

EFFECT OF PANCHATIKTAKSHEERVASTI AND KATIVASTI ON KATISHOOL W.S.R. TO PIVD - A RETRO-SPECTIVE STUDY

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ABSTRACT

Abstract – Background- In India, nearly 60 percent of the people have significant back pain due to lumbar pathology nowadays, is very common. Sciatica resulting from a lumbar intervertebral disc herniation is the most common cause of radiating leg pain in adult working populations. In 95% of the lumbar disc herniations, L4-L5, L5-S1 discs are most commonly affected. The description about it is not available as a separate disease entity in any Ayurvedic text. **Aim and objective-** Summarize the clinical features of Prolapsed intervertebral Disc with Compare the long-term results of the PIVD *panchkarma (katibasti)* and natural Ayurvedic medicine approach and evaluate the recurrence rate of PIVD approach. **Materials and Methods-** The retrospective study was conducted on 10 patients of PIVD which were previously treated in *Kayachikitsa* and *panchkarma* department from duration December 2017 to December 2018. About 20 patients record were found but only 10 patients were ready to come for follow-up. Patient those were came to follow-up, properly examined, history of recurrence were taken. **Discussion and results –** The role of *vatavyadhi* is mentioned in *Samhita Ayurveda*, is to increase immunity and restore *tridoshasamyata*. So, ayurvedic approach is natural way to cure low back pain by *katibasti* and internal ayurvedic medicine without any side effect can give promising results. The result shows that the Ayurvedic treatment modalities were found quite effective and reliable for the treatment of PIVD which can be well correlated to *Kativata*.

Keywords: PIVD symptoms, Panchkarma Therapy, Shaman Chikitsa

INTRODUCTION

India, nearly 60 percent of the people have significant back pain at some time or the other in their life.^[1]Sciatica resulting from a lumbar intervertebral disc herniation is the most common cause of radiating leg pain in adult working populations.^[2]Most patients with acute lumbar disc herniation will recover with the help of non-surgical treatments.^[3]PIVD means the

protrusion from the nucleus pulpous through a rent within the annulus fibrosus^[4]. Low back pain due to lumbar pathology is very common nowadays. It was observed in age of more than 60 yrs. But now a day it is observed in decade of thirty also. It causes due to various factors like mechanical cause, trauma, neurological deficit, metabolic, functional disability, degen-

eration and the psychological conditions associated with emotional stress, which bring about spasm of the muscles, may also cause backache. In 95% of the lumbar disc herniations, L4-L5, L5-S1 discs are most commonly affected.^[5] According to modern medicine the main management of PIVD are NSAID, steroids etc, and they provide symptomatic relief in those patients. The description about it is not available as a separate disease entity in any Ayurvedic text. It is mentioned as one of the *Vatavyadhi* in *Charak Samhita* Eighty *NanatmajaVatavyadhi*^[6] As Ayurvedic perspective is concerned PIVD is caused by vitiation of *VataDosha* and there levels in Dhatu like *MamsaDhatu*, *AsthiDhatu* and *MajjaDhatu*^[7]. Therefore a variety of mentioned in *Charak* of ayurveda horizon for such patient with its miraculous treatment of *Panchakarma*, *Shamana*, *Rasayana*, etc. Aim of ayurveda is to increase immunity and restore tridoshasamyata for this purpose treatment of ayurveda for *vatavyadhi* is mentioned in *samhita*. So ayurvedic approach is natural way to cure low back pain by *katibasti* and internal Ayurvedic medicine without any side effect can give promising results.

Aim and objective

1. Summarize the clinical features of PIVD
2. Compare the long-term results of the PIVD *panchkarma* (*katibasti*) and natural Ayurvedic medicine approach
3. Evaluate the recurrence rate of PIVD approach.

Materials and Methods- The retrospectives study was conducted in the department of Kayachikitsa and Panchkarma in Dhanvantari Ayurvedic medical college and hospital Ujjain, MP after due clearance from institutional ethics committee. This study was conducted on 10 patients of PIVD which were previously treated in Kayachikitsa and panchkarma department from duration December 2017 to December 2018.

