



Research Article

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CLINICAL EFFICACY OF ARDHAMATRIKA BASTI IN GRIDHRASI

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ABSTRACT

Gridhrasi, one among the Nanatmaja Vikara, specific Nidana and Samprapti is not explained in classics so that the general Vata Vyadi Nidhana Samprapthi can be considered. The Chikitsa of Gridhrasi includes Sneha, Sweda, Bastikarma and Agni karma. Generally, Basti is the best line of treatment for Vata dosa. References from Acharya Charaka also explain Basti as one of the treatment modalities. With the support of Niruhadikara in Chakradhatta, we have the reference of Ardhamatrika Basti, which is one among Kashaya Basti, here he explains the practical utility along with many added benefits of Bala, Varna, Vrushatha and Pumsavanathva which gifted by Atreya Maharshi. Ardhamatrika Basti, one among Madhutailika Basti (having an equal quantity of Madhu and Taila), can be clinically explored where neither Parihara Kala nor Purva karma like Sneha, Sweda are necessary. The study design selected for the study was a comprehensive clinical trial. The sample size for the present study was 30 patients suffering from Gridhrasi as per the selection criteria. Patients were randomly selected irrespective of sex and were treated with Ardhamatrika Basti as a yoga Basti for eight days. Among 30 patients taken for study, marked improvement in the symptomatology of the disease is obtained. 26.7% of patients got complete Shamana, 36.7% achieved Prayika shamana, 30% reported Amsika shamana, and 6.6% had Kinchit shamana. In the assessment criteria taken in patients, Ruja BT - 2.68 after follow up reduced to 1.8, Spandana BT - 2.38 after follow up reduced to 1.73, Sakthana Utksepa-nigraha BT - 2.82 after follow up reduced to 1.58, Gourava BT - 2.5 after follow up reduced to 1.7, Arochaka BT - 2.22 after follow up reduced to 1.87. This result shows that the present study of Ardhamatrika Basti has given a marked improvement in treating Gridhrasi.

Keywords: Gridhrasi, Ardhamatrika Basti, Sciatica

INTRODUCTION

Achievement of scientific integrity and credibility of the concepts can only be with well-designed and conducted research studies. Ayurveda- the Great Healer Science of ancient and the modern era, maintained its relationship with Nature & survived a long period of 5000 years, making itself the oldest medical science of the present world. The unique principles of Ayurveda are based on the Human-Nature relationship. Through its miraculous remedies, it has offered shelter to the ailing humanity under its vast wings in the past and present. So, now the whole world is looking at Ayurveda with expectant eyes, and adverse effects of the modern system are becoming more evident than the relief offered.

Vata dosha is a life supporter and sustains disease-free long life as per science. Basti therapy is regarded as Chikitsardha¹ among all therapeutic measures due to its vast action field. Basti has its actions over Vataja disorders and Pittaja, Kaphaja, sansarga and Sannipataja disorders². Moreover, it is simple to perform, with the slightest chance of complications. As per contemporary science, an enema is mainly given to remove the feces from the large intestine. In Ayurveda, Basti is given as the administration of the drugs for multiple actions, which acts locally and systematically on the body tissue³.

The prominent physical character that makes man unique is his upright stature. The harmony of solid bones, flexible ligaments and tendons, large muscles and susceptible nerves enables man to run at the pace of time. He takes the juxtaposition of structure,

strength, and spine flexibility for granted in everyday life. But these advantages ultimately may lead to numerous spinal disorders. One such agonizing and painful disorder is 'Sciatica'.

Contemporary science describes 'Sciatica' as a benign syndrome characterized by pain commencing at the lumbar and spreading down one lower limb's back to the ankle and foot. The disorder seems to be non-serious, but it cripples the patient and results in the apprehension of the social responsibilities of the patient. It has been quoted that 'Though Sciatica and lumbago carry little threat to life, they interfere greatly with living'.

The term 'Gridhrasi' suggests the patient's gait like Gridhra (vulture) due to pain. The description of this condition in the classics coincides with 'Sciatica', including the critical diagnostic test SLR, which is described as 'Sakthinuthkshepanigraha' by the acharyas⁴.

