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"A CLINICAL STUDY TO EVALUATE THE EFFICACY OF KATIBASTI AND PATRAPIND SWEDA IN THE MANAGEMENT OF KATISHOOLA" W.S.R TO LOW BACK PAIN"

Ayurveda

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ABSTRACT

In present era low backache (Katishoola) is a common complain among the patients visiting hospital for treatment. About 39% of the population present complaints of low back pain at some point in their lives, Incidence is more in females aged between 40 and 80 years. Katishoola is not described as a independent diseas. Katishoola is an important clinical, social, economic, and public health problem affecting the population indiscriminately. Kati Shoola is a disease which is mainly caused by vitiation of *Vata Dosha*. Some ancien texts also describe *Kati Shoola* as a symptom of some disorders such as *Kati Graha*, *Trika Graha*, *Prushta Graha*, *Kati Vayu*, *Trika Shoola*, *Prushta Shoola*, *Trika Vedana*. The treatment regimen, which is described here, to treat patients whose suffering from Kati Shoola successfully. The duration of the treatment is 7 days, using panchkarma procedure Katibasti and Patra Pind Sweda.

KEYWORDS

Kati Shoola, Low Backache, Kati Basti, Patra pind sweda.

INTRODUCTION

Katishoola

The word Kati-shoola is originated from the union of two words viz., Kati and Shoola, According to The Sabdakalpadruma the word "Kati" signifies the region of low back and the word "Shoola" means pain. Acharya Susrutha has defined Shoola as "shandhi sphotana vath teevra vedana".In Ashtangasamgraha pain at Kati region is told under medo dhatu ksheena karma as "katiswapa" .According to Gadanigraha vitiated Vata alone or along with kapha localizes in Katipradesa and cause the pain and stiffness at Kati pradesa. This is named as Katigraha.

In Ayurvedic classics the words Nidana have been used in two ways:
(1) Causative Factor
(2) Diagnosis

The Causative factors explained in the classics may be divided into many groups but for the sake of convenience, these can be grouped into two types viz.:

(a) Samanyaja
(b) Viseshaja In case of Kati-Shoola, there are no specific causes have been available only general causes of Vatavyadhi have been explained. Because Kati-shoola has been counted under NanatmajaVata Vyadhi so far the general causative factors of Vata Vyadhi, are being discussed here to explain the manner, in which some of them can be held responsible for the manifestation of the disease Kati-shoola.

In regard to causative factors of Vata Vyadhi on only Charaka and Bhava Prakasha has explained in details while in Sushrata Samhita, Astanga Samgraha and Astanga Hridya etc. the causes of VataVyadhi have not been clearly described. However in these texts, the causative factors provoking Vata Dosha are described.

Here Kati-shoola is considered as a Nanatmaja type of disease of Vata. The provocating factors of Vata can also be taken as the cause of Kati-shoola. Commentator Chakrapani has said that specificity of Nidana produces affinity of Vata towards vitiation of particular sthana. Also Acharya Charaka has stated that provoked Dosha due to specific Nidana, vitiates specific Dushya and generates innumerable varieties of disorders.

Common Hetus of Vatavyadhi, which are mentioned by Acharya Charaka are as below.

- Aharaja : Atiruksha, Atishita, Atialpa, Atilaghu, Abhojan etc.
- Viharaja: Atiprajagaran, Divasvapna, Ativyavaya, Vegasandharan, Plavana, Atiadhva, Ativyayam, Vichesta, Sigrayangamana.etc.
- Manas:Atichinta, Atishoka, Atikrodha, Atibhaya.etc.
- Others: Langhanam, Amad, Vishamad Upacharad, Dhatunam Sankshyad, Doshashruk Sravanad, Rogatikarshanad, Marmaghat etc.

Samprapti of Kati-shoola

The ways in which the Dosha gets vitiated and the course it follows for the manifestation of a disease are called as SamraptiJati and Agati are its synonyms.

A proper understanding of Samprapti is vital for treatment since Chikitsa as enunciated in Ayurvedic texts is nothing but Samprapti Vighatana.

