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Evaluation of efficacy and safety of traditional Katibasti and infrared aided Katibasti with Sahachara Taila in Katigraha (Lumbar Spondylosis)

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ABSTRACT

Kati Graham comes under Vatavyadhi and it is one of most common diseases. Their is no direct references about Kati Graham in Bruhatrayi it is explained by Kashyapa Samhita. It is characterised by Shoola, Stabdta, Vedana during Prasarana and Akunchana of Kati and invloves Vata and Kapha Dosha. It can be correlated to lumbar spondylosis and involves the Vata and Kapha Dosha. So treatment involves Vata Kapha Shamana i.e. Snehana, Swedana, Shodhana, Bahirparimarjana Chikista like Kati Basti etc. So research work is carried out with the aim to evalualate the efficacy and safety of traditional and Infrared aided Kati Basti with Sahachara Taila in Kati Graham, and also to make the therapies simpler, easier, convenient, effective and economical and less time taking. Stastically both groups show almost same results or group B shows better results compare to group B and clinically group B had good improvement.

Key words: Katigraha, Lumbar Spodylosis, Kati Basti, Infrared Rays, Sahachara Taila.

INTRODUCTION

Ayurveda is one of the most ancient medical sciences of the world. It describes the basis of life process and its applied aspect, health, disease and management in terms of its own principal and approaches. All functions of our body and mind depend on *Vata* and it is important among *Tridosha*. Vitaition of it leads to vitiation of other *Doshas* and derangement of body system. *Asthi Dhatu* makes *Dharana* of *Deha*. This *Asthi Dhatu* and *Vayu* are having *Ashraya Ashrayi Sambhandha*. When *Vata Dosha* is increased it prone

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to get lodged in the *Asthi* and *Sandhi* of *Kati Pradesha* leads to *Katigraha*.^[1]

Panchakarma has become the fastest growing speciality of Ayurveda due to its long lasting healing effect, quick and radical cure. The cost of the treatment is becoming more due to costlier instruments and therapist salary.

An Ayurvedic physician needs a *Panchakarma* theatre, instrument and therapist for carrying routine *Panchakarma* procedures.

Now a day practitioners are facing scarcity of skilled therapist because of a very few training institutes. So there is urgent need of inventing newer tools and techniques in order to make the therapies simpler, easier, convenient, effective and economical and less time taking.

OBJECTIVE OF THE STUDY

To compare the efficacy and safety of traditional *Katibasti* and Infrared aided *Katibasti* with *Sahachara Taila* in *Katigraha*.

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MATERIALS AND METHODS

Source of Data

- 1. Patients of *Katigraha* are randomly selected from OPD and IPD of R.P. Karadi Ayurvedic Hospital attached to S.V.MA.M.C. Ilkal.
- 2. The literary aspect was collected from the classical text of Ayurveda and Modern text and research work done.
- 3. The trail drug is collected locally and prepared in pharmacy of S.V.M.A.M.C. Ilkal, after the identification under the guidance of *Rasashashtra* and *Bhaishajya Kalpana* experts.

Preparation of Medicine

Sahachara Taila^[2]

Kalka Dravya: Sahachara Moola

Sneha Dravya: Tila Taila

Drava Dravya: Sahachara Panchanga, Goduqda

Prakshepaka Dravya: Sugar

Procedure: As per classical reference.

Method of collection of data

Study design

A Randomized Comparative Clinical Study

Sample Size

- 40 patients were selected and divided into two groups, 20 patients in each group.
- Group A 20 patients were treated with Traditional Kati Basti.
- Group B 20 patients were treated with Infrared aided Kati Basti.

Diagnostic criteria^[3]

- 1. Pain
- 2. Tenderness
- 3. Stiffness
- 4. Restricted movements of Hip Forward bending and Backward bending

Inclusion Criteria

- 1. Age 30 to 60 years of either sex.
- 2. Pain
- 3. Tenderness
- 4. Stiffness
- Restricted movement of Hip Forward bending and Backward bending

Exclusion Criteria

- 1. Age below 30 and above 60 years.
- 2. Acute inflammation.
- 3. Fracture and osteoporosis.
- 4. Bone disease eg -TB, etc.
- 5. Pregnant women.
- 6. Disc prolapse, Radiculopathy, Nerve compression.