Sciatica is gaining more and more attention from scientists at the global level, many institutions and medical schools are making efforts to find a perfect remedy for this burning problem. Many theories have been put forward with many new hypotheses describing the exact etiopathogenesis.

Despite the technological and pharmacological advancement in the modern system of medicine, the management of Sciatica is still a medical problem where no permanent medical treatment is available except for some palliative measures. Chances of recurrence are high even after surgery. To fulfil the Ayurvedic field's expectations and find out more effective and safe therapy

for Gridhrasi, we selected the problem for the research work. Ayurveda has a description of various treatments for the treatment of Gridhrasi. Basti is the best treatment for mitigating vata⁵. So, the present study entitled “Clinical Efficacy of Ardhamatrika Basti in Gridhrasi” was carried out.

MATERIALS AND METHODS

Study design: The study design set for the present study was a ‘Comprehensive clinical study.’

The study was carried out on Gridhrasi to know the effect of Ardhamatrika Basti as Yoga Basti in KVG Ayurveda Medical College and Hospital, Sullia, Dakshina Kannada, Karnataka as per ICH- GCP Guidelines.

Ethical clearance: Obtained from the Institutional Ethics Committee, and the research was carried out as per ICH-GCP guidelines.

The study is designed with the objective to evaluate the efficacy of Ardhamatrika Basti in the management of Gridhrasi.

Reasons for selection of the study

- The clinical utility of Ardhachikitsa without Pariharakala and Purvakarmas in a lifestyle disorder like Gridhrasi remains a significant challenge for the medical system.
- Ardhamatrika Basti, one among Kashaya Basti, explains the practical utility and many added benefits of Bala Varna, Vrushatha and Pumsavanathva, which is considered a gift from Atreyamaharshi.
- Vata one among the tripod is superior most in all aspects, for every action or movement, most potent in producing disease and worst mortality.
- Gridhrasi, disorders affecting the locomotor system, those conditions considerably reduce human activity in terms of social and professional life. Chronic symptoms like these are seldom satisfactorily addressed by western biomedicines.

Source of Data: Patients suffering from typical symptoms of Gridhrasi were selected from OPD and IPD of KVG Ayurveda Medical College and Hospital, Sullia, Dakshina Kannada, Karnataka.

Sample size: Minimum 30 patients with classical Lakshanas of Gridhrasi fulfilling the diagnostic and inclusion criteria were treated.

Diagnostic criteria:

Patients with classical features of Gridhrasi such as

- Stambha, Ruk and Toda over the Sphik, Kati, Prista, Uru, Janu, Jangha, Padapradesha
- Dehapravakratha
- Sakthana –Utkshepam-nigraniyath.
- Tantra
- Gaurava
- Arochaka

Selection Criteria: The cases were selected strictly as per the pre-set inclusion and exclusion criteria.

Inclusion criteria

1. Patients with typical symptoms of Gridhrasi.
2. Patients between the age group 20-70 years of either sex.
3. Chronicity of less than one year and without deformity.

Exclusion criteria

1. Contraindicated for Basti chikitsa.
2. Patients with a history of fracture and displacement of the spine.
3. Surgical condition, progressive neurological deficit.
4. Known cases of hypertension, diabetes mellitus, malignancy etc., were excluded.

Posology: A course of Asthapana and Anuvasana Basti is administered as Yoga Basti.

Study duration

Treatment: 8 days

Follow up: 16 days

Total study duration: 24 days

Data Collection: The diagnosis was established by clinical examination of Gridhrasi as per our classics. A detailed history of the patient was taken. Minimum numbers of patients fulfilling the inclusion criteria were randomly selected irrespective of sex.

Treatment Schedule: Thirty patients were treated with Ardhamatrika Basti per the yoga Basti schedule for 8days. And after 16days, follow up of the treatment was taken.

PREPARATION AND DOSE OF NIRUHA AND ANUVASANA BASTI

Dose of Niruhabasti

- Dashamoola Kwatha – 250 ml
- Shathapushpa Kalka – 12 gm
- Saindhava Lavana – 12 gm
- Honey – 100 ml
- Moorchitha Tila Taila – 100 ml
- Madana Phala – 1 no.

