



A CLINICAL STUDY TO EVALUATE EFFICACY OF SNEHAPRAGADA NIRUHA BASTI WITHOUT ANUVASANA BASTI IN VATAJA GRIDHRASI

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Abstract

Basti Karma is considered as Ardhachikitsa as it is the prime treatment modality in Vataja Vikaras. It is of two types, Niruha basti and Sneha Basti. Generally, Niruha Basti and Sneha Basti are not administered continuously in consecutive days. Niruha Basti is one important procedure among Chatusprakara Samshodhana. Gridhrasi is enumerated one among the Vata Nanatmaja and Saamanyaja Vata Vikaras. It is correlated with disease 'Sciatica' in modern parlance. Most commonly encountered factors for the disease are bad posture, irregular and unwholesome dietary habits, travelling in jerky vehicles etc. It is having a prevalence of 40 % in the population the impact of which is staggering on society. In spite of tremendous advancements in field of modern medicine, the management of Sciatica in contemporary science is still limited and has a less favorable outcome and consumes more health resources. As Niruha Basti with excess Sneha alone can be administered without Anuvasana Basti in Kevala Vata conditions, in this study therapeutic effect of Snehapragada Niruha Basti without Anuvasana Basti in Vataja Gridhrasi was evaluated. It is a single group study with pre and post-test design. In this, 30 patients were taken for the study. The subjective and objective parameters were observed before, after treatment and after follow up and were recorded in the case Proforma of Gridhrasi. It has shown significant reduction

in clinical symptomatology of Gridhrasi and was found to be effective in improving the Lakshanas of Gridhrasi with P value >0.05

Key words: Ayurveda, Sneha Pragada Niruha Basti, Vataja Gridhrasi

INTRODUCTION

“Sarvam Chikitsamapi Cha Bastimeka”¹.

Bastikarma is considered as superior among all the Shodhana therapies. “Tatrasnehadi Namkarmanam Bastikarma Pradhanatanam”². No other therapeutic measures other than Basti is Sheeghra Sukhavishodhana, causes Apatarpana and Tarpana instantaneously and is Niratyaya³. Though Vamana and Virechana eliminate the vitiated Doshas from the body, the drugs used in these contain Katurasa, Ushna and Teekhsna Gunas, which cannot be easily taken by Shishu or Vruddha⁴. But Basti can be given in all age groups without any hesitation. Kashyapa says Bastikarma as ‘Amrutam’ and indicated from Shishu to Vruddha Avastha.⁵

Basti possesses multidimensional effects based on the drugs used in it. Basti performs varied therapeutic actions like Samshodhana, Samshamana and Sangrahana of Doshas. It does Vayasthapana, increases Shukra and Bala, prolongs the Ayu, does Agni Deepana and Medha Vrudhhi, also does Swara Prasadana and Varna Prasadana, makes the Dhatu and Shareera Drudha, cures all the diseases⁶. Is useful in the treatment of Vata, Pitta and Kapha Doshas and even in derangement of Rakta Dhatu. It is also effective in combinations of two Doshas or all the three Doshas⁷.

Vata is the most important causative factor for the manifestation of diseases in Shakha, Koshta, Marma, Urdhwakaya and Sarvavayava. It is also responsible for Vikshepa and Sanghata of Pitta, Kapha, Mala and Mutra. When it reaches Ativrudhnavastha there is no remedy other than Basti. Therefore, it is Poorna Chikitsa⁸.

Basti is considered as Pradhanatama Chikitsa for Vata as it removes Vaikarika Vata from Moola after entering into Pakwashaya there by results in Prashamana of Vata Vikaras of the Shareera similar to the tree when cut ends in Vinasha of Skanda, Shakha, Phala and Pushpa⁹.

In classics it is mentioned as, “Snehath Agnivadothkleshau” and “Niruhath Pavanabhyadayam” i.e, continuous administration of Sneha Basti for long duration diminishes the Jataragni and causes Utklesha of Doshas. Similarly, continuous Niruha Basti for long time leads to Vata prakopa. Thus, when Niruha and Anuvasana used in alternatively, to prevent the vitiation of Doshas¹⁰.

