



## YAPANA VASTI IN THE MANAGEMENT OF SCIATICA- A CASE STUDY

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**ABSTRACT** The modern life styles and working patterns have ended up in various ailments in the human body. Sciatica is one among such manifestations. The increasing risk of sciatica points to the non-physical job types in the present era and it is the need of the hour for its effective and fruitful interventions. Sciatica is mainly diagnosed by history taking and physical examination. By definition, it is characterized by radiating pain from the lower back region to one or both legs that follows a dermatomal pattern. The background of this study stands strong as the symptoms of sciatica are more or less similar with the Lakshanas of Gridhrasi mentioned in Ayurvedic classics. The protocol adopted is Yapana vasti which can be administered at any kala or ritu. More studies must be carried forward in these concerns.

**KEYWORDS :** Sciatica, Yapana Vasti, Mamsa rasa

### INTRODUCTION

Sciatica is a disease of peripheral nervous system with shooting pain down the back of one or both of legs of the sciatic nerve derived from spinal nerves L4 to S3. In about 90% of cases sciatica is caused by herniated disc with nerve root compression but lumbar stenosis and (less often) tumors are possible causes.

The main risk factors are age (45-64yrs), increasing risk with height, smoking, mental stress and strenuous physical activity – like lifting, especially while bending and twisting. The sciatica patients have common symptoms like radicular pain in leg, tingling sensation and numbness. Exact data on the incidence and prevalence of sciatica are lacking. In general an estimated 5%-10% of patients with low back pain have sciatica, whereas the reported lifetime prevalence of low back pain ranges from 49% to 70%.<sup>(1)</sup>

Sciatica is mainly diagnosed by history taking and physical examination. By definition, Sciatica is characterized by radiating pain that follows a dermatomal pattern. Patients may also report sensory symptoms. Physical examination largely depends on neurological testing. The most applied investigation is the straight leg raising test or Lasegue's sign.<sup>(2)</sup>

The allopathic intervention for sciatica involves mostly analgesics or surgeries. But the success rate is less and recurrence is more common. Here is the need for a very effective and long lasting management in this matter and Ayurveda can be an answer. The symptoms of sciatica are more or less similar to Gridhrasi explained by various Acharyas in the classics. Gridhrasi is one among the 80 Nanatmaja Vata Vikara, where Vata vitiated and get localized in Kati, impairs routine activities. Gridhrasi is of two types, Vataja and Vatakaphaja. In Vataja Gridhrasi the main features include Stambha, Ruk, Toda starting from Sphik and later radiating to Kati, Prista, Uru, Janu, Jankha and Pada with Muhuspanadana<sup>(3)</sup> and Sakthi Utkshepa Nigrahana. In Vatakaphaja added features like Tandra, Gourava and Arocaka are seen. Vatakopa Nidanas like Katu Thikta Ahara Sevana, Alpa Pramita Bhojana, Ati aayasa, Nisajaaganam, Chinta and due to Seeta kala causes vitiation of Vata. Vasti has been given prime importance regarding a Vata vyadhi, Gridhrasi by most of the Acharyas.

In Ayurveda, Vasti Karma is regarded as Chikitsardha, as well as Sarvachikitsa<sup>(4)</sup> because of its curative and preventive actions. The quality of Vasti Karma depends upon the proper selection of medicine, dose and time of administration. Yapana Vasti is the Vasti which sustains, support and prolongs longevity. Yapana Vasti holds Ubhayaartha Guna with Lekhana Guna of Niruha Vasti and Brimhana Guna of Anuvasna Vasti. It can be administered in Sarvakala and Sarvaritu<sup>(5)</sup>. There is no necessity of Anuvasana Vasti initially or in between<sup>(6)</sup>. No prior Shodhana is needed in administering Yapana Vasti. Generally in Yapana Vasti Yogas, Kwatha is taken as Drava

Dravya and Mamsarasa as Avapa, but in Astanga Hridaya a specific Yapana Vasti is mentioned in which Mamsarasa is used in place of Kwatha<sup>(7)</sup>. Some eminent Vaidyas in North Kerala have been practising Mamsarasa Pradhana Yapana Vasti in their routine clinical practices.

### CASE STUDY

A 54 years old female patient complaints of low back ache radiating to the right leg since 2 years. It had a gradual progression with pain radiating from buttocks through the thigh and affecting upto the calf region. She underwent various allopathic medications before 1 year and could attain only temporary symptomatic relief. Now she also has stiffness over the buttocks and right thigh, pricking pain over the right foot and heel and also twitches over the calf. It starts paining after 5 minutes of standing and this hinders her daily activities. So, she consulted our hospital and took IP ayurvedic management for the same condition.

She does not have any history of hypertension, diabetes, asthma, etc; All the physical and systemic examinations were done and the following were noted particularly.

Examination of lumbosacral region and limbs:

**On inspection-** gait was normal. There were no deformities, no swelling, wasting or redness.

**On palpation-** grade 2 tenderness over the buttocks

**Movements-** Restricted flexion, extension, lateral movements and rotation movements due to pain.

The straight leg raising test was possible only upto 35° for the right leg and 80° for the left actively. The Lasegue test was positive for the right and negative for left before the start of treatment.