Dose of Anuvasana with Moorchitha Tila Taila -100 ml

Table 1: Basti schedule

Day	1	2	3	4	5	6	7	8
Basti	A	N	A	N	A	N	A	A

PROCEDURE

Poorvakarma

Preparation of Dashamoola Kashaya: 100 gm of Dashamoola made into coarse powder was collected. And these coarse powder boiled with 1600 ml of water over a mild fire till the Kashaya was reduced to 200 ml.

Mixing of Basti Dravya for Kashaya Basti: 12 gm of weighed Saindhava was crushed and triturated with 100 ml of Madhu, along with a mixture of 100ml of Moorchitha Tila taila was added little by little. At the same time, the paste of Shathapushpa and Madanaphala was obtained and added. Lastly, prepared Kashaya was added, and Mandhana was done.

Preparation of Patient: Patients were selected after fulfilling the criteria. The procedure was explained in brief to the patient. The patient was made to lie on the Droni in the left lateral position.

Pradhanakarma

On the day of Anuvasana: Moorchitha Tilataila 100ml made to mild hot was administered using a disposable syringe.

On the day of Asthapana Basti: Mild warm Bastidravaya was filtered and administered using Basti Yantra. Mild Abhyanga was done over the abdomen, followed by tapping in buttocks and alternate lifting of the leg. The patient was asked to wait for the appearance of Vega.

Paschat karma

- The patient was asked to rest till the appearance of Vega.
- Advised to take hot water bath.
- Compulsory food was advocated.

Follow up study: The patient was asked to report on the 24th day from the treatment schedule started. On the 24th day, the final assessment readings were taken for the Statistical study.

Statistical Analysis: For assessing the improvement of symptomatic relief and to analyze statistically, the observations were recorded before, after the treatment and after follow-up. The mean, percentage, Wilcoxon test, Friedman’s test was calculated from the observation recorded.

Methods of assessment of clinical response

According to our science, specific parameters were made to assess the clinical response. Ruja, Spandana, Uthkshepa Nigraha

(Sthambha), Gourava, Arochaka were the parameters taken for the study.

Ruja

- Grade 0 - No pain
- Grade 1 - Painful, walks without limping
- Grade 2 - Painful, walks with limping but without support
- Grade 3 - Painful, can walk only with the support
- Grade 4 - Painful, unable to walk.

Spandana

- Grade 0 - Absent
- Grade 1 - Present

Uthkshepa Nigraha (Sthambha)

- Grade 0 - Above 60° (No stiffness)
- Grade 1 - Above 30° below 60° (Mild stiffness)
- Grade 2 - Below 30° (Severe)

Gourava

- Grade 0 - Absent
- Grade 1 - Present

Arochaka

- Grade 0 – Absent
- Grade 1 - Present

Table 2: Overall assessment of clinical response

Shamana (Complete remission)	100% relief in signs and symptoms and walking without any pain were considered as complete remission
Prayika Shamana (Marked improvement)	61-99% relief in signs and symptoms
Amsika Shamana (Moderate improvement)	31-60% relief in signs and symptoms
Kinjith Shamana (Mild Improvement)	1 – 30% relief in signs and symptoms
Guna Alabha (Unchanged)	0% No change in signs and symptoms

Table 3: Effect of Ardhamatrika Basti on Ruja

Ruja	Mean Rank		Improvement (Wilcoxon)		Significance (Friedman’s test)
BT	2.68	BT-AT	60.7	<0.001	<0.001(HS)
AT	1.52	AT-FU	-33.9	<0.05	
FU	1.80	BT-FU	47.7	<0.001	

BT: Before Treatment, AT: After Treatment, FU: Follow Up

Table 4: Effect of Ardhamatrika Basti on Spandana

Spandana	Mean Rank		Improvement (Wilcoxon)		Significance (Friedman’s test)
BT	2.38	BT-AT	66%	<0.05	<0.001
AT	1.88	AT-FU	58.9%	>0.05	
FU	1.73	BT-FU	86%	<0.05	

