



A CLINICAL COMPARATIVE STUDY TO ASSESS THE EFFECTIVENESS OF 'TRAYODASHANGGUGULU', 'RASNADI KWATH' AND 'NIRGUNDIPATRA-PINDASWEDA' IN THE MANAGEMENT OF 'KATIGATAVATA ROGA' (LUMBER SPONDYLOSIS)."

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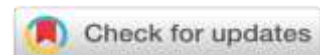
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ABSTRACT

Now-a-days people are busy in their routine work and unaware to maintain their health. Consequently, they are being susceptible to various kinds of lifestyle disorders. The Disease *Katigata vata Roga* is one of the known crippling disorders claiming loss of daily activities of the affected person. To arrest the vatajvyadhi as like *Asthigatavata* Ayurveda has taken the fore most place in the management of like '*Katigatavata Roga*'. which can be correlated with **Lumber spondylosis** due to its clinical appearance. Due to wide spectrum of disease, much prevalence in the society and lack of effective medicament, the disease is being chosen for the study. The study was conducted in 20 clinically diagnosed patients of '*Katigatavata Roga*'. These patients are divided into two groups of 10 patients each. In this study 10 Patients were treated by *Trayodashanggugulu* 2 tab.(each tab. Of 500mg) three times in a day with lukewarm water and *Rasnadi Kwath* 50 ml two times in a day for 30 days and other 10 patients were treated with *Nirgundipatra-Pindasweda* with *Rasna Dashamoola Taila* for 40 minutes daily once a day for 15 days. From the observations and results it can be concluded that better results were obtained in all clinical manifestation of *Katigata vataroga* beside symptom of weakness on muscle on the basis of percentage relief.

INTRODUCTION

Human beings always desire to have a good living with healthy life. For this purpose, they have been very keen and conscious in maintaining a disease-free society. In ancient times they followed nature's rule and lived freely without any stress in their life. But now-a-days people are busy in their routine work and unaware to maintain their health. Consequently, they are susceptible to various kinds of life-style disorders. The Disease *Katigata vata Roga* is one of the known crippling disorders claiming loss of daily activities of the affected person. Its prevalence is increasing very rapidly throughout the world because of today's fast and stressful life.

Low back pain is a common problem seen in people of the modern era. About 75% to 85% of all people experience low back pain at some time during their life and out of which 40% persons have radicular pain¹ and this comes under the umbrella of Sciatica-Lumbago-Syndrome. Changing the lifestyle of modern human being has created several disharmonies in his biological system. Advancement of busy, professional and social life, improper sitting posture in offices, continuous work in one posture and overexertion, jerking movements during traveling and sports – all these factors responsible for undue pressure and stress injury to the spine and play an important role in the genesis of disease like Lumber spondylosis. Faulty dietary habits and irregular lifestyle are responsible for early degenerative changes in body tissues and play a vital role in the manifestation of such degenerative disorder. In this way, this disease is now becoming a significant threat to the working population. Which also affects the productivity at the workplace. It is considered as Shoola Pradhan Vaat Vyadhi. Some researches were conducted on this disease, but still the complete cure of this is not available.

Indeed, patients at high risk for becoming disabled, often receive more diagnostic tests & less focus in medical management, leads to chronic condition of Lumber Spondylosis. Moreover, the modern treatment of Lumber spondylosis is not very satisfactory

and includes use of Analgesics, Corticosteroids and a few surgical Procedures, which is often associated with many adverse effects. Because of such problems, it effects not only the social and economic position of the individual and his family, but also lead to draining.

