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Basti as Ardha Chikitsa in the management of Vata-Pitta Samsrushta Grudrasi - A Case Report of Lumbar Spondylosis

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ABSTRACT

Lumbar Spondylosis is the commonly observed chronic degenerative disorder especially in the geriatric age group. This signifies that disorder is majorly due to *Dhatu Kshaya* (~depletion of body building and sustaining factors). In the present case report of Lumbar Spondylosis, was diagnosed as *Vata Pitta Samsrushta Grudrasi* (~sciatica formed by *Vata* and *Pitta Dosh*a in their equal dominance) with the application of *Trividha Bodhya Samgraha* (~cause, situation and nature of disease). A 53 year housewife hailing from rural sector of *Jangala Desha* (dry area) reported with severe burning sensation in right foot, low backache, referred pain in right calf associated with numbness. *Vata* and *Pitta* were elicited as *Sthanika* (~functional unit of its own place) and *Agantu Dosh*a (~functional unit entered from other part) respectively through *Samsarga Dosh*a *Laxana*. *Yapana Basti* (~Enema Therapy) schedule was designed to pacify *Pakvashayagata Vata-Pitta* (~*Vata* and *Pitta* situated in lower gut). Qualitative assessment done before and after treatment revealed successful outcomes where score reduced from 12 to 2 indicating improved quality of life. *Basti* acts as *Ardha Chikitsa* (~half treatment) when proper *Yukti* (planning) is applied in designing protocol, selecting appropriate formulations by incorporating multiple *Chikitsa Siddhanta* (~treatment principle) such as *Sthanivat Chikitsa*.

Key words: Lumbar Spondylosis, Pakvashayagata Vata, Sthanivat Chikitsa, Vata-Pitta Samsrushta Grudrasi, Yapana Basti

INTRODUCTION

Ayurveda treatment principles are very specific and clinically reliable when applied appropriately. Thorough understanding of *Vyadhi Samprapti* (~disease pathology) helps in prioritizing the treatment modality depending on the components of *Dosh*a *Dushya Sammurchana* (~start of disease pathology).^[1]

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Hence the background knowledge of *Ayurveda* principles is the fundamental criteria to design successful treatment protocol. The principle of *Trividha Bodhya Samgraha* i.e. *Vyadhi Prakruti* (~nature of disease), *Adhishthana* (~disease affected site) and *Samutthana* (~cause of the disease)^[2] is applied for the diagnosis and management of *Vata-Pitta Samsrushta Grudrasi* where it is considered as one of the *Anukta Vyadhi*. The *Samsrushta Avastha* of *Vata* and *Pitta* refers to the *Pradhanata* of both *Dosh*a in manifestation of disease due to *Svatantra Nidana* (~independent cause for aggravation), *Svatantra Laxana* (~exhibition of specific features) and *Svatantra Chikitsa* (~getting pacified by the specific treatment) of each *Dosh*a.^[3] Hence the treatment for *Vata-Pitta Samsrushta Avastha* typically differs from the treatment protocol of individual *Dosh*a. Treatment protocol designed by considering the *Dosh*a involvement without analyzing the *Dushya*, *Ashaya*, *Roga Marga*, *Agni* and other components of *Vyadhi*

Samprapti often discourage the success rate of *Ayurveda* treatment modality. Encouraging the principle of *Sthanivat Chikitsa* which states that the treatment modality should be in accordance with *Sthani Dosha* to correct *Vikruti* (~derangement) by assessing *Sthani Dosha* and *Agantu Dosha*, provides successful outcomes.^[4] The treatment modality through *Basti* is described as *Ardha Chikitsa* in any disease condition because of *Vata Dosha* being the initiator of *Dosha Dushya Sammurchana* and is the ultimate line of treatment in the *Pakvashayagata Vyadhi* irrespective of association of any other *Dosha*.^[5] This case report is intended to throw light on background fundamental principles to be considered for clinical appreciation of *Basti as Ardha Chikitsa* in the management of *Vata-Pitta Samsrushta Grudrasi*.