BT: Before Treatment, AT: After Treatment, FU: Follow Up

Table 5: Effect of Ardhamatrika Basti on Sakthana Utkshepa-nigraha

Utksepanigraha	Mean Rank		Improvement (Wilcoxon)		Significance (Friedman’s test)
BT	2.82	BT-AT	67.8%	<0.001	<0.001
AT	1.60	AT-FU	6.3%	>0.05	
FU	1.58	BT-FU	69.9%	<0.001	

BT: Before Treatment, AT: After Treatment, FU: Follow Up

Table 6: Effect of Ardhamatrika Basti on Gourava

Gourava	Mean Rank		Improvement (Wilcoxon)		Significance (Friedman's test)
BT	2.50	BT-AT	82.4%	<0.001	<0.001
AT	1.80	AT-FU	70%	>0.05	
FU	1.70	BT-FU	93%	<0.001	

BT: Before Treatment, AT: After Treatment, FU: Follow Up

Table 7: Effect of Ardhamatrika Basti on Arochaka

Arochaka	Mean Rank		Improvement (Wilcoxon)		Significance (Friedman's test)
BT	2.22	BT-AT	86.9%	<0.05	<0.001
AT	1.92	AT-FU	100%	<0.05	
FU	1.87	BT-FU	100%	<0.05	

BT: Before Treatment, AT: After Treatment, FU: Follow Up

Table 8: Overall effect of Ardhamatrika Basti

Overall	Mean Rank		Improvement (Wilcoxon)		Significance (Friedman's test)
BT	3.0	BT-AT	63%	<0.001	<0.001
AT	1.48	AT-FU	2.3%	>0.05	
FU	1.5	BT-FU	68.1%	<0.001	

BT: Before Treatment, AT: After Treatment, FU: Follow Up

Table 9: The Assessment of Total effect of treatment

Total Effect	Relief in %
Kinchit Samana	2(6.6%)
Amsika Samana	9(30%)
Prayika Samana	11(36.7%)
Samana	8(26.7%)

OBSERVATION AND RESULTS

In the present study, 30 patients suffering from Gridhrasi fulfilling the inclusion criteria were studied and were randomly selected. Each patient was observed thoroughly and noted neatly. The observations were recorded, and necessary charts and graphs were made.

Statistical analysis showed that before treatment, the mean rank of Ruja was 2.68. After treatment, it reduced to 1.52, and after followed up, the mean rank was 1.8. Using Friedman's test, it was highly significant ($P < 0.001$). Using the Wilcoxon test, the improvement after treatment is 60.7%, and it is highly significant ($P < 0.001$). whereas after follow up the progress was 47.7% which is even highly substantial ($P < 0.001$)

Before treatment, the mean rank of Spandana was found to be 2.38. After treatment, it reduced to 1.88, and after follow-up, the mean rank was 1.73. Using Friedman's test, it was highly significant ($P < 0.001$). Using the Wilcoxon test, the improvement after treatment is 66%, significant ($P < 0.05$). The progress was 86% after follow up, which is even significant ($P < 0.05$).

Before treatment, the mean rank of Sakthana Utkshepa-nigraha was 2.82. After treatment, it reduced to 1.6 and after follow up the mean rank was 1.58. Using Friedman's test, it was highly significant ($P < 0.001$). Using the Wilcoxon test, the improvement after treatment is 67.8%, and it is highly significant ($P < 0.001$). Whereas after follow up the progress was 69.9% ($P < 0.001$)

Before treatment, the mean rank of Gourava was found to be 2.5. After treatment, it reduced to 1.8 and after follow up the mean

rank was 1.7. Using Friedman's test, it was highly significant ($P < 0.001$). Using the Wilcoxon test, the improvement after treatment is 82.4%, whereas, after follow-up, the improvement was 93%, which is highly significant. ($P < 0.001$)

Before treatment, the mean rank of Arochaka was found to be 2.22. After treatment, it reduced to 1.92 and after follow up the mean rank was 1.87. Using Friedman's test, it was highly significant ($P < 0.001$). Using the Wilcoxon test, the improvement after treatment is 86.9%, whereas, after follow-up, the improvement was 100% significant. ($P < 0.05$)