Intervention

Group A - Traditional Katibasti [4]

Procedure: Make thick dough with black gram powder by mixing with adequate quantity of water. Using this thick dough make a rim and fix it firmly on the low back region where the highest pain is present. Take the *Sahachara Taila*, warm it and pour on inner wall of rim taking care not to spill out. When oil becomes cool, remove it with cotton and again refill with warm oil. Optimum temperature should be maintained throughout the procedure, time and duration of the procedure is 30 minutes. After 30 min oil should be removed by cotton and then the dough should be removed.

Group B - Infrared aided Katibasti

Procedure: Katibasti as same that of the group - A. But first oil is heated with infrared rays till it become warm than that oil was poured to Kati Basti and optimum temperature of oil is maintained with the help of infrared rays. The infrared lamp is kept at right angle to the Kati Basti in the distance of 2ft approximately horizontally from the patient. Surrounding area means other than Kati Basti was covered with cloth. After 30 min. infrared lamp was

switched off and removed from the area. There after oil was removed by cotton and then the dough was removed.

For both groups starch filled capsules 500 mg BD orally was given from 8th day to 30th day.

Assessment Criteria^[5]

Detail performa adopting standard methods of scoring subjective and objective parameters was analyzed statistically.

Subjective Criteria

Pain Grading

- Grade 0 No pain
- Grade 1 Mild pain lasting for less than 15 min occasionally not affects ADL (Activity of daily living)
- Grade 2 Moderate pain lasting for more than 15 min frequently affects ADL.
- Grade 3 Severe pain lasting for more than 30 min more frequently affects ADL badly.

Stiffness Grading

- Grade 0 No stiffness.
- Grade 1 Mild stiffness lasting for less than 15 min in morning occasionally not affects ADL.
- Grade 2 Moderate stiffness lasting for more than
 15 min in morning frequently affects ADL.
- Grade 3 Sever stiffness lasting for more than 30 min in morning more frequently affects ADL badly.

Mobility

- Grade 0 No restriction (mobility up to 20 cm)
- Grade 1 Mild restriction (mobility up to 12-18 cm)
- Grade 2 Moderate restriction (mobility up to 8-11 cm)
- Grade 3 Sever restriction (mobility up to 0-7 cm)

Scobers test

- Grade 0 Bend up to 20 cm
- Grade 1 Bend up to 15 cm

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- Grade 2 Bend up to 10 cm
- Grade 3 Bend up to 5 cm

SLR test

- Grade 0 Lift up to 75° 90°
- Grade 1 Lift up to 60° Below 75°
- Grade 2 Lift up to 45° Below 60°
- Grade 3 Lift up to 30° Below 45°

Walking time

- Grade 0 10 ft for 5 sec
- Grade 1 10 ft for 10 sec
- Grade 2 10 ft for 15 sec
- Grade 3 10 ft for 20 sec

RESULTS

Table 1: Overall response of the treatment.

Overall (%)	Group A	Group B	Total
Poor response (Below 25%)	5 (25.0%)	3 (15.0%)	8 (16.0%)
Mild response (25- 50%)	12 (60.0%)	13 (65.0%)	25 (50.0%)
Moderate response (51-75%)	2 (10.0%)	4 (20.0%)	6 (12.0%)
Marked response (>75%)	1 (5.0%)	0	1 (2.0%)
Total	20 (100.0%)	20 (100.0%)	40 (100.0%)

Table 2: Overall response of treatment on Objective parameters.

Overall assessment	Group A	Group B
No pain	15%	30%
No stiffness	20%	30%
No restriction	15%	20%

Schober test 50% 35% SLR test negative 30% 50% Walking test : 5% 0%

DISCUSSION

10ft in 5 sec

In Ayurvedic management of Katigraha, procedures like Snehana, Swedana, Lepa, Kati Basti, Basti and Agnikarma and Shamana Aushadhi are explained to provide better relief from pain, swelling, mobility. In our trail work Kati Basti with Sahachara Taila act as Vata Kapha Shamaka and Kati Basti simultaneously Snehana and Swedana will occur.^[6]

Discussion on Probable mode of action of *Sahachara*Taila in Kati Graha^[7]

In our research work *Sahachara Taila* is taken for trail and it has following properties. *Sahachara Taila* contains *Sahachara Panchanga*, *Tila Taila*, *Dugda* and *Sharkara*.

