

An Observational Study on Role of *Katibasti* and *RasnadiGuggul* in the Management of *Katigatvata*

C.S.Tanmane^{1*}, Sandhya N.Wagh² and A.S.Charde³

¹Dept. of Kayachikitsa BMAM, Nagpur, Maharashtra, India

²Dept. of Rognidan BMAM, Nagpur, Maharashtra, India

³Dept. of Sharirachana, BMAM, Nagpur, Maharashtra, India

Abstract

Katigatvata/katishool is the emerging problem arising due to the adaptation of modern life style. Many patients are suffering from this condition, having no suitable treatment available in the modern medicine except analgesics and surgery. However, in Ayurveda medicine there is better management described in texts for *katigatvata*. The clinical study was conducted in 30 patients of *katigatvata* treated with Ayurvedic Herbal medicine *RasnadiGuggul* and *Katibasti* with *Dashamul oil*. All the patients were divided into 3 groups of 10 patients each. Group A of 10 patients were advised *RasnadiGuggul* 500 mg twice a day for one month. Patients of Group B were administered *katibasti* with *Dashmool* oil for 21 days. While patients of Group C were recommended Tab *RasnadiGuggul* 500 mg twice a day for one month along with *katibasti* for 21 days, simultaneously. It was observed that patients of *Katigatvata* of Group C treated with herbal drug *RasnadiGuggul* and *Katibasti* showed maximum percentage of improvement as comparative to Group A and Group B. No side effects were noted in any of the patients during the trial period.

Keywords *shool, katigatwat, katibasti, dashmool*



Greentree Group

Received 19/10/15 Accepted 27/10/15 Published 10/11/15

INTRODUCTION

Shool means pain; pain is the most fundamental primitive sensation and is also the protective mechanism of the body. Pain is subjective feeling more than a physical sensation. Among various types of pain Lumbo sacral pain i.e., Lumbago is most common problem found in human beings. According to *AcharyaSushrut*, *shool* which produce in particular part of the body caused by vitiated and provoked *Vatadosha*.¹ Pain in lumbosacral region is termed as *katishool* which has been described in Ayurvedic texts as *Vatavyadhigroup*.²

Drugs having the properties like *vednasthapana*, *vatanulomana*, *shothahara*, *ampachana* are likely to help in the management of *katishoola* which has been studied with the help of modern approach.

AIMS AND OBJECTIVES

1. To evaluate the effect of *RasnadiGuggul* (oral therapy) in *Katishool* on various scientific and biological parameters.
2. To evaluate the effect of *Katibasti* (external procedure) in the management of *Katishool*.
3. To evaluate the effect of combined therapy with *RasnadiGuggul* and *Katibasti* both in management of *Katishool*.

MATERIALS AND METHODS

1. Selection of cases :

Thirty patients of *Katishool* were selected for the present clinical study and randomly divided into following three groups of 10 patients each. From the OPD and IPD of BMAM hospital, Nagpur.

Inclusion criteria:-Age between 20 – 60 yrs of either sex, duration of disease not more than 10 yrs, all non-surgical cases of lumbosacral disorders.

Exclusion criteria:-Patients suffering for more than 10 yrs, congenital cases, lumbosacral disorders, all the cases with serious accidental injuries involving structural deformity, all the cases with chronic infective disease of bone TB, pyogenic infection and all the postoperative cases involving foreign material implantation.

2. Group Management:

Group A: 10 patients of *Katishool* were recommended Tab. *RasnadiGuggul* in the dose of 500 mg two times a day with lukewarm water for 21 days.

Group B: 10 patients of *Katishool* were administered *Katibasti* with *Dashmooloil* for 21 days.

Group C: 10 patients were recommended Tab. *RasnadiGuggul* and *Katibasti*, simultaneously. All the patients were administered 5 gm *Haritki Churna* in night with lukewarm water for the purpose of *kosthashuddhi* and *vatanulomana*.