The disease named *Katigatavata roga* is not directly mentioned in 80 types of *vatavyadhi*. The disease named *Prishtha Grah*, *Trik Grah* mentioned in 80 types of *vatavyadhi*. Many drugs indicated for *Katishool* and *Asthigatavata* in *Chakradutta* like *Rasna Sapta Kwath*, *Trayodashang Guggulu* etc. *Acharyas* advocated the Nomenclature of the disease is based on site of deformity & manifestation⁵ like *kukshishool* and *Katishool* where *vata* affect *kukshi* and *kati* respectively. A general term given by *Acharya Charak* for *Asthidhatukshayajanyavatavyadhiis* "*AsthigataVata*"⁶ So on the basis of the pathological cascade as per Site involvement and vitiated *vata-dosha* involvement clinical manifestations can be termed as *Kati Gata Vata* and as per Site involvement and *Dhatu(Dushya)* involvement clinical manifestations can be termed as *Kati Asthigata Vata*. *Shool* in bones is the distinctive feature of *Asthigatavata*. *Katishool* is the distinctive features of *Katigatavata*. In *Katigatavata Roga* vitiated *vata-dosha* afflicts the *kati Pradesh* producing *Bhedo Asthiparvnam* (Pain in bones and little bones (facet joints), *Sandhi Shool* (intervertebral disc) on flexion ,extension pain), *Mans Bala Kshya* (muscle and power weakness) *Santata Ch Ruk* (continuous pain). For the management purpose *Acharya charak* describes external and internal use of *sneha* in *Asthigatavata*.⁷ *Acharya Sushruta* has described *Abhyang*, *Snigdha Sweda*,⁸ *Upnah* , *Agnikarma*, *Bandhana*, *Mardan*⁹. *Acharya Vagbhatta* prescribes *Sneha*, *Sweda*, *Mridusamshodhanaa* long with *Madhura*, *Amla* and *Lavana Dravyas*, *Veshtana*, *Trasana*, *Madhya*, *Sneha Siddha* with *Deepana* and *Pachana* Drugs So, in the present study, a trial has been done to study the various aspects of the disease in the perspective of *Shamana* drugs as *Tray-*

odashanguggulu 'and Rasnadi Kwatha long with special procedure as Nirgundipatra-Pindasweda'.

AIMS AND OBJECTIVES OF STUDY

To evaluate the comparative efficacy of 'Trayodashanguggulu', 'Rasnadikwatha' and 'Nirgundipatra-pindasweda' in the management of 'Katigatavata Roga' (Lumber Spondylosis).

MATERIAL & METHODS

Selection of cases - The study was conducted on 20 clinically diagnosed patients of 'Katigatavata Roga' (Lumber Spondylosis) selected from Arogya shala OPD & IPD of Government Ayurveda College, Kota.

❖ **Study Design** – It was Single centre, Open label.

❖ Inclusion criteria

- Patients of age group 30 to 70 years of either sex.
- Patients having sign and symptoms of 'Katigatavata Roga' (Lumber Spondylosis).
- Patients with Chronicity of less than 10 years.
- Patients willing to signature the consent form for the clinical trial.

❖ Trial drugs

1. TRAYODASHANGA GUGGULU (26/98-101) (Table No. 1)

S.No.	Drugs	Botanical Name	Part Used	Quantity
1	Aabha	Acacia Arabica	Bark	1 Part
2	Ashvagandha	Withaniasomnifra	Moola	1Part
3	Habusha	Juniperuscommunis	Fruit	1Part
4	Guduchi	Tinosporacordifolia	Stem	1Part
5	Shatavari	Asparagus recemosus	Rhizome	1Part
6	Gokshur	Tribulusterrestris	Fruit	1Part
7	Vridhdadaram	Argyreia speciose	Moola	1Part
8	Rasna	Pluchealanceolata	Leaf	1Part
9	Shatahva	Foeniculumvulgare	Fruits	1Part
10	Shati	Hedychiumspicatum	Rhizome	1Part
11	Yamani	Trachyspermumammi	Fruit	1Part
12	Nagar	Zingiberofficinale	Rhizome	1Part
13	ShuddhaGuggulu	Commiphoramukul	Resin	12Part
14	Gou ghrith			6Part

❖ Exclusion criteria

- Patients below age of 30 years and over age of 70 years
- Patients with Chronicity of more than 10 years
- Patients suffering with T.B. spine, tumors of spine, focal neuropathy and any septic or infectious disease of spine.
- Patients suffering with Diabetes or Diabetic neuropathy, Gout, Rheumatoid Arthritis and fracture of hip bone.

Administration of drug 10 Patients were treated by *Trayodashanguggulu* 2 tab.(each tab. Of 500mg) three times in a day with lukewarm water and *Rasnadi Kwath* 50 ml two times in a day for 30 days and other 10 patients were *Nirgundipatra-Pindasweda* with *Rasna Dashamoola Taila* for 40 minutes daily once a day for 15 days

❖ Criteria for withdrawal

During the course of trial, if any serious condition or any serious adverse effects which required urgent treatment or if patient himself wants to withdraw from trial.

