International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2025: 7.089

A Successful Case on the Role of Kshara Basti in a Intervertebral Disc Prolapse (Gridrasi)

Dr Shawn Kumar[1]

[1]Assistant Professor, MD (Panchakarma), Department of Panchakarma, IIMT Ayurvedic Medical College and Hospital

Corresponding Author: Dr Shawn Kumar

Assistant Professor / Consultant, Department of Panchakarma, IIMT Ayurvedic Medical College and Hospital

Email: shawnskywalker250@gmail.com

Abstract: ***The modern way of life and the nature of work place additional strain on the body's normal health. Excessive exertion, sedentary occupation, jerky movements while travelling, and lifting all contribute to mental stress, which leads to low backache. The inter-vertebral disc prolapse is one of the most common causes of low backache (IVDP). IVDP refers to a protrusion from the nucleus pulposus of the vertebrae via a severance within the annulus fibrosus. 95 percent of lumbar disc herniation, L4-L5 discs, and L5-S1 discs are the most frequently affected. The pain in IVDP may be severe located solely in the low back or referred to as a leg, buttock, or hip, which outline the characteristics of sciatica syndrome. The signs and symptoms of "Sciatica" found in modern medicine closely resemble the condition of Gridhrasi mentioned in Ayurveda. Gridhrasi is governed by Nanatamja Vata vyadhi. Gridhrasi, as the name suggests, refers to the patient's gait as a result of extreme pain, i.e. Gridha or Vulture. Gridhrasi's cardinal signs and symptoms are Ruk (pain), Toda (pricking sensation), Muhuspandan (Tingling sensation), Stambha (stiffness) in the Sphik, Kati, Uru, Janu, Jangha, and Pada in that order, and Sakthikshepanigraha (i.e., restriction in upward lifting of lower limbs). Tandra (drowsiness), Gaurava (heaviness), and Aruchi are all symptoms of Gridhrasi. Here a case report of a male subject who had severe low back pain, with scoliosis and was having difficulty walking and carrying normal activities of the day. With both shodana and brumhana line of management the condition was treated successfully. Line of Treatment: Snehana, Swedana, Basti Karma. Results: There was drastic improvement in the patient after the first course of Abyangam, Swedana and Niruha Basti. However, it was just an initial progress. After three course sittings of Niruha Basti, the patient improvement significantly and now is able to conduct in normal daily activities. The MRI finding before treatment and after treatment had shown major changes in the spine pathlogy signifying the effect of Basti Karma in IVDP. Discussion: Vedanasthapana Chikitsa, Shothahara, and Vata dosha and avarana hara pacifying treatment, along with strengthening and nutritive therapy for the various musculatures and structures in the lumbar region and lower extremities, are the treatment principles used to manage this disease condition. Shodhana with Snigdha mridu virechana followed by Basti is the Vata treatment line in Adhobhaga. The overall effect of the aforementioned therapy demonstrates that sciatica can be effectively treated with a collaborative approach of various procedures such as Niruha Basti, Patrapinda Pottali Sweda, Kati Vasti, and Shamana Chikitsa.***

Keywords: IVDP, Panchakarma, Spinal Disorders, Vata Vyadhi

1. Introduction

The modern way of life and the nature of work place additional strain on the body's normal health [1]. Excessive exertion, sedentary occupation, jerky movements while travelling, and lifting all contribute to mental stress, which leads to low backache.The prolapsed intervertebral disc is one of the most common causes of low backache (IVDP) [2].The IVDP refers to the protrusion of the nucleus pulposus of the vertebrae through a rent in the annulus fibrosus L4-L5 and L5-S1 discs are the most commonly affected in 95 percent of lumbar disc herniations [3].

In ayurveda, the correlation can be made to Gridrasi in which Ruk (pain), Toda (pricking sensation), Muhuspandan (Tingling sensation), Stambha (stiffness) in the Sphik, Kati, Uru, Janu, Jangha, and Pada in order, and Sakthikshepanigraha are the Cardinal Symptoms.Moreover, Tandra (drowsiness), Gaurav (heaviness), and Aruchi (anorexia) may be present in Gridhrasi if Kapha is associated with Vata. In this case study, a 26 year old man with IVDP in the lumbar region diagnosed with gridrasi got admitted for further management. [7,8,9,10]

2. Case Presentation

Patient Background

A 26 year old male with no history of hypertension, diabetes was said to be healthy but gradual developed low back pain. The pain was at first localized to left superior illac spine and then gradually localized to whole back region. With time the pain became radiating in nature and with this there was severe scoliosis noted. The patient was not able to walk with having abnormal gait. The pain was pricking in nature and aggravated during standing and walking. The subject also complained of stiffness in lower back region and lower limbs. Associated complains were few which included heaviness of the body and not able to do daily activities. Patient approached allopathy hospital but was suggested for spinal surgery. Thus, to avoid surgery the subject seeked ayurveda treatment. The subject was diagnosed with gridrisi (Intravertebral Disc Prolapse) and panchakarma procedures were planned accordingly.

