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Clinical efficacy of *Panchatikta Kshira Basti* in the management of *Gridhrasi*

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ABSTRACT

The study was undertaken to evaluate the clinical efficacy of *Panchatikta Kshira Basti* in the management of Sciatica. *Panchatikta Kshira Basti* contains *Guduchi* (*Tinospora cardifolia*), *Nimba* (*Azadirakta indica*) *Vasa* (*Adhathoda vasica*), *Kantakari* (*Solanum Surrattense*), *Patola* (*Trichosanthes dioica*), *Kshira* (Milk) *Goghrita* (Ghee), *Madhu* (Honey), *Saindhava* (Salt). This remedy prove extremely beneficial as it can be performed on the OPD and IPD basis, gives significant relief in the symptoms e.g. radiating pain, stiffness, twitching sensation. The subjective parameters like Pain, SLR, VAD, VDS etc., were used to score clinical outcome. The average clinical improvement was calculated by proper statistical treatment. Our experience with this modality has been encouraging as the response pattern is good in considerably short duration of treatment. The patient improves gradually after 4 weeks of treatment. The sustained improvement with *Basti* presents a window of opportunity in the clinical management of Sciatica. Ideally this technique should be practically taught to the physicians and should be evaluated scientifically using principles of biophysics and nerve conduction studies.

Key words: *Sciatica, Ghridhrasi, Panchatikta Kshira Basti.*

INTRODUCTION

Sciatica is characterized by radiating pain in an area of the leg typically served by one nerve root in the lumbar or sacral spine. The most common cause of sciatica includes herniated disc, degenerative disc disease and lumbar spinal stenosis. The estimated annual incidence of sciatica in western countries is 5 cases per 1000 adults. Lumbar spine disorders rank 5th among disease categories in the cost of hospital care and account for highest costs resulting from

absenteeism from work and disability than any other category.

About 2% to 40% of people have sciatica. This incidence is related to age, rare before 20 years. Sciatica has been reported to occur in 1 to 10% of the population, most commonly in people age 25 to 45 years. Men are more frequently affected than women. The highest incidence is found in the fifth decade and then decreases with increasing age. Regular walking also was found to increase the incidence of sciatica.

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AIMS AND OBJECTIVES

To clinically evaluate the efficacy of *Panchatikta Kshira Basti* on the basis of scientific Ayurvedic principles in reversing or halting the process of Sciatica.

MATERIALS AND METHODS

Source of Materials

Raw materials were collected from the department of Rasashastra and Bhaishajya Kalpana, Dr. D.Y. Patil

College of Ayurved and Hospital and Research Institute, Nerul, Navi Mumbai, and medicines were prepared classically in the Pharmacy of Rasashastra and Bhaishajya Kalpana.

Research Place

1. A clinical survey of subjects attending OPD and IPD of Department of Kaya Chikitsa, Dr. D.Y. Patil College of Ayurveda and Hospital and Research Institute, Nerul, Navi Mumbai were included and subjects fulfilling the criteria of diagnosis as per the Performa have been selected for the study.
2. The data, which was obtained by the clinical trial was statistically analyzed by applying Student't' test.

Inclusion Criteria

1. Irrespective of age, sex, race and religion
2. Patient's with positive S.L.R Test
3. Radiologically Confirmed Disc Herniation
4. Lumbo-sacral radicular syndrome lasted for 6-12 weeks

Exclusion Criteria

Patients with the following diseases or Surgeries

1. Metabolic disorders like Diabetes Mellitus etc.
2. Skin diseases.
3. Infectious disease e.g. HIV positive, HbsAg positive, Koch's
4. Pott's disease, cauda equina syndrome, Muscle paralysis
5. Previous spine surgeries, Bony stenosis Spondylolisthesis,
6. Pregnancy.

Methodology Used

Details of Procedure	Panchatikta Kshira Basti
No. of Patient	30

Ingredients	Guduchi - 10 gm Nimba Patra - 10 gm VasaPatra - 10 gm Kantakari Churna - 10 gm Patola Churna - 10 gm Milk - 200ml Ghrita - 40 ml Honey - 20 ml Saindhava - 5 gm
Vidhi (Procedure)	1) Abhyanga 2) Swedan
a) Purva Karma	3) Bhojana 4) Chankraman
b) Pradhana Karma	1) Vam Parshwa Avastha Shayan 2) Bastipranidhan 3) Sphika Tadana
c) Paschat Karma	1) Bastipratyagaman and observation of Yog-Atiyog Lakshana 2) Pathyapathya 3) Observation of Sneha Vyapada if any and their treatment
Dose	260 ml/day
Kala	Prataha (Abhakata)
Type of Basti	Niruhavata
Route of Administration	per Rectal
Duration	16 Days