Among the classification of Basti, Karma Basti, Kala Basti and Yoga Basti are designated with the above version which are advocated depending on the Doshas vitiated and Bala of an individual.

Acharya Sushrutha in the Anuvasana Adhikara explains that if Asnigdha person is afflicted with Kevala Vata vitiation, then Niruha Basti alone can be given by adding excessive amount of Sneha in it without prior Anuvasana Basti¹¹. Vangasena opines the same.

Asnigdhhamiti Ishath Snigdha, Snehapragadai Sneha Bahulai |

Dalhana opines Asnigdha means Ishat Snigdha, Sneha Pragada means Sneha Bahula. Further he says Snigdha Niruha is to be given in such condition without prior Anuvasana Basti¹². This is because the Pragada Matra of Sneha in the Niruha Basti serves the action of Anuvasana Basti too.

Gridhrasi is one among the eighty types of Vatajananatmaja Vyadhi¹³. According to Acharya Charaka Vata either alone or associated with Kapha causes Gridhrasi. It is a disorder where Shula starts from Sphik Pradesha and radiates to Kati, Prushta, Uru, Janu, Jangha and Pada. In Kapha Anubandha Gridhrasi Tandra, Gourava, Arochaka will manifest¹⁴. Gridhrasi is a Rujapradhana Nanatmaja Vata Vyadhi, intervening with the functional ability of low back & lower limbs. It is particularly seen in most active period of life, involving working class people causing hindrance in routine life. Low back pain is the major cause of morbidity throughout the world affecting mainly the young adults. Sciatica is when pain is felt going down the leg from the back¹⁵. Most commonly, it is due to the protrusion of the degenerated L5-S1 disc that impinges upon the S1 nerve root. The pain is most prominent during active movement, stooping, and coughing, sneezing or lifting heavy weight¹⁶. Life time incidence of low back pain is said to be 50-70% with the annual incidence of sciatica 1-5%¹⁷.

Gridhrasi being a Vatavyadhi the general Vatavyadhi Chikitsa can be adopted. Vata invariably plays an immense role in pathogenesis of Gridhrasi. Asthi is the seat of Vata Dosha. Asthidhatu and Vata Dosha are having Ashraya-Ashrayee Sambandha. The main cause of Asthivaha Srotodushti is intake of Vataprakopaka Ahara Vihara. Viruddha Ahara, Abhighata etc. are the causes of Asthivaha Srotodushti which are even the common causes seen in Gridhrasi. Thus, the kind of therapeutic measure that deals with Asthivaha Sroto Dushti, aids in the subsidence of Vata Prakopaka too. And also, Gridhrasi is a Madyama Rogamargajanya Vyadhi where Asthi, Sandhi and Marma are involved in the pathogenesis. So, to attain samprapti Vighatana the best treatment is Basti chikitsa. Basti chikitsa is advocated in the line of treatment for Gridhrasi by almost all the Acharyas. Gridhrasi is Madhyama Rogamargashrita disease and to reach the site of pathology the Kala Basti is essential.

In Kala basti schedule, six Niruha Bastis and ten Anuvasana Bastis are given. So, the present study was framed to evaluate the efficacy of the six Snehapragada Erandamooladi Niruha Bastis given in consecutive days without Anuvasana Bastis in Vataja Gridhrasi. Here an attempt was made to evaluate the efficacy in Vataja Gridhrasi thus aiming at reduction in duration of treatment.

AIMS AND OBJECTIVES

- To evaluate the efficacy of Sneha Pragada Niruha Basti without Anuvasana Basti in Vataja Gridhrasi

MATERIALS AND METHODS

Source of data

The subjects from the OPD and IPD of Government Ayurveda College and Hospital, Mysore and Government Hitech Panchakarma Hospital, Mysore who fulfilled the inclusion criteria of the study were selected randomly irrespective of their sex, religion etc.

Source of the drug

- Drugs were procured from GMP certified pharmacy.