Clinical Finding

On clinical examination, in inspection the patient had Limping gait and discomfort in walking and sitting for long duration. There was no localized swelling and no varicosities. Reflexes on were normal except right knee

which was mild exaggerated. In palpation the patient had tenderness 3+ at L3–L4 and L4-L5 region. Muscle tone was good and no hypotonia was observed. Muscle was was normal with a grade 5/5. The range of movment of the lumbar spine was restricted due to severe scoliosis. Special test like SLR was positive at 35° right leg and left leg: positive at 30° Bragard's test was positive at right leg. Schobers test was also positive. Few other test like flip test was positive and Lasegue sign was positive in right leg.

Diagnostic Assessment

Lumbarisation of S1 vertebral body. Mild Diffuse central thecal sac disc bulge. Refer to **Figure 1**.

Therapeutic Intervention

Table 1: Treatment Protocol for Shodana Line of Management

SI NO	Therapy	Medicine	Duration
1.	Sarvanga Abyanga followed by Baspa Sweda	Bruhat Saindhavadi Tailam	7 Days
2.	Sarvanga Parisheka	Twak Nirgungi Kashaya	7 days
3.	Kati Basti	Maha Vishagarbha Tailam	3 days (Last)
4.	Erandamoola Kshara Basti	Madhu: 80ml; Saindhava Lavana: 06gms; Sneha: Murchita Tila Tailam 80ml; Kalka: Shatapuspa + Guduchi + Vaishwarana + Manjista; Kashaya: Erandamoola Kashaya 200ML; GoArka: 100ml; Kanji: 100ml	Yoga Pattern Total 6 Kshara Basti
5.	Matra Basti	Balaguduchiyadi Tailam 30ml	3 Matra Basti

Table 2: Treatment Protocol for Shamana Line of Management

SI NO	Oral Medicine	Dosage	Duration
1.	Tablet Trayodasanga Gugglu	300mg 1TID	7 Days
2.	Tablet Vishamusti Vati	1TID 250mg	7 days
3.	Syrup Dhanadanayadi Kashaya	3tsp TID (200ml)	7 Days

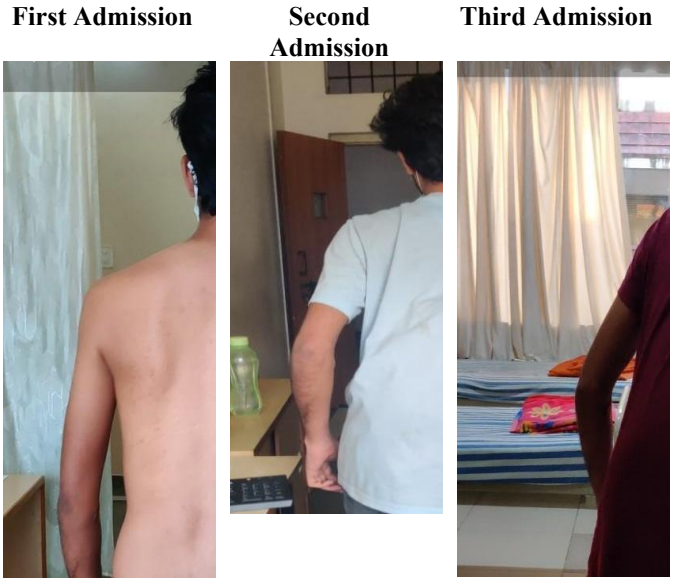
Visit and Follow Up

In duration of 6 months the patient got admitted 4 times. In second admission, same panchakarma line of treatment was advised i.e in second admission kshara basti was planned again. In third admission the assessment of patient was done. It was decided that the patient does not have adequate bala (strength) for basti since patient had history of vomiting thus virechana karma was planned with Sukumar Ghrita with concept of nitya virechena and external treatment was continued. In 4th admission, patient was only kept on external therapies and shamana medications. Refer to **Table 3**.