Physician who is capable of detecting the Samprapti through its stages of evolution will be best and capable to provide ideal Chikitsa. Charakas detailed explanation on Samprapti is self-indicative of importance of Samprapti in Chikitsa. No detailed Samprapti of Kati-shoola is described in texts. However, on the basis of symptomatology given in texts, which is based on the Pratyaksha Lakshana found in the patients. Samprapti Ghataka of this disease can be involved. The important Ghatakas of Samprapti of any disease are:

1. Dosha
2. Dushya
3. Srotas
4. Agni
5. Ama
6. Udbhavasthana
6. Adhisthana etc.

On the basis of available description, regarding the disease Kati-shoola the Samprapti of Kati-shoola can be formulated as below:

- Dosha-Vata and Vatanubandhi Kapha
- Dushya-Rakta, Mamsa, Meda, Asthi and Majja
- Srotas- Mamsavaha, Medovaha and Asthivaha
- Srotodusti- Sanga, Margavarodha
- Udbhavasthana- Pakvasaya
- Adhisthana- Sani, Kati,Uru

Kati Basti :

Kati Basti is a traditional Ayurvedic treatment used for lower backache and disorders of lumbosacral region, including slip disc, lumbar spondylosis, sciatica, spinal problems etc. It is very safe and non-invasive therapy.

Generally katibasti derived from two words :

- KATI- low back region
- BASTI – compartment to hold

Kati basti is a form of Snehayukta sweda, Sagni, Ekanga, Snigdha, Madhyama, Drawa, and Samshamaniya bahiparimarjana chikitsa. It is the combination of Snehana and Swedana both work together in synchronous and help to relieve Stambha, Gaurava, and Seeta, as well as to lessen the severity of pain. Kati basti is one such method in which rapid relief from symptomatology can be acquired from a Shamana perspective, as well as numerous medications that ease the severity of pain and improve functional ability, both of which are important in Gridhrasi. It is a Bahirparimarjan chikitsa that relieves Sthanikvata and provides Brumhana qualities in the Kati area, which is where the disease occurs (lumbosacral region). Warm oil is used in Kati Basti, warm oils pacify , so it reduces pain and stiffness. It lubricates the region and relaxes the surrounding muscles.

It works on vata and kupha. Sometimes patients experience stiffness

along with very dull pain and heaviness. The base of all oils used in Kati Basti is Sesame Oil. Sesame Oil has VATA and kupha. pacifying properties. Therefore, Kati Vasti also works on back pain and tightness, stuffiness and back tiredness.

Materials Required:

Flour of black gram - 250 gm
Taila used - Prasarni oil (150 ml)
Vessele - 2
Towels- - 2
Gas stove - 1

Patra Pinda Sweda

Ayurveda is known for its unique methods of treatments, healthy lifestyle and positive diet regimens. Injuries and pain are the most common ailment in day to day life. Some people prefer to take pain killer pills to get relief from the pain. Pain killers may cause harm to the body, whereas Ayurveda offers the harmless methods for pain relief. Swedana or fomentation is one of the methods for pain management.

There are a number of fomentation methods mentioned in Ayurveda. Patra Pind Sweda is one among such methods. Patra = medicated leaves, Pind = bolus and Sweda = fomentation.

Freshly collected Vata alleviating leaves are collected and chopped to make a bolus out of it, using a piece of cloth. Of course, there is a specific method and procedure to prepare it. This bolus is used for fomentation in specific manner for affected part or whole body. Patra Pind Sweda improves the blood circulation to the affected part, dilates the blood vessels, pacify the Vata and thus relive the pain and stiffness. This method is really helpful in Back pain, Arthritis, Cervical pain, Sciatica, Muscular pain, Sprains etc.

Materials Required:

1. Patras used - (100gm each) - Eranda, Arka, Nirgundi, Chincha & Sigru
2. Grated coconut -50gms
3. Sliced lemon - 50gms
4. Tilla Taila - quantity sufficient for frying the Patras
5. Cotton cloth - (45 cm X 45cm) 2 pieces
6. Taila used - Murchit Til Taila 50 ml per day
7. Vessele - 2 (for frying leaves and for hotting pottali)
8. Towels- - 2

This is type of Sweda wherein the fomentation is done by heated bolus bags containing leaves of medicinal plants.

MATERIALAND METHODS:

A small step of research can become a boon to humanity. Hence the present work is asmall step in the field of medical science. In the research of medical science, clinical study is the most vital part of it and evaluation of any therapeutics is incomplete unless and until they are tried clinically.

