EFFICACY OF VAJIGANDHADI TAILA MATRA BASTI IN THE MANAGEMENT OF SCIATICA

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ABSTRACT
Sciatica is a symptom rather than a specific diagnosis. Available evidence from basic science and clinical research indicates that both inflammation and compression are important in order for the nerve root to be symptomatic. The pain of sciatica is typically felt from the lower back to behind the thigh and radiating down below the knee and may reach the foot. A recent review showed that the prevalence of sciatic symptoms is rather variable with values ranging from 1.6% to 43% working population shows comparatively higher rates of sciatica than the general population. In modern medicine there is only symptomatic treatment by the use of NSAIDS. Ayurveda quite effective in treating sciatica. One such treatment is matra basti and pana. Vajigandhadi taila used for matra basti in effect sciatica has “vatahara” as well as “vednasthapak” also acts as rasayan.

KEYWORDS: Sciatic Nerve, Gradhrasi, Matra Basti, Vajigandhadi Taila.

INTRODUCTION
The sciatica literal translation of the Greek word. Sciatic is a term often used to described low back pain that spreads through the hip, to the back of thigh, and down the inside of the legs. There are many caused for low back pain, however true sciatica is a symptoms of inflammation or compression of the sciatic nerve. Although low back pain is common condition that affects as many as 80- 90% of people during their life time true sciatica occur in about 5% of cases. Sciatica is very common more than 10 million cases/year. Sciatica is more common between 30 and 50 years of a age although the condition occurs in men and women about equally. Some studies have shown that sciatica often is more severe in women.
Sciatic nerve is the largest nerve in the body. It originates in a bundle of nerve (sacral plexus) in the lower back and passes through the pelvis and down the back of each thigh.

The sciatic nerve is actually made up of five nerves L4-L5 and S1, S2 and S3.

The sciatic nerve connected spinal cord with out of thigh. Hamstring muscles in the lower leg and feet. Sciatic nerve supply sensation and strength to the as well as reflexes of legs.

According to Ayurvedic texts tridoshas i.e vata, pitta, kapha are the vitus factore of the body, among then vata dosha is the chief dominating which is responsible for all cheshtas and all the disease in the Ayurvedic classics two types of vata vyadhies namely samanyaja and nanatmaja have been described and the disease gradhrasi has been mentioned under vata nanatmaja vikara but sometimes kapha as anubandhi dosha is also found as the causative factor along with vata dosha.

In the first 6-8 weeks, there is consensus that treatment of sciatica should be conservative. We review and comment on the levels of evidence of the efficacy of patient information advice to stay active, physical therapy analgesics NSAIDS etc.

Gradhrasi can be correlated with sciatica based on symptoms. Basti is considered as an ardhchikitsa in ayurveda treatment modalities, in present study matra basti and paan is selected. Vajigandhadi taila mentioned by yogratnakar was used for the basti karma.

**Disease Background**

The ancient greek were familiar with sciatic neuralgia and used the term “sciatica” to describe pains or “ischias” felt around the hip or thigh Hippocrates himself reffered to ‘ischiatic’pain affecting men between 40 and 60 years.

Sciatica is a relatively common condition with a life time incidence varying from 13% to 40% the corresponding annual incidence of an episode of sciatica ranges from 1 to 5%.

Sciatic nerve decompression is a treatment option for sciatic nerve pain that is caused by certain structural spinal condition.

Sciatic neuropathies can results from nerve compression and injury in the gluteal region of thigh. Sciatic neuropathy in the gluteal region is most often caused by trauma. The nerve can be directly injured during an intramuscular injection into the buttocks. Because of the close
anatomical relationship between the nerve and the hip joint, nerve injuries can result from post. Dislocation of the hip, pelvic fracture and accidental injury during elective hip arthroplasty other cause of sciatic neuropathy in this region include prolonged external nerve compression (toilet seat neuropathy) compression from pelvic heamatoma, tumors, and endometriosis.

Sex with sciatica can be a real problem for both men and women who are affected by lower body radiculopathy. Sciatica can be a very painful and limiting condition.

Sciatica is typically diagnosed by physical examination and the history of the symptoms. Generally if a person reports the typical radiating pain in one leg as well as one or more neurological deficit, sciatica can be diagnosed. SLR TEST (lesegue’s test) imaging test like this x-ray, MRI, CT-SCAN.

An X-RAY – of your spine may reveal an overgrowth of bone. That may be pressing on a nerve. And MRI procedure used a power full magnet and radio waves to produse cross sectional image of your back.

DISCUSSION
Sciatica simply put is pain or abnormal sensation along the sciatic nerve. The sciatic nerve,of the largest nerve of the body is formed by the nerve roots coming out of the lower portion of the spinal cord into the lower back and through the buttock than down the back of the leg to the ankle and foot where the branches of the nerve are named the common peroneal and tibial nerve. Gradhrasi is such a disease having it’s orgin in pakhwshaya and seat in sphika and kati.

Acharya sushrut has emphasized the involment of kandara from prashni to anguli in producing the disease gradhrasi he is also added an important sighn sakthikshepanigraha I.n restriction in lifting the affects leg.

This sign known as SLR test it plays a major role in diagnosis of the disease and assessment of effects of therapy as objective parameters. This suggests that vajigandhadi taila matra basti and paan has helped in correction of the vitiated vata.

Charaka speaks basti is best line of treatment for vatarogi patient and kashyap says oleation therapy is best among all treatment for all vata roga.
It means *basti* when administered with *appropriate taila* will surely help in the *vata* disorder. *Vajigandhadi taila* mentioned by *yogratnaker* content ashvagandha, *bala, bilva, dashmool* and *erandtaila*. Thus it is effective in the management of *gradgrasi*. Drug delivered at the upper part of the rectum is absorbed from the upper rectal mucosa and is carried by the superior mesenteric vein into the portal circulation, and the drug absorbed from the lower part of the rectum enters directly into systemic circulation via middle and inferior hemorrhoid veins and hence the drug is available in the circulation for immediate action.

**CONCLUSION**

Sciatica is symptom of underlying disease that compresses or irritates the sciatic nerve. The irritation manifests in a myriad of ways such as burning, tingling, numbness, and dysfunction. There are numerous origins for this symptoms, most of which are in the lower back in the majority of suffers, the pain of sciatica resolves with time and rest about half of patient report resolution of symptoms within six weeks. Non surgical treatment relieves pain in 80-90% of patient’s prevention of sciatica involves regular exercise, proper posture, and good body mechanics.

Sciatica is a painful condition that can usually be effectively treated if it is properly diagnosed.

*Vajigandhadi taila matrabasti* is better response in *gradhrasi*. *vajigandhaditaila matrabasti* can be practiced safely without any complication.

**REFERENCES**

5. Agnivesha charaka samghita, revised by charaka dridabala, with ayurved deepica commentary of chakrapani dutta edited by vaidya Yadav ji trikam ji Acharya, siddhi sthan 1/39 varansi reprint, 2010; 883.


7. Ibid (1), siddhi sthan sneha vyapata siddhi, 4/54 p 915.

8. Ibid (1) chikitsha sthan vata vyadhi chikitsha, 28/101 p -705.


10. Ibid (2) nidan sthan vata vyadhi nidana, 1/74 p-268.