2. RASNADI KWATH ([8](Table No.2)

Kwathdravya (Yavakut)

S.No.	Drugs	Botanical Name	Part Used	Quantity
1	<i>Rasna</i>	<i>Pluchelanceolata</i>	Leaf	1 Part
2	<i>Punarnava</i>	<i>Boerhaviadiffusa</i>	Moola	1 Part
3	<i>Shunthi</i>	<i>Zingiberofficinale</i>	Rhizome	1 Part
4	<i>Guduchi</i>	<i>Tinosporacordifolia</i>	Stem	1 Part
5	<i>Erand</i>	<i>Ricinuscommunis</i>	Moola	1 Part

3. RASNA DASHAMoola TAILA (FOR“NIRGUNDIPATRA-PINDASWEDA”)

(Table No. 3)

S.No.	Drugs	Botanical Name	Part Used	Quantity
1.	<i>Rasna</i>	<i>Pluchelanceolata</i>	Leaf	2part
2	<i>Bilwa</i>	<i>Aegle marmelos</i>	Moola	1 Part
3	<i>Agnimanth</i>	<i>Premnamucronata</i>	Moola	1 Part
4	<i>Shyonak</i>	<i>Oroxylumindicum</i>	Moola	1 Part
5	<i>Patla</i>	<i>Stereospermumsuaveolance</i>	Moola	1 Part
6	<i>Gambhari</i>	<i>Gmelinaarborea</i>	Moola	1 Part
7	<i>Shalparni</i>	<i>Desmodiumgangeticum</i>	Moola	1 Part
8	<i>Prishniparni</i>	<i>Urariapicta</i>	Moola	1 Part
9	<i>Brihati</i>	<i>Solanumindicum</i>	Moola	1 Part
10	<i>Kantakaari</i>	<i>Solanumsurattense</i>	Moola	1 Part
11	<i>Gokshur</i>	<i>Tribulusterrestris</i>	Moola	1 Part
12	<i>TilaTaila</i>	<i>Sesamumindicum</i>	Seed's Oil	As require

IRuk (Pain) :- Assessment of pain will be by Visual Analogue Scale

a. Pain with rest

b. Pain on movement

2 .*Stabdhata*(Stiffness)

3. *Toda* (Tingling sensation)

4.*Anidra*(Diminish Sleep)

5.*Suptata*(Numbness)

6. *Mansa balakshaya*(weakness on muscle)

Duration of Clinical Trial & Follow up Study.

1. Duration of clinical trial will be 30 days and *Nirgundipatra-Pindasweda* for 15 days.

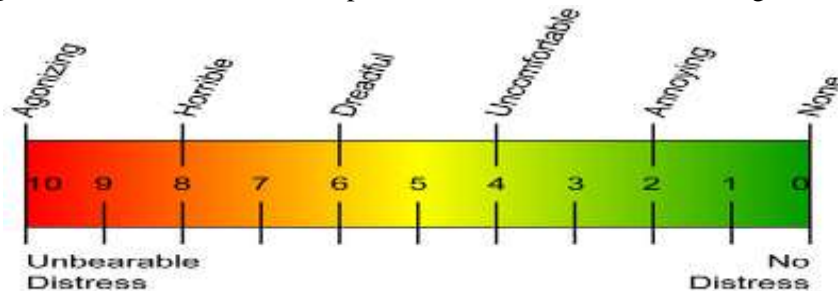
2. Patients will be followed once in a week regularly

D) CRITERIA OF ASSESSMENT

1 .**Subjective parameters** - The following sign and symptoms of *Katigatavata Roga* were assessed for any improvement after the course of therapy.

Sign & Symptoms

❖ **Grading of Pain** - The assessment of pain was done under Visual Analogue Scale (VAS).



Rest of the symptoms were assessed by following scoring system-

- **None** (Symptom is not present at all) 0.
- **Mild** (Symptom is present but not bothering) 1.
- **Moderate** (Symptom is bothering ,but tolerable 2 & need medicine occasionally)
- **Severe** (Symptom is not tolerable & need 3

Continuous medication)

- **Very severe** (Symptom is not relieved at all) 4.

2. Objective Criteria

Following functional aspects and investigations were looked for any improvement after the course of therapy.

