

## **A COMPARATIVE CLINICAL STUDY OF ERANDAMOOLADI NIRUHA BASTI AND DASHAMOOOLA TAILA MATRA BASTI IN GRIDHRASI**

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### **ABSTRACT**

**Purpose** - The most common disorder which affects the movement of leg particularly in most productive period of life is low back pain, out of which 40% of persons will have Radicular pain. Such presentations were common in olden period too and ancient science of life named it as *Gridhrasi*. It is considered as *Shoola Pradhana Vata Vyadhi*. Different Medical Sciences with various principles and fundamentals are trying their best for one common goal i.e. Health for all. In this space age everyone is expecting miracle therapies for ailments. This is the place where *Ayurveda* comes to rescue the world from the pain of disease by providing nectar from the result oriented modalities. The present study is undertaken to evaluate and compare the Effect of *Erandamooladi Niruha Basti* and *Dashamoola Taila Matra Basti* in *Gridhrasi*.

**Materials and Methods** - Classical Ayurvedic texts, Commentaries, the selection of patients was made from OPD/IPD BVVS Ayurved Medical College and Hospital, Bagalkot, Karnataka.

**Concluiosion** – *Erandamooladi Niruha Basti* has more effect as compared to *Dashamoola Taila Matra Basti* in the management of *Gridhrasi*.

**Key words** – *Gridhrasi, Erandmooladi Niruha Basti, Dashamoola Taila Matra Basti*

## **INTRODUCTION**

Changing of life style of modern human being has created several disharmonies in his biological system. Due to I.T revolutions, modernization, sedentary life style, profession, long hours sitting postures while working, continues and over exertion, jerking movements during travelling, over weight and sports – All these factors create pressure on the spinal cord producing low backache and radiating pain.

*Gridhrasi* is one among 80 types of *Nanatmaja Vata vyadhi*. The name itself indicates the change of gait shown by the patients due to extreme pain just like *Gridhra* (Vulture), this disease not only inflicts pain but also causes difficulty in walking, which is very much frustrating to the patient. The cardinal signs and symptoms are *Ruk, Toda, Sthamba, Spandana* in the *Sphik, Kati, Uru, Janu, Janga & Pada, Tandra, Gaurava, Arochaka*.

The above mentioned *Laxanas* of *Gridhrasi*<sup>1</sup> resembles to Sciatica. In Ayurveda, *Panchakarma* is a very unique therapeutic procedure because of its

Preventive, Promotive, Prophylactic and Rejuvenating properties as well as providing radical cure. Among *Panchakarma, Basti Karma* is considered as *Ardha Chikitsa* and *Sarvakari*. *Gridhrasi* is a *Vataja Vyadhi* and hence *Basti* is effective in this condition. *Basti* are of many types depending on number, ingredients and needs.

*Niruha Basti* helps in removing the *Vata Vyagunya* pertaining in this disorder. The simplest type of *Basti* – *Matra Basti* can be administered at any time of the day, irrespective of sex, age, season, no particular restriction. With these special unique qualities of *Niruha* and *Matra Basti*, it has been selected for the management of *Gridhrasi*.

According to *Acharya Charaka, Erandamooladi Kwatha* does *Deepana, Lekhana*. According to *Bhaishajya Ratnavali, Dashmoola Taila* does *Tridosahara, Deepana, Ama Pachana* and *Anulomana*. It not only pacifies the *Dosha* but also alleviates pain which is the main symptom in *Gridhrasi*.

Hence, an attempt was made to evaluate and compare the Effect of

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*Erandamooladi Niruha Basti*<sup>2</sup> and *Dashamoola Taila*<sup>3</sup> *Matra Basti* in *Gridhrasi*.

This study is conducted at BVVS Ayurveda Medical College and Hospital Bagalkot.

### MATERIALS AND METHODS

The 30 patients were selected on the basis of random sampling method i.e. with the help of lottery method two groups were made. First lottery chit was group A and second chit was of group B. Similarly were grouped in two groups. First lottery chit number 4 was allotted in group A. Second number 15 was allotted in group B. Likewise the method was continued till the required size of 15 patients for each group was attained.

