



MANAGEMENT OF LOW BACK PAIN WITH ERANDA TAILA MATRA BASTI:
A CASE STUDY

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ABSTRACT

Low back pain (LBP), now a days is very common and debilitating to the patients. It affects their whole life as they are not able to do proper work with this pain. According to WHO, Low back pain (LBP) describes pain between the lower edge of the ribs and the buttock. It can last for a short time (acute), a little longer (sub-acute) or a long time (chronic). It can affect anyone. LBP makes it hard to move and can affect quality of life and mental well-being. In Ayurveda, the condition resembles with *gridhrasi* which included under 80 types of *nanatmaja vata viakara*. In *vata-kaphaja gridhrasi* there is drowsiness, feeling of heaviness and anorexia may be present. In ayurveda the disease *ghridhrasi* treated as a *vata vyadhi*, which included mainly *basti chikitsa* as a *shodhan karma* and internal medicine as a shaman chikitsa. *Eranda thaila* is widely used in traditional medicine for chronic backache, sciatica, constipation, abdominal disorders, muscle aches, arthritis etc. This paper is written for presenting a case study of low back pain of a female patient who's signs and symptoms were resembling same as that mentioned in text of *gridhrasi*. *Matra basti* with medicated Eranda Taila along with internal medicines showed tremendous results in this case study in the duration of total 17 days treatment which includes *aamapachana*, and *matra basti*.

Keywords: low back pain, *gridhrasi*, *matra basti*, *Eranda Taila*

INTRODUCTION: Low back pain, now days is very common and debilitating to the patients. It affects their whole life as they are not able to do proper work with this pain. According to WHO, Low back pain (LBP) describes pain between the lower edge of the ribs and the buttock. It can last for a short time (acute), a little longer (sub-acute) or a long time (chronic). It can affect anyone. LBP makes it hard to move and can affect quality of life and mental well-being. It can limit work activities and engagement with family and friends. LBP can be specific or non-specific. Specific LBP is pain that is caused by a certain disease or structural problem in the spine, or when the pain radiates from another part of the body. Non-specific LBP is when it isn't possible to identify a specific disease or structural reason to explain the pain. LBP is non-specific in about 90% of cases. In all types and at all stages of LBP, rehabilitation is essential to reassure people and help them make sense of their pain, help them return to activities they enjoy and identify strategies to support recovery and improve function. An estimated 619 million people live with LBP and it is the leading cause of disability worldwide. LBP is a major public health issue. LBP is often associated with loss of work productivity and thus produces huge economic burden on individuals and on societies¹

In Ayurveda sciatic disease is resembles with gridhrasi which included under 80 types of nanatmaja vata viakara. In this disease the gait of patient is typical that resembles of Ghridra (Vulture). Ghridrasi is divided into 2 types based on dosha involvement in it. One is keval vataja and other is vata-kaphaja. The sign and

symptoms of keval vataja is pain with pricking sensation, stiffness and repeated twitching in the buttock, low back pain region, thigh, back of knee, calf region and foot. In vata-kaphaja gridhrasi there is drowsiness, feeling of heaviness and anorexia may be present.^{2,3} In Ayurveda, the disease ghridhrasi treated as a vata vyadhi, which included mainly basti chikitsa as a shodhan karma and internal medicine as a shaman chikitsa.⁴ Tailas are used in Ayurveda for enema therapy, drinking in oleation therapy, nasal medication, filling the ears and along with foods and drinks for the purpose of mitigating aggravation of Vata. Eranda taila is widely used in traditional medicine for chronic backache, sciatica, constipation, abdominal disorders, muscle aches, arthritis, bilharziasis, chronic headache, expulsion of placenta, gallbladder pain, menstrual cramps, rheumatism and insomnia⁵.

This paper is written for presenting a case study of low back pain of a female patient who's signs and symptoms were resembling same as that mentioned in text of gridhrasi.

Case History:

A 34 years old female patient Department of Shalya Tantra OPD with complaint of low back pain (lumbar region) on right side which is radiating towards the right leg (thigh, calf and foot). Difficulty and pain while walking and standing with numbness in the right leg since 2 and half months. Patient had taken several allopathic treatments but got only temporarily relief.

No history of trauma or accident, any other systemic illness was there.

pain while walking and standing since 2 and half months.

Clinical Features: Severe pain in low back and radiating towards thigh, calf and foot on the right side. Stiffness in thigh, calf. Numbness in thigh and calf, difficulty and

History of Past Illness: No H/O Trauma, No H/O any Surgical Intervention, No H/O any major illness, or other Systemic illness.