Record of these patients was found from record keeping room. All patients were properly informed by telephonic contact. About 20 patients record were found but only 10 patients were ready for come to follow.

Patients came to follow-up, were properly examined, history of recurrence was taken. Symptoms were graded by measuring satisfaction by national committee for quality assurance and the foundation for accountability. Results was statically analyzed by percentages, mean, using SPSS version

Inclusion criteria-

- 1- Patients who gave consent
- 2- Patients of age 20-70 year irrespective of gender.
- 3- Low back pain with or without leg pain for more than 30 days during the past year.
- 4- Previous episodes.
- 5- Access to a mobile phone.
- 6- Ability to send and receive SMS (text message).

Exclusion criteria-

- 1- Patients of age more than 70 or below 20 years
- 2- Pregnancy
- 3- Serious pathology (i.e. acute trauma, cancer, infection, osteoporosis, vertebral fractures).
- 4- Contraindications to manual therapy.

Subjective criteria-

- 1- Low back pain
- 2- Radicular pain
- 3- Tingling
- 4- numbness

Objective criteria-

- 1- Restricted spinal movement
- 2- Positive SLRT
- 3- Neurological deficit

Methodology

Step 1 - Deepana - pachana with *chitrakadivati* and *Erandbhrashtaharitikichurna* for 3 days.

Step 2 - Kosthashodhanachikitsa: *Erand tail* [50ml] + *ksheera* (cow milk)[100ml] + *juggery* [20gm] in early morning for 1 day.

Step 3- Sthanik abhyanga (local massage) with *panchguna tail* and *Nadiswedana* (local sudation) was given. *Yoga* used for *anuvastana basti* (therapeutic enema with group of 8 enemas) of *Panchatikta Ksheer Niruhavasti* for 8 days.

No	Drug name	Quantity
1	<i>Madhu</i> (honey)	80 ml
2	<i>Lawana</i> (rock salt)	10 gm

3	<i>Sneha (panchtikta ghrita)</i>	80 ml
4	<i>Kalka (panchtikta kalka)</i>	20 gm
5	<i>Kwath (panchtikta ksheerpaka)</i>	400 ml
Total		500 ml

Step 4 – Therefore *Kati-vasti* (procedure where specified medicated oil is retained for a stipulated period in *kati* region) with *panchguna* tail, with *Sthanikabhyanga* followed by *Nadisweda* for 8 days.

Step 5 –*Shamana Chikitsa*

1. *Maharasnadikwatha* 40 ml BD empty stomach twice a day.

2. *Triyogdhashag Guggulu* 2 BD with milk after meals.

3. Cap *Ashwagandha* (root extract 450 - 500 mg) 1 HS with milk at night. *Panchgunataila* for Local application at bed time.

Results – Of 10 patients, 7 were males and 3 females (Figure 1) with mean age of 46.02 years (23-70).

