), Nimbu (lemon)and Dashmool Taila for 30 minutes for duration of 21 days.

**Basti Karma** (Therapeutic enema):

**Niruha Basti** (Decoction enema): The composition of the medicine administered in the form of Basti contains Kwath (herbal decoction), Sneha (medicated oil), Madhu (Honey), Saindhava Lavana (rocksalt) and Kalka (herbal powder).[5]

Erandaladi Niruha Basti was given in Kala Basti schedule (16 days) with the following contents.

- Madhu -60gms
- Saindhava lavana -05 gms
- Guggul tikta ghrita -90ml
- Shatapushpa Kalka -30gms
- Erandamuladi kwatha -240 ml

The contents of Kwatha are Erandamula, Palasha, Laghu Pancha Mula, Rasna, Ashwagandha, Atibala, Guduchi, Punarnava, Aragwadha, Devadaru, Madanaphala[6]

**Anuvasana Basti:** Administration of medicated oil or other fat through the rectal route in a prescribed dose is called as Anuvasana Basti. In this case study Dashmool Taila was used for Anuvasana Basti.
Shamana Aushadi: - Palliative treatment with Yograja Guggulu - 2 pills (500 mgm) three times a day.

Rasna Saptaka Kwath – 40ml + Dashmool Kwath – 40ml two times a day
Ashwagandha Churna - 3gms + Chopchini - 500mg three times a day
Ajamodadi Churna - 3gms three times a day.
Nagaradya Vati 1 pill three times a day
Ksheerabala 101 times Avartita -10 drops with milk two times a day.
Panchasakara Churna - 5gms at bed time.

The results observed after the treatment were:
Improvement in signs and symptoms of the patient
Relief was found in dragging pain, numbness and tingling sensation.
Gait has improved.

- Walking distance:-
  Before treatment: - Patient had severe pain after walking 100 mts.
  After treatment: - Patient could easily walk without pain about 200 mts.

- Walking time:-
  Before treatment:- Patient took around five minutes to walk 100 steps.
  After treatment: patient took around three minutes to walk 100 steps.

No significant change was observed in MRI reports.

MRI report: - Dated 24/01/2014
- Less than Grade 1 anterior listhesis of L5 over S1 without defect in pars interarticularis.
- Severely degenerative lumbar vertebrae and recess (more significant at L4-5).
- Degenerative focal soft tissue canal stenosis at L3-4, L4-5 & L5-S1 with complete cut off on MR myelogram as described in addition: left paracetal broad based soft disc herniation at L3-4 producing marked indentation upon left half of cauda equina nerves and traversing left L3 nerve root with complete cut off MR myelogram.

DISCUSSION
The Bulging and prolapse of disc causes obstruction to the movement of Vata resulting in Vata Prakopa. Basti is the best treatment for correcting Vata Dosha, further Erandamuladi Niruha Basti was selected here as it is specifically mentioned for the treatment of Jangha, Uru, Pada, Trika, Prushta, Shoola.

By virtue of the drugs of Erandamuladi Niruha Basti the Avarana of Vata may be reduced which in turn makes the free movement of Vata which may be reason for reduction in pain, numbness etc. and improvement in gait. Specially Guggulu Tiktaka Ghritam used as Sneha in Basti is specifically mentioned for Asthi Sandhigata Vikara due to its Tikta Rasa helps to reach...
Asthi Sandhi and corrects the degeneration that took place at the level of disc by virtue of Snigdha guna and Balya and Brimhana action.

**Kati Basti** is a combination of Snehana and Svedana which is the first line of treatment for Vata Dosha. The Bala Ashwagandha Taila is Brimhana and Snehana in nature helps to overcome the accumulation of Vata at the site of pathology and may nourish the underlying tissue.

**Patrapinda Pottali Sveda:** - This is a kind of Snigdha Sveda which is done over the back and in the limbs helps to regulate the movement of Vata and sooth the irritated nerve resulting in relief in complains of pain, numbness, tingling sensation etc.

**Shamana drugs:** - Mainly Amapachana, Shothahara medicines which reduces the Shotha and Avaritta Ksheera Bala Taila is Brimhana and Vatahara might have helped to overcome degeneration of disc and Vata Prakopa.

**CONCLUSION**

On the basis of this single case study it can be concluded that Panchakarma treatments like Kati Basti, Patrapinda Sveda, Erandamuladi Niruha Basti had been effective in the management of Gridhrasi (sciatica) due to disc degeneration.

**REFERENCES**


4. Ibidem, pg. 220

5. Ibidem, pg.382


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