3. Drug Dose and duration of treatment:-

For current study the drug has been chosen from Ayurvedic texts for the management of *katishool*(*vatvyadhi*) i.e.,*RasnadiGuggul* and *Dashamool* oil as anti-arthritic and anti-inflammatory activities and results came out were beyond expectations.



S No	Drugs	Botanical name	Therapeutic Actions
1	Guggul	Commiphoramukul	Anti-inflammatory, antiarthritic
2	Guduchi	TnoforaCardifolia	Analgesic, Antipyretic
3	Rasna	Pluchealanceolata	Analgesic, Anti-inflammatory
4	Eranda	Ricinuscommunis	Analgesic, Anti-inflammatory
5	Devdaru	Cedrusdeodara	Astringent, carminative

Tab. of *RasnadiGuggul* 500 mg was prepared according standardization method in the department of *Rasshatra*.

Dashmooloil:-*Bilva, Syonak, Patla, Agnimanth, Gambhari, Salparni, Prisiniparni, Brihati, Kantksri, Gokshura* and *TilaTaila*. All the contents of *Dashmool* were taken to preapare *Kwath* and *Kalka* and then mixed with *TilaTaila*, then it was kept for boiling till the sign of *samyakpak* appeared.

Duration of clinical trial:-Duration of this clinical study was 21 days. All the patients were followed up once in a week regularly.

4. Criteria of assessment:-Both subjective and objective parameters were employed for assessment of the impact of the treatment produced in respective groups. In Subjective criteria(Physical and mental fitness and relief in pain and stiffness.) improvement measuredby perception of the feeling of well-being by the patients.

Clinical evaluation:-

It was done on the basis of various signs and symptoms of back pain studied which were as follows, all criteria were taken in gradation like mild, moderate and severe.

- 1) Pain in lumbosacral region
- 2) Stiffness
- 3) Restriction in movement
- 4) Tenderness on deep palpation
- 5) Pain in changing posture
- 6) Weakness of lower part of body
- 7) Diffuse musculoskeletal pain

Objective Assessment:- Following instigations were done to rule out some underlying disease.

- 1) Hbgm % T.L.C. DLC ESR
- 2) RA factor
- 3) X-Ray L.S. Spine AP/ Lat view
- 4) **Observation and Results**:-Clinical Improvement

Table 1 Distribution of patients according to symptoms studied

Sr.no	Symptoms	No. of Patients	In %
1	Pain in lumbosacral region	30	100%
2	Stiffness	30	100%
3	Restriction in movement	30	100%
4	Tenderness on deep palpation	26	86.6%
5	Pain in changing posture	29	96.6%
6	Weakness of lower part of body	25	83.3%
7	Diffuse musculoskeletal pain	30	100%

It was observed that all the patients were suffering from the pain, stiffness and restriction in movement



along with diffuse musculoskeletal pain, while there was 86.6% patients were having tenderness on deep palpation, 86.6 % patients were having pain during changing posture, 83.3% patients were having weakness at lower part of body. (Table.1)

Table 2 Relief in severity of symptoms in group A

Sr. no	Symptoms	Mean BT	Mean AT	Mean Relief	In % relief
1	Pain in Lumbosacral region	3.1	1.7	1.4	45%
2	Stiffness	3.6	1.8	1.8	50%
3	Restriction in movement	2.9	1.6	1.3	44.8%
4	Tenderness on deep palpation	3.2	1.3	1.9	59.3%
5	Pain in changing posture	3.1	1.4	1.7	54.8%
6	Weakness of lower part of body	1.8	0.8	1.0	55.5%
7	Diffuse musculo-skeletal pain	3.6	1.9	1.7	47.2%

After treatment it was observed in group-A that there was significant reduction in the range of 45-55% relief in each symptoms of katigatwat. (Table 2)