(A).Functional Assessment-Lumber movement (S.L.R, Femoral Test, Schober Test)

1) S.L.R. (Straight leg raising) test.

Grades

S.L.R. test

0	No pain at 90 degrees
1	Pain at 71-90 degree
2	Pain at 51-70 degree
3	Pain at 30 -50 degree
4	Pain below 30 degrees

Assessment of CRP findings	
Positive – 1	Negative – 0
Assessment of Femoral Test	
Positive – 1	Negative – 0
Assessment of Schober Test findings	
Positive – 1	Negative – 0

2) **Walking time** - Time taken to cover the distance of 30 meters.

3) Lab Parameters –

For Exclusion of other diseases - CBC (Complete blood count), RA Factor, RBS (Random blood sugar), X-Ray L-S Spine (AP & Lateral view).

For Assessment of disease or possible side effects

ESR (Erythrocyte Sedimentation Rate), CRP (C - reactive protein), Serum Creatinine

Observation & Results:-

In demographic profile we found that maximum number of patients were from 30-40 age group (65% patients), Female gender (90% patients), High school (60% patient), Hindu religion (85% patients), middle class (65% patients), Married (95% patients), House wives (85%), Vegetarian society (60% patients), Vishamashan (80% patients) and with no any addiction (20% patients).

In constitutional profile we found that maximum number of patients were having *Alpanidra* (65% patients), *Madhyamkoshtha* (50.00% patients), *Vishamagni* (65% patients), regular menstruation his-

tory (70% patients), *Vata-Kaphaj Deha Prakriti* (60% patients), *Rajas Maanas Prakriti* (45% patients), *Madhyam, Saar* (90% patients), *Madhyam Samhanan* (85% patients), *Madhyam Pramaan* (85% patients), *Madhyama Satmya* (80% patients), *Madhyama Satva* (60% patients), *Madhyam Aharshakti Shakti* (70% patients), *Madhyam Jaran Shakti* (50%), *Vyayam Shakti* (60%). In clinical profile we found that maximum number of patients were having chronicity between 0-5 years (90% patients). In study of *Nidana* wise distribution, we got that the *Kriya Atiyoga(Prolonged Standing)* as *nidaan* was maximum in 85% patients, than *Ruksha, Sheeta and Laghu Aahar* was second common cause in 75% patients, than *Vega Vidharana* was present in 75% patients, than 60% having *Katu,Tikta, Kashay Aahar*, followed by 60% patients having. *Ratri-jagaran*. In study of Chief complaints wise distribution we got that all the patients were suffering with *Ruk* (Pain on Rest and Movement) 100%, than *stabdhata* 80% and *Toda* was in 70% patients, followed by *Suptata* that was in 85% patients, than *Anidra* was in 80% patients, followed by 25% patients

having Weakness on muscle. In CRP investigation 55% patients were of positive in study of current Trial.

X-Ray findings we got that the osteophytes were found in 55% patients. 40% patients were having

reduced space in between L5-S1 disc. While 65% patients were having space reduced between L4-L5 levels. 45patients were found with reduced space in between both L4-L5 and L5-S1 (Both)

Showing effect of Therapy in Subjective Parameters (Wilcoxon Matched Pairs Signed Ranks Test)

Symptom	Gr.	Mean score		Difference	% relief	S.D±	S.E±	p value	S
		BT	AT						
Pain with rest	A	6.10	3.30	2.80	45.90	0.78	0.24	< 0.01	HS
	B	5.70	2.60	3.10	54.38	0.73	0.23	< 0.01	HS
Pain on movement	A	4.90	2.10	2.80	57.14	1.135	0.35	< 0.01	HS
	B	5.90	2.30	3.60	61.01	1.17	0.37	< 0.01	HS
Stabdhatta (Stiffness)	A	1.50	0.88	0.77	51.85	0.44	0.14	<0.05	S
	B	2.80	1.00	1.80	64.28	0.42	0.13	< 0.01	HS
Toda (Tingling sensation)	A	1.40	0.60	0.80	57.14	0.42	0.13	<0.01	HS
	B	2.10	0.90	1.20	57.14	0.42	0.13	< 0.01	HS
Anidra (Diminished Sleep)	A	0.40	0.10	0.30	75.00	0.15	0.15	> 0.05	NS
	B	1.40	0.50	0.90	64.28	0.73	0.23	<0.05	S
Suptata (numbness)	A	1.70	0.80	0.90	52.94	0.31	0.10	<0.01	HS
	B	1.60	0.80	0.80	50	0.42	0.13	<0.01	HS
weakness on muscle (Mansabalakshaya)	A	0.70	0.40	0.30	42.85	0.48	0.15	> 0.05	NS
	B	0.80	0.40	0.40	50	0.51	0.16	> 0.05	NS