Results and Observations

After completion of 6 months of therapy the patient had found significantly relief in the lumbar pain, tingling sensation, and heaviness with increased range of movement of spine. Gait was significantly improved and total improvement in scoliosis. The patient got complete symptomatic relief. MRI investigation was carried out after completion of 6 months of therapy. Refer to **Figure 3** and **Figure 4** for post therapy MRI.

Figure 1: Photos of Spine Curvature Before and After Treatment



3. Discussion

The treatment protocol was aimed at Vedanasthapana Chikitsa (analgesic), Shothahara (antiinflammatory), and Vatakapahaja paciying treatment, as well as providing brumhana and balya chikitsa.

Abhyanga stimulates the roots of the mamsavahasrotas, Snayu, twak, and raktavahini. It may thus nourish the superficial and deep muscles while also stabilizing the joint. It has an effect on Sparshnendriya, the seat of Vayu. Abhyanga infused with Brhat Saindhavadi taila has analgesic, antineuralgic, and anti inflammatory properties.Which is used to treat muscle spasms, joint stiffness, back pain, and arthritis[8]. Thus, Brihat Saindhavadi Taila is composed mainly of Rock salt, Amalaki, Haritaki, Bibhitaki, Rasna, Pippali, Gajpippali, Sarjeeka Kshar, Maricha, Kustha, Sunthi, Sauvarchal, Vida, Yavani, Ajmoda, Pushkarmula, Ajaji, Madhuka, Shatapushpa, Erand Taila, Mastu, All of these classes of drugs are snigdha, ushna, and vata kaphashamaka, with anti-inflammatory and analgesic properties.[9]

Basti is a therapeutic intervention that is used to prevent, promote, and cure disease. Acharya Chakradutta's kshara basti is a type of niruha basti that has been clinically modified and primarily contains saindhava lavana, shatpushpa, kanji, and gomutra.It is free of complications and has broad-spectrum efficacy, and it serves the purpose of eliminating doshas as well as improving strength and complexion. Kshara basti in the form of yoga basti is considered laghu, ruksha, ushna, teekshna, and the majority of the drugs have Vata-kapha shamaka action. [10,11]

Saindhava Lavana contains Lavana rasa, laghu, ruksha, sukshma guna, ushna veerya, and katu vipaka, all of which help to reduce tridosha, is hridya, agnideepaka, and are beneficial in netraroga. Shatpushpa has natural properties such as laghu, teekshna, ushna, katu, tikta rasa, and katu vipaka, deepana, pachana, kaphavatahara. Gomutra's properties include katu, tikta, kashaya rasa, ushna, laghu, teekshna guna, ushna veerya, and katu vipaka, as well as agnideepaka and kaphavatanashaka.[12]

Basti reaches the region of the lesion, creates systemic effects, and treats the disease. Basti aids in the removal of Kapha Avarana over Vata owing to protrusion, as well as acting on Vata dosha, namely Pakwashaya, which is the primary location of Vata dosha. It reduces constipation and aids in the relief of oedema, inflammation, and necrosis owing to the Srotoshodhana effect and Vata kaphahara characteristics of Kwatha medicines. Eranda is Vatakapha hara. Guduchi has Vedanasthapana, Vataghna action owing to Snigdha and Ushna gunas, stimulates dhatvagni with its tikta rasa, and provides nourishment to the dhatus with Madhura vipaka.[13]

Kati Basti offers adequate nourishment and strengthens the afflicted portion as a result of protrusion, as well as relieving Vatavyadhi.The intervertebral disc degenerates, and the lubricating function of Shleshaka kapha is compromised, resulting in compression and discomfort. Kati basti with vishagarba taila is a combination in which,both snehana and swedana characteristics are integrated. This aids in the lubrication of local muscles as well as tissue of the adjacent afflicted region, as well as an increase in local blood flow that aids in the drainage of inflammatory exudates[14]

The components of Trayodashanga Guggulu have Vatanulomana and Aampachana qualities that aid in the relief of Malabaddhata (Constipation). The deepana and pachana characteristics of the medicine reduces Tandra, Gauravta, and Aruchi. It also possesses antiinflammatory, antiarthritic, antigout, analgesic, muscle relaxant, and antioxidant effects, as well as the ability to promote the formation of bone producing cells by creating more osteoclasts and osteoblasts.It inhibits proinflammatory cytokines, the activity of xanthine oxidase, hydrogen peroxide, and the renal microsomal lipid peroxidation process, as well as blocking histamine effect and increasing dopamine levels.[15-16]