The selection of patients was made from OPD/IPD BVVS Ayurved Medical College and Hospital, Bagalkot, Karnataka.

Inclusion Criteria:

1. Diagnosed patients of *Gridhrasi* according to classical signs and symptoms.
2. Patients of either sex between the age group of 16-60yrs.

3. Patients who are fit for *Matra Basti*.

Exclusion Criteria:

1. Patients below 16years and above 60years of age.
2. Patients who are unfit for *Basti Karma*.
3. Patients with other systemic disorders.

### DIAGNOSTIC CRITERIA:

Parameters for diagnosis are completely based on classical symptoms.

Straight Leg Raising Test or Lesgue's Test or Coin Test Positive.

**Criteria for Assessment:** Both subjective and objective parameters were employed for assessment of the impact of the treatment. **Subjective**

### Parameters:

*Ruk, Toda, Sthamba, Spandana* in the *Sphik, Kati, Uru, Janu, Janga* and *Pada, Tandra, Gaurava, Arochaka*.

### Objective Parameters :

SLR Test

Lasegues Test

Coin Test

### Administration of Drugs:

*Erandamooladi Niruha Basti* and *Dashamoola Taila Matra Basti* given through Rectal route.

No of Subjects – 30



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### Method

All the subjects selected were divided in two groups of 15 each irrespective of sex.

#### **In group A** *Eranda Mooladi Niruha Basti*

*Anuvasana Basti* using *Dashamoola Taila* was administered on 1,3,5,7,8<sup>th</sup> day after food. *Erandamooladi Niruha Basti* was administered on 2,4,6<sup>th</sup> day empty stomach

Kala – Morning(8 am to 10 am)

#### **In group B** *Matra Basti* with *Dashamoola Taila* given – 72ml

Kala – Morning (8 am to 10 am)

### OBSERVATIONS AND STATISTICAL ANALYSIS

In the present study, the majority of the patients registered were between 41-50 years 16 patients (53.33%), 13 patients (43.33%) were in the age group of 31-40 years and 1 patient (6.66%) were in the age group of 20-30 years. Out of 30 patients majority of patients were Male i.e. 17 patients (56.66%) and Female were 13 patients i.e. (43.33%).

In the present study, majority of the patients registered had completed

primary education i.e. 13 patients (43.33%), 8 patients (26.66%) had completed graduation, 7 patients (23.33%) had completed secondary, 2 patients (6.66%) had completed post graduation and none of the patient was illiterate. In this study maximum patients registered were House wives i.e. 08 patients (26.66%), Businessmen were 06 patients (20%), Driver were 4 patients (13.33%), Labour were 3 patients (10%), Lecturers were 2 patients (6.66%), Engineers were 3 patients (10%), Tailor were 2 patients (6.66%) and Peon were 2 patients (6.66%).

In the study, maximum patients registered were married i.e. 29 patients (96.66%) and unmarried were 1 patient (3.33%).

Majority of the patients were from Middle class were 12 patients (40%), Lower class were 10 patients (33.33%) and Upper Middle class were 8 patients (26.66%).

Incidentally, among the registered 15 patients were Vegetarians (50%), Mixed

were 15 patients (50%) and none in Non Vegetarian.

Majority of the patients were addicted with Tobacco i.e. 11 patients (36.66%), Alcohol were 10 patients (33.33%) Smoking were 7 patients (23.33%), and other addiction like Tea, Coffee were 8 patients (26.66%).

Majority of patients were of *Vata Pitta Prakruti* i.e. 18 patients (60%), *Vata Kapha* were 12 patients (40%) and none from *Pitta Kapha* and *Sannipataja*.

Majority of the patients were with *Krura Kostha* i.e. 23 patients (76.66%), *Madhyama* were 5 patients (16.66%) and *Mrudu* were 2 patients (6.66%).

Majority of patients were presenting with *Vishamagni*, 23 patients (76.66%), *Mandagni* were 7 patients (23.33%) and none of the patients were from *Samagni* and *Teekshnagni*.

Majority of the patients were from Disturbed Sleep were 16 patients (53.33%) and from Sound Sleep were 14 patients (46.66%).