NOTE: HS-Highly Significant, S- Significant, NS- Non-Significant

EFFECT OF THERAPY ON OBJECTIVES PARAMETERS

Showing Effect of Therapy on Objectives Parameters(Paired 'T' Test)

Variable	Gr.	Mean		Mean Diff.	Relief%	SD	SE	T	P	S
		BT	AT							
WALKING TIME	A	29.4	23.9	5.47	18.58	2.52	0.79	6.85	<0.001	HS
	B	26.8	21.8	5.04	18.76	1.12	0.35	14.13	< 0.001	HS
ESR	A	24.5	19.7	4.80	19.59	15.58	4.92	0.97	>0.05	NS
	B	27.3	28.7	1.40	5.12	12.30	3.89	0.35	> 0.05	NS
SERUM CREAT.	A	0.82	0.81	0.01	1.2	0.37	0.11	0.08	> 0.05	NS
	B	0.82	0.81	0.01	1.2	0.37	0.11	0.08	> 0.05	NS

Variable	Gr.	Mean		Mean Diff.	Relief %	SD	SE	P	S
		BT	AT						
S.L.R Test (Grade*)	A	2.80	1.00	1.80	64.28	0.91	0.29	<0.01	HS
	B	2.60	0.60	2.00	76.92	0.81	0.25	<0.01	HS
FEMORAL STRSS TEST (Grade*)	A	0.50	0.20	0.30	60	0.48	0.15	>0.05	NS
	B	0.50	0.10	0.40	80	0.51	0.16	>0.05	NS
SCHOBARTEST	A	0.60	0.20	0.40	66.66	0.51	0.16	>0.05	NS

(Grade*)	B	0.30	0.10	0.206	66.66	0.42	0.13	>0.05	NS
CRP*	A	0.20	0.10	0.10	50	0.31	0.10	>0.05	NS
(Grade)	B	0.30	0.10	0.20	66.67	0.41	0.13	>0.05	NS

*(Wilcoxon Matched Pairs Signed Ranks Test)

Symptom	Mean score		Difference	% relief	S.D±	S.E±	p value	S
	B.T.	A.T.						
Pain with rest	4.60	2.00	2.60	56.52	0.69	0.22	< 0.01	HS
Pain on movement	5.80	2.20	3.60	62.06	1.17	0.37	< 0.01	HS
Stabdhatta(Stiffness)	2.60	0.70	1.90	73.07	1.101	0.34	< 0.01	HS
Toda (Tingling sensation)	2.20	0.90	1.30	59.09	0.67	0.21	< 0.01	HS
Anidra (Diminished Sleep)	1.60	0.40	1.20	75.00	0.78	0.24	<0.01	HS
Suptata(numbsness)	1.80	0.60	1.20	66.67	0.78	0.24	< 0.01	HS
weakness on muscle(Mansabalakshaya)	0.50	0.20	0.30	60	0.48	0.15	> 0.05	NS

NOTE: HS-Highly Significant, S- Significant, NS- Non-Significant

Table No. 5: Showing Effect of Therapy on Objectives Parameters (Paired 'T' Test)

Variable	Mean		Mean Diff.	Relief%	SD	SE	T	P	S
	B.T.	A.T.							
WALKING TIME	29.2	23.2	5.99	20.50	1.28	0.40	14.73	<0.001	HS
ESR	24.0	14.4	9.60	40.00	17.43	5.51	1.74	>0.05	NS
SERUM CREAT.	0.89	0.71	0.18	20.22	0.27	0.08	2.10	> 0.05	NS