The Ayurvedic examinations were done and vitiated Dosha was found to be Vata; Dathus vitiated were Rasa, Asthi, Majja. The site of the body affected were Kati, Sphik, Uru. Asthivaha and Majjavaha srothas were affected. There was no Ama lakshana seen in the patient. Yapana was intended for 7 days and the preparation of medicine has been discussed here.

**Plan of treatment-** Yapana Vasti

**Preparation of Mamsarasa:** Mamsarasa was prepared as per classics<sup>(8)</sup>; 120g of Aja Mamsa was cooked in 1920ml water and reduced to 480ml, which was filtered and kept aside.

**Vasti dravya Samyojana Karma:** Vasti Dravya was prepared by adding each content in the proper order as said in the classics. 6g

Saindhava was added to 144 ml of Madhu and stirred in a clean vessel with a pestle, 72ml Murchita Tilataila and 72ml Murchita Ghrita was also added little by little and mixed, 96g Ghana Kalka(Musta Kalka) was then added and mixed thoroughly, lastly 480ml of Aja Mamsarasa was added and stirred properly using churner. The process of churning was continued until a uniform mixture of Vasti was obtained.

Ingredients and Quantity of dravya<sup>(9)</sup> used in the study

**Madhu**- 3 Pala (144 ml)

**Saindhava**- ½ Karsha (6 g)

**Murchita Tilataila**- ½ Pala (72 ml)

**Murchita Ghrita**- ½ Pala (72 ml)

**Ghana Kalka (Musta Kalka)**- 2 Pala (96 g)

**Aja Mamsarasa**- 10 Pala (480 ml)

**Total**- 18Pala (864 ml)

Dravya obtained was then filtered through a sieve and made lukewarm by placing in hot water. The mixture was poured into a Vasti Putaka and fixed with Vasti Netra, then tied with a thread.

#### Vasti observations

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Quantity of medicine	870 ml	870 ml	870 ml	870 ml	870 ml	870 ml	870 ml
Retention time	2 minutes	3 minutes	5 minutes	4 minutes	3 minutes	3 minutes	5 minutes
Number of vegas	5	4	3	4	3	3	2

#### Paschat Karma

Patient was asked to lie in supine position and be relaxed. Patient was advised not to suppress any urge. After evacuation, patient was advised

#### Preparation of the patient

The patient was asked to take light food in early morning. Patient's vitals (Pulse, Blood pressure, Temperature, Respiratory rate) were checked. After evacuated bowel and bladder, the patient was subjected to Sthanika Abhyanga in lower abdomen, back and thighs. Thereafter Nadi Sweda was given over the same area. Patient was asked to lie in the left lateral position by keeping the left leg straight and right leg flexed at the knee joint. Anus was anointed with cotton swab dipped in Murchita Tila Taila. Tip of the Vasti Netra was anointed with Murchita Tila Taila and the prescribed quantity of Yapana Vasti was administered.

#### Pradhana Karma

The Vasti Yantra was taken by holding the Vasti Netra in the left hand and Vasti Putaka in the right hand. Air trapped in the Vasti Netra was let out by pressing the Putaka with palmar aspect of the right hand. The tip of the Vasti Netra was closed with the left index finger. The closed Vasti Yantra along with index finger was inserted into the anus up to the first Karnika in the direction of vertebral column and by simultaneously withdrawing the index finger. The patient was asked to take deep breath through the mouth. The Vasti Putaka was slowly and steadily squeezed with both hands to push the Vasti Dravya into the rectum. Vasti Netra was gently retrieved from the anus ensuring that a little quantity of Vasti Dravya remained in Vasti Putaka and the time was noted.

to take hot water bath and then to have food. Then the vitals of the patient were checked again and advised him to take rest.

#### Nirooha Vasti Lakshanas were noted every day.

Lakshanas	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Prasrushta vit mutra vata	+	+	+	+	+	+	+
Agni vrudhi	+			+	+	+	+
Ruchi vrudhi	+	+		+	+	+	+
Aasaya laghava	+		+	+		+	+
Roga upasanthi							+
Balam						+	+

#### PATHYA- APATHYA

The patient was advised to follow the following during the treatment and follow-up period.

**Do's:** Consume easily digestible food at proper time, take rest, have enough warm water, good sleep at night, warm water bath

**Don'ts:** Speaking loudly, two wheeler journey, prolonged sitting and standing, day sleep, weight lifting.

#### CONCLUSION

At the time of discharge of the patient, examinations were repeated. The straight leg raising test was possible upto 80° for the right leg and 90° for the left actively. The Lasegue test became negative for both legs after treatment. The symptoms were reduced considerably after treatment. She was able to do her daily routine without any strain or restrictions as before. After follow up of 14 days, she had a consistent relief. The patient was found to have gained more bala and could do all the activities more comfortably after the second follow up of 2months. There was no recurrence in symptoms during this period. Thus it may be considered that the Yapana vasti with mamsarasa as drava dravya can be a good choice in managing conditions of sciatica.

Thus, it can be concluded that Sciatica can be managed by utilizing the positive attributes of therapeutic method of Yapana Vasti and Shoola samana effect of Vasti Yoga to an extend without diluting the classical theories within stipulated time duration. The usual protocol of treatment of a Vatavyadhi takes a longer duration and the patient needs to have a more restricted Upachara and Parihara Kala. But, Yapana vasti being a modification in this aspect is more patient friendly and beneficial. Further researches must be conducted on the effectiveness of Yapana vasti on the various vata vyadhi and must be made more useful in all aspects.

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