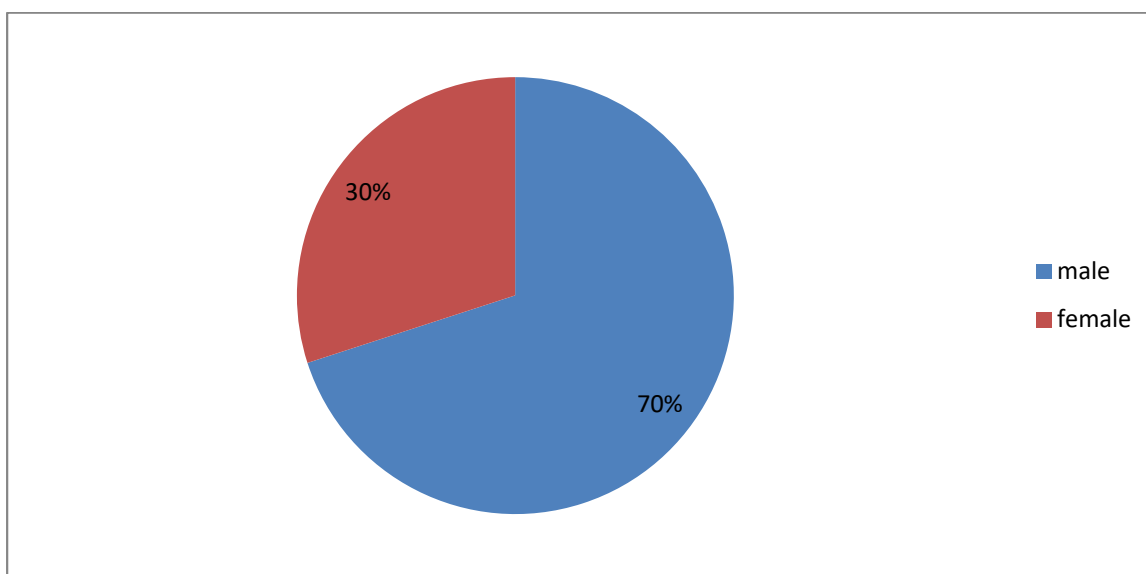


Figure 1: sex distribution

Average duration of symptoms before the *Panchkarma* therapy was 8.62 months (1.2 months– 2 years).

Most of the patients were heavy workers (60%) including laborers and farmers.

Low back pain and radicular pain was the most common symptoms with which patients presented (100%). Other complaints were tingling and numbness (40%), weakness over lower limb (90%) (Figure 2).

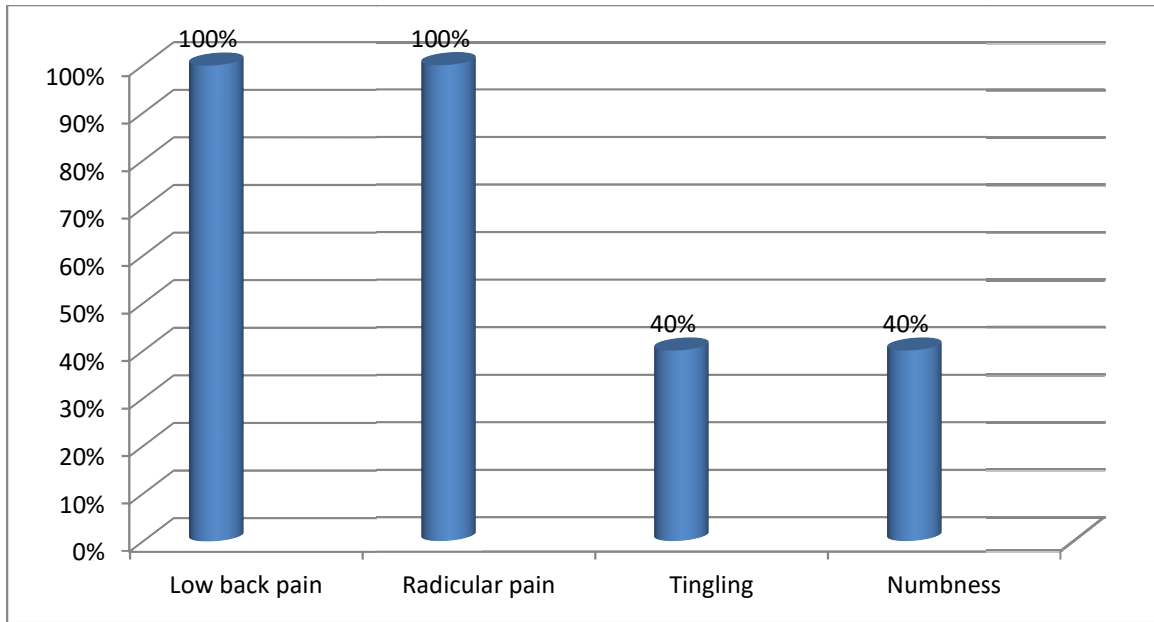


Figure 2- distribution of patients according to symptoms

On examination, restricted spinal movements due to muscle spasm was the most common finding (90%) followed by a positive SLRT (80%) and neurological deficits (70%). Left side was mostly involved (40%) followed by right side radiculopathy

and bilateral involvement (Figure 3). L4-5 level was most commonly involved level (70%). All he patients had herniated disc with most of them presenting with protrusion (80%) followed by extrusion and sequestration in their MRI.