CASE REPORT

Patient information

A female patient aged 53 years, not K/C/O DM and HTN, hailing from *Jangala Desha*, approached outdoor patient department on 3/7/2023 with OPD no. 289434 having complaints of severe burning sensation in the right foot, dragging type of pain in right calf region, low backache associated with numbness in right foot. Complaint of mild low backache was noted after few months of undergoing surgery of Pan Hysterectomy in the year 2015. Gradually pain aggravated since 2018 due to excessive physical exertion. Hence, she consulted allopathy doctor in her residential area and she was advised to undergo routine blood investigation. Then she was prescribed with analgesics and vitamin supplements. Dragging pain in right calf was eventually associated due to continued physical exertion in her lifestyle. In further clinical conditions, it was associated with limping gait and burning sensation in the right foot and hence restricting the movement and reducing walking speed. Even after internal medication, pain and burning sensation continued to aggravate especially in the mid night. Hence patient received medical aid from higher centre in which MRI-LS was done and advised to undergo Spine surgery. There were no other co-morbidities and relevant family history. Daily routine of patient was dominated

with *Vatakara* (~causes for *Vata* increase) and *Pittakara Nidana* (~cause for *Pitta* increase) such as *Katu* (~spicy), *Ruksha Ahara* (~dry food), *Kshobha* (~crisis of strength), *Shrama* (~tiredness), *Kalatita Bhojana* (~consuming food after long gap of hunger) etc. which contributed to *Rasavaha*, *Asthivaha* and *Majjavaha Srotas* (~channels of nourishment of plasma, bone and bone marrow). It is also supported by predisposing factors in terms of *Desha*, *Kala*, *Prakruti*.

Clinical findings

Patient had limping gait, uneasiness while walking. Systemic examination not revealed any abnormal findings. Vitals were normal. Different clinical examinations were done and recorded during the course of treatment as mentioned in the Table 1. Qualitative assessment done was scored (Table 3) according to the grading mentioned for different symptoms^[6] shown in Table 2.

Table 1: Clinical examinations related to right leg conducted during course of treatment

Clinical examination	Before treatment	After <i>Sadyovirec hana</i>	After <i>Anuvasana Basti</i>	After <i>Yapana Basti</i>
SLRT	Positive at 40°	30°	40°	Negative
Coin pick test	Positive	Positive	Positive	Negative
FABER's test	Positive	Positive	Negative	Negative

1(a) SLRT- straight leg raising test; 1(b) FABER- Flexion, Abduction and External Rotation

Table 2: Grading of symptoms

Visual analogue scale	No Pain (0)	0
	Mild (1-3)	1
	Moderate (4-6)	2
	Severe (7-10)	3
Low backache	No Pain	0
	Mild pain with no difficulty in walking	1

	Moderate pain with slight difficulty in walking	2
	Severe pain with severe difficulty in walking	3
Stiffness	No Stiffness	0
	Stiffness of mild grade, need no intervention	1
	Stiffness relieved by topical medicaments	2
	Stiffness not relieved by topical medicaments	3
Difficulty in walking	No pain, normal movements	0
	Mild pain with normal gait	1
	Moderate pain with limping gait	2
	Severe pain with limping gait	3
	Complete restriction of movements	4
Burning sensation in foot	No burning sensation, no <i>Sparsha Asahishnuta</i> , no need of intervention	0
	Mild grade burning sensation, no <i>Sparsha Asahishnuta</i> , no need of intervention	1
	Moderate grade of burning sensation, no <i>Sparsha Asahishnuta</i> , needs intervention	2
	Severe burning sensation, <i>Sparsha Asahishnuta</i> , subsides with topical medicaments	3
	Most severe burning sensation, <i>Sparsha Asahishnuta</i> of air, not subsided by topical medicaments	4