Drug Specifications

Contents of Panchatikta Kshira Basti

S N	Name of Drug	Rasa	Virya	Vipaka	Guna	Doshaghna ta
1.	Guduchi	Tikta, Kashaya	Ushna	Madhura	Guru, Snigdha	Tridosha
2.	Nimba	Tikta, Kashaya	Shita	Katu	Laghu, Ruksha	Kapha, Pitta

3.	Vasa	Tikta, Kashaya	Shita	Katu	Laghu, Ruksha	Kapha, Pitta
4.	Kantakari	Tikta, Katu	Ushna	Katu	Laghu, Ruksha	Kapha, Pitta
5.	Patola	Tikta	Ushna	Katu	Laghu, Ruksha	Tridosha

Parameter of Assessment

Clinical assessment was done under these basic subjects;

1) Assessment of Efficacy

- A) Subjective improvement
B) Objective improvement

2) Assessment of Tolerability and other procedure

e.g. - premature discontinuation

- Incomplete case
- Unsatisfactory or cured case

1) Assessment of Efficacy

Patients were weekly assessed under these guidelines:-

A) Subjective Assessment

Assessment of signs and symptoms were done in every week for 4 weeks. The specific criteria adopted for gradation of pain and tenderness. To assess the improvement in clinical symptoms of Sciatica patients were arbitrarily graded into four grades (0 to 3) on the basis of severity–duration-stage.

Study Design → Screening of Subject for Inclusion (Counselling, Informed and Consent Taken) → Single Arm Clinical Study → Panchatikta Kshira Basti → Initial Assessment (Dietary and Behavioral Advice) → Intervention → Assessment at the End of Treatment → Final Assessments at the End of 4 Weeks (For Evidence of Relapse of Signs and Symptoms, if any) → Statistical Analysis.

Method of preparation - Panchatikta Kshira.

- Panchatikta-Siddha-Kshira was prepared by Kshirpaka method as mentioned in Sharangadhara Samhita with the help of Madhyama Agni.
- The Panchatikta dravyas were smashed and Kalka was made.
- According to Kwath Kalpana [Kalka: water 1:16] 800ml water was added and boiled until 200ml was remained, kwatha [decoction] was filtered and 200ml of milk was added. This mixture was again boiled on dim fire until 200ml remained.
- In this 40ml ghee, 20ml honey and 5gm Saindhava were added and mixed properly. This 260ml Basti dravya was used for Basti.

Gradation of Clinical Symptoms

Clinical Symptom	Pain
Grade 0	No pain
Grade 1	Mild (+) pain - Complained by patient when asked
Grade 2	Moderate (++) - Patient frequently complains of pain and has painful look
Grade 3	Severe (+++) - Excruciating pain associated with painful cries and agonizing look

Clinical Symptoms	Tenderness
Grade 0	No - Tenderness
Grade 1	Mild (+) - Patient Winces after digital pressure
Grade 2	Moderate (++) - Patient winces and withdrawals' the affected part
Grade 3	Severe (+++) - Patient doesn't allow to touch the affected part

Gradation of Clinical Signs

Clinical	Signs	SLR Test
Absent	0	SLR 90°
Mild	1 (+)	SLR 61-80°
Moderate	2 (++)	SLR 31-60°
Severe	3 (+++)	SLR 0-30°

Clinical	Signs	Lasegue’s sign
Absent	0	No pain
Mild	1 (+)	Mild increase in pain on SLR, following foot dorsiflexion
Moderate	2 (++)	Moderate increase in pain on SLR, following foot dorsiflexion
Severe	3 (+++)	Severe increase in pain on SLR, following foot dorsiflexion

Clinical	Signs	Verbal Dating Scale
Absent	0	No pain
Mild	1 (+)	Mild pain
Moderate	2 (++)	Moderate pain
Severe	3 (+++)	Worst possible pain

Clinical	Signs	Visual Analogue scale
Absent	0	No pain
Mild	1 (+)	0-5 scale
Moderate	2 (++)	05-Oct
Severe	3 (+++)	Oct-15

Clinical	Signs	Bragard’s sign
Absent	0	No pain on SLR, Following hip and knee flexion
Mild	1 (+)	Mild pain on SLR, Following hip and knee flexion
Moderate	2 (++)	Moderate pain on SLR, Following hip and knee flexion
Severe	3 (+++)	Severe pain on SLR, Following hip and knee flexion

Investigations

SN	Investigations	Before Treatment			After Treatment		
		Poor	Fair	Good	Poor	Fair	Good
1.	CBC with ESR						
	Hb	>10	10-11	13-14	>10	10-11	13-14
	ESR						
2.	Blood sugar fasting and postprandial	>130	Up to 130	65-100	> 180	Up to 165	90-130
3.	Lipid profile						
	Total cholesterol	>260	Up to 240	Up to 200	>260	Up to 240	Up to 200
	Triglycerides	>250	Up to 250	Up to 150	>250	Up to 250	Up to 150

X ray L.S –Treatment - Before and After

Following - Reflexes were assessed after every week.