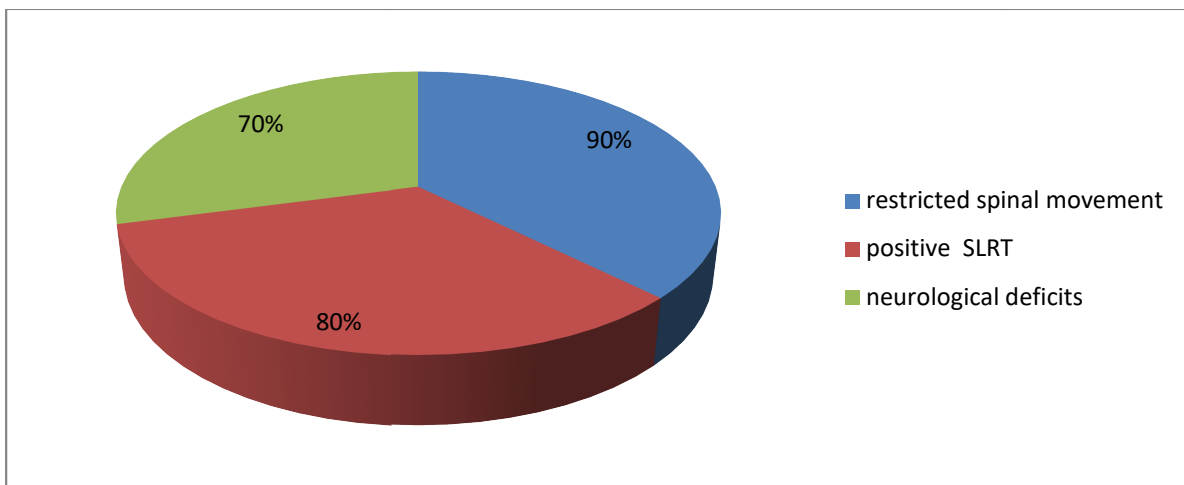


Figure 3-Distribution of patients according to outcome

The subjective evaluation of the patients satisfaction at the final follow-up when asked about what he thought about the outcome of the *Panchkarma* procedure was done. The patient was asked choose between

excellent, good, fair and poor outcome. Maximum number of patients had excellent result (80%), none had good, 10% had fair and 10% had poor outcome (Figure 4).

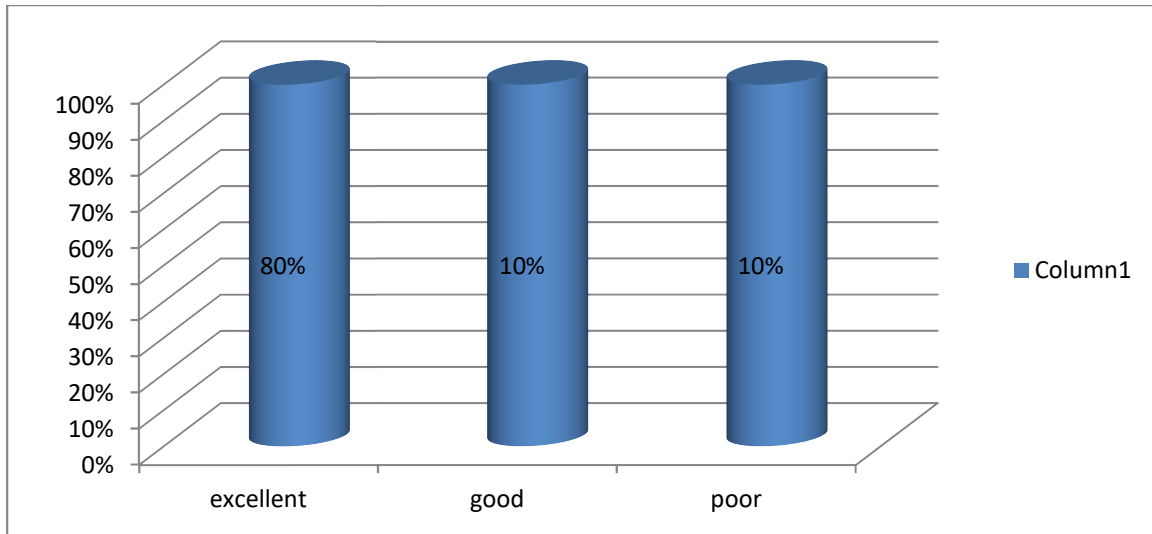


Figure 4:

It was observed that patients with excellent subjective analysis consisted more of those with shorter duration of the disease.