Table 3 Relief in severity of symptoms in group B

Sr. no	Symptoms	Mean BT	Mean AT	Mean Relief	In % relief
1	Pain in lumbosacral region	3.0	1.6	1.4	46.6 %
2	Stiffness	3.3	1.9	1.4	42.4 %
3	Restriction in movement	2.3	1.1	1.2	52.1 %

4	Tenderness on deep palpation	2.5	1.2	1.3	52%
5	Pain in changing posture	2.6	0.9	1.7	65.3 %
6	Weakness of lower part of body	2.2	0.7	1.5	68.1 %
7	Diffuse musculo-skeletal pain	2.9	1.5	1.4	48.2 %

After treatment it was observed comparative to group –A in group-B there was significant reduction in the range of 46-68 % relief in each symptoms of katigatwat. (table no.3)

Table 4 showing relief in severity of symptoms in group C

Sr.no	Symptoms	Mean BT	Mean AT	Mean Relief	In % relief
1	Pain in lumbosacral region	3.6	0.9	2.7	73%
2	Stiffness	3.5	0.7	2.8	80%
3	Restriction in movement	2.4	1.0	2.3	95.8 %
4	Tenderness on deep palpation	3.4	0.5	2.9	85.3 %
5	Pain in changing posture	2.5	0.5	2.0	80%
6	Weakness of lower part of body	2.9	0.1	2.8	96.5 %
7	Diffuse musculoskeletal pain	3.0	0.7	2.3	70.6 %

After both treatment (*RasnadiGuggul* along with *katibasti*) it was observed that in group-C there was

significant results seen in the range of 70-95 % relief in each symptoms of *katigatwat*. (table no.4)

Table 5 showing relief in patients in different groups

Sr.no	Group	Mean BT	Mean AT	Mean Relief	In % relief
1	Group A	3.9	2.05	1.86	47.89%
2	Group B	3.67	1.9	1.77	47.30%
3	Group C	3.99	0.68	3.31	84.05%

In above table no 5 it was seen that there was 47.89% relief in Group-A, 47.30% relief in Group-B while in Group-C it was observed that 84.05% relief got symptomatically in the patients of *katigatwat*. As the Group –C were having both the type of treatment which yields the better outcome in total percentage relief.

RESULTS AND DISCUSSION

- 1) Clinically after five days of starting the therapy pain, stiffness, referred muscle Cramp, Sprain restriction in movement numbness, diffused musculoskeletal pain starting decreasing.
- 2) As the treatment proceeds a marked reduction in the severity of almost all the symptoms was found within a week.
- 3) The percentage as well as relief in the patient of Group C was comparatively moderately high as compared to Group A and Group B.
- 4) The mean relief found in the patients of group A,B,C where 47.89%, 47.3%, 84.0%, respectively.
- 6) In case of systemic symptoms such as indigestion, insomnia and anorexia a clinical relief was found as a

result of the therapy and due to relief from the distressing pain.

Probable modes of action of *RasnadiGuggul*

Katishoola is caused by vitiation of *Vatadosha* in body. All the drugs in *RasnadiGuggul* are *Guru* and *Snigdha* in *Gunaso* they pacify vitiated *VataDosh*. All the constituents of *RasnadiGuggul* are *Shothahara* and *Vedanasthapana* and *Vatanulomaka* thereby they acts as anti-inflammatory and pain reliever & it results in feeling of well-being in the patients of *Katishoola* by producing significant symptomatic relief.

According to modern medical science anti-inflammatory drugs reduce the amount of prostaglandins (chemicals released by cells) at the site of injury and at the nerve endings of sensitive nerves which cause pain. It is expected that the herbal formulations selected for current project may have produced effects on the same principle.

Probable modes of action of *Katibastiwith Dashmool Tail*.

Dashmool Tail itself being the principal pacifier of *VataDosh* when processed with such *dravyas* having pharmaco-therapeutic properties opposite to the qualities of *VataDosh* becomes more potent vitiated *VataDosh* pacifier, so by neutralising the vitiated *Vatadosha* it alleviates pain.