Incidentally among the registered patients, 12 patients (40%) were involved in *Ratrijagarana* and

*Ativyayama* were about 12 patients (40%), 6 patients (20%) were involved in *Atichankramana* and none in others like *Ativyavaya*, *Adhyasana*, *Anashana* etc.

#### **SPECIFIC OBSERVATIONS:**

##### **DISTRIBUTION OF PATIENTS ACCORDING TO STAMBHA**

Patients registered for the study were assessed for *Stambha* and graded as Grade-4 as severe, Grade-3 as Moderate, Grade-2 as Mild and Grade-1 as Normal. So majority of the patients were from Grade-2 (16 patients, 53.33%), Grade-3 (12 patients, 33.33%), Grade-4 (2 patients, 6.66%) and none from Grade-1.

##### **DISTRIBUTION OF PATIENTS ACCORDING TO RUK:**

Patients registered for the study were assessed for *Ruk* and graded as Grade-4 as severe, Grade-3 as Moderate, Grade-2 as Mild and Grade-1 as Normal. So majority of the patients were from Grade-3 (15patients, 50%), Grade-2 (14 patients, 46.66%), Grade-4 (1patients, 3.33%) and none from Grade-1.

**DISTRIBUTION OF PATIENTS  
ACCORDING TO TODA:**

Patients registered for the study were assessed for *Toda* and graded as Grade-4 as severe, Grade-3 as Moderate, Grade-2 as Mild and Grade-1 as Normal. So majority of the patients were from Grade-2 (17 patients, 56.66%), Grade-3 (13 patients, 43.33%) and none from Grade-4 and Grade-1.

**DISTRIBUTION OF PT'S  
ACCORDING TO SPANDANA:**

Patients registered for the study were assessed for *Spandana* and graded as Grade-4 as severe, Grade-3 as Moderate, Grade-2 as Mild and Grade-1 as Normal. So majority of the patients were from Grade-2 (17 patients, 56.66%), Grade-3 (13 patients, 43.33%) and none from Grade-4 and Grade-1.

**DISTRIBUTION OF PATIENTS  
ACCORDING TO SLR TEST:**

Patients registered for the study were assessed for SLR Test and graded as Grade-4 as severe, Grade-3 as Moderate, Grade-2 as Mild and Grade-1 as Normal. So majority of the patients were from Grade-3 (18patients, 60%), Grade-2 (10

patients, 33.33%), Grade-4 (2patients, 6.66%) and none from Grade-1.

**DISTRIBUTION OF PT'S  
ACCORDING TO LASGUE'S TEST:**

Patients registered for the study were assessed for Lasgue's test and graded as Grade-4 as severe, Grade-3 as Moderate, Grade-2 as Mild and Grade-1 as Normal. So majority of the patients were from Grade-3 (18patients, 60%), Grade-2 (10 patients, 33.33%), Grade-4 (2patients, 6.66%) and none from Grade-1.

**INTERVENTIONS BASED ON  
OBSERVATIONS:**

**OBSERVATIONS (GROUP A):**

- 1) All the patients presented with varied degree of severity in the symptoms.
- 2) Most of the patients presented *Vishamagni* and irregular bowel habits
- 3) *Anuvasana Basti (Dashmoola Taila)* of 120 ml daily for 8 days after *Sthanika Snehana, Sthanika Swedana* (app 10-15 min) and immediate after food and *Wakshatham* regularly.
- 4) *Niruha Basti (Erandaluladi)* of 600 ml for 8 days *Sthanika Snehana, Sthanika*



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*Swedana* (app 10-15 min) before food in *Yoga Basti* pattern was given.

- 5) It was observed that *Pratyagama Kala* of *Anuvasana Basti* was 5 hrs to 22 hrs with mean 7.45 hrs.
- 6) Patients were comfortable at and end of the *Basti Karma* no any complications were observed *Pratyagama Kala* of *Niruha Basti* was 30 min to 60 min with mean 35 min.
- 7) No any *Samsarjana karma* advised.
- 8) *Pathya Ahara Vihara* advised during and at the end of treatment was observed.