DIAGNOSTIC CRITERIA

The subjects having below mentioned signs and symptoms

1. Lakshanas of Vataja Gridhrasi i.e., presence of Ruk, Toda, Spandana, Stambha in Sphik, Kati, Janu, Jangha and Pada.
2. Straight Leg Raising test - Positive
3. Radiology – Plain X-ray of Lumbosacral spine – AP and Lateral view – In a case of chronic disc prolapse, the affected disc space is narrowed and lipping of the vertebral margins posteriorly.

INCLUSIVE CRITERIA

1. Subjects fulfilled the diagnostic criteria
2. Subjects in the age group between 30-60 years, irrespective of gender.
3. Subjects fit for Basti Karma
4. Subjects who were ready to give written consent for the study.

EXCLUSIVE CRETERIA

1. Subjects diagnosed with Diabetes mellitus, Hypertension and other systemic illness.
2. Tuberculosis of spine and hip joint, malignancy of spine or other organs, congenital malformation of spine, with any infective conditions
3. Cysts of sacral nerve root, intraspinal neurofibroma and other tumours
4. Subjects who underwent Laminectomy
5. Pregnant and lactating woman

STUDY DESIGN

It is a single group clinical trial with pre and post-test design.

Plan of study

A. Sample size

Sample size consisting of 30 subjects

B. Sampling method

Purposive sampling method was followed.

INTERVENTION – Erandamoola Sneha Pragada Niruha Basti

Basti pattern:6 Niruha Basti continuously without Anuvasana Basti.

POORVA KARMA

Basti was administered to subject in morning hours after evacuation of natural urges.

- Abhyanga and Sweda was given to the subject

Table No 34 showing Ingredients of Snehapragada Niruha Basti

Ingredients	Quantity used in the study
Saindhava	1/8 Pala – 6 gm
Madhu	1 ½ Pala – 70 ml
Ksheerabala Taila	5 Pala – 250 ml
Putoyavanyadi Kalka	1 Pala – 50 gm
Erandamoola Kashaya	6 ½ Pala – 310 ml
Total	14 Pala – 680 ml

In this study for convenience of intervention measures are rounded up.

Preparation of Basti

The different components of basti were mixed in following sequence. Initially Madhu and Saindhava Lavana were mixed thoroughly with the help of pestle and mortar. Then Ksheerabala Taila, followed by Putoyavanyadi Kalka was added and mixed well. Then freshly prepared Erandamoola Kwatha was added. All the ingredients were thoroughly mixed. Samyak Sammilita Basti Dravya was filtered and made luke warm.

PRADHANA KARMA:

- Subject was made to lie down in left lateral position. Anal orifice of the subject and tip of the catheter were smeared with Sneha for the lubrication. The enema can was connected to rubber catheter and filled with prepared Basti Dravya. The air bubble in the tube was removed and it was kept ready for administration.
- Holding the enema can, tip of rubber catheter was gently introduced into anal canal up to 5-6 cm. Enema can was elevated up to convenient height, Basti Dravya was administered into the rectum. During the time subject was asked to take deep breath. Before the enema can was completely empty, rubber catheter was withdrawn slowly.

PASCHAT KARMA:

- Subject was asked to lie in supine position for 2-3 minutes. When the subject felt the strong urge for defecation, was allowed to excrete.

ASSESSMENT CRITERIA**Subjective parameters**

1. Ruk – Pain
2. Stambha – Stiffness
3. Sciatica severity index

Objective parameters

1. SLR test – Active and Passive
2. Rolland Morris Low back Pain and Disability Questionnaire

ASSESSMENT SCHEDULE

Pre-test - 0th day (on the day of admission)

Mid test - after completion of basti (on 6th day)

Post-test - follow up (After 2 months)

OBSERVATIONS AND RESULTS

Assessment Criteria	Before Treatment (0 th day)		After Treatment (6 th day)		Follow up (After Treatment)	
	Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Pain	7.67	.802	4.43	.935	3.93	.828
Stiffness	1.40	.814	.47	.629	.10	.305
SSI	11.57	1.716	5.60	1.545	4.23	1.569
Active SLR Right	57.67	13.179	69.87	8.193	71.50	9.299
Passive SLR Right	69.00	12.205	78.17	5.490	78.83	8.777
Active SLR Left	58.17	14.884	68.17	10.866	72.50	7.851
Passive SLR Left	66.83	13.830	75.83	9.476	81.00	7.701
RMQ scale	15.70	1.601	9.67	1.539	7.60	2.143

RESULTS

1. PAIN

The results obtained regarding the reduction in Ruk showed highly significant values in both the assessments with P value .001.