This study consisting of 30 patients of Gridhrasi, when statistically analyzed, revealed that before treatment, the mean rank of overall treatment was 3.0. After treatment, it reduced to 1.48 and after follow up the mean rank was 1.5. Using Friedman's test, it was highly significant ($P < 0.001$). Using the Wilcoxon test, the improvement after treatment is 63%, whereas, after follow-up, the improvement was 68.1%, which are highly significant. ($P < 0.001$)

Of the total effect assessment in treatment, 26.7% of patients got complete Shamana, 36.7% achieved Prayikashamana, 30% reported Amsikashamana, and 6.6% had Kinchitshamana.

DISCUSSION

'Gridhrasi' denotes a condition wherein the pain along with stiffness, the sensation of pins and needles, gripping and pulsations commence at the sphik or the buttocks [gluteal region] initially and gradually encroach the areas of the posterior aspect of kati (pelvis and lumbosacral areas), uru (thigh), jaanu (behind

the knee), jangha (leg) and pada (foot) in order. This occurs due to the vitiation of vata dosha. But when kapha gets aggravated with vata, stupor, body heaviness, and anorexia are also presented. Gridhrasi can be compared with the 'Sciatica' explained in contemporary science owing to a close resemblance in the manifestations of both the conditions.

Sciatica explains a set of symptoms including pain, numbness, tingling sensation and weakness starting from the low back or buttocks that radiates towards the foot through the back of the thigh, knee joint and the leg when one or more of the five nerve roots from the sciatic nerve is either compressed or irritated.

Probable mode of action of Basti

Basti is a purificatory process by which all the three vitiated doshas are expelled from the anal canal, especially vata is pacified. As a result of the excretion of vitiated dosha, the physiological equilibrium in three doshas is maintained, and lasting results are produced after the therapy in the form of sound health. Basti therapy is a complex process in which several factors take an active part in completing the action of basti. Instead of pinpointing one mechanism, it is presumed that various factors collaborate to produce the beneficial effect of basti therapy. Here an attempt has been made to explain the possible mode of action of basti in the samprapti vighatana of Gridhrasi. In Gridhrasi, vata, specifically apana and vyanavayu dushti, is found. Basti stays at pakwashaya and starts its action from there. Pakwashaya is the natural abode of vayu. Basti conquers the vitiated vata is its prakruta sthana by which vata dwelling in other parts of the body is automatically conquered⁶ Basti removes malasamghata⁷ and thus maintains the anulomagati of apanavayu. This further helps in the regulation of samana & vyanavayu. Laghu, ruksha, sheeta gunas vitiates vata. Basti with its snigdha guna destroys rukshata, with guru guna laghuta and with ushnaguna sheetata of vata⁸. Basti administered with proper methodology spreads in the lower abdomen organs viz. pakwashaya, nabhi etc., but effects brought out by its vivid potentials can be visualized throughout the body⁹. It removes doshas from the toe to the top of the body¹⁰. Specifically, doshas clinging at kati, prishtha and koshttha, where sthanasamshraya takes place in Gridhrasi, are scrapped off and diverted to the exterior¹¹. Thus, the effect of basti is not restricted to apanakshetra but by its strength. Its virtues transverse throughout the body aided by apana, udana&vyanavayu¹². The Adhishthana of Basti is Purishadhara kala. Dalhana states that Purishadhara kala is Asthidharakala¹³. Also, Asthi and Vata have Ashraya ashreyi Sambandha. Hence Basti Dravyas, with their Madhur, Tikta rasa, Ushnavirya, Shigdha guna pacify Vayu and act on AsthivahaSrotas. Majja is the habitat of Vata, according to Kashyapa. Also, Pittadharakala is Majjadharakala¹⁴ Basti dravyas come in direct contact with Grahani where Pittadharakala lies¹⁵. So, they directly act on Majjadharakala, nourishing Majja dhatu. Also, it has been documented that Majjadhatu Snehana, Tarpana is brought about by the ninth basti given succession¹⁶. Sheha given at Guda considered the Moola of the body, reaches the whole body and nourishes all dhatus up to shukra. Also, Anuvasana basti gives strength to kati, prishtha, pada¹⁷ etc. Thus, basti nourishes all the dhatus, thereby combating dhatu kshaya. It is proven that serum protein and fatty acid levels increase after basti karma. These are necessary for the nourishment of the nervous tissue. Also, Basti acts on the natural bacterial flora of the intestines, which is vital for Vit synthesis. B6, B12. Basti chikitsa decreases the ketoacid and pyruvic acid levels, which is Vit. B. synthesis increases. This Vit B restricts the demyelination process of the nerves and helps in regeneration. One theory proposes that the virya of basti dravyas spreads through ANS and expels vitiated doshas from the body. This signifies its action on the nervous system.