Variable	Mean		Mean Diff.	Relief%	SD	SE	P	S
	B.T.	A.T.						
S.L.R Test (Grade*)	2.50	0.30	2.20	88.00	0.63	0.20	<0.01	HS
FEMORALSTRSS TEST(Grade*)	0.80	0.10	0.70	87.5	0.48	0.15	<0.05	S
SCHOBAR TEST(Grade*)	0.50	0.10	0.40	80	0.51	0.16	>0.05	NS
CRP* (Grade)	0.30	0.10	0.20	66.67	0.42	0.13	>0.05	NS

*(Wilcoxon Matched Pairs Signed Ranks Test)

Comparison of overall effect of therapy in all groups

Showing percentage Relief in all three Groups in Subjective parameters

S. N.	Sign & symptoms	Relief in percentage	
		Group A	Group B
		1	Pain with rest

2	Pain on movement	57.14	61.01
3	Stabdhata(Stiffness)	51.85	64.28
4	Toda(Tingling sensation)	57.14	57.14
5	Anidra (Diminished Sleep)	75.00	64.28
6	Suptata (numbness)	52.94	50
7	Mansabalakshaya (weakness on muscle)	42.85	50

Showing percentage Relief in all three Groups in Objective parameters

S. N.	Sign & symptoms	Relief in percentage	Relief in percentage
		Group A	Group B
1	S.L.R. Test	64.28	76.92
2	WALKING TIME	18.58	18.76
3	FEMORAL STRESS TEST	60	80
4	SCHOBAR TEST	66.66	66.66
5	ESR	19.59	5.12
6	CRP	50	66.67
7.	SERUM CREAT.	1.2	1.2

DISCUSSION

Probable mode of action of Trayodashanga Guggulu: Trayodashanguggulu is described in 'Bhaishajyaratnavali'(vatavyadhirogaadhikar)

.Katigatavatarogais a Vata Pradhan Vyadhi and Vata Dosha vitiation may be due to Dhatukshaya or Margavarodha. The property of it can be considered as Rasa Katu, Tikta, Virya Ushna and Vata-kaphadoshaghata. Katu and Tiktara present in Trayodashanga Guggulu possess an antagonistic property to that of Ama and Kapha which are the chief causative factors in this disease. Because of their Agnivridhikara property, they increase digestion power, which also digests Ama Rasa and reduces the excessive production of Kapha and removes the obstruction of Srotasa. Because of UshnaVirya, it also alleviates vitiated Vata, pain, tenderness and stiffness in joints were reduced.

Aabha has a Pitta Kaphashamaka property due to Kashaya Rasa. Hauber and Gokshura are Vata-Pitta Shamak, Vrishya, Mutral and Rasayana. The ethanolic extract of this drug inhibits the expression of mediators like inflammatory cytokines and possesses inflammatory. Guduchi is a well-known Rasayana and

Tridoshaghna drug considering the chronic nature of the disease. Shatavari has a Vata- pittashamaka property, so it helps in the relief of pain and Daha. Vridhadaruka is mentioned in Bhavaprakasha as a Shothahara in Amavata. Rasna is a Param Vedana Sthapana drugs. Gokshura is Vata-Pitta Shamak, Vrishya, Mutral and Rasayana Charaka is also mentioned as a Sarva Vata Roga. Satpushpa is Jwaranashaka, Shulahara and Dahashamaka. Kachura has anti-inflammatory action, in Charka Samhita mentioned as Rochana Deepana drugs. Yamani has an anti-inflammatory action, and it improves the digestion power also. Sunthi is described by Charka as a Grahi drug which increases the Agni. Guggulu which is also a known drug as Vedanasthapak and Vatashamak. It pacifies Kapha Dosha by its Katu, Tikta Rasa and Laghu Gunas and corrects Vatadosha Gunas through its UshnaVirya. According to Doshkarma, it works as Tridoshshamak and specially Vata-Kapha Shamak. Study shows that individual herbal extract of Guggulu and its combined extract as anti-inflammatory and analgesic activities, which are beneficial for pain, stiffness and other related symptoms of Katigatavata Roga.