Dandhanyadi Kashaya is mentioned in vatavyadhi management. Dandhanyadi Kashaya has Vata, Shamaka, and Sothahara qualities, which help to relieve pain and inflammation.[17]

Sukumar Ghrita contains Dashamoola and Aswagandha (Withania somnifera (L.) Dunal) and Eranda Taila (Ricinus communis L. seed oil) have the remarkable Vata-Shamana properties and it may reduce inflammation, pain, and other related symptoms. Anulomana of Apanavata is maintained due to presence of Eranda Taila and Goghrita in Sukumara Ghritam, since vitiation of Apana is also a cause of the disease. Regarding its Rasayana property, it aids in the nourishment of the Rasa, Rakta like the Poorvadhatus,like asthi and Uttarotara Dhatus, and aids in the prevention of Asthisosha (Osteoporosis) and acts as a rejuvenator since there can be degeneration changes[18]

Mridu Virechana is a Vatavyadhi therapy line, and its formulation contains Vatahara, Vrishya, and Snigdha Virechaka. It is recommended for the treatment of pain in Vatavyadhi, Sandhivata, Gridhrasi. The main aim was to treat illnesses caused by Anulomana, Ajeerna, and Aruchi.[19,20]

4. Conclusion

The overall effect of the aforementioned therapy demonstrates that gridrasi can be effectively successfully treated with a collaborative approach of various Panchakarma procedures including ksharabasti, Kati basti, abhyanga, and Shamana Chikitsa without causing any adverse event and should be considered as an alternative therapy for IVDP (gridrasi) in the current era.

5. Patients' Perspective on Treatment Received

I feel very happy with the treatment and that finally I am able to do my daily activities. Walk straight. The pain has reduced drastically and I am happy with the outcome of the treatment.

6. Patients' Consent

All appropriate patient consent forms and signature with video testimony has been taken. The sharing of images and videos have been attached with subjects concerns. The patient understands that their names and initials will not be published.

