



## RASNASAPTAK KASHAYA IN THE MANAGEMENT OF KATIGRAHA” - A CLINICAL STUDY

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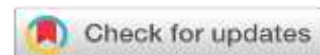
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### ABSTRACT

In Ayurveda, Katigraha is the term given for Low Back Ache. The term Kati means low back region and Graha means stiffness with gripping pain. Kati Graha as a separate disease entity is only explained by Gada Nigraha. So, keeping these points in view, here an attempt has been made with Rasnasaptak Kashaya as per Bhaishajya Ratnavali in the treatment of katigraha. In this study, 20 Subjects diagnosed as Katigraha and who fulfil the inclusion criteria were randomly selected. Rasnasaptak Kashaya was given in two divided doses of 50ml each: morning and evening 1 hour before food for 30 days. Results showed that there was relief in pain (37.2%), stiffness (27.6%), tenderness (54.5) and difficulty in walking (28.5), Schober's test (26.9%), VAS (35.1%), and Oswestry test (18.8%) which was statistically significant ( $P = <0.001$ ). To conclude, the patients had shown improvement in most of the assessment criteria of Katigraha. According to this study, Rasnasaptak kashaya can opt for all the Katigraha patients.

**Keywords:** Katigraha; Rasnasaptak Kashaya, pain, stiffness

### INTRODUCTION

Back pain, specifically low back pain is the commonest problem that people are facing today. The vast majority

of us will have at least one bout of debilitating back pain in our lives, and many of us live with chronic

symptoms.

In Ayurveda, Katigraha is the term given for Low Back Ache. The term Kati means low back region and Graha means stiffness with gripping pain. Kati Graha as a separate disease entity is only explained by Gada Nigraha<sup>1</sup>. Acharya Charaka has mentioned Prishta Graha under Vataja Nanatmaja Vyadhi<sup>2</sup>. In Ayurveda, Katigraha is the term given for Low Back Ache. The term Kati means low back region and Graha means stiffness with gripping pain. Terms like Kati, Trika, and Shroni are used to denote the low back region in different Ayurvedic classics.

Kati shoola is mentioned as a symptom in different types of vataja disorders and not as a separate disease in classical texts. Kati ruja or shoola is also present as a symptom of Kati graha.

Based on this statement the hypothesis has been framed for the study, which states that Rasnasaptak Kashaya<sup>3</sup> is capable of controlling Katigraha.

#### MATERIALS AND METHODS

All Ayurveda, Modern literatures, and contemporary texts including journals, Previous research works, websites, etc. were reviewed pertaining to the drug and diseases in the intended study. The formulation selected for the research work Rasnasaptak kashaya was prepared in Muniyal Institute of Ayurveda Medical Sciences and Hospital, Manipal, pharmacy as per the standard operative procedure. The study was carried out on 20 patients diagnosed as Katigraha and selected from the OPD and IPD of Muniyal Institute of Ayurveda Medical Sciences, Manipal Karnataka. (IEC/KC/02; IEC/MIAMS/2016-2017/Date: 15/4/2016) Preparation of RASNASAPATAKA kashaya chooma: Rasna, Amruta, Araghwada, Devdaru, Gokshura, Eranda & Punarnava as per Bhaishajya Ratnavali was taken at Muniyal Ayurveda pharmacy, Manipal as per the Standard Operative procedure. They were taken in equal quantity and pounded into coarse power form and packed.

Method of preparation: 10 grams of Rasnasaptak Kashaya chooma is taken and added with 16 parts (800 ml) of water and reduced to 1/8th part (100 ml) and taken in the morning and evening before food.

Inclusion Criteria:

- A. Subjects of age group- 30 to 60 years (Irrespective of gender).
- B. L.S.M (Lumbar spine mobility) tests<sup>4,5,6</sup>
  - If flexion of the spine is less than 6cm
  - If lateral flexion of the spine is less than 35<sup>0</sup>
  - If an extension of the spine is less than 30<sup>0</sup>
  - If spinal rotation from the waist on either side is less than 45<sup>0</sup> (per side).