Table 3: Changes observed in different symptoms during treatment

Features	Before treatment	After <i>Sadyovirechana</i>	After <i>Anuvasana Basti</i>	After <i>Yapana Basti</i>
Visual analogue scale	3	3	2	0

Low backache	3	3	2	1
Stiffness	2	3	2	1
Difficulty in walking	3	4	3	0
Burning sensation	2	4	3	0
Overall	13	17	12	2

Investigations

Blood investigation done on 5/4/2023: Serum calcium value noted 8.6 mg/L (Figure 1). This can be interpreted border line serum calcium level which indicates the initiation of Calcium depletion in body or poor nourishment of body. Serum titre of CRP test was noted as 1.74mg /dl (Figure 2) which shows negative remark for CRP analysis. Blood routine investigation findings were within normal range (Figure 3). Patient had MRI- Lumbar spine recently dated on 30/5/2023 (Figure 4).

Figure 1: Serum calcium report indicating border line values

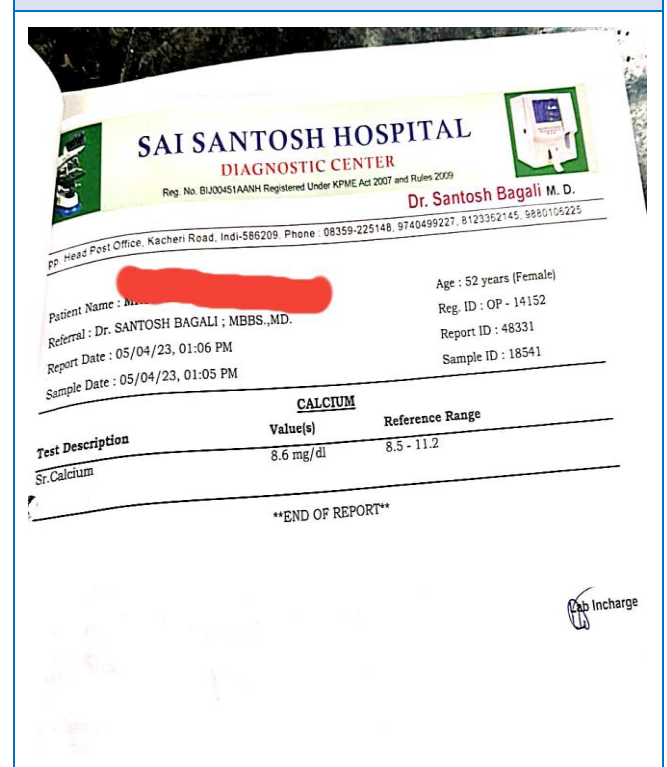


Figure 2: CRP test report

DIAGNOSTIC CENTER
Reg. No. BUDK051A001 Registered Under KPMI, Act 2002 and HJBM 2000
Dr. Santosh Bagali M. D.
Head Post Office, Kachhi Road, Indi-586209. Phone: 08359-225148, 9748499227, 9123302145, 9689156225

Patient Name: MR [REDACTED] Age: 52 years (Female)
Referral: Dr. SANTOSH BAGALI: MBBS., MD. Reg. ID: OP - 14152
Report Date: 05/04/23, 01:06 PM Report ID: 46332
Sample Date: 05/04/23, 01:05 PM Sample ID: 18541

Test Description	Value(s)	Reference Range
Sample Type	SERUM	
Result	Negative	
Titre	1.74 MG/L	
Method	Turbidimetry	
Interpretation	UP TO 6 MG/L is Negative	

NOTE
1) C-reactive protein (CRP) is a protein found in the blood, the levels of which rise in response to inflammation (an acute-phase protein).
2) Its physiological role is to bind to phosphocholine expressed on the surface of dead or dying cells (and some types of bacteria) in order to activate the complement system via c1q. CRP is synthesized by the liver in response to factors released by fat cells (adipocytes).
2) It is a member of the pentraxin family of proteins. It is not related to C-peptide or protein C. CRP is used mainly as a marker of inflammation. Apart from liver failure, there are few known factors that interfere with CRP production.
3) Measuring and charting CRP values can prove useful in determining disease progress or the effectiveness of treatments.
4) CRP is therefore a test of value in medicine, reflecting the presence and intensity of inflammation, although an elevation in C-reactive protein is not the telltale diagnostic sign of any one condition.