Sahachara drug has Madhura, Tikta Rasa, Ushna Virya, it act as Vata and Kapha Shamaka. Tila is Madhura, Tikta, Kashaya Rasa and Madhura Vipaka and Ushna Virya all these act as Vata and Kapha Shamaka. Dugdha and Sharkara are Vata Shamaka and Bhrimhana in effect.

So from above said properties it helps in *Samprapti Vighatana* of *Kati Graha* and helps in reliving symptoms.

Mode of action of procedure^[8]

Kati Basti is a Bhahirparimarjana Chikista. In this procedure both effects of Snehana and Swedana are achieved at the same time. For Vatavyadhi, Snehana and Swedana are the best line of treatment. As in Kati Basti retension of warm oil is made for 30 mins and temperature of oil is maintained throughout the procedure. This retention of oil will give the proper Snehana and Swedana effect, and absorption of the oil is get influenced. It is mentioned as heat is the one of factor which influences the drug absorption. All

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these properties will helps in reliving symptoms like *Shoola, Stambhata, Veadana* during *Prasarana* and *Akunchana*.

Comparison of the effects of both the therapies

It is obvious from the foregoing that Traditional *Kati Basti* and Infrared aide *Kati Basti* with *Sahachara Taila* provide the slight improved results in group B i.e. Infrared aided *Kati Basti* in both subjective and objective criteria's. This results are validated from stastical analysis. From this we can substitute the Traditional *Kati Basti* to Inrared aided *Kati Basti* which is safe and effective.

CONCLUSION

Katigraha is the condition pertains to vitiation on Vata and Kapha Dosha in Kati Pradesha. Traditional Kati Basti and Infrared aided Kati Basti both treatments are very effective can be practiced safely. Traditional Kati Basti is already proved that it is treatment of choice as Bhahirparimarjana Chikitsa in all lumbar disorders. Satistically group A (Traditional Kati Basti) and group B (Infrared aided Kati Basti) both are showning significant results in subjective and objective parameters with slight improved results with group B. From statical analysis we can conclude as Traditional Kati Basti can be replaced to Infrared aided Kati Basti which is safe, effective and less time consuming.

REFERENCES

- Gadanigrha of Shri Vaidya Sodhala with the vidyotini Hindi commentary, Edited by Sri Gangasahaya Pandeya, edition Reprint 2005, Chuakhamba Sankrit Publication, Varanasi, Part 2 Kayachikista khanda, chapter 26 shloka no. 160 page no.505
- Charaka Samhita of Agnivesh, edited by Vaidya Harish Chandra Singh Kushwaha, Second Part, Published by Chaukhamba Orientalia, Varanasi, Reprint Edition 2012, Chikistasthana 28 chapter shloka no. 144 page no. 757
- J. Maheshwari, Essential Orthopaedics, 2nd Revised and Enlarged edition, Published by Enterprint july 2000, chapter 35, page no. 254.

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- 4. Vasant Patil, Principle and Practice of Panchakarma, Second Edition, Published by Atreya Ayurveda Publications, chapter 8, page no 166.
- MACLEOD'S Clinical Examination, Edited by Graham Douglas, 11th Edition, Published by Elsevier Churchill Lovingstone, chapter 10, page no 326.
- Vaidya Jadavji Trikamji Acharya edited Susrutha Samhitha, Sanskrit translation, Reprint 2008, Choukhamba Surbharati Prakashan, Varanasi, Sutrastana, Chapter 1, Sloka no. 23, Page no. 6.
- Charaka Samhita of Agnivesh, edited by Vaidya Harish Chandra Singh Kushwaha, Second Part, Chaukhamba Orientalia, Varanasi, Reprint Edition 2012, Chikistasthana 28 chapter shloka no. 144, page no. 757.

8. Vasant Patil, Principle and Practice of Panchakarma, Second Edition, Published by Atreya Ayurveda Publications, chapter 8, page no. 166.

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