- 40 Patients fulfilling the criteria for the diagnosis of the disease were registered for the present study irrespective of their age, sex, religion, etc.
- Among these, 4 patients left the treatment before the completion of the therapy. The patients were selected from the O.P.D. of Panchakarma

Grouping :

The patients were randomly divided into two groups

GROUP (A) – The Patients of this group were given Patra Pinda Sweda for 7 days

GROUP (B) – The Patients of this group were given Kati Basti for 7 days.

Duration

Duration of the treatment will be decided according to condition and severity of the patient.

Follow Up

After completion of the treatment, patient will be advised to visit after 1week for follow up.

Criteria For Assessment

- Ruka -
- No pain- 0
- Mild pain but no difficulty in walking- 1
- Moderate pain and slight difficulty in walking- 2
- Severe pain with severe difficulty in walking– 3

Toda -

- No Toda-0
- Occasional- 1
- Mild-2
- Moderate- 3
- Severe– 4

Stambha:

- No Stambha- 0
- Occasional- 1
- Mild-2
- Moderate- 3
- Severe– 4

Spandananubhuti :

- No Spandana- 0
- Occasional- 1
- Mild-2
- Moderate- 3
- Severe– 4

Tandra

- No Tandra- 0
- Mild-1
- Moderate- 2
- Severe– 3

Gaurava –

- No Gaurava- 0
- Mild-1
- Moderate- 2
- Severe– 3

Shotha

- No Shotha- 0
- Mild-1
- Moderate- 2
- Severe– 3

Statistical Analysis

Mean, Percentage, ±S.D., ±S.E., 't' and P value were calculated. Paired 't' test was used for calculating the 't' value.

Criteria For Assessing The Total Effect

- Cured :More than 75% relief in the complaints of patient.
- Marked Improvement :50- 75% relief in the complaints of patient.
- Moderate Improvement :25-50% relief in the complaints of patient.
- Unchanged :Up to 25% relief in the complaints of the patients.

Presentation Of Data

The data collected and compiled from this clinical trial were sorted out and processed. Statistical methods are presented in tabular form, follows as

- General observations- age, sex, religion, etc.
- Results of therapy evaluated on the basis of improvement in signs and symptoms.

Distribution Of 36 Patients Of Katishoola According To Lakshana

Lakshana	Number of Patients		Total	Percent
	Group A	Group B		
Ruka	20	20	40	100%
Toda	14	16	30	75%
Stambha	13	12	25	62.5%
Spandananubhuti	15	15	30	75%
Tandra	11	10	21	52.5%
Gaurava	00	01	01	2.5%
Sotha	02	00	02	5%

The data of the present series reveals that, all the patients were having the Ruka Lakshana, while 75% each were found under Toda, Spandananubhuti and stambha whereas 62.5%were having Tandra 52.5% were having, 2.5% were having Gaurava and 5% were having Sotha.

Effect Of 36 Patients Of Katishoola On Lakshana -

Lakshana	Group	Mean Score		% of Relief	S.D.	S.E.	't'	P
		B.T.	A.T.					
Ruka	A	1.93	0.40	79	0.52	0.13	11.50	<0.001
	B	2.3	0.88	58.82	0.46	0.16	0.00	NS
Toda	A	1.87	0.27	86	0.99	0.25	6.29	<0.001
	B	1.50	0.63	58.33	1.13	0.40	0.06	NS
Stambha	A	1.13	0.07	94	0.96	0.25	4.30	<0.001
	B	1.50	0.75	50.00	0.71	0.25	0.02	NS
Spandananubhuti	A	1.13	0.27	76	0.83	0.22	4.03	<0.01
	B	2.13	0.75	64.71	0.92	0.32	0.00	NS
Tandra	A	0.40	0.07	83	0.49	0.13	2.65	<0.02
	B	1.00	0.00	100	0.00	0.00	0.00	-
Gaurava	A	0.00	0.00	0.00	0.00	0.00	-	-
	B	0.13	0.00	100	0.35	0.13	0.35	NS
Sotha	A	0.07	0.07	0.00	-	-	-	-
	B	0.00	0.00	0.00	-	-	-	-

Overall Effect Of Therapy On 36 Patients Of Katishoola –

In Kati Basti group A (18 patients), cure improvement was not observed in any patient, while moderate improvement in 11.11% marked improvement 88.89 % and none of the patients were remained unchanged while in Patra Pinda Sweda (18 patients), none of the patients was found cure improvement 50%, while marked improvement in 50%, moderate improvement and none of the patients were remained unchanged.