The statistical analysis revealed that, the mean pain score was 7.67 before the treatment was decreased to 4.43 after the basti, with a statistically highly significant P value of <0.001. Similarly, the mean score in follow up decreased to 3.93 from 4.43, with a statistically highly significant P value of <0.001. in total the mean pain score from 7.67 decreased to 3.93 with a statistically highly significant with a P value .001

2. STIFFNESS

The results obtained regarding the reduction in stiffness showed highly significant values in both assessments with P value 0.001.

The statistical analysis revealed that, the mean Stambha score of Gridhrasi which was 1.40 before the treatment was reduced to 0.47 after the treatment. This change is statistically highly significant with $p=0.000$. Similarly, the mean score of 0.47 after treatment was reduced to 0.10 in follow up, which is statistically highly significant with $p=0.000$. in total the mean stiffness value of 1.40 reduced to 0.10 after follow up with highly significant p value 0.000.

3. SCIATICA SEVERITY INDEX

The statistical analysis revealed that, the mean Sciatica severity index score of Gridhrasi which was 11.57 before the treatment was reduced to 5.60 after the treatment. This change is statistically highly significant $p=0.000$. Similarly, the mean score of 5.60 after treatment was reduced to 4.27 in follow up, which is statistically highly significant with $p=0.003$. The mean score of 11.57 before treatment was reduced to 4.27 in follow up which is statistically significant with $P=0.001$.

4. ACTIVE SLR TEST – RIGHT LEG

The statistical analysis revealed that the mean active SLR test of right leg, which was 57.67 before the treatment was improved to 69.67 after the treatment. This change is statistically highly significant with $p=0.000$. Similarly, the mean score of 69.67 after treatment was improved to 71.50 in follow up, which is statistically insignificant with $p=0.178$. The mean score of 57.67 before treatment was improved to 71.50 in follow up which is statistically highly significant with $P=0.001$.

5. PASSIVE SLR TEST – RIGHT LEG

The statistical analysis revealed that, the mean passive SLR test of right leg which was 69 before the treatment was improved to 78.17 after the treatment and this change is statistically highly significant

with $p=0.000$. Similarly, the mean score of 78.17 after treatment was improved to 78.83 in follow up, which is statistically insignificant with $p=0.741$. The mean score of 69 before treatment was improved to 78.83 in follow up which is statistically highly significant with $P=0.001$.

6. ACTIVE SLR TEST – LEFT LEG

The statistical analysis revealed that the mean active SLR test of left leg which was 58.17 before the treatment was improved to 68.17 after the treatment and this change is statistically highly significant with $p=0.000$. Similarly, the mean score of 68.17 after treatment was improved to 72.50 in follow up which is statistically insignificant with $p=0.012$. The mean score of 58.17 before treatment was improved to 72.50 in follow up which is statistically highly significant with $P=0.001$.