DISCUSSION

The general principle of treatment of *vata* dosha is adopted in case of *Kativata* (low back pain). First of all, *Deepana - pachana* drugs was done for digestion of *Ama* (undigested toxic waste created due to poor digestion). When there was lightness and no stiffness than *Kati vasti* (procedure where specified medicated oil is retained for a stipulated period in *kati* region) was given as it is *Bahya Sthanik Snehana* (external local oleation) and *Swedana* (sudation) procedure which mainly acts against the *rukshaguna* (dryness) and *sheetagna* (coldness) respectively of *Vata*^[8].

Panchgunataila balances *vata* and *pitta*^[9] and have analgesic as well as anti-inflammatory activity.

Abhyanga (massage) acts on the root of *mansavahasrotas* (channels carrying muscle nutrients and wastes) i.e. *snayu*, *twak* and *raktavahini*. It may thus nourish the superficial and deep muscles and make the joints stable. *Swedana* (sudation) is *sthambhagna* (removes stiffness), *sandhichestakar* (increases joints mobility), *srotoshuddhikar* (cleaning the micro channels) and *kapha-vatanirodhana* (removing excess *vata* and *kaphadosha*). Thus by its action, the *srotosangavighatana* (breakdown the pathogenesis by removing obstruction in the micro chan-

nels) may take place and stiffness of the joints relieved^[10].

Charaka and *Hemadri* have said that *Vasti* (therapeutic enema) is useful in *kshinadhatus* (depleted tissues) and *bhagna* (fractures) of the *asthi* (bones) and *sandhi*^[11] (joints). *Sushruta* has mentioned *6th Vasti* (therapeutic enema) nourishes *mamsadhatu* (muscular tissue), *8th Vasti* nourishes *asthidhatu* (bony tissues) and *9th Vasti* nourishes *majjadhatu* (marrow tissues). Thus, by *Vasti* we achieve *vata* dosha *shaman* and *snehana of sandhis*^[12] (oleation of joints). *Charaka*^[13] and *Vagbhata*^[14] mention the use of *Vasti* prepared with the *tiktadravya* (bitter taste materials), *ksheera* (milk) and *ghrita* (ghee) as the treatment of *asthigatadosha* (bony tissue) along with the use of *swayonidravayas* (similar substance). *Sushruta* also mentioned the use of similar substances in case of diminished *dhatus*^[15] (tissues).

The medicines used in *Shamanachikitsa* (oral medicine) like *Maharasnadikwatha*, *trayodashanaga guggulu*, *Aswagandha* is potent *vatanashaka* (normalizing excess *vata*), *rasayan* (rejuvenating), *balya* (strength promoting activities), *vata shamak* and *tarpak* (providing nutrition and support).

CONCLUSION

The result shows that the Ayurvedic treatment modalities were found quite effective and reliable for the treatment of PIVD which can be well correlated to *Kativata*. However, further work should be done on large samples to draw the final conclusion.