Basti is known to potentiate agni. Basti checks agnimandya and hence the production of ama. Basti also aids in accomplishing the task of srotoshodhan. It scavenges the doshas and malas from the body and purifies the channels. Ushna, tiksha, and ruksha properties of basti help in amapachan, kaphashoshan and srotovishodhana. Madhu added that basti scrapes out the doshas, producing upalepa in the srotas as lekhan karma. Saindhav, with its sukshmaguna, carries the drug to minute parts and destroys avarodhakalka helps in doshasravana. Thus, the whole therapy removes the srotorodha, and vatakaphashaman also occurs. Basti is also seen to act upon the rupas. Ruk, toda are the cardinal symptoms of Gridhrasi, which are produced by vayu. Basti by mitigating vata relieves the symptoms. Also, it acts on other symptoms like stambha, sankoch etc. and is specially indicated in persons having stabdhata, sankoch and vatakrutshoola (Ch.Si. 1/32-34). The deepana, pachana, and kaphanashana karma of basti reduce the vatakaphaja symptoms like tandra, gaurav, arochaka etc. Thus, basti acts on the doshas, dushyas, srotasas involved in Gridhrasi and its rupas. It hits both the types of samprapti i.e. santarpanajanya and apatarpanajanya. This undoubtedly proves the efficacy of basti therapy in the treatment of Gridhrasi. Gridhrasi, one of the NanatmajaVatavyadhi and occasionally Kapha, is also associated with VataDosha and produce Vata-Kaphaja type of Gridhrasi. So, the drug having Vatahara, Shulahara, and Srotoshodhaka properties may be beneficial in treating Gridhrasi. Ardhamatrika Asthapana Basti (described in Chakradatta) and Moorchitatilataila as Anuvasana Basti have been selected for yoga Basti administration. Dashamoola Kashaya, which is vata hara even kapha mitigating, MadhanaPhala Kalka, shodhaka, Saindavalavana, Madhu, Sneha dravya(Moorchitatilataila), shatapushpakalka together contribute to the relief of the symptoms. The concept of the comprehensive clinical study was undertaken to know the efficacy of Ardhamatrika Basti on Gridhrasi as a yoga Basti. Chakradatta has a specified quantity of each dravya in Basti, along he has given relaxation for the purva and paschat karma.

In the present study, 30 patients suffering from Gridhrasi fulfilling the inclusion criteria were randomly selected and studied.

Effect of Treatment: The resulting assessment was made adopting the standard methods of scoring parameters for the study. It includes an evaluation of Ruja, Spandana, Sakthana Utkshepanigraha, Gourava, Arochaka.

Effect on Ruja: Statistical analysis showed that before treatment, the mean rank of Ruja was 2.68. After treatment, it reduced to 1.52 and after follow up the mean rank was 1.8. This evidences the high significance of Basti on Ruja. The procedure, as well as medicine effective in Shoolaghna, is highlighted by its vataharatva.

Effect on Spandana: On analyzing spandana on 30 patients of Gridhrasi before treatment, the mean rank was 2.38. After treatment, it reduced to 1.88 and after follow up the mean rank was 1.73. on statistically analyzing it was found to be highly significant. The symptom of spandana was relieved not by chance; instead, the treatment considerably reduced the sign.

