Role of Ashwagandha Taila Matrabasti in the Management of Katigraha

Research Article

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Abstract

Background: Katigraha (lumbago) is the condition which is characterised by stiffness and pain. Due to vitiation of Vata in the Katipradesh. About 80% of the industrial population and 60% of the general population experience low back pain at some point of their life time due to wrong postural habits and psychological factors. Basti chikitsa is mainly useful in disorders related to Vata Doshas. Matrabasti is a type of Sneha Basti which can be given in all seasons without any strict regimen of Diet. It has Brumhana and Vatahashmaka in nature. And Madhur Dravya (Ashwagandha Taila) is one such combination to pacify the Vata in Katigraha. Objectives: To evaluate the efficacy of Madhur Dravya (Ashwagandha Taila) Matrabasti in Katigraha for relieving Pain and Stiffness. Settings and design: This was an open-labelled single arm interventional clinical study. Methods: Fifteen diagnosed case of katigraha were registered from the outpatient and inpatient department of Panchakarma and Madhur Dravya (Ashwagandha Taila) Matrabasti administered for 9 days. Statistical Analysis- The data were statistically analysed by using paired t test. Results: Highly significant (P< 0.0001) result was found in all the assessment parameter like Pain, Stiffness.

Key Words: Katigraha, Madhur Dravya (Ashwagandhsa Taila), Matrabasti.

Introduction

Katigraha is the commonest encountered disease. Katigraha is one of the Vatavyadhi which is the problem of lumbar region. Even though this disease is not life threatening but it hampers the daily activity. It is described as a separate disease in the classical text Gadanigraha and Acharya Sharangdhar considered it as a nanatmaja Vatavyadhi. Acharya Shodhalya described that it is a condition characterized by pain and restricted movement of Kati. Kati itself is one of the seats of vatadosha and the root cause of disease is aggravated by Vata (1).

About 60-80% of world population experience low back pain at some time in their lives. The highest prevalence is among people aged 35-60 years (2).

Low back pain is a clinical condition in which lot of conditions can be interpreted ranging from spondylosis, space occupying lesions, tuberculosis of spine, inter vertebral disc prolapse, etc. low back pain is not a onetime phenomenon; rather it is characterized by the commonest presenting symptom is low back pain with or without the pain radiating down the back of the leg (sciatica) (3).

In the chikitsa sutra of Vatavyadhi many Acharyas advised Basti and Acharya Charaka has mentioned Matrabasti as a brumhana sneha (4) hence in present Study Matrabasti is selected. Shad skanda is mentioned by Acharya Charak in Viman sthan for bastikarma. Ashwagandha is in the Madhur Skanda (5). Which exert Vatahara and brumhana action. The main treatment principle to pacify vata is used of Vatahara drugs added with Snigdha Dravya (Tila Taila) having Madhur Vipak (6). The Ashwagandha Taila is such combination to pacify Vata in Katigraha. Thus in the present comparative study is designed to evaluate the effect of Madhur Dravya (Ashwagandha Taila) Matrabasti with the hypothesis that these basti may prove beneficial in managing the disease pathogenesis by Brumhana and Vatahar property (7).

Aim and Objectives

To evaluate the efficacy of Madhur Dravya (Ashwagandha Taila) Matrabasti in Katigraha for relieving Pain and Stiffness.

Material and Methods

A total of 15 patients were registered for the study from the outpatient and inpatient department of Panchakarma mahatma Gandhi Ayurved College Hospital and Research Centre Salod (H), Wardha. Who were diagnosed with Katigraha. Informed consent was obtained from the patients before starting the intervention.

Inclusion Criteria

A diagnosed case of Katigraha age between 25 to 65 years, irrespective of their sex, economic status,
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Religion, and occupation and Clinical symptoms from 6 months to 1 year.

Exclusion Criteria
- Patients having neurological deficit.
- Lumbar and other intervertebral disc disorders with myelopathy, other disc degeneration and radiculopathy (M51.0of ICD-10).
- Pregnant women, Traumatic patients.
- Associated with simple and compound fractures.
- Matrabasti Ayogya- Patients suffering from piles, debility, anaemia.

Diagnostic Criteria
- Clinical Examination- Shoola and Sthambana in katipradesha
- Low back pain range of motion flexion by schober’s test.
- Negative SLRT
- Radiological Examination like X-ray of lumbar spine.

Investigation for screening:
RBS were carried out before treatment to exclude diabetic patients because Ashwagandha is one of the Madhur Skanda Dravya.

Table no.1: Treatment Plan

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Drug</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deepan and Pachan (Appetizers and carminatives)</td>
<td>Trikatu Churna</td>
<td>5 gm</td>
<td>TID before food with warm water for the first 3 days</td>
</tr>
<tr>
<td>Matra Basti</td>
<td>Madhur Dravya (Ashwagandha Taila)</td>
<td>60 ml</td>
<td>After food anal route for 9 days.</td>
</tr>
</tbody>
</table>

Study Duration
The study lasted 9 days followed by 9 day follow-up period.