References

[1] Walker B, Colledge N, Ralston S, Penman I, editors. Davidson's Principles and Practice of Medicine. 22nd ed. Chapter 25. New York: Churchill Livingstone; 2014. p. 1072-3.
[2] Kasper DL, Longo DL, Fauci AS, Hauser SL, Jameson JL, Braunwald E, editors. Harrison's Principles of Internal Medicine. 18th ed. Chapter 15. New York: McGraw-Hill Medical Publishing Division; 2011. p. 133.
[3] PIVD and Herniated Disc Exercises. Available from: http://www.physiotherapy-treatment.com/pivd.html. [Last accessed on 2017 Jun 03].
[4] Sharma PV, editor. Sutrasthana; Maharog Adhyaya. Charaka Samhita of Agnivesha. 8th ed. Chapter 20, Verse 11. Varanasi, India: Chaukhamba Orientalia; 2007. p. 139.
[5] Sharma PV, editor. Chikitsasthana; Vatavyadhichikitsa Adhyaya. Charaka Samhita of Agnivesha. 8th ed. Chapter 28, Verse 56. Varanasi, India: Chaukhamba Orientalia; 2007. p. 466.
[6] Sharma PV, editor. Nidanasthana; Vatavyadhi Nidana Adhyaya. Sushruta, Sushruta Samhita. Chapter 1, Verse 74. Varanasi, India: Chaukhambha Visvabharati; 2005. p. 15.
[7] Sharma PV, editor. Chikitsasthana; Vatavyadhichikitsa Adhyaya. Charaka Samhita of Agnivesha. 8th ed. Chapter 28, Verse 57. Varanasi, India: Chaukhamba Orientalia; 2007. p. 466.
[8] Kurubar D, Munnoli BT, Kumar V, Arbar A, Patil A. Role of Matra vasti (Enema) over Abhyanga (Massage) and Sweda (Sudation) in reducing spasticity in cerebral palsy with suddha bala taila—A randomized comparative clinical study. Int J Ayur Pharm Res 2014;2:47-52.
[9] In B, Management THE, Amavata OF, Rheumatoid WSRTO. Biomedical European of AND Pharmaceutical sciences CLINICAL EFFICACY OF BRIHAT SAINDHAVADI TAILA JANUBASTI AND KSHAR. 2018;5(1):401–.
[10] Sharma PV, editor. Siddhisthana; Bastivyapadasiddhi Adhyaya. Charaka Samhita of Agnivesha. 8th ed. Chapter 7, Verse 64. Varanasi, India: Chaukhamba Orientalia; 2007. p. 638.
[11] Deshpande AP, Subhash R, editors. Textbook of Dravayguna Vigyan (English), Part-2, A.R. Nandurkar. Shaniwar Peth, India: Proficient Publishing House; 2007. p. 271.
[12] Deshpande AP, Subhash R, editors. Textbook of Dravayguna Vigyan (English), Part-2, A.R. Nandurkar. Shaniwar Peth, India: Proficient Publishing House; 2007. p. 551.
[13] In B, Management THE, Amavata OF, Rheumatoid WSRTO. Biomedical European of AND Pharmaceutical sciences CLINICAL EFFICACY OF BRIHAT SAINDHAVADI TAILA JANUBASTI AND KSHAR. 2018;5(1):401–.
[14] Khagram R, Vyas H. A clinico-comparative study of Matra basti & Kati basti with Sahacharadi tail in the management of Gridharasi (sciatica). Worls J Pharm Pharm Sci 2016;5:729-39.
[15] Mishra S, editor. Govinddas, Bhaisajyaratnavali; Vatavyadhi Chikitsa Prakarana: Chapter 26, Verse 98–101. Varanasi, India: Chaukhamba Surbharati Prakashan; 2007. p. 148-9.
[16] Moharana PK, Patel A. Synergistic effect of Trayodashang Guggulu and yoga basti in the management of low back pain with special reference to Gridhrasi. Int J Health Sci Res 2018; 8:167-73.
[17] Dr. K Nishteswar and Dr. R. Vidyanath, Sahasrayogam, Arditakshepaka vata harakashaya, 4th edition 2014, Chaukhamba Sanskrit series office, Varanasi, page no-45.
[18] Prameela Devi K, Ota S, Pitta S, et al. Clinical Evaluation of Sukumara Ghritam and Brahmi Churnam in the Management of Menopausal Syndrome: A Prospective Open-Label Study. J Res Ayurvedic Sci 2020;4(1):10–17.
[19] Tripathi B, editor. Sutrasthana; Doshopakramaniya Adhyaya. Vagbhata, Ashatang Hrudaya. Chapter 13, Verse 1–3. Delhi, India: Chaukhamaba Sanskrit Pratishthan; 2015. p. 185.
[20] Joshi YG, editor. Textbook of Kayachikitsa; Samyabheda Vivechana. Chapter 76. Pune, India: Sahitya Vitarana; 2001.

Annexure

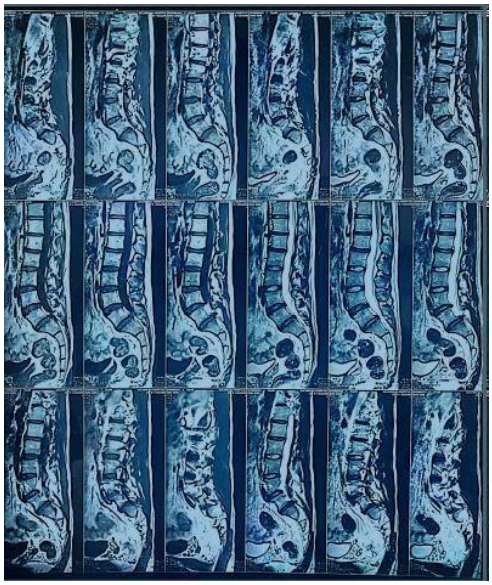
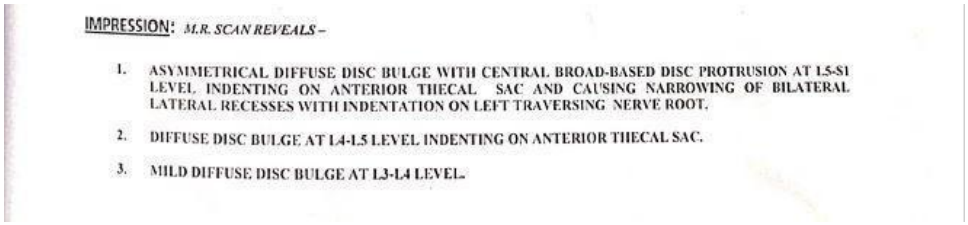


Figure 2: MRI Before Treatment



IMPRESSION: *M.R. SCAN REVEALS –*

1. ASYMMETRICAL DIFFUSE DISC BULGE WITH CENTRAL BROAD-BASED DISC PROTRUSION AT L5-S1 LEVEL INDENTING ON ANTERIOR THECAL SAC AND CAUSING NARROWING OF BILATERAL LATERAL RECESSES WITH INDENTATION ON LEFT TRAVERSING NERVE ROOT.
2. DIFFUSE DISC BULGE AT L4-L5 LEVEL INDENTING ON ANTERIOR THECAL SAC.
3. MILD DIFFUSE DISC BULGE AT L3-L4 LEVEL.