7. PASSIVE SLR TEST – LEFT LEG

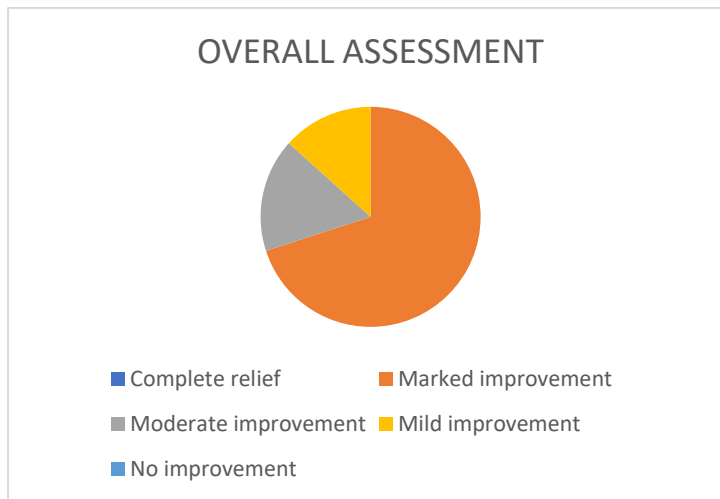
The statistical analysis revealed that, the mean passive SLR test of left leg which was 66.33 before the treatment was improved to 75.83 after the treatment and this change is statistically highly significant $p=0.000$. Similarly, the mean score of 75.83 after treatment was improved to 81.00 in follow up which is statistically highly significant with $p=0.001$. The mean score of 66.33 before treatment was improved to 75.83 in follow up which is statistically highly significant with $P=0.001$

8. RMQ SCALE

The statistical analysis revealed that, the mean RMQ scale was 15.7 before the treatment was improved to 9.67 after the treatment and this change is statistically highly significant with $p=0.000$. Similarly, the mean score of 9.67 after treatment was improved to 7.60 in follow up, which is statistically highly significant with $p=0.001$. The mean score of 15.7 before treatment was improved to 7.60 in follow up which is statistically significant with $P=0.001$.

Over all assessment

Improvement	Frequency	Percentage
Complete relief	0	0
Marked improvement	21	70%
Moderate improvement	5	16.67%
Mild improvement	4	13.33%
No improvement	0	0
Total	30	100%



DISCUSSION

Langhana is a form of Apatarpana, where in Chatusprakara Samshuddhi are mentioned. Basti Karma is one among them, which is a supreme therapeutic modality for Vata Dosha and is said as Ardha Chikitsa by the Acharyas. Administered Basti reaching Pakwashaya not only regulates and co-ordinates Vata Dosha in situ, but also controls other Doshas involved in the pathogenesis of the disease. As Vayu is capable of influencing Pitta and Kapha Doshas the Niruha administered first removes the Vata Dosha, second Niruha eliminates the Pitta Dosha and the third Niruha acts on the Kapha Dosha. Hence along with Vataja disorders Pitta and Kaphaja Rogas are also indicated for Basti Karma.

Discussion on modified Kala Basti

- Kala Basti is a pattern of Basti which comprises of 6 Niruha Basti and 10 Anuvasana Basti, which are given alternatively. Pattern of Basti is usually followed as one Basti daily. But now a days it's been practiced in a modified form as Niruha in the morning hours followed by Anuvasana on the same day.
- In the present study conducted a different pattern was followed as only Niruha Basti was administered continuously for 6 days with Sneha in excess quantity.
- Snehapragada means Sneha in excess quantity according to Dalhana. But this Pragada Matra in terms of quantity is not mentioned. Niruha Basti as the name indicates is Niruha Pradhana Basti, so Kwatha should be added in major quantity. So, the quantity of Sneha was increased to an amount which is a little lesser than the amount of Kwatha.
- The amount of Sneha was decided on the basis of total amount of Sneha to be used for 16 Bastis was divided into 6 Bastis and was used for Niruha.
- Thus, it prevented Vata prakopa that would occur due to continuous administration of Niruha Basti and in future this modified pattern of Kala Basti may enhance therapeutic benefits to the patients along with saving the valuable time because of its shorter duration.

Discussion on mode of action of Snehapragada Niruha Basti

Drug action

Ingredients of Basti

1. Madhu

- Madhu as an ingredient in Basti Dravya which contains Sucrose and many enzymes. Honey has also got **amphiphilic** (Lipophilic and hydrophilic) action.