**OBSERVATIONS (GROUP B):**

- 1) All the patients presented with varied degree of severity of *laxanas*.
- 2) Most of the patients exhibited *Vishamagni* and irregular bowels
- 3) *Matra Basti (Dashamoola Taila)* of 75 ml for 8 days daily was given after *Sthanika Snehana* and *Sthanika Swedana* (app 10-15 min), immediate after food and *Wakshatham* regularly.
- 4) It was observed that *Pratyagama Kala* was 6 hrs to 24 hrs with mean 8.30 hrs.
- 5) Patients were comfortable at the end of the *Basti Karma* and no any complications were observed.

6) No any *Samsarjana karma* advised.

7) *Pathya Ahara, Vihara* advised during and at the end of the treatment was observed.

**GROUP A RESULT (At the end of treatment):**

**EXCELLENT**

None of the patients showed excellent response at the end of the treatment.

**GOOD**

None of the patients showed good response at the end of the treatment.

**ENCOURAGING**

For *Stambha* 5 patients (16.66%), for *Ruk* 5 patients (16.66%), for *Toda* 5 patients (16.66%), for *Spandana* 5 patients (16.66%), for SLR Test 2 patients (6.66%) and for Lasgue's Test 2 patients (6.66%) showed encouraging response at the end of the treatment.

**STABLE**

For *Stambha* 9 patients (30%), for *Ruk* 9 patients (30%), for *Toda* 9 patients (30%), for *Spandana* 9 patients (30%), for SLR Test 13 patients (43.33%) and for Lasgue's Test 13 patients (43.33%) showed stable response at the end of the treatment.

**DETORIATED**

None of the patients showed deteriorated response at the end of the treatment.

**OBSERVATIONAL CRITERIA :** The symptoms *Aruchi, Tandra, Gaurava* were found in 6 patients at the end of the treatment. The symptom coin test was found in 15 patients at the end of the treatment.

**GROUP B RESULT (At the end of treatment):**

**EXCELLENT**

None of the patients showed excellent response at the end of the treatment.

**GOOD**

None of the patients showed good response at the end of the treatment.

**ENCOURAGING**

For *Stambha* 4 patients (13.33%), for *Ruk* 4 patients (13.33%), for *Toda* 4 patients (13.33%), for *Spandana* 4

patients (13.33%), for SLR Test 2 patients (6.66%) and for Lasgue's Test 2 patients (6.66%) showed encouraging response at the end of the treatment.

**STABLE**

For *Stambha* 11 patients (36.66%), for *Ruk* 11 patients (36.66%), and for *Toda* 11 patients (36.66%), for *Spandana* 11 patients (36.66%) for SLR Test 13 patients (43.33%) and for Lasgue's Test 13 patients (43.33%) showed stable response at the end of the treatment.

**DETORIATED**

None of the patients showed deteriorated response at the end of the treatment.

**OBSERVATIONAL CRITERIA :** The symptoms *Aruchi, Tandra, Gaurava* were found in 5 patients at the end of the treatment. The symptom coin test was found in 15 patients at the end of the treatment.



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**OBSERVATIONS AND STATISTICAL ANALYSIS**

We found data as follows :

**STATISTICAL ANALYSIS OF GROUP A RESULTS**

VARIABLES	Grading	Mean	SD	't' value	'P' value	Remarks
<b>Subjective Variables</b>						
<b>STAMBHA</b>	<b>BT</b>	2.53	0.74			
	<b>AT</b>	2.20	1.08	2.6458	= 0.0192	S
	<b>FU</b>	1.87	1.19	5.2915	= 0.0001	HS
<b>RUK</b>	<b>BT</b>	2.60	0.63			
	<b>AT</b>	2.27	1.03	2.6458	= 0.0192	S
	<b>FU</b>	1.87	0.99	6.2048	<0.0001	HS
<b>TODA</b>	<b>BT</b>	2.46	0.51			
	<b>AT</b>	2.07	0.88	2.6458	= 0.0192	S
	<b>FU</b>	1.67	0.90	6.2048	<0.0001	HS
<b>SPANDANA</b>	<b>BT</b>	2.46	0.51			
	<b>AT</b>	2.07	0.88	2.6458	= 0.0192	S
	<b>FU</b>	1.67	0.90	6.2048	<0.0001	HS
<b>SLR TEST</b>	<b>BT</b>	2.53	0.74			
	<b>AT</b>	2.40	0.91	1.4676	= 0.1643	NS
	<b>FU</b>	2.20	1.08	2.6458	= 0.0192	S
<b>LASGUE'S TEST</b>	<b>BT</b>	2.53	0.74			
	<b>AT</b>	2.40	0.91	1.4676	= 0.1643	NS
	<b>FU</b>	2.20	1.08	2.6458	= 0.0192	S