Probable mode of action of Rasnadi Kwath:

Rasnadi Kwath is a combination of five drugs named Rasna, Punarnava Shunthi, Guduchi, and Erand in Rasnadi Kwatha 100% of drugs have UshnaVirya. Which pacifies both Vata and Kaphadosha. It has Ashu paka property through which it acts quickly at minute channels. The drug Rasna, due to its Tikta Rasa, Katu Vipaka and UshnaVirya, pacifies vitiated Kapha and Aamadosh. Guru Guna and UshnaVirya pacifies VataDosh resulting in the reduction of Toda, Shula and other related symptom Rasna also increases dhatvagni by its Tikta Rasa leading to proper nutrition of Dhātu. Punarnava is Vata-kaphashamak, Vatanuloman, Shothahar and Mutrala. Shunthi is Kaphavatashamak and helps in digestion of Ama and improve the Agni as having UshnaVirya, Katu Rasa and Laghu, Snigdha Guna. It provides relief from pain. Amrita (Guduchi) is a well-known Rasayana and Tridosh ghana drug. Being Rasayana this drug improved the quality of Dhātu production and also brought the Dushta Dhātu (Dusya) to a normal state. As a consequence, this Rasayana drug improved the Vyadhikshamatva in the patients. Eranda is Rechana, Vedana Sthapan and Vrishya drug. It is the drug of choice for the Avrita Vata

Out of Five drugs, 60% have Tiktarasa, 40% have Madhura Rasa and 40% have Kashaya Rasa. It helps in the digestion of Ama & in pacifying VataDosh. Madhura Rasa balances the Ushna, Tikshna & Ruksha Guna of other drugs with its Sheeta, Snigdha, Picchila and Guru Guna.

Maximum 40% drugs have Guru Guna and 80% of drugs have Madhura Vipaka, which helps to control the Vata Dosh, which is the main causative factor for Katigata Roga. As Doshkarma 80% of drugs are Vata-Kapha Shamak and 20% of drugs are Vata-pit-tashamak. All these factors show the Vatahar and Kaphahara action of this Kwatha long with Stroto-shodhan and Amahara properties. It breaks the pathogenesis behind Vata-kaphaj Katigataavata Roga and works on symptoms Vatahar action reduces Ruk, Toda, and Stabdhatta.

Various studies show analgesic¹⁰, antispasmodic¹¹ antinociceptive¹² and anti-inflammatory¹³ activities of contents of Rasnadi Kwath.

Probable mode of action of Rasna Dashmoola Taila and Nirgundipatra Pindasweda:

This is the oil for Abhyanga and Nirgundi patra pinda sweda, preparation of 11 different drugs. This is an Oil preparation, prepared by Rasna, Dashamoola and Tilaitaila. Dashamoola is mentioned as Shothahara, Shoolahara and Vedanashamaka. Among the 11 Dravyas of Dashmoola 7 Dravyas(63.63%) have Vata-Kapha Shamak property, 4 Dravyas(36.36%) have Tridosaghna property. It means, that in this drug all Dravyas(100%) have Vata Shamak property and 11 Dravyas(91.66%) have Vata-Kapha Shamak property. Therefore, it will be a potent Vata Shamak, Vata-Kaph Shamak and Tridosaghna compound. In Ayurvedic texts, also mentioned, "Dashmoolam Tridoshaghnam Kaphmarut Nashanam" and "Tailam Vataharamparam".

Nirgundi Patrapinda Sweda provided better improvement, especially in pain, stiffness, restricted movements and doshadusti. This improvement is owing to Stambhagna, Gauravaghna, Sheetaghna properties of Swedana karma and cell membrane is lipid in Nature, the higher the lipid solubility of the drug the steeper the concentration gradient within the membrane and thus greater will be the driving force for the diffusion of the substance across the membrane. Nirgundi also produces its anti-inflammatory, analgesic effect during Patrapinda Sweda Due to Vedanasthapaana, properties of Nirgundi helps in reducing the symptoms like shoola, shotha.

So, above drugs and procedure possess almost all the qualities required to treat the Katigataavata Rogais.

CONCLUSION

1. *Katigataavata Rogais* one of the *Vatavyadhi* in which *Vitiated VataDosh* (especially *Vyana & Apana Vayu*) is the main causative factor and many times *Kapha* remains as *Anubandhi Dosh*.
2. **On the basis of their clinical manifestations**, it can be correlated with Lumbar spondylosis described in modern medical science.

Therefore, it can be concluded that, Nirgundipatra Pinda swedana with Rasna Dashamoola Taila is a safe and more effective therapy than the oral administration of Trayodashanguggulu, Rasnadi Kwath and Ayurvedic treatment for the management of Katigata wataroga(Lumbar spondylosis

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