Exclusion Criteria:

- 1) Subjects having complicated diseases like a spinal tumor, fracture of vertebrae, Malignancy Tuberculosis of the spine, etc.
- 2) Subjects with a known case of diabetes mellitus and hypertension.
- 3) Subjects with a history of trauma to the spine and with marked deformities of the spinal cord and disc prolapse.
- 4) Ankylosing spondylosis, Rheumatoid Arthritis, Psoriatic Arthritis, Gouty Arthritis, Pregnancy, Epilepsy, or any other serious systemic illness.
- 5) Subjects aged below 30 yrs. and above 60yrs.

Laboratory Investigations:

1. Complete blood test
2. Fasting blood sugar
3. Plain X-ray of the lumbar spine (AP and LAT)
4. RA factor (To rule out Rheumatoid arthritis)
5. Serum uric acid (To rule out Gout)
6. Mantoux test (Only if necessary- to rule out TB of the spine)
7. HLAB27 (if necessary)
8. MRI (if necessary)

Design of Study: A single-blind clinical study.

Interventions: Rasnasaptak Kashaya in a dose of 50ml was administered morning and evening minimum of 1 hour prior to food. The total duration of the study was 30 days and follow up on the 31<sup>st</sup> day of treatment.

Diet and Regimen:

Avoid Potatoes, Brinjals, Chanaka (chana dal), Beans, Green peas, Shushka ahara (dry food items),

Viruddha ahara (foods having opposite quality), Fast food, Aerated drinks, and Bakery items. Mainly laghu (light), ruksha (roughness), and sheeta (cold) guna ahara. Avoid Ativyayama (excess exercise); mild to moderate exercises can be done. Avoid Atimaithuna (excess sexual intercourse).

Assessment criteria:

The assessment was done on the basis of the following Subjective parameters and Objective parameters. The Subjective parameters were Kati ruja (pain), Katigraha (stiffness), Tenderness, and Dif-

ficulty in walking. The Objective parameters were Schober's test<sup>7</sup>, Visual analogue scale, and Oswestry low back disability assessment questionnaire<sup>8</sup>.

The patient was assessed based on the assessment criteria and was observed for symptomatic changes on the 31<sup>st</sup> day. The results obtained were analyzed statistically. The list of clinical presentations of Katigraha is given below and it was taken as the assessment criteria with scoring. (Table: 1) (Figure: 1).

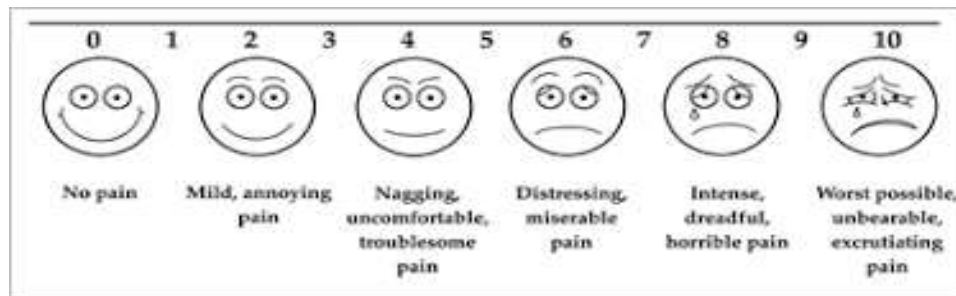
**Table 01:** Criteria for Assessment

Sign & Symptoms	Scorings						
	0	1	2	3	4	5	6
<b>Kati ruja (Pain)</b>	No pain	Localized, recurrent, mild pain in the back, not radiating to legs, exaggerated by Walking & lifting weight, completely relieved by rest.	Recurrent, Mild but uncomfortable pain in the back, radiating to one/ both legs, Exaggerated by movements, subsided by rest.	Moderate but dreadful pain in the back, with/without radiation, exaggerated by bending, not relieved by rest, relieved by fomentation & massage, not Disturbing sleep.	Severe (Horrible) pain in the back with/without radiation to legs, unchanged By rest, disturbing the sleep, relieved by fomentation, lotions, or lower analgesics	Severe continuous pain in the back, radiation to both legs, disturbs sleep, requires higher analgesics or major injections for the spinal block	Intense degree of continuous pain not relieved by any measures
<b>Kati graha (Stiffness)</b>	No restriction of movements	restriction in any one movement of above	restriction in any 2 movements	restriction in any 3 movements	restriction in all 4 movements	-----	-----
<b>Tenderness</b>	No Tenderness	mild tenderness without any sudden response to pressure	wincing of the face on pressure due to tenderness	wincing of face with drawal of affected part on the pressure	resists touch due to tenderness	-----	-----
<b>Difficulty in walking</b>	No Difficulty in walking	Pain restricts walking more than 1 mile	Pain restricts walking more than ½ mile	pain restricts walking more than ¼ mile	Not able to walk at all	-----	-----
<b>Schobers test</b>	No restriction > 5 cm	Mild restriction upto 4cm	Moderate restriction upto 3cm	Severe restriction < 2cm	-----	-----	-----