2. Saindhava lavana

- Lavana in general are having the properties like **Vishyandi, Sukshma, Tikshna, Ushna** and **Vataghna** and promotes the evacuation of bladder and Bowel.
- Owing to the **Sukshma** property it helps the drug to reach in the micro channels, Saindhava mixed with Madhu, is capable of liquefying the morbid Dosha Sanghata and breaks it into smaller particles by virtue of its **Ushna** and **Tikshna** property respectively and thus helps their elimination.
- Saindhava contains Sodium Chloride and other ions which help in generating action potential. Saindhava helps in electrolyte exchange. The emulsifying nature of the solution has got a cleansing healing effect.

3. Ksheerabala taila

- All the three ingredients Bala, Ksheera and Taila possess **Madhura Rasa** and **Madhura Vipaka**. It mitigates Vata Dosha.
- Bala being the kalka dravya possess **Madhura Rasa, Laghu, Snigdha, Picchila Guna** and **Sheeta veerya** may counteract vata Dosha.
- Ksheera used as drava dravya is also **Madhura Rasa, Mrudu, Snigdha, Shlakshna, Picchila, Bahala, Guru, Manda guna, Madhura Vipaka** also pacifies vata Dosha.
- Further Tila Taila is also Vatahara and it is said as "**Tailam Samyogasamskarath**" that means Taila by Samskara gains the Guna Karma of Samskarita Dravyas.

So, in total the Ksheera bala is a potent vata Shamaka.

- Snehana Karma with Ksheerabala Taila nourishes the Shleshaka Kapha stimulate sensory nerve ending and provide strength.
- The **Ethyl Acetate (EA) extract** of the roots of *Sida cordifolia* has anti-inflammatory and analgesic effect.
- An analytical study show, **Ethanollic extracts** from *Sida cordifolia* have produced significant analgesic effects by the acetic acid writing test and the hot plate method.
- Alkaloids such as **5-Hydroxy Methyl, Heptane 1** are analgesic and anti-inflammatory

- **Ethanolic** and **Hexane extracts** of *sesamum indicum* are anti- inflammatory

4. Putoyavanyadi Kalka

- The Kalka dravyas Yavani, Madanaphala, Bilwa, Kushta, Vacha, Shatapushpa, Musta and Pippali are Vata Kaphahara in action.

Table No 60 Showing the Phyto chemical constituents of Kalka Dravya

Drug	Guna karma	Actions
Yavani	Ushna Snigdha, Madhura Vipaka Shoolaghna, Pachaka	<ul style="list-style-type: none"> ○ n-hexane extract – Anti-inflammatory by potentiating the neurotransmission of GABA and also repression glutamate receptor
Madana phala	Madhura Tikta Rasa Shothaghna	<ul style="list-style-type: none"> ○ Oleanic acid 3-/3-Glucoside – Anti-inflammatory ○ Randiocide, Randionine – Anti inflammatory
Bilwa	Laghu Madhura Vipaka Shothaghna, Pachana	<ul style="list-style-type: none"> ○ Ethanolic extract, Endomethasone – Analgesic activity
Kushta	Madhura Tikta Rasa Rasayana	<ul style="list-style-type: none"> ○ Flavo-glycosides content in Ethanolic extract- Anti-inflammatory and Analgesic
Vacha	Ushna Snigdha Vrushya	<ul style="list-style-type: none"> ○ Extracts by using acetic acid induced writhing test – Analgesic activity
Shatapushpa	Madhura Tikta Rasa Anushna Veerya Madhura Vipaka Vata Anulomana	<ul style="list-style-type: none"> ○ Dill oil, Carvone – Anti-inflammatory ○ Hydroalcoholic extract, Limonene – Anti-inflammatory and Analgesic

Musta	Laghu Snigdha Sheeta Veerya	○ Chloroform, Ethyl acetate, Methanol extract – Anti inflammatory
Pippali	Laghu Snigdha Madhura Vipaka	○ Piperine – Anti- inflammatory, Analgesic, Anti-arthritic

- Kalka which has got irritant properties along with other ingredients may induce colonic distension. This distension stimulates pressure which produces evacuator reflex. The Basti Dravyas gets absorbed by intestinal micro flora there by it maintains the electrolyte balance in the body. It enhances the biodegradability of the drugs and it increases the absorption of colon.