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**STATISTICAL ANALYSIS OF GROUP B RESULT**

VARIABLES	Grading	Mean	SD	't' value	'P' value	Remarks
<b>Subjective Variables</b>						
<b>STAMBHA</b>	<b>BT</b>	2.53	0.52			
	<b>AT</b>	2.27	0.88	2.2563	= 0.0406	S
	<b>FU</b>	2.07	1.03	3.5000	= 0.0035	HS
<b>RUK</b>	<b>BT</b>	2.53	0.52			
	<b>AT</b>	2.27	0.88	2.2563	= 0.0406	S
	<b>FU</b>	1.93	0.96	4.5826	= 0.0004	HS
<b>TODA</b>	<b>BT</b>	2.47	0.52			
	<b>AT</b>	2.20	0.86	2.2563	= 0.0406	S
	<b>FU</b>	1.87	0.99	4.5826	= 0.0004	HS
<b>SPANDANA</b>	<b>BT</b>	2.47	0.52			
	<b>AT</b>	2.20	0.86	2.2563	= 0.0406	S
	<b>FU</b>	1.87	0.99	4.5826	= 0.0004	HS
<b>SLR TEST</b>	<b>BT</b>	2.73	0.46			
	<b>AT</b>	2.60	0.74	1.4676	= 0.1643	NS
	<b>FU</b>	2.53	0.83	1.8708	= 0.0824	S
<b>LASGUE'S TEST</b>	<b>BT</b>	2.73	0.46			
	<b>AT</b>	2.60	0.74	1.4676	= 0.1643	NS
	<b>FU</b>	2.53	0.83	1.8708	= 0.0824	S

**DISCUSSION**

The present study has been entitled as "To Evaluate and Compare Erandamooladi Niruha Basti and Dashamoola Taila Matra Basti in Gridhrasi"

Gridhrasi is one among the on going problem. In Panchakarma, Basti is considered as Ardhachikitsa. Eranda is best Deepaka, Pachaka and Shoola

prashamaka and it is Kaphavata shamaka. Dashamoola is best Vata shamaka, Shool Prashamaka and Vedana sthapana.

Niruha Basti helps in removing the Vata Vyagunya pertaining in this disorder. The simplest type of Basti – Matra Basti can be administered at any time of the day, irrespective of sex, age, season, no particular restriction.

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With these special unique qualities of *Niruha* and *Matra Basti*, it has been selected for the management of *Gridhrasi*.

According to *Acharya Charaka*, *Erandamooladi Kwatha* does *Deepana*, *Lekhana*. According to *Bhaishajya Ratnavali*, *Dashmoola Taila* does *Tridoshahara*, *Deepana*, *Ama Pachana* and *Anuloma*. It not only pacifies the *Dosha* but also alleviates pain which is the main symptom in *Gridhrasi*.

### CONCLUSION

- This study shows that the disease *Gridhrasi* is more common in the age group of 41-50 years.
- *Stambha*, *Ruk*, *Toda*, *Spandhana* are the Cardinal Symptoms of *Gridhrasi*.
- All the drugs chosen for the study are having *Ushna Veerya*, *Deepana* and *Kapha-Vata Shamaka* properties. So by their virtue, they help in dissolving the *Samprapti* of *Gridhrasi*.

- *Dashmoola Taila Matra Basti* and *Erandamooladi Niruha Basti* showed significant result after treatment and highly significant result after Follow up.
- *Erandamooladi Niruha Basti* has more effect as compared to *Dashmoola Taila Matra Basti* in the management of *Gridhrasi*.

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