****END OF REPORT****

Figure 3: Blood routine report exhibiting normal values

AND HOSPITAL
Thanniru Halla, B.M Road, HASSAN - 573201
KARNATAKA

Patient: [REDACTED] Prepared By: RAJARA, JESHWARI N M
Patient ID: (412496) IP-068238 Prepared By: YASHASWINI H M
Sex - F Age - 55 On - 04-07-2023 @ 11:08 Hrs
Ward - M 203 (BED 275)
3/117, CHOUDAMMA TEMPLE ROAD, NEAR SUGAPPAGOU DA COLONY, MANNUR, ABJALPUR TALUK
Pincode - 525917
GULBARGA

LABORATORY REPORT

Test	Result	Units	Reference Range
BLOOD & URINE ROUTINE			
HAEMOGLOBIN	12.2	gm%	(f)12-14 gm% (M)13-16 gm%
TOTAL W.B.C. COUNT	4,400	Cells/CMM	4000-11000 Cells/CMM
E.S.R. (WESTERGRENS METHOD)	08	mm/hour	(F)0-7mm/hr (M)0-10mm/hr
DIFFERENTIAL W.B.C. COUNT			
NEUTROPHILS	70	%	40-70 %
LYMPHOCYTES	24	%	20-40 %
MONOCYTES	03	%	2-6 %
EOSINOPHILS	03	%	1-4 %
PLATELET COUNT	2.54	Lakhs/CMM	1.5-4 Lakhs/CMM
R.B.C. COUNT	4.55	Millions/CMM	(F)3.9-5.5 Millions/CMM (M)4.8-6 Millions/CMM
HAEMOGRAM REPORT			
P.C.V.	38.0	%	36-47 %
M.C.V.	83.5	fL	76-95 fL
M.C.H.	27.3	Pg	27-30 Pg
M.C.H.C.	32.7	%	31-35 %
R.D.W.	41.1	fL	(F)36.4-46.3 fL (M)35.1-43.9 fL
BIO-CHEMISTRY REPORT			
FBS	86.0	mg/dl	65-110 mg/dl
BLOOD UREA	26.9	mg/dl	15-45 mg/dl
SERUM CREATININE	0.9	mg/dl	(F)0.6-1.1mg/dl (M)0.7-1.3mg/dl
SEROLOGY REPORT			

Figure 4: MRI-LS report indicating degenerative changes at L5-S1 level resulting in L5 nerve root compression on right side.

NEURO & SPINE HOSPITAL
NABH

Patient ID: MR NO B6222 Patient Name: [REDACTED]
Sex / Age: F/52Y Report Date/Time: 30-05-2023 17:17:18
Modality: MR Referring Physician: DR G R BABALADI
Originator Id: Study Date/Time: 30-05-2023 14:22:10

MRI LUMBAR SPINE
Multi planar multi echo MRI study of lumbar spine has been performed. Sequences planned are Fast Spin Echo T1W, FSE T2W images, sagittal parallel to the spinal axis and axial sections through the intervertebral discs.

Findings:
Changes of lumbar spondylosis; multiple contiguous level anterior marginal osteophytosis, disc show desiccation, bulges, hypertrophy at multiple level marked at L2-3 L3-4 L4-5 and L5-S1, degenerative loss of normal curvature and multiple simple cyst involving bilateral kidneys.
At L5-S1 degenerative endplate sclerosis, irregularity, degenerative sub chondral bone marrow oedema on STIR, severe disc desiccation, degenerative intra discal vacuum phenomenon, diffuse annular disc bulge contributing to moderate to severe bony canal stenosis, compression over thecal sac, bilateral traversing S1 nerve root in lateral recess. Neural foraminal narrowing with corresponding L5 exiting nerve root compression in neural foramina more obvious on right side compared to left.