5. Erandamoola Kashaya

- **“Erandamoolo Vrushyavataharanam”** denotes the supremacy of Vataharatwa Guna of Erandamoola.
- It possesses **Madhura, Katu, Kashaya Rasa** and **Guru Snigdha Teekshna Gunas** by which it acts on Vata Dosha.
- Ricinus communis found to possess potent **Central analgesic activity**.
- It is studied and proved that Ricinus communis extract has typical **Central nervous system stimulant** and **Neuroleptic effect**.
- Also, the **Methanolic extract** showed significant anti-inflammatory which may be due to flavonoids present in it.
- **Ricinoleic acid** and **Lupeol** are found to be anti-inflammatory in action.
- **Tri Ricinolene, Tocopherol, Phytosterol, Phenolic compounds** are anti-inflammatory and anti-oxidant.

Procedure effect

- During the samprapti of Gridhrasi, Apana and Vyana Vayu get vitiated.
- The Basti Veerya may be firstly taken up by Apana followed by Samana, Vyana, Udana and Prana in the order, thus Veerya spreads to the whole body by Vata and Siras.
- When these Vayus attain normalcy, they do normal physiological function, thus they help to regain the normalcy of Kapha and Pitta and the disease gets cured.
- Erandamooladi yoga is expected to mainly act on Apana Vayu which when corrected in turn corrects the functions of Vyana. By this, Stambha, Ruk, Toda felt in lower limb starting from low back which is produced by vitiated Apana gets relieved and when Vyana gets corrected, Sakthi uthkshepa nigrahana gets reduced.

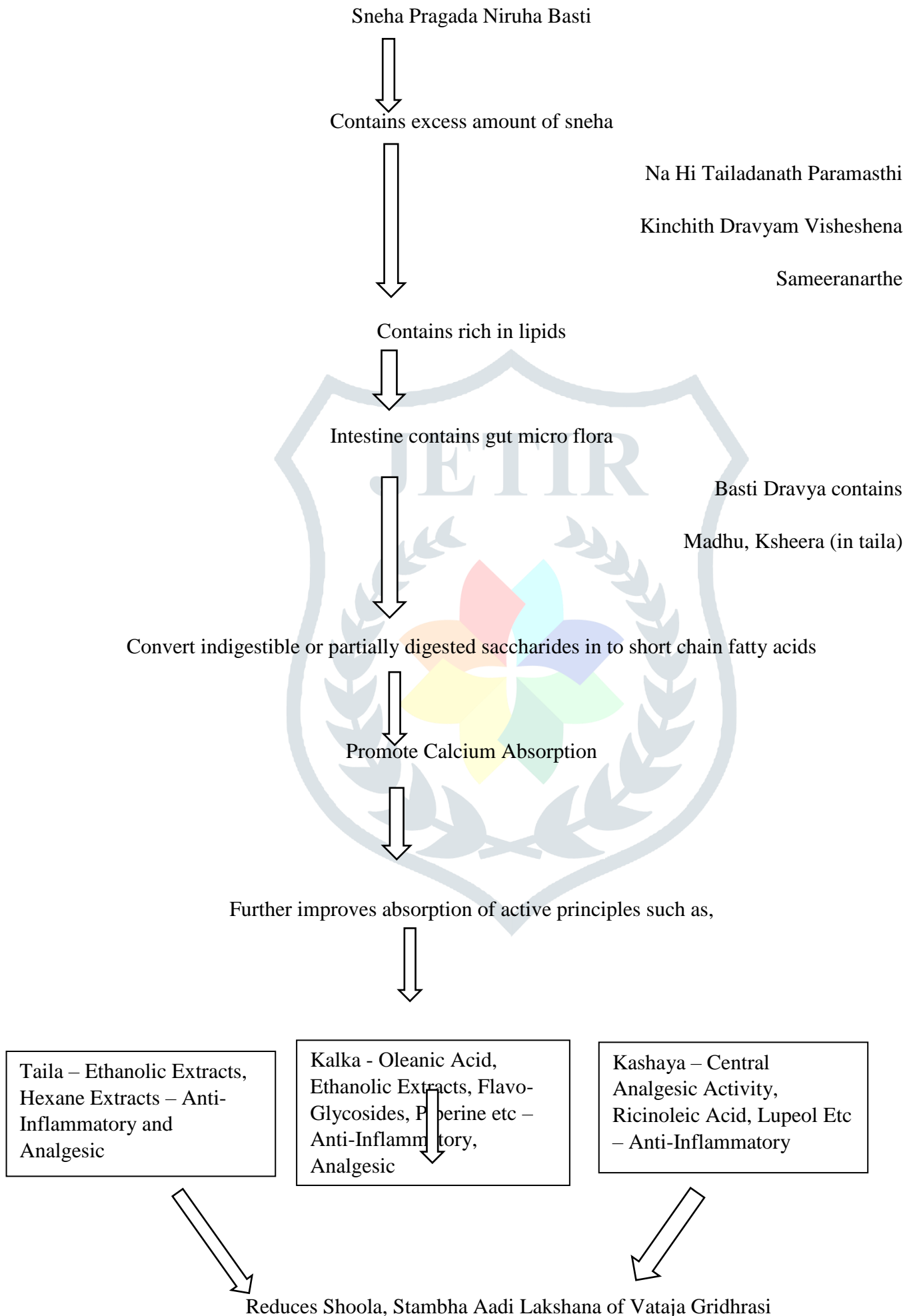
When **Sneha Dravya is added in excess** in a Niruha Basti Dravya, **Snigdha Guna gets increased**. **Sheeta Veerya** will be increased because of Ksheerabala taila. When taila is added in excess, it may aid the Niruha Basti to get more **Snigdha, Mridu, Picchila, Guru Veerya** to the body and the resulting Basti may become **more Vatahara** in nature.