SN	Reflexes	Right	Left
1.	Knee		
2.	Planter		
3.	Ankle		

OBSERVATIONS AND RESULTS

▪ **Effect of Panchatikta Kshira Basti in Signs and Symptoms of Sciatica**

Cardinal Symptoms	Mean Score		Mean	SD±	S E±	't'	P	%
	B.T	A.T						
Pain	2.15	0.25	1.95	0.640	0.143	13.26	<0.0001	88.37
Tenderness	1.85	0.95	0.85	0.366	0.0819	10.37	<0.0001	47.22

Cardinal Signs	Mean Score		Mean	SD±	S E±	't'	P	%
	B.T	A.T						
SLR Test	1.85	0.95	0.85	0.366	0.0819	10.376	<0.0001	47.22
Bragard's sign	1.85	0.95	0.85	0.366	0.0819	10.376	<0.0001	47.22
Lasegue's sign	1.85	0.95	0.85	0.366	0.0819	10.376	<0.0001	47.22
Verbal Dating Scale	2.15	0.25	1.95	0.640	0.143	13.262	<0.0001	88.37
Visual Analogue Scale (VAS)	2.15	0.25	1.95	0.640	0.143	13.262	<0.0001	88.37

▪ **Effect of Panchatikta Kshira Basti in Investigations in Patients of Sciatica**

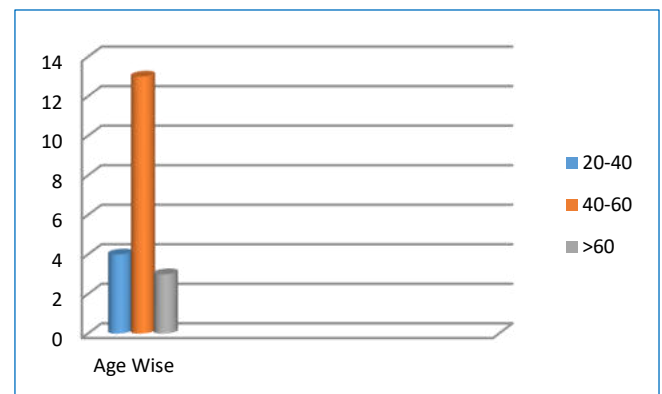
Investigations	Mean Score		SD±	S E±	't'	P	%
	B.T	A.T					
CBC							
Hb	13.16	13.17	1.193	0.2667	0.0168	0.9867	-0.075
ESR	17.85	14.10	7.297	1.632	2.298	0.0331	21
Blood sugar							

fasting and	86.10	83.32	28.85	6.45	0.4494	0.6582	3.22
Postprandial	99.75	100.55	33.05	7.39	0.1082	0.9149	-1.002
Lipid profile							
Total cholesterol	184.9	176.95	11.19	2.50	3.177	0.005	4.29
Sr. triglycerides	191.3	187.35	10.55	2.35	1.674	0.1104	2.06

DISCUSSION

The term Sciatica refers to pain beginning in the lumbar region and spreading down the back of one lower limb to the ankle or foot. There is usually little weakness or sensory loss but sometimes diminution or loss of the ankle jerk. The recurrence rate of sciatica is a major concern. Advances in science have not yielded substantial treatment option on the pain with the help of analgesics and steroidal therapy. However, its role in treating the disease remains doubtful. As Ayurvedic treatment is believed to manage the root cause of the disease. Therefore, the whole medical fraternities are looking towards this ancient medical science. The present study entitled at the aims to study and to find out the effects of Panchakarma and Anushalya procedures in Sciatica.

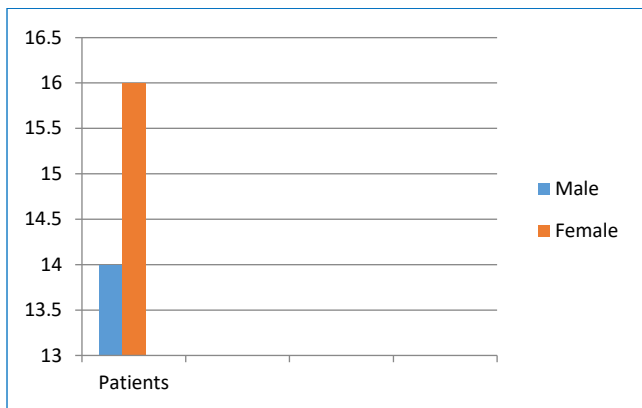
Age Wise Distribution



Age distribution was divided into three groups. (32.5%) patients were belonging to the age group of 20-40 years. (60%) patients were belonging to the age group of 40-60 years. (7.5%) were belonging to the