Figure 3: MRI Entire Spine In-Between Treatment

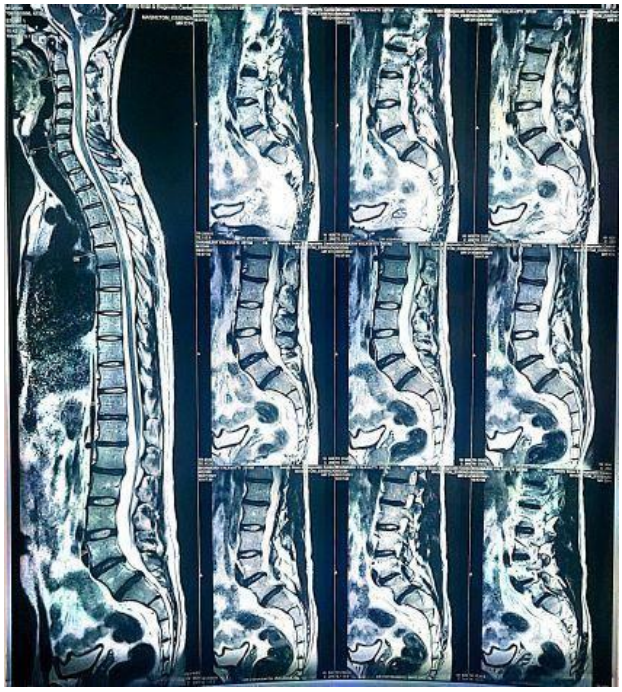
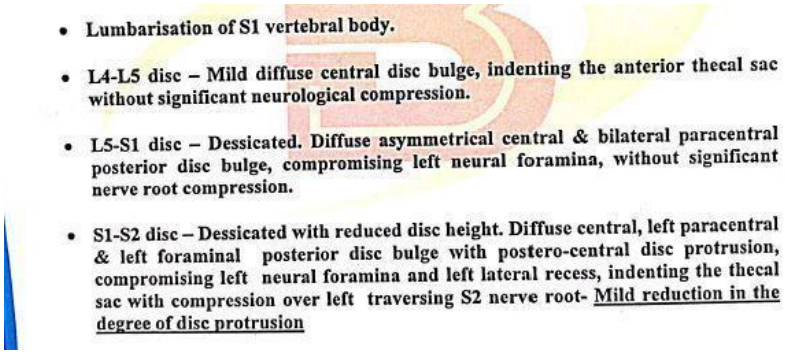


Figure 4: MRI Entire Spine After Treatment



- **Lumbarisation of S1 vertebral body.**
- **L4-L5 disc – Mild diffuse central disc bulge, indenting the anterior thecal sac without significant neurological compression.**
- **L5-S1 disc – Dessicated. Diffuse asymmetrical central & bilateral paracentral posterior disc bulge, compromising left neural foramina, without significant nerve root compression.**
- **S1-S2 disc – Dessicated with reduced disc height. Diffuse central, left paracentral & left foraminal posterior disc bulge with postero-central disc protrusion, compromising left neural foramina and left lateral recess, indenting the thecal sac with compression over left traversing S2 nerve root- Mild reduction in the degree of disc protrusion**

Table 3: Admission Data of Therapy and Oral Medications

SI NO	Medicine	Dosage	Duration
2nd Admission Oral Medications			
1.	Tablet Trayodasanga Guggulu	300mg 1TID	7 days
2.	Syrup Dhanadanayadi Kashaya	3tsp TID (200ml)	7 days
3.	Capsule Antanil	1TID 250mg	7 days
3rd Admission Oral Medications			
4.	Cap Antanil	1TID 250mg	7 days
5.	Syrup Dhanadanayadi Kashaya	3tsp TID (200ml)	7 days
6.	Sukumar Ghrita	30ml initial	5 days
4th Admission Oral Medications			
7.	Cap Antanil	1TID 250mg	7 days
8.	Tablet Vishamusti Vati	1TID 250mg	7 days