Snehapragada Niruha Basti without Anuvasana in Vataja gridhrasi

The purpose of Anuvasana is nothing but to bring Snigdhatata. Niruha Basti is Kapha Pitta Shodhaka and it may cause Vataprakopa if given continuously. To overcome this Vata prakopa, prior Snehana is recommended through Anuvasana. But when Snehapragada Niruha is administered, it produces Kapha Pitta Shodhana without producing Vatakopa as it is rich in Sneha Dravya which gives Snigdhatata to the body and prevents Vata Kopa.



Probable mode of action of Snehapragada Niruha Basti



CONCLUSION

Basti is one among Panchakarma being one of the Chatushprakara Samdhodhana, is supreme therapeutic procedure for Vata Dosha and in Samsarga or Sannipataja Vyadhis. It is said as Poorna Chikitsa by the Acharyas. In classics it is mentioned as, “Snehath Agnivadothkleshau” and “Niruhat Pavanabhyadayam” i.e, continuous administration of Sneha Basti and Niruha Basti is not indicated in classics as it results in complications.

Acharya Sushrutha opines, when a person is afflicted with Kevala Vata Vyadhi, Niruha Basti alone can be administered without Anuvasana Basti when Sneha is added in excess quantity. Acharya Dalhana opines, Sneha Pragada means Sneha Bahula i.e, Sneha quantity in excess. As Vataja Gridhrasi is one among the Vataja Nanatmaja Vyadhi with Ruja Pradhana Roopa, it shows an indication of Snehapragada Niruha Basti. Hence, Erandamoola Sneha Pragada Niruha Basti without Anuvasana Basti was administered in Kevala Vataja Vyadhi Subjects. It was observed that the Basti Samjoyana Vidhi had taken much time duration than usual time. The study conducted showed clinically and statistically highly significant results in reducing Ruk, Stambha with P value 0.000. Sciatica severity index, SLR tests and RMQ scale were clinically and statistically highly significant with P value 0.001. Thus, the study proves the efficacy of Snehapragada Niruha Basti without Anuvasana Basti in Vataja Gridhrasi with shorter duration of time.

Further scope for the study

Study can be compared with standard Kala Basti for efficacy.

Efficacy in Kevala Vataja Vyadhis other than Gridhrasi with different formulations.

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