Available AP bony canal diameter on axial T2 images at the level of discs:
At L1-2 15mm
At L2-3 15mm
At L3-4 13mm
At L4-5 12mm
At L5-S1 6mm

Posterior spinal elements are normal.
Rest of the intervertebral discs normal in height and signal intensity.
Distal cord and conus medullaris region appear normal in MR morphology at rest of the level.
Rest of the pre and paravertebral soft tissues are normal.

IMPRESSION:
MR imaging of lumbar spine reveals:
Changes of lumbar spondylosis...
At L5-S1 degenerative endplate sclerosis, irregularity, degenerative sub chondral bone marrow oedema on STIR, severe disc desiccation, degenerative intra discal vacuum phenomenon, diffuse annular disc bulge contributing to moderate to severe bony canal stenosis, compression over thecal sac, bilateral traversing S1 nerve root in lateral recess. Neural foraminal narrowing with corresponding L5 exiting nerve root compression in neural foramina more obvious on right side compared to left.

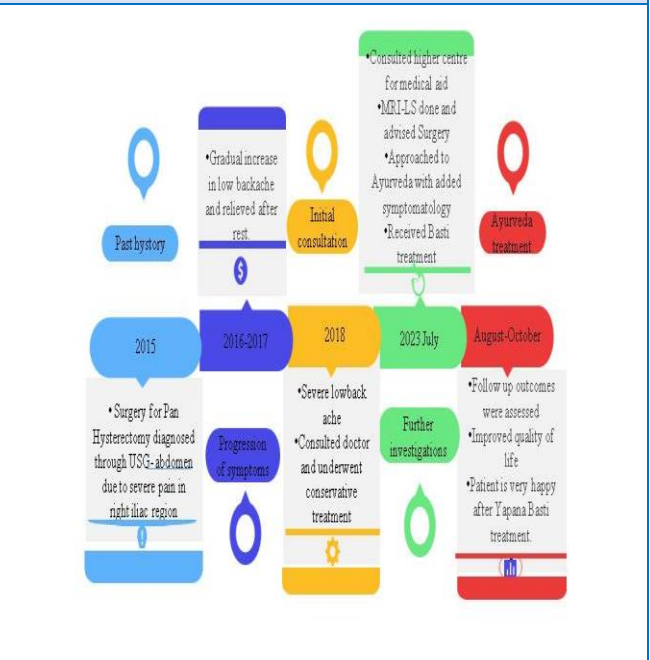
Dr Balaji Anvekar
Fellowship in Neuroradiology; FRCC London
(MMC Reg No: 2004/03/1400)

Organ Donation, Saves Lives.

Time line

The timeline for the case is shown in Figure 5.

Figure 5: Timeline chart describing the history of illness and treatment received



Diagnostic assessments

Dosha predominance in the clinical condition was ascertained where *Svatantra Laxana* of *Vata* and *Pitta Dosha* were exhibited by the patient. Its retrospective analysis was done by eliciting *Svatantra Nidana* of *Vata* and *Pitta* in her lifestyle through history taking. Hence the *Dosha Avastha* was decided as *Vata-Pitta Samsrushta Avastha*. Limping gait with reduced walking speed elicited in clinical findings along with SLRT positive in right leg was comparable with classical reference of *Laxana* of *Grudhrasi* i.e. *Grudhravat Gati* and *Dhruta Vilambita Gati* respectively.^[7] The degenerative changes noted from MRI report are also suggestive of *Dhatu Kshaya* that causes *Vata Prakopa*.^[8] Hence the *Ayurveda* diagnosis of *Vyadhi* is suggestive of *Vata-Pitta Samsrushta Grudhrasi*. Another classical diagnosis *Vata Rakta* was considered for diagnosis of the condition because of having more common clinical features. Differential diagnosis was done as the *Svatantra Nidana* for *Rakta Dushti* was not elicited in patient but is the major criteria to diagnose *Vata Rakta*.^[9]