REFERENCES

1. Mathew AC, Safar RS, Anithadevi TS, Banu MS, Shankar SL, Rai B. The prevalence and correlates of low back pain in adults: A cross sectional study from Southern India. *International Journal of Medicine and Public Health*.2013;3(4):342-6.
2. Atlas S, Keller R, Wu Y, Deyo R, Singer D. LongTerm Outcomes of Surgical and Nonsurgical Management of Sciatica Secondary to a Lumbar Disc Herniation: 10 Year Results from the Maine Lumbar Spine Study. *Spine*. 2005;30(8):927-35.
3. Heider D, Kitze K, Zieger M, Riedel-Heller S, Angermeyer M. Health-related quality of life in patients after lumbar disc surgery: a longitudinal observational study. *Quality of Life Research*. 2007;16(9):1453-60.
4. Yin-gang Zhang, Tuan-maoGuo, XiongGuo, Shi-xun Wu- clinical diagnosis for discogenic low back pain *Int J BiolSci* 2009; 5(7): 647-58
5. physiotherapy-treatment.com [homepage on Internet]. India,[cited 2017 June 03].Available from <http://www.physiotherapy-treatment.com/pivd.html>.
6. VaidyaKushavaha H, Editor. Charak Samhita, Sutrasthanslok no.20/12. Choukhambhaorientalia, Varanasi, 2009, page no. 302.
7. Tiwari Swati, Management of low Backache due to PIVD through Panchkarma. A case study, *Int. J. Res. Ayurveda Pharm.* DOI: 10.7897/22774343.09117.
8. Gupta Sanjay, Sharma Radheyshyam. Comparative clinical study of Kati vasti, PatrapindaSveda and MatraVasti in Kati Shoola (low backache). *J of Ayurveda and Hol Med (JAHM)* 2015;3(6):19-35.[cited 2017 June 21];[about 17 p].Available from http://jahm.in/index.php/JAHM/article/viewFile/424/pdf_162
9. ayurvedinfo.com [homepage on internet].India:2015 [cited 2017 june 18]. Available from <http://ayurvedinfo.com/2012/07/23/panchgun-tail-benefits-dosage-ingredients-side-effects/>
10. Kurubar A Deepti, B. T. Munnoli, D. Vijay kumar, Arbar Aziz, PatilAmol. Role Of MatraVasti (Enema) Over Abhyanga (Massage) And Sweda (Sudation) In Reducing Spasticity In Cerebral Palsy With SuddhaBalaTaila-A Randomized Comparative Clinical Study. *Int. J. Ayur. Pharma Research* 2014; 2(2): 47-52
11. Agnivesha, CharakaSamhita, Revised by Charaka and Dhridhabala with the AyurvedaDipika commentary of Chakrapanidatta, edited by VaidyaYadavajiTrikamjiAcharya, Chaukhambha Sanskrit Sansthan, Fifth edition, Varanasi, 2001, Siddhisthana, KalpanasiddhiAdhyaya, chapter 1 verse 38- 39. p.683.
12. Kurubar A Deepti, B. T. Munnoli, D. Vijay kumar, Arbar Aziz, PatilAmol. Role Of MatraVasti (Enema) Over Abhyanga (Massage) And Sweda (Sudation) In Reducing Spasticity In Cerebral Palsy With SuddhaBalaTaila-A Randomized Comparative Clinical Study. *Int.J. Ayur. Pharma Research* 2014; 2(2): 47-52
13. Agnivesha, CharakaSamhita, Revised by Charaka and Dhridhabala with the AyurvedaDipika commentary of Chakrapanidatta, edited by VaidyaYadavajiTrikamjiAcharya, Chaukhambha Sanskrit Sansthan, Fifth edition, Varanasi, 2001, Sutra sthana, Vatavyadhichikitsaadhyaya chapter 28 verse 27. p.180.
14. Vaghata, AshtangaHridayam edited by Arundatta, Sutra sthana, DoshadiVijnaniyaAdhyaya, chapter 11 Verse 31. 1st ed. Varanasi: Krishnadas Academy; 2000. p.187
15. Sushruta Samhita, Nibandhasangraha commentary of Sri Dalhanacharya with Hindi Commentary by VaidyaYadavajiTrikamjiAcharya and Narayan Ram Acharya, Edition : 4th, Sutra sthana, DoshadhatumalavridhiksayaVijnaneeyam, Chapter 15 Verse 8, Varanasi; Chaukhambha Orientalia;1980. p.68

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Arti Jain & Naresh Jain: Effect Of Panchatiktaksheervasti And Kativasti On Katishool W.S.R. To Pivd- A Retro-Spective Study. *International Ayurvedic Medical Journal* {online} 2019 {cited October, 2019} Available from: http://www.iamj.in/posts/images/upload/1725_1730.pdf