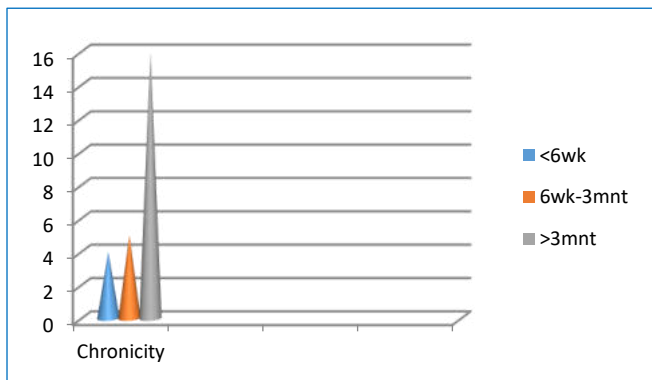
age group of group 61 onwards. This data suggest that most of these patients fall in the age group of 40-60 years.

Sex Wise Distribution



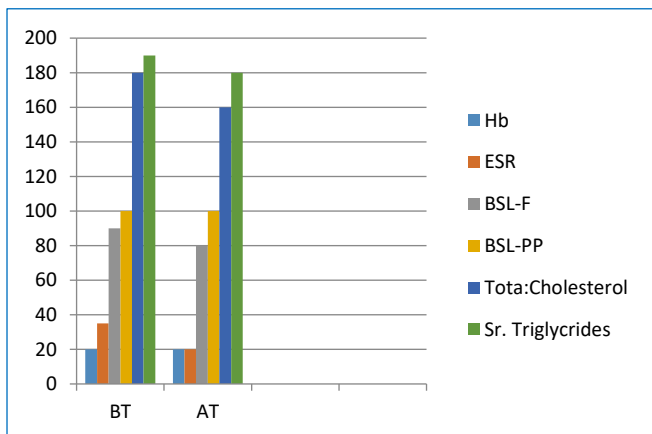
Out of 30 patients there were (45%) male and (55%) female.

Chronicity Wise Distribution



There were (22.5%) patients of 6 weeks to 3 months chronicity and (77.5%) patients of chronicity more than 3 months.

Effect in Mean Grade, Scores of Investigations



Blood and X ray- L.S. Investigation in Patients of Sciatica

There were no significant changes seen in patients Sciatica of before and after treatment. Detail values in both groups before and after treatment.

An objective assessment by blood investigation and X-ray - L.S shows.

- No significant change in both the groups.
- No untoward effects have been observed in any of the patients in either treatment group.

CONCLUSION

The pain relief provided and sustained improvement by *Panchatikta Kshira Basti* presents a window of opportunity in the clinical management of Sciatica. There were no significant changes seen in blood and radiological investigation in patients of Sciatica before and after treatment.

REFERENCES

1. Gogate, R.B., 2006: *Viddha Aani Agnikarma Chikitsa*. 1st Ed. Vaidya Mitra Prakashan, Pune.
2. Chaurasia, B.D., 1995: *Human Anatomy*. 3rd Ed. C.B.C. Publishers, New Delhi.
3. Mahajan, B.K., 1997: *Methods of Biostatistics*. 6th Ed. Jaypee Brothers. Medical Publishers P (Ltd), New Delhi, India.
4. Ashish Mhatre¹, D.M. Padavi¹, D.S. Bhadlikar¹ and Mukesh Shukla², 2015 A Comparative Clinical Studies of Vajigandhadi Taila *Basti* and Agnikarma in the Management of Sciatica
5. John Walton, 1993: *Brain's Diseases of the Nervous System*. 10th Ed. Edited by, Oxford University Press.
6. Michael Swash, 2000: *Hutchison's Clinical Methods*, 12th Ed. W.B. Saunders Company Ltd.
7. Mehta, P.J., 2005: *Practical Medicine*. 17th Ed. Edited by Mehta, S.P., Joshi, S.R., Mehta, N.P. Published by Shilpa Pradip Mehta, Mumbai, India.
8. Nanda G.C., Padhi M.M., Chopra K.K. *Effect of Trayodashang Guggul Along With Abhyanga-Sweda in the Management of Gridhrasi*. J.R.A.S. 1998. 14; 116-121

9. Kashinath Shastri and Gorakhnath Chaturvedi, 2001: *Charak Samhita of Agnivesha*. Revised by Charak and Drudhabala with elaborated 'Vidyotini' Hindi Commentary by, Chaukhamba Bharati Academy, Varanasi, India.

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