Therapeutic interventions

It is mentioned in Table 4. Total 12 days of treatment was given in IP admission which included *Sadyo Virechana* and *Yapana Basti* treatment. Drugs and dose of *Basti* medicines are mentioned in Table 5. Qualitative assessment of the patient condition was done and score was noted. *Mahatiktaka Ghruta* external application to foot was advised SOS and no internal medications were prescribed during IP admission. Table 6 describes the plan of *Yapana Basti*.

Table 4: Therapeutic intervention

Duration	Procedures and medicines Dose	Observations
July,03,2023	-	-
July, 04, 2023	<i>Sarvanga Abhyanga</i> (~oil massage) with <i>Mahavishagarbha Taila</i> ^[10] , <i>Nadi Sweda</i> (Sudation), <i>Sadyovirechana</i> (~instant	Condition exacerbated leading to general weakness

	purgation) with <i>Avipattikara Churna</i> 40g+ honey	after total 16 Vega.
July, 05, 2023	<i>Samsarjana Krama</i> with <i>Peya</i> (~porridge) for 1 <i>Annakala</i> (~food time) and <i>Mudga Yusha</i> (~horse gram soup) for next two <i>Annakala</i>	General weakness increased, Uneasiness
July, 06, 2023	<i>Sarvanga Abhyanga</i> , <i>Sarvanga Pariseka</i> (~ medicated water sprinkling over) with <i>Dhanyamla</i> + <i>Dashamula Kwatha</i> , <i>Kati Basti</i> with <i>Mahavishagarbha Taila</i> , <i>Anuvasana Basti</i> with <i>Panchatiktaka Guggulu Ghruta</i> ^[11] 45ml+ <i>Sahacharadi Taila</i> ^[12] 45ml	<i>Basti</i> retained for 90 minutes. SLR-positive at 40degree in right leg.
July, 07, 2023- July, 14, 2023	<i>Kati Basti</i> , <i>Sarvanga Abhyanga</i> , <i>Sarvanga Pariseka</i> , <i>Yapana Basti</i> (one administered before food ^[13] and other administered after food ^[14])	Burning sensation and pain reduced after complete treatment

Table 5: Ingredients of Yapana Basti

Administered morning in empty stomach	
<i>Madhu</i> (honey)	50ml
<i>Saindhava</i> (rock salt)	10g
<i>Gudapaka</i> (jiggery syrup)	50ml
<i>Panchatiktaka Guggulu Ghruta</i>	60ml
<i>Sahacharadi Taila</i>	60ml
<i>Balamula Churna</i> (powder of <i>Sida cordifolia</i>)	10g,
<i>Kapikacchu Churna</i> (<i>Mucuna prurita</i>)	5g
<i>Yashtimadhu Churna</i> (<i>Glycerrhiza glabra</i>)	5g
<i>Ksheera</i> (Cow milk)	200ml
Administered after food	
<i>Madhu</i> (Honey)	50g
<i>Saindhava</i> (rock salt)	6g

Panchatiktaka Guggulu Ghruta	50g
Shatapushpa Kalka (powder of Anethum sowa)	12g
Ksheera (cow milk)	50g