Effect on Sakthana Utksepa-nigraha: Before treatment, the mean rank of Sakthana Utksepa-nigraha was assessed and recorded as 2.82. After treatment, it reduced to 1.6 and after follow up the mean rank was 1.58. In the study, it can be highlighted that treatment is highly significant and officious in reducing the symptom.

Effect on Gourava: On statistical analysis, the mean rank of Gourava before treatment was found to be 2.5. After treatment, it reduced to 1.8 and after follow up the mean rank was 1.7, which is highly significant.

Effect on Arochaka: In the study on 30 patients of Gridhrasi having Arochaka as one among the symptom, the mean rank before treatment was 2.22, which is reduced to 1.92. After follow up, the mean rank was 1.87, which shows the high significance of the study. The administration of Basti mitigates Arochaka, and a symptom exhibited during Kapha association. Ruksha, ushnatha, and the Dravya gunas might be the working factor in mitigating Prakupitha doshas.

The overall effect of Ardhamatrika Basti: The work of studying 30 patients of Gridhrasi was statistically recorded and analyzed. On analysis, it revealed that the mean rank of overall treatment, which was 3.0, reduced to 1.48 after treatment. After follow up, the mean rank was 1.5, which shows a highly significant effect. Analyzing the improvement after treatment, it was 63%, whereas, after follow-up, the progress was 68.1%, which are highly significant. The overall assessment shows the high significance of the study, which proves that administration of Ardhamatrika Basti on patients diagnosed with Gridhrasi gets marked improvement on his complaints. The cardinal symptoms of Gridhrasi like Ruja, Spandhana etc., had shown considerable reduction statistically and medical perspective. By this, it can be assessed that the choice of administration of Basti on a shola pradhana vatavyadhi like Gridhrasi is the proper selection for treating and managing.

Efficacy of Ardhamatrika Basti and Gridhrasi

As per the explanation in our classics vata vyadhi, if the duration of the disease is more than one year is difficult to cure or considered as asadhya for treatment. Acharyas have further explained that vata vyadhi can be treated if the patient is strong, has a disease of recent origin or nava (less than 1 year) and is also free from complications. In the present study, patients were selected considering the inclusion and exclusion criteria who exhibited typical symptoms of Gridhrasi. They were given with Ardhamatrika Basti as Asthapana Basti and Moorchitha tila taila as Anuvasana Basti for eight days as Yoga Basti. There was a gradual reduction in each symptom's day by day during the treatment period. Among the study 26.7% got complete Samana, 36.7% with Prayikasamana, 30% got Amshikasamana and 6.6% achieved Kinchitsamana. This result shows that the study of Ardhamatrika Basti has given a marked improvement in treating Gridhrasi.

CONCLUSION

The study on the Effect of Ardhamatrika Basti in Gridhrasi was undertaken in 30 patients. Gridhrasi a Shoola Pradhana Nanatmaja Vata Vyadhi is commonly seen as a significant problem due to multiple factors related to changing lifestyles. Specific Nidana and Samprapti are not explained in classics so that the general Vata Vyadhi Nidana Samprapthi can be considered. With the chikitsa part concerned, samanya Vata Vyadhi Chikitsa itself is advocated. Chikitsa of Gridhrasi

includes Sneha, Sweda, Bastikarma, Siravyadha, Agni karma and Shamana. Here for Basti, Ardhamatrikabasti is selected as Asthapana and administered for a period of 8days along with Anuvasana Basti. However, this treatment modality is effective in Gridhrasi of recent origin (H/O less than six months). The sustenance of the effect of the Basti Karma was more in patients with H/O less than one 1year than in chronic cases. The procedure and medicine are readily available and cost-effective. Ardhamatrika Basti can be practised safely without any adverse effect or complication. Treatment can be given even on the OPD level itself, as no pariharakala karmas are necessary so that it is convenient for the patient. Due to the Vatakaphahara property can the right choice is both in Vataja and Vatakaphaja Gridhrasi.

Suggestions for future study: A comparative study to assess the management superiority between Vataja and Vatakaphaja Gridhrasi.

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