General Examination: Includes Ashtvidha Pariksha

| | | | |
|---------|---------------------------|----------|---------------|
| Nadi | 74/M Regular, Volume Good | Aakruti | Madhyam |
| Mala | Samyak | Prakriti | Vataj Kapha |
| Mutra | Samyak | Weight | 60 Kg |
| Jivha | Sama | BP | 120/85mmhg |
| Shabda | Sapsha | Temp | 97.6F |
| Sparsha | Samshitoshna | Gait | Antalgic Gait |
| Druka | Sapshta | | |

Neurological Examination:⁶

| | | |
|----------|-----------------|----------|
| SLR Test | Right leg | Left leg |
| | Positive at 35° | Negative |

Assessment Criteria:⁷

| Symptoms | Grading Score | Garding Symptoms |
|----------------------------------------------------------------|----------------|-------------------------------------------------------------|
| 1.Low back pain radiating towards thigh, calf and down to foot | G ₀ | Pain in lumbar region not radiated towards anywhere. |
| | G ₁ | Pain in lumbar region radiates towards thigh |
| | G ₂ | Pain in lumbar region radiates towards calf |
| | G ₃ | Pain in lumbar region radiates towards foot |
| 2.Stiffness in thigh and calf | G ₀ | No stiffness |
| | G ₁ | Mild stiffness |
| | G ₂ | Moderate stiffness |
| | G ₃ | Severe stiffness |
| 3. Numbness | G ₀ | No numbness |
| | G ₁ | Mild numbness |
| | G ₂ | Moderate numbness |
| | G ₃ | Severe numbness |
| 4. Difficulty and pain while walking and standing | G ₀ | No pain |
| | G ₁ | Mild pain present but no difficulty in walking and standing |
| | G ₂ | Slight difficulty in walking and standing |

| | | |
|--|----------------|-----------------------------------------|
| | G ₃ | Much difficulty in walking and standing |
|--|----------------|-----------------------------------------|

Investigations:

MRI report shows herniation at L4-L5, L5-S1 and compression of sciatic nerve.

Treatment Plan: In this case study, treatment was done by oral medications along with the matra basti of medicated Eranda Taila.

First aampachana was done by Panchkola Churna, 3gm bd after food with luke warm water.

Trayodashang Gugulu 2 bd was given after meal

Rasna Saptak Kwath 15 ml with 30 ml of warm water after meal twice daily.

Following this after 3 days, matra basti with medicated Eranda Taila was planned.

Procedure: 1. On the day of starting of matra basti, patient was adviced to have meal before basti, food should not be too snighdha, nor too ruksha. It should be normal, stomach should be kept empty ¼ as mentioned in Ayurveda texts.

Outcome of the procedure: After 14 days matra basti treatment, patient showed significant improvement in the pain, stiffness and numbness.

2. Patient was made to lie down in left lateral position, keeping left leg straight and flex right leg upto abdomen.

3. Under aseptic precautions, anus was lubricated with Eranda Taila itself, and red rubber catheter of no. 8 was also lubricated by oil.

4. 30ml of luke warm Eranda Taila matra basti was given. Catheter to be inserted upto 4 angula pramana. After that, patient’s feet were massaged with bala taila, and tapping was done on the buttock of the patient for absorption of the basti.

5. Then patient was made to lie in supine position with keeping foot end elevated for about half an hour.

6. Other medicines were continued as before.

7. For 1st 7 days basti was given upto 30 ml. After that from 8th day basti was administered is upto 50 ml. for next 7 days.

8. A total of 14 days matra basti with Eranda Taila was given without any gap.

| Symptoms | BT | AT |
|----------------------------------------------------------------|----------------|----------------|
| 1.Low back pain radiating towards thigh, calf and down to foot | G ₃ | G ₀ |
| 2.Stiffness in thigh and calf | G ₃ | G ₀ |
| 3. Numbness | G ₃ | G ₀ |
| 4. Difficulty and pain while walking and standing | G ₃ | G ₀ |

Discussion: Patient had complete relief in pain, stiffness, numbness. Gait was improved. Complete painless range of movement was achieved, after completion of 14 days of matra basti treatment. She has started her routine activities after 14 days treatment. Patient was advised for follow up every week upto 1 month. No any annoying effect was found.

According to *Yogratnakar*, in the management of gridhrasi, extensive use of basti and paana by medicated Eranda Taila, with vajeegandhadi drugs is recommended. It is also advised to take Eranda Taila with gomutra for 1 month for gridhrasi. In kati shoala of different origin, Eranda Taila should be taken along with Dashmoola Kashaya or Nagara ambu.^{8,9} According to Ashtanga Hridya, Eranda Taila is vaat kapha shamak. Hence, it relieves the pain of kati, koshta, prishtha etc.¹⁰

So, in this study, as Panchkola churna¹¹, Trayodashang Gugulu¹², Rasna Saptak Kwath¹³ and Eranda Taila all are mentioned in gridhrasi chikitsa by different acharya. So, these medicines were taken for this case, as all act on vaat kapha dosha.

Conclusion: In this case study we have managed the patient with matra basti and internal medicines. Gridhrasi is a vaat nanatmaja vikaara. As basti is the basic treatment of all vaat vyadhi, so in the above case study patient had got remarkable result.

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