Table 6: Plan of *Yapana Basti*

Day	Dose (ml)	Time of administration	Retention period	Observations	Complications if any
1	420	9.16 am	1min	Nausea, pt. is hesitant towards procedure, significant reduction in burning sensation, two bowel evacuation	None
	150	2.20 pm	1 min	Single bowel evacuation , good sleep, SLRT-positive at 60 degree	
2	420	9.02 am	1min	A bowel evacuation , lightness of body present, mild relief in low backache	
	120	1.37 pm	6 min	A bowel evacuation , lightness of body present, burning sensation reduced by 60%, referred pain in calf increased, Appetite	

				reduced and disturbed sleep.	
3	400	9.50 am	7min	Pt. became comfortable with procedure, feeling lightness of body, mild relief in calf pain	
	120	2.35 pm	30 min	Only medicine evacuated, after 2 hours bowel passed, Sheeta Kamita (desire of having cold item) noted.	
4	350	9.30 am	5 min	Referred pain and stiffness reduced	
	120	1.50 pm	20 min	Two bowel movements, pain in right foot, occasional burning sensation, sleeplessness	
5	350	9.01 am	6 min	Single bowel evacuation , lightness of body, mild reduction in foot pain	
	120	2.04 pm	8 min		

6	350	9.00 am	7 min	Two bowel evacuations, considerable relief in stiffness, walking speed improved and no limping gait.
	120	3.00 pm	7 min	Mild stiffness in right toe
7	350	9.30 am	5 min	Pain and stiffness in right toe reduced by 40 %, no burning sensation
	120	2.40 pm	7 min	Pain in foot reduced by 60%

Medicine on discharge

Panchatiktaka Guggulu Ghrita 5ml once in empty stomach with warm milk at 7am, *Rasnaerandadi Kashaya*^[15] 10ml with warm water after food at 9am and 8pm, *Gokshuradi Guggulu*^[16] and Ossigen capsules each 2 tablets after food at 10am and 9pm, *Anuloma* tablet 1hs 2hours after dinner and *Vishagarbha Taila* for external application SOS advised along with *Pathya*. Follow up visit is advised after 1 month.

Follow-up and outcomes

First follow up assessment was conducted on August 10, 2023. The sufficient gap provided was to nourish *Dhatu*, resolve the remaining symptoms and to arrest the progression of symptoms. During the assessment, grading of features was done and total score was noted as 1 due to low backache during long duration of sitting. Next follow up assessment was done after 2 months of first follow up assessment i.e., on 9th October 2023. Within two month gap patient had no

fresh complaints and quality of life was considerably improved. Patient totally gained 5kg weight within 3 months.

DISCUSSION

The case of *Vata-Pitta Samsrushta Grudrasi* diagnosed by considering the Ayurveda principle of *Trividha Bodhya Samgraha*^[2] and *Chikitsa* planned by considering the principle of *Sthanivat Chikitsa*^[4] proved successful. The quick relief in the burning sensation of foot after administration of “*Yapana Basti*” proved the clinical effectiveness of *Basti as Ardha Chikitsa*. Textual references mention that *Basti* is the ultimate line of treatment for *Vata Prashamana*.^[17] In present study, the clinical applicability of principle of *Basti as Ardha Chikitsa* is appreciated because the drugs and formulations used for *Basti* administration are selected by considering the *Dosha, Dushya, Ashaya, Rogamarga* and other constituents of *Vyadhi Samprapti*. The multidimensional action of *Basti* line of medicine administration is due to the nature of *Vata* which gets involved in the initiation of *Dosha-Dushya Sammurchana* of every disease. It is due to its role in the *Samyoga* and *Vibhaga*. When *Vyadhi* is *Pakvashaya Samuttha* and involves *Vata Dosha as Pradhana Dosha* either alone or *Samsrushta* with other *Dosha*, *Basti* is the only line of treatment.^[5] Hence the precise diagnosis of the disease done in present case study through eliciting *Sthanika Dosha* and *Agantu Dosha* provided guideline to design treatment protocol. The initial treatment plan involved *Virechana* to get the effect of *Vatanulomana* and *Pitta Rechana* was failed to yield expected results because of not eliciting *Sthani Dosha* and *Agantu Dosha*. Instead of relief it exacerbated the condition of patient even though *Virechana* is the best to treat *Pitta Dosha*. The retrospection of case history helped to elicit *Vata as Sthanika Dosha* and *Pitta as Agantu Dosha*. Then treatment was modified by incorporating the principle of *Sthanivat Chikitsa*^[4] eventually including *Basti Chikitsa* in the protocol.