The herbs used in this *Tail* have deep penetrating properties right in the dermal layers, soothing the nerves and cells beneath the skin, resulting in relief of pain.

According to the concepts of modern medical science there are some therapeutic effects of local application of heat. Therapeutic heating effects are achieved when a tissue temperature of 41-45°C is reached when tissue temperature is more than 45°C tissue damage

can occur. Therapeutic effects of heat are due to increased blood flow, increased metabolic activity, stimulation of neural receptors in the skin or tissues and effect of heating on nerves. Increased blood flow leads to better delivery of nutrients, efficient removal of the waste products and hence hastening the natural repairing process (healing). This relieves the muscle spasm and results in alleviation of pain.

The pathways for transmission of thermal signals are almost parallel, but terminate at same area. So out of these two i.e. thermal and pain only the stronger one can only be felt. So on therapeutic application of heat, relief of pain can be explained by complete exclusion of pain impulses by heat impulses, due to occupying of final common pathway.

No toxic or side effects were noticed in any of the patient registered in the current series of patients of *Katishoola* (Lumbago) after administration of *RasnadiGuggul* and *Katibasti* with *Dashmool Tail*.

CONCLUSION

It can be concluded that the drug *RasnadiGuggul* is an effective medicine in *Katishool*, but when accompanied with authentic *Panchakarma* techniques specially *snehana*, *swedana* and *katibasti* it gives superior results with least expenditure and no harmful effect or complication.

Conflict of interest: Nil

Source of Support: Nil



REFERENCES

- 1) KavirajaAmbikaduttaShastri
,SushrutasamhitaSutrasthan 38/25, reprint 2005,
Choukhambha Sanskrit sansthan Varanasi p-143.
- 2) Ranjeetray Desai.
NidanaChikitsaHastamalaka. 1st edition Calcutta.
ShriBaidanathaBhavana, Pvt.Ltd. 1953 p. 257-298
- 3) Madhavakara with Madhukosha
commentary by Vijayarakshita, published by
MotilalaBanarasidasa, Delhi, 1st Edition.
- 4) MadhavaNidanam with Madhukosha
commentary (Hindi translation) by
NarendranathShastri published by
MotilalBanarasidasPrakashan,
Delhi.RajvaidyaPrabhashankar Nam-Bhatta.,
Bhavaprakasha by Bhavami. 1st edition
ShastriGirijashankarMayashankar,
SastushahityaVardhakKaryalay, 1966.
- 5) Chuneekar K. C. BhavaPrakashNighantu,
Bhavamishra and Hindi Comm., 1st Edition Varanasi,
ChaukhambhaBharati Academy, 1988.
- 6) Pt. KashinathShashtri,
Dr.GorakhnathChaturvedi. CharakaSamhita –
Vidhyotinihindi Comm. Eighth edition Varanasi;
ChaukhambhaBharati Academy,1992.
- 7) Shrikant Murthy ed, Sharangdharsamhita,
prathamkhanda, 7/102, 1st edition 1984,
ChoukhambhaOrientalia Varanasi p -40.
- 8) NidanaChikitsaHastamalaka by Ranjeet Ray
Desai, ShriBaidanathaBhavana, Pvt. Ltd. Calcutta.
1st edition 1953.
- 9) Yogratanakar edited by LaxmipathiShashtri,
Published by ChaukhanbaSanskriti
1999.ShitapittaChikitsa p.236.
- 10) CharakaSamhita – Vidhyotini Hindi Comm.
by Pt. KashinathShashtri and
Dr.GorakhnathChaturvedi, ChaukhambhaBharati
Academy, Varanasi, Eighth edition 1992. Dr. K.M.
Nadkarni. Indian MateriaMedica .3rd Edition
Bombay, Popular Book Depot. 1994,
- 11) Vijayarakshita. MadhavaNidana by
Madhavakara with Madhukosha commentary. 1st
Edition Delhi, MotilalaBanarasidasa.p.132-138.