DISCUSSION –

Any Research work without discussion is incomplete. Vitarka is one of the six features to be present in a good scholar (Ch. Su. 9/27). Discussion improves the knowledge and discussion on the basis of the Shastra, becomes the root of establishment of the concept. Therefore, before concluding this work, it is necessary to discuss about the findings of all sections.

Ayurveda is based on scientific ways of its kind. Facts mentioned in Ayurvedic classics are not merely stands on imaginations or logical interpretations but are written after careful investigations, observations and experimentation. Ancient research methodology has also accepted the importance of Upnayana i.e. discussion prior coming to any conclusion. A theory is accepted only after the proper reasoning hence; discussion is a crucial part of any scientific research.

A discussion based on shastras (Authentic documents), over any conceptual & practical oriented study definitely gives one or other fruitful conclusions.

Discussion on Clinical Study

- Total of 36 patients were registered in this study. In the Group A, 18 patients were Given Kati Basti and in group B, 18 patients were given PPS.
- For the assessment of the results guideline laid down by classical text of The results obtained were statistically analyzed and percentage of relief, Mean, S.D., S.E.,'t' and P– values were calculated by using the paired t-test.

Group A (Kati Basti): In this group, total 18 patients were subjected to Kati Basti, 30 min everyday for 07 days.

Group B: In this group, total 18 patients were subjected to Patrapinda Sweda, 30 min everyday for 07 days.

Effect Of Lakshana

The mean score of Ruka in group A before treatment was 1.93 which was reduced to 0.40 after treatment with 79 % relief. The mean score of Ruka in group B before treatment was 2.3 which was reduced to 0.88 after treatment with 58.82% relief. Groups B were statistically significant (P<0.001).

The mean score of Stambha in group A before treatment was 1.13 which was reduced to 0.07 after treatment with 94% relief. The mean score of Stambha in group B before treatment was 1.50 which was reduced to 0.75 after treatment with 50% relief. Group A was statistically highly significant (P<0.0001).

The mean score of Spandanubhuti group A before treatment was 01.13 which were reduced to 0.27 after treatment with 76% relief. It was statistically nonsignificant. The mean score of Spandanubhuti in group B before treatment was 2.13 which was reduced to 0.75 after treatment with 64.71% relief. It was statistically highly significant (P<0.0001).

The mean score of Tandra group A before treatment was 0.40 which was reduced to 0.07 after treatment with 83% relief. The mean score of Tandra in group B before treatment was 1.00 which was reduced to 0.00 after treatment with 100% relief.

The mean score of Gaurava group A before treatment was 00.00 which were reduced to 0.00 after treatment. The mean score of Gaurava in group B before treatment was 0.13 which was reduced to 0.00 after treatment. With 100% relief.

CONCLUSION

Lumbar disc disease is emerging as one of the most common diseases especially of the urban population. It is commonly seen in society as a prominent problem.

The prevalence of this disease has been expected to be increasing due to improper lifestyle and poor working, sleeping and sitting postures.

Modern treatment of Katishoola is not very satisfactory and is often associated with serious side effects. Physiotherapy is also advocated in this condition but the results are often uncertain.

There is no classical disease can be equated precisely with LBP but on the basis of core pathogenesis, this condition can be considered as Vata vyadhi. Being a type of Vata vyadhi, general Vata provocating factors are accepted as Nidana. Vyana Vayu and Slesama Kapha are essential component to produce Asthigata Vata.

Ayurvedic therapy addresses the most fundamental causes of the problem. There are number of treatment modalities available in Ayurveda for such condition e.g. Basti, nasya, Patrapinda seweda, Abhayanga and internal medications.

Conclusion can be made from the present study that Katibasti can offer good benefit in neurological manifestations of LBP like tingling sensation, numbness, diminished muscle power and diminished reflexes where as Patrapinda Sweda can do better to relive pain, tenderness, stiffness and restricted movements.

Acute & severe herniations and resulting myelopathy can be treated only with surgery and further maintained by use of Ayurvedic therapy.

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