**Table 02:** (Oswestry low back disability assessment questionnaire)<sup>7</sup>

<p><b>Section 1 – Pain intensity</b></p> <p>I have no pain at the moment</p> <p>The pain is very mild at the moment</p> <p>The pain is moderate at the moment</p> <p>The pain is fairly severe at the moment</p> <p>The pain is very severe at the moment</p> <p>The pain is the worst imaginable at the moment</p>	<p><b>Section 2 – Personal care (washing, dressing, etc)</b></p> <p>I can look after myself normally without causing extra pain</p> <p>I can look after myself normally, but it causes extra pain</p> <p>It is painful to look after myself and I am slow and careful</p> <p>I need some help but manage most of my personal care</p> <p>I need help every day in most aspects of self-care</p> <p>I do not get dressed, I wash with difficulty and stay in bed</p>
<p><b>Section 3 – Lifting</b></p> <p>I can lift heavy weights without extra pain</p> <p>I can lift heavy weights, but it gives extra pain</p> <p>Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently placed eg. on a table</p> <p>Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned</p> <p>I can lift very light weights</p> <p>I cannot lift or carry anything at all</p>	<p><b>Section 4 – Walking*</b></p> <p>Pain does not prevent me from walking any distance</p> <p>Pain prevents me from walking more than 1 mile</p> <p>Pain prevents me from walking more than ½ mile</p> <p>Pain prevents me from walking more than 100 yard</p> <p>I can only walk using a stick or crutches</p> <p>I am in bed most of the time</p>
<p><b>Section 5 – Sitting</b></p> <p>I can sit in any chair as long as I like</p> <p>I can only sit in my favourite chair as long as I like</p> <p>Pain prevents me from sitting for more than one hour</p> <p>Pain prevents me from sitting for more than 30 minutes</p> <p>Pain prevents me from sitting for more than 10 minutes</p> <p>Pain prevents me from sitting at all</p>	<p><b>Section 6 – Standing</b></p> <p>I can stand as long as I want without extra pain</p> <p>I can stand as long as I want but it gives me extra pain</p> <p>Pain prevents me from standing for more than 1 hour</p> <p>Pain prevents me from standing for more than 30 minutes</p> <p>Pain prevents me from standing for more than 10 minutes</p> <p>Pain prevents me from standing at all</p>
<p><b>Section 7 – Sleeping</b></p> <p>My sleep is never disturbed by pain</p> <p>My sleep is occasionally disturbed by pain</p> <p>Because of pain, I have less than 6 hours of sleep</p> <p>Because of pain, I have less than 4 hours of sleep</p> <p>Because of pain, I have less than 2 hours of sleep</p> <p>Pain prevents me from sleeping at all</p>	<p><b>Section 8 – Sex life (if applicable)</b></p> <p>My sex life is normal and causes no extra pain</p> <p>My sex life is normal but causes some extra pain</p> <p>My sex life is nearly normal but is very painful</p> <p>My sex life is severely restricted by pain</p> <p>My sex life is nearly absent because of the pain</p> <p>Pain prevents any sex life at all</p>
<p><b>Section 9 – Social life</b></p> <p>My social life is normal and gives me no extra pain</p> <p>My social life is normal but increases the degree of pain</p> <p>Pain has no significant effect on my social life apart from limiting my more energetic interests eg, sport</p> <p>Pain has restricted my social life and I do not go out as often</p> <p>Pain has restricted my social life in my home</p> <p>I have no social life because of the pain</p>	<p><b>Section 10 – Travelling</b></p> <p>I can travel anywhere without pain</p> <p>I can travel anywhere but it gives me extra pain</p> <p>Pain is bad but I manage journeys over two hours</p> <p>Pain restricts me to journeys of less than one hour</p> <p>Pain restricts me to short necessary journeys under 30 minutes</p> <p>Pain prevents me from travelling except to receive treatment</p>