Method of Administration
Purva karma (Pre-Procedural preparation)
- The patient was instructed to come with the taking light diet.
- After that patient subjected to local Abhyanga and Mrudu Swedan over abdomen, thighs, and lumbar region.

Pradhan karma (Procedural preparation)
- After the Purva Karma Patient was advice to lie down on left lateral position on Basti table with left leg straight and right leg flex.
- Taila applied over the anus in small quantity.
- 60 ml of Koshna Taila (Luke worm oil) taken in syringe and rubber catheter smeared with oil after that catheter was administered into the anus up to the 4cm.
- After that patient asked to take deep breath.

Pashyat karma (Post-procedural preparation)
- After administration of Basti lie on supine position.
- After 10-15 minutes patient was advice to get up from the table and take rest on bed.
- Basti Pratyagamana Kala (Retention Time of enema) noticed (8).

Table no. 2- Assessment Criteria

<table>
<thead>
<tr>
<th>Sr.no</th>
<th>Assessment parameters</th>
<th>Observation</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lumbar pain (by using VAS Scale chart)</td>
<td>No pain</td>
<td>Grade 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minor pain</td>
<td>Grade 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Moderate pain</td>
<td>Grade 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Severe pain</td>
<td>Grade 4</td>
</tr>
<tr>
<td>2</td>
<td>Lumbar Stiffness</td>
<td>Normal movement</td>
<td>Grade 0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0 to 25% Restricted</td>
<td>Grade 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25% to 50% Restricted</td>
<td>Grade 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50% to 75% Restricted</td>
<td>Grade 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>75% to 100% Restricted</td>
<td>Grade 4</td>
</tr>
</tbody>
</table>

Objective Criteria
Shoher’s Test
Schober’s Test is a physical examination used in physical medicine and rehabilitation and rheumatology to measure the ability of the patient to flex lower back. While patient is in standing position the examiner make a mark at the level of fifth lumbar vertebra (L5) Two point are marked 5 cm below and 10 cm above of this point (total of 15 cm distance.) then the patient is asked to touch his/her toes while keeping the knees straight. If the distance of the two points does not increase by at least 5 cm, then this is a sign of restriction in the lumber flexion (9).

Functional Rating Index
FRI instrument contains 10 items that measures both pain and function of the spinal musculoskeletal system. Of their 10 items 8 refers to activity of daily living that might be adversely affected by a spinal condition and 2 refer to different attributes of pain (10).

Observation
The Maximum number of patients was females (60%) having chronicity between 6 months to 1 year, Hindu (80%), as per occupation (40%) services, (33.3%) labour work and (20%) Household works, Married (86.7%), socio economic status poor class and middle class (33.3%), mixed diet (60%), Mandagni, Vishamgni and Tikshnagi (26.7%), Krua koshta (73.3), Sama Mala (73.3).

The maximum patients was Vatapittaj Prakruti (46.7%), as per age wise distribution age between 55-64 years patients was more in number (53.3%), maximum Standing and sitting were position during work (33.30%), mode of injury of fall (40%) [Table 3].
The mean value of Schober’s test before treatment were 16.60±1.24 which were significantly increases to 18.46±1.18 after intervention and after follow up period, it again increases to 20.13±1.35. The mean value of FRI questionnaire before treatment was 27.93±5.49 which were significantly reduces to 7.93±2.25 after intervention. [Table 4]
Ushna Virya. It is Shothahara and Vednasthapan too. Ashwagandha Sidha Taila mentioned for Abhyanga and Matrabsati in Vatavyadhi and General Debility (14).

Discussion on procedure

Figure 1: Showing the mode of action of matrabasti

Mode of Action of Matrabasti

Most part of Madhur Dravya absorbed in the large intestine occurs in the proximal half of the colon

↓

Chyme is diluted in water is absorbed through the intestinal mucosa into the blood through Villi by Osmosis

↓

Un-ionized and lipid soluble substances are readily absorbed from the rectal mucosa

↓

Does Action

↓

Ashwagandha Taila does Shuman of Vatadi Dosha due to its Snigdha and Ushna Virya

↓

Due to its Brimhana action it nourishes body

Conclusion

Katigraha is a common disorder of present era it is Vatapradhan Tridoshaja Vyadhi in Ayurveda based on the similarities in etiological factors, clinical features. Statistically significant reduction in clinical symptoms of Katigraha and significant improvement was found in objective criteria. From the outcomes, we can conclude that Matrabasti with Madhur Dravya (Ashwagandha taila) effective in reducing symptoms of Katigraha.

References

6. Tripati Brahmanand ed, Ashtang Hridaya ashrimatvagbhut sutra sthan 13/1 Chaukamba Sanskrit sansthan, 2005, p.185
9. https://en.m.wikipedia.org/wiki/Schober%27s-test [last assessed on date 14 October 2019]

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