Yapana Basti were selected from the text with specifications to *Phalashruti* to rectify the *Vikruta Gati* of *Vata* and to counteract the condition of *Dhatu*

Kshaya.^[18] *Yapana Basti* selected to administer in empty stomach is indicated in *Vruddha*^[11] to do *Vikruta Dosh Nirharana* and *Yapana Basti* administered after food addressed the condition of *Vata-Pitta Samsrushta Doshavastha*.^[12] Hence *Dhatu Kshaya* due to *Sthavira* and *Vata Prakopa* controlled through *Brumhana Karma*. The control over *Vikruta Vata* automatically helped to suppress the excessive *Pitta Laxana* which were due to *Yogavahi Guna* of *Vata*.^[19] It provided immediate relief to patient by reducing *Daha* in her right foot and other complaints. The *Rasayana* effect of *Yapana Basti* helped her to cope up her strength eventually enhancing her quality of life.^[20]

The ultimate success of treatment is due to the *Yukti of Vaidya* where he plans treatment by considering *Matra, Kala, Dosh, Desha, Prakruti, Satmya, Satva* and other factors.^[21] Hence the integrated approach of fundamental principles in management of *Vata-Pitta Samsrushta Grudrasi* through *Basti* proved speedy recovery of disease condition through Ayurveda management. Its clinical reliability can be more appreciated through studies involving case series which finds scope for further researches.

CONCLUSION

Basti acts as *Ardha Chikitsa* in every disease condition when appropriate drugs and formulations are selected based on the *Dosha, Dushya* and other factors involved in *Vyadhi Samprapti*. *Vata Dosha* being the *Anubandhya Dosha* along with any other *Dosha* should be managed through *Basti Chikitsa* when *Samutthana* is *Pakvashaya*. It signified the role of *Sthanivat Chikitsa* principle in clinical effectiveness of *Basti* as *Ardha Chikitsa*. Hence the fundamental principles of Ayurveda are mutually cohesive and their integrated approach leads to clinical success. In reciprocation, the studies of clinical successful cases enhance the knowledge of fundamental principles and their clinical utility.

Conflict of interest

All the authors declare that there is no known conflict of interest in publishing the case report and the informed consent for the treatment and publication of

the case report was obtained by the patient and submitted to the editors.

Patient's perspective

In July month of 2023 I visited the physician with severe burning sensation in right foot, low backache associated with other complaints. I was in humble condition as it got progressed in spite of continuous medications. I was suggested to undergo Spine surgery to get relief from my complaints. But I and my family were not willing to undergo surgery and enquired for the better options in Ayurveda system of medicine. Then my local doctor recommended me to visit this Physician and he gave surety of improvement. With hope and optimistic thoughts, I visited the Ayurveda Physician after travelling 12 hours journey.

Ayurveda physician counseled me about medical history and time duration. I confirmed the better quality of life with 0 side effects after consuming medicines. I got irritated after receiving purgation therapy as my complaints increased. But physician and her team managed to console and continue the treatment. Initially I was hesitant to receive the enema therapy. But I was very comfortable after experiencing immediate relief provided by enema therapy. Gradually I could feel the improvements in my behaviors and my ability to conduct routine activities. During my discharge I could walk without any pain and burning sensation. During my further follow-up visits I was very happy and more comfortable than previous to illness.

Declaration of patient consent

Authors certify that they have obtained patient consent form where the patient has given her consent for reporting the case along with the images and other clinical information in the journal. The patient understands that her name and initials will be made to conceal her identity, but anonymity cannot be guaranteed.

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