**IMAGES:**



**Figure no: 1** (Visual analogue scale (for pain assessment))

**Laboratory parameters:**

- 1) Radiological evidence (X-ray lumbar spine)

X-rays were assessed as per Kellegren and Lawrance scale for degenerative changes. (Table: 3)

**Table 03:** (Kellegren and Lawrance scale)

Grade 1	Doubtful narrowing of joint space and possible osteophytic lipping.
Grade 2	Definite osteophytes, definite narrowing of joint space.
Grade 3	Moderate multiple osteophytes, definite narrowing of joint space, some sclerosis, and possible deformity of bone contour.
Grade 4	Large osteophytes marked narrowing of joint space, severe sclerosis, and definite deformity of bone contour.

- 2) Hemoglobin percentage
- 3) ESR

**Statistical analysis:**

The scores of assessment criteria were analysed statistically in the form of mean score B.T (Before Treatment), A.T. (after Treatment), Difference of mean (B.T. - A.T), S.D. (Standard Deviation), S.E (Standard Error). Students paired 't'-test and Mann Whitney U test was carried out. The results were considered Significant or Insignificant depending upon the P value.

**RESULTS:**

Among 20 subjects of Katigraha, 9% belonged to the age group 51-60 years, 6% belonged to the age group 41-50 years and 5% belonged to the age group 30-40 years. Among 20 subjects of Katigraha, 10% were male and 10% subjects were female. Among 20 subjects of Katigraha, 13% subjects were married and 7% were unmarried. 8% of subjects were housewives, 1% were farmers, 2% were businessmen, 8% were doing desk work, and 1% were field workers.

**Table 04:** Effect of symptoms after treatment

Symptoms	BT	AT	%	SD	SE	“t”value	“P” value	Remark
Kati ruja	2.95	1.85	37.2	0.87	0.19	11	<0.0001	HS
Kati graha	2.35	1.70	27.6	1.03	0.23	3.901	0.0010	HS
Tenderness	1.10	0.50	54.5	0.51	0.11	5.339	<0.0001	HS
Difficulty in walking	1.05	0.75	28.5	0.63	0.14	2.854	0.0102	S
Schober’s test	1.30	0.95	26.9	0.60	0.13	3.199	0.0047	S
Visual analogue scale	3.70	2.40	35.1	1.23	0.27	7.935	<0.0001	HS
Oswestry questionnaire	29.46	23.96	18.8	12.41	2.77	8.248	<0.0001	HS

## DISCUSSION

Katigraha is one of the vata vyadhi which affects the lower limb and can be considered one of the most common diseases in today's era. Many people are found to be suffering from katigraha because of life-style and dietary changes that they follow which in turn hampers their day-to-day activities. Probable mode of action of drugs: RASNASAPTAKA KASHAYA is mentioned in Bhaisajya Ratnavali. Its ingredients are Rasna, Amruta, Araghwada, Devdaru, Gokshura, Eranda & Punarnava. All the drugs mentioned in yoga have Vatakaphahara properties. Rasna, Devadaru and Punarnava have kaphavatahara karma. Amruta is tridoshashamaka and raktashodhaka and has rasayana effect on the body. Aragwadha is vatapittahara and koshtashuddhikara. Trikantaka and Eranda are vatahara and have madhura rasa. Amruta and punarnava also has deepana karma. Rasna, Eranda, and Devadaru are having vedanahara action which helps to alleviate pain. In short, when considering yoga, it is observed that the drugs were arranged in a Systematic and Logical manner that it is having the properties of Vatakaphahara, Deepana, Rasayana, and Vedanahara effects which help in the effective management of Katigraha.

## CONCLUSION

In the present study, Rasnasaptaka Kashaya was found to be effective in Katigraha. No adverse effects of the study drug were observed during the study. Pain, stiffness, etc symptoms were remarkably reduced.

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